

APPENDIX E

QUESTIONNAIRES

REPUBLIC OF YEMEN
MINISTRY OF PLANNING AND DEVELOPMENT
CENTRAL STATISTICAL ORGANIZATION
YEMEN DEMOGRAPHIC AND CHILD HEALTH SURVEY

1. HOUSEHOLD QUESTIONNAIRE

1991

* In collaboration with the Ministry of Public Health, the PAPCHILD Project, the Demographic and Health Survey Project (DHS), and USAID.
Sana'a

All information in this questionnaire is confidential by law and will be used for scientific purposes only

YEMEN DEMOGRAPHIC AND MATERNAL AND CHILD HEALTH SURVEY
1. Household Questionnaire

IDENTIFICATION			
Governorate :	_____		
District:	_____		
Urban / rural:	_____		
Cluster Number :	_____		
Name household /address:	_____		
Building Number:	_____		
Number of family in building:	_____		
Household Number :	_____		
Name of the head of the houshold:	_____		

INTERVIEWER VISITS	1	2	3
Name of interviewer	.....	.....	.....
Date of visit	.....	.....	.....
Starting time	.....	.....	.....
Ending time	.....	.....	.....
Duration of inter- view	.....	.....	.....
Hours	____	____	____
Minutes	____	____	____
Result Code*	____	____	____
Next visit	.....	.....	.....
Date	.././19..	.././19..	.....
Time	.....	.....	.....

* Result codes:

1. Completed
2. No competent respondent at home
3. Refused
4. Postponed
5. Dwelling destroyed
6. Dwelling vacant
7. Dwelling not found
8. Other (specify) _____

	Field Editing	Office Editing	Data Entry
Name	_____	_____	_____
Date	.././19..	.././19..	.././19..

1. HOUSEHOLD ROSTER

L I N E N U M B E R	NAME	SEX	RELATIONSHIP	RESIDENCE		AGE		L I N E N U M B E R
	101 Please give me the names of the persons who usually live in your household starting with the head of the household.	102 Is (NAME) male or female?	103 What is the relationship of (NAME) to the head of the household?	104 Does (NAME) usually live here?	105 How old is (NAME) now?	IF LESS THAN 6: in years and months.		
	M A L E	F E M A L E	M O T H E R L I N E N O.	Y E S	N O	M O N T H S	Y E A R S	
01		1 2			1 2			01
02		1 2			1 2			02
03		1 2			1 2			03
04		1 2			1 2			04
05		1 2			1 2			05
06		1 2			1 2			06
07		1 2			1 2			07
08		1 2			1 2			08
09		1 2			1 2			09
10		1 2			1 2			10
11		1 2			1 2			11
12		1 2			1 2			12
13		1 2			1 2			13
14		1 2			1 2			14
15		1 2			1 2			15
16		1 2			1 2			16
17		1 2			1 2			17
18		1 2			1 2			18
19		1 2			1 2			19
20		1 2			1 2			20

JUST TO MAKE SURE I HAVE A COMPLETE LISTING:

1. Are there any other persons, such as small children or infants whom we have not listed?

YES ☐

NO ☐

2. In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here?

YES ☐

NO ☐

IF ANSWER IS "YES", ENTER EACH IN TABLE. IF ANSWER IS "YES", ENTER EACH IN TABLE.

L I N E	EDUCATION																MARITAL STATUS				L I N E
	ORPHANHOOD				PERSONS 6-30 YEARS				PERSONS AGED 10 AND OVER								PERSONS AGED 10 AND OVER				
	106 Is his/her father still alive?		107 Is his/her mother still alive?		108 Is (NAME) currently attending school, or has he/she ever attended school?				109 What is the educational status of (NAME)?								110 What is the marital status of (NAME)?				
	YES	NO	YES	NO	YES	NO	YES	NO	ILLITERATE	READ AND WRITE	PRIMARY	PREPARATORY	SECONDARY	POSTSECONDARY	UNIVERSITY	SINGLE	MARRIED	DIVORCED	WIDOWED		
01	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	01	
02	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	02	
03	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	03	
04	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	04	
05	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	05	
06	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	06	
07	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	07	
08	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	08	
09	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	09	
10	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	10	
11	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	11	
12	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	12	
13	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	13	
14	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	14	
15	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	15	
16	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	16	
17	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	17	
18	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	18	
19	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	19	
20	1	2	1	2	1	2	3	1	2	3	4	5	6	7	8	1	2	3	4	20	

2. In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?

YES ☐ NO ☐

IF ANSWER IS "YES", ENTER EACH IN TABLE.

HOUSEHOLD SIZE

ECONOMIC ACTIVITY																	M <input type="text"/> F <input type="text"/>			
PERSONS AGED 10 YEARS AND OVER																	ELIGIBILITY			
LINE NUMBER	201 What did (NAME) do most of the time during the past month? Was he/she:								202 IF 201=1 or 4: What is (was) his/her status in employment?					203 IF 201=1 to 4: What is (was) his/her main occupation?		CODE	112	113	114	LINE NUMBER
	WORKING UNEMPLOYED	HOUSEWORK AND	STUDENT AND	SEEKING WORK FOR 1st TIME	DOING HOUSE WORK	STUDENT	RETIRED	SALARIED EMPLOYEE	OWN ACCOUNT WORKER	UNPAID FAMILY EMPLOYEE	UNPAID APPRENTICE			LINE NUMBER OF EVERY ELIGIBLE CHILD (IF Deceased = 97 Other = 96)	WOMAN		CHILD			
01	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	01	
02	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	02	
03	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	03	
04	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	04	
05	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	05	
06	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	06	
07	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	07	
08	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	08	
09	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	09	
10	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	10	
11	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	11	
12	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	12	
13	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	13	
14	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	14	
15	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	15	
16	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	16	
17	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	17	
18	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	18	
19	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	19	
20	1	2	3	4	5	6	7	8	1	2	3	4	5		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	20	

Total number of eligible women Total number of eligible children Total number of eligible children whose mothers
live in the household If continuation sheet used, tick here ☐

GENERAL MORTALITY							
301 During the past 24 months, has any of the usual members of this household died?							
YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2							
IF 'YES' ASK :				IF 'NO' GO TO 401			
302	Name	303	Relationship to the head of the household	304	SEX	305	306 Date of death
				M	F	Age at death	Month Year
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DISABILITY			
401 Does anyone in this household, including very young children and women, have any long-term condition or health problem which prevents or limits his/her participation in activities normal for a person of his/her age?			YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2
IF 'YES' ASK 402 - 404			IF 'NO' GO TO 501
402	Name and line number in Household Roster	403	What is the type of his/her condition?
		404	What is the cause of the condition? (See coding categories below)*
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Coding categories for Q404

- | | |
|------------------------|--------------------|
| 1. Congenital | 5. Disease |
| 2. Infant birth trauma | 6. Evil eye/envy |
| 3. Injury/Accident | 7. Other (specify) |
| 4. Infectious illness | 8. D.K. |

FERTILITY AND CHILD SURVIVAL (for ever married women under age 55)															
501	Name and line number in Household Roster	Children Ever Born							Last Live Birth						
		502	Does (Name) have any children of her own living with her?	503	Does she have any children of her own who do not live with her?	504	Has she ever given birth to a child who later died?	505	Just to make sure I have this correct, she has had (SUM) births. Is this correct? IF 'NO' : CORRECT THE RESPONSES.	506	In what month and year did her last live birth occur?	507	What was the sex of this child?	508	Is this child still living?
		IF 'YES' : How many sons and how many daughters?		IF 'YES' : How many sons and how many daughters?		IF 'YES' : How many sons and daughters have died?									
		S D		S D		S D		SUM		MONTH YEAR		BOY GIRL		YES NO	
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	
	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/>		1 2	<input type="checkbox"/> <input type="checkbox"/>	1 2	

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CENTRAL STATISTICAL ORGANIZATION
YEMEN DEMOGRAPHIC AND CHILD HEALTH SURVEY

2. HOUSING CHARACTERISTICS QUESTIONNAIRE

1991

* In collaboration with the Ministry of Public Health, the PAPCHILD Project, the Demographic and Health Survey Project (DHS), and USAID.
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IDENTIFICATION

2

Urban/Rural : ☐
 Name of the cluster.....

Cluster Number :
 Household Number :

Section 1 : HOUSING

QUESTIONS		CODING CATEGORIES		SKIP TO
10	INTERVIEWER: Record the time	Hour <input type="text"/>	<input type="text"/>	
		Minutes <input type="text"/>	<input type="text"/>	
11	What type of dwelling unit does your household occupy?	Independent house/Villa	1	
		Apartment in building	2	
		Hut	3	19
		Wood house	4	19
		Cave	5	19
		Tent	6	19
		Temporary shelter	7	19
		Other(specify) _____	8	19
12	Is your dwelling owned by your household or is it rented?	Owned	1	
		Beneficial contract	2	
		Rented	3	
		Other(specify) _____	4	
13	What kind of material is the floor made from? (Record main type)	Earth	1	
		Cement	2	
		Stone/Mud	3	
		Gypsum	4	
		Tile	5	
		Wood	6	
		Marble	7	
		Other(specify) _____	8	
14	How many rooms are there in this dwelling for the exclusive use of this household?	Number of rooms <input type="text"/>	<input type="text"/>	
15	Of this number, how many are bedrooms or used for sleeping?	Number of rooms <input type="text"/>	<input type="text"/>	

QUESTIONS		CODING CATEGORIES		SKIP TO
16	INTERVIEWER: Check the ventilation in the house and mark the appropriate answer.	Good	1	
		Fair	2	
		Poor	3	
17	INTERVIEWER: Check light condition in the house and mark the appropriate answer.	Good	1	
		Fair	2	
		Poor	3	
18	INTERVIEWER: Check amount of sunlight in the house and mark the appropriate answer.	Good	1	
		Fair	2	
		No sun	3	
19	Are any farm animals kept in any part of this dwelling?	Yes	1	
		No	2	

Section 2 : COOKING

QUESTIONS		CODING CATEGORIES		SKIP TO
21	Is there a special room used for cooking inside or outside your dwelling?	Yes: Inside dwelling	1	
		Yes: Outside dwelling	2	
		No	3	
22	Is the place used for cooking shared with other households?	Not shared, only HH using	1	
		Shared	2	
23	What fuel is used for cooking?	Gas	1	
		Electricity	2	
		Kerosene	3	
		Coal/Charcoal	4	
		Wood	5	
		Other(specify) _____	6	

Section 3 : WATER

QUESTIONS		CODING CATEGORIES		SKIP TO
31	What is the major source of drinking water for members of the household?	Government project	1	
		-----	-----	
		Cooperative project	2	
		-----	-----	
		Private project	3	
		-----	-----	
		Well with pump	4	
		-----	-----	
		Regular well	5	
32	Where is this source of drinking water located?	Stream	6	
		-----	-----	
		Covered pool	7	
		-----	-----	
		Uncovered pool	8	
33	How long does it take you to go to the source from the household and come back?	Other(specify) -----	9	
		-----	-----	
32	Where is this source of drinking water located?	Within dwelling	1	35
		-----	-----	
32	Where is this source of drinking water located?	Outside dwelling	2	
		-----	-----	
34	Who usually brings the water?	Time (minutes)	_____	
		-----	-----	
		Children	1	
		-----	-----	
		Adult women	2	
		-----	-----	
34	Who usually brings the water?	Adult men	3	
		-----	-----	
		'Sakka' using animals	4	
		-----	-----	
34	Who usually brings the water?	Trucks/Mules	5	
		-----	-----	
		-----	-----	
		-----	-----	
35	Do you buy this water?	Yes	1	
		-----	-----	
		No	2	
		-----	-----	
35	Do you buy this water?	Other(specify) -----	3	
		-----	-----	

QUESTIONS		CODING CATEGORIES		SKIP TO
36	What kind of container do you use to store water in your home?	Concrete/Zinc water tank	1	
		Plastic container	2	
		Bottles	3	
		Earthen pots	4	
		Tin	5	
		Other (specify) _____	6	
		No storage	7	
37	How do you treat drinking water to purify it in your house?	Boiling	1	
		Distillation	2	
		Chlorination	3	
		Filtration	4	
		Other (specify) _____	5	
		No treatment	6	

Section 4 : LIGHTING

QUESTIONS		CODING CATEGORIES		SKIP TO
41	What kind of lighting does this unit have?	Government electricity	1	
		Cooperative electricity	2	
		Private electricity	3	
		Personal generator	4	
		Gas	5	51
		Kerosene/Oil lamps/Candle	6	51
		Other (specify) _____	7	51
		None	8	51
42	How many hours in a whole day does your household use electricity?	Less than 6 hours	1	
		6-12 hours	2	
		13-18 hours	3	
		19-24 hours	4	

Section 5 : SANITATION

QUESTIONS		CODING CATEGORIES		SKIP TO
51	What type of toilet facilities are available for this household?	Flush toilet connected to sewer	1	
		Flush toilet not connected to sewer	2	
		Bucket	3	
		Pit	4	
		Toilet connected to an open drainage	5	53
		Latrine shared with others in building	6	53
		Public (street) toilet	7	53
		Open air	8	53
		Other (specify) _____	9	
52	Where is the toilet that you use located?	Inside dwelling	1	
		Outside dwelling within same building/courtyard	2	
		Elsewhere	3	
53	Do you use soap when you wash your hands?	Yes	1	
		No	2	

Section 6 : WASTE DISPOSAL

QUESTIONS		CODING CATEGORIES		SKIP TO
61	In what do you put the garbage before it is disposed of?	Container with lid	1	
		Container without lid	2	
		Plastic bag	3	
		Thrown straight in street	4	71
		Other(specify) _____	5	
62	And where is the garbage (container/bag/etc.) kept?	Inside kitchen	1	
		Outside kitchen within dwelling	2	
		Outside dwelling	3	
63	How do you dispose of the garbage?	Garbage collector	1	
		Dumping in special place	2	
		Burning	3	
		Thrown in street	4	71
		Other(specify): _____	5	
64	How often do you dispose of the garbage?	Everyday	1	
		At least twice a week	2	
		Once a week	3	
		Other(specify): _____	4	

Section 7 : OWNERSHIP OF OBJECTS AND ASSETS

QUESTIONS		CODING CATEGORIES		SKIP TO
		Yes	No	
71	Do you have any of the following objects at this dwelling?:			
	1. Radio/Cassette recorder	1	2	
	2. Black & White TV	1	2	
	3. Colour TV	1	2	
	4. Video	1	2	
	5. Refrigerator	1	2	
	6. Gas/Electric cooking stove	1	2	
	7. Water heater	1	2	
	8. Sewing machine	1	2	
	9. Electric fan	1	2	
	10. Washing machine	1	2	
	11. Telephone	1	2	
	12. Air conditioner	1	2	
	13. Vacuum cleaner	1	2	
	14. Blender	1	2	
	15. Bicycle	1	2	
	16. Motorcycle	1	2	
	17. Private car	1	2	
	18. Taxi	1	2	

Section 8 : DRAINAGE

QUESTIONS		CODING CATEGORIES		SKIP TO
81	INTERVIEWER: Observe around the dwelling and circle appropriate response.	Clean	1	
		Dirty	2	
		Stagnant water	3	
		Sewage overflow	4	
82	INTERVIEWER: Record the time.	Hour	____	
		Minutes	____	

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3. REPRODUCTIVE HEALTH QUESTIONNAIRE

1991

* In collaboration with the Ministry of Public Health, the PAPCHILD Project, the Demographic and Health Survey Project (DHS), and USAID.
Sana'a

REPRODUCTIVE HEALTH QUESTIONNAIRE
(For All Ever-Married Women Under Age 55)

IDENTIFICATION
Governorate : _____
District: _____
Urban / Rural: _____
Cluster Name: _____ Cluster No. _____
Household Number : _____
Line Number of Women _____

INTERVIEWER VISITS	1	2	3
Name of interviewer	.....	.....	.....
Date of visit	.....	.....	.....
Starting time	.....	.....	.....
Ending time	.....	.....	.....
Duration of inter- view.			
Hours	_ _ _	_ _ _	_ _ _
Minutes	_ _ _	_ _ _	_ _ _
Result Code*	_	_	_
Next visit			
Date	../../19..	../../19..	.....
Time	.....	.....	.....
<p>* Result codes:</p> <p>1. Completed</p> <p>2. Not at home</p> <p>3. Postponed</p> <p>4. Refused</p> <p>5. Partly completed</p> <p>6. Other (specify) _____</p>			

	Field Editing	Office Editing	Data Entry
Name	_____	_____	_____
Date	../../19...	../../19...	../../19...

3

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Keyed by _ _ _

Section 1 : RESPONDENT'S RESOURCES

QUESTIONS		CODING CATEGORIES		SKIP TO
101	INTERVIEWER: Record the time.	Hour	__	
		Minutes	__	
102	First I would like to ask some questions about you. In what month and year were you born?	Month (DK = 98)	__	
		Year (DK = 98)	__	
103	How old were you at your last birthday? INTERVIEWER: ▪ Compare and correct 102 and/or 103 if inconsistent. ▪ If respondent is 55 or more years of age: END INTERVIEW	Age in completed years	__	
104	Have you always lived in (NAME OF PLACE)?	Yes	1	110
		No	2	
105	How long have you been living continuously in (NAME OF PLACE)?	Years	__	
106	Why did you come to (NAME OF PLACE)?	Marriage	1	108
		Work	2	
		Study	3	
		Came with husband	4	108
		Came with parents	5	
		Came with children	6	
		Other(specify) _____	7	
107	Was this before you were first married or after?	Before	1	
		After	2	
		At the time of marriage	3	
108	Was the place you were living in before coming to (NAME OF PLACE): a city, a town, or a village?	City	1	
		Town	2	
		Village	3	
109	For most of the time until you were 12 years old, did you live in a city, a town, a large village, or a small village?	City	1	
		Town	2	
		Village	3	

QUESTIONS		CODING CATEGORIES		SKIP TO
110	Have you ever attended or are you now attending school?	Yes : currently	1	
		Yes : not currently	2	
		Never attended	3	114
111	What (is/was) the highest level of education you attended?	Primary	1	
		Preparatory	2	
		Secondary	3	
		Postsecondary	4	
		University	5	
112	What was the highest grade (year) you successfully completed at that level?	Grade	111	
113	INTERVIEWER: Check 111 & 112	Less than 4 years of primary	1	
		Four years of primary or more	2	116
114	Can you read a letter or newspaper?	Yes	1	
		No	2	117
115	Can you write a letter, for example?	Yes	1	
		No	2	
116	Do you usually read a newspaper or magazine at least once a week?	Yes	1	
		No	2	
117	Do you watch television?	Yes	1	
		No	2	119
118	What is the suitable time for watching television?	4-6 in the evening	1	
		6-8 in the evening	2	
		After 8 in the evening	3	
		The whole time TV is on	4	
		Don't watch or no TV	5	
119	Do you listen to radio?	Yes	1	
		No	2	121
120	What is the suitable time for listening to radio? (CIRCLE ALL ANSWERS MENTIONED)	Morning	1	
		Noon	2	
		Afternoon	3	
		Evening	4	
121	Before you were first married, did you ever do any work regularly for which you were paid in cash?	Yes	1	
		No	2	124

QUESTIONS		CODING CATEGORIES		SKIP TO
122	When you were working then, what did you do with most of the money that you earned?	Gave ----- Self ----- Other (specify) : _____	1 ----- 2 ----- 3	
123	Was the money used mainly to prepare for marriage?	Yes ----- No	1 ----- 2	
124	Since you were first married, have you ever done any work for cash?	Yes ----- No	1 ----- 2	
125	Are you now doing any work for cash?	Yes ----- No	1 ----- 2	127
126	In this work...are you working on your own, for a family member, or for someone else?	On her own ----- For a family member ----- For someone else	1 ----- 2 ----- 3	GO TO 129
127	Do you assist any family member in his/her work?	Yes ----- No	1 ----- 2	129
128	Do you assist someone not in the family in his/her work?	Yes ----- No	1 ----- 2	132
129	What kind of work do you mainly do? INTERVIEWER: Write response exactly as given.	_____ _____ _____	_____ _____ _____	
130	How many hours did you work in the past week?	Hours worked	_____ _____ _____	
131	INTERVIEWER: Check 123	Working for cash ----- Not working for cash	1 ----- 2	201
132	If a good opportunity for working for cash was available, would you want to work in the future?	Yes ----- No ----- Unsure/D.K.	1 ----- 2 ----- 3	

Section 2 : MARRIAGE AND CO-RESIDENCE

QUESTIONS		CODING CATEGORIES		SKIP TO
201	Are you now married, widowed, divorced, or separated?	Married	1	
		Widowed	2	203
		Divorced	3	203
		Separated	4	
202	Does your husband have another wife? IF 'YES' : How many?	Number of co-wives	1	
		No	4	
		D.K.	8	
203	Have you been married only once or more than once?	Once	1	205
		More than once	2	
204	Is (was) there a blood relation between you and your (last) husband? IF 'YES' : What is (was) the type of this relation?	First cousin from father's side	1	
		First cousin from mother's side	2	
		Other	3	
		No relation	4	
205	Is (was) there a blood relation between you and your (first) husband? IF 'YES' : What is (was) the type of this relation?	First cousin from father's side	1	
		First cousin from mother's side	2	
		Other	3	
		No relation	4	
206	In what month and year did you and your (first) husband begin to live together "zifaf"?	Month	1 1	
		D.K. Month	9 8	
		Year	1 1	208
		D.K. Year	9 8	
207	At what age did you and your (first) husband begin to live together "zifaf"?	Age	1 1	

QUESTIONS		CODING CATEGORIES		SKIP TO
208	At the time you first married, did you and your (first) husband have your own home or did you begin by living in someone else's home?	Had own home ----- Lived in someone else's home	1 ----- 2	210
209	At the time of your (first) marriage, did anyone else live with you?	Yes ----- No	1 ----- 2	301
210	With whom did you live (who lived with you) for at least six months after you (first) married? (CIRCLE ALL RESPONSES MENTIONED)	Husband's parents ----- Husband's mother ----- Husband's father ----- Respondent's parents ----- Respondent's mother ----- Respondent's father ----- Other relatives (specify): ----- Other (specify): -----	1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8	
211	INTERVIEWER : Check 210 Only one code circled More than one code circled <input type="checkbox"/> <input type="checkbox"/> ↓ GO TO 213			
212	For how long did you live together with (specify) at that time?	Months ----- Years ----- Up to the present	<u> </u> <u> </u> <u> </u> ----- <u> </u> <u> </u> <u> </u> ----- 9 6	GO TO 301
213	What was the longest period you lived together with (any) of them?	Months ----- Years ----- Up to the present	<u> </u> <u> </u> <u> </u> ----- <u> </u> <u> </u> <u> </u> ----- 9 6	

Section 3 : REPRODUCTION AND CHILD SURVIVAL

QUESTIONS		CODING CATEGORIES		SKIP TO
301	During your lifetime, have you ever given birth to a baby born alive?	Yes	1	
		No	2	306
302	Do you have any sons or daughters to whom you have given birth ... who are now living with you?	Yes	1	
		No	2	304
303	How many sons live with you? And how many daughters live with you? INTERVIEWER: IF NONE, ENTER "00"	Sons at home	___	
		Daughters at home	___	
304	Do you have any sons or daughters to whom you have given birth... and who are alive but not living with you?	Yes	1	
		No	2	306
305	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? INTERVIEWER: IF NONE ENTER "00"	Sons elsewhere	___	
		Daughters elsewhere	___	
306	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: any (other) boy or girl who cried or showed any sign of life, but only survived a few hours or days?	Yes	1	
		No	2	308
307	How many boys have died? And how many girls have died? INTERVIEWER: IF NONE ENTER "00"	Boys dead	___	
		Girls dead	___	
308	INTERVIEWER: Sum answers to 303,305, and 307 and enter total.	Total	___	

309

INTERVIEWER: Check 308

Just to make sure that I have this right, you have had in total _____ live births during your life. Is this correct?

YES

☐

↓

NO

☐

(Probe and correct 301-309 as necessary)

310

INTERVIEWER: Check 308

One or more births

☐

↓

NO births

☐

(GO TO 321)

311

Now I would like to talk to you about your births, whether still alive or not, starting with the first one you had.

- INTERVIEWER:
- Record names of all the births in 313.
 - If no name was given, put "X" in 313.
 - Record twins on separate lines and mark with a bracket.
 - Ask 314 through 318 as appropriate for each birth. After recording all births woman has had, go to 319.

LIVE BIRTHS TABLE

312 Birth order	313 What name was given to your (first,...) baby?	314 Is (NAME) a boy or a girl?	315A In what year was (NAME) born? IF D.K. ASK: How many years ago?	315B And in what month? IF D.K. ASK: In what season?	316 Is (NAME) still living?	317 If DEAD: How old was (NAME) when he/she died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS)	318 Was year of birth derived from a document?
01		Boy 1 Girl 2	Year <input type="text"/> Years ago <input type="text"/>	Month <input type="text"/> Season <input type="text"/>	Yes (to 318) 1 No (to 317) 2	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>	Yes 1 No 2
02		Boy 1 Girl 2	Year <input type="text"/> Years ago <input type="text"/>	Month <input type="text"/> Season <input type="text"/>	Yes (to 318) 1 No (to 317) 2	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>	Yes 1 No 2
03		Boy 1 Girl 2	Year <input type="text"/> Years ago <input type="text"/>	Month <input type="text"/> Season <input type="text"/>	Yes (to 318) 1 No (to 317) 2	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>	Yes 1 No 2
04		Boy 1 Girl 2	Year <input type="text"/> Years ago <input type="text"/>	Month <input type="text"/> Season <input type="text"/>	Yes (to 318) 1 No (to 317) 2	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>	Yes 1 No 2
05		Boy 1 Girl 2	Year <input type="text"/> Years ago <input type="text"/>	Month <input type="text"/> Season <input type="text"/>	Yes (to 318) 1 No (to 317) 2	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>	Yes 1 No 2
06		Boy 1 Girl 2	Year <input type="text"/> Years ago <input type="text"/>	Month <input type="text"/> Season <input type="text"/>	Yes (to 318) 1 No (to 317) 2	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>	Yes 1 No 2
07		Boy 1 Girl 2	Year <input type="text"/> Years ago <input type="text"/>	Month <input type="text"/> Season <input type="text"/>	Yes (to 318) 1 No (to 317) 2	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>	Yes 1 No 2
08		Boy 1 Girl 2	Year <input type="text"/> Years ago <input type="text"/>	Month <input type="text"/> Season <input type="text"/>	Yes (to 318) 1 No (to 317) 2	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>	Yes 1 No 2
09		Boy 1 Girl 2	Year <input type="text"/> Years ago <input type="text"/>	Month <input type="text"/> Season <input type="text"/>	Yes (to 318) 1 No (to 317) 2	Days <input type="text"/> Months <input type="text"/> Years <input type="text"/>	Yes 1 No 2

LIVE BIRTHS TABLE

312	Birth order	313	What name was given to your (first,...) baby?	314	Is (NAME) a boy or a girl?	315A	In what year was (NAME) born? IF D.K. ASK: How many years ago?	315B	And in what month? IF D.K. ASK: In what season?	316	Is (NAME) still living?	317	If DEAD: How old was (NAME) when he/she died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 2 YEARS; OR YEARS)	318	Was year of birth derived from a document?
10		Boy	1	Year		Month		Yes (to 318)	1	Days		Yes	1		
		Girl	2	Years ago		Season		No (to 317)	2	Months		No	2		
11		Boy	1	Year		Month		Yes (to 318)	1	Days		Yes	1		
		Girl	2	Years ago		Season		No (to 317)	2	Months		No	2		
12		Boy	1	Year		Month		Yes (to 318)	1	Days		Yes	1		
		Girl	2	Years ago		Season		No (to 317)	2	Months		No	2		
13		Boy	1	Year		Month		Yes (to 318)	1	Days		Yes	1		
		Girl	2	Years ago		Season		No (to 317)	2	Months		No	2		
14		Boy	1	Year		Month		Yes (to 318)	1	Days		Yes	1		
		Girl	2	Years ago		Season		No (to 317)	2	Months		No	2		
15		Boy	1	Year		Month		Yes (to 318)	1	Days		Yes	1		
		Girl	2	Years ago		Season		No (to 317)	2	Months		No	2		
16		Boy	1	Year		Month		Yes (to 318)	1	Days		Yes	1		
		Girl	2	Years ago		Season		No (to 317)	2	Months		No	2		
17		Boy	1	Year		Month		Yes (to 318)	1	Days		Yes	1		
		Girl	2	Years ago		Season		No (to 317)	2	Months		No	2		
18		Boy	1	Year		Month		Yes (to 318)	1	Days		Yes	1		
		Girl	2	Years ago		Season		No (to 317)	2	Months		No	2		

QUESTIONS		CODING CATEGORIES		SKIP TO
319	<p>INTERVIEWER: Compare 308 and 309 with number of births in table above and mark:</p> <p>Numbers are same Numbers are different</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>↓ (Probe and Reconcile)</p>			
320	<p>In addition to the pregnancies which ended in live births, have you had any other pregnancy which ended in a miscarriage, still birth, or an abortion?</p> <p>PROBE: Any other pregnancy which lasted only a few weeks or months?</p>	<p>Yes</p> <p>-----</p> <p>No</p>	<p>1</p> <p>-----</p> <p>2</p>	<p>322</p> <p>-----</p> <p>324</p>
321	<p>Have you had any pregnancy which ended in a miscarriage, still birth, or abortion?</p> <p>PROBE: Any other pregnancy which lasted only a few weeks or months?</p>	<p>Yes</p> <p>-----</p> <p>No</p>	<p>1</p> <p>-----</p> <p>2</p>	<p></p> <p>-----</p> <p>324</p>
322	<p>How many pregnancies ended in still births?</p> <p>INTERVIEWER: IF NONE, ENTER "00"</p>	Still births	<u> </u>	
323	<p>How many pregnancies ended in miscarriages and abortions?</p> <p>INTERVIEWER: IF NONE, ENTER "00"</p>	Miscarriages or abortions	<u> </u>	
324	Are you pregnant now?	<p>Yes</p> <p>-----</p> <p>No</p> <p>-----</p> <p>Unsure</p>	<p>1</p> <p>-----</p> <p>2</p> <p>-----</p> <p>3</p>	<p></p> <p>-----</p> <p>326</p> <p>-----</p> <p>326</p>
325	For how many months have you been pregnant?	Months	<u> </u>	327

QUESTIONS		CODING CATEGORIES		SKIP TO
326	How long ago did your last menstrual period start?	Days ago	1 <input type="text"/>	
		Weeks ago	2 <input type="text"/>	
		Months ago	3 <input type="text"/>	
		Years ago	4 <input type="text"/>	
		Before last birth	9 9 5	
		Never menstruated	9 9 6	329
327	At what age did you have your first menstrual period ?	Age	<input type="text"/>	
		D.K.	9 8	
328	INTERVIEWER: Check 324	Currently pregnant	1	401
		Not pregnant/Unsure	2	
329	INTERVIEWER: Check "Live Births Table."	One or more births in last five years	1	501
		No births in last five years	2	801

Section 4 : ANTENATAL CARE : CURRENT PREGNANCY

QUESTIONS		CODING CATEGORIES		SKIP TO															
401	Did you see anyone for a check-up on this pregnancy?	Yes ----- No	1 ----- 2	412															
402	How many months were you pregnant when you had your first check-up?	Months	<input type="text"/>																
403	Was there any complaint which led you to have a check-up?	Yes ----- No	1 ----- 2																
404	How many check-ups did you have since you became pregnant?	Number	<input type="text"/>																
405	Have you seen any of the following persons during the check-up(s) on your pregnancy?	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Doctor</td> <td>1</td> <td>2</td> </tr> <tr> <td>Trained nurse/Midwife</td> <td>1</td> <td>2</td> </tr> <tr> <td>Daya/Grandmother</td> <td>1</td> <td>2</td> </tr> <tr> <td>Anyone else</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Doctor	1	2	Trained nurse/Midwife	1	2	Daya/Grandmother	1	2	Anyone else	1	2		
	Yes	No																	
Doctor	1	2																	
Trained nurse/Midwife	1	2																	
Daya/Grandmother	1	2																	
Anyone else	1	2																	
406	How many weeks ago was the last check-up?	Number of weeks	<input type="text"/>																
407	Where did you have the last check-up?	<table border="1"> <tbody> <tr> <td>Public health establishment</td> <td>1</td> <td></td> </tr> <tr> <td>Cooperative health establishment</td> <td>2</td> <td></td> </tr> <tr> <td>Private health establishment</td> <td>3</td> <td></td> </tr> <tr> <td>At home</td> <td>4</td> <td>413</td> </tr> <tr> <td>Other (specify): _____</td> <td>5</td> <td>413</td> </tr> </tbody> </table>	Public health establishment	1		Cooperative health establishment	2		Private health establishment	3		At home	4	413	Other (specify): _____	5	413		
Public health establishment	1																		
Cooperative health establishment	2																		
Private health establishment	3																		
At home	4	413																	
Other (specify): _____	5	413																	
408	How long did it take to get to (PLACE IN 407)?	Minutes	<input type="text"/>																
409	How did you go to (PLACE IN 407)?	<table border="1"> <tbody> <tr> <td>Walking</td> <td>1</td> <td></td> </tr> <tr> <td>Bus/Taxi</td> <td>2</td> <td></td> </tr> <tr> <td>Private car</td> <td>3</td> <td></td> </tr> <tr> <td>Other (specify): _____</td> <td>4</td> <td></td> </tr> </tbody> </table>	Walking	1		Bus/Taxi	2		Private car	3		Other (specify): _____	4						
Walking	1																		
Bus/Taxi	2																		
Private car	3																		
Other (specify): _____	4																		
410	How long did you have to wait at (NAME OF PLACE) for check-up?	<table border="1"> <tbody> <tr> <td>Less than ½ hour</td> <td>1</td> <td></td> </tr> <tr> <td>Between ½ and 1 hours</td> <td>2</td> <td></td> </tr> <tr> <td>Between 1 and 2 hours</td> <td>3</td> <td></td> </tr> <tr> <td>More than 2 hours</td> <td>4</td> <td></td> </tr> </tbody> </table>	Less than ½ hour	1		Between ½ and 1 hours	2		Between 1 and 2 hours	3		More than 2 hours	4						
Less than ½ hour	1																		
Between ½ and 1 hours	2																		
Between 1 and 2 hours	3																		
More than 2 hours	4																		

QUESTIONS		CODING CATEGORIES		SKIP TO
411 A	Were you satisfied with the care you got during your last check-up in (PLACE IN 407)?	Yes	1	413
		No	2	
411 B	INTERVIEWER: If answer in 411A is "NO," ask about the reason for dissatisfaction with care received. (CIRCLE ALL RESPONSES MENTIONED)	Bad treatment	1	GO TO 413
		Examination not thorough	2	
		Appropriate attention not given for pregnancy	3	
		Specialist not present	4	
		Staff not qualified	5	
		Crowded place	6	
		Other(specify): _____	7	
412	What was the main reason for not having a check-up for the current pregnancy?	Too early	1	
		Intends to	2	
		Had no complaints	3	
		Had previous experience	4	
		Service not available	5	
		Service too far	6	
		Costs too much	7	
		Too busy	8	
		Husband too busy	9	
		Other(specify): _____	0	
413	Are you taking now any of the following?		Yes No	
		Iron tablets	1 2	
		Vitamins	1 2	
		Any other medicine	1 2	
414	Since the beginning of this pregnancy, have you been given any injection to prevent the baby from getting convulsions after birth, i.e., an anti-tetanus shot? IF YES : How many injections did you have?	Yes: one dose	1	
		Yes: two doses	2	
		No	3	
		D.K.	4	
415	Since you have been pregnant, did you have any of the following conditions?		Yes No	
		Swollen ankle & fingers	1 2	
		Persistent headaches	1 2	
		High blood pressure	1 2	
		Bleeding	1 2	
		Convulsions (fits)	1 2	

QUESTIONS		CODING CATEGORIES		SKIP TO
416	Does anyone help you now with your usual daily chores? IF "YES" : Who is helping you? INTERVIEWER: Circle all applicable codes.	Mother	1	
		Husband	2	
		Mother-in-law	3	
		Sister	4	
		Daughter	5	
		Relative	6	
		Maid	7	
		Other (specify): _____	8	
		No one	9	
417	When you have your baby ... do you expect anyone to help you looking after the baby? IF "YES" : Who? INTERVIEWER: If more than one person, probe and circle person expected to provide most help.	Mother	1	
		Mother-in-law	2	
		Sister	3	
		Relative	4	
		Maid/Nanny	5	
		Other (specify): _____	6	
		No	7	
418	Where do you plan to deliver your baby?	Public health establishment	1	
		Private health establishment	2	
		At home	3	
		Other (specify): _____	4	
419	Who will assist you with the delivery?	Doctor	1	
		Trained nurse/Midwife	2	
		Daya/Grandmother	3	
		Other (specify): _____	4	
		D.K.	8	
420	How much would the delivery cost?	Cost (in Rials)	_____	
		Free service	9966	
		D.K.	9988	

QUESTIONS		CODING CATEGORIES		SKIP TO
421	Would you prefer to have a boy or a girl?	Boy	1	
		-----	-----	-----
		Girl	2	
		-----	-----	-----
		Either	3	
422	Do you plan to breastfeed your baby? IF "YES" : For how long?	-----	-----	-----
		Other (specify) : _____	4	
		Duration (in months)	<input type="text"/>	
		Yes: duration undecided	9 8	
		Will not breastfeed	9 6	
423	INTERVIEWER: Check "Live Births Table."	One or more births in last five years	1	
		-----	-----	-----
		No births in last five years	2	801

Section 5 : MATERNAL CARE : THE LAST FIVE YEARS

INTERVIEWER: Check Birth History Table and enter names of all children born in the "Last Five Years," starting with "Last Live Birth."		Name (Youngest)	Name (Next to Youngest)	Name (Second to Youngest)	Name (Third to Youngest)					
501	LINE NUMBER OF CHILD IN "BIRTH HISTORY TABLE"	---	---	---	---					
502	SURVIVAL STATUS : CHECK 316	Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>					
	Questions	Coding Categories	Codes	Skip to	Codes	Skip to	Codes	Skip to	Codes	Skip to
503	When you were pregnant with (NAME), did you see anyone for a check-up on the pregnancy?	Yes No	1 2	509	1 2	509	1 2	509	1 2	509
504	Was there any complaint which led you to have the check-up?	Yes No	1 2		1 2		1 2		1 2	
505	How long were you pregnant with (NAME) when you had the first check-up?	Months D.K.	---		---		---		---	
506	How many check-ups did you have during the pregnancy?	Number Cannot remember	---		---		---		---	
507	Whom did you usually see? INTERVIEWER: Record the most qualified	Doctor Trained nurse/Midwife D.K. Other(specify):	1 2 3 4		1 2 3 4		1 2 3 4		1 2 3 4	
508	Where did you usually have the check-up(s)?	Public health establishment Cooperative health establishment Private health establishment At home Other(specify):	1 2 3 4 5	GO TO 510A	1 2 3 4 5	GO TO 510A	1 2 3 4 5	GO TO 510A	1 2 3 4 5	GO TO 510A
509	What was the main reason for not having a check-up on the pregnancy?	Had no complaints Had previous experience Costs too much Service not available Services too far Other(specify):	1 2 3 4 5 5		1 2 4 3 3 5		1 2 4 3 3 5		1 2 4 3 3 5	
510 A	When you were pregnant with (NAME), were you given any injection to prevent the baby from getting convulsions after birth, i.e., an anti-tetanus shot?	Yes No D.K.	1 2 3	511	1 2 3	511	1 2 3	511	1 2 3	511
510 B	How many shots?	Number	---		---		---		---	

		Name	Name	Name	Name
LINE NUMBER OF CHILD IN "BIRTH HISTORY TABLE"		---	---	---	---
SURVIVAL STATUS : CHECK 316		Alive <input type="checkbox"/>	Alive <input type="checkbox"/>	Alive <input type="checkbox"/>	Alive <input type="checkbox"/>
		Dead <input type="checkbox"/>	Dead <input type="checkbox"/>	Dead <input type="checkbox"/>	Dead <input type="checkbox"/>
Questions	Coding Categories	Codes	Skip to	Codes	Skip to
511 Where was (NAME) delivered?	Public health establishment	1		1	
	Private health establishment	2		2	
	At home	3		3	
	At another home	4		4	
	Other(specify):	5		5	
512 Who assisted with the delivery of (NAME)?	Doctor	1		1	
	Trained nurse/Midwife	2		2	
	Daya	3		3	
	Relative/Friend	4		4	
	Other(specify):	5		5	
	No one	6		6	
513 Was the delivery normal or were there any complications?	Normal	1		1	
	Complications	2		2	
514 INTERVIEWER: Check 511	Child was delivered at health establishment	1		1	
	Child was not delivered at health establishment	2	517	2	517
515 Why did you have the delivery of (NAME) at (hospital/clinic)?	Safer/Better	1		1	
	Complications	2		2	
	Other(specify):	3		3	
516 Did you have a cesarean section while delivering (NAME)?	Yes	1	GO TO	1	GO TO
	No	2	519B	2	519B
517 Why did you not have the delivery of (NAME) at a public hospital or a private clinic?	Service not available	1		1	
	Service too far	2		2	
	Costs too much	3		3	
	Premature/Sudden delivery	4		4	
	Home is better	5		5	
	Other(specify):	6		6	

		Name	Name	Name	Name
LINE NUMBER OF CHILD IN "BIRTH HISTORY TABLE"		---	---	---	---
SURVIVAL STATUS : CHECK 316		Alive <input type="checkbox"/>	Alive <input type="checkbox"/>	Alive <input type="checkbox"/>	Alive <input type="checkbox"/>
		Dead <input type="checkbox"/>	Dead <input type="checkbox"/>	Dead <input type="checkbox"/>	Dead <input type="checkbox"/>
Questions	Coding Categories	Codes	Skip to	Codes	Skip to
518 How was the umbilical cord cut?	Medical instruments	1		1	
	Ordinary scissors	2		2	
	Razor/Knife	3		3	
	Other(specify):	4		4	
	D.K.	5		5	
519 A How was the cord stump treated?	Sterilized dressing	01		1	
	Covered with ground coffee	02		2	
	Covered with flour	03		3	
	Covered with earth	04		4	
	Covered with cauterizing	05		3	
	Covered with boiled oil	06		3	
	Covered with egg	07		3	
	Covered with kohl	08		3	
	Other(specify):	09		5	
	D.K.	10		6	
519 B Was (NAME) born on time (9 months) or before time?	On time	01		1	
	Before time	02			
	After time	03		3	
	D.K.	04		4	
520 When (NAME) was born, was his/her weight normal, below normal, or above normal?	Normal	1		1	
	Below	2		2	
	Much below	3		3	
	Above	4		4	
	D.K.	5		5	
521 Was (NAME) weighed at the time of birth?	Yes	1		1	
	No	2	523	2	523
522 How much was the weight in grams?		----		----	
523 During the six-week period (i.e., Wifath Period) following the birth of (NAME), did you see anyone for a check-up on your health?	Doctor	1		1	
	Trained nurse/Midwife	2		2	
	Days	3		3	
	Other(specify):	4		4	
	No one	5		5	
524 How many months after the birth of (NAME) did your period return?	Number of months	96	NEXT CHILD	96	NEXT CHILD
	Has not returned yet				

Section 6 : CHILD FEEDING

INTERVIEWER: Check Birth History Table and enter names of all children born in the "Last Five Years," starting with "Last Live Birth."		Name (Youngest)	Name (Next to Youngest)	Name (Second to Youngest)	Name (Third to Youngest)
LINE NUMBER OF CHILD IN "BIRTH HISTORY TABLE"					
SURVIVAL STATUS: CHECK 316		Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>
Questions	Coding Categories	Codes	Skip to	Codes	Skip to
601 Did you ever feed (NAME) at the breast?	Yes No	1 2	603	1 2	603
602 How soon after the birth of (NAME) did you start breastfeeding?	Less than 1 hour Between 1 and 3 hours Between 3 and 6 hours Between 6 and 24 hours Between 24 and 72 hours More than 72 hours	1 2 3 4 5 6	GO TO 604	1 2 3 4 5 6	GO TO 604
603 Why did you never breastfeed (NAME)?	Child sick Child died Child refused Mother sick No/Insufficient milk Breast/Nipples problems Mother had to work Other(specify):	1 2 3 4 5 6 7 8	NEXT CHILD	1 2 3 4 5 6 7 8	NEXT CHILD
604 Have you ever given (NAME) powdered milk on a regular basis? IF "YES" : How old was the child when you started on a regular basis?	Age (in months) No				
605 Have you ever given (NAME) animal milk such as cow's, goat's, or camel's milk on a regular basis? IF "YES" : How old was the child when you started on a regular basis?	Age (in months) No				
606 Have you ever given (NAME) solid or mushy food on a regular basis? IF "YES" : How old was the child when you started on a regular basis?	Age (in months) No				

LINE NUMBER OF CHILD IN "BIRTH HISTORY TABLE"		Name	Name	Name	Name
SURVIVAL STATUS: CHECK 316		Alive <input type="checkbox"/>	Alive <input type="checkbox"/>	Alive <input type="checkbox"/>	Alive <input type="checkbox"/>
		Dead <input type="checkbox"/>	Dead <input type="checkbox"/>	Dead <input type="checkbox"/>	Dead <input type="checkbox"/>
Questions	Coding Categories	Codes	Skip to	Codes	Skip to
607 INTERVIEWER: Check 316 and 601 and circle appropriate code.	Alive and breastfed	1		1	613
	Alive and never breastfed	2	618	2	618
	Dead and breastfed	3	613	3	613
	Dead and never breastfed	4	NEXT CHILD	4	NEXT CHILD
608 Are you still breastfeeding (NAME)?	Yes	1			
	No	2	613		
609 How many times did you breastfeed (NAME) yesterday during the daylight hours?	Number of times	1 1 1			
	As often as child wanted	9 6			
610 How many times did you breastfeed (NAME) last night between sunset and sunrise?	Number of times	1 1 1			
	As often as child wanted	9 6			
611 Do you breastfeed (NAME) whenever he/she wants or according to a fixed schedule?	Demand	1			
	Schedule	2			
	Both	3			
612 When (NAME) has diarrhea, what do you do with breastfeeding? ... Do you continue without change, increase, decrease, or stop breastfeeding?	No change	1			
	Increase	2	0		
	Decrease	3	1		
	Stop	4	0		
	No diarrhea	4	0		
	D.K.	5	618		

		Name		Name		Name		Name	
LINE NUMBER OF CHILD IN "BIRTH HISTORY TABLE"									
SURVIVAL STATUS: CHECK 316		Alive <input type="checkbox"/>		Alive <input type="checkbox"/>		Alive <input type="checkbox"/>		Alive <input type="checkbox"/>	
		Dead <input type="checkbox"/>		Dead <input type="checkbox"/>		Dead <input type="checkbox"/>		Dead <input type="checkbox"/>	
Questions	Coding Categories	Codes	Skip to	Codes	Skip to	Codes	Skip to	Codes	Skip to
613 How many months did you breastfeed (NAME)?	Number of months								
	Until child died	9 6	NEXT CHILD	9 6	NEXT CHILD	9 6	NEXT CHILD	9 6	701
614 Why did you stop breastfeeding him/her at that age?	Child reached weaning age	01		01		01		01	
	Child sick	02		02		02		02	
	Child refused	03		03		03		03	
	Child died	04	NEXT CHILD	04	NEXT CHILD	04	NEXT CHILD	04	701
	Mother sick	05		05		05		05	
	No/Insufficient milk	06		06		06		06	
	Pregnant	07		07		07		07	
	Wanted another child	08		08		08		08	
	Wanted to use pill	09		09		09		09	
	To (Return to) work	10		10		10		10	
	Preferred bottle	11		11		11		11	
	Other(specify):	12		12		12		12	
615 Did you stop breastfeeding suddenly or progressively?	Suddenly	1		1		1		1	
	Progressively	2		2		2		2	
616 When you weaned (NAME), did you put "Mor" or "Sabr" or any other thing of that type on the breast?	Yes	1		1		1		1	
	No	2		2		2		2	
617 INTERVIEWER: Check 316	Child alive	1		1		1		1	
	Child dead	2	NEXT CHILD	2	NEXT CHILD	2	NEXT CHILD	2	701

LINE NUMBER OF CHILD IN "BIRTH HISTORY TABLE"		Name	Name	Name	Name
SURVIVAL STATUS: CHECK 316		Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>
Questions	Coding Categories	Codes	Skip to	Codes	Skip to
618 Is (NAME) being given any of the following types of liquid and food?	Plain water Fresh full cream milk Pasteurized bottled milk Powdered milk for infant Canned/Powdered milk Juices Sugar water Rice water Herbal drinks Homemade baby food Preserved(jars) baby food Food made for family Other(specify):_____	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to	Yes No 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to Skip to
619 Was (NAME) ever fed regularly from a bottle with a nipple?	Yes No	1 2	NEXT CHILD NEXT CHILD	1 2	NEXT CHILD NEXT CHILD
620 How old was (NAME) when you began to feed him/her with a bottle?	Months Years D.K.	9 6 9 6 9 6	NEXT CHILD NEXT CHILD NEXT CHILD	9 6 9 6 9 6	GO TO 701 GO TO 701 GO TO 701

Section 7 : CAUSE OF DEATH FOR CHILDREN WHO DIED

INTERVIEWER: Check Birth History Table and enter names of all children born in the "Last Five Years," starting with "Last Live Birth."			Name (Youngest)		Name (Next to Youngest)		Name (Second to Youngest)		Name (Third to Youngest)	
LINE NUMBER OF CHILD IN "BIRTH HISTORY TABLE"			[]		[]		[]		[]	
Questions		Coding Categories	Codes	Skip to	Codes	Skip to	Codes	Skip to	Codes	Skip to
701	INTERVIEWER: Check 316 in Birth History Table	Alive	1	NEXT CHILD	1	NEXT CHILD	1	NEXT CHILD	1	801
		Dead	2		2		2		2	
702	During the two weeks before (NAME) died, did he/she have any of the following symptoms?	A) Diarrhea	Yes: less than 2 days ago	1		1		1		1
			Yes: 2 days or more ago	2		2		2		2
			No	3		3		3		3
		B) Vomiting	Yes: less than 2 days ago	1		1		1		1
			Yes: 2 days or more ago	2		2		2		2
			No	3		3		3		3
		C) Cough or difficulty in breathing	Yes: less than 2 days ago	1		1		1		1
			Yes: 2 days or more ago	2		2		2		2
			No	3		3		3		3
		D) Fever	Yes: less than 2 days ago	1		1		1		1
			Yes: 2 days or more ago	2		2		2		2
			No	3		3		3		3
		E) Rash	Yes: less than 2 days ago	1		1		1		1
			Yes: 2 days or more ago	2		2		2		2
			No	3		3		3		3
		F) Convulsions	Yes: less than 2 days ago	1		1		1		1
			Yes: 2 days or more ago	2		2		2		2
			No	3		3		3		3
		G) Other illness	Yes(specify):	1		1		1		1
			No	2		2		2		2
703	What was the main cause of his/her death?	Youngest child	[]		[]		[]		[]	GO TO 801
		Next to youngest								
		Second to youngest								
		Third to youngest								
		Sudden death	9 6		9 6		9 6		9 6	
704	Was anyone consulted before the death of (NAME)?	Yes	1		1		1		1	
		No	2	NEXT CHILD	2	NEXT CHILD	2	NEXT CHILD	2	701
705	Who was consulted?	Hospital	1		1		1		1	
		Health center	2		2		2		2	
		Private clinic	3		3		3		3	
		Traditional healer	4		4		4		4	
		Other(specify):	5		5		5		5	
		No one	6		6		6		6	

Section 8 : FAMILY PLANNING AND CHILDBEARING ATTITUDES

801 Now I would like to talk about a different topic. There are various methods that a couple can use to delay or avoid a pregnancy. Which of these methods or ways have you heard about?

INTERVIEWER: Circle code 1 in 802 for each method mentioned spontaneously. Then proceed down the column, reading the name of each method not mentioned spontaneously. Circle code 2 if the method is recognized, and code 3 if not recognized. Then for each method with code 1 or 2 circled in 802, ask 803.

METHOD	802 Have you ever heard of (METHOD)?	802A Do you know a source of (METHOD)?	803 Have you ever used (METHOD)?	METHOD	802 Have you ever heard of (METHOD)?	803 Have you ever used (METHOD)?
01 PILL	Yes: Spontaneously Yes: Probed No *	1 2 3	1 Yes 2 No	07 MALE STERILIZATION	Yes: Spontaneously Yes: Probed No *	1 Yes 2 No
02 IUD	Yes: Spontaneously Yes: Probed No *	1 2 3	1 Yes 2 No	08 SAFE PERIOD	Yes: Spontaneously Yes: Probed No *	1 Yes 2 No
03 INJECTIONS	Yes: Spontaneously Yes: Probed No *	1 2 3	1 Yes 2 No	09 WITHDRAWAL	Yes: Spontaneously Yes: Probed No *	1 Yes 2 No
04 DIAPHRAGM/ FOAM/JELLY	Yes: Spontaneously Yes: Probed No *	1 2 3	1 Yes 2 No	10 BREASTFEEDING	Yes: Spontaneously Yes: Probed No *	1 Yes 2 No
05 CONDOM	Yes: Spontaneously Yes: Probed No *	1 2 3	1 Yes 2 No	11 ANY OTHER METHOD	Yes No	1 2
06 FEMALE STERILIZATION	Yes: Spontaneously Yes: Probed No *	1 2 3	1 Yes 2 No	1. _____	Yes No	1 2
				2. _____	Yes No	1 2

* Skip to next method

married = 1
marsep = 1, 4

QUESTIONS		CODING CATEGORIES		SKIP TO
804	INTERVIEWER: Check 803	Ever used a method	1	
		Never used a method	2	824
805	How many living sons and how many living daughters, if any, did you have when you first used a family planning method?	Number of sons	<u> </u>	
		Number of daughters	<u> </u>	
806	When you first began to use family planning, did you want to have another child but at a later time or did you want to stop childbearing?	Wanted child later	1	
		Wanted to stop childbearing	2	
		Other(specify): _____	3	
807	INTERVIEWER: Check 201	Currently married	1	
		Not currently married	2	823
808	INTERVIEWER: Check 325	Not pregnant/Unsure	1	
		Currently pregnant	2	823
809	Are you currently using any method of family planning?	Yes	1	
		No	2	823
810 A	Which method are you using?	Pill	01	
		IUD	02	813
		Injections	03	817C
		Diaphragm/Foam/Jelly	04	817C
		Condom	05	817C
		Female sterilization	06	816
		Male sterilization	07	816
		Safe period	08	820
		Withdrawal	09	820
		Breastfeeding	10	820
		Other(specify): _____	11	820
810 B	Did you consult a doctor or a nurse when you started using it?	Yes	1	
		No	2	
811	How much does one packet (cycle) of pills cost you?	Cost (in Rials)	<u> </u>	
		Free	9 9 6	
		D.K.	9 9 8	
812	Who obtained the packet (cycle) of pills the last time?	Respondent	1	817A
		Husband	2	817A
		Home delivered	3	818
		Other(specify): _____	4	817A

marsep

QUESTIONS		CODING CATEGORIES		SKIP TO
813	How much did it cost to have the IUD inserted?	Cost (in Rials)	<u> </u> <u> </u> <u> </u>	
		Free	9 6	
		D.K.	9 8	
814	Did you get the IUD at the place where you had it inserted or did you get it somewhere else?	Yes : Same place	1	817B
		No : Somewhere else	2	
815	How much did it cost to get the IUD at (Place where IUD was bought)?	Cost (in Rials)	<u> </u> <u> </u> <u> </u>	
		Free	996	817B
		D.K.	998	
816	In what month and year did you (your husband) have the operation?	Month	<u> </u> <u> </u>	817D
		Year	<u> </u> <u> </u>	
817	A) Where did you (your husband) obtain the pill the last time?	Public hospital	01	
		Public FP clinic	02	
	B) Where was the IUD which you are using now inserted?	Private voluntary FP clinic	03	
	C) Where did you obtain the (METHOD)?	MCH centre	04	
	D) Where did the sterilization take place?	Private doctor/Clinic	05	
		Field worker	06	
		Mobile clinic	07	
		Pharmacy	08	
		Other	09	819
		D.K.	10	819
818 A	How much time does it take to go to this place?	Minutes	<u> </u> <u> </u> <u> </u>	
818	Was there anything you particularly disliked about the services you (your husband) received from that source?	Wait too long	1	
		Staff discourteous	2	
		Too expensive	3	
	IF "YES" : What?	Desired method unavailable	4	
	INTERVIEWER: Record main reason	Other (specify): _____	5	
		No complaints	6	
819	INTERVIEWER: Check 803	Neither sterilized	1	
		He/She sterilized	2	835

QUESTIONS		CODING CATEGORIES		SKIP TO
820	For how long have you been using (CURRENT METHOD) continuously?	Duration: Months	<input type="text"/>	
		Years	<input type="text"/>	
821	Have you experienced any problem from using (CURRENT METHOD)?	Yes	1	
		No	2	833
822	What is the main problem you experienced?	Health concerns	1	
		Method failed	2	G O
		Husband disapproved	3	
		Access/Availability	4	T O
		Costs too much	5	
		Inconvenient to use	6	
		Other(specify):	7	833
		D.K.	8	
823	Which was the last method of family planning you used?	Pill	01	
		IUD	02	
		Injections	03	
		Diaphragm/Foam/Jelly	04	
		Condom	05	
		Female sterilization	06	
		Male sterilization	07	
		Safe period	08	
		Withdrawal	09	
		Breastfeeding	10	
		Other(specify):	11	
824	INTERVIEWER: Check 201	Currently married	1	
		Not currently married	2	835
825	Do you intend to use a method of family planning at any time in the future?	Yes	1	
		No	2	828

mailep

QUESTIONS		CODING CATEGORIES		SKIP TO
826	Which method would you prefer to use?	Pill	01	
		IUD	02	
		Injections	03	
		Diaphragm/Foam/Jelly	04	
		Condom	05	
		Female sterilization	06	
		Male sterilization	07	
		Safe period	08	
		Withdrawal	09	
		Breastfeeding	10	
		Other (specify): _____	11	
		Don't know	90	
827	When do you plan to begin using (METHOD)?	Within 12 months	1	GO
		From 1 to 2 years	2	TO
		Three years or more	3	829
		Undecided	4	
828	What is the main reason that you do not want to use a method of family planning?	Religious prohibitions	01	
		Opposed to FP	02	
		Husband disapproves	03	831
		Other relatives disapprove	04	
		Side effects	05	
		Lack of Knowledge	06	
		Difficult to obtain	07	
		Costs too much	08	
		Inconvenient to use	09	
		Fatalistic	10	
		Menopausal/Subfecund	11	
		Other (specify): _____	12	
		Unsure/D.K.	13	
829	Have you ever talked with your husband about family planning?	Yes	1	
		No	2	

QUESTIONS		CODING CATEGORIES		SKIP TO
830	In your opinion, in general, does your husband approve or disapprove of couples using a method of family planning?	Approves	1	
		Conditionally approves	2	
		Disapproves	3	
		D.K.	4	
831	INTERVIEWER: Check 325	Pregnant	1	
		Not pregnant/Unsure	2	833
832	After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	Have another	1	GO
		No more	2	TO
		Undecided/D.K.	3	835
833	Would you like to have a (another) child or would you prefer not to have any (more) children?	Have another	1	
		No more	2	835
		Cannot get pregnant	3	835
		Undecided/D.K.	4	835
834	Would you prefer your next child to be a boy or a girl?	Boy	1	
		Girl	2	
		Either	3	
		Other (specify):	4	
835	INTERVIEWER: Check 303 and 305	No living children	1	
		Has living children	2	837
836	If you could choose exactly the number of children to have in your whole life, how many would that be?	Number	<input type="text"/>	GO TO
		Other (specify):	9 6	838
837	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?	Number	<input type="text"/>	
		Other (specify):	9 6	
838	INTERVIEWER: Check 201	Currently married	1	
		Not currently married	2	840
839	If your husband could choose exactly the number of children for you to have, without regard to the number of children that you already have, how many do you think that would be?	Number	<input type="text"/>	
		Other (specify):	9 6	

marsep

QUESTIONS		CODING CATEGORIES		SKIP TO
840	In your opinion, what level of education would you like (your daughter/a girl) to obtain?	None	1	
		-----	-----	-----
		Read and write	2	
		-----	-----	-----
		Primary	3	
		-----	-----	-----
841	In your opinion, What level of education would you like (your son/a boy) to obtain?	Preparatory	4	
		-----	-----	-----
		Secondary	5	
		-----	-----	-----
		University	6	
		-----	-----	-----
842	In your opinion, what is the most suitable age for (your daughter/a girl) to marry?	None	1	
		-----	-----	-----
		Read and write	2	
		-----	-----	-----
		Primary	3	
		-----	-----	-----
843	In your opinion, how many children should (your daughter /a girl) have?	Preparatory	4	
		-----	-----	-----
		Secondary	5	
		-----	-----	-----
		University	6	
		-----	-----	-----
844	Would you approve or disapprove of your daughter(s) (girls) working if a good opportunity for earning cash were available?	Age	<u> </u> <u> </u>	
		Other(specify):-----	9 6	
845	Do you approve or disapprove of female circumcision?	Number	<u> </u> <u> </u>	
		Other(specify):-----	9 6	
846	Why is that? INTERVIEWER: Circle the most important reason	Approve	1	
		Conditionally approve	2	
		Disapprove	3	
847	What is the main reason for that?	Approve	1	
		Disapprove	2	847
		Undecided	3	901
846	Why is that? INTERVIEWER: Circle the most important reason	Religious beliefs	1	
		-----	-----	-----
		Normal practice here	2	G
		-----	-----	-----
		Good for the girl	3	
		-----	-----	-----
847	What is the main reason for that?	Husband's desire	4	T
		-----	-----	-----
		Other(specify):-----	5	O
		-----	-----	-----
847	What is the main reason for that?	Not good for the girl	1	
		-----	-----	-----
		Husband's desire	2	
847	What is the main reason for that?	-----	-----	-----
		Other(specify):-----	3	

Section 9 : HUSBAND'S RESOURCES

QUESTIONS		CODING CATEGORIES		SKIP TO
901	Now I would like to ask some questions about your (last/late) husband. Did he ever attend school?	Yes	1	
		No	2	905
		D.K.	3	905
902	What was the highest level of education he attended?	Primary	1	
		Preparatory	2	
		Secondary	3	
		Postsecondary	4	
		University	5	
		D.K.	6	905
903	What was the highest grade (year) he completed at that level?	Grade	<input type="text"/>	
		D.K.	9 8	
904	INTERVIEWER: Check 902 and 903	Less than 4 years of primary	1	
		Four years of primary or more	2	907
905	Can (could) he read a letter or newspaper, for example?	Yes	1	
		No	2	907
		D.K.	3	907
906	Can(could) he write a letter, for example?	Yes	1	
		No	2	
		D.K.	3	
907	What is (was) his occupation; that is, what kind of work does (did) he mainly do?	<input type="text"/>	<input type="text"/>	
908	INTERVIEWER: Check 907	In agriculture	1	
		Not in agriculture	2	911
909	Does (did) your husband work mainly on his or family land, or on someone else's land?	His/Family land	1	912
		Someone else's land	2	
910	Does (did) he work mainly for money or does (did) he work for a share of the crops?	Money	1	GO
		A share of crops	2	TO
		Both	3	912

QUESTIONS		CODING CATEGORIES		SKIP TO
911	Does (did) he earn a regular wage or salary?	Yes	1	
		No	2	
		D.K.	3	
912	INTERVIEWER: Check 201	Currently married	1	
		Not currently married	2	END
913	Does your husband have any additional or secondary job? IF 'YES' : What does he do?	Secondary job: _____	___	
		No	9 6	
		D.K.	9 8	
914	How old is your husband now?	Age	___	
		D.K.	98	
915	Has your husband been living with you here continuously during the last three months or has he been away?	Living at home	1	END
		Away	2	
916	What is the reason for his absence?	Working elsewhere inside the country	1	918
		Working abroad	2	
		Separated	3	918
		Other (specify): _____	4	918
917	In which country does he work now?	Country: _____	___	
918	For how long has he been away?	Months	___	
		Years	___	

Should only be missing

Should if 907 = 9800

INTERVIEWER'S OBSERVATIONS

A	Degree of cooperation	Poor	1	
		Fair	2	
		Good	3	
		Very Good	4	
B	Privacy of interview	No others present	1	
		Others present during part of the interview	2	
		Others present during all of the interview	3	
C	IF "OTHERS" PRESENT : Mark whether any of the following were present during the interview	Children under 10	YES	NO
		Husband	1	2
		Other females	1	2
		Other males	1	2

Interviewer's Comments	_____

Supervisor's Comments	_____

Editor's Comments	_____

REPUBLIC OF YEMEN
MINISTRY OF PLANNING AND DEVELOPMENT
CENTRAL STATISTICAL ORGANIZATION
YEMEN DEMOGRAPHIC AND CHILD HEALTH SURVEY

4. CHILD HEALTH QUESTIONNAIRE

1991

* In collaboration with the Ministry of Public Health, the PAPCHILD Project, the Demographic and Health Survey Project (DHS), and USAID.
Sana'a

CHILD HEALTH QUESTIONNAIRE

(For All Children Under 5 Years of Age)

IDENTIFICATION
Governorate : _____
District: _____
Urban / Rural: _____
Cluster Number : _____
Household Number : _____

INTERVIEWER VISITS	1	2	3
Name of interviewer	.....	.....	.....
Date of visit	.....	.....	.....
Starting time	.....	.....	.....
Ending time	.....	.....	.....
Duration of inter- view.			
Hours			
Minutes			
Result Code*			
Next visit			
Date	../../19..	../../19..	.....
Time	.....	.....	.....
<p>* Result codes:</p> <p>1. Completed</p> <p>2. Not at home</p> <p>3. Postponed</p> <p>4. Refused</p> <p>5. Partly completed</p> <p>6. Other (specify) _____</p>			

	Field Editing	Office Editing	Data Entry
Name	_____	_____	_____
Date	.../.../19...	.../.../19...	.../.../19...

[illegible]

Section 1 : GENERAL

Time	Hour	__
	Minutes	__

Time	Hour	__
	Minutes	__

Number of eligible children

		Name (Youngest)	Name (Next to youngest)	Name (Second to youngest)	Name (Third to youngest)
INTERVIEWER: Check "Household Roster" and enter names of all children under five years of age, starting with the youngest.		_____	_____	_____	_____
100	LINE NUMBER OF CHILD IN "HOUSEHOLD SCHEDULE"	__	__	__	__
101	AGE OF CHILD	__ __ M Y	__ __ M Y	__ __ M Y	__ __ M Y
102	LINE NUMBER OF MOTHER IN "HOUSEHOLD SCHEDULE" (DECEASED = 97) , (NOT A MEMBER OF HOUSEHOLD = 96)	__	__	__	__
103	LINE NUMBER OF CHILD IN "BIRTH HISTORY" (N.A. = 95)	__	__	__	__
104	NUMBER OF VISITS RESULT* OF INTERVIEW (SEE PRECEDING PAGE FOR CODES)	__	__	__	__
105	LINE NUMBER OF PERSON ANSWERING THIS QUESTIONNAIRE FROM THE HOUSEHOLD SCHEDULE	__	__	__	__
	QUESTIONS	CODES	SKIP TO	CODES	SKIP TO
106	Who is primarily responsible for the care of (NAME)?	1	108	1	108
	Mother	2		2	
	Step mother	3		3	
	Father	4		4	
	Aunt	5		5	
	Grandmother	6		6	
	Sister	7		7	
	Other(specify): _____				
107	LINE NUMBER OF CARETAKER (Not member of Household = 96)	__		__	
108	Do you (Does caretaker) give the care of (NAME) to another person when you leave home for an extended period, either for work, visiting shopping, or other reasons?	1		1	
	Yes	2	112	2	112
	No : always take child with me	3	112	3	112
	No : do not go out				
109	With whom do you leave (NAME)?	__		__	
	Sister	__		__	
	Aunt	__		__	
	Grandmother	__		__	
	Nanny	__		__	
	Child care group	96		96	
	Other(specify): _____	__		__	

		Name (Youngest)		Name (Next to youngest)		Name (Second to youngest)		Name (Third to youngest)				
LINE NUMBER OF CHILD IN "HOUSEHOLD SCHEDULE"		[]		[]		[]		[]				
QUESTIONS		CODING CATEGORIES		CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO			
110	<p>INTERVIEWER: See 109 Aunt / grandmother mentioned and line number of either or both=96.</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> (GO TO 112)</p>											
111	<p>Where does (do) aunt (and/or grandmother) live?</p> <p>In same building or courtyard</p> <p>Nearby</p> <p>Another part of the village or city</p>	A	G			A	G					
		1	1			1	1					
		2	2			2	2					
		3	3			3	3					
112	<p>Does the father of (NAME) play regularly with him/her, say, for a half-hour or more?</p> <p>INTERVIEWER: If in household sche- dule 106, father is deceased, then don't ask the question, circle code 6.</p> <p>No: not at home</p> <p>No: works until late</p> <p>No: rarely or never</p> <p>Yes: sometimes</p> <p>Yes: almost every day</p> <p>Father deceased</p>	1	N	E		1	N	E		1	G	O
		2	X	T		2	X	T		2	X	T
		3	C			3	C			3	C	
		4	H	I		4	H	I		4	H	I
		5	L	D		5	L	D		5	L	D
		6				6				6		

Section 2 : MORBIDITY : DIARRHEA

INTERVIEWER: Check "Household Roster" and enter names of all children under five years of age, starting with the youngest.		Name (Youngest)		Name (Next to youngest)		Name (Second to youngest)		Name (Third to youngest)	
Line number of child in 'Household Roster'		[] []		[] []		[] []		[] []	
QUESTIONS	CODING CATEGORIES	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO
201 How I would like to ask some questions about any illnesses your children might have had recently. Has (NAME) had diarrhea in the last 24 hours?	Yes ----- No -----	1	204	1	204	1	204	1	204
202 Has (NAME) had diarrhea in the last two weeks?	Yes ----- No ----- D.K.	1 2 3	 NEXT CHILD	1 2 3	 NEXT CHILD	1 2 3	 NEXT CHILD	1 2 3	 220 220
203 For how many days did the last episode of diarrhea last?	Days (D.K. = 98)	[] []	205	[] []	205	[] []	205	[] []	205
204 How many days ago did the diarrhea start?	Days (D.K. = 98)	[] []		[] []		[] []		[] []	
205 Was (is) the diarrhea mild or severe?	Mild ----- Severe ----- D.K.	1 2 3		1 2 3		1 2 3		1 2 3	
206 During this (the last) episode of diarrhea, how many liquid stools did (NAME) have on worst day?	Number ----- D.K.	[] [] 98		[] [] 98		[] [] 98		[] [] 98	
207 Was there blood and/or mucus in the stools?	Yes ----- No ----- D.K.	1 2 3		1 2 3		1 2 3		1 2 3	
208 Did (NAME) also have fever?	Yes ----- No ----- D.K.	1 2 3		1 2 3		1 2 3		1 2 3	
209 Did he/she experience vomiting?	Yes ----- No ----- D.K.	1 2 3		1 2 3		1 2 3		1 2 3	
210 Did he/she also experience dehydration?	Yes ----- No ----- D.K.	1 2 3		1 2 3		1 2 3		1 2 3	
211 When (NAME) had diarrhea then, was he/she given more, less, or the same amount of liquid as before the diarrhea?	More ----- Less ----- Same ----- D.K.	1 2 3 4		1 2 3 4		1 2 3 4		1 2 3 4	

		Name (Youngest)		Name (Next to youngest)		Name (Second to youngest)		Name (Third to youngest)	
Line number of child in "Household Roster"		[]		[]		[]		[]	
QUESTIONS	CODING CATEGORIES	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO
212	Was (NAME) given either a home solution of sugar, salt, and water to drink, or a solution made from an ORS packet? If "YES": Which?	Home solution of sugar, salt, and water ----- ORS packet solution prepared at home ----- Both given ----- Neither given -----	1 ----- 2 ----- 3 ----- 4 215	1 ----- 2 ----- 3 ----- 4 215	1 ----- 2 ----- 3 ----- 4 215	1 ----- 2 ----- 3 ----- 4 215	1 ----- 2 ----- 3 ----- 4 215	1 ----- 2 ----- 3 ----- 4 215	
213	For how many days was (NAME) given (Home solution/special packet)?	Days (Less than 24Hours = 00) (D.K. = 98)	[]	[]	[]	[]	[]	[]	
214	The last time (NAME) was given (Home solution/special packet), did he/she get better, worse, or was there no change?	Better ----- Worse ----- No change -----	1 ----- 2 ----- 3 -----	1 ----- 2 ----- 3 -----	1 ----- 2 ----- 3 -----	1 ----- 2 ----- 3 -----	1 ----- 2 ----- 3 -----		
215	Was (NAME) given more, less, or the same amount of solid food as was given before he/she had diarrhea?	More ----- Less ----- Same ----- Solid food was not given ----- D.K. -----	1 ----- 2 ----- 3 ----- 4 ----- 5	1 ----- 2 ----- 3 ----- 4 ----- 5	1 ----- 2 ----- 3 ----- 4 ----- 5	1 ----- 2 ----- 3 ----- 4 ----- 5	1 ----- 2 ----- 3 ----- 4 ----- 5		
216	Was (NAME) taken to any of the following persons or places during the last episode of diarrhea?	Public health service ----- Cooperative health service ----- Private doctor ----- Pharmacy ----- Traditional midwife ----- Traditional herbalist ----- Anyone else -----	Y N DK 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3	Y N DK 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3	Y N DK 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3	Y N DK 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3			
217	INTERVIEWER : Check 216 At least one Not a single YES to 216 YES to 216 <input type="checkbox"/> <input type="checkbox"/> ↓ (Go to 219)								
218	What treatment did (NAME) receive there in the last visit? INTERVIEWER : Circle all treatments mentioned	Intravenous ----- Other injection ----- Tablets or pills ----- Syrups ----- ORS ----- Other(specify): ----- Nothing given ----- D.K. -----	1 ----- 2 E X T ----- 3 ----- 4 ----- 5 H I L D ----- 7 ----- 8 201	1 ----- 2 E X T ----- 3 ----- 4 ----- 5 H I L D ----- 7 ----- 8 201	1 ----- 2 E X T ----- 3 ----- 4 ----- 5 H I L D ----- 7 ----- 8 201	1 ----- 2 E X T ----- 3 ----- 4 ----- 5 H I L D ----- 7 ----- 8 201	1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6 ----- 7 ----- 8 ----- GO ----- TO ----- 220		
219	Why was (NAME) not taken somewhere for treatment during the last episode of diarrhea? INTERVIEWER: Record main reason	Illness was mild ----- Mother too busy ----- No facilities or person to consult ----- Other(specify): -----	1 ----- 2 ----- 3 ----- 4 ----- NEXT ----- CHILD ----- 201	1 ----- 2 ----- 3 ----- 4 ----- NEXT ----- CHILD ----- 201	1 ----- 2 ----- 3 ----- 4 ----- NEXT ----- CHILD ----- 201	1 ----- 2 ----- 3 ----- 4 ----- NEXT ----- CHILD ----- 201	1 ----- 2 ----- 3 ----- 4 ----- GO ----- TO ----- 220		

QUESTIONS		CODING CATEGORIES	Codes	Skip
220	<p>Interviewer : Check 212</p> <p>ORS used <input type="checkbox"/> ORS not used/no diarrhea <input type="checkbox"/></p> <p>(SKIP to 222) ↓</p>			
221	<p>Have you ever heard of a special product called ORS (LOCAL NAME) you can get for the treatment of diarrhea?</p>	<p>Yes -----</p> <p>No -----</p>	<p>1 -----</p> <p>2 -----</p>	<p>-----</p> <p>301 -----</p>
222	<p>Have you ever prepared one of the ORS packets for yourself or for someone else?</p>	<p>Yes -----</p> <p>No -----</p>	<p>1 -----</p> <p>2 -----</p>	<p>-----</p> <p>225 -----</p>
223	<p>The last time you used ORS, how much water did you use to prepare the packet?</p>	<p>1/2 Litre -----</p> <p>1 Litre -----</p> <p>1 1/2 Litres -----</p> <p>2 Litres -----</p> <p>Other(specify) -----</p> <p>D.K. -----</p>	<p>1 -----</p> <p>2 -----</p> <p>3 -----</p> <p>4 -----</p> <p>5 -----</p> <p>6 -----</p>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
224	<p>Did you use boiled water, bottled water, or other water to prepare the packet (the last time)?</p>	<p>Boiled water -----</p> <p>Bottled water -----</p> <p>Other(specify) -----</p> <p>D.K -----</p>	<p>1 -----</p> <p>2 -----</p> <p>3 -----</p> <p>4 -----</p>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
225	<p>Where can you get ORS packets?</p> <p>(MARK ALL ANSWERS GIVEN)</p>	<p>Public health establishment -----</p> <p>Cooperative health establishment -----</p> <p>Field worker -----</p> <p>Private doctor/hospital -----</p> <p>Pharmacy -----</p> <p>Shop -----</p> <p>Daya -----</p> <p>Other(specify) -----</p> <p>D.K. -----</p>	<p>1 -----</p> <p>2 -----</p> <p>3 -----</p> <p>4 -----</p> <p>5 -----</p> <p>6 -----</p> <p>7 -----</p> <p>8 -----</p> <p>9 -----</p>	<p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p> <p>-----</p>
226	<p>How much do (you think) the packets cost?</p>	<p>Cost</p> <p>Free = 996</p> <p>D.K. = 998</p>	<p>_____</p>	<p>_____</p>

Cluster
H4 NOM
LINE NOM

Section 3 : MORBIDITY: OTHER ILLNESSES

		Name (Youngest)		Name (Next to youngest)		Name (Second to youngest)		Name (Third to youngest)	
Line number of child in 'Household Roster'									
QUESTIONS	CODING CATEGORIES	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO
301 Did (NAME) have a cough at any time during the last two weeks?	Yes ----- No ----- D.K.	1 ----- 2 ----- 3 -----	 306 306	1 ----- 2 ----- 3 -----	 306 306	1 ----- 2 ----- 3 -----	 306 306	1 ----- 2 ----- 3 -----	 306 306
302 For how many days did he/she have the cough the last time?	No. of days (D.K. = 98)								
303 Did (NAME) also experience difficulty in breathing when he/she had the cough?	Yes ----- No ----- D.K.	1 ----- 2 ----- 3 -----	 	1 ----- 2 ----- 3 -----	 	1 ----- 2 ----- 3 -----	 	1 ----- 2 ----- 3 -----	
304 How was (NAME) treated from the cough or shortness of breath? INTERVIEWER: Circle all treatments mentioned.	Cough mixture ----- Tablets ----- Antibiotic(capsule/syrup) ----- Injection ----- Other (specify) ----- Nothing ----- D.K.	✓ 1 ✓ 2 ✓ 3 ✓ 4 ✓ 5 6 7	 	1 2 3 4 5 6 7	 	1 2 3 4 5 6 7	 	1 2 3 4 5 6 7	
305 Was the advice of any of the following persons sought on how to treat the cough? INTERVIEWER: Read out list	Public health service ----- Cooperative health service ----- Private doctor ----- Pharmacy ----- Traditional midwife ----- Traditional herbalist ----- Relatives/friends ----- Anyone else (specify) -----	Y N DK 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 -----	 	Y N DK 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 -----	 	Y N DK 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 -----	 	Y N DK 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 ----- 1 2 3 -----	
306 Did (NAME) have fever at any time during the last two weeks?	Yes ----- No ----- D.K.	1 ----- 2 ----- 3 -----	 309 309	1 ----- 2 ----- 3 -----	 309 309	1 ----- 2 ----- 3 -----	 309 309	1 ----- 2 ----- 3 -----	 309 309

Line number of child in "Household Roster"		Name (Youngest)		Name (Next to youngest)		Name (Second to youngest)		Name (Third to youngest)			
		_____ _____ _____ _____ _____		_____ _____ _____ _____ _____		_____ _____ _____ _____ _____		_____ _____ _____ _____ _____			
QUESTIONS		CODING CATEGORIES		CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO		
307	How was (NAME) treated from the fever? INTERVIEWER: Circle all treatments mentioned	Aspirin	01	✓	01		01		01		
		Anti-malarial tablets	02	✓	02		02		02		
		Antibiotic (capsule/syrup)	03	✓	03		03		03		
		Other syrup/mixture	04	✓	04		04		04		
		Injection	05	✓	05		05		05		
		Suppository	06	✓	06		06		06		
		Cold water applications	07	✓	07		07		07		
		Other (specify)	08	✓	08		08		08		
		Nothing	09		09		09		09		
		D.K.	10		10		10		10		
308	Was the advice of any of the following sought on how to treat him/her from the fever? INTERVIEWER: Read out list	Public health service	1	2	3	1	2	3	1	2	3
		Private doctor	1	2	3	1	2	3	1	2	3
		Pharmacy	1	2	3	1	2	3	1	2	3
		Traditional midwife	1	2	3	1	2	3	1	2	3
		Traditional herbalist	1	2	3	1	2	3	1	2	3
		Relatives/friends	1	2	3	1	2	3	1	2	3
		Anyone else (specify):	1	2	3	1	2	3	1	2	3
309	Did he/she have pus coming from his/her ears during the last two weeks?	Yes	1		1		1		1		
		No	2		2		2		2		
		D.K.	3		3		3		3		
310	Did he/she have pus coming from his/her eyes during the last two weeks?	Yes	1		1		1		1		
		No	2		2		2		2		
		D.K.	3		3		3		3		
311	Did (NAME) have any (other) illness during the last two weeks?	Yes	1		1		1		1		
		No	2	313	2	313	2	313	2	313	
		D.K.	3	313	3	313	3	313	3	313	
312	What was this illness?	Illness/symptoms	_____ _____ _____ _____ _____		_____ _____ _____ _____ _____		_____ _____ _____ _____ _____		_____ _____ _____ _____ _____		
313	Did (NAME) ever have the measles?	Yes	1		1		1		1		
		No	2	NEXT	2	NEXT	2	NEXT	2	GO TO	
		D.K.	3	CHILD	3	CHILD	3	CHILD	3	401	
314	How old was (NAME) when he/she had the measles?	Age (in years) (D.K. = 8)	_____ _____ _____ _____ _____	NEXT CHILD	_____ _____ _____ _____ _____	NEXT CHILD	_____ _____ _____ _____ _____	NEXT CHILD	_____ _____ _____ _____ _____	GO TO 401	

Section 4 : IMMUNIZATION

Line number of child in "Household Roster"		Name (Youngest child)		Name (Next to youngest child)		Name (Second to youngest child)		Name (Third to youngest child)					
Questions		Coding Categories	Codes	Skip	Codes	Skip	Codes	Skip	Codes	Skip			
401	Is there an immunization card (or local equivalent) for (Name)?	Yes : Seen	1		1		1		1				
	IF "YES" :	Yes : Not seen	2	403	2	403	2	403	2	403			
	May I see it please?	No	3	403	3	403	3	403	3	403			
		D.K.	4	403	4	403	4	403	4	403			
402	INTERVIEWER:		Not Given	D	M	Y	IF		Not Given	D	M	Y	IF
	Record dates of immunizations from card.	BCG	1				ALL		1				ALL
		POL10 1	1				DATES		1				DATES
		POL10 2	1				GIVEN		1				GIVEN
		POL10 3	1				GO TO		1				GO TO
		DPT 1	1				NEXT		1				NEXT
		DPT 2	1				CHILD		1				CHILD
		DPT 3	1				ELSE		1				ELSE
		MEASLES	1				403		1				403

		Name (Youngest)		Name (Next to youngest)		Name (Second to youngest)		Name (Third to youngest)		
Line number of child in "Household Roster"		____		____		____		____		
QUESTIONS		CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	
403	Has (NAME) ever been given any "vaccination drops" in the mouth to protect him/her against illness?	Yes	1	1	1	1	1	1	1	
		No	2	405	2	405	2	405	2	405
		D.K.	3	405	3	405	3	405	3	405
404	How many times has (NAME) been given these drops?	Number (D.K. = 8)	____	____	____	____	____	____	____	
405	Has (NAME) ever been given "vaccination injections" to protect him/her from getting diseases?	Yes	1	1	1	1	1	1	1	
		No	2	2	2	2	2	2	2	
		D.K.	3	3	3	3	3	3		
406	INTERVIEWER: See 402, 403 and 405 Child not immunized or not fully immunized (403=1 and 405=1) 1 2								GO TO 501	
407	Why was (NAME) not (fully) immunized?	Child too young	01	N	01	N	01	N	01	A L L G O T O 5 0 1
		Unaware of need for immunization	02	E	02	E	02	E	02	
		Unaware of need to return for other doses	03	X	03	X	03	X	03	
		Place/Time of immunization not known	04	T	04	T	04	T	04	
		Fear of side reactions	05	C	05	C	05	C	05	
		Intends to go	06	H	06	H	06	H	06	
		Child ill	07	I	07	I	07	I	07	
		Vaccine not available	08	L	08	L	08	L	08	
		Place far away	09	D	09	D	09	D	09	
		Bad treatment	10	401	10	401	10	401	10	
		Other(specify):	11		11		11		11	

Section 5 : ACCIDENTS

LINE NUMBER OF CHILD IN "HOUSEHOLD ROSTER"		Name (Youngest)		Name (Next to youngest)		Name (Second to youngest)		Name (Third to youngest)	
		____		____		____		____	
QUESTIONS	CODING CATEGORIES	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO
501	Has (NAME) ever been involved in a serious accident?	1		1		1		1	
	Yes	2	NEXT CHILD	2	NEXT CHILD	2	NEXT CHILD	2	601
502	When did this accident happen?	1		1		1		1	
	During last 12 months	2		2		2		2	
503	What was this accident?	1		1		1		1	
	Wound	2		2		2		2	
	Burn	3		3		3		3	
	Fracture/Sprain	4		4		4		4	
	Poisoning	5		5		5		5	
	Other(specify):								
504	What was the external cause of this accident?	____		____		____		____	
	Youngest child	____		____		____		____	
	Next to youngest	____		____		____		____	
	Second to youngest	____		____		____		____	
505	Where did this accident happen to (NAME)?	1		1		1		1	
	Inside the house	2		2		2		2	
	Just outside the house	3		3		3		3	
506	Was there any long-term implication resulting from the accident?	1		1		1		1	
	Yes	2	NEXT CHILD	2	NEXT CHILD	2	NEXT CHILD	2	601
507	What was it?	____		____		____		____	
	Youngest child	____		____		____		____	
	Next to youngest	____		____		____		____	
	Second to youngest	____		____		____		____	
	Third to youngest	____		____		____		____	

Section 6 : WEIGHT AND HEIGHT

		Name (Youngest)	Name (Next to youngest)	Name (Second to youngest)	Name (Third to youngest)
Line number of child in "Household Roster"		__	__	__	__
601	Weight (in kgs.)	___.__	___.__	___.__	___.__
602	Length/Height (in cms.)	____.__	____.__	____.__	____.__
603	INTERVIEWER: State reason if unable to record	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

604	TIME	Hour	__
		Minutes	__