VIETNAM DEMOGRAPHIC AND HEALTH SURVEY - II
WOMAN'S QUESTIONNAIRE

GENERAL STATISTICAL OFFICE

IDENTIFICATION	
PROVINCE/MUNICIPALITY _____	☐☐
DISTRICT _____	
COMMUNE _____	
CLUSTER NAME _____	
CLUSTER NUMBER	☐☐☐
NAME OF HOUSEHOLD HEAD _____	
HOUSEHOLD NUMBER	☐☐
ADDRESS _____	
URBAN/RURAL (URBAN=1, RURAL=2)	☐
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE .... (large city=1, small city=2, town=3, countryside=4)	☐
NAME AND LINE NUMBER OF WOMAN _____	☐☐

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	1 9 9 7
INTERVIEWER'S NAME	_____	_____	_____	NAME	
RESULT*	_____	_____	_____	RESULT	
NEXT VISIT: DATE	_____	_____	██████	TOTAL NO. OF VISITS	☐
TIME	_____	_____			

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

SUPERVISOR		FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME _____	☐☐	NAME _____	☐☐	☐☐	☐☐
DATE _____		DATE _____			

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR .... ☐☐ MINUTES .... ☐☐	
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 the countryside?	CITY .... 1 TOWN .... 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS .... ☐☐ ALWAYS .... 95 VISITOR 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 .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	

106	How old were you at your last birthday?
	
	    COMPARE AND CORRECT 105 AND/OR 106 IF
	    INCONSISTENT.
		AGE IN COMPLETED YEARS .. ☐☐	

106A	What is your current marital status?	CURRENTLY MARRIED .... 1 WIDOWED .... 2 DIVORCED .... 3 SEPARATED 4	
107	Have you ever attended school?	YES .... 1 NO 2	→114
108	What is the highest grade of education you completed? USE EQUIVALENCY TABLE.	GRADE .... ☐☐ COLLEGE/UNIVERSITY 15	

110	CHECK 106:
	       AGE 24 ☐ AGE 25 ☐
	       OR BELOW OR ABOVE
			→113

111	Are you currently attending school?	YES .... 1 NO 2	→113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

112	What was the main reason you stopped attending school?	GOT PREGNANT 01
		GOT MARRIED 02
		TO CARE FOR YOUNGER
		    CHILDREN 03
		FAMILY NEEDED HELP ON FARM
		    OR IN BUSINESS 04
		COULD NOT PAY SCHOOL FEES 05
		NEEDED TO EARN MONEY 06
		GRADUATED/HAD ENOUGH
		    SCHOOLING 07
		DID NOT PASS ENTRANCE EXAMS .. 08
		DID NOT LIKE SCHOOL 09
		SCHOOL NOT ACCESSIBLE/
		    TOO FAR 10
		
		OTHER _____ 96
		            (SPECIFY)
		DON'T KNOW 98	

113	CHECK 108:
	
	    LESS THAN ☐ GRADE 6 ☐
	    GRADE 6 OR HIGHER
			→115

114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY .... 1 WITH DIFFICULTY .... 2 NOT AT ALL 3	→116
115	Do you usually read a newspaper or magazine at least once a week?	YES .... 1 NO 2	
116	Do you usually listen to a 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?	NO RELIGION .... 01 BUDDHIST .... 02 CATHOLIC .... 03 PROTESTANT .... 04 CAO DAI .... 05 HOA HAO .... 06 ISLAM .... 07 OTHER_____ 96 (SPECIFY)	
119	What ethnic group do you belong to?	VIETNAMESE .... 1 CHINESE .... 2 KHMER .... 3 TAY .... 4 OTHER_____ 6 (SPECIFY)	
120	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED THE WOMAN INTERVIEWED IS NOT A USUAL ☐ IS A USUAL ☐ RESIDENT RESIDENT		→201
121	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? _____ (NAME OF PLACE) Is that a city, town, or in the countryside?	LARGE CITY .... 1 SMALL CITY .... 2 TOWN .... 3 COUNTRYSIDE 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
122	In which province is that located? <u>(NAME OF PROVINCE/MUNICIPALITY)</u>	PROVINCE/MUNICIPALITY ...... ⬚⬚	
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 INTO RESIDENCE/PLOT .... 11 →125 PIPED TO PUBLIC TAP .... 12 WELL IN RESIDENCE/PLOT .... 21 →125 PUBLIC WELL .... 22 SPRING .... 31 RIVER/STREAM .... 32 POND/LAKE .... 33 DAM .... 34 RAINWATER .... 41 →125 TANKER TRUCK .... 51 BOTTLED WATER .... 61 →125 OTHER _____ 96 (SPECIFY)	
124	How long does it take to go there, get water, and come back?	MINUTES .... ⬚⬚⬚	
125	What kind of toilet facility does your household have?	OWN FLUSH TOILET .... 11 SHARED FLUSH TOILET .... 12 TRADITIONAL PIT TOILET/LATRINE . 21 VENTILATED IMPROVED PIT (VIP) TOILET/LATRINE .... 22 NO FACILITY/BUSH/FIELD .... 31 OTHER _____ 96 (SPECIFY)	
126	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A sewing machine?	YES NO ELECTRICITY .... 1 2 RADIO .... 1 2 TELEVISION .... 1 2 TELEPHONE .... 1 2 REFRIGERATOR .... 1 2 SEWING MACHINE 1 2	
126A	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS .... ⬚⬚	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
127	Could you describe the main material of the floor of your home?*	EARTH/SAND .... 11 ROUGH WOOD/BAMBOO .... 21 FINISHED FLOOR (POLISHED WOOD/CERAMIC TILES/STONE/ ETC.) OTHER _____96 (SPECIFY)	
127A	Could you describe the main material of the roof of your home?	CONCRETE .... 1 TILE/FIBRO/ASBESTOS .... 2 GALVANIZED IRON/ALUMINUM/TIN .... 3 GRASS/STRAW .... 4 OTHER _____6 (SPECIFY)	
128	Does any member of your household own: A bicycle? A motorcycle? A car? A boat? A ploughing machine? A motor scooter?	YES NO BICYCLE .... 1 2 MOTORCYCLE .... 1 2 CAR .... 1 2 BOAT .... 1 2 PLOUGHING MACHINE .... 1 2 MOTOR SCOOTER 1 2	

Now I would like to ask you about all the pregnancies that you have had in your lifetime. By this I mean all the children born to you, whether they were born alive or dead, whether still living or not, whether living with you or elsewhere, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that have terminated before full term, but it is extremely important that you tell us about all of them, so that we can develop programs that will help the Government of Vietnam improve children's health in the future.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	First I would like to ask about all the births you have had during your life. Have you ever given birth?	YES .... 1 NO 2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES .... 1 NO 2	→204
203	How many sons live with you? And how many daughters live with you? .... IF NONE, RECORD '00'.	SONS AT HOME .... DAUGHTERS AT HOME	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES .... 1 NO 2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? .... IF NONE, RECORD '00'.	SONS ELSEWHERE .... DAUGHTERS ELSEWHERE	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES .... 1 NO 2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD .... GIRLS DEAD	
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in an induced abortion or through menstrual regulation. A pregnancy may also end in a miscarriage or a stillbirth. Have you had any such pregnancy that did not result in a live birth?	YES .... 1 NO 2	→210
209	In all, how many such pregnancies have there been?	PREGNANCY LOSSES	
210	SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL	
211	CHECK 210: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 201-210 AS NECESSARY.		
212	CHECK 210: ONE OR MORE PREGNANCIES ☐ NO PREGNANCIES ☐ _____		→229

213	Now I would like to ask you about all of your pregnancies, whether born alive, born dead, or lost before full term, starting with your most recent live birth or terminated pregnancy. RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.					

