

Women's questionnaire

| Identification   |                          |               |          |   |               |             |                 |                      |               |                   |                 |  |
|--|--------------------------|---------------|----------|---|---------------|-------------|-----------------|----------------------|---------------|-------------------|-----------------|--|
| Province/municipality: _____   | [ ][ ]                   |               |          |   |               |             |                 |                      |               |                   |                 |  |
| District: _____  |                          |               |          |   |               |             |                 |                      |               |                   |                 |  |
| Commune: _____   |                          |               |          |   |               |             |                 |                      |               |                   |                 |  |
| Cluster name: _____  |                          |               |          |   |               |             |                 |                      |               |                   |                 |  |
| Cluster number: .....  | [ ][ ]                   |               |          |   |               |             |                 |                      |               |                   |                 |  |
| Name of household head: _____  |                          |               |          |   |               |             |                 |                      |               |                   |                 |  |
| Household number: .....  | [ ][ ]                   |               |          |   |               |             |                 |                      |               |                   |                 |  |
| Address: _____   |                          |               |          |   |               |             |                 |                      |               |                   |                 |  |
| Urban/rural (Urban = 1, Rural = 2): .....  | <input type="checkbox"/> |               |          |   |               |             |                 |                      |               |                   |                 |  |
| Large city/ small city/ town/ countryside (Large city = 1, Small city = 2, Town = 3, Countryside = 4): .....   | <input type="checkbox"/> |               |          |   |               |             |                 |                      |               |                   |                 |  |
| Name and line number of women: _____   | <input type="checkbox"/> |               |          |   |               |             |                 |                      |               |                   |                 |  |
| [ ][ ]   |                          |               |          |   |               |             |                 |                      |               |                   |                 |  |
| Interviewer visits   |                          |               |          |   |               |             |                 |                      |               |                   |                 |  |
|  | 1                        | 2             | 3        | Final visit                                 |               |             |                 |                      |               |                   |                 |  |
| Date   | _____                    | _____         | _____    | Date<br>Month<br>Year<br>Name<br>Result (*) |               |             |                 |                      |               |                   |                 |  |
| Interviewer's name   | _____                    | _____         | _____    | [ ][ ] [ ][ ] [ ][ ] [ ][ ]                 |               |             |                 |                      |               |                   |                 |  |
| Result (*)   | _____                    | _____         | _____    | [ ][ ] [ ][ ] [ ][ ] [ ][ ]                 |               |             |                 |                      |               |                   |                 |  |
| Next visit   |                          |               |          | Total number of visits                      |               |             |                 |                      |               |                   |                 |  |
| - Date   | _____                    | _____         |          | [ ][ ]                                      |               |             |                 |                      |               |                   |                 |  |
| - Time   | _____                    | _____         |          |   |               |             |                 |                      |               |                   |                 |  |
| <p>(*) Result codes:</p> <table style="width:100%;"> <tr> <td>1 = Completed</td> <td>4 = Refused</td> </tr> <tr> <td>2 = Not at home</td> <td>5 = Partly completed</td> </tr> <tr> <td>3 = Postponed</td> <td>6 = Incapacitated</td> </tr> <tr> <td colspan="2" style="text-align: center;">7 = Other _____</td> </tr> </table> <p style="text-align: center;">(Specify)</p> |                          |               |          |   | 1 = Completed | 4 = Refused | 2 = Not at home | 5 = Partly completed | 3 = Postponed | 6 = Incapacitated | 7 = Other _____ |  |
| 1 = Completed  | 4 = Refused              |               |          |   |               |             |                 |                      |               |                   |                 |  |
| 2 = Not at home  | 5 = Partly completed     |               |          |   |               |             |                 |                      |               |                   |                 |  |
| 3 = Postponed  | 6 = Incapacitated        |               |          |   |               |             |                 |                      |               |                   |                 |  |
| 7 = Other _____  |                          |               |          |   |               |             |                 |                      |               |                   |                 |  |
| Supervisor   | Field editor             | Office editor | Keyed by |   |               |             |                 |                      |               |                   |                 |  |
| Name _____ [ ][ ]  | Name _____ [ ][ ]        | [ ][ ]        | [ ][ ]   |   |               |             |                 |                      |               |                   |                 |  |
| Date _____   | Date _____               | [ ][ ]        | [ ][ ]   |   |               |             |                 |                      |               |                   |                 |  |

## Sections 1. Respondent's background

| No.  | Questions and filters  | Coding categories  | Skip           |
|------|--|--|----------------|
| 101  | Record the time  | Hour ..... <input type="text"/> <input type="text"/><br>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 the countryside? | City ..... 1<br>Town ..... 2<br>Countryside ..... 3  |                |
| 103  | How long have you been living continuously in [Name of current place of residence]?  | Years ..... <input type="text"/> <input type="text"/><br>Always ..... 95<br>Visitor ..... 96   | → 105<br>→ 105 |
| 104  | Just before you moved here, did you live in a city, in a town, or in the countryside?  | City ..... 1<br>Town ..... 2<br>Countryside ..... 3  |                |
| 105  | In what month and year were you born?  | Month ..... <input type="text"/> <input type="text"/><br>Don't know month ..... 98<br>Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Don't know year ..... 9998 |                |
| 106  | How old were you at your last birthday?<br>Compare and correct 105 and/or 106 if inconsistent  | Age in completed year ..... <input type="text"/> <input type="text"/>  |                |
| 106A | What is your current marital status?   | Currently married ..... 1<br>Widowed ..... 2<br>Divorced ..... 3<br>Separated ..... 4  |                |
| 107  | Have you ever attended school?   | Yes ..... 1<br>No ..... 2  | → 114          |
| 108  | What is the highest grade of education you completed?<br>Use equivalency table   | Grade ..... <input type="text"/> <input type="text"/><br>College/university ..... 15   |                |
| 110  | Check 106:<br>Less than Age 25 <input type="checkbox"/>  | Age 25 or above <input type="checkbox"/>   | → 113          |
| 111  | Are you currently attending school?  | Yes ..... 1<br>No ..... 2  | → 113          |



| No. | Questions and filters   | Coding categories  | Skip                                      |
|-----|---|--|---|
| 119 | What ethnic group do you belong to?   | Vietnamese ..... 01<br>tay ..... 02<br>thai ..... 03<br>Chinese ..... 04<br>Khmer..... 05<br>muong ..... 06<br>nung ..... 07<br>hre ..... 08<br>Phu la ..... 10<br>E de ..... 11<br>Dao..... 12<br>Co tu..... 13<br>Cham..... 14<br>Other ..... 96<br><br>_____<br>(Specify)   |   |
| 120 | Check Q.4 in the household<br>The woman interviewed is not a usual resident <input type="checkbox"/>  | Questionnaire:<br>The woman interviewed is a usual resident <input type="checkbox"/>   | → 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?<br>_____<br>(name of place)<br>Is that a city, town, or in the countryside? | Large city..... 1<br>Small city..... 2<br>Town ..... 3<br>Countryside ..... 4  |   |
| 122 | In which province is that located?<br>_____<br>(Name of province/municipality)  | Province/municipality..... <input type="text"/> <input type="text"/> <input type="text"/>  |   |
| 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<br>Piped to public tap..... 12<br>Well in residence/plot ..... 21<br>Public well ..... 22<br>Spring ..... 31<br>River/stream ..... 32<br>Pond/lake ..... 33<br>Dam..... 34<br>Rain water ..... 41<br>Tanker truck ..... 51<br>Bottled water ..... 61<br>Other ..... 96<br><br>_____<br>(Specify) | → 125<br>→ 125<br>→ 125<br>→ 125<br>→ 125 |

| No.                    | Questions and filters  | Coding categories  | Skip |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
|------------------------|--|--|------|-----|----|------------------|---|---|-----------------|---|---|-----------------|---|---|----------------|---|---|------------------------|---|---|---------------------|---|---|----------------------|---|---|--|
| 124                    | How long does it take to go there, get water, and come back?   | Minutes..... <input type="text"/> <input type="text"/> <input type="text"/>  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| 125                    | What kind of toilet facility does your household have?   | Flush toilet<br>Own ..... 11<br>Shared ..... 12<br>Traditional pit toilet/latrine..... 21<br>Ventilated improved pit toilet/lar. .... 22<br>No facility/bush/field ..... 31<br>Other ..... 96<br><br>_____<br>(Specify)  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| 126                    | Does your household have:<br>Electricity?<br>A radio?<br>A television?<br>A telephone?<br>A refrigerator?<br>A sewing machine?<br>A washing machine? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">yes</th> <th style="text-align: center;">no</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>television.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Telephone.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Refrigerator.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>sewing machine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Washing machine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> |      | yes | no | Electricity..... | 1 | 2 | Radio.....      | 1 | 2 | television..... | 1 | 2 | Telephone..... | 1 | 2 | Refrigerator.....      | 1 | 2 | sewing machine..... | 1 | 2 | Washing machine..... | 1 | 2 |  |
|                        | yes  | no   |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| Electricity.....       | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| Radio.....             | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| television.....        | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| Telephone.....         | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| Refrigerator.....      | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| sewing machine.....    | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| Washing machine.....   | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| 126A                   | How many rooms in your household are used for sleeping?  | Number of rooms..... <input type="text"/> <input type="text"/>   |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| 127                    | Could you describe the main material of the floor of your home?  | Earth/sand ..... 11<br>Rough wood/bamboo ..... 21<br>Finished floor (polished wood/<br>ceramic tiles/stone/ETc) ..... 31<br>Other ..... 96<br><br>_____<br>(Specify)   |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| 127A                   | Could you describe the main material of the roof of your home?   | Concrete..... 1<br>Tile/fibro/asbestos ..... 2<br>Galvanized iron/aluminum/tin ..... 3<br>Grass/straw ..... 4<br>Other ..... 6<br><br>_____<br>(Specify)   |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| 128                    | Does any member of your household own:<br>A bicycle?<br>A motorcycle?<br>A car?<br>A boat?<br>A ploughing machine?<br>A motor scooter?               | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">yes</th> <th style="text-align: center;">no</th> </tr> </thead> <tbody> <tr> <td>Bicycle.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motorcycle.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Car.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Boat.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Ploughing machine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Motor scooter.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>   |      | yes | no | Bicycle.....     | 1 | 2 | Motorcycle..... | 1 | 2 | Car.....        | 1 | 2 | Boat.....      | 1 | 2 | Ploughing machine..... | 1 | 2 | Motor scooter.....  | 1 | 2 |                      |   |   |  |
|                        | yes  | no   |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| Bicycle.....           | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| Motorcycle.....        | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| Car.....               | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| Boat.....              | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| Ploughing machine..... | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |
| Motor scooter.....     | 1  | 2  |      |     |    |                  |   |   |                 |   |   |                 |   |   |                |   |   |                        |   |   |                     |   |   |                      |   |   |  |

