

General Statistical Office
Vietnam Demographic and Health Survey - III



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): Large city/ small city/ town/ countryside (Large city = 1, Small city = 2, Town = 3, Countryside = 4): Name and line number of women: _____	<div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> </div> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin-bottom: 10px;"></div> </div>			
Interviewer visits				
	1	2	3	Final visit
Date Interviewer's name Result (*)				Date Month Year Name Result (*)
Next visit - Date - Time				Total number of visits
<p>(*) Result codes:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 = Completed 2 = Not at home 3 = Postponed </div> <div> 4 = Refused 5 = Partly completed 6 = Incapacitated 7 = Other _____ (Specify) </div> </div>				
Supervisor Name _____ Date _____	Field editor Name _____ Date _____	Office editor <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	Keyed by <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div>	

Sections 1. Respondent's background

No.	Questions and filters	Coding categories	Skip
101	Record the time	Hour <input type="text"/> <input type="text"/> Minutes <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	City 1 Town 2 Countryside 3	
103	How long have you been living continuously in [Name of current place of residence]?	Years <input type="text"/> <input type="text"/> Always 95 Visitor 96	→ 105 → 105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	City 1 Town 2 Countryside 3	
105	In what month and year were you born?	Month <input type="text"/> <input type="text"/> Don't know month 98 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Don't know year 9998	
106	How old were you at your last birthday? Compare and correct 105 and/or 106 if inconsistent	Age in completed year <input type="text"/> <input type="text"/>	
106A	What is your current marital status?	Currently married 1 Widowed 2 Divorced 3 Separated 4	
107	Have you ever attended school?	Yes 1 No 2	→ 114
108	What is the highest grade of education you completed? Use equivalency table	Grade <input type="text"/> <input type="text"/> College/university 15	
110	Check 106: Less than Age 25 <input type="checkbox"/>	Age 25 or above <input type="checkbox"/>	→ 113
111	Are you currently attending school?	Yes 1 No 2	→ 113

No.	Questions and filters	Coding categories	Skip
112	What was the main reason you stopped attending school?	Got pregnant 01 Got married 02 To care for younger children..... 03 Family needed help on farm or in business..... 04 Could not pay school fees 05 Needed to earn money 06 Graduated/had enough schooling 07 Did not pass entrance exams 08 Did not like school 09 School not accessible/too far 10 Other 96 <div style="text-align: center;">_____</div> (Specify) Don't know..... 98	
113	Check 108: Grade 5 or Less <input type="checkbox"/>	Grade 6 or higher <input type="checkbox"/>	→ 115
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	Easily 1 With difficulty 2 Not at all 3	→ 116
115	Do you usually read a newspaper or magazine at least once a week?	Yes 1 No..... 2	
116	Do you usually listen to a radio every day?	Yes 1 No..... 2	
117	Do you usually watch television at least once a week?	Yes 1 No..... 2	
118	What is your religion?	No religion 01 Buddhist 02 Catholic 03 Protestant..... 04 Cao Dai 05 Hoa Hao 06 Islam..... 07 Other 96 <div style="text-align: center;">_____</div> (Specify)	

No.	Questions and filters	Coding categories	Skip
119	What ethnic group do you belong to?	Vietnamese 01 tay 02 thai 03 Chinese 04 Khmer 05 muong 06 nung 07 hre 08 Phu la 10 E de 11 Dao 12 Co tu 13 Cham 14 Other 96 _____ (Specify)	
120	Check Q.4 in the household Questionnaire: The woman interviewed is not a usual resident <input type="checkbox"/>	The woman interviewed is a usual resident <input type="checkbox"/> → 201	201
121	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? _____ (name of place) Is that a city, town, or in the countryside?	Large city 1 Small city 2 Town 3 Countryside 4	
122	In which province is that located? _____ (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 → 125 Piped to public tap 12 Well in residence/plot 21 → 125 Public well 22 Spring 31 River/stream 32 Pond/lake 33 Dam 34 Rain water 41 → Tanker truck 51 → 125 Bottled water 61 → Other 96 _____ (Specify)	125 125 125