214 Think back to the time of your (last/ next to last/ etc.) pregnancy. In what month and year did that pregnancy end? PROBE: In what season did the pregnancy end?	215 Was that a single or multiple pregnancy?	216 Did that pregnancy end in a live birth, an induced abortion, menstrual regulation, a miscarriage or a stillbirth?	217 How many months did the pregnancy last? RECORD IN COMPLETED MONTHS. RECORD '00' IF LESS THAN ONE FULL MONTH	218 What was the name given to that child?	219 Is (NAME) a boy or girl?
01 MONTH .... YEAR	SINGLE ..... 1 MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218) INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	(NEXT PREGNANCY)	(NAME) _____ _____	BOY......1 GIRL.....2
02 MONTH .... YEAR	SINGLE ..... 1 MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218) INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	(SKIP TO 223)	(NAME) _____ _____	BOY......1 GIRL.....2
03 MONTH .... YEAR	SINGLE ..... 1 MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218) INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	(SKIP TO 223)	(NAME) _____ _____	BOY......1 GIRL.....2
04 MONTH .... YEAR	SINGLE ..... 1 MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218) INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	(SKIP TO 223)	(NAME) _____ _____	BOY......1 GIRL.....2
05 MONTH .... YEAR	SINGLE ..... 1 MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218) INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	(SKIP TO 223)	(NAME) _____ _____	BOY......1 GIRL.....2
06 MONTH .... YEAR	SINGLE ..... 1 MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218) INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	(SKIP TO 223)	(NAME) _____ _____	BOY......1 GIRL.....2
07 MONTH .... YEAR	SINGLE ..... 1 MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218) INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	(SKIP TO 223)	(NAME) _____ _____	BOY......1 GIRL.....2

	IF BORN ALIVE AND STILL LIVING		IF BORN ALIVE BUT NOW DEAD:		
220 Is (NAME) still alive?	221 How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	221A Is (NAME) living with you?	222 How old was (NAME) when he/she died? IF ' 1 YR .' PROBE: How many months old was (NAME)? RECORD DAYS IF UNDER ONE MONTH; MONTHS IF UNDER TWO YEARS; OR YEARS.	223 FROM THE YEAR OF TERMINATION OF THE PREGNANCY LISTED ABOVE SUBTRACT THE YEAR OF TERMINATION OF THIS PREGNANCY. IS THE DIFFERENCE 3 OR MORE YEARS?	224 PROBE: Were there any other pregnancies between this pregnancy and the previous pregnancy you told me about?
01 YES .... 1 NO .... 2 | ▼ 222	AGE IN YEARS ☐☐	YES .... 1⌐ NO ....2⌐ (NEXT ◄┘ PREGNANCY)	DAYS .... 1 ☐☐ ☐☐ MONTHS .. 2 ☐☐ ☐☐ YEARS ..... 3 ☐☐ ☐☐	███████	███████
02 YES .... 1 NO .... 2 | ▼ 222	AGE IN YEARS ☐☐	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 ☐☐ MONTHS .. 2 ☐☐ YEARS ..... 3 ☐☐	YES .... 1 NO .... 2 ┘ (NEXT PREGNANCY)	YES .... 1 NO 2
03 YES .... 1 NO .... 2 | ▼ 222	AGE IN YEARS ☐☐	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 ☐☐ MONTHS .. 2 ☐☐ YEARS ..... 3 ☐☐	YES .... 1 NO .... 2 ┘ (NEXT PREGNANCY)	YES .... 1 NO 2
04 YES .... 1 NO .... 2 | ▼ 222	AGE IN YEARS ☐☐	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 ☐☐ MONTHS .. 2 ☐☐ YEARS ..... 3 ☐☐	YES .... 1 NO .... 2 ┘ (NEXT PREGNANCY)	YES .... 1 NO 2
05 YES .... 1 NO .... 2 | ▼ 222	AGE IN YEARS ☐☐	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 ☐☐ MONTHS .. 2 ☐☐ YEARS ..... 3 ☐☐	YES .... 1 NO .... 2 ┘ (NEXT PREGNANCY)	YES .... 1 NO 2
06 YES .... 1 NO .... 2 | ▼ 222	AGE IN YEARS ☐☐	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 ☐☐ MONTHS .. 2 ☐☐ YEARS ..... 3 ☐☐	YES .... 1 NO .... 2 ┘ (NEXT PREGNANCY)	YES .... 1 NO 2
07 YES .... 1 NO .... 2 | ▼ 222	AGE IN YEARS ☐☐	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 ☐☐ MONTHS .. 2 ☐☐ YEARS ..... 3 ☐☐	YES .... 1 NO .... 2 ┘ (NEXT PREGNANCY)	YES .... 1 NO 2

214	215	216	217	218	219
Think back to the time of your (last/ next to last/ etc.) pregnancy. In what month	Was that a single or multiple	Did that pregnancy end in a live birth, an induced abortion, menstrual regulation, a	How many months did the pregnancy last?	What was the name given to that	Is (NAME) a boy or a girl?

08 MONTH / YEAR	SINGLE ..... 1 / MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218)◄──┘ INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	[ ] ↓ (SKIP TO 223)	(NAME) _____	BOY......1 GIRL.....2
09 MONTH / YEAR	SINGLE ..... 1 / MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218)◄──┘ INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	[ ] ↓ (SKIP TO 223)	(NAME) _____	BOY......1 GIRL.....2
10 MONTH / YEAR	SINGLE ..... 1 / MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218)◄──┘ INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	[ ] ↓ (SKIP TO 223)	(NAME) _____	BOY......1 GIRL.....2
11 MONTH / YEAR	SINGLE ..... 1 / MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218)◄──┘ INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	[ ] ↓ (SKIP TO 223)	(NAME) _____	BOY......1 GIRL.....2
12 MONTH / YEAR	SINGLE ..... 1 / MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218)◄──┘ INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	[ ] ↓ (SKIP TO 223)	(NAME) _____	BOY......1 GIRL.....2
13 MONTH / YEAR	SINGLE ..... 1 / MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218)◄──┘ INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	[ ] ↓ (SKIP TO 223)	(NAME) _____	BOY......1 GIRL.....2
14 MONTH / YEAR	SINGLE ..... 1 / MULTIPLE . 2	LIVE BIRTH .... 1 (SKIP TO 218)◄──┘ INDUCED ABORTION .... 2 MENSTRUAL REGULATION .... 3 MISCARRIAGE .... 4 STILLBIRTH 5	[ ] ↓ (SKIP TO 223)	(NAME) _____	BOY......1 GIRL.....2

	IF BORN ALIVE AND STILL LIVING		IF BORN ALIVE BUT NOW DEAD:		
220 Is (NAME) still alive?	221 How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	221A Is (NAME) living with you?	222 How old was (NAME) when he/she died? IF ' 1 YR .' PROBE: How many months old was (NAME)? RECORD DAYS IF UNDER ONE MONTH; MONTHS IF UNDER TWO YEARS; OR YEARS.	223 FROM THE YEAR OF TERMINATION OF THE PREGNANCY LISTED ABOVE SUBTRACT THE YEAR OF TERMINATION OF THIS PREGNANCY. IS THE DIFFERENCE 3 OR MORE YEARS?	224 PROBE: Were there any other pregnancies between this pregnancy and the previous pregnancy you told me about?

180

08						
YES .... 1 NO .... 2 ⌄ 222	AGE IN YEARS ▢▢	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 MONTHS .. 2 YEARS ..... 3 ▢▢	YES .... 1 NO .... 2 (NEXT ┘ PREGNANCY)	YES .... 1 NO 2

09						
YES .... 1 NO .... 2 ⌄ 222	AGE IN YEARS ▢▢	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 MONTHS .. 2 YEARS ..... 3 ▢▢	YES .... 1 NO .... 2 (NEXT ┘ PREGNANCY)	YES .... 1 NO 2

10						
YES .... 1 NO .... 2 ⌄ 222	AGE IN YEARS ▢▢	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 MONTHS .. 2 YEARS ..... 3 ▢▢	YES .... 1 NO .... 2 (NEXT ┘ PREGNANCY)	YES .... 1 NO 2

11						
YES .... 1 NO .... 2 ⌄ 222	AGE IN YEARS ▢▢	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 MONTHS .. 2 YEARS ..... 3 ▢▢	YES .... 1 NO .... 2 (NEXT ┘ PREGNANCY)	YES .... 1 NO 2

12						
YES .... 1 NO .... 2 ⌄ 222	AGE IN YEARS ▢▢	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 MONTHS .. 2 YEARS ..... 3 ▢▢	YES .... 1 NO .... 2 (NEXT ┘ PREGNANCY)	YES .... 1 NO 2

13						
YES .... 1 NO .... 2 ⌄ 222	AGE IN YEARS ▢▢	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 MONTHS .. 2 YEARS ..... 3 ▢▢	YES .... 1 NO .... 2 (NEXT ┘ PREGNANCY)	YES .... 1 NO 2

14						
YES .... 1 NO .... 2 ⌄ 222	AGE IN YEARS ▢▢	YES .... 1⌐ NO ....2⌐ (GO TO 223)◄┘	DAYS .... 1 MONTHS .. 2 YEARS ..... 3 ▢▢	YES .... 1 NO .... 2 (NEXT ┘ PREGNANCY)	YES .... 1 NO 2

COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ▢   NUMBERS ARE DIFFERENT ▢ ➝ (PROBE AND RECONCILE)

CHECK:
FOR EACH PREGNANCY: YEAR OF BIRTH IS RECORDED IN 214.

FOR EACH PREGNANCY LOSS: DURATION IS RECORDED 217.

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 221.

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 222.

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

CHECK 214 AND 216, AND ENTER THE NUMBER OF LIVE BIRTHS SINCE JANUARY 1994.
IF NONE, RECORD '0'.