## Section 2. reproduction

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 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.<br>Have you ever given birth?   | yes..... 1<br>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<br>No..... 2  | → 204 |
| 203 | How many sons live with you?<br>And how many daughters live with you?<br>If none, record '00'   | Sons at home ..... <input type="text"/> <input type="text"/><br>Daughters at home ..... <input type="text"/> <input type="text"/>    |       |
| 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<br>No..... 2   | → 206 |
| 205 | How many sons are alive but do not live with you?<br>And how many daughters are alive but do not live with you?<br>If none, record '00'   | Sons elsewhere ..... <input type="text"/> <input type="text"/><br>Daughters elsewhere..... <input type="text"/> <input type="text"/> |       |
| 206 | Have you ever given birth to a boy or girl who was born alive but later died?<br>If no, probe: Any baby who cried or showed signs of life but survived only a few hours or days?  | Yes ..... 1<br>No..... 2   | → 208 |
| 207 | How many boys have died?<br>And how many girls have died?<br>If none, record '00'   | Boys dead..... <input type="text"/> <input type="text"/><br>Girls dead ..... <input type="text"/> <input type="text"/>               |       |
| 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<br>No..... 2   | → 210 |
| 209 | In all, how many such pregnancies have there been?  | Pregnancy losses ..... <input type="text"/> <input type="text"/>   |       |
| 210 | Sum answers to 203, 205, 207 and 209, and enter total<br>If none, record '00'   | Total ..... <input type="text"/> <input type="text"/>  |       |
| 211 | Check 210:<br>Just to make sure that I have this right: you have had in <u>TOTAL</u> pregnancies during you life. Is that correct?<br><br>YES <input type="checkbox"/> No <input type="checkbox"/> → Probe and correct 201-210 as necessary   |  |       |
| 212 | Check 210:<br>One or more pregnancies <input type="checkbox"/>  | No pregnancies <input type="checkbox"/>  | → 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.

| No. | questions and filters  | Coding categories   | Skip |
|-----|--|---|------|
| 225 | Compare 210 with number of pregnancies in history above and mark:<br><br>Numbers are same <input type="checkbox"/> numbers are different <input type="checkbox"/> → (Probe and reconcile )<br>Check: for each pregnancy: year of birth is recorded in 214.....<br>For each pregnancy loss: duration is recorded in 217 .....<br>For each living child: current age is recorded in 221.....<br>For each dead child: age at death is recorded in 222 .....<br>For age at death 12 months or 1 year: probe to determine exact number of months..... | <input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/><br><input type="checkbox"/>  |      |
| 226 | Check 214 and 216, and enter the number of live births since January 1999.....<br>If none, record '0'  | <input type="checkbox"/>  |      |
| 227 | For each live birth since January 1997 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 1997, enter "T" in the month of pregnancy termination in column 1 of the calendar and "P" in each preceding month of pregnancy.  |   |      |
| 229 | Check 106A:<br><br>currently married <input type="checkbox"/>  | Widowed<br>Divorced<br>Separated <input type="checkbox"/> → 233   |      |
| 230 | Are you pregnant?  | Yes ..... 1<br>No ..... 2<br>Unsure ..... 8 <input type="checkbox"/> → 233  |      |
| 231 | How many months pregnant are you?<br>Record number of completed months.<br>Enter "P" in column 1 of calendar, beginning with the month of interview and for total number of completed months   | Months..... <input type="text"/> <input type="text"/>   |      |
| 232 | 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 not want to become pregnant at all?  | Then ..... 1<br>Later ..... 2<br>Not at all ..... 3   |      |
| 233 | When did your last menstrual period start?<br><br>_____ (Date, if given)   | Days ago ..... 1 <input type="text"/> <input type="text"/><br>Weeks ago..... 2 <input type="text"/> <input type="text"/><br>Months ago..... 3 <input type="text"/> <input type="text"/><br>Years ago ..... 4 <input type="text"/> <input type="text"/><br>In menopause..... 994<br>Before last birth ..... 995<br>Never menstruated ..... 996 |      |
| 234 | Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8 <input type="checkbox"/> → 301  |      |
| 235 | During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?<br><br>_____ (Specify)<br>Don't know..... 98   | During her period ..... 01<br>Right after her period has ended ..... 02<br>In the middle of the cycle ..... 03<br>Just before her period begins ..... 04<br>Other ..... 96<br>Don't know ..... 98   |      |

| Line no. | 214   | 215                                      | 216  | 217  | 218                                    | 219                        | 220                    | If born alive and still living   |   | If born alive but now dead   | 223  | 224  |
|----------|---|--|--|--|--|----------------------------|------------------------|--|---|--|--|--|
|          | Think back to the time of your (last/next to last/etc.) pregnancy. In what month and year did that pregnancy end?<br>Probe: In what season did the pregnancy end? | Was that a single or multiple pregnancy? | Did that pregnancy end in a live birth, an induced abortion, menstrual regulation, a miscarriage or a stillbirth?  | How many months did the preg. last?<br><small>Record in completed months. Record '00' if less than one full month.</small> | What was the name given to that child? | Is [name] a boy or girl?   | Is [name] still alive? | How old was [Name] at his/her last birthday?<br><small>Record age in completed years</small> | Is [Name] living with you?                      | How old was [Name] when he/she died?<br>If '1 year' probe:<br>How many months old was [Name]?<br><small>Record days if under 1 month; months if under 2 years; or years.</small> | <small>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?</small> | Probe: Were there any other pregnancies between this pregnancy and the previous pregnancy you told me about? |
| 01       | Month.....<br>Year  | Single..... 1<br>Mult. .... 2            | Live birth..... 1<br>218 ←<br>Ind. abor. .... 2<br>Mens. regu. .... 3<br>Miscarriage..... 4<br>Stillbirth ..... 5  | <input type="text"/><br>↓<br>(next preg.)  | (Name)<br>_____<br>_____               | Boy .... 1<br>Girl ..... 2 | Y N<br>1 2<br>↓<br>222 | Age in years<br><input type="text"/>   | Yes ..... 1<br>No ..... 2<br>(Next pregnancy) ← | Days ..... 1<br>Months... 2<br>Years ..... 3   |  |  |
| 02       | Month.....<br>Year  | Single..... 1<br>Mult. .... 2            | Live birth..... 1<br>218 ←<br>Ind. abor. .... 2<br>Mens. regu. .... 3<br>Miscarriage..... 4<br>Stillbirth ..... 5  | <input type="text"/><br>↓<br>223   | (Name)<br>_____<br>_____               | Boy .... 1<br>Girl ..... 2 | Y N<br>1 2<br>↓<br>222 | Age in years<br><input type="text"/>   | Yes ..... 1<br>No ..... 2<br>223 ←              | Days ..... 1<br>Months... 2<br>Years ..... 3   | Yes ..... 1<br>No ..... 2<br>(Next pregnancy) ←  | Yes ..... 1<br>No ..... 2  |
| 03       | Month.....<br>Year  | Single..... 1<br>Mult. .... 2            | Live birth..... 1<br>218<br>Ind. abor. ← ..... 2<br>Mens. regu. .... 3<br>Miscarriage..... 4<br>Stillbirth ..... 5 | <input type="text"/><br>↓<br>223   | (Name)<br>_____<br>_____               | Boy .... 1<br>Girl ..... 2 | Y N<br>1 2<br>↓<br>222 | Age in years<br><input type="text"/>   | Yes ..... 1<br>No ..... 2<br>223 ←              | Days ..... 1<br>Months... 2<br>Years ..... 3   | Yes ..... 1<br>No ..... 2<br>(Next pregnancy) ←  | Yes ..... 1<br>No ..... 2  |
| 04       | Month.....<br>Year  | Single..... 1<br>Mult. .... 2            | Live birth..... 1<br>218<br>Ind. abor. .... 2<br>Mens. regu. ← ..... 3<br>Miscarriage..... 4<br>Stillbirth ..... 5 | <input type="text"/><br>↓<br>223   | (Name)<br>_____<br>_____               | Boy .... 1<br>Girl ..... 2 | Y N<br>1 2<br>↓<br>222 | Age in years<br><input type="text"/>   | Yes ..... 1<br>No ..... 2<br>223 ←              | Days ..... 1<br>Months... 2<br>Years ..... 3   | Yes ..... 1<br>No ..... 2<br>(Next pregnancy) ←  | Yes ..... 1<br>No ..... 2  |
| 05       | Month.....<br>Year  | Single..... 1<br>Mult. .... 2            | Live birth..... 1<br>218<br>Ind. abor. .... 2<br>Mens. regu. ← ..... 3<br>Miscarriage..... 4<br>Stillbirth ..... 5 | <input type="text"/><br>↓<br>223   | (Name)<br>_____<br>_____               | Boy .... 1<br>Girl ..... 2 | Y N<br>1 2<br>↓<br>222 | Age in years<br><input type="text"/>   | Yes ..... 1<br>No ..... 2<br>223 ←              | Days ..... 1<br>Months... 2<br>Years ..... 3   | Yes ..... 1<br>No ..... 2<br>(Next pregnancy) ←  | Yes ..... 1<br>No ..... 2  |

| Line  |  |   |  |  |                           |                        | If born alive and still living   |                                    | If born alive but now dead   |  |   |  |
|---|--|---|--|--|---------------------------|------------------------|--|------------------------------------|--|--|---|--|
| 214   | 215                                      | 216   | 217  | 218                                    | 219                       | 220                    | 221  | 221A                               | 222  | 223  | 224   |  |
| Think back to the time of your (last/next to last/etc.) pregnancy. In what month and year did that pregnancy end?<br>Probe: In what season did the pregnancy end? | Was that a single or multiple pregnancy? | Did that pregnancy end in a live birth, an induced abortion, menstrual regulation, a miscarriage or a stillbirth? | How many months did the preg. last?<br><small>Record in completed months. Record '00' if less than one full month.</small> | What was the name given to that child? | Is [name] a boy or girl?  | Is [name] still alive? | How old was [Name] at his/her last birthday?<br><small>Record age in completed years</small> | Is [Name] living with you?         | How old was [Name] when he/she died?<br>If '1 year' probe:<br>How many months old was [Name]?<br><small>Record days if under 1 month; months if under 2 years; or years.</small> | From the year of termination of the pregnancy listed above subtract the year of termination of this pregnancy.<br>Is the difference 3 or more years? | Probe:<br>Were there any other pregnancies between this pregnancy and the previous pregnancy you told me about? |  |
| 06<br>Month.....<br>Year  | Single..... 1<br>Mult. .... 2            | Live birth..... 1<br>218<br>Ind. abor. .... 2<br>Mens. regu. .... 3<br>Miscarriage..... 4<br>Stillbirth ..... 5   | <input type="text"/><br>↓<br>223   | (Name)<br>_____<br>_____               | Boy .... 1<br>Girl..... 2 | y n<br>1 2<br>↓<br>222 | age in years<br><input type="text"/>   | Yes ..... 1<br>No ..... 2<br>223 ← | Days ..... 1<br>Months... 2<br>Years .... 3  | Yes ..... 1<br>No ..... 2<br>(Next pregnancy) ←  | Yes ..... 1<br>No ..... 2   |  |
| 07<br>Month.....<br>Year  | Single..... 1<br>Mult. .... 2            | Live birth..... 1<br>218<br>Ind. abor. .... 2<br>Mens. regu. .... 3<br>Miscarriage..... 4<br>Stillbirth ..... 5   | <input type="text"/><br>↓<br>223   | (Name)<br>_____<br>_____               | Boy .... 1<br>Girl..... 2 | Y N<br>1 2<br>↓<br>222 | Age in years<br><input type="text"/>   | Yes ..... 1<br>No ..... 2<br>223 ← | Days ..... 1<br>Months... 2<br>Years .... 3  | Yes ..... 1<br>No ..... 2<br>(Next pregnancy) ←  | Yes ..... 1<br>No ..... 2   |  |
| 08<br>Month.....<br>Year  | Single..... 1<br>Mult. .... 2            | Live birth..... 1<br>218<br>Ind. abor. .... 2<br>Mens. regu. .... 3<br>Miscarriage..... 4<br>Stillbirth ..... 5   | <input type="text"/><br>↓<br>223   | (Name)<br>_____<br>_____               | Boy .... 1<br>Girl..... 2 | Y N<br>1 2<br>↓<br>222 | Age in years<br><input type="text"/>   | Yes ..... 1<br>No ..... 2<br>223 ← | Days ..... 1<br>Months... 2<br>Years .... 3  | Yes ..... 1<br>No ..... 2<br>(Next pregnancy) ←  | Yes ..... 1<br>No ..... 2   |  |
| 09<br>Month.....<br>Year  | Single..... 1<br>Mult. .... 2            | Live birth..... 1<br>218<br>Ind. abor. .... 2<br>Mens. regu. .... 3<br>Miscarriage..... 4<br>Stillbirth ..... 5   | <input type="text"/><br>↓<br>223   | (Name)<br>_____<br>_____               | Boy .... 1<br>Girl..... 2 | Y N<br>1 2<br>↓<br>222 | Age in years<br><input type="text"/>   | Yes ..... 1<br>No ..... 2<br>223 ← | Days ..... 1<br>Months... 2<br>Years .... 3  | Yes ..... 1<br>No ..... 2<br>(Next pregnancy) ←  | Yes ..... 1<br>No ..... 2   |  |
| 10<br>Month.....<br>Year  | Single..... 1<br>Mult. .... 2            | Live birth..... 1<br>218<br>Ind. abor. .... 2<br>Mens. regu. .... 3<br>Miscarriage..... 4<br>Stillbirth ..... 5   | <input type="text"/><br>↓<br>223   | (Name)<br>_____<br>_____               | Boy .... 1<br>Girl..... 2 | Y N<br>1 2<br>↓<br>222 | Age in years<br><input type="text"/>   | Yes ..... 1<br>No ..... 2<br>223 ← | Days ..... 1<br>Months... 2<br>Years .... 3  | Yes ..... 1<br>No ..... 2<br>(Next pregnancy) ←  | Yes ..... 1<br>No ..... 2   |  |



### Section 3. Contraception

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?   | 302 Have you ever heard of [method]? |                    | 303 Have you ever used [Method]?  |
|-----|---|--------------------------------------|--------------------|---|
|     |   | Spontaneous yes                      | Probed yes      No |   |
| 01  | Pill. Women can take a pill every day.  | 1                                    | 2      3 →         | Yes ..... 1<br>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<br>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<br>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<br>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<br>No ..... 2   |
| 06  | Condom. men can put a rubber sheath on their penis during sexual intercourse.   | 1                                    | 2      3 →         | Yes ..... 1<br>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?<br>Yes ..... 1<br>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?<br>Yes ..... 1<br>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<br>No ..... 2   |
| 10  | Withdrawal. Men can be careful and pull out before climax.  | 1                                    | 2      3 →         | Yes ..... 1<br>No ..... 2   |
| 11  | Have you heard of any other ways or methods that women or men can use to avoid pregnancy?   | 1                                    | 3                  | Yes ..... 1<br>No ..... 2   |

|                  |                    |                    |                           |
|------------------|--------------------|--------------------|---------------------------|
| avoid pregnancy? | _____<br>(Specify) | _____<br>(Specify) | Yes ..... 1<br>No ..... 2 |
|------------------|--------------------|--------------------|---------------------------|

| No.  | Questions and filters   | Coding categories  | Skip                  |
|------|---|--|-----------------------|
| 304  | Check 303:<br>Not a single 'yes'<br>(never used) <input type="checkbox"/>   | At least one 'yes'<br>(ever used) <input type="checkbox"/>   | → 308                 |
| 305  | Have you ever used anything or tried in any way to delay or avoid getting pregnant?   | Yes ..... 1<br>No ..... 2  | → 307                 |
| 306  | Enter '0' in column 1 of calendar in each blank month _____   |  | → 330                 |
| 307  | What have you used or done?<br>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.<br><br>What was the first method you ever used? | Pill ..... 01<br>IUD ..... 02<br>Injections ..... 03<br>Implants ..... 04<br>Diaphragm/foam/jelly ..... 05<br>Condom ..... 06<br>Female sterilization ..... 07<br>Male sterilization ..... 08<br>Periodic abstinence ..... 09<br>Withdrawal ..... 10<br>Other ..... 96<br><br>_____<br>(Specify) |                       |
| 309  | How many living children did you have at that time, if any?<br>If none, record '00'   | Number of children ..... <input type="text"/> <input type="text"/>   |                       |
| 310  | Check 106A:<br>Currently married <input type="checkbox"/>   | Widowed<br>Divorced<br>Separated <input type="checkbox"/>  | → 337                 |
| 311  | Check 303:<br>Woman not sterilized <input type="checkbox"/>   | Woman<br>Sterilized <input type="checkbox"/>   | → 314A                |
| 312  | Check 230:<br>Not pregnant<br>Or unsure <input type="checkbox"/>  | Pregnant <input type="checkbox"/>  | → 325                 |
| 313  | Are you currently doing something or using any method to delay or avoid getting pregnant?   | Yes ..... 1<br>No ..... 2  | → 325                 |
| 314  | Which method are you using?   | Pill ..... 01<br>IUD ..... 02<br>Injections ..... 03<br>Implants ..... 04<br>Diaphragm/foam/jelly ..... 05<br>Condom ..... 06<br>Female sterilization ..... 07<br>Male sterilization ..... 08<br>Periodic abstinence ..... 09<br>Withdrawal ..... 10<br>Other ..... 96<br><br>_____<br>(Specify) | → 324                 |
| 314A | Circle '07' for female sterilization  | Female sterilization ..... 07<br>Male sterilization ..... 08<br>Periodic abstinence ..... 09<br>Withdrawal ..... 10<br>Other ..... 96<br><br>_____<br>(Specify)  | → 318<br>→ 323<br>324 |

| No.  | Questions and filters   | Coding categories  | Skip   |
|------|---|--|--|
| 317  | How much does one packet (cycle) of pills cost you?   | Cost (Dong) ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Free ..... 99996<br>Don't know ..... 99998  | → 324  |
| 318  | Where did the sterilization take place?<br><br>If source is hospital or clinic, write the name of the place. Probe to identify the type of source and circle the appropriate code.<br><br>_____<br>(Name of place)    | Public sector<br>Government hospital ..... 10<br>Delivery house ..... 11<br>Commune health center ..... 12<br>Family planning center ..... 13<br>Mobile clinic ..... 14<br>Other public ..... 16<br><br>_____<br>(Specify)<br>Private medical sector<br>Private hospital/clinic ..... 21<br>Private doctor ..... 23<br>Other private medical ..... 26<br>Other ..... 96<br><br>_____<br>(Specify)<br>Don't know ..... 98 | → 319<br><br><br><br><br>→ 319<br><br><br>→ 319<br><br>319   |
| 318A | How long does it take to travel from your house to this place?<br>If less than 2 hours, record minutes. Otherwise, record hours.  | Minutes ..... 1 <input type="text"/> <input type="text"/> <input type="text"/><br>Hours ..... 2 <input type="text"/> <input type="text"/> <input type="text"/><br>Don't know ..... 9998  |  |
| 318B | Is it easy or difficult to get there?   | Easy ..... 1<br>Difficult ..... 2  |  |
| 319  | Do you regret (you/your husband) had the operation not to have any (more) children?   | Yes ..... 1<br>No ..... 2  | → 321  |
| 320  | Why do you regret the operation?  | Respondent wants another child ..... 01<br>Husband wants another child ..... 02<br>Side effects ..... 03<br>Child died ..... 04<br>Other ..... 96<br><br>_____<br>(Specify)  |  |
| 321  | In what month and year was the sterilization performed?   | Month ..... <input type="text"/> <input type="text"/><br>Year ..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  |  |
| 322  | Check 321:<br>Sterilized before January 1997 <input type="checkbox"/><br>↓<br>Enter code for sterilization in month of interview in column 1 of the calendar and each month back to January 1997.<br>Then skip to 334 |  | Sterilized in or After January 1997 <input type="checkbox"/><br>↓<br>Enter code for sterilization in month of interview in column 1 of the calendar and in each month back to the date of the operation.<br>Then skip to 325 |

| No. | Questions and filters   | Coding categories  | Skip  |
|-----|---|--|---|
| 323 | How do you determine which days of your monthly cycle not to have sexual relations?   | Based on calendar..... 01<br>Based on body temperature ..... 02<br>based on cervical mucus ..... 03<br>Based on body temperature<br>And cervical mucus..... 04<br>No specific system..... 05<br>Other ..... 96<br><br>_____<br>(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.<br>Illustrative questions:<br>+ When did you start using continuously?<br>+ How long have you been using this method continuously?   |  |   |
| 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.<br><br>Use calendar to probe for earlier periods of use and nonuse, starting with most recent use, back to January 1997.<br>Use name of children, dates of birth, and periods of pregnancy as reference points .<br>In column 1, enter code in each month of method use or '0' for nonuse.<br><br>Illustrative questions:<br>Column 1:<br>+ When was the last time you use a method? Which method was that?<br>+ When did you start using that method? How long after the birth of [NAME]?<br>+ How long did you use the method then?<br><br>In column 2, enter codes for discontinuation next to last month of use. Number of codes in column 2 must be same as number of interruptions of method use in column 1.<br>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.<br><br>Illustrative questions:<br>Column 2:<br>+ Why did you stop using the [Method]?<br>+ Did you become pregnant while using [Method], or did you stop to get pregnant, or did you stop for some other reason?<br><br>If deliberately stopped to become pregnant, ask:<br>How many months did it take you to get pregnant after you stopped using [METHOD]?<br>And enter '0' in each such month in column 1. |  |   |
| 327 | Check 314:<br>Circle method code  | Not asked ..... 00<br>Pill..... 01<br>IUD ..... 02<br>Injections ..... 03<br>Implants..... 04<br>Diaphragm/foam/jelly ..... 05<br>Condom ..... 06<br>Female sterilization..... 07<br>Male sterilization ..... 08<br>Periodic abstinence ..... 09<br>Withdrawal..... 10<br>Other method..... 96 | → 330<br><br><br><br><br><br><br>→ 334<br>→ 332 |

| No.  | Questions and filters  | Coding categories   | Skip                  |
|------|--|---|-----------------------|
| 328  | <p>Where did you obtain [Method] the last time?</p> <p>If source is hospital or clinic, write the name 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>Government hospital ..... 10</p> <p>Delivery house ..... 11</p> <p>Commune health center ..... 12</p> <p>Family planning center ..... 13</p> <p>Mobile clinic ..... 14</p> <p>Field worker ..... 15 →</p> <p>Other public ..... 16 →</p> <p>_____</p> <p>(Specify)</p> <p>Private medical sector</p> <p>Private hospital/clinic ..... 21</p> <p>Pharmacy ..... 22</p> <p>Private doctor ..... 23</p> <p>Other private medical ..... 26</p> <p>_____</p> <p>(Specify)</p> <p>Other source</p> <p>Friends/relatives ..... 33</p> <p>Other ..... 36 →</p> <p>_____</p> <p>(Specify)</p>  | <p>334</p> <p>334</p> |
| 328A | <p>How long does it take to travel from your house to this place?</p> <p>If less than 2 hours, record minutes. Otherwise, record hours.</p>  | <p>Minutes ..... 1 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Hours ..... 2 <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Don't know ..... 9998</p>  |                       |
| 328B | <p>Is it easy or difficult to get there?</p>   | <p>Easy ..... 1</p> <p>Difficult ..... 2 →</p>  | <p>334</p>            |
| 330  | <p>Check 230:</p> <p>Not pregnant Or unsure <input type="checkbox"/></p>   | <p>Pregnant <input type="checkbox"/></p>  | <p>→ 334</p>          |
| 330A | <p>Check 106A:</p> <p>Currently married <input type="checkbox"/></p>   | <p>Widowed</p> <p>Divorced</p> <p>Separated <input type="checkbox"/></p>  | <p>→ 337</p>          |
| 331  | <p>What is the main reason you are not using a method of contraception to avoid pregnancy?</p>   | <p>Fertility-related reasons</p> <p>Not having sex ..... 21</p> <p>Infrequent sex ..... 22</p> <p>Menopausal/hysterectomy ..... 23</p> <p>Sub-fecund/Infecund ..... 24</p> <p>Postpartum/Breastfeeding ..... 25</p> <p>Wants (more) children ..... 26</p> <p>Opposition to use</p> <p>Respondent opposed ..... 31</p> <p>Husband opposed ..... 32</p> <p>Others opposed ..... 33</p> <p>Religious prohibition ..... 34</p> <p>Lack of knowledge</p> <p>Knows no method ..... 41</p> <p>Knows no source ..... 42 →</p> <p>Method-related reasons</p> <p>Health concerns ..... 51</p> <p>Fear of side effects ..... 52</p> <p>Lack of access/too far ..... 53</p> <p>Cost too much ..... 54</p> <p>Inconvenient to use ..... 55</p> <p>Interferes with body's natural processes ..... 56</p> <p>Other ..... 96</p> <p>_____</p> <p>(Specify)</p> <p>Don't know ..... 98</p> | <p>334</p>            |

| No.  | Questions and filters  | Coding categories   | Skip  |  |  |   |  |  |  |
|------|--|---|-------|--|--|---|--|--|--|
| 332  | Do you know of a place where you can obtain a method of family planning?   | Yes ..... 1<br>No ..... 2   | → 334 |  |  |   |  |  |  |
| 333  | Where is that?<br><br>If source is hospital or clinic, write the name of the place. Probe to identify the type of source and circle the appropriate code.<br><br>_____ (Name of place) | Public sector<br>Government hospital ..... 10<br>Delivery house ..... 11<br>Commune health center ..... 12<br>Family planning center ..... 13<br>Mobile clinic ..... 14<br>Field worker ..... 15<br>Other public ..... 16<br><br>_____<br>(Specify)<br>Private medical sector<br>Private hospital/clinic ..... 21<br>Pharmacy ..... 22<br>Private doctor ..... 23<br>Other private medical ..... 26<br><br>_____<br>(Specify)<br>Other source<br>Friends/relatives ..... 33<br>Other ..... 36<br><br>_____<br>(Specify) |       |  |  |   |  |  |  |
| 333A | How long does it take to travel from your house to this place?<br>If less than 2 hours, record minutes.<br>Otherwise, record hours.  | Minutes ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td>0</td><td> </td><td> </td></tr></table><br>Hours ..... 2<br>Don't know ..... 9998   |       |  |  | 0 |  |  |  |
|      |  |   |       |  |  |   |  |  |  |
| 0    |  |   |       |  |  |   |  |  |  |
| 333B | Is it easy or difficult to get there?  | Easy ..... 1<br>Difficult ..... 2   |       |  |  |   |  |  |  |
| 334  | Were you visited by a family planning program worker in the last 12 months?  | Yes ..... 1<br>No ..... 2   | → 335 |  |  |   |  |  |  |
| 334A | Do you feel that the family planning staff treated you with respect?   | Yes ..... 1<br>No ..... 2   |       |  |  |   |  |  |  |
| 334B | Were you satisfied with the family planning field worker?  | Yes ..... 1<br>No ..... 2   |       |  |  |   |  |  |  |
| 335  | Have you visited a health facility for any reason in the last 12 months?   | Yes ..... 1<br>No ..... 2   | → 337 |  |  |   |  |  |  |
| 336  | Did any staff member at the health facility speak to you about family planning methods?  | Yes ..... 1<br>NO ..... 2   | → 337 |  |  |   |  |  |  |
| 336A | Do you feel that the family planning staff treated you with respect?   | Yes ..... 1<br>No ..... 2   |       |  |  |   |  |  |  |
| 336B | Were you satisfied with the health worker?   | Yes ..... 1<br>NO ..... 2   |       |  |  |   |  |  |  |
| 337  | Do you think that breastfeeding can affect a woman's chance of becoming pregnant?  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8   | → 343 |  |  |   |  |  |  |
| 338  | Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?   | Increased ..... 1<br>Decreased ..... 2<br>Depends ..... 3<br>Don't know ..... 8   | → 343 |  |  |   |  |  |  |

| No. | Questions and filters  | Coding categories   | Skip  |
|-----|--|---|---|
| 339 | Check 216:<br>One or more births <input type="checkbox"/>  | No births <input type="checkbox"/>  | → 343   |
| 340 | Have you ever relied on breastfeeding as a method of avoiding pregnancy?   | Yes ..... 1<br>No ..... 2   | → 343   |
| 341 | Check 230 and 311:<br>Not pregnant or unsure<br>And not sterilized <input type="checkbox"/>  | Either pregnant<br>Or sterilized <input type="checkbox"/>   | → 343   |
| 342 | Are you currently relying on breastfeeding to avoid getting pregnant?  | Yes ..... 1<br>No ..... 2   |   |
| 343 | Check 216 and 214:<br>One or more induced<br>Abortions or menstrual<br>Regulations since Jan. 1999 <input type="checkbox"/>  | No induced abortions<br>or menstrual<br>Regulations since Jan. 1999 <input type="checkbox"/>  | → 401   |
| 344 | <p>In Q.345, enter the line number of each pregnancy since January 1999 which ended in an induced abortion or menstrual regulation.<br/>Ask the questions about all of these pregnancy outcomes beginning with the last one. (If there are more than 2 pregnancy outcomes since 1999, use additional questionnaires).</p> <p>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).</p> |   |   |
| 345 | Enter line number from Q.214   | Last induced abortion or menstrual regulation<br>Line number ..... <input type="text"/>   | Next-to-last induced abortion or menstrual regulation<br>Line number ..... <input type="text"/>   |
| 346 | At the time you became pregnant with the pregnancy which ended in your [last/next-to-last i.a./m.r.], 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 ..... 1<br>348<br>Later ..... 2<br>No more ..... 3<br>348  | Then ..... 1<br>348<br>Later ..... 2<br>No more ..... 3<br>348  |
| 347 | How much longer would you like to have waited?   | Months ..... 1 <input type="text"/><br>Years ..... 2 <input type="text"/><br>Don't know ..... 998   | Months ..... 1 <input type="text"/><br>Years ..... 2 <input type="text"/><br>Don't know ..... 998   |
| 348 | At the time you became pregnant, were you using a method of contraception?   | Yes ..... 1<br>No ..... 2<br>350  | Yes ..... 1<br>No ..... 2<br>350  |
| 349 | Which method were you using?   | Pill ..... 01<br>IUD ..... 02<br>Injections ..... 03<br>Implants ..... 04<br>Diaphragm/foam/jelly ..... 05<br>Condom ..... 06<br>Female sterilization ..... 07<br>Male sterilization ..... 08<br>Periodic abstinence ..... 09<br>Withdrawal ..... 10<br>Other ..... 96<br><br>(Specify) | Pill ..... 01<br>IUD ..... 02<br>Injections ..... 03<br>Implants ..... 04<br>Diaphragm/foam/jelly ..... 05<br>Condom ..... 06<br>Female sterilization ..... 07<br>Male sterilization ..... 08<br>Periodic abstinence ..... 09<br>Withdrawal ..... 10<br>Other ..... 96<br><br>(Specify) |