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 Own 11 Shared 12 Traditional pit toilet/latrine..... 21 Ventilated improved pit toilet/lar. 22 No facility/bush/field 31 Other 96 _____ (Specify)																									
126	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A sewing machine? A washing machine?	<table><tr><td></td><td>yes</td><td>no</td></tr><tr><td>Electricity.....</td><td>1</td><td>2</td></tr><tr><td>Radio.....</td><td>1</td><td>2</td></tr><tr><td>television.....</td><td>1</td><td>2</td></tr><tr><td>Telephone.....</td><td>1</td><td>2</td></tr><tr><td>Refrigerator.....</td><td>1</td><td>2</td></tr><tr><td>sewing machine.....</td><td>1</td><td>2</td></tr><tr><td>Washing machine.....</td><td>1</td><td>2</td></tr></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	
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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 Rough wood/bamboo 21 Finished floor (polished wood/ ceramic tiles/stone/ETc) 31 Other 96 _____ (Specify)																									
127A	Could you describe the main material of the roof of your home?	Concrete..... 1 Tile/fibro/asbestos 2 Galvanized iron/aluminum/tin 3 Grass/straw 4 Other 6 _____ (Specify)																									
128	Does any member of your household own: A bicycle? A motorcycle? A car? A boat? A ploughing machine? A motor scooter?	<table><tr><td></td><td>yes</td><td>no</td></tr><tr><td>Bicycle.....</td><td>1</td><td>2</td></tr><tr><td>Motorcycle.....</td><td>1</td><td>2</td></tr><tr><td>Car.....</td><td>1</td><td>2</td></tr><tr><td>Boat.....</td><td>1</td><td>2</td></tr><tr><td>Ploughing machine.....</td><td>1</td><td>2</td></tr><tr><td>Motor scooter.....</td><td>1</td><td>2</td></tr></table>		yes	no	Bicycle.....	1	2	Motorcycle.....	1	2	Car.....	1	2	Boat.....	1	2	Ploughing machine.....	1	2	Motor scooter.....	1	2				
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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. Have you ever given birth?	yes..... 1 No..... 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	yes..... 1 No..... 2	→ 204
203	How many sons live with you? And how many daughters live with you? If none, record '00'	Sons at home <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> Daughters at home <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	Yes 1 No..... 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? If none, record '00'	Sons elsewhere <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> Daughters elsewhere..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
206	Have you ever given birth to a boy or girl who was born alive but later died? If no, probe: Any baby who cried or showed signs of life but survived only a few hours or days?	Yes 1 No..... 2	→ 208
207	How many boys have died? And how many girls have died? If none, record '00'	Boys dead..... <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> Girls dead <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end early, in an induced abortion or through menstrual regulation. A pregnancy may also end in a miscarriage or a stillbirth. Have you had any such pregnancy that did not result in a live birth?	Yes 1 No..... 2	→ 210
209	In all, how many such pregnancies have there been?	Pregnancy losses <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
210	Sum answers to 203, 205, 207 and 209, and enter total If none, record '00'	Total <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
211	Check 210: Just to make sure that I have this right: you have had in <u>TOTAL</u> pregnancies during you life. Is that correct? <div style="text-align: center;">YES <input type="checkbox"/> No <input type="checkbox"/> → Probe and correct 201-210 as necessary</div>		
212	Check 210: 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.
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No.	questions and filters	Coding categories	Skip
225	<p>Compare 210 with number of pregnancies in history above and mark:</p> <p style="text-align: center;"> <input type="checkbox"/> Numbers are same <input type="checkbox"/> numbers are different → (Probe and reconcile) </p> <p>Check: for each pregnancy: year of birth is recorded in 214..... For each pregnancy loss: duration is recorded in 217 For each living child: current age is recorded in 221..... For each dead child: age at death is recorded in 222..... For age at death 12 months or 1 year: probe to determine exact number of months.....</p>	<div style="display: flex; flex-direction: column; align-items: flex-end;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>	
226	Check 214 and 216, and enter the number of live births since january 1999..... If none, record '0'	<input type="text"/>	
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	<p>Check 106A:</p> <p style="text-align: center;"> <input type="checkbox"/> currently married <input type="checkbox"/> Widowed <div style="display: flex; justify-content: space-around;"> <div>Divorced</div> <div>Separated</div> </div> </p>	<div style="display: flex; align-items: center;"> <input type="text"/> → 233 </div>	
230	Are you pregnant?	<p>Yes 1</p> <p>No 2</p> <p>Unsure 8</p>	→ 233
231	How many months pregnant are you? Record number of completed months. 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 <u>not want</u> to become pregnant at all?	<p>Then 1</p> <p>Later 2</p> <p>Not at all 3</p>	
233	When did your last menstrual period start? _____ (Date, if given)	<p>Days ago 1 <input type="text"/><input type="text"/></p> <p>Weeks ago..... 2 <input type="text"/><input type="text"/></p> <p>Months ago..... 3 <input type="text"/><input type="text"/></p> <p>Years ago 4 <input type="text"/><input type="text"/></p> <p>In menopause..... 994</p> <p>Before last birth 995</p> <p>Never menstruated 996</p>	
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?	<p>Yes 1</p> <p>No 2</p> <p>Don't know 8</p>	→ 301
235	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	<p>During her period 01</p> <p>Right after her period has ended 02</p> <p>In the middle of the cycle 03</p> <p>Just before her period begins 04</p> <p>Other 96</p> <p style="text-align: center;">_____ (Specify)</p> <p>Don't know 98</p>	