227	FOR EACH LIVE BIRTH SINCE JANUARY 1992 ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN EACH OF THE 8 PRECEDING MONTHS. WRITE THE NAME TO THE LEFT OF THE 'B' CODE.
228	FOR EACH NON-LIVE BIRTH SINCE 1992, ENTER 'T' IN THE MONTH OF PREGNANCY TERMINATION IN COLUMN 1 OF THE CALENDAR AND 'P' IN EACH PRECEDING MONTH OF PREGNANCY.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
229	CHECK 106A: CURRENTLY ☐ MARRIED WIDOWED, ☐ DIVORCED, SEPARATED		→233
230	Are you pregnant?	YES .... 1 NO .... 2 UNSURE 8	→233
231	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS .... ☐☐	
232	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	THEN .... 1 LATER .... 2 NOT AT ALL 3	
233	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	
234	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	→301
235	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 _____ 96 (SPECIFY) DON'T KNOW 98	

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

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301	Which ways or methods have you heard about?	SPONTANEOUS YES	302 Have you ever heard of (METHOD)? PROBED YES	NO	303 Have you ever used (METHOD)?
01	PILL Women can take a pill every day.	1	2	3	YES .... 1 NO 2
02	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3	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	3	YES .... 1 NO 2
04	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	3	YES .... 1 NO 2
05	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3	YES .... 1 NO 2
06	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2	3	YES .... 1 NO 2
07	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	3	Have you ever had an operation to avoid having any more children? YES .... 1 NO 2
08	MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2	3	Have you ever had a partner who had an operation to avoid having children? YES .... 1 NO 2
09	RHYTHM, PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	3	YES .... 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	1	2	3	YES .... 1 NO 2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY) _____ (SPECIFY)	1		3	YES .... 1 NO .... 2 YES .... 1 NO 2
304	CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐ AT LEAST ONE "YES" (EVER USED) ☐ ———————→ SKIP TO 308				

185

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES .... 1 NO 2	→307
306	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→330
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
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?	PILL .... 01 IUD .... 02 INJECTIONS .... 03 IMPLANTS .... 04 DIAPHRAGM/FOAM/JELLY .... 05 CONDOM .... 06 FEMALE STERILIZATION .... 07 MALE STERILIZATION .... 08 PERIODIC ABSTINENCE .... 09 WITHDRAWAL .... 10 OTHER _____ 96 (SPECIFY)	
309	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN .... ☐☐	
310	CHECK 106A: CURRENTLY ☐ WIDOWED, ☐ MARRIED DIVORCED, SEPARATED	_____ 1	→337
311	CHECK 303: WOMAN NOT ☐ WOMAN ☐ STERILIZED STERILIZED	_____	→314A
312	CHECK 230: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE	_____	→325
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES .... 1 NO 2	→325
314	Which method are you using?	PILL .... 01 IUD .... 02 INJECTIONS .... 03 IMPLANTS .... 04 →324 DIAPHRAGM/FOAM/JELLY .... 05 CONDOM 06	
314A	CIRCLE '07' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION .... 07 MALE STERILIZATION .... 08 →318 PERIODIC ABSTINENCE .... 09 →323 WITHDRAWAL .... 10 OTHER _____ 96 →324 (SPECIFY)	
317	How much does one packet (cycle) of pills cost you?	COST (DONG) .... ☐☐☐☐☐ FREE .... 99996 →324 DON'T KNOW 99998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

318	Where did the sterilization take place?
	
	IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 10
		  DELIVERY HOUSE 11
		  COMMUNE HEALTH CENTER 12
		  FAMILY PLANNING CENTER 13
		  MOBILE CLINIC 14
		
		  OTHER PUBLIC _____16
		         (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  PRIVATE DOCTOR 23
		  OTHER PRIVATE
		    MEDICAL _____26
		        (SPECIFY)
		
		OTHER_____96
		    (SPECIFY)
		DON'T KNOW 98
			→319
			
			→319
			→319

318A	How long does it take to travel from your house to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES .... 1 ☐☐☐ HOURS .... 2 0 ☐☐ DK 9998	
318B	Is it easy or difficult to get there?	EASY .... 1 DIFFICULT 2	
319	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES .... 1 NO 2	→321

320	Why do you regret the operation?	RESPONDENT WANTS ANOTHER
		  CHILD 01
		HUSBAND WANTS ANOTHER CHILD 02
		SIDE EFFECTS 03
		CHILD DIED 04
		
		OTHER _____96
		    (SPECIFY)	

321	In what month and year was the sterilization performed?	MONTH .... ☐☐ YEAR .... ☐☐☐☐	

322	CHECK 321:
	
	  STERILIZED BEFORE ☐ STERILIZED IN OR AFTER ☐
	  JANUARY 1992 JANUARY 1992
	
	ENTER CODE FOR STERILIZATION IN MONTH OF ENTER CODE FOR STERILIZATION IN MONTH OF
	INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN
	MONTH BACK TO JANUARY 1992. EACH MONTH BACK TO THE DATE OF THE OPERATION.
	
	                            THEN SKIP TO ————→325
	
	THEN SKIP TO ————→334		

323	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 (BILLINGS
		  METHOD) 03
		BASED ON BODY TEMPERATURE AND
		  CERVICAL MUCUS 04
		NO SPECIFIC SYSTEM 05
		
		OTHER _____96
		    (SPECIFY)	

324	ENTER METHOD CODE FROM 314 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE.
	ILLUSTRATIVE QUESTIONS:
	    • When did you start using continuously?
	    • How long have you been using this method continuously?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

325	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.
	
	USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1992.
	USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
	
	IN COLUMN 1, ENTER CODE IN EACH MONTH OF METHOD USE OR '0' FOR NONUSE.
	ILLUSTRATIVE QUESTIONS:
	COLUMN 1: • When was the last time you used a method? Which method was that?
	       • When did you start using that method? How long after the birth of (NAME)?
	       • How long did you use the method then?
	
	IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.
	NUMBER OF CODES IN COL.2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.
	
	ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED USING TO GET PREGNANT.
	
	ILLUSTRATIVE QUESTIONS:
	COLUMN 2: • Why did you stop using the (METHOD)?
	       • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?
	
	IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:
	       • How many months did it take you to get pregnant after you stopped using (METHOD)?
	         AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		

327	CHECK 314: CIRCLE METHOD CODE:	NOT ASKED .... 00 →330 PILL .... 01 IUD .... 02 INJECTIONS .... 03 IMPLANTS .... 04 DIAPHRAGM/FOAM/JELLY .... 05 CONDOM .... 06 FEMALE STERILIZATION .... 07 MALE STERILIZATION .... 08 →334 PERIODIC ABSTINENCE .... 09 WITHDRAWAL .... 10 OTHER METHOD .... 96 →332	

328	Where did you obtain (METHOD) the last time?
	
	IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITA/ 10
		  DELIVERY HOUSE 11
		  COMMUNE HEALTH CENTER 12
		  FAMILY PLANNING CENTER 13
		  MOBILE CLINIC 14
		  FIELD WORKER .... 15 →334
		  OTHER PUBLIC _____16
		      (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  PHARMACY 22
		  PRIVATE DOCTOR 23
		  OTHER PRIVATE
		    MEDICAL _____26
		      (SPECIFY)
		OTHER SOURCE
		  FRIEND/RELATIVE .... 33 →334
		
		  OTHER_____36 →334
		      (SPECIFY)	

328A	How long does it take to travel from your house to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES .... 1 ▯▯▯ HOURS .... 2 0 ▯▯ DK 9998	
328B	Is it easy or difficult to get there?	EASY .... 1 DIFFICULT .... 2 →334	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	CHECK 230: NOT PREGNANT ☐ PREGNANT ☐ _____ OR UNSURE ▼		→334
330A	CHECK 106A: CURRENTLY ☐ WIDOWED, ☐ _____ MARRIED ▼ DIVORCED, SEPARATED		→337

331	What is the main reason you are not using a method of contraception to avoid pregnancy?	FERTILITY-RELATED REASONS
		  NOT HAVING SEX 21
		  INFREQUENT SEX 22
		  MENOPAUSAL/HYSTERECTOMY 23
		  SUBFECUND/INFECUND 24
		  POSTPARTUM/BREASTFEEDING 25
		  WANTS (MORE) CHILDREN 26
		
		OPPOSITION TO USE
		  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 NATURAL
		    PROCESSES 56
		
		OTHER _____ 96
		      (SPECIFY)
		DON'T KNOW 98
			→334

332	Do you know of a place where you can obtain a method of family planning?	YES .... 1 NO 2	→334

333	Where is that?
	
	IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 10
		  DELIVERY HOUSE 11
		  COMMUNE HEALTH CENTER 12
		  FAMILY PLANNING CENTER 13
		  MOBILE CLINIC 14
		  FIELD WORKER 15
		  OTHER PUBLIC _____ 16
		      (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 21
		  PHARMACY 22
		  PRIVATE DOCTOR 23
		  OTHER PRIVATE
		    MEDICAL _____ 26
		      (SPECIFY)
		OTHER SOURCE
		  FRIENDS/RELATIVES 33
		
		OTHER _____ 36
		      (SPECIFY)	

333A	How long does it take to travel from your house to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES .... 1 HOURS .... 2 0 DK 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333B	Is it easy or difficult to get there?	EASY .... 1 DIFFICULT 2	
334	Were you visited by a family planning program worker in the last 12 months?	YES .... 1 NO .... 2 —→335	
334A	Do you feel that the family planning staff treated you with respect?	YES .... 1 NO 2	
334B	Were you satisfied with the family planning field worker?	YES .... 1 NO 2	
335	Have you visited a health facility for any reason in the last 12 months?	YES .... 1 NO .... 2 —→337	
336	Did any staff member at the health facility speak to you about family planning methods?	YES .... 1 NO .... 2 —→337	
336A	Do you feel that the family planning staff treated you with respect?	YES .... 1 NO 2	
336B	Were you satisfied with the health worker?	YES .... 1 NO 2	
337	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	YES .... 1 NO .... 2 ⌐ DON'T KNOW .... 8 ⊥→343	
338	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED .... 1 —→343 DECREASED .... 2 DEPENDS .... 3 DON'T KNOW 8	
339	CHECK 216: ONE OR MORE ☐ NO BIRTHS ☐ BIRTHS	_____ —→343	
340	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	YES .... 1 NO .... 2 —→343	
341	CHECK 227 AND 311: NOT PREGNANT OR ☐ EITHER ☐ UNSURE PREGNANT AND NOT STERILIZED OR STERILIZED	_____ —→343	
342	Are you currently relying on breastfeeding to avoid getting pregnant?	YES .... 1 NO 2	

343	CHECK 216 AND 214:
	
	ONE OR MORE INDUCED ☐ NO INDUCED ☐
	    ABORTIONS OR ABORTIONS OR
	    MENSTRUAL REGULA- M.R. SINCE
	TIONS SINCE JAN. 1994 JAN. 1994
		_____ —→401	

344	IN Q345, ENTER THE LINE NUMBER OF EACH PREGNANCY SINCE JANUARY 1994 WHICH ENDED IN AN INDUCED ABORTION OR MENSTRUAL REGULATION. ASK THE QUESTIONS ABOUT ALL OF THESE PREGNANCY OUTCOMES BEGINNING WITH THE LAST ONE. (IF THERE ARE MORE THAN 2 PREGNANCY OUTCOMES SINCE 1994, USE ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about pregnancies which ended in an induced abortion or menstrual regulation in the last three years. (We will talk about your most recent [INDUCED ABORTION/MENSTRUAL REGULATION] first).		

345	ENTER LINE NUMBER FROM Q214	LAST INDUCED ABORTION OR MENSTRUAL REGULATION	NEXT-TO-LAST INDUCED ABORTION OR MENSTRUAL REGULATION
		LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐

346	At the time you became pregnant with the pregnancy which ended in your (LAST/NEXT-TO-LAST INDUCED ABORTION/MENSTRUAL REGULATION), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	THEN .... 1 (SKIP TO 348)◄──────┘ LATER .... 2 NO MORE .... 3 (SKIP TO 348)◄──────┘	THEN .... 1 (SKIP TO 348)◄──────┘ LATER .... 2 NO MORE .... 3 (SKIP TO 348)◄──────┘
347	How much longer would you like to have waited?	MONTHS .... 1 YEARS .... 2 DON'T KNOW 998	MONTHS .... 1 YEARS .... 2 DON'T KNOW 998
348	At the time you became pregnant, were you using a method of contraception?	YES .... 1 NO .... 2 (SKIP TO 350)◄──────┘	YES .... 1 NO .... 2 (SKIP TO 350)◄──────┘
349	Which method were you using?	PILL .... 01 IUD .... 02 INJECTIONS .... 03 IMPLANTS .... 04 DIAPHRAGM/FOAM/JELLY .... 05 CONDOM .... 06 FEMALE STERILIZATION .... 07 MALE STERILIZATION .... 08 PERIODIC ABSTINENCE .... 09 WITHDRAWAL .... 10 OTHER _____96 (SPECIFY)	PILL .... 01 IUD .... 02 INJECTIONS .... 03 IMPLANTS .... 04 DIAPHRAGM/FOAM/JELLY .... 05 CONDOM .... 06 FEMALE STERILIZATION .... 07 MALE STERILIZATION .... 08 PERIODIC ABSTINENCE .... 09 WITHDRAWAL .... 10 OTHER _____96 (SPECIFY)
350	Can you tell me what procedure was used to terminate the pregnancy?	DILATION AND CURATAGE .... 1 MENSTRUAL REGULATION .... 2 CAESARIAN SECTION .... 3 TRADITIONAL METHOD _____4 (SPECIFY) OTHER _____6 (SPECIFY) DON'T KNOW 8	DILATION AND CURATAGE .... 1 MENSTRUAL REGULATION .... 2 CAESARIAN SECTION .... 3 TRADITIONAL METHOD _____4 (SPECIFY) OTHER _____6 (SPECIFY) DON'T KNOW 8
		LAST INDUCED ABORTION OR MENSTRUAL REGULATION	NEXT-TO-LAST INDUCED ABORTION OR MENSTRUAL REGULATION
351	Sometimes a woman has a health problem after (AN INDUCED ABORTION/MENSTRUAL REGULATION). Did you have any health problems afterwards?	YES .... 1 NO .... 2 (SKIP TO 357)◄──────┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 357)◄──────┤ DON'T KNOW 8
352	What health problems did you have: sterility, infection, lack of menstruation, excessive bleeding or another problem? RECORD ALL REPORTED PROBLEMS.	STERILITY .... A INFECTION .... B LACK OF MENSTRUATION ...... C BLEEDING .... D PELVIC PAIN .... E OTHER _____X (SPECIFY) DON'T KNOW .... Z	STERILITY .... A INFECTION .... B LACK OF MENSTRUATION ...... C BLEEDING .... D PELVIC PAIN .... E OTHER _____X (SPECIFY) DON'T KNOW .... Z
353	Did you seek advice or treatment because of these problems?	YES .... 1 NO .... 2 (SKIP TO 357)◄──────┘	YES .... 1 NO .... 2 (SKIP TO 357)◄──────┘

354	Where did you seek advice or treatment?
	
	Anywhere else?
	
	    RECORD ALL MENTIONED.
		PUBLIC SECTOR
		  GOVT. HOSPITAL .... A
		  DELIVERY HOUSE .... B
		  COMMUNE HEALTH
		    CENTER C
		  COMM. HEALTH WORKER D
		  OTHER PUBLIC
		  _____ E
		       (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  PVT. HOSPITAL/CLINIC .... F
		  PRIVATE DOCTOR .... G
		  PRIVATE DOCTOR'S
		    ASSISTANT .... H
		  PHARMACY I
		  OTHER PRIVATE
		    MEDICAL
		  _____ J
		       (SPECIFY)
		
		OTHER SOURCE
		  SHOP .... K
		  TRAD. PRACTITIONER L
		
		OTHER _____ X
		       (SPECIFY)
			PUBLIC SECTOR
			  GOVT. HOSPITAL .... A
			  DELIVERY HOUSE .... B
			  COMMUNE HEALTH
			    CENTER C
			  COMM. HEALTH WORKER D
			  OTHER PUBLIC
			  _____ E
			       (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			  PVT. HOSPITAL/CLINIC .... F
			  PRIVATE DOCTOR .... G
			  PRIVATE DOCTOR'S
			    ASSISTANT .... H
			  PHARMACY I
			  OTHER PRIVATE
			    MEDICAL
			  _____ J
			       (SPECIFY)
			
			OTHER SOURCE
			  SHOP .... K
			  TRAD. PRACTITIONER L
			
			OTHER _____ X
			       (SPECIFY)

355	Because of these problems, did you become an in-patient (stay over night) at any health facility?	YES 1
		NO 2
		     (SKIP TO 357)◄————┘
			YES 1
			NO 2
			     (SKIP TO 357)◄————┘

356	For how many nights?	NIGHTS .... ☐☐ DON'T KNOW 98	NIGHTS .... ☐☐ DON'T KNOW 98
357		GO BACK TO 346 IN NEXT COLUMN; OR, IF NO MORE EVENTS, GO TO 401	GO BACK TO 346 IN NEXT COLUMN; OR, IF NO MORE EVENTS, GO TO 401

401	CHECK 226:
	ONE OR MORE BIRTHS SINCE JAN. 1994 ☐ NO BIRTHS SINCE JAN. 1994 ☐————————————————————→ (SKIP TO 465)

402	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1994 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last three years. (We will talk about one child at a time.)

403		LAST BIRTH	NEXT-TO-LAST BIRTH
	LINE NUMBER FROM Q214	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐

404	FROM Q218 AND Q220	NAME _____ ALIVE ☐ DEAD ☐	NAME _____ ALIVE ☐ DEAD ☐

405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	THEN .... 1 (SKIP TO 407)◄———┘ LATER .... 2 NO MORE .... 3 (SKIP TO 407)◄———┘	THEN .... 1 (SKIP TO 407)◄———┘ LATER .... 2 NO MORE .... 3 (SKIP TO 407)◄———┘

406	How much longer would you like to have waited?	MONTHS .... 1 ☐☐ YEARS .... 2 DON'T KNOW 998	MONTHS .... 1 ☐☐ YEARS .... 2 DON'T KNOW 998

407	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?
	
	 IF YES: Whom did you see? Anyone else?
	
	 PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.
		HEALTH PROFESSIONAL
		    DOCTOR .... A
		    DOCTOR'S ASSISTANT ..... B
		    MIDWIFE C
		    NURSE .... D
		 OTHER PERSON
		    TRADITIONAL BIRTH
		      ATTENDANT .... E
		
		 OTHER_____X
		      (SPECIFY)
		 NO ONE .... Y
		 (SKIP TO 410)◄———┘
			HEALTH PROFESSIONAL
			    DOCTOR .... A
			    DOCTOR'S ASSISTANT ..... B
			    MIDWIFE C
			    NURSE .... D
			 OTHER PERSON
			    TRADITIONAL BIRTH
			      ATTENDANT .... E
			
			 OTHER_____X
			      (SPECIFY)
			 NO ONE .... Y
			 (SKIP TO 410)◄———┘

408	How many months pregnant were you when you first received antenatal care?	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98

409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES .... ☐☐ DON'T KNOW 98	NO. OF TIMES .... ☐☐ DON'T KNOW 98

410	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?*	YES .... 1 NO .... 2 (SKIP TO 412)◄——┐ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 412)◄——┐ DON'T KNOW 8

411	During this pregnancy, how many times did you get this injection?	TIMES .... ☐ DON'T KNOW 8	TIMES .... ☐ DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

412	Where did you give birth to (NAME)?	HOME
		    YOUR HOME 11
		    OTHER HOME 12
		PUBLIC SECTOR
		    CENTRAL HOSPITAL 21
		    PROVINCIAL HOSPITAL .. 22
		    DISTRICT HOSPITAL/
		       HEALTH CENTER 23
		    COMMUNE HEALTH
		       CENTER 24
		    DELIVERY HOUSE 25
		    OTHER PUBLIC
		    _____26
		    (SPECIFY)
		PRIVATE MEDICAL SECTOR
		    PVT. HOSPITAL/CLINIC .. 31
		    OTHER PRIVATE
		    MEDICAL
		    _____36
		    (SPECIFY)
		
		OTHER _____96
		    (SPECIFY)
			HOME
			    YOUR HOME 11
			    OTHER HOME 12
			PUBLIC SECTOR
			    CENTRAL HOSPITAL 21
			    PROVINCIAL HOSPITAL .. 22
			    DISTRICT HOSPITAL/
			       HEALTH CENTER 23
			    COMMUNE HEALTH
			       CENTER 24
			    DELIVERY HOUSE 25
			    OTHER PUBLIC
			    _____26
			    (SPECIFY)
			PRIVATE MEDICAL SECTOR
			    PVT. HOSPITAL/CLINIC .. 31
			    OTHER PRIVATE
			    MEDICAL
			    _____36
			    (SPECIFY)
			
			OTHER _____96
			    (SPECIFY)

413	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.
		HEALTH PROFESSIONAL
		    DOCTOR .... A
		    DOCTOR'S ASSISTANT ..... B
		    MIDWIFE C
		    NURSE .... D
		OTHER PERSON
		    TRADITIONAL BIRTH
		       ATTENDANT .... E
		    RELATIVE/FRIEND .... F
		
		OTHER_____X
		    (SPECIFY)
		NO ONE .... Y
			HEALTH PROFESSIONAL
			    DOCTOR .... A
			    DOCTOR'S ASSISTANT ..... B
			    MIDWIFE C
			    NURSE .... D
			OTHER PERSON
			    TRADITIONAL BIRTH
			       ATTENDANT .... E
			    RELATIVE/FRIEND .... F
			
			OTHER_____X
			    (SPECIFY)
			NO ONE .... Y

414	Around the time of the birth of (NAME), did you have any of the following problems:
	
	Long labor, that is, did your regular contractions last more than 12 hours?
	
	Excessive bleeding that was so much that you feared it was life threatening?
	
	A high fever with bad smelling vaginal discharge?
	
	Convulsions not caused by a fever?
		YES NO
		
		LABOR MORE THAN 12
		    HOURS 1 2
		
		EXCESSIVE BLEEDING ... 1 2
		
		FEVER/BAD SMELLING
		    VAG. DISCHARGE 1 2
		
		CONVULSIONS 1 2
			YES NO
			
			LABOR MORE THAN 12
			    HOURS 1 2
			
			EXCESSIVE BLEEDING ... 1 2
			
			FEVER/BAD SMELLING
			    VAG. DISCHARGE 1 2
			
			CONVULSIONS 1 2

415	Was (NAME) delivered by caesarian section?	YES .... 1 NO 2	YES .... 1 NO 2
416	When (NAME) 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	Was (NAME) weighed at birth?	YES 1
		NO 2
		    (SKIP TO 419)◄——┘
			YES 1
			NO 2
			    (SKIP TO 420)◄——┘

418	How much did (NAME) weigh? RECORD WEIGHT FROM BIRTH NOTIFICATION CARD, IF AVAILABLE.	GRAMS FROM CARD .... 1 [.			] GRAMS FROM RECALL .... 2 [			] DON'T KNOW 99998	GRAMS FROM CARD .... 1 [			] GRAMS FROM RECALL .... 2 [			] DON'T KNOW 99998

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
419	Has your period returned since the birth of (NAME)?	YES .... 1 　　　(SKIP TO 421)◄──────┘ NO .... 2 　　　(SKIP TO 422)◄──────┘	
420	Did your period return between the birth of (NAME) and your next pregnancy?		YES .... 1 NO .... 2 　　　(SKIP TO 424)◄──────┘
421	For how many months after the birth of (NAME) did you not have a period?	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98
422	CHECK 230: RESPONDENT PREGNANT?	NOT ☐　　PREGNANT ☐ PREG-　　OR UNSURE NANT ▾　　(SKIP TO 424)◄─	
423	Have you resumed sexual relations since the birth of (NAME)?	YES .... 1 NO .... 2 　　　(SKIP TO 425)◄──────┘	
424	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98
425	Did you ever breastfeed (NAME)?	YES .... 1 NO .... 2 　　　(SKIP TO 431)◄──────┘	YES .... 1 NO .... 2 　　　(SKIP TO 431)◄──────┘
426	How long after birth did you first put (NAME) to the breast? 　IF LESS THAN 1 HOUR, RECORD '00' HOURS. 　IF LESS THAN 24 HOURS, RECORD HOURS. 　OTHERWISE, RECORD DAYS.	IMMEDIATELY .... 000 HOURS .... 1 ☐☐ DAYS 2	IMMEDIATELY .... 000 HOURS .... 1 ☐☐ DAYS 2
427	CHECK 404: CHILD ALIVE?	ALIVE ☐　　　DEAD ☐ 　▾　　(SKIP TO 429)◄─	ALIVE ☐　　　DEAD ☐ 　▾　　(SKIP TO 429)◄─
428	Are you still breastfeeding (NAME)?	YES .... 1 　　　(SKIP TO 432)◄──────┘ NO 2	YES .... 1 　　　(SKIP TO 432)◄──────┘ NO 2
429	For how many months did you breastfeed (NAME)?	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98
430	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK .... 01 CHILD ILL/WEAK .... 02 CHILD DIED .... 03 NIPPLE/BREAST PROBLEM .. 04 NOT ENOUGH MILK .... 05 MOTHER WORKING .... 06 CHILD REFUSED .... 07 WEANING AGE/AGE TO 　STOP .... 08 BECAME PREGNANT .... 09 STARTED USING 　CONTRACEPTION .... 10 OTHER_____96 　　　(SPECIFY)	MOTHER ILL/WEAK .... 01 CHILD ILL/WEAK .... 02 CHILD DIED .... 03 NIPPLE/BREAST PROBLEM .. 04 NOT ENOUGH MILK .... 05 MOTHER WORKING .... 06 CHILD REFUSED .... 07 WEANING AGE/AGE TO 　STOP .... 08 BECAME PREGNANT .... 09 STARTED USING 　CONTRACEPTION .... 10 OTHER_____96 　　　(SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
431	CHECK 404: CHILD ALIVE?	ALIVE ☐　　　　DEAD ☐ 　　▼　　　　　　▼ (SKIP TO 434)　(GO BACK TO 　　　　　　　405 IN NEXT 　　　　　　　COLUMN 　　　　　　　OR, IF NO 　　　　　　　MORE BIRTHS, 　　　　　　　GO TO 440)	ALIVE ☐　　　　DEAD ☐ 　　▼　　　　　　▼ (SKIP TO 434)　(GO BACK TO 　　　　　　　405 IN NEXT 　　　　　　　COLUMN 　　　　　　　OR, IF NO 　　　　　　　MORE BIRTHS, 　　　　　　　GO TO 440)
432	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	NUMBER OF NIGHTTIME .... ☐☐ FEEDINGS
433	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT .... ☐☐ FEEDINGS	NUMBER OF DAYLIGHT .... ☐☐ FEEDINGS
434	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
435	At any time yesterday or last night, was (NAME) given any of the following: Plain water, filtered water or boiled water? Sugar water? Juice? Herbal tea? Baby formula? Tinned or powdered milk? Fresh milk? Any other liquid? Any solid or semi-solid foods?	YES NO DK PLAIN WATER .... 1　2　8 SUGAR WATER .... 1　2　8 JUICE .... 1　2　8 HERBAL TEA .... 1　2　8 BABY FORMULA .... 1　2　8 TINNED/ 　POWDERED MILK　1　2　8 FRESH MILK................ 1　2　8 OTHER LIQUIDS .... 1　2　8 SOLID/SEMI- 　SOLID FOODS ...... 1　2　8	YES NO DK PLAIN WATER .... 1　2　8 SUGAR WATER .... 1　2　8 JUICE .... 1　2　8 HERBAL TEA .... 1　2　8 BABY FORMULA .... 1　2　8 TINNED/ 　POWDERED MILK　1　2　8 FRESH MILK................ 1　2　8 OTHER LIQUIDS .... 1　2　8 SOLID/SEMI- 　SOLID FOODS ...... 1　2　8
439		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.

440	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1994 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).	

441		LAST BIRTH	NEXT-TO-LAST BIRTH
	LINE NUMBER FROM Q214	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐

442	FROM Q218
	
	AND Q220
		NAME _____
		
		ALIVE ☐ DEAD ☐
		                (GO TO 442 IN
		                NEXT
		                COLUMN; OR,
		                IF NO MORE
		                BIRTHS, GO
		                TO 465.)
			NAME _____
			
			ALIVE ☐ DEAD ☐
			                (GO TO 442 IN
			                NEXT
			                COLUMN; OR,
			                IF NO MORE
			                BIRTHS, GO
			                TO 465.)

443	Do you have a card where (NAME'S) vaccinations are written down?
	
	    IF YES: May I see it please?
		YES, SEEN 1
		       (SKIP TO 445)◄———┘
		YES, NOT SEEN 2
		       (SKIP TO 447)◄———┘
		NO CARD 3
			YES, SEEN 1
			       (SKIP TO 445)◄———┘
			YES, NOT SEEN 2
			       (SKIP TO 447)◄———┘
			NO CARD 3

444	Did you ever have a vaccination card for (NAME)?	YES 1
		       (SKIP TO 447)◄———┤
		NO 2
			YES 1
			       (SKIP TO 447)◄———┤
			NO 2

445	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. IF INJECTION WAS NOT GIVEN, LEAVE THE CORRESPONDING LINE BLANK. BCG Polio 0 Polio 1 Polio 2 Polio 3 DPT 1 DPT 2 DPT 3 Measles	DAY MONTH YEAR BCG ☐☐☐☐☐☐ P0 ... ☐☐☐☐☐☐ P1 ... ☐☐☐☐☐☐ P2 ... ☐☐☐☐☐☐ P3 ... ☐☐☐☐☐☐ D1 ... ☐☐☐☐☐☐ D2 ... ☐☐☐☐☐☐ D3 ... ☐☐☐☐☐☐ MEA ☐☐☐☐☐☐	DAY MONTH YEAR BCG ☐☐☐☐☐☐ P0 ... ☐☐☐☐☐☐ P1 ... ☐☐☐☐☐☐ P2 ... ☐☐☐☐☐☐ P3 ... ☐☐☐☐☐☐ D1 ... ☐☐☐☐☐☐ D2 ... ☐☐☐☐☐☐ D3 ... ☐☐☐☐☐☐ MEA ☐☐☐☐☐☐

446	Has (NAME) received any vaccinations that are not recorded on this card?
	
	    RECORD '1' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).
		YES 1
		(PROBE FOR VACCINATIONS ◄┘
		AND WRITE '66' IN THE
		CORRESPONDING DAY
		COLUMN IN 445) ———┐
		       (SKIP TO 449)◄——┘
		NO 2
		       (SKIP TO 449)◄———┤
		DON'T KNOW 8
			YES 1
			(PROBE FOR VACCINATIONS ◄┘
			AND WRITE '66' IN THE
			CORRESPONDING DAY
			COLUMN IN 445) ———┐
			       (SKIP TO 449)◄——┘
			NO 2
			       (SKIP TO 449)◄———┤
			DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

447	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1
		NO 2
		    (SKIP TO 449)◄———┤
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 449)◄———┤
			DON'T KNOW 8

448	Please tell me if (NAME) received any of the following vaccinations:		
448A	A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that caused a scar?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

448B	Polio vaccine, that is, drops in the mouth?	YES 1
		NO 2
		    (SKIP TO 448E)◄———┤
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 448E)◄———┤
			DON'T KNOW 8

448C	How many times?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
448D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH .... 1 LATER 2	JUST AFTER BIRTH .... 1 LATER 2

448E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES 1
		NO 2
		    (SKIP TO 448G)◄———┤
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 448G)◄———┤
			DON'T KNOW 8

448F	How many times?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
448G	An injection to prevent measles?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
449	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

450	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES 1
		NO 2
		    (SKIP TO 454)◄———┤
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 454)◄———┤
			DON'T KNOW 8

451	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8

452	Did you seek advice or treatment for the cough?	YES 1
		NO 2
		    (SKIP TO 454)◄———┘
			YES 1
			NO 2
			    (SKIP TO 454)◄———┘

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
453	Where did you seek advice or treatment? ·Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL .... A COMMUNE HEALTH CENTER .... B MCH/FP MOBILE TEAM .... C VILLAGE HEALTH WORKER D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC .... F PRIVATE DOCTOR .... G PRIVATE DOCTOR'S ASSISTANT .... H PHARMACY .... I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP .... K TRAD. PRACTITIONER .... L OTHER_____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL .... A COMMUNE HEALTH CENTER .... B MCH/FP MOBILE TEAM .... C VILLAGE HEALTH WORKER D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC .... F PRIVATE DOCTOR .... G PRIVATE DOCTOR'S ASSISTANT .... H PHARMACY .... I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP .... K TRAD. PRACTITIONER .... L OTHER_____ X (SPECIFY)
454	Has (NAME) had diarrhea in the last 2 weeks?	YES .... 1 NO .... 2 (SKIP TO 464)◄──────┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 464)◄──────┤ DON'T KNOW 8
455	Was there any blood in the stools?	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
456	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS .... ☐☐ DON'T KNOW 98	NUMBER OF BOWEL MOVEMENTS .... ☐☐ DON'T KNOW 98
457	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
458	Was he/she given the same amount of food to eat as before the diarrhea, or more, or less?	SAME .... 1 MORE .... 2 LESS .... 3 DON'T KNOW 8	SAME .... 1 MORE .... 2 LESS .... 3 DON'T KNOW 8
459	When (NAME) had diarrhea, was he/she given any of the following to drink: A fluid, made from a special packet called Oredon? Porridge? Soup? Home-made sugar-salt-water solution? Milk or infant formula? Drinking water? Any other liquid?	YES NO DK FLUID FROM ORS PKT 1 2 8 PORRIDGE .... 1 2 8 SOUP .... 1 2 8 SUG.-SALT-WAT. SOL. 1 2 8 MILK/INFANT FORM. .... 1 2 8 WATER .... 1 2 8 OTHER LIQUID 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 PORRIDGE .... 1 2 8 SOUP .... 1 2 8 SUG.-SALT-WAT. SOL. 1 2 8 MILK/INFANT FORM. .... 1 2 8 WATER .... 1 2 8 OTHER LIQUID 1 2 8
460	Was anything (else) given to treat the diarrhea?	YES .... 1 NO .... 2 (SKIP TO 462)◄──────┤ DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 462)◄──────┤ DON'T KNOW 8
461	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	PILL OR SYRUP .... B INJECTION .... C (I.V.) INTRAVENOUS .... D HOME REMEDIES/ HERBAL MEDICINES .... E OTHER _____ X (SPECIFY)	PILL OR SYRUP .... B INJECTION .... C (I.V.) INTRAVENOUS .... D HOME REMEDIES/ HERBAL MEDICINES .... E OTHER _____ X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
462	Did you seek advice or treatment for the diarrhea?	YES .... 1 NO .... 2 　　　(SKIP TO 464)◄———┘	YES .... 1 NO .... 2 　　　(SKIP TO 464)◄———┘
463	Where did you seek advice or treatment? Anywhere else? 　　RECORD ALL MENTIONED.	PUBLIC SECTOR 　GOVT. HOSPITAL .... A 　COMMUNE HEALTH 　　CENTER .... B 　MCH/FP MOBILE TEAM .... C 　VILLAGE HEALTH WORKER D 　OTHER PUBLIC 　———————————— E 　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PVT. HOSPITAL/CLINIC .... F 　PRIVATE DOCTOR .... G 　PRIVATE DOCTOR'S 　　ASSISTANT .... H 　PHARMACY .... I 　OTHER PRIVATE MEDICAL 　———————————— J 　　　　(SPECIFY) OTHER SOURCE 　SHOP .... K 　TRAD. PRACTITIONER .... L OTHER_____ X 　　　　(SPECIFY)	PUBLIC SECTOR 　GOVT. HOSPITAL .... A 　COMMUNE HEALTH 　　CENTER .... B 　MCH/FP MOBILE TEAM .... C 　VILLAGE HEALTH WORKER D 　OTHER PUBLIC 　———————————— E 　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PVT. HOSPITAL/CLINIC .... F 　PRIVATE DOCTOR .... G 　PRIVATE DOCTOR'S 　　ASSISTANT .... H 　PHARMACY .... I 　OTHER PRIVATE MEDICAL 　———————————— J 　　　　(SPECIFY) OTHER SOURCE 　SHOP .... K 　TRAD. PRACTITIONER .... L OTHER_____ X 　　　　(SPECIFY)
464		GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
465	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	
466	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	
467	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 STOOLS .... A ANY WATERY STOOLS .... B REPEATED VOMITING .... C ANY VOMITING .... D BLOOD IN STOOLS .... E FEVER .... 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	
468	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 FEVER .... 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	

469	CHECK 459, ALL COLUMNS:
	
	    NO CHILD ⬜ ANY CHILD ⬜
	    RECEIVED ORS RECEIVED ORS
			→501

470	Have you ever heard of a special product called Oredon you can use for the treatment of diarrhea?	YES .... 1 NO 2	

201

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10 .... 1 2 HUSBAND .... 1 2 OTHER MALES .... 1 2 OTHER FEMALES 1 2	

502	CHECK 106A:
	
	   CURRENTLY ☐ WIDOWED, ☐
	   MARRIED DIVORCED,
	       ▼ SEPARATED
			→511

507	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER .... 1 STAYING ELSEWHERE 2	
511	Have you been married only once, or more than once?	ONCE .... 1 MORE THAN ONCE 2	

512	CHECK 511:
	
	   MARRIED ☐ MARRIED ☐
	   ONLY ONCE MORE THAN
	               ONCE
	    ▼ ▼
	In what month and year did you Now we will talk about your first
	start living with your husband? husband.
	                   In what month and year did you
	                   start living with him?
		MONTH .... ☐☐
		
		DON'T KNOW MONTH 98
		
		YEAR .... ☐☐☐☐
		
		DON'T KNOW YEAR 9998
			→514

513	How old were you when you started living with him?	AGE .... ☐☐	
514	DETERMINE MONTHS MARRIED SINCE JANUARY 1992. ENTER 'X' IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER '0' FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1992. FOR WOMEN WITH MORE THAN ONE MARRIAGE: PROBE FOR DATE WHEN CURRENT MARRIAGE STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS MARRIAGES. FOR WOMEN NOT CURRENTLY MARRIED: PROBE FOR DATE WHEN LAST MARRIAGE STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS MARRIAGES.		

516	CHECK 301 AND 302:
	
	                    DOES NOT
	   KNOWS CONDOM ☐ KNOW CONDOM ☐
	                                                                                                                                                                                     ▼ ▼
	The last time you had sex, was a Some men use a condom, which
	condom used? means that they put a rubber
	                      sheath on their penis during
	                      sexual intercourse. The last time
	                      you had sex, was a condom
	                      used?
		YES 1
		NO 2
		DON'T KNOW 8	

517	Do you know of a place where you can get condoms?	YES .... 1 NO 2	→600

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
518	**Where is that?** IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR 　GOVERNMENT HOSPITAL .... 10 　DELIVERY HOUSE .... 11 　COMMUNE HEALTH CENTER ..... 12 　FAMILY PLANNING CENTER .... 13 　MOBILE CLINIC .... 14 　FIELD WORKER .... 15 　OTHER PUBLIC _____16 　　　　　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PRIVATE HOSPITAL/CLINIC .... 21 　PHARMACY .... 22 　PRIVATE DOCTOR .... 23 　OTHER PRIVATE 　　MEDICAL _____26 　　　　　　(SPECIFY) OTHER SOURCE 　FRIENDS/RELATIVES .... 33 　OTHER_____36 　　　　　(SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
600	CHECK 106A: CURRENTLY ☐ WIDOWED, ☐ MARRIED DIVORCED, ▼ SEPARATED	_____	→612
601	CHECK 314: NEITHER ☐ HE OR SHE ☐ STERILIZED STERILIZED ▼	_____	→612
602	CHECK 230: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE ▼ ▼ Now I have some questions Now I have some questions about the future. about the future. Would you like to have After the child you are expecting (a/another) child, or would you now, would you like to have prefer not to have any (more) another child, or would you prefer children? not to have any more children?	HAVE (A/ANOTHER) CHILD .... 1 NO MORE/NONE .... 2 →604 SAYS SHE CAN'T GET PREGNANT ..... 3 →606 UNDECIDED/DON'T KNOW .... 8 →604	
603	CHECK 230: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE ▼ ▼ How long would you like to wait After the child you are expecting from now before the birth of now, how long would you like to (a/another) child? wait before the birth of another child?	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐ SOON/NOW .... 993 SAYS SHE CAN'T GET PREGNANT . 994 →606 OTHER _____996 (SPECIFY) DON'T KNOW 998	
604	CHECK 230: NOT PREGNANT ☐ PREGNANT ☐ OR UNSURE ▼	_____	→607
605	If you became pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much?	HAPPY .... 1 UNHAPPY .... 2 WOULD NOT MATTER 3	
606	CHECK 313: NOT NOT ☐ CURRENTLY ☐ CURRENTLY ☐ ASKED USING USING ▼ ▼	_____	→612
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES .... 1 →609 NO .... 2 DON'T KNOW 8	
608	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES .... 1 NO .... 2 DON'T KNOW .... 8 →610	
609	Which method would you prefer to use?	PILL .... 01 IUD .... 02 INJECTIONS .... 03 IMPLANTS .... 04 DIAPHRAGM/FOAM/JELLY .... 05 CONDOM .... 06 FEMALE STERILIZATION .... 07 MALE STERILIZATION .... 08 PERIODIC ABSTINENCE .... 09 WITHDRAWAL .... 10 OTHER _____96 (SPECIFY) UNSURE 98	→612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

610	What is the main reason that you think you will never use a method?	FERTILITY-RELATED REASONS
		  INFREQUENT SEX 22
		  MENOPAUSAL/HYSTERECTOMY . 23
		  SUBFECUND/INFECUND 24
		  WANTS MORE CHILDREN 26
		
		OPPOSITION TO USE
		  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	

612	CHECK 220: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time If you could choose exactly the you did not have any children and number of children to have in could choose exactly the number your whole life, how many would of children to have in your whole that be? life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER .... ☐☐ OTHER_____96	→614
613	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	BOYS .... ☐☐ GIRLS .... ☐☐ EITHER .... ☐☐ OTHER_____999996 (SPECIFY)	
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE .... 1 DISAPPROVE .... 2 NO OPINION 3	

615	Is it acceptable or not acceptable to you for information on family planning to be provided:
	
	  On the radio?
	  On the television?
		NOT
		        ACCEPT- ACCEPT-
		        ABLE ABLE DK
		RADIO 1 2 8
		TELEVISION 1 2 8	

616	In the last few months have you heard (read) about family planning:
	
	  On the radio?
	  On the television?
	  In a newspaper or magazine?
	  From a poster?
	  From leaflets or brochures?
		YES NO
		RADIO 1 2
		TELEVISION 1 2
		NEWSPAPER OR MAGAZINE .. 1 2
		POSTER 1 2
		LEAFLETS OR BROCHURES ... 1 2	

618	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES .... 1 NO 2	→620

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND .... A MOTHER .... B FATHER .... C SISTER(S) .... D BROTHER(S) .... E DAUGHTER .... F MOTHER-IN-LAW .... G FRIENDS/NEIGHBORS .... H OTHER_____X (SPECIFY)	

620	CHECK 106A:
	    CURRENTLY ☐ WIDOWED, ☐
	    MARRIED DIVORCED,
	    ▼ SEPARATED
			→701

621	Spouses do not always agree on everything. Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVES .... 1 DISAPPROVES .... 2 DON'T KNOW 8	
622	How often have you talked to your husband about family planning in the past year?	NEVER .... 1 ONCE OR TWICE .... 2 MORE OFTEN 3	
623	Do you think your husband 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 106A: CURRENTLY ☐ WIDOWED, ☐ MARRIED DIVORCED, ▼ SEPARATED	_____	→703
702	How old was your husband on his last birthday?	AGE .... ☐☐	
703	Did your (last) husband ever attend school?	YES .... 1 NO 2	→706
704	What was the highest grade of education he completed? USE EQUIVALENCY TABLE.	GRADE .... ☐☐ COLLEGE/UNIVERSITY .... 15 DON'T KNOW GRADE 98	
706	What (is/was) your (last) husband's occupation? That is, what kind of work (does/did) he mainly do?	☐☐ _____ _____ _____	
709	Aside from your own housework, are you currently working?	YES .... 1 NO 2	→712
710	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	→712
711	Have you done any work in the last 12 months?	YES .... 1 NO 2	→726
712	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____ _____	
715	Do you do this work for a family member, a cooperative, the government, someone else, or are you self-employed?	A FAMILY MEMBER .... 1 A COOPERATIVE .... 2 THE GOVERNMENT .... 3 SOMEONE ELSE .... 4 SELF-EMPLOYED 5	
717	During the last 12 months, how many months did you work?	NUMBER OF MONTHS .... ☐☐	
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES .... 1 NO 2	→723
722	CHECK 106A: CURRENTLY MARRIED ☐ WIDOWED, DIVORCED, ☐ SEPARATED ▼ ▼ Who mainly decides how the Who mainly decides how the money you earn will be used: money you earn will be used: you, your husband, you and your you, someone else, or you and husband jointly, or someone someone else jointly? else?	RESPONDENT DECIDES .... 1 HUSBAND DECIDES .... 2 JOINTLY WITH HUSBAND .... 3 SOMEONE ELSE DECIDES .... 4 JOINTLY WITH SOMEONE ELSE 5	
723	Do you usually work at home or away from home?	HOME .... 1 AWAY 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 221 AND 221A: IS A CHILD LIVING AT HOME WHO IS LESS THAN AGE 6 YEARS? YES ☐ NO ☐		→726
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT .... 01 HUSBAND .... 02 OLDER FEMALE CHILD .... 03 OLDER MALE CHILD .... 04 OTHER RELATIVE .... 05 NEIGHBOR .... 06 FRIEND .... 07 SERVANT/HIRED HELP .... 08 CHILD IS IN SCHOOL .... 09 INSTITUTIONAL CHILD CARE .... 10 HAS NOT WORKED SINCE LAST BIRTH .... 95 OTHER_____96 (SPECIFY)	
726	Have you lived in only one community or in more than one community since January 1992?	ONE COMMUNITY .... 1 MORE THAN ONE COMMUNITY 2	→728
727	IN COLUMN 4 OF CALENDAR, ENTER THE APPROPRIATE CODE FOR CURRENT COMMUNITY, ('1' CITY, '2' TOWN, '3' COUNTRYSIDE). BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JANUARY 1992. THEN SKIP TO		→801
728	In what month and year did you move to (NAME OF CURRENT COMMUNITY)? IN COLUMN 4 OF CALENDAR, ENTER 'X' IN THE MONTH AND YEAR OF THE MOVE. IN SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE FOR THE TYPE OF COMMUNITY, ('1' CITY, '2' TOWN, '3' COUNTRYSIDE). CONTINUE PROBING FOR PREVIOUS COMMUNITIES, AND RECORD MOVES AND TYPE OF COMMUNITIES ACCORDINGLY. ILLUSTRATIVE QUESTIONS: • Where did you live before.....? • In what month and year did you arrive there? • Is that place a city, a town, or in the countryside?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called AIDS?	YES .... 1 NO .... 2 → 811	→811

802	From which sources of information have you learned most about AIDS?
	
	Any other sources?
	
	   RECORD ALL MENTIONED.
		RADIO .... A
		TELEVISION .... B
		NEWSPAPERS/MAGAZINES C
		PAMPHLETS/POSTERS .... D
		HEALTH WORKERS .... E
		CHURCHES/TEMPLES .... F
		SCHOOLS/TEACHERS .... G
		COMMUNITY MEETINGS .... H
		FRIENDS/RELATIVES I
		WORK PLACE .... J
		
		OTHER_____ X
		           (SPECIFY)	

803	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES .... 1 NO .... 2 DON'T KNOW .... 8 → 807	→807

804	What can a person do?
	
	Any other ways?
	
	   RECORD ALL MENTIONED.
		SAFE SEX .... A
		ABSTAIN FROM SEX .... B
		USE CONDOMS C
		HAVE ONLY ONE SEX PARTNER .... D
		AVOID SEX WITH PROSTITUTES .... E
		AVOID SEX WITH HOMOSEXUALS ..... F
		AVOID BLOOD TRANSFUSIONS .... G
		AVOID INJECTIONS .... H
		AVOID KISSING I
		AVOID MOSQUITO BITES .... J
		SEEK PROTECTION FROM
		   TRADITIONAL HEALER .... K
		
		OTHER_____ W
		          (SPECIFY)
		OTHER_____ X
		          (SPECIFY)
		DON'T KNOW .... Z	

805	CHECK 804:
	
	   MENTIONED ☐ DID NOT
	   SAFE SEX MENTION
	                 SAFE SEX ☐
			→807

806	What does "safe sex" mean to you?
	
	   RECORD ALL MENTIONED.
		ABSTAIN FROM SEX .... B
		USE CONDOMS C
		HAVE ONLY ONE SEX PARTNER .... D
		AVOID SEX WITH PROSTITUTES .... E
		AVOID SEX WITH HOMOSEXUALS ..... F
		
		OTHER_____ X
		          (SPECIFY)
		DON'T KNOW .... Z	

807	Is it possible for a healthy-looking person to have the AIDS virus?	YES .... 1 NO .... 2 DON'T KNOW 8	
808	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER .... 1 SOMETIMES .... 2 ALMOST ALWAYS .... 3 DON'T KNOW 8	
809	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL .... 1 MODERATE .... 2 GREAT .... 3 NO RISK AT ALL .... 4 HAS AIDS 5	
811	RECORD THE TIME.	HOUR .... ☐☐ MINUTES .... ☐☐	

INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments
about Respondent: _____

_____

_____

Comments on
Specific Questions: _____

_____

_____

Any other Comments: _____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

Name of Supervisor: _____   Date: _____

EDITOR'S OBSERVATIONS

_____

_____

_____

Name of Editor: _____   Date: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 3 AND 4, ALL MONTHS SHOULD BE
FILLED IN. FOR COLUMN 1, ALL MONTHS SHOULD BE
FILLED IN FOR CURRENTLY MARRIED WOMEN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use

   B   BIRTHS
   P   PREGNANCIES
   T   TERMINATIONS

   0   NO METHOD
   1   PILL
   2   IUD
   3   INJECTIONS
   4   IMPLANTS
   5   DIAPHRAGM/FOAM/JELLY
   6   CONDOM
   7   FEMALE STERILIZATION
   8   MALE STERILIZATION
   9   PERIODIC ABSTINENCE
   A   WITHDRAWAL
   X   OTHER _____
                 (SPECIFY)

COL.2: Discontinuation of Contraceptive Use

   0   INFREQUENT SEX/HUSBAND AWAY
   1   BECAME PREGNANT WHILE USING
   2   WANTED TO BECOME PREGNANT
   3   HUSBAND DISAPPROVED
   4   WANTED MORE EFFECTIVE METHOD
   5   HEALTH CONCERNS
   6   SIDE EFFECTS
   7   LACK OF ACCESS/TOO FAR
   8   COST TOO MUCH
   9   INCONVENIENT TO USE
   F   FATALISTIC
   A   DIFFICULT TO GET
       PREGNANT/MENOPAUSE
   D   MARITAL DISSOLUTION/SEPARATION
   X   OTHER _____
                 (SPECIFY)
   Z   DON'T KNOW

COL.3: Marriage

   X   MARRIED
   0   SINGLE, WIDOWED, DIVORCED,
       SEPARATED

COL.4: Moves and Types of Communities

   X   CHANGE OF COMMUNITY
   1   CITY
   2   TOWN
   3   COUNTRYSIDE

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