|     |   |   |   |
|-----|---|---|---|
| 350 | Can you tell me what procedure was used to terminate the pregnancy?   | Dilation and curatage..... 1<br>Menstrual regulation..... 2<br>Caesarian section..... 3<br>Traditional method..... 4<br><br>_____<br>(Specify)<br>Other ..... 6<br><br>_____<br>(Specify)<br>Don't know..... 8  | Dilation and curatage ..... 1<br>Menstrual regulation..... 2<br>Caesarian section ..... 3<br>Traditional method ..... 4<br><br>_____<br>(Specify)<br>Other ..... 6<br><br>_____<br>(Specify)<br>Don't know ..... 8  |
| 351 | Sometimes a women has a health problem after [an i.a/m.r.]. Did you have any health problems afterwards?  | Yes ..... 1<br>No..... 2<br>Don't know..... 8<br>357 ←  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8<br>357 ←  |
| 352 | What health problems did you have: sterility, infection, lack of menstruation, excessive bleeding or another problem?<br><br>Record all reported problems | Sterility..... a<br>Infection..... b<br>Lack of menstruation ..... c<br>Bleeding ..... d<br>Pelvic pain..... e<br>Other ..... x<br><br>_____<br>(Specify)<br>Don't know..... z  | Sterility ..... a<br>Infection ..... b<br>Lack of menstruation..... c<br>Bleeding..... d<br>Pelvic pain..... e<br>Other ..... x<br><br>_____<br>(Specify)<br>Don't know ..... z   |
| 353 | Did you seek advice or treatment because of these problems?   | Yes ..... 1<br>No..... 2<br>357 ←   | Yes ..... 1<br>NO..... 2<br>357 ←   |
| 354 | Where did you seek advice or treatment? Anywhere else?<br><br>Record all mentioned  | Public sector<br>Government hospital..... a<br>Delivery house..... b<br>Comm. health center..... c<br>Comm. health worker..... d<br>Other public..... e<br><br>_____<br>(Specify)<br>Private medical sector<br>Pvt. hospital/clinic ..... f<br>Private doctor ..... g<br>PVT. doctor's assistant ..... h<br>Pharmacy..... i<br>Other public..... j<br><br>_____<br>(Specify)<br>Other source<br>Shop..... k<br>Trad. practitioner..... l<br>Other ..... x<br><br>_____<br>(Specify) | Public sector<br>Government hospital..... a<br>Delivery house..... b<br>Comm. health center ..... c<br>Comm. health worker..... d<br>Other public ..... e<br><br>_____<br>(Specify)<br>Private medical sector<br>Pvt. hospital/clinic ..... f<br>Private doctor ..... g<br>PVT. doctor's assistant ..... h<br>Pharmacy ..... i<br>Other public ..... j<br><br>_____<br>(Specify)<br>Other source<br>Shop ..... k<br>Trad. practitioner ..... l<br>Other ..... x<br><br>_____<br>(Specify) |
| 355 | Because of these problems, did you become an in-patient (stay over night) at any health facility?   | Yes ..... 1<br>No..... 2<br>357 ←   | Yes ..... 1<br>No ..... 2<br>357 ←  |
| 356 | For how many nights?  | Nights ..... <input type="text"/> <input type="text"/><br>Don't know..... 98  | Nights..... <input type="text"/> <input type="text"/><br>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   |



| No. | Questions   | Last<br>Name _____  | Next-to-last birth<br>Name _____  |
|-----|---|---|---|
| 412 | Where did you give birth to [Name]?   | Home<br>Your home ..... 11<br>Other home ..... 12<br>Public sector<br>Central hospital ..... 21<br>Provincial hospital ..... 22<br>Dist. hosp./health center ..... 23<br>Comm. Health center ..... 24<br>Delivery house ..... 25<br>Other public ..... 26<br><br>_____<br>(Specify)<br>Private medical<br>Pvt. hospital/clinic ..... 31<br>Other private medical ..... 36<br><br>_____<br>(Specify)<br>Other ..... 96<br><br>_____<br>(Specify) | Home<br>Your home ..... 11<br>Other home ..... 12<br>Public sector<br>Central hospital ..... 21<br>Provincial hospital ..... 22<br>Dist. hosp./health center ..... 23<br>Comm. Health center ..... 24<br>Delivery house ..... 25<br>Other public ..... 26<br><br>_____<br>(Specify)<br>Private medical<br>Pvt. hospital/clinic ..... 31<br>Other private medical ..... 36<br><br>_____<br>(Specify)<br>Other ..... 96<br><br>_____<br>(Specify) |
| 413 | Who assisted with the delivery of [Name]?<br>Anyone else?<br><br>Probe for the type of person and record all persons assisting.   | Health professional<br>Doctor ..... a<br>Doctor's assistant ..... b<br>Midwife ..... c<br>Nurse ..... d<br>Other person<br>Trad. birth attendant ..... e<br>Relative/friend ..... f<br>Other ..... x<br><br>_____<br>(Specify)<br>No one ..... y  | Health professional<br>Doctor ..... a<br>Doctor's assistant ..... b<br>Midwife ..... c<br>Nurse ..... d<br>Other person<br>Trad. birth attendant ..... e<br>Relative/friend ..... f<br>Other ..... x<br><br>_____<br>(Specify)<br>No one ..... y  |
| 414 | Around the time of the birth of [Name], did you have any of the following problems:<br>Long labor, that is, did your regular contractions last more than 12 hours?<br>Excessive bleeding that was so much that you feared it was life threatening?<br>A high fever with bad smelling vaginal discharge?<br>Convulsions not caused by a fever? | <br><br>Labor more than 12 hours ..... 1 2<br>Excessive bleeding ..... 1 2<br>fever/bad smelling Vag. discharge ..... 1 2<br>Convulsions ..... 1 2  | <br><br>Labor more than 12 hours ..... 1 2<br>Excessive bleeding ..... 1 2<br>fever/bad smelling Vag. discharge ..... 1 2<br>Convulsions ..... 1 2  |
| 415 | Was [Name] delivered by caesarian section?  | Yes ..... 1<br>No ..... 2   | Yes ..... 1<br>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<br>Larger than average ..... 2<br>Average ..... 3<br>Smaller than average ..... 4<br>Very small ..... 5<br>Don't know ..... 8  | Very large ..... 1<br>Larger than average ..... 2<br>Average ..... 3<br>Smaller than average ..... 4<br>Very small ..... 5<br>Don't know ..... 8  |
| 417 | Was [Name] weighed at birth?  | Yes ..... 1<br>No ..... 2   | Yes ..... 1<br>No ..... 2   |

| No. | Questions   | Last<br>Name _____  | Next-to-last birth<br>Name _____  |
|-----|---|---|---|
| 418 | How much did [Name] weigh?<br>Record weight from birth notification card, if available.   | Grams from<br>card..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Gf recall ..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Don't know .....<br>99998   | Gram from<br>Card..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>GF recall ..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/><br>Don't know .....<br>99998  |
| 419 | Has your period returned since the birth of [Name]?   | Yes ..... 1<br>424 ←<br>No ..... 2<br>422 ←   |   |
| 420 | Did your period return between the birth of [Name] and your next pregnancy?   |   | Yes ..... 1<br>No ..... 2<br>424 ←  |
| 421 | For how many months after the birth of [Name] did you <u>not</u> have a period?   | Months ..... <input type="text"/> <input type="text"/><br>Don't know ..... 98   | Months ..... <input type="text"/> <input type="text"/><br>Don't know ..... 98   |
| 422 | Check 230:<br>Respondent pregnant?  | Not preg. <input type="checkbox"/> pregnant or unsure <input type="checkbox"/><br>424 ←   |   |
| 423 | Have you resumed sexual relations since the birth of [Name]?  | Yes ..... 1<br>No ..... 2<br>425 ←  |   |
| 424 | For how many months after the birth of [Name] did you <u>not</u> have sexual relations?   | Months ..... <input type="text"/> <input type="text"/><br>Don't know ..... 98   | Months ..... <input type="text"/> <input type="text"/><br>Don't know ..... 98   |
| 425 | Did you ever breastfeed [Name]?   | Yes ..... 1<br>No ..... 2<br>431 ←  | Yes ..... 1<br>No ..... 2<br>431 ←  |
| 426 | How long after birth did you first put [Name] to the breast?<br>If < 1 hour, record '00' hours<br>If < 24 hours, record hours<br>Otherwise, record days | Immediately ..... 000<br>Hours ..... 1 <input type="text"/> <input type="text"/><br>Days ..... 2 <input type="text"/> <input type="text"/>  | Immediately ..... 000<br>Hours ..... 1 <input type="text"/> <input type="text"/><br>Days ..... 2 <input type="text"/> <input type="text"/>  |
| 427 | Check 404:<br>Child alive?  | Alive <input type="checkbox"/> Dead <input type="checkbox"/><br>429 ←   | Alive <input type="checkbox"/> Dead <input type="checkbox"/><br>429 ←   |
| 428 | Are you still breastfeeding [Name]?   | Yes ..... 1<br>432 ←<br>No ..... 2  | Yes ..... 1<br>432 ←<br>No ..... 2  |
| 429 | For how many months did you breastfeed [Name]?  | Months ..... <input type="text"/> <input type="text"/><br>Don't know ..... 98   | Months ..... <input type="text"/> <input type="text"/><br>Don't know ..... 98   |
| 430 | Why did you stop breastfeeding [Name]?  | Mother ill/weak ..... 01<br>Child ill/weak ..... 02<br>Child dead ..... 03<br>Nipple/breast problem ..... 04<br>Not enough milk ..... 05<br>Mother working ..... 06<br>Child refused ..... 07<br>Weaning age/age to stop ..... 08<br>Became pregnant ..... 09<br>Started using contraception ..... 10<br>Other ..... 96<br>_____<br>(Specify) | Mother ill/weak ..... 01<br>Child ill/weak ..... 02<br>Child dead ..... 03<br>Nipple/breast problem ..... 04<br>Not enough milk ..... 05<br>Mother working ..... 06<br>Child refused ..... 07<br>Weaning age/age to stop ..... 08<br>Became pregnant ..... 09<br>Started using contraception ..... 10<br>Other ..... 96<br>_____<br>(Specify) |



### Section 4B. Immunization and health

|     |  |   |   |
|-----|--|---|---|
| 440 | Enter the name, line number, and survival status of each birth since 1/1999 in the table.<br>Ask the questions about all of these births. begin with the last birth. (If there are more than 2 births, use additional questionnaires).   |   |   |
| 441 | Line number from Q.214   | last birth<br>Line number ..... <input type="text"/> <input type="text"/>   | Next-to-last birth<br>line number ..... <input type="text"/> <input type="text"/>   |
| 442 | From Q.218 and Q.220   | Name _____<br>alive <input type="checkbox"/> dead <input type="checkbox"/><br><div style="text-align: center; margin-top: 10px;">             (Go to 442 in next column; or, if no more births, go to 465)           </div> | Name _____<br>alive <input type="checkbox"/> dead <input type="checkbox"/><br><div style="text-align: center; margin-top: 10px;">             (Go to 442 in next column; or, if no more births, go to 465)           </div> |
| 443 | Do you have a card where [Name's] vaccinations are written down?<br>If yes: May I see it please?   | Yes, seen ..... 1<br><div style="text-align: right; margin-right: 20px;">445 ←</div> Yes, not seen ..... 2<br><div style="text-align: right; margin-right: 20px;">447 ←</div> No card ..... 3                               | Yes, seen ..... 1<br><div style="text-align: right; margin-right: 20px;">445 ←</div> Yes, not seen ..... 2<br><div style="text-align: right; margin-right: 20px;">447 ←</div> No card ..... 3                               |
| 444 | Did you ever have a vaccination card for [Name]?   | Yes ..... 1<br>No ..... 2<br><div style="text-align: right; margin-right: 20px;">447 ←</div>  | Yes ..... 1<br>No ..... 2<br><div style="text-align: right; margin-right: 20px;">447 ←</div>  |
| 445 | (1) Copy vaccination date for each vaccine from the card<br>(2) Write '44' in 'day' column if card shows that a vaccination was given, but no date is recorded<br>If Vaccine was not given, leave the corresponding line blank<br><br>BCG<br>Polio 1 (P1)<br>Polio 2 (P2)<br>Polio 3 (P3)<br>DPT 1 (D1)<br>DPT 2 (D2)<br>DPT 3 (D3)<br>Measles | Day month year<br>BCG<br>P1<br>P2<br>P3<br>D1<br>D2<br>D3<br>meas.  | Day month year<br>BCG<br>P1<br>P2<br>P3<br>D1<br>D2<br>D3<br>Meas.  |

| No.  | Questions  | Last birth<br>Name _____   | Next-to-last birth<br>Name _____   |
|------|--|--|--|
| 446  | Has [Name] received any vaccinations that are not recorded on this card?<br><br>Record '1' only if respondent mentions BCG, polio 1-3, DPT 1-3 and/or measles vaccine(s) | Yes ..... 1<br>(Probe for vaccinations and write '66' in the corresponding day column in 445)<br>No ..... 2<br>Don't know ..... 8<br>449 | Yes ..... 1<br>(Probe for vaccinations and write '66' in the corresponding day column in 445)<br>No ..... 2<br>Don't know ..... 8<br>449 |
| 447  | Did [Name] ever receive any vaccinations to prevent him/her from getting diseases?   | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8<br>449   | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8<br>449   |
| 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<br>No ..... 2<br>Don't know ..... 8  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8  |
| 448B | Polio vaccine, that is, drops in the mouth?  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8<br>448d  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8<br>448d  |
| 448C | How many times?  | Number of times ..... <input type="text"/>   | Number of times ..... <input type="text"/>   |
| 448D | DPT vaccination, that is, an injection usually given at the same time as polio drops?  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8<br>448E  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8<br>448E  |
| 448E | How many times?  | Number of times ..... <input type="text"/>   | Number of times ..... <input type="text"/>   |
| 448F | An injection to prevent measles?   | Yes ..... 1<br>NO ..... 2<br>Don't know ..... 8  | Yes ..... 1<br>NO ..... 2<br>Don't know ..... 8  |
| 449  | Has [Name] been ill with a fever at any time in the last 2 weeks?  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8  |
| 450  | Has [Name] been ill with a cough at any time in the last 2 weeks?  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8<br>454   | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8<br>454   |
| 451  | When [NAME] was ill with a cough, did he/she breathe faster than usual with short, fast breaths ?  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8  |
| 452  | Did you seek advice or treatment for the cough?  | Yes ..... 1<br>No ..... 2<br>454   | Yes ..... 1<br>No ..... 2<br>454   |

| No. | Questions  | Last birth<br>Name _____   | Next-to-last birth<br>Name _____   |
|-----|--|--|--|
| 453 | Where did you seek advice or treatment?<br>Anywhere else?<br><br>Record all mentioned  | Public sector<br>Government hospital..... a<br>Comm. health center..... b<br>MCH/FP mobile team..... c<br>Village health worker..... d<br>Other public..... E<br><br>_____<br>(Specify)<br>Private medical sector<br>PVT. hospital/clinic..... f<br>Private doctor..... g<br>PVT. doctor's assistant..... h<br>Pharmacy..... i<br>Other private medical..... j<br><br>_____<br>(Specify)<br>Other source<br>Shop..... k<br>Trad. practitioner..... l<br>Other..... x<br><br>_____<br>(Specify) | Public sector<br>Government hospital..... a<br>Comm. health center..... b<br>MCH/FP mobile team..... c<br>Village health worker..... d<br>Other public..... E<br><br>_____<br>(Specify)<br>Private medical sector<br>PVT. hospital/clinic..... f<br>Private doctor..... g<br>PVT. doctor's assistant..... h<br>Pharmacy..... i<br>Other private medical..... j<br><br>_____<br>(Specify)<br>Other source<br>Shop..... k<br>Trad. practitioner..... l<br>Other..... x<br><br>_____<br>(Specify) |
| 454 | Has [Name] had diarrhea in the last 2 weeks?   | Yes..... 1<br>NO..... 2<br>Don't know..... 8<br><br>464  | Yes..... 1<br>NO..... 2<br>Don't know..... 8<br><br>464  |
| 455 | Was there any blood in the stools?   | Yes..... 1<br>No..... 2<br>Don't know..... 8   | Yes..... 1<br>No..... 2<br>Don't know..... 8   |
| 456 | On the worst day of the diarrhea, how many bowel movements did [Name] have?  | Number of bowel movements..... <input type="text"/> <input type="text"/><br>Don't know..... 98   | Number of bowel movements..... <input type="text"/> <input type="text"/><br>Don't know..... 98   |
| 457 | Was he/she given the same amount to drink as before the diarrhea, or more, or less?  | Same..... 1<br>More..... 2<br>Less..... 3<br>Don't know..... 8   | Same..... 1<br>More..... 2<br>Less..... 3<br>Don't know..... 8   |
| 458 | Was he/she given the same amount to food to eat as before the diarrhea, or more, or less?  | Same..... 1<br>More..... 2<br>Less..... 3<br>Don't know..... 8   | Same..... 1<br>More..... 2<br>Less..... 3<br>Don't know..... 8   |
| 459 | When [Name] had diarrhea, was he/she given any of the following to drink:<br><br>A fluid, made from a special packet called Oredon?<br>Porridge?<br>Soup?<br>Home-made sugar-salt-water solution?<br>Tannin-rich water?<br>Milk or infant formula?<br>Drinking water?<br>Any other liquid? | Y N DK<br>Fluid from ors pkt..... 1 2 8<br>Porridge..... 1 2 8<br>Soup..... 1 2 8<br>Sugar-salt-water solution..... 1 2 8<br>Tannin-rich water..... 1 2 8<br>Milk/ infant form. .... 1 2 8<br>Water..... 1 2 8<br>Other liquid..... 1 2 8  | Y N DK<br>Fluid from ors pkt..... 1 2 8<br>Porridge..... 1 2 8<br>Soup..... 1 2 8<br>Sugar-salt-water solution..... 1 2 8<br>Tannin-rich water..... 1 2 8<br>Milk/ infant form. .... 1 2 8<br>Water..... 1 2 8<br>Other liquid..... 1 2 8  |

| No. | Questions   | Last birth<br>Name _____  | Next-to-last birth<br>Name _____  |
|-----|---|---|---|
| 460 | Was anything (else) given to treat the diarrhea?                                  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8<br>462  | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8<br>462  |
| 461 | What was given to treat the diarrhea?<br>Anything else?<br>Record all mentioned   | Pill or syrup ..... b<br>Injection ..... c<br>(I.v.) intravenous ..... d<br>Home remedies/<br>Herbal medicines ..... e<br>Other ..... x<br>_____<br>(Specify)   | Pill or syrup ..... b<br>Injection ..... c<br>(I.v.) intravenous ..... d<br>Home remedies/<br>Herbal medicines ..... e<br>Other ..... x<br>_____<br>(Specify)   |
| 462 | Did you seek advice or treatment for the diarrhea?                                | Yes ..... 1<br>No ..... 2<br>464  | Yes ..... 1<br>No ..... 2<br>464  |
| 463 | Where did you seek advice or treatment?<br>Anywhere else?<br>Record all mentioned | Public sector<br>Government hospital ..... a<br>Comm. health center ..... b<br>MCH/FP mobile team ..... c<br>Village health worker ..... d<br>Other public ..... E<br>_____<br>(Specify)<br>Private medical sector<br>Pvt. hospital/clinic ..... f<br>Private doctor ..... g<br>PVT. doctor's assistant ..... h<br>Pharmacy ..... i<br>Other private medical ..... j<br>_____<br>(Specify)<br>Other source<br>Shop ..... k<br>trad. practitioner ..... l<br>Other ..... x<br>_____<br>(Specify) | Public sector<br>Government hospital ..... a<br>Comm. health center ..... b<br>MCH/FP mobile team ..... c<br>Village health worker ..... d<br>Other public ..... E<br>_____<br>(Specify)<br>Private medical sector<br>Pvt. hospital/clinic ..... f<br>Private doctor ..... g<br>PVT. doctor's assistant ..... h<br>Pharmacy ..... i<br>Other private medical ..... j<br>_____<br>(Specify)<br>Other source<br>Shop ..... k<br>trad. practitioner ..... l<br>Other ..... x<br>_____<br>(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<br>About same amount to drink..... 2<br>More to drink..... 3<br>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<br>About same amount to eat ..... 2<br>More to eat ..... 3<br>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?<br><br>Record all mentioned | Repeated watery stools ..... a<br>Any watery stools ..... b<br>Repeated vomiting..... c<br>Any vomiting ..... d<br>Blood in stools ..... e<br>Fever ..... f<br>Marked thirst..... g<br>Not eating/not drinking well..... h<br>Getting sicker/very sick..... i<br>Not getting better ..... j<br>other ..... x<br><br>_____<br>(Specify)<br>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?<br><br>Record all mentioned  | Fast breathing..... a<br>Difficult breathing ..... b<br>Noisy breathing..... c<br>Fever ..... d<br>Unable to drink ..... e<br>Not eating/not drinking well..... f<br>Getting sicker/very sick..... g<br>Not getting better ..... h<br>Other ..... x<br><br>_____<br>(Specify)<br>Don't know ..... z  |       |
| 469 | Check 459, all columns:<br><br>No child Received ors <input type="checkbox"/> Any child Received ors <input type="checkbox"/>  |  | → 501 |
| 470 | Have you ever heard of a special product called Oredon you can use for the treatment of diarrhea?  | Yes ..... 1<br>No..... 2   |       |



| No. | Questions and filters   | Coding categories   | Skip  |
|-----|---|---|-------|
| 517 | Do you know of a place where you can get condoms?   | Yes ..... 1<br>No ..... 2   | → 600 |
| 518 | Where is that?<br><br>If source is hospital or clinic, write the name of the place. Probe to identify the type of source and circle the appropriate code.<br><br>_____<br>(Name of place) | Public sector<br>Government hospital ..... 10<br>Delivery house ..... 11<br>Commune health center ..... 12<br>Family planning center ..... 13<br>Mobile clinic ..... 14<br>Field worker ..... 15<br>Other public ..... 16<br><br>_____<br>(Specify)<br>Private medical sector<br>Private hospital/clinic ..... 21<br>Pharmacy ..... 22<br>Private doctor ..... 23<br>Other private medical ..... 26<br><br>_____<br>(Specify)<br>Other source<br>Friends/relatives ..... 33<br>Other ..... 36<br><br>_____<br>(Specify) |       |

Section 6. fertility preference

| No. | Questions and filters   | Coding categories   | Skip                    |
|-----|---|---|-------------------------|
| 600 | Check 106A:<br>Currently married <input type="checkbox"/>   | Widowed<br>Divorced<br>Separated <input type="checkbox"/>   | → 612                   |
| 601 | Check 314:<br>Neither<br>Sterilized <input type="checkbox"/>  | He or she<br>Sterilized <input type="checkbox"/>  | → 612                   |
| 602 | Check 230:<br>Not pregnant or unsure <input type="checkbox"/> Pregnant <input type="checkbox"/><br>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?<br>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? | Have (A/another) child..... 1<br>No more/none..... 2<br>Says she can't get pregnant..... 3<br>Undecided/don't know..... 8                           | → 604<br>→ 606<br>→ 604 |
| 603 | Check 230:<br>Not pregnant Or unsure <input type="checkbox"/> Pregnant <input type="checkbox"/><br>How long would you like to wait from now before the birth of (a/another) child?<br>After the child you are expecting now, how long would you like to wait before the birth of another child?   | Months ..... 1<br>Years ..... 2<br>Soon/now..... 993<br>Says she can't get Pregnant..... 994<br>Other ..... 996<br>(Specify)<br>Don't know..... 998 | → 606                   |
| 604 | Check 230:<br>Not pregnant Or unsure <input type="checkbox"/> Pregnant <input type="checkbox"/>   |   | → 607                   |
| 605 | 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<br>Unhappy ..... 2<br>Would not matter..... 3  |                         |
| 606 | Check 313:<br>Not Asked <input type="checkbox"/> Not currently Using <input type="checkbox"/> Currently Using <input type="checkbox"/>  |   | → 612                   |
| 607 | Do you think you will use a method to delay or avoid pregnancy within the next 12 months?   | Yes ..... 1<br>No ..... 2<br>Don't know..... 8  | → 609                   |
| 608 | Do you think you will use a method to delay or avoid pregnancy at any time in the future?   | Yes ..... 1<br>No ..... 2<br>Don't know..... 8  | → 610                   |

| No. | Questions and filters  | Coding categories  | Skip  |
|-----|--|--|-------|
| 609 | Which method would you prefer to use?  | Pill..... 01<br>IUD ..... 02<br>Injections ..... 03<br>Implants ..... 04<br>Diaphragm/foam/jelly..... 05<br>Condom ..... 06<br>Female sterilization..... 07<br>Male sterilization..... 08<br>Periodic abstinence..... 09<br>Withdrawal..... 10<br>Other ..... 96<br><br>_____<br>(Specify)<br>Unsure ..... 98  | → 612 |
| 610 | What is the main reason that you think you will never use a method?  | Fertility-related reasons<br>Infrequent sex..... 22<br>Menopausal/hysterectomy..... 23<br>Sub-fecund/infecund ..... 24<br>Wants more children ..... 26<br>Opposition to use<br>Respondent opposed..... 31<br>Husband opposed..... 32<br>Others opposed..... 33<br>religious prohibition..... 34<br>Lack of knowledge<br>Knows no method..... 41<br>Knows no source ..... 42<br>Method-related reasons<br>Health concerns ..... 51<br>Fear of side effects..... 52<br>Lack of access/too far ..... 53<br>Cost too much ..... 54<br>Inconvenient to use..... 55<br>Interferes with body's<br>normal processes ..... 56<br>Other ..... 96<br><br>_____<br>(Specify)<br>Don't know..... 98 |       |
| 612 | Check 220:<br>Has living Children <input type="checkbox"/> No living Children <input type="checkbox"/><br><br>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?<br><br>If you could choose exactly the number of children to have in your whole life, how many would that be?<br><br>Probe for a numeric response | Number..... <input type="text"/> <input type="text"/><br>Other ..... 96<br><br>_____<br>(Specify)  | → 614 |

| No.                        | Questions and filters   | Coding categories   | Skip |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
|----------------------------|---|---|------|-----------------|-------------------|-------------|-------|---|------------------|---|-----|----------------------------|---|---|-------------|---|---|----------------------------|---|---|--|
| 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 ..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table><br>Girls .....<br>Either .....<br>Other ..... 999996<br><br>_____ (Specify)   |      |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
|                            |   |   |      |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
|                            |   |   |      |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
|                            |   |   |      |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
| 614                        | Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?   | Approve ..... 1<br>Disapprove ..... 2<br>No opinion ..... 3   |      |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
| 615                        | Is it acceptable or not acceptable to you for information on family planning to be provided:<br>On the radio?<br>On the television?   | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">accept-<br/>able</th> <th style="text-align: center;">not<br/>acceptable</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Radio</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>T.V</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>   |      | accept-<br>able | not<br>acceptable | DK          | Radio | 1 | 2                | 8 | T.V | 1                          | 2 | 8 |             |   |   |                            |   |   |  |
|                            | accept-<br>able   | not<br>acceptable   | DK   |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
| Radio                      | 1   | 2   | 8    |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
| T.V                        | 1   | 2   | 8    |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
| 616                        | In the last few months have you heard (read) about family planning:<br>On the radio?<br>On the television?<br>In a newspaper or magazine?<br>From a poster?<br>From leaflets or brochures?                              | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">no</th> </tr> </thead> <tbody> <tr> <td>Radio .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Television .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Newspaper or magazine.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Poster.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Leaflets or brochures.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> |      | Yes             | no                | Radio ..... | 1     | 2 | Television ..... | 1 | 2   | Newspaper or magazine..... | 1 | 2 | Poster..... | 1 | 2 | Leaflets or brochures..... | 1 | 2 |  |
|                            | 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<br>No ..... 2 → 620   |      |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
| 619                        | With whom?<br>Anyone else?<br><br>Record all mentioned  | Husband..... a<br>Mother..... b<br>Father..... c<br>Sister(s)..... d<br>Brother(s)..... e<br>Daughter..... f<br>Mother-in-law..... g<br>Friends/neighbors ..... h<br>Other ..... x<br><br>_____ (Specify)   |      |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
| 620                        | Check 106A:<br><br>Currently married <input type="checkbox"/>   | Widowed<br>divorced<br>Separated <input type="checkbox"/> → 701   |      |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
| 621                        | Spouses do not always agree on everything. Now I want to ask you about your husband's views on family planning.<br>Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy? | Approves ..... 1<br>Disapproves..... 2<br>Don't know..... 8   |      |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |
| 622                        | How often have you talked to your husband about family planning in the past year?   | Never..... 1<br>Once or twice..... 2<br>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<br>More children..... 2<br>Fewer children..... 3<br>Don't know..... 8   |      |                 |                   |             |       |   |                  |   |     |                            |   |   |             |   |   |                            |   |   |  |



Section 7. Husband background, woman's work and residence

| No. | Questions and filters   | Coding categories   | Skip  |
|-----|---|---|-------|
| 701 | Check 106A:<br>Currently married <input type="checkbox"/>   | Widowed<br>Divorced<br>Separated <input type="checkbox"/>   | → 703 |
| 702 | How old was your husband on his last birthday?  | Age ..... <input type="text"/> <input type="text"/>   |       |
| 703 | Did your (last) husband ever attend school?   | Yes ..... 1<br>No ..... 2   | → 706 |
| 704 | What was the highest grade of education he completed?<br>Use equivalency table  | Grade ..... <input type="text"/> <input type="text"/><br>College/university ..... 15<br>Don't know grade ..... 98           |       |
| 706 | What (is/was) your (last) husband's occupation?<br>That is, what kind of work (does/did) he mainly do?  | ..... <input type="text"/> <input type="text"/><br><br>(Specify)  |       |
| 709 | Aside from your own housework, are you currently working?   | Yes ..... 1<br>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?<br>Are you currently doing any of these things or any other work? | Yes ..... 1<br>No ..... 2   | → 712 |
| 711 | Have you done any work in the last 12 months?   | Yes ..... 1<br>No ..... 2   | → 726 |
| 712 | What is your occupation, that is, what kind of work do you mainly do?   | ..... <input type="text"/> <input type="text"/><br><br>(Specify)  |       |
| 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<br>A cooperative ..... 2<br>The government ..... 3<br>Someone else ..... 4<br>Self-employed ..... 5 |       |
| 717 | During the last 12 months, how many months did you work?  | Number of months ..... <input type="text"/> <input type="text"/>  |       |
| 720 | Do you earn cash for your work?<br>Probe: Do you make money for working?  | Yes ..... 1<br>No ..... 2   | → 723 |