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? 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? <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? <small>Record age in completed years</small>	Is [Name] living with you?	How old was [Name] when he/she died? If '1 year' probe: How many months old was [Name]? <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. Is the difference 3 or more years?	Probe: Were there any other pregnancies between this pregnancy and the previous pregnancy you told me about?
01	Month..... Year	Single..... 1 Mult. 2	Live birth..... 1 218 Ind. abor. 2 Mens. regu. 3 Miscarriage..... 4 Stillbirth 5	<div> <div></div> <div></div> <div>(next preg.)</div> </div>	(Name) _____ _____ _____	Boy 1 Girl 2	Y N 1 2 ↓ 222	Age in years <div></div>	Yes 1 No 2 (Next pregnancy) ←	Days 1 Months... 2 Years 3		
02	Month..... Year	Single..... 1 Mult. 2	Live birth..... 1 218 Ind. abor. 2 Mens. regu. 3 Miscarriage..... 4 Stillbirth 5	<div> <div></div> <div></div> <div>223</div> </div>	(Name) _____ _____ _____	Boy 1 Girl 2	Y N 1 2 ↓ 222	Age in years <div></div>	Yes 1 No 2 223 ←	Days 1 Months... 2 Years 3	Yes 1 No 2 (Next pregnancy) ←	Yes 1 No 2
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	214	215	216	217	218	219	220	221	221A	222	223	224
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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?	Spontan- eous yes	302 Have you ever heard of [method]?		303 Have you ever used [Method]?
		Probed yes	No	
01 Pill. Women can take a pill every day.	1	2	3	Yes 1 No 2
02 IUD. Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3	Yes 1 No 2
03 Injections. Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3	Yes 1 No 2
04 Implants. Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	3	Yes 1 No 2
05 Diaphragm, foam, jelly. Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3	Yes 1 No 2
06 Condom. men can put a rubber sheath on their penis during sexual intercourse.	1	2	3	Yes 1 No 2
07 Female sterilization. Women can have an operation to avoid having any more children.	1	2	3	Have you ever had an operation to avoid having any more children? Yes 1 No 2
08 Male sterilization. Men can have an operation to avoid having any more children.	1	2	3	Have you ever had a partner who had an operation to avoid having children? Yes 1 No 2
09 Rhythm, periodic abstinence. Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	3	Yes 1 No 2
10 Withdrawal. Men can be careful and pull out before climax.	1	2	3	Yes 1 No 2
11 Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1		3	Yes 1 No 2

avoid pregnancy?	(Specify)	Yes 1 No 2
	(Specify)	

No.	Questions and filters	Coding categories	Skip
304	Check 303: Not a single 'yes' (never used) <input type="checkbox"/>	At least one 'yes' (ever used) <input type="checkbox"/>	→ 308
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes 1 No 2	→ 307
306	Enter '0' in column 1 of calendar in each blank month		→ 330
307	What have you used or done? Correct 303 and 304 (and 302 if necessary)		
308	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used?	Pill 01 IUD 02 Injections 03 Implants 04 Diaphragm/foam/jelly 05 Condom 06 Female sterilization 07 Male sterilization 08 Periodic abstinence 09 Withdrawal 10 Other 96 (Specify)	
309	How many living children did you have at that time, if any? If none, record '00'	Number of children <input type="text"/>	
310	Check 106A: Currently married <input type="checkbox"/>	Widowed Divorced Separated <input type="checkbox"/>	→ 337
311	Check 303: Woman not sterilized <input type="checkbox"/>	Woman Sterilized <input type="checkbox"/>	→ 314A
312	Check 230: Not pregnant 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 No 2	→ 325
314	Which method are you using?	Pill 01 IUD 02 Injections 03 Implants 04 Diaphragm/foam/jelly 05 Condom 06 Female sterilization 07 Male sterilization 08 Periodic abstinence 09 Withdrawal 10 Other 96 (Specify)	→ 324
314A	Circle '07' for female sterilization	Male sterilization 08 Periodic abstinence 09 Withdrawal 10 Other 96 (Specify)	→ 318 → 323 324

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"/> Free 99996 Don't know 99998	→ 324
318	Where did the sterilization take place? If source is hospital or clinic, write the name of the place. Probe to identify the type of source and circle the appropriate code. _____ (Name of place)	Public sector Government hospital 10 Delivery house 11 Commune health center 12 Family planning center 13 Mobile clinic 14 Other public 16 _____ (Specify) Private medical sector Private hospital/clinic 21 Private doctor 23 Other private medical 26 Other 96 _____ (Specify) Don't know 98	→ 319 → 319 → 319
318A	How long does it take to travel from your house to this place? If less than 2 hours, record minutes. Otherwise, record hours.	Minutes 1 <input type="text"/> <input type="text"/> <input type="text"/> Hours 2 <input type="text"/> <input type="text"/> <input type="text"/> Don't know 9998	
318B	Is it easy or difficult to get there?	Easy 1 Difficult 2	
319	Do you regret (you/your husband) had the operation not to have any (more) children?	Yes 1 No 2	→ 321
320	Why do you regret the operation?	Respondent wants another child 01 Husband wants another child 02 Side effects 03 Child died 04 Other 96 _____ (Specify)	
321	In what month and year was the sterilization performed?	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
322	Check 321: Sterilized before January 1997 <input type="checkbox"/> ↓ Enter code for sterilization in month of interview in column 1 of the calendar and each month back to January 1997. Then skip to 334	Sterilized in or After January 1997 <input type="checkbox"/> ↓ 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. 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 Based on body temperature 02 based on cervical mucus 03 Based on body temperature And cervical mucus..... 04 No specific system..... 05 Other 96 (Specify)	
324	Enter method code from 314 in current month in column 1 of calendar. Then determine when she started using method this time. Enter method code in each month of use. Illustrative questions: + When did you start using continuously? + How long have you been using this method continuously?		
325	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. Use calendar to probe for earlier periods of use and nonuse, starting with most recent use, back to January 1997. Use name of children, dates of birth, and periods of pregnancy as reference points . In column 1, enter code in each month of method use or '0' for nonuse. Illustrative questions: Column 1: + When was the last time you use a method? Which method was that? + When did you start using that method? How long after the birth of [NAME]? + How long did you use the method then? In column 2, enter codes for discontinuation next to last month of use. Number of codes in column 2 must be same as number of interruptions of method use in column 1. Ask why she stopped using the method. If a pregnancy followed, ask whether she became pregnant unintentionally while using the method or deliberately stopped using to get pregnant. Illustrative questions: Column 2: + Why did you stop using the [Method]? + Did you become pregnant while using [Method], or did you stop to get pregnant, or did you stop for some other reason? If deliberately stopped to become pregnant, ask: How many months did it take you to get pregnant after you stopped using [METHOD]? And enter '0' in each such month in column 1.		
327	Check 314: Circle method code	Not asked 00 Pill..... 01 IUD 02 Injections 03 Implants 04 Diaphragm/foam/jelly 05 Condom 06 Female sterilization..... 07 Male sterilization 08 Periodic abstinence 09 Withdrawal..... 10 Other method..... 96	 → 330 → 334 → 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.</p> <p>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	Is it easy or difficult to get there?	<p>Easy 1 <input type="checkbox"/></p> <p>Difficult 2 <input type="checkbox"/></p>	→ 334
330	<p>Check 230:</p> <p>Not pregnant <input type="checkbox"/></p> <p>Or unsure <input type="checkbox"/></p>	<p>Pregnant <input type="checkbox"/></p>	→ 334
330A	<p>Check 106A:</p> <p>Currently married <input type="checkbox"/></p>	<p>Widowed <input type="checkbox"/></p> <p>Divorced <input type="checkbox"/></p> <p>Separated <input type="checkbox"/></p>	→ 337
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>Heath 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 No 2	→ 334
333	Where is that? If source is hospital or clinic, write the name of the place. Probe to identify the type of source and circle the appropriate code. _____ (Name of place)	Public sector Government hospital 10 Delivery house 11 Commune health center 12 Family planning center 13 Mobile clinic 14 Field worker 15 Other public 16 _____ (Specify) Private medical sector Private hospital/clinic 21 Pharmacy 22 Private doctor 23 Other private medical 26 _____ (Specify) Other source Friends/relatives 33 Other 36 _____ (Specify)	
333A	How long does it take to travel from your house to this place? If less than 2 hours, record minutes. Otherwise, record hours.	Minutes 1 Hours 2 Don't know 9998	
333B	Is it easy or difficult to get there?	Easy 1 Difficult 2	
334	Were you visited by a family planning program worker in the last 12 months?	Yes 1 No 2	→ 335
334A	Do you feel that the family planning staff treated you with respect?	Yes 1 No 2	
334B	Were you satisfied with the family planning field worker?	Yes 1 No 2	
335	Have you visited a health facility for any reason in the last 12 months?	Yes 1 No 2	→ 337
336	Did any staff member at the health facility speak to you about family planning methods?	Yes 1 NO 2	→ 337
336A	Do you feel that the family planning staff treated you with respect?	Yes 1 No 2	
336B	Were you satisfied with the health worker?	Yes 1 NO 2	
337	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	Yes 1 No 2 Don't know 8	→ 343
338	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	Increased 1 Decreased 2 Depends 3 Don't know 8	→ 343

No.	Questions and filters	Coding categories	Skip
339	Check 216: 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 No 2	→ 343
341	Check 230 and 311: Not pregnant or unsure And not sterilized <input type="checkbox"/>	Either pregnant Or sterilized <input type="checkbox"/>	→ 343
342	Are you currently relying on breastfeeding to avoid getting pregnant?	Yes 1 No 2	
343	Check 216 and 214: One or more induced Abortions or menstrual Regulations since Jan. 1999 <input type="checkbox"/>	No induced abortions or menstrual 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.</p> <p>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 Line number <input type="text"/>	Next-to-last induced abortion or menstrual regulation 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 1 348 Later 2 No more 3 348	Then 1 348 Later 2 No more 3 348
347	How much longer would you like to have waited?	Months 1 <input type="text"/> Years 2 <input type="text"/> Don't know 998	Months 1 <input type="text"/> Years 2 <input type="text"/> Don't know 998
348	At the time you became pregnant, were you using a method of contraception?	Yes 1 No 2 350	Yes 1 No 2 350
349	Which method were you using?	Pill 01 IUD 02 Injections 03 Implants 04 Diaphragm/foam/jelly 05 Condom 06 Female sterilization 07 Male sterilization 08 Periodic abstinence 09 Withdrawal 10 Other 96 (Specify)	Pill 01 IUD 02 Injections 03 Implants 04 Diaphragm/foam/jelly 05 Condom 06 Female sterilization 07 Male sterilization 08 Periodic abstinence 09 Withdrawal 10 Other 96 (Specify)

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

Section 4a. Pregnancy and breastfeeding

401	Check 226: One or more births since January 1999	No births since January 1999	465
402	<p>Enter the name, line number, and survival status of each birth since 1/1999 in the table. Ask the questions about all of these births. begin with the last birth. (If there are more than 2 births, use additional questionnaires).</p> <p>- Now I would like to ask you some questions about the health of all your children born in the last three years (We will talk about one child at a time).</p>		
403	Line number from Q.214	Last birth Line number	Next-to-last birth Line number
404	From Q.218 and Q. 220	Name Alive Dead	Name Alive Dead
405	At the time you became pregnant with [Name], did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children at all?	Then Later No more	Then Later No more
406	How much longer would you like to have waited?	Months Years Don't know	Months Years Don't know
407	When you were pregnant with [Name], did you see anyone for antenatal care for this pregnancy? If yes: Whom did you see? Anyone else? Probe for the type of person and record all persons seen	Health professional Doctor Doctor's assistant Midwife Nurse Other person Trad. birth attendant Other (Specify) No one	Health professional Doctor Doctor's assistant Midwife Nurse Other person Trad. birth attendant Other (Specify) No one
408	How many months pregnant were you when you first received antenatal care?	Months Don't know	Months Don't know
409	How many times did you receive antenatal care during this pregnancy?	Number of times Don't know	Number of times Don't know
410	When you were pregnant with [Name] were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	Yes No Don't know	Yes No Don't know
411	During this pregnancy, how many times did you get this injection?	Times Don't know	Times Don't know

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

No.	Questions	Last Name _____	Next-to-last birth Name _____																																
418	How much did [Name] weigh? Record weight from birth notification card, if available.	Grams from card 1 <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> Gf recall 2 <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> Don't know 99998																	Gram from Card 1 <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> GF recall 2 <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table> Don't know 99998																
419	Has your period returned since the birth of [Name]?	Yes 1 424 ← No 2 422 ←																																	
420	Did your period return between the birth of [Name] and your next pregnancy?		Yes 1 No 2 424 ←																																
421	For how many months after the birth of [Name] did you <u>not</u> have a period?	Months <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Don't know 98					Months <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Don't know 98																												
422	Check 230: Respondent pregnant?	Not preg. <input type="checkbox"/> pregnant or unsure <input type="checkbox"/> 424 ←																																	
423	Have you resumed sexual relations since the birth of [Name]?	Yes 1 No 2 425 ←																																	
424	For how many months after the birth of [Name] did you <u>not</u> have sexual relations?	Months <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Don't know 98					Months <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Don't know 98																												
425	Did you ever breastfeed [Name]?	Yes 1 No 2 431 ←	Yes 1 No 2 431 ←																																
426	How long after birth did you first put [Name] to the breast? IF < 1 hour, record '00' hours If < 24 hours, record hours Otherwise, record days	Immediately 000 Hours 1 <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Days 2 <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									Immediately 000 Hours 1 <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Days 2 <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																								
427	Check 404: Child alive?	Alive <input type="checkbox"/> Dead <input type="checkbox"/> 429 ←	Alive <input type="checkbox"/> Dead <input type="checkbox"/> 429 ←																																
428	Are you still breastfeeding [Name]?	Yes 1 432 ← No 2	Yes 1 432 ← No 2																																
429	For how many months did you breastfeed [Name]?	Months <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Don't know 98					Months <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Don't know 98																												
430	Why did you stop breastfeeding [Name]?	Mother ill/weak 01 Child ill/weak 02 Child dead 03 Nipple/breast problem 04 Not enough milk 05 Mother working 06 Child refused 07 Weaning age/age to stop 08 Became pregnant 09 Started using contraception 10 Other 96 _____ (Specify)	Mother ill/weak 01 Child ill/weak 02 Child dead 03 Nipple/breast problem 04 Not enough milk 05 Mother working 06 Child refused 07 Weaning age/age to stop 08 Became pregnant 09 Started using contraception 10 Other 96 _____ (Specify)																																

No.	Questions	Last Name _____	Next-to-last birth Name _____																																																																																
431	Check 404: Child alive?	Alive <input type="checkbox"/> ↓ 43 Dead <input type="checkbox"/> ↓ (Go back to 405 in next column or, if no more births go to 440)	Alive <input type="checkbox"/> ↓ 43 Dead <input type="checkbox"/> ↓ (Go back to 405 in next column or, if no more births go to 440)																																																																																
432	How many times did you breastfeed last night between sunset and sunrise? If answer is not numeric probe for approximate number	Number of nighttime feedings <input type="text"/> <input type="text"/>	Number of nighttime feedings <input type="text"/> <input type="text"/>																																																																																
433	How many times did you breastfeed yesterday during the daylight hours? If answer is not numeric probe for approximate number	Number of Daylight feedings <input type="text"/> <input type="text"/>	Number of Daylight feedings <input type="text"/> <input type="text"/>																																																																																
434	Did [Name] drink anything from a bottle with a nipple yesterday or last night?	Yes 1 No 2 Don't know 8	Yes 1 No 2 Don't know 8																																																																																
435	At any time yesterday or last night, was [Name] given any of the following: Plain water, filtered water or boiled water? Sugar water? Juice? Herbal tea? Baby formula? Tinned/ powdered milk Fresh milk Other liquids Solid/semi-solid foods Fresh milk? Any other liquid? Any solid or semi-solid foods?	<table border="0"> <thead> <tr> <th></th><th>Y</th><th>N</th><th>DK</th></tr> </thead> <tbody> <tr><td>Pain water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Sugar water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Juice</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Herbal tea</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Baby formula</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Tinned/ powdered milk</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Fresh milk</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Other liquids</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Solid/semi-solid foods</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		Y	N	DK	Pain water	1	2	8	Sugar water	1	2	8	Juice	1	2	8	Herbal tea	1	2	8	Baby formula	1	2	8	Tinned/ powdered milk	1	2	8	Fresh milk	1	2	8	Other liquids	1	2	8	Solid/semi-solid foods	1	2	8	<table border="0"> <thead> <tr> <th></th><th>Y</th><th>N</th><th>DK</th></tr> </thead> <tbody> <tr><td>Pain water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Sugar water</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Juice</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Herbal tea</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Baby formula</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Tinned/ powdered milk</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Fresh milk</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Other liquids</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>Solid/semi-solid foods</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		Y	N	DK	Pain water	1	2	8	Sugar water	1	2	8	Juice	1	2	8	Herbal tea	1	2	8	Baby formula	1	2	8	Tinned/ powdered milk	1	2	8	Fresh milk	1	2	8	Other liquids	1	2	8	Solid/semi-solid foods	1	2	8
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Section 4B. Immunization and health

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

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

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

No.	Questions	Last birth Name _____	Next-to-last birth Name _____
460	Was anything (else) given to treat the diarrhea?	Yes 1 No 2 Don't know 8 <div style="text-align: right;">462</div>	Yes 1 No 2 Don't know 8 <div style="text-align: right;">462</div>
461	What was given to treat the diarrhea? Anything else? Record all mentioned	Pill or syrup b Injection c (I.v.) intravenous d Home remedies/ Herbal medicines e Other x _____ (Specify)	Pill or syrup b Injection c (I.v.) intravenous d Home remedies/ Herbal medicines e Other x _____ (Specify)
462	Did you seek advice or treatment for the diarrhea?	Yes 1 No 2 <div style="text-align: right;">464</div>	Yes 1 No 2 <div style="text-align: right;">464</div>
463	Where did you seek advice or treatment? Anywhere else? Record all mentioned	Public sector Government hospital a Comm. health center b MCH/FP mobile team c Village health worker d Other public E _____ (Specify) Private medical sector Pvt. hospital/clinic f Private doctor g PVT. doctor's assistant h Pharmacy i Other private medical j _____ (Specify) Other source Shop k trad. practitioner l Other x _____ (Specify)	Public sector Government hospital a Comm. health center b MCH/FP mobile team c Village health worker d Other public E _____ (Specify) Private medical sector Pvt. hospital/clinic f Private doctor g PVT. doctor's assistant h Pharmacy i Other private medical j _____ (Specify) Other source Shop k trad. practitioner l Other x _____ (Specify)
464		Go back to 442 in next column; or, if no more births, go to 465	Go back to 442 in next column; or, if no more births, go to 465

No.	Questions and filters	Coding categories	Skip
465	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	Less to drink 1 About same amount to drink 2 More to drink 3 Don't know 8	
466	When a child has diarrhea, should he/she be given less to eat than usual, about the same amount, or more than usual?	Less to eat 1 About same amount to eat 2 More to eat 3 Don't know 8	
467	When a child is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? Record all mentioned	Repeated watery stools a Any watery stools b Repeated vomiting c Any vomiting d Blood in stools e Fever f Marked thirst g Not eating/not drinking well h Getting sicker/very sick i Not getting better j other x _____ (Specify) Don't know z	
468	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? Record all mentioned	Fast breathing a Difficult breathing b Noisy breathing c Fever d Unable to drink e Not eating/not drinking well f Getting sicker/very sick g Not getting better h Other x _____ (Specify) Don't know z	
469	Check 459, all columns: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> No child Received ors <input type="checkbox"/> </div> <div style="text-align: center;"> Any child Received ors <input type="checkbox"/> </div> </div>		→ 501
470	Have you ever heard of a special product called Oredon you can use for the treatment of diarrhea? <div style="text-align: center;">↓</div>	Yes 1 No 2	

Section 5. Marriage

No.	Questions and filters	Coding categories	Skip
501	Presence of others at this point?	<div style="text-align: right; margin-bottom: 5px;">Y</div> <div style="text-align: center; margin-bottom: 5px;">n</div> <div style="display: flex; justify-content: space-between;"> <div>Children under 10</div> <div>1</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Husband</div> <div>1</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Other males</div> <div>1</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Other females</div> <div>1</div> <div>2</div> </div>	
502	Check 106A: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>Currently married <input type="checkbox"/></div> <div> Widowed Divorced Separated <input type="checkbox"/> </div> </div>		→ 511
507	Is your husband living with you now or is he staying elsewhere?	<div style="display: flex; justify-content: space-between;"> <div>Living with her.....</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Staying elsewhere</div> <div>2</div> </div>	
511	Have you been married only once, or more than once?	<div style="display: flex; justify-content: space-between;"> <div>Once</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>More than once.....</div> <div>2</div> </div>	
512	Check 511: <div style="display: flex; justify-content: space-around; align-items: center; margin-bottom: 10px;"> <div>Married Only once <input type="checkbox"/></div> <div>Married more than once <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> In what month and year did you start living with your husband? </div> <div style="width: 45%;"> Now we will talk about your first husband. In what month and year did you start living with him? </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Month</div> <div><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Don't know month</div> <div>98</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Year</div> <div><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div>Don't know year</div> <div>9998</div> </div>	→ 514
513	How old were you when you started living with him?	Age <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
514	Determine months married since 1/1997. Enter 'X' in column 3 of calendar for each month married, and enter '0' for each month not married, since 1/1997. For women with more than one marriage: probe for date when current married started and, if appropriate, for starting and termination dates of any previous marriages. For women not currently married: probe for date when last marriage started and for termination date and, if appropriate, for the starting and termination dates of any previous marriages.		
516	Check 301 and 302: <div style="display: flex; justify-content: space-around; align-items: center; margin-bottom: 10px;"> <div>Knows Condom <input type="checkbox"/></div> <div>Does not Know condom <input type="checkbox"/></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> The last time you had sex, was a condom used? </div> <div style="width: 45%;"> Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used? </div> </div>	<div style="display: flex; justify-content: space-between;"> <div>Yes</div> <div>1</div> </div> <div style="display: flex; justify-content: space-between;"> <div>No</div> <div>2</div> </div> <div style="display: flex; justify-content: space-between;"> <div>Don't know</div> <div>8</div> </div>	

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

Section 6. fertility preference

No.	Questions and filters	Coding categories	Skip
600	Check 106A: Currently married <input type="checkbox"/>	Widowed Divorced Separated <input type="checkbox"/>	→ 612
601	Check 314: Neither Sterilized <input type="checkbox"/>	He or she Sterilized <input type="checkbox"/>	→ 612
602	Check 230: Not pregnant or unsure <input type="checkbox"/> Pregnant <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>Now I have some questions about the future. Would you like to have (a/ another) child, or would you prefer not to have any (more) children?</p> </div> <div style="width: 45%;"> <p>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?</p> </div> </div>	Have (A/another) child..... 1 No more/none..... 2 → 604 Says she can't get pregnant..... 3 → 606 Undecided/don't know..... 8 → 604	
603	Check 230: Not pregnant Or unsure <input type="checkbox"/> Pregnant <input type="checkbox"/> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>How long would you like to wait from now before the birth of (a/another) child?</p> </div> <div style="width: 45%;"> <p>After the child you are expecting now, how long would you like to wait before the birth of another child?</p> </div> </div>	Months 1 <input type="text"/> Years 2 <input type="text"/> Soon/now..... 993 Says she can't get Pregnant..... 994 → 606 Other 996 _____ (Specify) Don't know..... 998	
604	Check 230: 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 Unhappy 2 Would not matter..... 3	
606	Check 313: 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 → 609 No 2 Don't know..... 8	
608	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	Yes 1 No 2 Don't know..... 8 → 610	

No.	Questions and filters	Coding categories	Skip
609	Which method would you prefer to use?	Pill..... 01 IUD 02 Injections 03 Implants 04 Diaphragm/foam/jelly..... 05 Condom 06 Female sterilization..... 07 Male sterilization..... 08 Periodic abstinence..... 09 Withdrawal..... 10 Other 96 _____ (Specify) Unsure 98	 → 612
610	What is the main reason that you think you will never use a method?	Fertility-related reasons Infrequent sex..... 22 Menopausal/hysterectomy..... 23 Sub-fecund/infecund 24 Wants more children 26 Opposition to use Respondent opposed..... 31 Husband opposed..... 32 Others opposed..... 33 religious prohibition..... 34 Lack of knowledge Knows no method..... 41 Knows no source 42 Method-related reasons Health concerns 51 Fear of side effects..... 52 Lack of access/too far 53 Cost too much 54 Inconvenient to use..... 55 Interferes with body's normal processes..... 56 Other 96 _____ (Specify) Don't know..... 98	
612	Check 220: Has living Children <input type="checkbox"/> No living Children <input type="checkbox"/> <div> <div> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? Probe for a numeric response </div> <div> If you could choose exactly the number of children to have in your whole life, how many would that be? </div> </div>	Number..... <input type="text"/> <input type="text"/> Other 96 _____ (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 Girls Either Other 999996 (Specify)																			
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	Approve 1 Disapprove 2 No opinion 3																			
615	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<table border="0"> <tr> <td></td><td>accept-able</td><td>not acceptable</td><td>DK</td></tr> <tr> <td>Radio</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>T.V</td><td>1</td><td>2</td><td>8</td></tr> </table>		accept-able	not acceptable	DK	Radio	1	2	8	T.V	1	2	8							
	accept-able	not acceptable	DK																		
Radio	1	2	8																		
T.V	1	2	8																		
616	In the last few months have you heard (read) about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<table border="0"> <tr> <td></td><td>Yes</td><td>no</td></tr> <tr> <td>Radio</td><td>1</td><td>2</td></tr> <tr> <td>Television</td><td>1</td><td>2</td></tr> <tr> <td>Newspaper or magazine</td><td>1</td><td>2</td></tr> <tr> <td>Poster</td><td>1</td><td>2</td></tr> <tr> <td>Leaflets or brochures</td><td>1</td><td>2</td></tr> </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 No 2	→ 620																		
619	With whom? Anyone else? Record all mentioned	Husband a Mother b Father c Sister(s) d Brother(s) e Daughter f Mother-in-law g Friends/neighbors h Other x (Specify)																			
620	Check 106A: Currently married <input type="checkbox"/>	Widowed Divorced 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. Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	Approves 1 Disapproves 2 Don't know 8																			
622	How often have you talked to your husband about family planning in the past year?	Never 1 Once or twice 2 More often 3																			
623	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	Same number 1 More children 2 Fewer children 3 Don't know 8																			

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

No.	Questions and filters	Coding categories	Skip
701	Check 106A: Currently married <input type="checkbox"/>	Widowed Divorced 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 No 2	→ 706
704	What was the highest grade of education he completed? Use equivalency table	Grade <input type="text"/> <input type="text"/> College/university 15 Don't know grade 98	
706	What (is/was) your (last) husband's occupation? That is, what kind of work (does/did) he mainly do? <input type="text"/> <input type="text"/> (Specify)	
709	Aside from your own housework, are you currently working?	Yes 1 No 2	→ 712
710	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business? Are you currently doing any of these things or any other work?	Yes 1 No 2	→ 712
711	Have you done any work in the last 12 months?	Yes 1 No 2	→ 726
712	What is your occupation, that is, what kind of work do you mainly do? <input type="text"/> <input type="text"/> (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 A cooperative 2 The government 3 Someone else 4 Self-employed 5	
717	During the last 12 months, how many months did you work?	Number of months <input type="text"/> <input type="text"/>	
720	Do you earn cash for your work? Probe: Do you make money for working?	Yes 1 No 2	→ 723

No.	Questions and filters	Coding categories	Skip
722	<p>Check 106a:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>Currently Married <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: you, your husband, you and your husband jointly, or someone else?</p> </div> <div style="text-align: center;"> <p>Widowed/ Divorced Separated <input type="checkbox"/></p> <p>↓</p> <p>Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?</p> </div> </div>	<p>Respondent decides 1</p> <p>Husband decides 2</p> <p>Jointly with husband 3</p> <p>Someone else decides 4</p> <p>Jointly with someone else..... 5</p>	
723	Do you usually work at home or away from home?	<p>Home..... 1</p> <p>Away..... 2</p>	
724	<p>Check 221 and 221A:</p> <p>Is a child living at home who is less than age 6 years?</p> <p style="text-align: center;">Yes <input type="checkbox"/> No <input type="checkbox"/> → 726</p>		
725	Who usually takes care of [Name of youngest child at home] while you are working?	<p>Respondent..... 01</p> <p>Husband..... 02</p> <p>Older female child..... 03</p> <p>Older male child..... 04</p> <p>Other relative 05</p> <p>Neighbor..... 06</p> <p>Friend..... 07</p> <p>Servant/hired help 08</p> <p>Child is in school..... 09</p> <p>Institutional child care..... 10</p> <p>Has not worked</p> <p style="padding-left: 40px;">Since last birth..... 95</p> <p>Other 96</p> <p style="text-align: center;">_____ (Specify)</p>	
726	Have you lived in only one community or in more than one community since Jan. 1997?	<p>One community 1</p> <p>More than one community 2 → 728</p>	
727	<p>In column 4 of calendar, enter the appropriate code for current community, ('1' city, '2' town, '3' countryside).</p> <p>Begin in the month of interview and continue with all preceding months back to 1/1997. Then skip to _____ → 801</p>		
728	<p>In what month and year did you move to [name of current community]?</p> <p>In column 4 of calendar, enter 'x' in the month and year of the move.</p> <p>In subsequent months enter the appropriate code for the type of community, ('1' city, '2' town, '3' countryside).</p> <p>Continue probing for previous communities, and record moves and type of communities accordingly.</p> <p>Illustrative questions:</p> <ul style="list-style-type: none"> • Where did you live before? • In what month and year did you arrive there? • Is that place a city, a town, or in the countryside? 		

Section 8. AIDS

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



No.	Questions and filters	Coding categories	Skip								
806	What does "safe sex" mean to you? Record all mentioned	Abstain from sex..... b Use condoms..... c Have only one sex partner..... d Avoid sex with prostitutes e Avoid sex with homosexuals..... f Other x _____ (Specify) Don't know..... z									
807	Is it possible for a healthy-looking person to have the AIDS virus?	yes 1 No 2 Don't know..... 8									
808	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	Almost never 1 Sometimes 2 Almost always 3 Don't know..... 8									
809	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	Small 1 Moderate 2 Great 3 No risk at all 4 Has aids 5									
811	Record the time	Hour..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> minutes <table border="1"><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:

Comment on
Specific Questions:

Any other comments:

Supervisor's observations

Name of Supervisor:

Date:

Editor's observations

Name of Editor:

Date: