

INDIVIDUAL WOMAN'S QUESTIONNAIRE

REPUBLIC OF UZBEKISTAN

INSTITUTE OF OBSTETRICS AND GYNECOLOGY MINISTRY OF HEALTH

IDENTIFICATION	
CITY/TOWN/VILLAGE NAME _____	
NAME OF HOUSEHOLD HEAD _____	
REGION	
OBLAST	
RAION	
CLUSTER NUMBER	
URBAN/RURAL (urban = 1; rural = 2)	
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (large city = 1, small city = 2, town = 3, countryside = 4)	
HOUSEHOLD NUMBER	
NAME AND LINE NUMBER OF WOMAN _____	

INTERVIEWER VISIT				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR NAME RESULT
INTERVIEWER'S NAME				
RESULT*				
NEXT VISIT: DATE				TOTAL NO. VISITS
TIME				<input style="width: 20px; height: 20px;" type="checkbox"/>

RESULT CODES:

1 COMPLETED	4 REFUSED	7 OTHER _____
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)
3 POSTPONED	6 INCAPACITATED	

	UZBEK	RUSSIAN	
1. LANGUAGE OF INTERVIEW	1	2	
2. NATIVE LANGUAGE OF RESPONDENT	1	2	
	YES	NO	
3. WHETHER TRANSLATOR USED	1	2	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input style="width: 30px; height: 15px;" type="checkbox"/>	NAME _____ <input style="width: 30px; height: 15px;" type="checkbox"/>	<input style="width: 30px; height: 15px;" type="checkbox"/>	<input style="width: 30px; height: 15px;" type="checkbox"/>
DATE _____	DATE _____		

Section 1. RESPONDENT'S BACKGROUND

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS <input type="text"/> <input type="text"/> VISITOR 95 ALWAYS 96	→ 105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> DON'T KNOW YEAR 98	
106	How old were you at your last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→ 114

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No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Do you usually read a newspaper or magazine at least once a week?	YES 1 NO 2	
116	Do you usually listen to the radio every day?	YES 1 NO 2	
117	Do you usually watch television at least once a week?	YES 1 NO 2	
118	What is your religion: Are you Muslim, Christian, another religion or do you not practice any religion?	MUSLIM 1 CHRISTIAN 2 OTHER 6 _____ (SPECIFY) NOT RELIGIOUS 7 DONT KNOW 8	
119	What is your nationality? Are you Uzbek? Russian? Kazakh? Tadzhik? Korean? Other?	UZBEK 1 RUSSIAN 2 KAZAKH 3 TADZHIK 4 KOREAN 5 OTHER 6 _____ (SPECIFY) DONT KNOW 8	
119A	What language is easiest for you to read: Only Uzbek? Uzbek more than Russian? Both equally? Russian more than Uzbek? Only Russian? Other language?	ONLY UZBEK 1 MORE UZBEK THAN RUSSIAN 2 SAME UZBEK AND RUSSIAN 3 MORE RUSSIAN THAN UZBEK 4 ONLY RUSSIAN 5 OTHER 6 _____ (SPECIFY)	

119B	<p>What language do you usually speak at home:</p> <p>Only Uzbek?</p> <p>Uzbek more than Russian?</p> <p>Both equally?</p> <p>Russian more than Uzbek?</p> <p>Only Russian?</p> <p>Other language?</p>	<p>ONLY UZBEK 1</p> <p>MORE UZBEK THAN RUSSIAN 2</p> <p>SAME UZBEK AND RUSSIAN 3</p> <p>MORE RUSSIAN THAN UZBEK 4</p> <p>ONLY RUSSIAN 5</p> <p>OTHER _____ 6 (SPECIFY)</p>		
119C	<p>Do you own dacha, or do you have access to a garden from which you obtain fruits and vegetables during the growing seasons?</p>	<p>YES 1</p> <p>NO 2</p> <p>OTHER _____ 6 (SPECIFY)</p>		
119D	<p>Do you have any chronic diseases?</p>	<p>YES 1</p> <p>NO 2</p>	→ 120	
119E	<p>What kind of disease do you have?</p>	<p>_____ <input type="checkbox"/> <input type="checkbox"/></p> <p>(NAME OF DISEASE)</p>		
<p>120 CHECK INTERVIEWER'S ASSIGNMENT SHEET</p> <p>THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/></p> <p>THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/></p>				→ 201
121	<p>Now I would like to ask about the place in which you usually live.</p> <p>What is the name of the place in which you usually live?</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>Is that a city, town, or the countryside?</p>	<p>CAPITAL CITY, LARGE CITY 1</p> <p>SMALL CITY 2</p> <p>TOWN 3</p> <p>COUNTRYSIDE 4</p>		

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	In which oblast is that located?	ORLAST: KHOREZMSKAYA 01 NAVOIYSKAYA 02 BUKHARSKAYA 03 KASHKADAINSKAYA 04 SURKHANDARINSKAYA 05 SAMARKANDSKAYA 06 DZHIZAKSKAYA 07 SYRDARINSKAYA 08 TASHKENTSKAYA 09 NAMANGANSKAYA 10 FERGANASKAYA 11 ANDIZHANSKAYA 12 THE CITY OF TASHKENT 13 OTHER _____ 96 SPECIFY	
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT..... 11 → 125 PUBLIC TAP 12 WELL WATER WELL IN RESIDENCE/YARD/PLOT..... 21 → 125 PUBLIC WELL 22 SURFACE WATER SPRING WATER 31 RIVER/STREAM..... 32 POND/LAKE 33 DAM 34 RAINWATER 41 → 125 TANKER TRUCK 51 BOTTLED WATER 61 → 125 OTHER _____ 86 (SPECIFY)	

Section 2. PREGNANCY HISTORY

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	<p>Now I would like to ask you about all the births you have had during your life. Have you ever given birth?</p>	<p>YES 1 NO 2</p>	<p>→ 206</p>				
202	<p>Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	<p>YES 1 NO 2</p>	<p>→ 204</p>				
203	<p>How many sons live with you? And how many daughters live with you?</p> <p>IF NONE, RECORD '00'</p>	<p>SONS AT HOME <table border="1" data-bbox="1728 602 1803 699" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME</p>					
204	<p>Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	<p>YES 1 NO 2</p>	<p>→ 206</p>				
205	<p>How many sons are alive but do not live with you? And how many daughters are alive but do not live with you?</p> <p>IF NONE, RECORD '00'</p>	<p>SONS ELSEWHERE <table border="1" data-bbox="1728 932 1803 1029" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE</p>					
206	<p>Have you ever given birth to a boy or a girl who was born alive but later died?</p> <p>IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?</p>	<p>YES 1 NO 2</p>	<p>→ 208</p>				

207	<p>How many boys have died?</p> <p>How many girls have died?</p>	<p>BOYS DEAD <input type="text"/></p> <p>GIRLS DEAD <input type="text"/></p>	
208	<p>SUM ANSWERS TO 203, 205, 207, AND ENTER TOTAL IF NONE, RECORD '00'</p>	<p>TOTAL BIRTHS <input type="text"/></p>	
209	<p>Women sometime have pregnancies which do not result in a live born child. That is, a pregnancy can ended very early by a mini abortion or by an induced abortion, a miscarriage or a stillbirth. In total how many mini abortions, and induced abortions have you had?</p>	<p>TOTAL ABORTIONS <input type="text"/></p>	
210	<p>How many miscarriages?</p>	<p>TOTAL MISCARRIAGES <input type="text"/></p>	
211	<p>How many stillbirths?</p>	<p>TOTAL STILLBIRTHS <input type="text"/></p>	
212	<p>SUM ANSWERS TO 208, 209, 210, 211, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'</p>	<p>TOTAL PREGNANCIES <input type="text"/></p>	
213	<p>CHECK 212</p> <p>ONE OR MORE PREGNANCY <input type="checkbox"/></p> <p>NO PREGNANCIES <input type="checkbox"/></p>		<p>227</p>

2 1 4 Now I want to talk to you about each of your pregnancies, including those which ended in a live birth, an induced abortion, a miscarriage, and a stillbirth.
Starting with your last pregnancy, please tell me the following information

2 1 5	2 1 6	2 1 7	2 1 8	2 1 9	2 2 0	2 2 1	2 2 2	2 2 3	2 2 4
When did your (last/next-to-last/etc.) pregnancy end? In what month and year?	Did this pregnancy end in a live birth, an induced abortion, a miscarriage, or a stillbirth?	FROM YEAR OF LAST/NEXT-TO-THE LAST, ETC PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY IS THE DIFFERENCE 4 OR MORE? TRY TO DETERMINE IF THERE WAS ANOTHER PREGNANCY BETWEEN THIS AND PREVIOUS PREGNANCY	CHECK 216 RECORD SAME RESPONSE	Was this a single or a multiple birth?	What name was given to this child?	Is (NAME) a boy or girl?	Is (NAME) still alive?	How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETED YEARS	How old was (NAME) when he/she died? IF 1 YR., PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS, OR YEARS.
0 1 MONTH YEAR	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3
0 2 MONTH YEAR	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3
0 3 MONTH YEAR	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3
0 4 MONTH YEAR	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3

0 5	MONTH <input type="text"/> YEAR <input type="text"/>	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME <input type="text"/>	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <input type="text"/> 218 ←	DAYS 1 MONTHS 2 YEARS 3 <input type="text"/>
0 6	MONTH <input type="text"/> YEAR <input type="text"/>	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME <input type="text"/>	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <input type="text"/> 218 ←	DAYS 1 MONTHS 2 YEARS 3 <input type="text"/>
0 7	MONTH <input type="text"/> YEAR <input type="text"/>	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME <input type="text"/>	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <input type="text"/> 218 ←	DAYS 1 MONTHS 2 YEARS 3 <input type="text"/>
0 8	MONTH <input type="text"/> YEAR <input type="text"/>	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME <input type="text"/>	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS <input type="text"/> 218 ←	DAYS 1 MONTHS 2 YEARS 3 <input type="text"/>

09	MONTH YEAR	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME _____	BOY 1 GIRL 2	YES 1 NO 2	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3
10	MONTH YEAR	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME _____	BOY 1 GIRL 2	YES 1 NO 2	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3
11	MONTH YEAR	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME _____	BOY 1 GIRL 2	YES 1 NO 2	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3
12	MONTH YEAR	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME _____	BOY 1 GIRL 2	YES 1 NO 2	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3

13	MONTH... YEAR...	LIVE BIRTH 1 INDUCED ABORTION .. 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION .. 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3
14	MONTH... YEAR...	LIVE BIRTH 1 INDUCED ABORTION .. 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION .. 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3
15	MONTH... YEAR...	LIVE BIRTH 1 INDUCED ABORTION .. 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION .. 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3
16	MONTH... YEAR...	LIVE BIRTH 1 INDUCED ABORTION .. 2 MISCARRIAGE 3 STILLBIRTH 4	YES 1 NO 2	LIVE BIRTH 1 INDUCED ABORTION .. 2 MISCARRIAGE 3 STILLBIRTH 4 NEXT PREGNANCY ←	SING 1 MULT 2	NAME	BOY 1 GIRL 2	YES 1 NO 2 → 224	AGE IN YEARS 218 ←	DAYS 1 MONTHS 2 YEARS 3

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225 COMPARE 212 WITH TOTAL PREGNANCIES IN PREGNANCY HISTORY IN QUESTION 215:
 NUMBERS ARE THE SAME NUMBERS ARE DIFFERENT → (PROBE AND RECONCILE)

CHECK: Q215 FOR EACH PREGNANCY: YEAR OF PREGNANCY ENDED IS RECORDED.

Q223 FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

Q224 FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

226 CHECK 215 AND ENTER THE NUMBER OF PREGNANCIES ENDED SINCE JANUARY 1993.
 IF NONE, RECORD '0'.

No	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
227	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229A
228	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS	MONTHS <input type="text"/>	
229	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to become pregnant at all?	THEN 1 LATER 2 NOT AT ALL 3	
229A	At what age did you have your first menstrual period?	MONTHS <input type="text"/> NEVER MENSTRUATED 96 DON'T KNOW 98	→ 231
230	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
230 A	For how many days your menstrual cycle lasts?	DAYS <input type="text"/>	
230B	Is the time between your menstrual cycle regular or irregular?	REGULAR 1 IRREGULAR 2	

230 C	For how many days your menstruations usually last?	DAYS <input type="text"/> <input type="text"/>	
230D	Are your menstrual flows usually light, heavy or normal?	LIGHT 1 NORMAL 2 HEAVY 3	
230E	Do your menstruations usually occur without any pain, with little pain, or very painful?	WITHOUT PAIN 1 WITH LITTLE PAIN 2 VERY PAINFUL 3	
231	Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES 1 NO 2 DON'T KNOW 8	} } → 3 0 1
232	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD 01 RIGHT AFTER HER PERIOD HAS ENDED. . . 02 IN THE MIDDLE OF THE CYCLE 03 JUST BEFORE HER PERIOD BEGINS. . . . 04 OTHER _____ (SPECIFY) 06 DON'T KNOW. 08	

Section 3. OUTCOME OF PREGNANCIES

301	CHECK 225	ONE OR MORE PREGNANCY SINCE JANUARY 1965 <input type="checkbox"/>	NO PREGNANCY SINCE JANUARY 1994 <input type="checkbox"/>	(SKIP TO 458)	
302	ENTER THE LINE NUMBER FOR EACH PREGNANCY ENDED SINCE JANUARY 1994 IN THE TABLE. (IF THERE ARE MORE THAN FOUR PREGNANCIES, USE ADDITIONAL QUESTIONNAIRE) Now I would like to ask you some questions about the pregnancies you have had in the last three years.				
303	LINE NUMBER FROM Q. 215	LAST PREGNANCY LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-THE-LAST PREGNANCY LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-NEXT-TO-THE-LAST PREGN. LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-NEXT-TO-NEXT-TO-THE-LAST PREG. LINE NUMBER <input type="text"/> <input type="text"/>
304	SEE Q. 215 AND 220: OUTCOME OF PREGNANCY OR THE NAME OF CHILD.	OUTCOME OR NAME	OUTCOME OR NAME	OUTCOME OR NAME	OUTCOME OR NAME
304A	When during your pregnancy did you learn that you are pregnant?	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998
305	At the time you became pregnant (with NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children at all?	THEN (SKIP TO 306A) 1 <input type="text"/> LATER 2 NO MORE (SKIP TO 306A) 3 <input type="text"/>	THEN (SKIP TO 306A) 1 <input type="text"/> LATER 2 NO MORE (SKIP TO 306A) 3 <input type="text"/>	THEN (SKIP TO 306A) 1 <input type="text"/> LATER 2 NO MORE (SKIP TO 306A) 3 <input type="text"/>	THEN (SKIP TO 306A) 1 <input type="text"/> LATER 2 NO MORE (SKIP TO 306A) 3 <input type="text"/>
305A	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
306	At the time you became pregnant, were you using a method of contraception? Which method?	YES 1 NO 2 <input type="text"/> <input type="text"/>	YES 1 NO 2 <input type="text"/> <input type="text"/>	YES 1 NO 2 <input type="text"/> <input type="text"/>	YES 1 NO 2 <input type="text"/> <input type="text"/>
306A	CHECK 304: OUTCOME OF PREGNANCY	INDUCED ABORTION <input type="checkbox"/> → 315A MISCARRIAGE <input type="checkbox"/> → 325 STILLBIRTH <input type="checkbox"/> LIVE BIRTH <input type="checkbox"/>	INDUCED ABORTION <input type="checkbox"/> → 315A MISCARRIAGE <input type="checkbox"/> → 325 STILLBIRTH <input type="checkbox"/> LIVE BIRTH <input type="checkbox"/>	INDUCED ABORTION <input type="checkbox"/> → 315A MISCARRIAGE <input type="checkbox"/> → 325 STILLBIRTH <input type="checkbox"/> LIVE BIRTH <input type="checkbox"/>	INDUCED ABORTION <input type="checkbox"/> → 315A MISCARRIAGE <input type="checkbox"/> → 325 STILLBIRTH <input type="checkbox"/> LIVE BIRTH <input type="checkbox"/>

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307	<p>When you were pregnant (with NAME), did you see anyone for antenatal care for this pregnancy?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSONS PROVIDED ANTENATAL CARE</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B NONMEDICAL PERSONS TRADITIONAL BIRTH C REALTIVE/FRIEND D OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p> <p>(SKIP TO 312) ←</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B NONMEDICAL PERSONS TRADITIONAL BIRTH C REALTIVE/FRIEND D OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p> <p>(SKIP TO 312) ←</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B NONMEDICAL PERSONS TRADITIONAL BIRTH C REALTIVE/FRIEND D OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p> <p>(SKIP TO 312) ←</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B NONMEDICAL PERSONS TRADITIONAL BIRTH C REALTIVE/FRIEND D OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p> <p>(SKIP TO 312) ←</p>
308	<p>How many months pregnant were you when you first received antenatal care?</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
309	<p>How many times did you receive antenatal care during this pregnancy?</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>NUMBER <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>
312	<p>Where did the (birth of NAME)/ pregnancy termination) take place?</p> <p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>IN THE HEALTH FACILITY OBGYN HOSPITAL 21 HOSPITAL 22 DOCTOR'S ASSISTANT/MIDWIFE POST (FAP) 23 OTHER HEALTH FACILITY 26 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>	<p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>IN THE HEALTH FACILITY OBGYN HOSPITAL 21 HOSPITAL 22 DOCTOR'S ASSISTANT/MIDWIFE POST (FAP) 23 OTHER HEALTH FACILITY 26 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>	<p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>IN THE HEALTH FACILITY OBGYN HOSPITAL 21 HOSPITAL 22 DOCTOR'S ASSISTANT/MIDWIFE POST (FAP) 23 OTHER HEALTH FACILITY 26 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>	<p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>IN THE HEALTH FACILITY OBGYN HOSPITAL 21 HOSPITAL 22 DOCTOR'S ASSISTANT/MIDWIFE POST (FAP) 23 OTHER HEALTH FACILITY 26 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>	<p>HOME RESPONDENT'S HOME 11 OTHER HOME 12</p> <p>IN THE HEALTH FACILITY OBGYN HOSPITAL 21 HOSPITAL 22 DOCTOR'S ASSISTANT/MIDWIFE POST (FAP) 23 OTHER HEALTH FACILITY 26 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>

	LAST PREGNANCY OUTCOME OR NAME	NEXT-TO-THE-LAST PREGNANCY OUTCOME OR NAME	NEXT-TO-NEXT-TO-THE-LAST PREGN. OUTCOME OR NAME	NEXT-TO-NEXT-TO-NEXT-TO-LAST PREG. OUTCOME OR NAME	
313	<p>Who assisted with the (delivery of (NAME)/ pregnancy termination?</p> <p>Anyone else?</p>	<p><u>HEALTH PROFESSIONAL</u></p> <p>DOCTOR A NURSE/MIDWIFE B</p> <p><u>NON MEDICAL PERSON</u></p> <p>TRADITIONAL MIDWIFE C RELATIVE/FRIEND D OTHER PERSON X (SPECIFY) _____ NO ONE Y</p>	<p><u>HEALTH PROFESSIONAL</u></p> <p>DOCTOR A NURSE/MIDWIFE B</p> <p><u>NON MEDICAL PERSON</u></p> <p>TRADITIONAL MIDWIFE C RELATIVE/FRIEND D OTHER PERSON X (SPECIFY) _____ NO ONE Y</p>	<p><u>HEALTH PROFESSIONAL</u></p> <p>DOCTOR A NURSE/MIDWIFE B</p> <p><u>NON MEDICAL PERSON</u></p> <p>TRADITIONAL MIDWIFE C RELATIVE/FRIEND D OTHER PERSON X (SPECIFY) _____ NO ONE Y</p>	<p><u>HEALTH PROFESSIONAL</u></p> <p>DOCTOR A NURSE/MIDWIFE B</p> <p><u>NON MEDICAL PERSON</u></p> <p>TRADITIONAL MIDWIFE C RELATIVE/FRIEND D OTHER PERSON X (SPECIFY) _____ NO ONE Y</p>
206 314	<p>At the time of the (birth of (NAME)/ ending of the pregnancy), did you have any of the following problems:</p> <p>Long labor, that is, did your regular contractions last more than 18 hours?</p> <p>Excessive bleeding that was so much that you feared it was life threatening?</p> <p>A high fever with bad smelling vaginal discharge?</p> <p>Convulsions not caused by fever?</p> <p>Early rupture of amniotic fluid sac?</p>	<p>YES NO</p> <p>LONG LABOR 1 2</p> <p>BLEEDING 1 2</p> <p>FEVER/BAD SMELLING 1 2</p> <p>CONVULSIONS 1 2</p> <p>EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2</p>	<p>YES NO</p> <p>LONG LABOR 1 2</p> <p>BLEEDING 1 2</p> <p>FEVER/BAD SMELLING 1 2</p> <p>CONVULSIONS 1 2</p> <p>EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2</p>	<p>YES NO</p> <p>LONG LABOR 1 2</p> <p>BLEEDING 1 2</p> <p>FEVER/BAD SMELLING 1 2</p> <p>CONVULSIONS 1 2</p> <p>EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2</p>	<p>YES NO</p> <p>LONG LABOR 1 2</p> <p>BLEEDING 1 2</p> <p>FEVER/BAD SMELLING 1 2</p> <p>CONVULSIONS 1 2</p> <p>EARLY RUPTURE OF AMNIOTIC FLUID SAC 1 2</p>

315	Was the (birth of (NAME)/pregnancy termination) by caesarian section?	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 325 ←
315A	How did you determine you were pregnant?	SAW A DOCTOR.....1 CONDUCTED SELF PREGN TEST...2 DECIDED MYSELF BECAUSE OF MISSED PERIOD.....3 OTHER.....6 (SPECIFY)	SAW A DOCTOR.....1 CONDUCTED SELF PREGN TEST...2 DECIDED MYSELF BECAUSE OF MISSED PERIOD.....3 OTHER.....6 (SPECIFY)	SAW A DOCTOR.....1 CONDUCTED SELF PREGN TEST...2 DECIDED MYSELF BECAUSE OF MISSED PERIOD.....3 OTHER.....6 (SPECIFY)	SAW A DOCTOR.....1 CONDUCTED SELF PREGN TEST...2 DECIDED MYSELF BECAUSE OF MISSED PERIOD.....3 OTHER.....6 (SPECIFY)
315B	Who suggested you to do abortion?	HEALTH PROFESSIONAL.....1 HUSBAND.....2 MOTHER/MOTHER-IN-LAW.....3 FRIENDS/RELATIVES.....4 DECIDED HERSELF.....5 OTHER.....6 (SPECIFY) DON'T KNOW.....8			
316	Where was the induced abortion performed?	<u>PUBLIC SECTOR</u> HOSPITAL.....11 POLYCLINIC.....12 AMBULATORY.....13 MOBILE CLINIC.....14 OTHER HEALTH CARE FACILITY.....16 (SPECIFY) <u>PRIVATE SECTOR</u> PRIVATE CLINIC.....21 PRIVATE DOCTOR.....22 OTHER PRIVATE HEALTH CARE FACILITY.....26 (SPECIFY) PRIVATE PERSON (NON MEDICAL).....31 OTHER.....96 (SPECIFY)	<u>PUBLIC SECTOR</u> HOSPITAL.....11 POLYCLINIC.....12 AMBULATORY.....13 MOBILE CLINIC.....14 OTHER HEALTH CARE FACILITY.....16 (SPECIFY) <u>PRIVATE SECTOR</u> PRIVATE CLINIC.....21 PRIVATE DOCTOR.....22 OTHER PRIVATE HEALTH CARE FACILITY.....26 (SPECIFY) PRIVATE PERSON (NON MEDICAL).....31 OTHER.....96 (SPECIFY)	<u>PUBLIC SECTOR</u> HOSPITAL.....11 POLYCLINIC.....12 AMBULATORY.....13 MOBILE CLINIC.....14 OTHER HEALTH CARE FACILITY.....16 (SPECIFY) <u>PRIVATE SECTOR</u> PRIVATE CLINIC.....21 PRIVATE DOCTOR.....22 OTHER PRIVATE HEALTH CARE FACILITY.....26 (SPECIFY) PRIVATE PERSON (NON MEDICAL).....31 OTHER.....96 (SPECIFY)	<u>PUBLIC SECTOR</u> HOSPITAL.....11 POLYCLINIC.....12 AMBULATORY.....13 MOBILE CLINIC.....14 OTHER HEALTH CARE FACILITY.....16 (SPECIFY) <u>PRIVATE SECTOR</u> PRIVATE CLINIC.....21 PRIVATE DOCTOR.....22 OTHER PRIVATE HEALTH CARE FACILITY.....26 (SPECIFY) PRIVATE PERSON (NON MEDICAL).....31 OTHER.....96 (SPECIFY)
317	Can you tell me what procedure was used to terminate the pregnancy?	D & C.....1 ASPIRATION.....2 CAESARIAN SECTION.....3 TRADITIONAL METHOD.....4 OTHER.....6 (SPECIFY) DON'T KNOW.....8			

		LAST PREGNANCY OUTCOME OR NAME	NEXT-TO-THE-LAST PREGNANCY OUTCOME OR NAME	NEXT-TO-NEXT-TO THE LAST PREGN. OUTCOME OR NAME	NEXT-TO-NEXT-TO-NEXT-TO LAST PREG. OUTCOME OR NAME
318	Who helped you to perform that procedure?	DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE C OTHER PERSON _____ (SPECIFY) X NO ONE Y	DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE C OTHER PERSON _____ (SPECIFY) X NO ONE Y	DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE C OTHER PERSON _____ (SPECIFY) X NO ONE Y	DOCTOR A NURSE/MIDWIFE B TRADITIONAL MIDWIFE C OTHER PERSON _____ (SPECIFY) X NO ONE Y
319	Sometimes, a woman has health problems after an induced abortion. Did you have any health problems afterwards?	YES 1 NO 2 DON'T KNOW B 325 ←	YES 1 NO 2 DON'T KNOW B 325 ←	YES 1 NO 2 DON'T KNOW B 325 ←	YES 1 NO 2 DON'T KNOW B 325 ←
320	What health problems did you have: sterility? infection? lack of menstruation? irregular bleeding? other?	PELVIC PAIN A STERILITY B INFECTION C LACK OF MENSTRUATION D IRREGULAR BLEEDING E OTHER _____ (SPECIFY) X DON'T KNOW Y	PELVIC PAIN A STERILITY B INFECTION C LACK OF MENSTRUATION D IRREGULAR BLEEDING E OTHER _____ (SPECIFY) X DON'T KNOW Y	PELVIC PAIN A STERILITY B INFECTION C LACK OF MENSTRUATION D IRREGULAR BLEEDING E OTHER _____ (SPECIFY) X DON'T KNOW Y	PELVIC PAIN A STERILITY B INFECTION C LACK OF MENSTRUATION D IRREGULAR BLEEDING E OTHER _____ (SPECIFY) X DON'T KNOW Y
321	Did you seek care because of these complications?	YES 1 NO 2 325 ←			

322	Where did you seek care?	<p>PUBLIC SECTOR HOSPITAL A POLYCLINIC B AMBULATORY C MOBILE CLINIC D OTHER HEALTH CARE FACILITY E _____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC F PRIVATE DOCTOR G OTHER PRIVATE HEALTH CARE FACILITY H _____ (SPECIFY)</p> <p>PRIVATE PERSON (NON MEDICAL) I OTHER K _____ (SPECIFY)</p>	<p>PUBLIC SECTOR HOSPITAL A POLYCLINIC B AMBULATORY C MOBILE CLINIC D OTHER HEALTH CARE FACILITY E _____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC F PRIVATE DOCTOR G OTHER PRIVATE HEALTH CARE FACILITY H _____ (SPECIFY)</p> <p>PRIVATE PERSON (NON MEDICAL) I OTHER K _____ (SPECIFY)</p>	<p>PUBLIC SECTOR HOSPITAL A POLYCLINIC B AMBULATORY C MOBILE CLINIC D OTHER HEALTH CARE FACILITY E _____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC F PRIVATE DOCTOR G OTHER PRIVATE HEALTH CARE FACILITY H _____ (SPECIFY)</p> <p>PRIVATE PERSON (NON MEDICAL) I OTHER K _____ (SPECIFY)</p>	<p>PUBLIC SECTOR HOSPITAL A POLYCLINIC B AMBULATORY C MOBILE CLINIC D OTHER HEALTH CARE FACILITY E _____ (SPECIFY)</p> <p>PRIVATE SECTOR PRIVATE CLINIC F PRIVATE DOCTOR G OTHER PRIVATE HEALTH CARE FACILITY H _____ (SPECIFY)</p> <p>PRIVATE PERSON (NON MEDICAL) I OTHER K _____ (SPECIFY)</p>
323	Have you been hospitalized because of these problems?	YES 1 NO 2 _____ 325 ←			
324	How many days?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98
325		GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401	GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401	GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401	GO BACK TO Q. 305 IN NEXT COLUMN. IF NO MORE PREGNANCY, GO TO Q.401

Section 4A. CHILD HEALTH AND NUTRITION PRACTICES

401	CHECK 306A: ONE OR MORE LIVE BIRTHS SINCE JANUARY 1999 <input type="checkbox"/> NO LIVE BIRTHS SINCE JANUARY 1999 <input type="checkbox"/>			→ (SKIP TO 458)
402	CHECK 303 AND 306A: ENTER THE LINE NUMBER FOR EACH LIVE BIRTH. ASK THE QUESTIONS ABOUT EACH OF THESE BIRTHS BEGINNING WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE). Now I would like to ask you some questions about your children born in the past three years. Let's talk about one child at a time.			
403	LINE NUMBER FROM 303	LAST BIRTH LINE NUMBER	<input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER
404	NAME FROM 304	NAME	<input type="text"/>	NAME
404A	During your pregnancy with (NAME), did you have any of the following diseases? Anemia Heart or circulatory diseases Kidney diseases Liver or gastrointestinal diseases Lung diseases Hormonal diseases	YES NO 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	
404B	CHECK 404A: ONE OR MORE RESPONSES "YES"	YES 1 NO 2 (SKIP TO 405) ←	YES 1 NO 2 (SKIP TO 405) ←	
404c	During your pregnancy with (NAME) did you visit a health care facility for preventive care because of this illness?	YES 1 NO 2 (SKIP TO 405) ←	YES 1 NO 2 (SKIP TO 405) ←	

404D	<p>What type of health care facility did you visit for preventive care?</p>	<p>POLYCLINIC 1 WOMEN'S CONSULTING CTR 2 HOSPITAL 3 AMBULATORY 4 MEDSANCHAST 5 OTHER 6 _____ (SPECIFY) DON'T KNOW 8</p>	<p>POLYCLINIC 1 WOMEN'S CONSULTING CTR 2 HOSPITAL 3 AMBULATORY 4 MEDSANCHAST 5 OTHER 6 _____ (SPECIFY) DON'T KNOW 8</p>
405	<p>When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALL 4 VERY SMALL 5 DON'T KNOW 8</p>	<p>VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALL 4 VERY SMALL 5 DON'T KNOW 8</p>
406	<p>Was (NAME) weighed at birth?</p>	<p>YES 1 NO 2 (SKIP TO 408) ←</p>	<p>YES 1 NO 2 (SKIP TO 408) ←</p>
407	<p>How much did (he/she) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE</p>	<p>GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998</p>	<p>GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998</p>
408	<p>Was the length of (NAME) measured at birth?</p>	<p>YES 1 NO 2 (SKIP TO 410) ←</p>	<p>YES 1 NO 2 (SKIP TO 410) ←</p>
409	<p>What was length of (NAME) at birth? RECORD LENGTH FROM HEALTH CARD, IF AVAILABLE</p>	<p>CENTIMETERS FROM CARD 1 <input type="text"/> <input type="text"/> CENTIMETERS FROM RECALL 2 <input type="text"/> <input type="text"/> DON'T KNOW 998</p>	<p>CENTIMETERS FROM CARD 1 <input type="text"/> <input type="text"/> CENTIMETERS FROM RECALL 2 <input type="text"/> <input type="text"/> DON'T KNOW 998</p>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
410	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 412) ←	
		NO 2 (SKIP TO 413) ←	
411	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 415) ←
412	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
413	CHECK 227: IS RESPONDENT CURRENTLY PREGNANT?	NOT PREG- <input type="checkbox"/> NANT PREGNANT <input type="checkbox"/> OR UNSURE (SKIP TO 415)	
414	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 416) ←	
415	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
416	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 422) ←	YES 1 NO 2 (SKIP TO 422) ←
417	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>

418	CHECK 222: CHILD ALIVE?	ALIVE <input type="checkbox"/> NOT ALIVE <input type="checkbox"/> (SKIP TO 420)	ALIVE <input type="checkbox"/> NOT ALIVE <input type="checkbox"/> (SKIP TO 420)
419	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 423) ← NO 2	YES 1 (SKIP TO 423) ← NO 2
420	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
421	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION ... 10 OTHER _____ 96 (SPECIFY)	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE PROBLEM 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION ... 10 OTHER _____ 96 (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
422	CHECK 418 CHILD ALIVE?	ALIVE <input type="checkbox"/> (SKIP TO 425)	NOT ALIVE <input type="checkbox"/> (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 433)
423	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/>
424	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"/>	NUMBER OF DAYTIME FEEDINGS <input type="text"/>
425	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

426

At any time yesterday or last night, was (NAME) given any of the following?

Water (boiled and not boiled)?

Sugar water?

Juice?

Tea?

Baby formula?

Milk products (fresh, powdered, tinned milk)?

Fermented milk (kefir, airan, kumys, yogurt)?

Any other liquids (soups, coca-cola, etc.)?

Fruits and vegetables?

Any food made from wheat, rice, maize, such as bread, noodles, pasta, etc.?

Any food made from potatoes, carrots, or tuber?

Eggs, fish, poultry?

Meat (lamb, beef, ham, horse meat, etc.)?

Sweets, chocolate, cookies, etc.?

Any other solid or semi-solid foods?

YES NO DK

WATER 1 2 8

SWEET WATER 1 2 8

JUICE 1 2 8

TEA 1 2 8

BABY FORMULA 1 2 8

MILK 1 2 8

FERMENTED MILK 1 2 8

OTHER LIQUIDS 1 2 8

FRUITS AND VEGETABLES ... 1 2 8

PASTA AND
FOOD MADE FROM GRAIN ... 1 2 8

POTATOE AND TUBER 1 2 8

EGG/FISH/POULTRY 1 2 8

MEAT 1 2 8

SWEETS 1 2 8

OTHER SOLID OR SEMI-
SOLID FOODS 1 2 8

YES NO DK

WATER 1 2 8

SWEET WATER 1 2 8

JUICE 1 2 8

TEA 1 2 8

BABY FORMULA 1 2 8

MILK 1 2 8

FERMENTED MILK 1 2 8

OTHER LIQUIDS 1 2 8

FRUITS AND VEGETABLES . 1 2 8

PASTA AND
FOOD MADE FROM GRAIN . 1 2 8

POTATOE AND TUBER 1 2 8

EGG/FISH/POULTRY 1 2 8

MEAT 1 2 8

SWEETS 1 2 8

OTHER SOLID OR SEMI-
SOLID FOODS 1 2 8

215

427

CHECK 426: FOOD OR LIQUID GIVEN YESTERDAY?

"YES"
TO ONE
OR MORE

"NO/DK"
TO ALL

(SKIP TO 431)

"YES"
TO ONE
OR MORE

"NO/DK"
TO ALL

(SKIP TO 431)

430

(Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks?

IF 7 OR MORE TIMES, RECORD 7

NUMBER OF TIMES

DONT KNOW 8

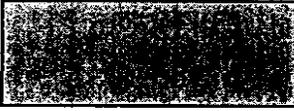
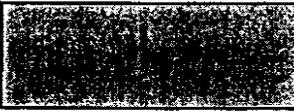
NUMBER OF TIMES

DONT KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
431	<p>On how many days during the last seven days was (NAME) given any of the following?</p> <p>Water?</p> <p>Milk and fermented milk products?</p> <p>Any other liquids?</p> <p>Fruits and vegetables?</p> <p>Any food made from wheat, rice, maize, such as bread, noodles, pasta, etc.?</p> <p>Any food made from potatoes, carrots, or tuber?</p> <p>Eggs, fish, poultry?</p> <p>Meat products.?</p> <p>Any other solid or semi-solid foods?</p>	<p>RECORD THE NUMBER OF DAYS</p> <p>WATER <input type="text"/></p> <p>MILK <input type="text"/></p> <p>OTHER LIQUIDS <input type="text"/></p> <p>FRUITS AND VEGETABLES. <input type="text"/></p> <p>PASTA AND GRAIN <input type="text"/></p> <p>POTATOE AND OTHER TUBER. <input type="text"/></p> <p>EGGS/FISH/POULTRY. <input type="text"/></p> <p>MEAT <input type="text"/></p> <p>OTHER SOLID OR <input type="text"/></p> <p>SEMI-SOLID FOODS</p>	<p>RECORD THE NUMBER OF DAYS</p> <p>WATER <input type="text"/></p> <p>MILK <input type="text"/></p> <p>OTHER LIQUIDS <input type="text"/></p> <p>FRUITS AND VEGETABLES. <input type="text"/></p> <p>PASTA AND GRAIN <input type="text"/></p> <p>POTATOE AND OTHER TUBER. <input type="text"/></p> <p>EGGS/FISH/POULTRY. <input type="text"/></p> <p>MEAT <input type="text"/></p> <p>OTHER SOLID OR <input type="text"/></p> <p>SEMI-SOLID FOODS</p>
432		GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 433.	GO BACK TO 405 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 433.

Section 4B. IMMUNIZATION AND HEALTH

433	<p>CHECK 403, 404 AND 418: ENTER LINE NUMBER FOR EACH LIVE BIRTH SINCE JANUARY 1995 IN THE TABLE. INDICATE WHETHER THE CHILD IS ALIVE OR NOT ALIVE. ASK THE QUESTIONS ABOUT EACH OF THESE BIRTHS BEGINNING WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).</p>		
434	LINE NUMBER FROM 403	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
435	NAME FROM 404 SURVIVORSHIP STATUS FROM 418	NAME <hr/> ALIVE <input type="checkbox"/> NOT ALIVE <input type="checkbox"/> (GO TO Q 435 IN NEXT COLUMN. IF NO MORE BIRTHS, GO TO 458.)	NAME <hr/> ALIVE <input type="checkbox"/> NOT ALIVE <input type="checkbox"/> (GO TO Q 435 IN NEXT COLUMN. IF NO MORE BIRTHS, GO TO 458.)
436	Do you have a card where (NAME'S) vaccinations are written? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 438) ← YES, NOT SEEN 2 (SKIP TO 440) ← NO CARD 3	YES, SEEN 1 (SKIP TO 438) ← YES, NOT SEEN 2 (SKIP TO 440) ← NO CARD 3
437	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 440) ← NO 2	YES 1 (SKIP TO 440) ← NO 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
440	Did (NAME) ever receive any vaccinations to prevent him(her) from getting diseases?	YES 1 NO 2 (SKIP TO 442) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 442) ← DON'T KNOW 8
441	Please tell me if (NAME) received any of the following vaccinations:		
441A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that left a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
441B	Polio vaccine, that is drops in the mouth?	YES 1 NO 2 (SKIP TO 441E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 441E) ← DON'T KNOW 8
441C	How many times?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>
441D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH 1 LATER 2 DON'T KNOW 8	JUST AFTER BIRTH 1 LATER 2 DON'T KNOW 8
441E	DPT/DP vaccination, that is, an injection usually given at the same time as polio drops?	YES 1 NO 2 (SKIP TO 441 G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 441 G) ← DON'T KNOW 8
441F	How many times?	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>
441G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

442	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES..... 1 NO..... 2 DONT KNOW..... B	YES..... 1 NO..... 2 DONT KNOW..... B
443	Has (NAME) been ill with cough at any time in the last 2 weeks?	YES..... 1 NO..... 2 (SKIP TO 447) ← DONT KNOW..... B	YES..... 1 NO..... 2 (SKIP TO 447) ← DONT KNOW..... B
444	When (NAME) was ill with cough, did he/she breathe faster than usual with short, fast breaths?	YES..... 1 NO..... 2 DONT KNOW..... B	YES..... 1 NO..... 2 DONT KNOW..... B
445	Did you seek advice or treatment for the cough?	YES..... 1 NO..... 2 (SKIP TO 447) ←	YES..... 1 NO..... 2 (SKIP TO 447) ←
446	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED..	PUBLIC SECTOR HOSPITAL..... A POLYCLINIC..... B AMBULATORY..... C PHARMACY..... D FAP..... E OTHER PUBLIC HEALTH FACILITY _____ F (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC..... G PRIVATE PHARMACY..... H PRIVATE DOCTOR..... I OTHER PRIVATE HEALTH FACILITY _____ J (SPECIFY) OTHER PRIVATE SHOP..... K PRIVATE PERSON (NON MEDICAL) L OTHER..... X (SPECIFY)	PUBLIC SECTOR HOSPITAL..... A POLYCLINIC..... B AMBULATORY..... C PHARMACY..... D FAP..... E OTHER PUBLIC HEALTH FACILITY _____ F (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC..... G PRIVATE PHARMACY..... H PRIVATE DOCTOR..... I OTHER PRIVATE HEALTH FACILITY _____ J (SPECIFY) OTHER PRIVATE SHOP..... K PRIVATE PERSON (NON MEDICAL) L OTHER..... X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
4 4 7	Has (NAME) had diarrhea in the last two weeks?	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 457) ← DON'T KNOW 8
4 4 8	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
4 4 9	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98	NUMBER <input type="text"/> <input type="text"/> DON'T KNOW 98
4 5 0	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
4 5 1	Was he/she given the same amount food to eat as before the diarrhea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
4 5 2	Was (NAME) given rehydron, fluid made from a special packet to drink?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
4 5 3	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 455) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 455) ← DON'T KNOW 8
4 5 4	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED	RECOMMENDED HOME FLUIDS A PILLS OR SYRUP B INJECTION C (I.V.) INTRAVENOUS D HOME REMEDIES/HERBS E OTHER X _____ (SPECIFY)	RECOMMENDED HOME FLUIDS A PILLS OR SYRUP B INJECTION C (I.V.) INTRAVENOUS D HOME REMEDIES/HERBS E OTHER X _____ (SPECIFY)

455	Did you seek advice or treatment for the diarrhea?	YES..... 1 NO..... 2 (SKIP TO 457) ← DON'T KNOW..... B	YES..... 1 NO..... 2 (SKIP TO 457) ← DON'T KNOW..... B
456	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSPITAL..... A POLYCLINIC..... B AMBULATORY..... C PHARMACY..... D FAP..... E OTHER PUBLIC HEALTH FACILITY..... F (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC..... G PRIVATE PHARMACY..... H PRIVATE DOCTOR..... I OTHER PRIVATE HEALTH FACILITY..... J (SPECIFY) OTHER PRIVATE SHOP..... K PRIVATE PERSON (NON MEDICAL)..... L OTHER..... X (SPECIFY)	PUBLIC SECTOR HOSPITAL..... A POLYCLINIC..... B AMBULATORY..... C PHARMACY..... D FAP..... E OTHER PUBLIC HEALTH FACILITY..... F (SPECIFY) PRIVATE HEALTH SECTOR PRIVATE CLINIC..... G PRIVATE PHARMACY..... H PRIVATE DOCTOR..... I OTHER PRIVATE HEALTH FACILITY..... J (SPECIFY) OTHER PRIVATE SHOP..... K PRIVATE PERSON (NON MEDICAL)..... L OTHER..... X (SPECIFY)
457		GO BACK TO 435 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 458	GO BACK TO 435 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 458

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
458	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK 1 ABOUT SAME AMOUNT TO DRINK 2 MORE TO DRINK 3 DON'T KNOW 8	
459	When a child has diarrhea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT 1 ABOUT SAME AMOUNT TO EAT 2 MORE TO EAT 3 DON'T KNOW 8	
460	When a child is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	REPEATED WATERY STOOL A ANY WATERY STOOL B REPEATED VOMITING C ANY VOMITING D BLOOD IN STOOL E HIGH BODY TEMPERATURE F MARKED THIRST G NOT EATING/NOT DRINKING WELL H GETTING SICKER/VERY SICK I NOT GETTING BETTER J OTHER _____ X (SPECIFY) DON'T KNOW Z	
461	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED	FAST BREATHING A DIFFICULT BREATHING B NOISY BREATHING C HIGH BODY TEMPERATURE D UNABLE TO DRINK E NOT EATING/NOT DRINKING WELL F GETTING SICKER/VERY SICK G NOT GETTING BETTER H OTHER _____ X (SPECIFY) DON'T KNOW Z	
462	CHECK 452, ALL COLUMNS NO CHILD RECEIVED REHYDRON <input type="checkbox"/> ANY CHILD RECEIVED REHYDRON <input type="checkbox"/>		501
463	Have you ever heard of a special product called rehydron you can get for the treatment of diarrhea?	YES 1 NO 2	

Section 5. CONTRACEPTION

Now I would like to talk about contraception - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 501 FOR EACH METHOD MENTIONED SPONTANEOUSLY.

THEN PROCEED DOWN COLUMN 502, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.

THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 501 OR 502, ASK 503.

	501 Which ways or methods have you heard about?		502 Have you ever heard of (METHOD)?		503 Have you ever used (METHOD)?
	SPONTANEOUS YES		PROBED YES	NO	
01 PILL Women can take a pill every day.	1		2		YES 1 NO 2
02 IUD Women can have a loop or coil placed inside them by a doctor.	1		2		YES 1 NO 2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1		2		YES 1 NO 2
05 DIAPHRAGM, FOAM, JELLY. Women can place a sponge, suppository, diaphragm, jelly inside themselves before intercourse.	1		2		YES 1 NO 2

06	<p>CONDOM. Men can use a rubber sheath during sexual intercourse.</p>	1	2	<p>YES 1 NO..... 2</p>
07	<p>FEMALE STERILIZATION. Women can have an operation to avoid having any more children.</p>	1	2	<p>Have you ever had an operation to avoid having any more children? YES 1 NO..... 2</p>
09	<p>CALENDAR METHOD. Every month that a women is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.</p>	1	2	<p>YES 1 NO..... 2</p>
10	<p>WITHDRAWAL. Men can be careful pull out before climax.</p>	1	2	<p>YES 1 NO..... 2</p>
11	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	1	<p>3 _____ (SPECIFY) _____ (SPECIFY)</p>	<p>YES 1 NO..... 2 YES 1 NO..... 2</p>

504 CHECK 503

NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED) → SKIP TO 509

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
505	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... 1 NO..... 2	→ 531
507	What have you used or done? CORRECT 503 AND 504 (AND 502 IF NECESSARY)		
509	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
510	When you first time began to use contraception, did you want to have another child but at a later time, or did you not want to have another child at all?	WANTED CHILD LATER..... 1 DID NOT WANT ANOTHER CHILD..... 2 OTHER..... 6 (SPECIFY)	
511	CHECK 503 WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 514A
512	CHECK 227 NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 532
513	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..... 1 NO..... 2	→ 531

<p>514</p> <p>514A</p>	<p>Which method are you using?</p> <p>CIRCLE '07 FOR FEMALE STERILIZATION.</p>	<p>PILLS 01</p> <p>IUD 02</p> <p>INJECTIONS 03</p> <p>DIAPHRAGM/FOAM/JELLY 05</p> <p>CONDOM 06</p> <p>FEMALE STERILIZATION 07</p> <p>CALENDAR METHOD 09</p> <p>WITHDRAWAL 10</p> <p>OTHER _____ 98</p> <p>(SPECIFY)</p> <p>→ 526</p> <p>→ 518</p> <p>→ 523</p> <p>→ 526</p>
<p>515</p>	<p>May I see the package of pills you are now using?</p> <p>RECORD NAME OF BRAND IF PACKAGE IS SEEN</p>	<p>PACKAGE SEEN 1</p> <p>BRAND NAME _____</p> <p>PACKAGE NOT SEEN 2</p> <p>→ 517</p>
<p>516</p>	<p>Do you know the brand name of the pills you are now using?</p> <p>RECORD NAME OF BRAND.</p>	<p>BRAND NAME _____</p> <p>DON'T KNOW 98</p>
<p>517</p>	<p>How much does one packet of pills cost you?</p>	<p>COST [] [] [] []</p> <p>FREE 9998</p> <p>DON'T KNOW 9998</p> <p>→ 526</p>
<p>518</p>	<p>Where did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 1</p> <p>POLYCLINIC 2</p> <p>WOMEN'S CENTER 3</p> <p>MOBILE CLINIC 4</p> <p>OTHER HEALTH FACILITY</p> <p>_____ 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
521	In what month and year was the sterilization performed?	MONTH <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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									→ 527
523	How do you determine which days of your monthly cycle not to have sexual relations	BASED ON CALENDAR 01 BASED ON BODY TEMPERATURE 02 BASED ON CERVICAL MUCUS (BILLING METHOD) 03 BASED ON RECTAL TEMPERATURE 04 NO SPECIFIC SYSTEM 05 OTHER _____ 96 (SPECIFY)									
526	For how many months have you been using (method) continuously? IF LESS THAN 1 MONTH, RECORD '00'	MONTHS <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> 8 YEARS OR LONGER 96									
527	CHECK 514 CIRCLE METHOD CODE:	PILLS 01 IUD 02 INJECTIONS 03 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 CALENDAR METHOD 08 WITHDRAWAL 10 OTHER _____ 96 (SPECIFY)	→ 529A → 532								

527A	Who recommended you to use this method of contraception?	DOCTOR FROM THE HOSPITAL 01 DOCTOR FROM WOMEN'S CENTER 02 OTHER HEALTH PROFESSIONAL 03 PHARMACIST 04 FRIENDS/RELATIVES 05 DECIDED HERSELF 06 OTHER _____ 96 SPECIFY	
528	Where did you obtain (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR HOSPITAL 11 POLYCLINIC 12 FAMILY PLANNING CLINIC 13 PHARMACY 14 COMMUNITY HEALTH WORKER 15 OTHER PUBLIC HEALTH FACILITY _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL /CLINIC 21 PRIVATE PHARMACY 22 PRIVATE DOCTOR 23 MOBILE CLINIC 24 PRIVATE HEALTH WORKER 25 OTHER PRIVATE HEALTH FACILITY _____ 26 (SPECIFY) OTHER SOURCE SHOP 31 RELIGIOUS ORGANIZATION 32 FRIENDS/RELATIVES 33 OTHER _____ 36 (SPECIFY)	
529	Do you know another place where you could have obtained (METHOD) the last time?	YES 1	
529A	At the time of the sterilization operation, did you know another place where you could have received the operation?	NO. 2	→ 534

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
530	People select the place where they obtain contraceptives for various reasons. What was the main reason you went to (NAME OF PLACE IN Q.528 OR Q.518) instead of the other place you know about? RECORD RESPONSE AND CIRCLE CODE _____	ACCESS-RELATED REASONS CLOSER TO HOME 11 CLOSER TO WORK 12 AVAILABILITY OF TRANSPORT 13 SERVICE-RELATED REASONS STAFF MORE COMPETENT/FRIENDLY 21 CLEANER FACILITY 22 OFFERS MORE PRIVACY 23 SHORTER WAITING TIME 24 LONGER HOURS OF OPERATION 25 USE OTHER SERVICES AT THE FACILITY 26 LOWER COST/CHEAPER 31 WANTED ANONYMITY 41 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 534
531	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED 11 FERTILITY-RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 POSTPARTUM/BREASTFEEDING 25 WANTS (MORE)CHILDREN 26 PREGNANT 27 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

532	Do you know of a place where you can obtain a method of contraception?	YES 1 NO 2	→ 534
533	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>POLYCLINIC 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>PHARMACY 14</p> <p>COMMUNITY HEALTH WORKER 15</p> <p>OTHER PUBLIC HEALTH FACILITY</p> <p>_____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PRIVATE PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>MOBILE CLINIC 24</p> <p>PRIVATE HEALTH WORKER 25</p> <p>OTHER PRIVATE HEALTH FACILITY</p> <p>_____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>RELIGIOUS ORGANIZATION 32</p> <p>FRIENDS/RELATIVES 33</p> <p>OTHER</p> <p>_____ 36</p> <p>(SPECIFY)</p>	
534	Were you visited by a health worker who discussed the use of contraception during the last 12 months?	YES 1 NO 2	
535	Have you visited a health facility for any reason in the last 12 months?	YES 1 NO 2	→ 537
536	Did any staff member at the health facility speak to you about contraception?	YES 1 NO 2	
537	Do you think that breast feeding can affect a woman's chance of becoming pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 543
538	Do you think that a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED 1 DECREASED 2 DEPENDS 3 DON'T KNOW 8	→ 543

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
539	CHECK 208 ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		543
540	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	YES 1 NO 2	543
541	CHECK 227 AND 514 NOT PREGNANT OR UNSURE AND NOT STERILIZED <input type="checkbox"/> EITHER PREGNANT OR STERILIZED <input type="checkbox"/>		543
542	Are you currently relying on breastfeeding to avoid getting pregnant?	YES 1 NO 2	
543	(SHOW LOGO 1) Have you ever seen this symbol?	YES 1 NO 2	548
544	Where have you seen it? Anywhere else?	PHARMACY 1 WOMEN'S CENTER 2 POLYCLINIC 3 TELEVISION 4 OTHER _____ 6 (SPECIFY)	
545	What does this symbol mean?	CONTRACEPTIVES 1 DRUG 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

543	(SHOW LOGO 2) Have you ever seen this symbol?	YES 1 NO 2	→ 549
544	Where have you seen it? Anywhere else?	PHARMACY 1 WOMEN'S CENTER 2 POLYCLINIC 3 TELEVISION 4 OTHER _____ 6 (SPECIFY)	
545	What does this symbol mean?	CONTRACEPTIVES 1 DRUG 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

234

549	Now I would like to read you some statements about oral contraceptives (pills) and injectable contraceptives. For each statement, please tell me whether you strongly agree, agree somewhat, disagree somewhat or strongly disagree. STATEMENT	STRONGLY AGREE	AGREE SOMEWHAT	DISAGREE SOMEWHAT	STRONGLY DISAGREE	DON'T KNOW
a.	Taking oral contraceptives (pills) usually does not harm a woman's health	1	2	3	4	8
b.	If a woman experiences nausea when she starts taking oral contraceptives, she should not stop taking them immediately.	1	2	3	4	8
c.	Women who use injectable contraceptives cannot get pregnant again after they stop the injection	1	2	3	4	8
d.	Women who use injectable contraceptives often stop menstruating while they are taking them.	1	2	3	4	8

Section 6. MARRIAGE

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
601	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>CHILDREN UNDER 10</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OTHER MALES</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OTHER FEMALES</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10	1	2	HUSBAND/PARTNER	1	2	OTHER MALES	1	2	OTHER FEMALES	1	2	
	YES	NO																
CHILDREN UNDER 10	1	2																
HUSBAND/PARTNER	1	2																
OTHER MALES	1	2																
OTHER FEMALES	1	2																
602	Are you currently married or living with a man?	<table border="0"> <tr> <td>CURRENTLY MARRIED</td> <td align="center">1</td> <td></td> </tr> <tr> <td>LIVING WITH A MAN</td> <td align="center">2</td> <td align="right">→ 607</td> </tr> <tr> <td>NOT IN UNION</td> <td align="center">3</td> <td></td> </tr> </table>	CURRENTLY MARRIED	1		LIVING WITH A MAN	2	→ 607	NOT IN UNION	3								
CURRENTLY MARRIED	1																	
LIVING WITH A MAN	2	→ 607																
NOT IN UNION	3																	
603	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	<table border="0"> <tr> <td>REGULAR SEXUAL PARTNER</td> <td align="center">1</td> <td></td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER</td> <td align="center">2</td> <td></td> </tr> <tr> <td>NO SEXUAL PARTNER</td> <td align="center">3</td> <td></td> </tr> </table>	REGULAR SEXUAL PARTNER	1		OCCASIONAL SEXUAL PARTNER	2		NO SEXUAL PARTNER	3								
REGULAR SEXUAL PARTNER	1																	
OCCASIONAL SEXUAL PARTNER	2																	
NO SEXUAL PARTNER	3																	
604	Have you ever been married or lived with a man?	<table border="0"> <tr> <td>FORMERLY MARRIED</td> <td align="center">1</td> <td></td> </tr> <tr> <td>LIVED WITH A MAN</td> <td align="center">2</td> <td align="right">→ 611</td> </tr> <tr> <td>NO</td> <td align="center">3</td> <td align="right">→ 615</td> </tr> </table>	FORMERLY MARRIED	1		LIVED WITH A MAN	2	→ 611	NO	3	→ 615							
FORMERLY MARRIED	1																	
LIVED WITH A MAN	2	→ 611																
NO	3	→ 615																
606	What is your marital status now: are you widowed, divorced, or separated?	<table border="0"> <tr> <td>WIDOWED</td> <td align="center">1</td> <td></td> </tr> <tr> <td>DIVORCED</td> <td align="center">2</td> <td align="right">→ 611</td> </tr> <tr> <td>SEPARATED</td> <td align="center">3</td> <td></td> </tr> </table>	WIDOWED	1		DIVORCED	2	→ 611	SEPARATED	3								
WIDOWED	1																	
DIVORCED	2	→ 611																
SEPARATED	3																	
607	Is your husband/partner living with you now or is he staying elsewhere?	<table border="0"> <tr> <td>LIVES WITH HER</td> <td align="center">1</td> <td></td> </tr> <tr> <td>STAYING ELSEWHERE</td> <td align="center">2</td> <td></td> </tr> </table>	LIVES WITH HER	1		STAYING ELSEWHERE	2											
LIVES WITH HER	1																	
STAYING ELSEWHERE	2																	
611	Have you been married or lived with a man only once, or more than once?	<table border="0"> <tr> <td>ONCE</td> <td align="center">1</td> <td></td> </tr> <tr> <td>MORE THAN ONCE</td> <td align="center">2</td> <td></td> </tr> </table>	ONCE	1		MORE THAN ONCE	2											
ONCE	1																	
MORE THAN ONCE	2																	

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	<p>CHECK 611</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/LIVED WITH A MAN ONLY ONCE</p> <input style="width: 30px; height: 15px;" type="checkbox"/> </div> <div style="text-align: center;"> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE</p> <input style="width: 30px; height: 15px;" type="checkbox"/> </div> </div> <p>In what month and year did you start living with your husband/partner?</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p>	<p>MONTH <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>DON'T KNOW YEAR 98</p>	615
613	How old were you when you started living with him?	<p>AGE <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p>	
615	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some issues of contraception.</p> <p>When was the last time you had sexual intercourse (if ever)?</p>	<p>NEVER 000</p> <p>DAYS AGO 1 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>WEEKS AGO 2 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>MONTHS AGO 3 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>YEARS AGO 4 <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>BEFORE LAST BIRTH 998</p>	712
619	How old were you when you first had sexual intercourse?	<p>AGE <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/></p> <p>FIRST TIME WHEN MARRIED 98</p>	

Section 7. FERTILITY PREFERENCES

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 514</p> <p>WOMAN NOT STERILIZED <input type="checkbox"/></p> <p>WOMAN STERILIZED <input type="checkbox"/></p>		712
702	<p>CHECK 227</p> <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> <p>PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. After the child you are expecting, would like to have another child or would you prefer not to have more children?</p>	<p>HAVE (A/ANOTHER) CHILD 1</p> <p>NO MORE/NONE 2</p> <p>SAYS SHE CAN'T GET PREGNANT 3</p> <p>UNDECIDED/DONT KNOW 8</p>	706 704
703	<p>CHECK 227</p> <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> <p>PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait after the birth of the child you are expecting before the birth of another child?</p>	<p>MONTHS 1</p> <p>YEARS 2</p> <p>SOON/NOW 993</p> <p>SAYS SHE CAN'T GET PREGNANT 994</p> <p>AFTER MARRIAGE 995</p> <p>OTHER (SPECIFY) 996</p> <p>DONT KNOW 998</p>	706

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
704	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		707
705	If you became pregnant in the next few weeks, would you be <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY 1 UNHAPPY 2 WOULD NOT MATTER 3	
706	CHECK 513: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		712
707	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES 1 NO 2 DON'T KNOW 8	709
708	Do you think you will use a method at any time in the future?	YES 1 NO 2 DON'T KNOW 8	710

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No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	Would you ever use a method if you were married?	YES 1 NO 2 DONT KNOW 8	
712	<p>CHECK 222</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> <p>If you could choose exactly the number of children to have in your life, how many would that be?</p>	NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) → 714	
713	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>BOYS</p> <p>NUMBER <input type="text"/><input type="text"/> OTHER _____ 96 (SPECIFY)</p> <p>GIRLS</p> <p>NUMBER <input type="text"/><input type="text"/> OTHER _____ 96 (SPECIFY)</p> <p>EITHER</p> <p>NUMBER <input type="text"/><input type="text"/> OTHER _____ 96 (SPECIFY)</p>	

714	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 NO OPINION 3																			
715	Is it acceptable or not acceptable to you for information on contraception to be provided: On the radio? On the television?	<table border="0"> <thead> <tr> <th></th> <th>ACCEP- TABLE</th> <th>NOT ACCEP- TABLE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		ACCEP- TABLE	NOT ACCEP- TABLE	DK	RADIO	1	2	3	TELEVISION	1	2	3							
	ACCEP- TABLE	NOT ACCEP- TABLE	DK																		
RADIO	1	2	3																		
TELEVISION	1	2	3																		
716	In the last few months have you heard about contraception: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETTERS OR BROCHURES</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2	POSTER	1	2	LEAFLETTERS OR BROCHURES	1	2	
	YES	NO																			
RADIO	1	2																			
TELEVISION	1	2																			
NEWSPAPER OR MAGAZINE	1	2																			
POSTER	1	2																			
LEAFLETTERS OR BROCHURES	1	2																			
718	In the last few months have you discussed contraception with your friends, neighbors, or relatives?	YES 1 NO 2	→ 720																		
719	With whom? Anyone else? RECORD ALL MENTIONED	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F MOTHER-IN-LAW G FRIENDS/NEIGHBORS H OTHER _____ X (SPECIFY)																			

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No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
720	CHECK 602 CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		801
721	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on contraception. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
722	How often have you talked to your husband/partner about contraception in the past year?	NEVER 4 ONCE OR TWICE 2 MORE OFTEN 3	
723	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

Section 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 602 AND 604</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/></p>		<p>→ 803</p> <p>→ 809</p>
802	<p>How old was your husband/partner on his last birthday?</p>	<p>AGE <input type="text"/></p>	
803	<p>Did your (last) husband/partner ever attend school, technikum, or institute?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 806</p>
804	<p>What was the highest level of school he attended?</p>	<p>PRIMARY/SECONDARY 1</p> <p>SECONDARY-SPECIAL 2</p> <p>HIGHER 3</p> <p>DONT KNOW 6</p>	<p>→ 805</p>
805	<p>How many years/classes/courses he completed at that level?</p>	<p>YEARS <input type="text"/></p> <p>DONT KNOW 98</p>	
806	<p>What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do?</p>	<p>..... <input type="text"/></p> <p>..... <input type="text"/></p>	
807	<p>CHECK 806</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></p> <p>DOES(DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		<p>→ 809</p>
808	<p>(Does/did) your husband/partner work mainly on the state land or on his own land, or on family land, or (does/did) he rent land?</p>	<p>STATE LAND 1</p> <p>OWN LAND 2</p> <p>FAMILY LAND 3</p> <p>RENTED LAND 4</p>	

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No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
809	Aside from your own housework, are you currently working? IF NOT: Are you on maternity leave?	YES..... 1 NO..... 2 MATERNITY LEAVE..... 3	→ 812 → 812
810	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES..... 1 NO..... 2	→ 812
811	Have you done any work in the last 12 months?	YES..... 1 NO..... 2	→ 826
812	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/>
813	CHECK 812 WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 815
814	Do you work mainly on the state land or on your own land, or on family land, or do you rent land?	STATE LAND..... 1 OWN LAND..... 2 FAMILY LAND..... 3 RENTED LAND..... 4	

8 1 5	Are you public servant, or do you work on state enterprise, a private firm or enterprise owned by yourself, your husband, member of your family, or by someone else, or are you self-employed?	GOVERNMENT/STATE ENTERPRISE 1 FAMILY/OWN BUSINESS 2 PRIVATE FIRM/PERSON 3 SELF-EMPLOYED 4	
8 1 6	Do you usually work throughout the year, or do you work seasonally, or only once in a while (episodically)?	THROUGHOUT THE YEAR 1 SEASONALLY 2 ONCE IN A WHILE (EPISODICALLY) 3	1 → 818 3 → 819
8 1 7	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/>	
8 1 8	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS <input type="text"/>	→ 820
8 1 9	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS <input type="text"/>	
8 2 0	Do you earn cash for your work? PROBE: DO YOU MAKE MONEY FOR WORKING?	YES 1 NO 2	2 → 823

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
822	<p>CHECK 602</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, someone else, or you and someone else jointly?</p> </div> <div style="text-align: center;"> <p>NOT MARRIED, NOT LIVING WITH A MAN <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?</p> </div> </div>	<p>RESPONDENT DECIDES 1</p> <p>HUSBAND/PARTNER DECIDES 2</p> <p>JOINTLY WITH HUSBAND/PARTNER 3</p> <p>SOMEONE ELSE DECIDES 4</p> <p>JOINTLY WITH SOMEONE ELSE 5</p>					
823	Do you usually work at home or away from home?	<p>HOME 1</p> <p>AWAY 2</p>					
824	<p>CHECK 223: IS THERE A CHILD WHO IS AGE 5 OR LESS?</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p>		826				
824A	Does (NAME OF YOUNGEST CHILD) live with you?	<p>YES 1</p> <p>NO 2</p>	826				
825	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	<p>RESPONDENT 01</p> <p>HUSBAND/PARTNER 02</p> <p>OLDER FEMALE CHILD 03</p> <p>OLDER MALE CHILD 04</p> <p>OTHER RELATIVES 05</p> <p>NEIGHBORS 06</p> <p>FRIENDS 07</p> <p>BABY SITTER 08</p> <p>CHILD IS IN CHILDCARE 10</p> <p>HAS NOT WORKED SINCE LAST BIRTH 95</p> <p>OTHER 96</p> <p style="text-align: center;">(SPECIFY)</p>					
826	RECORD THE TIME	<p>HOUR <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></p> <p>MINUTES <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></p>					

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Section 9. HEIGHT AND WEIGHT

IN 901 AND 902 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT.

901	RESPONDENT'S HEIGHT (IN CENTIMETERS)	<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> </tr> </table>											
902	RESPONDENT'S WEIGHT (IN KILOGRAMS)	<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> </tr> </table>											
903	RESULT	MEASURED 1 NOT MEASURED 2 REFUSED 3 OTHER 6 (SPECIFY) _____											

904	CHECK 435	<table style="width:100%;"> <tr> <td style="width:50%; text-align:center;"> ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1993 <input style="width:20px; height:15px; margin-left:10px;" type="checkbox"/> </td> <td style="width:5%; text-align:center;">↓</td> <td style="width:45%; text-align:center;"> NO LIVING CHILDREN BORN SINCE JANUARY 1993 <input style="width:20px; height:15px; margin-left:10px;" type="checkbox"/> </td> </tr> <tr> <td colspan="2"></td> <td style="text-align:right;">→ 1001</td> </tr> </table>	ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1993 <input style="width:20px; height:15px; margin-left:10px;" type="checkbox"/>	↓	NO LIVING CHILDREN BORN SINCE JANUARY 1993 <input style="width:20px; height:15px; margin-left:10px;" type="checkbox"/>			→ 1001
ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1993 <input style="width:20px; height:15px; margin-left:10px;" type="checkbox"/>	↓	NO LIVING CHILDREN BORN SINCE JANUARY 1993 <input style="width:20px; height:15px; margin-left:10px;" type="checkbox"/>						
		→ 1001						

IN 905 RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1993 AND STILL ALIVE. IN 906 AND 907 RECORD THE NAME AND BIRTH DATE OF THE LIVING CHILDREN. IN 909 AND 911 RECORD HEIGHT AND WEIGHT OF THE LIVING CHILDREN. IF THERE ARE MORE THAN TWO LIVING CHILDREN BORN SINCE JANUARY 1993 USE ADDITIONAL FORMS.

		<input style="width:15px; height:15px;" type="checkbox"/> 1 YOUNGEST LIVING CHILD	<input style="width:15px; height:15px;" type="checkbox"/> 2 NEXT-TO-YOUNGEST LIVING CHILD																																																
905	LINE NUMBER FROM 434	<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>			<table border="1" style="margin:auto;"> <tr> <td style="width:20px; height:20px;"></td> <td style="width:20px; height:20px;"></td> </tr> </table>																																														
906	NAME FROM 435	(NAME) _____	(NAME) _____																																																
907	DATE OF BIRTH FROM 215, AND ASK FOR DAY OF BIRTH	DAY <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> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> MONTH <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> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> YEAR <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><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>																									DAY <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> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> MONTH <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> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table> YEAR <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><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> <tr><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td><td style="width:20px; height:20px;"></td></tr> </table>																								

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908	BCG SCAR ON TOP OF SHOULDER	NO SCAR 1 SCAR 1 - 4 mm 2 SCAR 5 mm AND MORE 3	NO SCAR 1 SCAR 1 - 4 mm 2 SCAR 5 mm AND MORE 3
909	HEIGHT (IN CENTIMETERS)	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> </div>
910	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?	LYING 1 STANDING 2	LYING 1 STANDING 2
911	WEIGHT (IN KILOGRAMS)	<div style="text-align: center;"> <input type="text"/> <input type="text"/> . <input type="text"/> </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> . <input type="text"/> </div>
912	DATE WEIGHED AND MEASURED	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>
913	RESULT	MEASURED 1 CHILD IS SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER _____ 6 (SPECIFY)	MEASURED 1 CHILD IS SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER _____ 6 (SPECIFY)

914 NAME OF MEASURER:

NAME OF ASSISTANT:

LETTERHEAD OF THE INSTITUTE OF OBSTATRICS AND GYNECOLOGY

Dear Respondent:

The Institute Obstetrics and Gynecology is conducting Demographic and Health Survey in Uzbekistan. As part of this program we study the prevalence of anemia among the women and their children. We ask you to participate in this program, which will assist the Ministry of Health of Uzbekistan to develop the specific measures to prevent and treat anemia.

Anemia is a disease, which is characterized by a low count of red blood cells. It results from poor nutrition and can be especially damaging to the health of pregnant and breastfeeding women.

Today, it is possible to rapidly (within a few minutes) diagnose this disease. A low level of hemoglobin (less than 11g/dL) can be determined by the Hemocue machine on the basis of a single drop of blood.

If you decide to participate in this program, we will ask you to provide a drop of blood from your finger for the analysis. Also, if you have a child of age 3 or less, please let our nurse to obtain drop of blood from him. The procedure will be done by sterile instruments. The blood will be analyzed using the new sophisticated American equipment, Hemocue. The result of analysis will be available to you right after the blood is taken and assessed by Hemocue. We will also keep the results confidential.

If you decide to participate in this program, please sign at the bottom of this form that you agree to provide a drop of blood and allow us to obtain drop of blood from your child.

If you decide not to participate, it is your right, and we will respect your choice.

I am _____
Last name, First Name, Middle Name

agree to donate a drop of blood for the purpose of anemia diagnosis. I also allow a drop of blood to be taken from my child (children) for the purposes of anemia diagnosis.

Signature

Date " _____ " _____ 1995

Section 10. HEMOGLOBIN MEASUREMENT IN THE BLOOD

ALL INTERVIEWED WOMEN ARE ELIGIBLE FOR HEMOGLOBIN MEASUREMENT. IN 1001 RECORD RESPONDENT'S HEMOGLOBIN LEVEL.

1001	RESPONDENT'S HEMOGLOBIN LEVEL (G/DL)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
1002	RESULT	MEASURED 1 NOT MEASURED 2 REFUSED 3 OTHER _____ 6 (SPECIFY)	

1003	CHECK 435 ONE OR MORE LIVING CHILDREN BORN SINCE JANUARY 1993	<input style="width: 20px; height: 20px;" type="checkbox"/>	NO LIVING CHILDREN BORN SINCE JANUARY 1993	<input style="width: 20px; height: 20px;" type="checkbox"/>	→ 1009
------	--	---	--	---	--------

IN 1004 RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1993 AND STILL ALIVE. IN 1005 RECORD THE NAMES OF THE LIVING CHILDREN. IN 1006 RECORD THE HEMOGLOBIN LEVEL IN THE BLOOD OF THE LIVING CHILDREN. IF THERE ARE MORE THAN TWO LIVING CHILDREN BORN SINCE JANUARY 1993 USE ADDITIONAL FORMS.

		<input style="width: 15px; height: 15px;" type="checkbox"/> YOUNGEST LIVING CHILD	<input style="width: 15px; height: 15px;" type="checkbox"/> NEXT-TO-YOUNGEST LIVING CHILD
1004	LINE NUMBER FROM 434	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
1005	NAME FROM 435	(NAME) _____	(NAME) _____
1006	HEMOGLOBIN LEVEL IN THE BLOOD (G/DL)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

1007	RESULT	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER _____ 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER _____ 6 (SPECIFY)
1008	NAME OF MEASURER	NAME OF ASSISTANT	
1009	CHECK 1001 AND 1006 NO VALUES BELOW 7 G/DL	ONE OR MORE VALUE BELOW 7 G/DL	CONS ENT FOR M NO 2

RECORD THE RESULTS OF HEMOGLOBIN MEASUREMENT. TEAR OFF HERE AND PRESENT THIS PORTION TO THE RESPONDENT

INSTITUTE OF OBSTETRICS AND GYNECOLOGY

RESULTS OF HEMOGLOBIN MEASUREMENT IN THE BLOOD

Date _____ 1996

Name	Respondent	Last child	Next-to-youngest child
Hemoglobin level in the blood (G/DL)	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
	You have	Your child has	Your child has
WHO CLASSIFICATION OF ANEMIA			
Normal level Hb level above 11 G/DL	Normal level	Normal level	Normal level
Mild anemia Hb (10-11G/DL)	Mild anemia	Mild anemia	Mild anemia
Moderate anemia Hb (7-10 G/DL)	Moderate anemia	Moderate anemia	Moderate anemia
Severe anemia Hb (less than 7 G/DL)	Severe anemia	Severe anemia	Severe anemia

In case of severe anemia (Hb level less than 7 G/DL), we recommend you to immediately contact your doctor.

If you have any question about hemoglobin measurement procedure, please call us at (3712)637830, or write to: Institute of Obstetrics and Gynecology, Ministry of Health of Uzbekistan, 132A Abdullaev Ave, Tashkent, Uzbekistan

LETTERHEAD OF THE INSTITUTE OF OBSTETRICS AND GYNECOLOGY

CONSENT FORM No 2

Dear Respondent:

We detected a low level of hemoglobin in your (your child's) blood. This indicates that you (your child) have developed severe anemia, which is serious health problem. We would like to inform the doctor at health care facility in your area about your condition. This will assist you to obtain appropriate further diagnosis and treatment of your (your child's) condition.

If you agree with this please sign at the bottom of this form.

Thank you for your cooperation.

I
am

Last name,

First Name,

Middle Name

agree that the information about the level of hemoglobin in my (my child's) blood will be disclosed to the doctor at the local health care facility.

Signature

Date " _____ " _____ 1995

COMMENTS

Comments about Respondent:

Comments on Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date _____

EDITOR'S OBSERVATIONS

Name of Editor _____ Date _____