| No. | Questions and filters  | Coding categories  | Skip |
|-----|--|--|------|
| 722 | Check 106a:<br><div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">             Currently Married <input type="checkbox"/><br/>             ↓<br/>             Who mainly decides how the money you earn will be used: you, your husband, you and your husband jointly, or someone else?           </div> <div style="text-align: center;">             Widowed/<br/>Divorced<br/>Separated <input type="checkbox"/><br/>             ↓<br/>             Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?           </div> </div> | Respondent decides ..... 1<br>Husband decides ..... 2<br>Jointly with husband ..... 3<br>Someone else decides ..... 4<br>Jointly with someone else ..... 5   |      |
| 723 | Do you usually work at home or away from home?   | Home ..... 1<br>Away ..... 2   |      |
| 724 | Check 221 and 221A:<br>Is a child living at home who is less than age 6 years?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> → 726   |  |      |
| 725 | Who usually takes care of [Name of youngest child at home] while you are working?  | Respondent ..... 01<br>Husband ..... 02<br>Older female child ..... 03<br>Older male child ..... 04<br>Other relative ..... 05<br>Neighbor ..... 06<br>Friend ..... 07<br>Servant/hired help ..... 08<br>Child is in school ..... 09<br>Institutional child care ..... 10<br>Has not worked<br>Since last birth ..... 95<br>Other ..... 96<br><br>_____<br>(Specify) |      |
| 726 | Have you lived in only one community or in more than one community since Jan. 1997?  | One community ..... 1<br>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).<br>Begin in the month of interview and continue with all preceding months back to 1/1997. Then skip to _____ → 801   |  |      |
| 728 | In what month and year did you move to [name of current community]?<br>In column 4 of calendar, enter 'x' in the month and year of the move.<br>In subsequent months enter the appropriate code for the type of community, ('1' city, '2' town, '3' countryside).<br>Continue probing for previous communities, and record moves and type of communities accordingly.<br>Illustrative questions: <ul style="list-style-type: none"> <li>• Where did you live before .....?</li> <li>• In what month and year did you arrive there?</li> <li>• Is that place a city, a town, or in the countryside?</li> </ul>  |  |      |

Section 8. AIDS

| No. | Questions and filters   | Coding categories   | Skip  |
|-----|---|---|-------|
| 801 | Have you ever heard of an illness called AIDS?  | Yes ..... 1<br>No ..... 2   | → 811 |
| 802 | From which sources of information have you learned most about AIDS?<br>Any other sources?<br><br>Record all mentioned | Radio ..... a<br>Television ..... b<br>Newspapers/magazines ..... c<br>Pamphlets/posters ..... d<br>Health workers ..... e<br>Churches/temples ..... f<br>Schools/teachers ..... g<br>Community meetings ..... h<br>Friends/relatives ..... i<br>Work place ..... j<br>Other ..... x<br><br>_____<br>(Specify)  |       |
| 803 | Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?                                | Yes ..... 1<br>No ..... 2<br>Don't know ..... 8   | → 807 |
| 804 | What can a person do?<br>Any other ways?<br><br>Record all mentioned  | Safe sex ..... a<br>Abstain from sex ..... b<br>Use condoms ..... c<br>Have only one sex partner ..... d<br>Avoid sex with prostitutes ..... e<br>Avoid sex with homosexuals ..... f<br>Avoid blood transfusions ..... g<br>Avoid injections ..... h<br>Avoid kissing ..... i<br>Avoid mosquito bites ..... j<br>Seek protection from<br>traditional healer ..... k<br>Other ..... w<br><br>_____<br>(Specify)<br>Other ..... x<br><br>_____<br>(Specify)<br>Don't know ..... z |       |
| 805 | Check 804:<br><br>Mentioned Safe sex <input type="checkbox"/>   | Did not mention Safe sex <input type="checkbox"/>   | → 807 |



| No. | Questions and filters  | Coding categories   | Skip |  |  |  |  |  |  |  |  |
|-----|--|---|------|--|--|--|--|--|--|--|--|
| 806 | What does "safe sex" mean to you?<br><br>Record all mentioned  | Abstain from sex..... b<br>Use condoms..... c<br>Have only one sex partner..... d<br>Avoid sex with prostitutes ..... e<br>Avoid sex with<br>homosexuals..... f<br>Other ..... x<br><br>_____<br>(Specify)<br>Don't know..... z   |      |  |  |  |  |  |  |  |  |
| 807 | Is it possible for a healthy-looking person to have the AIDS virus?  | yes ..... 1<br>No ..... 2<br>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<br>Sometimes ..... 2<br>Almost always ..... 3<br>Don't know..... 8   |      |  |  |  |  |  |  |  |  |
| 809 | Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?                                     | Small ..... 1<br>Moderate ..... 2<br>Great ..... 3<br>No risk at all ..... 4<br>Has aids ..... 5  |      |  |  |  |  |  |  |  |  |
| 811 | Record the time  | Hour..... <table border="1" data-bbox="1214 982 1292 1024"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table><br>minutes ..... <table border="1" data-bbox="1214 1024 1292 1066"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> |      |  |  |  |  |  |  |  |  |
|     |  |   |      |  |  |  |  |  |  |  |  |
|     |  |   |      |  |  |  |  |  |  |  |  |
|     |  |   |      |  |  |  |  |  |  |  |  |
|     |  |   |      |  |  |  |  |  |  |  |  |

**Calendar**

**Instructions:**

- + Only one code should appear in any box.
- + For column 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 codes 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

| Year | Month | 1 | 2 | Number | 3 | 4 | month | year |
|------|-------|---|---|--------|---|---|-------|------|
| 2002 | 12    |   |   | 01     |   |   | 12    | 2002 |
|      | 11    |   |   | 02     |   |   | 11    |      |
|      | 10    |   |   | 03     |   |   | 10    |      |
|      | 9     |   |   | 04     |   |   | 9     |      |
|      | 8     |   |   | 05     |   |   | 8     |      |
|      | 7     |   |   | 06     |   |   | 7     |      |
|      | 6     |   |   | 07     |   |   | 6     |      |
|      | 5     |   |   | 08     |   |   | 5     |      |
|      | 4     |   |   | 09     |   |   | 4     |      |
|      | 3     |   |   | 10     |   |   | 3     |      |
|      | 2     |   |   | 11     |   |   | 2     |      |
|      | 1     |   |   | 12     |   |   | 1     |      |
| 2001 | 12    |   |   | 13     |   |   | 12    | 2001 |
|      | 11    |   |   | 14     |   |   | 11    |      |
|      | 10    |   |   | 15     |   |   | 10    |      |
|      | 9     |   |   | 16     |   |   | 9     |      |
|      | 8     |   |   | 17     |   |   | 8     |      |
|      | 7     |   |   | 18     |   |   | 7     |      |
|      | 6     |   |   | 19     |   |   | 6     |      |
|      | 5     |   |   | 20     |   |   | 5     |      |
|      | 4     |   |   | 21     |   |   | 4     |      |
|      | 3     |   |   | 22     |   |   | 3     |      |
|      | 2     |   |   | 23     |   |   | 2     |      |
|      | 1     |   |   | 24     |   |   | 1     |      |
| 2000 | 12    |   |   | 25     |   |   | 12    | 2000 |
|      | 11    |   |   | 26     |   |   | 11    |      |
|      | 10    |   |   | 27     |   |   | 10    |      |
|      | 9     |   |   | 28     |   |   | 9     |      |
|      | 8     |   |   | 29     |   |   | 8     |      |
|      | 7     |   |   | 30     |   |   | 7     |      |
|      | 6     |   |   | 31     |   |   | 6     |      |
|      | 5     |   |   | 32     |   |   | 5     |      |
|      | 4     |   |   | 33     |   |   | 4     |      |
|      | 3     |   |   | 34     |   |   | 3     |      |
|      | 2     |   |   | 35     |   |   | 2     |      |
|      | 1     |   |   | 36     |   |   | 1     |      |
| 1999 | 12    |   |   | 37     |   |   | 12    | 1999 |
|      | 11    |   |   | 38     |   |   | 11    |      |
|      | 10    |   |   | 39     |   |   | 10    |      |
|      | 9     |   |   | 40     |   |   | 9     |      |
|      | 8     |   |   | 41     |   |   | 8     |      |
|      | 7     |   |   | 42     |   |   | 7     |      |
|      | 6     |   |   | 43     |   |   | 6     |      |
|      | 5     |   |   | 44     |   |   | 5     |      |
|      | 4     |   |   | 45     |   |   | 4     |      |
|      | 3     |   |   | 46     |   |   | 3     |      |
|      | 2     |   |   | 47     |   |   | 2     |      |
|      | 1     |   |   | 48     |   |   | 1     |      |
| 1998 | 12    |   |   | 49     |   |   | 12    | 1998 |
|      | 11    |   |   | 50     |   |   | 11    |      |
|      | 10    |   |   | 51     |   |   | 10    |      |
|      | 9     |   |   | 52     |   |   | 9     |      |
|      | 8     |   |   | 53     |   |   | 8     |      |
|      | 7     |   |   | 54     |   |   | 7     |      |
|      | 6     |   |   | 55     |   |   | 6     |      |
|      | 5     |   |   | 56     |   |   | 5     |      |
|      | 4     |   |   | 57     |   |   | 4     |      |
|      | 3     |   |   | 58     |   |   | 3     |      |
|      | 2     |   |   | 59     |   |   | 2     |      |
|      | 1     |   |   | 60     |   |   | 1     |      |
| 1997 | 12    |   |   | 61     |   |   | 12    | 1997 |
|      | 11    |   |   | 62     |   |   | 11    |      |
|      | 10    |   |   | 63     |   |   | 10    |      |
|      | 9     |   |   | 64     |   |   | 9     |      |
|      | 8     |   |   | 65     |   |   | 8     |      |
|      | 7     |   |   | 66     |   |   | 7     |      |
|      | 6     |   |   | 67     |   |   | 6     |      |
|      | 5     |   |   | 68     |   |   | 5     |      |
|      | 4     |   |   | 69     |   |   | 4     |      |
|      | 3     |   |   | 70     |   |   | 3     |      |
|      | 2     |   |   | 71     |   |   | 2     |      |
|      | 1     |   |   | 72     |   |   | 1     |      |

**Interviewer's observations**  
*(To be filled in after completing interview)*

Comments about  
Respondent:

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Comment on  
Specific Questions:

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Any other comments:

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**Supervisor's observations**

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Name of Supervisor:

Date:

**Editor's observations**

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Name of Editor:

Date: