SOUTH AFRICAN DEMOGRAPHIC AND HEALTH SURVEY
WOMEN QUESTIONNAIRE

15/1/98

IDENTIFICATION	
PROVINCE _____	
DISTRICT _____	
EA NUMBER	
EA TYPE	
SADHS CLUSTER NUMBER	
HOUSEHOLD NUMBER	
NAME AND LINE NUMBER OF WOMAN _____	
NAME OF HOUSEHOLD HEAD _____	

INTERVIEWER VISITS

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

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

LANGUAGE	
LANGUAGE OF QUESTIONNAIRE	0 1
LANGUAGE OF INTERVIEW	
HOME LANGUAGE OF RESPONDENT	
TRANSLATOR USED (YES = 1, NO = 2)	

LANGUAGE CODES
01 ENGLISH   04 isi ZULU   07 SePEDI   10 ZITSONGA
02 AFRIKAANS   05 SeSOTHO   08 SiSWATI   11 isiNDEBELA
03 isiXHOSA   06 SeTSWANA   09 TshiVENDA

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . [ ][ ] MINUTES . . . . [ ][ ]	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a large town, on a farm or in rural areas?	CITY . . . . 1 TOWN . . . . 2 RURAL/FARM 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN 1 YEAR, WRITE '00'	YEARS . . . . [ ][ ] ALWAYS . . . . 95 VISITOR 96	→105
104	Just before you moved here, did you live in a city, in a town, or in the rural area /farm?	CITY . . . . 1 TOWN . . . . 2 RURAL/FARM 3	
105	In what month and year were you born?	MONTH . . . . [ ][ ] DON'T KNOW MONTH . . . . 98 YEAR . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
107	Have you ever attended school?	YES . . . . 1 NO 2	→114
109	What is the highest (standard/year) you completed ?	LESS THAN ONE YEAR COMPLETED 00 SUB A/CLASS 1 . . . . 71 SUB B/CLASS 2 . . . . 72 STANDARD 1 . . . . 01 STANDARD 2 . . . . 02 STANDARD 3 . . . . 03 STANDARD 4 . . . . 04 STANDARD 5 . . . . 05 STANDARD 6 . . . . 06 STANDARD 7 . . . . 07 STANDARD 8 . . . . 08 STANDARD 9 . . . . 09 STANDARD 10 . . . . 10 FURTHER STUDIES INCOMPLETE . 11 DIPLOMA/OTHER POSTSCHOOL COMPLETE . . . . 12 FURTHER DEGREE COMPLETE . . 13	
110	CHECK 106: AGE 24 OR BELOW [ ] AGE 25 OR ABOVE [ ]_____		→114
111	Are you currently attending school?	YES . . . . 1 NO 2	→114
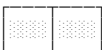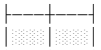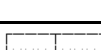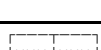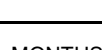
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

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

114	Can you read and understand a letter or newspaper in your home language easily, with difficulty, or not at all?	EASILY . . . . 1 WITH DIFFICULTY . . . . 2 NOT AT ALL 3	→116
115	Have you read a newspaper or magazine in the last 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	
119	Which race group do you consider yourself?	BLACK/AFRICAN . . . . 1 COLOURED . . . . 2 WHITE . . . . 3 ASIAN/INDIAN 4	
120	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED THE WOMAN INTERVIEWED IS NOT A USUAL IS A USUAL RESIDENT [ ] RESIDENT [ ]_____		→201
121	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? _____ (NAME OF PLACE) Is that a large city, town, or rural area /farm?	CITY . . . . 1 TOWN . . . . 2 RURAL/FARM 3	
122	In which PROVINCE is that located?	EASTERN CAPE . . . . 01 FREE STATE . . . . 02 GAUTENG . . . . 03 KWAZULU/NATAL . . . . 04 MPUMALANGA . . . . 05 NORTHERN CAPE . . . . 06 NORTHERN PROVINCE . . . . 07 NORTH WEST . . . . 08 WESTERN CAPE . . . . 09 OTHER COUNTRY 10	
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER (tap), IN DWELLING 11 PIPED WATER (tap), IN SITE/YARD 12 PUBLIC TAP . . . . 13 WATER CARRIER/ TANKER . . . . . . 21 BOREHOLE/WELL . . . . 31 DAM /RIVER/STREAM/SPRING . . . . 32 RAIN-WATER TANK . . . . 41 BOTTLED WATER . . . . 51 OTHER _____ 96 (SPECIFY)	
125	What kind of toilet facility does your household have?	FLUSH TOILET (OWN) . . . . 11 FLUSH TOILET (SHARED) . . . . 12 BUCKET LATRINE . . . . 21 PIT LATRINE . . . . 22 NO FACILITY/BUSH/FIELD . . . . 31 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
126	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A personal computer (PC)? A washing machine?	YES NO ELECTRICITY . . . . 1 2 RADIO . . . . 1 2 TELEVISION . . . . 1 2 TELEPHONE . . . . 1 2 REFRIGERATOR . . . . 1 2 PERSONAL COMPUTER . . . 1 2 WASHING MACHINE 1 2	
127	Could you describe the main material of the walls of your home?	PLASTIC/CARDBOARD . . . . 11 MUD . . . . 12 MUD AND CEMENT . . . . 13 CORRUGATED IRON/ZINC . . . . 21 PREFAB . . . . 22 BARE BRICK/CEMENT BLOCK . . . . 23 PLASTER/FINISHED . . . . 31 OTHER _____96 (SPECIFY)	
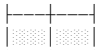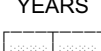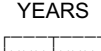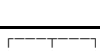
Now I would like to ask you about all the pregnancies that you have had in your lifetime. By this I mean all the children born to you, whether they were born alive or dead, whether still living or not, whether living with you or elsewhere, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that have terminated before full term, but it is extremely important that you tell us about <u>all</u> of them, so that we can develop programs that will help the Government of South Africa improve children's health in the future.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now 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 living with you?	YES .... 1 NO 2	——▸204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME .... ☐☐ DAUGHTERS AT HOME .. ☐☐	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES .... 1 NO 2	——▸206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE ..... ☐☐ DAUGHTERS ELSEWHERE ☐☐	

206	Have you ever given birth to a boy or girl who was born alive but later died?
	
	    IF NO,
	    PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?
		YES 1
		NO 2
			——▸208

207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD .... ☐☐ GIRLS DEAD .... ☐☐	
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end very early, in a miscarriage or an abortion or the child can be born dead. Have you had any such pregnancy that did not result in a live birth?	YES .... 1 NO 2	——▸210
209	In all, how many such pregnancies have there been?	PREGNANCY LOSSES ... ☐☐	
210	SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL .... ☐☐	

212	CHECK 210:
	
	    ONE OR MORE ☐ NO ☐
	    PREGNANCIES PREGNANCIES
	    ▾
			——▸234

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 the first one you had. RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.						

214 Think back to the time of your (first/next) pregnancy.	215 Was that a single or multiple pregnancy?	216 Was the baby born alive, born dead, or lost before full term?	217 Did that baby cry, move, or breathe when it was born?	218 What was the name given to that child?	219 Is (NAME) a boy or a girl?	220 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	221 Is (NAME) still alive?
01	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄———┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)◄———┘	YES . . 1 NO . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR . 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
02	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄———┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)◄———┘	YES . . 1 NO . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR . 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
03	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄———┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)◄———┘	YES . . 1 NO . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR . 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
04	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄———┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)◄———┘	YES . . 1 NO . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR . 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
05	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄———┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)◄———┘	YES . . 1 NO . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR . 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
06	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄———┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)◄———┘	YES . . 1 NO . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR . 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
07	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄———┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)◄———┘	YES . . 1 NO . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR . 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
08	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄———┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)◄———┘	YES . . 1 NO . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR . 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224

IF BORN ALIVE AND STILL LIVING:		IF BORN ALIVE BUT NOW DEAD:	IF BORN ALIVE BUT NOW DEAD:	IF BORN DEAD OR LOST BEFORE FULL TERM:			
222 How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	223 Is (NAME) living with you?	224 How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	224A Did (NAME) die from diarrhoea?	225 In what year and month did this pregnancy end?	226 How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	228 FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 2 OR MORE YEARS?	229 Were there any other pregnancies between the previous pregnancy mentioned and this pregnancy?
01 AGE IN YEARS	YES 1 NO . 2 (NEXT PREG.)	DAYS .. 1 MONTHS 2 YEARS . 3	YES .... 1 NO ..... 2 DK ...... 8 (NEXT PREG.)	MONTH YEAR 19	MONTHS (next preg.)		
02 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS .. 1 MONTHS 2 YEARS . 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .... 1 NO 2
03 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS .. 1 MONTHS 2 YEARS . 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .... 1 NO 2
04 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS .. 1 MONTHS 2 YEARS . 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .... 1 NO 2
05 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS .. 1 MONTHS 2 YEARS . 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .... 1 NO 2
06 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS .. 1 MONTHS 2 YEARS . 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .... 1 NO 2
07 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS .. 1 MONTHS 2 YEARS . 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .... 1 NO 2
08 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS .. 1 MONTHS 2 YEARS . 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .... 1 NO 2

214 Think back to the time of your next pregnancy.	215 Was that a single or multiple pregnancy?	216 Was the baby born alive, born dead, or lost before full term?	217 Did that baby cry, move, or breathe when it was born?	218 What was the name given to that child?	219 Is (NAME) a boy or a girl?	220 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	221 Is (NAME) still alive?
09	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄────┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM . . . . 3 (SKIP TO 225)◄────┘	YES . . . 1 NO . . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
10	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄────┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM . . . . 3 (SKIP TO 225)◄────┘	YES . . . 1 NO . . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
11	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄────┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM . . . . 3 (SKIP TO 225)◄────┘	YES . . . 1 NO . . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
12	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄────┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM . . . . 3 (SKIP TO 225)◄────┘	YES . . . 1 NO . . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
13	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄────┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM . . . . 3 (SKIP TO 225)◄────┘	YES . . . 1 NO . . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
14	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄────┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM . . . . 3 (SKIP TO 225)◄────┘	YES . . . 1 NO . . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
15	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄────┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM . . . . 3 (SKIP TO 225)◄────┘	YES . . . 1 NO . . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224
16	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE . . . . 1 (SKIP TO 218)◄────┘ BORN DEAD . . . . 2 LOST BEFORE FULL TERM . . . . 3 (SKIP TO 225)◄────┘	YES . . . 1 NO . . . . 2 │ ▼ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . [ ][ ] YEAR 19 [ ][ ]	YES 1 NO . . 2 │ ▼ 224

IF BORN ALIVE AND STILL LIVING:		IF BORN ALIVE BUT NOW DEAD:	IF BORN ALIVE BUT NOW DEAD:	IF BORN DEAD OR LOST BEFORE FULL TERM:			
222 How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	223 Is (NAME) living with you?	224 How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	224A Did (NAME) die from diarrhoea	225 In what year and month did this pregnancy end?	226 How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	228 FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 2 OR MORE?	229 Were there any other pregnancies between the previous pregnancy mentioned and this pregnancy?
09 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS ...... 1 MONTHS ... 2 YEARS 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .....1 NO 2
10 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS ...... 1 MONTHS ... 2 YEARS 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .....1 NO 2
11 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS ...... 1 MONTHS ... 2 YEARS 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .....1 NO 2
12 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS ...... 1 MONTHS ... 2 YEARS 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .....1 NO 2
13 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS ...... 1 MONTHS ... 2 YEARS 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .....1 NO 2
14 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS ...... 1 MONTHS ... 2 YEARS 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .....1 NO 2
15 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS ...... 1 MONTHS ... 2 YEARS 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .....1 NO 2
16 AGE IN YEARS	YES 1 NO . 2 (GO TO 228)	DAYS ...... 1 MONTHS ... 2 YEARS 3	YES .... 1 NO ..... 2 DK ...... 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES .... 1 NO .... 2 (NEXT PREGNANCY)	YES .....1 NO 2

230	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST PREGNANCY. IS THE DIFFERENCE 2 YEARS OR MORE?	YES . . . . 1 NO 2	⟶232
231	Have you had any pregnancies since the last pregnancy mentioned?	YES . . . . 1 NO 2	⟶214

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

NUMBERS ARE SAME ☐   NUMBERS ARE DIFFERENT ☐ ⟶   (PROBE AND RECONCILE)

CHECK: FOR EACH PREGNANCY: YEAR IS RECORDED IN 220 OR 225.

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 222.

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 224.

FOR EACH PREGNANCY LOSS: DURATION IS RECORDED IN 226.

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

233 CHECK 220 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1993.
IF NONE, RECORD '0'.

234	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	 ⟶237 ⟶237
235	How many months pregnant are you?	MONTHS	
236	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have anymore children at all?	THEN . . . . 1 LATER . . . . 2 NOT WANT MORE CHILDREN 3	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . **1** WEEKS AGO . . . . **2** MONTHS AGO . . . . **3** YEARS AGO . . . . **4** IN MENOPAUSE . . . . 994 BEFORE LAST BIRTH . . . . 995 NEVER MENSTRUATED 996	

238	Do you have any of the following problems:		YES	NO
	Wet yourself when you cough, sneeze or lift heavy weights?	WET WHEN COUGH/SNEEZE . . .	1	2
	Are you constantly wet?	CONSTANTLY WET	1	2
	Are you constantly soiled?	CONSTANTLY SOILED	1	2

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

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

301 Which ways or methods have you heard about?		302 Have you ever heard of (METHOD)?			303 Have you ever used (METHOD)?
		SPONTANEOUS YES	PROBED YES	NO	
01	PILL Women can take a pill every day.	1	2	3	YES . . . . 1 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	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3	YES . . . . 1 NO 2
05	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2	3	YES . . . . 1 NO 2
06	FEMALE STERILIZATION Tie the tubes. 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
07	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
08	RHYTHM, CALENDAR METHOD 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
09	WITHDRAWAL Men can be careful and pull out before climax.	1	2	3	YES . . . . 1 NO 2
10	HERBS. Women use natural herbs or Dutch remedies to avoid pregnancy	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	
	_____ (SPECIFY)				YES . . . . 1 NO 2
	_____ (SPECIFY)				YES . . . . 1 NO 2

304	CHECK 303:		
	NOT A SINGLE "YES" [ ]	AT LEAST ONE "YES" [ ]——————————→SKIP TO 308	
	(NEVER USED)	(EVER USED)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	——▸331
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 DIAPHRAGM/FOAM/JELLY . . . . 04 CONDOM . . . . 05 FEMALE STERILIZATION . . . . 06 MALE STERILIZATION . . . . 07 RHYTHM/ CALENDER METHOD . . . 08 WITHDRAWAL . . . . 09 HERB/REMEDIES . . . . 10 OTHER _____ 96 (SPECIFY)	
309	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . [ ][ ]	
309A	How old were you when you first used something to avoid getting pregnant?	AGE . . . . [ ][ ]	
309B	From whom did you first get information about methods to avoid pregnancy?	MOTHER . . . . A SISTER . . . . B FATHER . . . . C OTHER RELATIVE . . . . D FRIEND . . . . E TEACHER . . . . F NURSE . . . . G DOCTOR . . . . H POSTER/LEAFLET/MAGAZINE . . . . . . I RADIO/TELEVISION . . . . .J OTHER _____ X (SPECIFY)	
309C	CHECK 309A: AGE LESS [ ] AGE 19 [ ] _____ THAN 19 YEARS YEARS OR OLDER ▾		——▸311
309E	Did your parent(s) or guardian give advice on contraceptives or explain how to use them?	YES . . . . 1 NO 2	
311	CHECK 303: WOMAN NOT [ ] WOMAN [ ] _____ STERILIZED STERILIZED ▾		——▸314A
312	CHECK 234: NOT PREGNANT [ ] PREGNANT [ ] _____ OR UNSURE ▾		——▸331
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	——▸331
314	Which method are you using?	PILL . . . . 01 IUD . . . . 02 INJECTIONS . . . . 03 DIAPHRAGM/FOAM/JELLY . . . . 04 CONDOM 05	⎤ ⎥ ├▸328 ⎥ ⎦
314A	CIRCLE '06' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . 06 MALE STERILIZATION . . . . 07 RHYTHM, CALENDER METHOD . . . 08 WITHDRAWAL . . . . 09 HERB/REMEDIES . . . . 10 OTHER _____ 96 (SPECIFY)	——▸323 ⎤ ⎦▸332

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

318	Where did the sterilization take place?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, 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 11
		   DAY HOSPITAL/CLINIC/
		   COMMUNITY HEALTH CENTRE 12
		   FAMILY PLANNING CLINIC 13
		
		OTHER PUBLIC _____16
		           (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . . 21
		   PRIVATE DOCTOR 23
		   OTHER PRIVATE
		      MEDICAL _____26
		             (SPECIFY)
		
		OTHER _____96
		           (SPECIFY)
		DON'T KNOW 98	

319	Do you regret that (you/your partner) 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
		PARTNER WANTS ANOTHER CHILD 02
		SIDE EFFECTS 03
		CHILD DIED 04
		
		OTHER _____96
		           (SPECIFY)	

321	In what month and year was the sterilization performed?	MONTH . . . . [ ][ ] YEAR . . . . [ ][ ][ ][ ]	→335

323	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR 01
		BASED ON BODY TEMPERATURE . 02
		BASED ON CERVICAL MUCUS
		   (BILLINGS METHOD) 03
		BASED ON BODY TEMPERATURE
		   AND CERVICAL MUCUS 04
		NO SPECIFIC SYSTEM 05
		
		OTHER _____96
		           (SPECIFY)
			→332

328	Where did you obtain (METHOD) the last time?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, 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 11
		   DAY HOSPITAL/CLINIC/
		   COMMUNITY HEALTH CENTER 12
		   FAMILY PLANNING CLINIC . . . 13
		   MOBILE CLINIC 14
		   COMMUNITY HEALTH WORKER 15
		   OTHER PUBLIC _____16
		             (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . 21
		   PHARMACY 22
		   PRIVATE DOCTOR/
		   GYNECOLOGIST 23
		   OTHER PRIVATE
		   MEDICAL _____26
		            (SPECIFY)
		OTHER SOURCE
		   SHOP 31
		   CHURCH 32
		   FRIEND/RELATIVE 33
		
		   OTHER_____96
		           (SPECIFY)
			→330A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	Do you agree with the following statements about the family planning service you use? The staff shout and scold The staff do not explain much about the Family Planning method The staff ignore problems which you report The staff are unfriendly	AGREE DISAGREE 1 2 1 2 1 2 1 2	

330A	People select the place where they get family planning services for various reasons.
	
	What were the reasons you went to
	(NAME OF PLACE IN Q.328)
	instead of some other place you know about?
	
	    RECORD ALL RESPONSES AND CIRCLE CODES.
	
	What is the Main Reason?
		ACCESS-RELATED REASONS
		   CLOSER TO HOME . . . . A
		   CLOSER TO MARKET/WORK . . B
		   AVAILABILITY OF TRANSPORT C
		
		SERVICE-RELATED REASONS
		   STAFF MORE COMPETENT/
		      FRIENDLY . . . . D
		   CLEANER FACILITY . . . . E
		   OFFERS MORE PRIVACY . . . . . F
		   SHORTER WAITING TIME . . . . . G
		   LONGER HRS. OF SERVICE . . . H
		   USE OTHER SERVICES AT THE
		      FACILITY I
		
		LOWER COST/CHEAPER . . . . .J
		
		WANTED ANONYMITY . . . . K
		
		OTHER _____X
		          (SPECIFY)
		DON'T KNOW . . . . Z
		
		               ▨	

330B	Over the last 12 months have you had a break in your contraceptive use for any reason?	YES . . . . 1 NO 2	⎯→335

330C	Over the last 12 months, why have you had a break in your contraceptive use?	WAS PREGNANT 01
		NO BOYFRIEND/
		   SEXUALLY INACTIVE 02
		WANTED TO SEE MENSTRUATION 03
		HEALTH REASONS 04
		
		OTHER _____ . 96
		          (SPECIFY)
			⎤
			⎥→335
			⎥
			⎦

331	What are the main reasons you are not using a method of contraception to avoid pregnancy?
	
	    RECORD ALL MENTIONED
	
	What is the Main Reason?
		NEVER HAD SEX . . . . A
		
		FERTILITY-RELATED REASONS
		   NOT HAVING SEX . . . . B
		   INFREQUENT SEX C
		   MENOPAUSAL/HYSTERECTOMY D
		   INFERTILE . . . . E
		   POSTPARTUM/BREASTFEEDING F
		   WANTS (MORE) CHILDREN . . . . G
		   PREGNANT . . . . H
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED I
		   HUSBAND/PARTNER OPPOSED J
		   OTHERS OPPOSED . . . . K
		   RELIGIOUS PROHIBITION L
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHOD . . . . M
		   KNOWS NO SOURCE . . . . N
		
		METHOD-RELATED REASONS
		   HEALTH CONCERNS . . . . O
		   FEAR OF SIDE EFFECTS . . . . . . P
		   LACK OF ACCESS/TOO FAR . . . Q
		   COST TOO MUCH . . . . R
		   INCONVENIENT TO USE . . . . . . S
		   INTERFERES WITH BODY'S
		      NATURAL PROCESSES . . T
		   OUT OF STOCK . . . . U
		
		OTHER _____X
		          (SPECIFY)
		DON'T KNOW . . . . Z
		
		               ▨	

332	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	⎯→335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

333	Where is that?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, 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 11
		   DAY HOSPITAL/CLINIC/
		   COMMUNITY HEALTH CENTER 12
		   FAMILY PLANNING CLINIC . . . 13
		   MOBILE CLINIC 14
		   COMMUNITY HEALTH WORKER 15
		   OTHER PUBLIC _____16
		            (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   PRIVATE HOSPITAL/CLINIC . . 21
		   PHARMACY 22
		   PRIVATE DOCTOR/
		   GYNECOLOGIST 23
		   OTHER PRIVATE
		   MEDICAL _____26
		            (SPECIFY)
		OTHER SOURCE
		   SHOP 31
		   CHURCH 32
		   FRIEND/RELATIVE 33
		
		   OTHER_____96
		            (SPECIFY)	

335	Have you visited any type of 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	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD 01
		RIGHT AFTER HER PERIOD HAS
		   ENDED 02
		IN THE MIDDLE OF THE CYCLE . . . 03
		JUST BEFORE HER PERIOD BEGINS 04
		
		OTHER _____96
		            (SPECIFY)
		DON'T KNOW 98	

338	I would like to ask you a question about the law on abortion in South Africa. Does the present law allow a woman in early pregnancy, which is up to 12 weeks, to have an abortion?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

401	CHECK 233:		
	ONE OR MORE BIRTHS SINCE JAN. 1993 ▾	NO BIRTHS SINCE JAN. 1993	(SKIP TO 465)

402	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about your pregnancies and the health of all your children born in the last five years. (We will talk about one child at a time.)

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	LINE NUMBER FROM Q214	LINE NUMBER	LINE NUMBER . . . .
404	FROM Q218 AND Q221	NAME _____ ALIVE ☐ DEAD ☐ ▾ ▾	NAME _____ ALIVE ☐ DEAD ☐ ▾ ▾
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	THEN . . . . 1 (SKIP TO 407)◄——— LATER . . . . 2 NO MORE . . . . 3 (SKIP TO 407)◄———	THEN . . . . 1 (SKIP TO 407)◄——— LATER . . . . 2 NO MORE . . . . 3 (SKIP TO 407)◄———
406	How much longer would you like to have waited?	MONTHS . . . . 1 YEARS . . . . 2 DON'T KNOW 998	MONTHS . . . . 1 YEARS . . . . 2 DON'T KNOW 998
407	When you were pregnant with (NAME), did you go for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR . . . . A NURSE/MIDWIFE . . . . . . B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . . . D OTHER _____X (SPECIFY) NO ONE . . . . Y (SKIP TO 410)◄———	HEALTH PROFESSIONAL DOCTOR . . . . A NURSE/MIDWIFE . . . . . . B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . . . D OTHER _____X (SPECIFY) NO ONE . . . . Y (SKIP TO 410)◄———
407A	Where did you go the majority of times? PROBE FOR THE ONE PLACE VISITED MOST OFTEN	PUBLIC HOSPITAL . . . . 01 PRIVATE HOSPITAL . . . . . . 02 PUBLIC CLINIC . . . . 03 PRIVATE CLINIC/SURGERY 04 PRIVATE MIDWIFE'S OFFICE 05 OTHER _____ 96 (SPECIFY)	PUBLIC HOSPITAL . . . . 01 PRIVATE HOSPITAL . . . . . . 02 PUBLIC CLINIC . . . . 03 PRIVATE CLINIC/SURGERY 04 PRIVATE MIDWIFE'S OFFICE 05 OTHER _____ 96 (SPECIFY)
408	How many months pregnant were you when you first received antenatal care?	MONTHS . . . . DON'T KNOW 98	MONTHS . . . . DON'T KNOW 98
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES . . . . DON'T KNOW 98	NO. OF TIMES . . . . DON'T KNOW 98
410	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

No.	Question	Column 1	Column 2

412	Where did you give birth to (NAME)? _____ NAME OF PLACE	HOME 11
		PUBLIC SECTOR
		  GOVT. HOSPITAL 21
		  DAY HOSP/CLINIC
		  COMMUNITY HEALTH
		  CENTER 22
		  GOVT. MOU 23
		  OTHER PUBLIC
		  _____ 26
		  (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  PVT. HOSPITAL/CLINIC . . 31
		  OTHER PRIVATE
		  MEDICAL
		  _____ 36
		  (SPECIFY)
		OTHER _____ 96
		  (SPECIFY)
			HOME 11
			PUBLIC SECTOR
			  GOVT. HOSPITAL 21
			  DAY HOSP/CLINIC/
			  COMMUNITY HEALTH
			  CENTER 22
			  GOVT. MOU 23
			  OTHER PUBLIC
			  _____ 26
			  (SPECIFY)
			PRIVATE MEDICAL SECTOR
			  PVT. HOSPITAL/CLINIC . . . 31
			  OTHER PRIVATE
			  MEDICAL
			  _____ 36
			  (SPECIFY)
			OTHER_____ 96
			  (SPECIFY)

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

415	Was (NAME) delivered by caesarian section?	YES . . . . 1 NO 2	YES . . . . 1 NO 2

417	Was (NAME) weighed at birth?	YES 1
		NO 2
		  (SKIP TO 419)
			YES 1
			NO 2
			  (SKIP TO 420)

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

419	Has your period returned since the birth of (NAME)?	YES 1
		  (SKIP TO 421)
		NO 2
		  (SKIP TO 422)
			███████████

420	Did your period return between the birth of (NAME) and your next pregnancy?	███████████	YES . . . . 1 NO . . . . 2 (SKIP TO 424)
421	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98
422	CHECK 234: RESPONDENT PREGNANT?	NOT ☐ PREGNANT ☐ PREG- OR UNSURE NANT ▾ (SKIP TO 424)	███████████
423	Have you resumed sexual relations since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 425)	███████████
424	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98

425	Did you ever breastfeed (NAME)?	YES 1
		NO 2
		  (SKIP TO 431)
			YES 1
			NO 2
			  (SKIP TO 431)

No.	Question	Column 1	Column 2
426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . . 000 HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐	IMMEDIATELY . . . . 000 HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐
427	CHECK 404: CHILD ALIVE?	ALIVE ☐　　　DEAD ☐ ▼　　(SKIP TO 429)◄	ALIVE ☐　　　DEAD ☐ ▼　　(SKIP TO 429)◄
428	Are you still breastfeeding (NAME)?	YES . . . . 1 　(SKIP TO 432)◄ NO 2	YES . . . . 1 　(SKIP TO 432)◄ NO 2
429	For how many months did you breastfeed (NAME)?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98
430	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK . . . . 01 CHILD ILL/WEAK . . . . 02 CHILD DIED . . . . 03 NIPPLE/BREAST PROBLEM . 04 NOT ENOUGH MILK . . . . . . 05 MOTHER WORKING . . . . . . 06 CHILD REFUSED . . . . 07 WEANING AGE/AGE TO 　STOP . . . . 08 BECAME PREGNANT . . . . . . 09 STARTED USING 　CONTRACEPTION . . . . 10 OTHER＿＿＿＿＿＿＿96 　　　　(SPECIFY)	MOTHER ILL/WEAK . . . . 01 CHILD ILL/WEAK . . . . 02 CHILD DIED . . . . 03 NIPPLE/BREAST PROBLEM . 04 NOT ENOUGH MILK . . . . . . 05 MOTHER WORKING . . . . . . 06 CHILD REFUSED . . . . 07 WEANING AGE/AGE TO STOP . . . . 08 BECAME PREGNANT . . . . . . 09 STARTED USING 　CONTRACEPTION . . . . 10 OTHER＿＿＿＿＿＿＿96 　　　　(SPECIFY)
431	CHECK 404: CHILD ALIVE?	ALIVE ☐　　　DEAD ☐ ▼　　　　　　　▼ (SKIP TO 434)　(GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE ☐　　　DEAD ☐ ▼　　　　　　　▼ (SKIP TO 434)　(GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)
432	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS . . . . . . ☐☐	NUMBER OF NIGHTTIME FEEDINGS . . . . . . ☐☐
433	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . . . . ☐☐	NUMBER OF DAYLIGHT FEEDINGS . . . . ☐☐
434	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

435	At any time yesterday or last night, was (NAME) given any of the following:	YES NO DK	YES NO DK
		PLAIN WATER 1 2 8	PLAIN WATER 1 2 8
	Plain water?		
	Sugar water/Juice	SUGAR WATER/JUICE 1 2 8	SUGAR WATER/JUICE 1 2 8
	Herbal tea/Rooibos?	HERBAL/ROOIBOS TEA 1 2 8	HERBAL/ROOIBOS TEA 1 2 8
	Baby formula?	BABY FORMULA 1 2 8	BABY FORMULA 1 2 8
	Any kind of milk?	ANY KIND OF MILK . . 1 2 8	ANY KIND OF MILK . . 1 2 8
	Any other liquid?	OTHER LIQUIDS 1 2 8	OTHER LIQUIDS 1 2 8

	Any food made from [MAIZE or RICE or WHEAT], such as PORRIDGE or BREAD	FOOD MADE FROM
		  MAIZE/RICE/WHEAT 1 2 8
			FOOD MADE FROM
			  MAIZE/RICE/WHEAT 1 2 8

	Eggs, fish or poultry?	EGGS/FISH/POULTRY 1 2 8	EGGS/FISH/POULTRY 1 2 8
	Meat?	MEAT 1 2 8	MEAT 1 2 8
	Fruits or vegetables?	FRUITS OR VEG. . . . 1 2 8	FRUITS OR VEG. . . . 1 2 8
	Any other solid or semi-solid foods?	OTHER SOLID/ SEMI-SOLID FOODS . 1 2 8	OTHER SOLID/ SEMI-SOLID FOODS . 1 2 8

436	CHECK 435:
	
	FOOD OR LIQUID GIVEN YESTERDAY?
		"YES" "NO/DK"
		TO TO ALL
		ONE
		MORE
		                 (SKIP TO 439)
			"YES" "NO/DK"
			TO TO ALL
			ONE
			MORE
			                 (SKIP TO 439)

437	(Aside from breast-feeding,) how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8
439		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.

440	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 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 Q214	**LAST BIRTH** LINE NUMBER . . . . . ☐☐	**NEXT-TO-LAST BIRTH** LINE NUMBER . . . . ☐☐
442	FROM Q218 AND Q221	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)	NAME _____ ALIVE ☐ DEAD ☐ (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)
443	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . 1 (SKIP TO 445)◄─── YES, NOT SEEN . . . . 2 (SKIP TO 447)◄─── NO CARD 3	YES, SEEN . . . . 1 (SKIP TO 445)◄─── YES, NOT SEEN . . . . 2 (SKIP TO 447)◄─── NO CARD 3
444	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 (SKIP TO 447)◄─── NO 2	YES . . . . 1 (SKIP TO 447)◄─── NO 2
445	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED BCG Polio 0 (at birth) Polio 1 Polio 2 Polio 3 DPT 1 DPT 2 DPT 3 Hep. B 1 Hep. B 2 Hep. B 3 Measles	DAY MO YR BCG ☐☐ ☐☐ 19☐☐ P0 ☐☐ ☐☐ 19☐☐ P1 ☐☐ ☐☐ 19☐☐ P2 ☐☐ ☐☐ 19☐☐ P3 ☐☐ ☐☐ 19☐☐ D1 ☐☐ ☐☐ 19☐☐ D2 ☐☐ ☐☐ 19☐☐ D3 ☐☐ ☐☐ 19☐☐ H1 ☐☐ ☐☐ 19☐☐ H2 ☐☐ ☐☐ 19☐☐ H3 ☐☐ ☐☐ 19☐☐ Meas ☐☐ ☐☐ 19☐☐	DAY MO YR BCG ☐☐ ☐☐ 19☐☐ P0 ☐☐ ☐☐ 19☐☐ P1 ☐☐ ☐☐ 19☐☐ P2 ☐☐ ☐☐ 19☐☐ P3 ☐☐ ☐☐ 19☐☐ D1 ☐☐ ☐☐ 19☐☐ D2 ☐☐ ☐☐ 19☐☐ D3 ☐☐ ☐☐ 19☐☐ H1 ☐☐ ☐☐ 19☐☐ H2 ☐☐ ☐☐ 19☐☐ H3 ☐☐ ☐☐ 19☐☐ Meas ☐☐ ☐☐ 19☐☐
446	Did (NAME) receive any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONES BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) NO . . . . 2 DON'T KNOW . . . . 8 (SKIP TO 450) ◄───	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) NO . . . . 2 DON'T KNOW . . . . 8 (SKIP TO 450) ◄───
447	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES . . . . 1 NO . . . . 2 (SKIP TO 450)◄─── DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 450)◄─── DON'T KNOW 8

No.	Question	Column 1	Column 2
448	Please tell me if (NAME) received any of the following vaccinations:		
448A	A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that caused a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
448B	Polio vaccine, that is, drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 448E)◄———————┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 448E)◄———————┤ DON'T KNOW 8
448C	How many times?	NUMBER OF TIMES . . . . . [ ] DON'T KNOW 8	NUMBER OF TIMES . . . . [ ] DON'T KNOW 8
448D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH . . . . 1 LATER 2	JUST AFTER BIRTH . . . . 1 LATER 2
448E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 448G)◄———————┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 448G)◄———————┤ DON'T KNOW 8
448F	How many times?	NUMBER OF TIMES . . . . . [ ] DON'T KNOW 8	NUMBER OF TIMES . . . . [ ] DON'T KNOW 8
448G	An injection to prevent measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
448H	An injection to prevent hepatitis B?	YES . . . . 1 NO . . . . 2 (SKIP TO 450)◄———————┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 450)◄———————┤ DON'T KNOW 8
448I	How many times?	NUMBER OF TIMES . . . . . [ ] DON'T KNOW 8	NUMBER OF TIMES . . . . [ ] DON'T KNOW 8
450	Has (NAME) been ill or feverish with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 454)◄———————┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 454)◄———————┤ DON'T KNOW 8
451	When (NAME) was ill with a cough, did he/she breathe with difficulty or 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 illness?	YES . . . . 1 NO . . . . 2 (SKIP TO 454)◄———————┘	YES . . . . 1 NO . . . . 2 (SKIP TO 454)◄———————┘
453	Where did you seek advice or treatment? Anywhere else? 　　RECORD ALL MENTIONED. _____ 　　　　　NAME OF PLACE	PUBLIC SECTOR 　GOVT. HOSPITAL . . . . A 　DAY HOSP/CLINIC/ 　COMMUNITY HEALTH 　CENTER . . . . B 　MOBILE CLINIC . . . . D 　COMM. HEALTH WORKER . . E 　OTHER PUBLIC 　_____ F 　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PVT. HOSPITAL/CLINIC . . . G 　PHARMACY . . . . H 　PRIVATE DOCTOR . . . . I 　OTHER PRIVATE MEDICAL 　_____ J 　　　　(SPECIFY) OTHER SOURCE 　SHOP . . . . K 　TRAD. HEALER . . . . L OTHER _____ X 　　　　(SPECIFY)	PUBLIC SECTOR 　GOVT. HOSPITAL . . . . A 　DAY HOSP/CLINIC/ 　COMMUNITY HEALTH 　CENTER . . . . B 　MOBILE CLINIC . . . . D 　COMM. HEALTH WORKER . E 　OTHER PUBLIC 　_____ F 　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　PVT. HOSPITAL/CLINIC . . . G 　PHARMACY . . . . H 　PRIVATE DOCTOR . . . . I 　OTHER PRIVATE MEDICAL 　_____ J 　　　　(SPECIFY) OTHER SOURCE 　SHOP . . . . K 　TRAD. HEALER . . . . L OTHER _____ X 　　　　(SPECIFY)

No.	Question	Response (Column 1)	Response (Column 2)
454	Has (NAME) had diarrhoea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 464)◄————┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 464)◄————┤ DON'T KNOW 8
455	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
456	On the worst day of the diarrhoea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS . . . . . . [|] DON'T KNOW 98	NUMBER OF BOWEL MOVEMENTS . . . . . [|] DON'T KNOW 98
457	Was he/she given the same amount to drink as before the diarrhoea, or more, or less?	SAME . . . . 1 MORE . . . . 2 LESS . . . . 3 DON'T KNOW 8	SAME . . . . 1 MORE . . . . 2 LESS . . . . 3 DON'T KNOW 8
458	Was he/she given the same amount of food to eat as before the diarrhoea, 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 diarrhoea, was he/she given any of the following to drink:
	A fluid, made from a special rehydration packet?
	
	Thin watery porridge?
	Soup?
	
	Home-made sugar-salt-water solution?
	Milk or infant formula?
	Yoghurt-based drink?
	Black Tea?
	Water?
	Coke?
	Any other liquid?
		YES NO DK
		
		FLUID FROM ORS PKT 1 2 8
		
		THIN WATERY
		  PORRIDGE 1 2 8
		SOUP 1 2 8
		SUG.-SALT-WAT. SOL. 1 2 8
		MILK/INFANT FORM. . . 1 2 8
		YOGHURT-BASED DR. 1 2 8
		BLACK TEA 1 2 8
		WATER 1 2 8
		COKE 1 2 8
		OTHER LIQUID 1 2 8
			YES NO DK
			
			FLUID FROM ORS PKT 1 2 8
			
			THIN WATERY
			  PORRIDGE 1 2 8
			SOUP 1 2 8
			SUG.-SALT-WAT. SOL. 1 2 8
			MILK/INFANT FORM. . . 1 2 8
			YOGHURT-BASED DR. 1 2 8
			BLACK TEA 1 2 8
			WATER 1 2 8
			COKE 1 2 8
			OTHER LIQUID 1 2 8

460	Was anything (else) given to treat the diarrhoea?	YES . . . . 1 NO . . . . 2 (SKIP TO 462)◄————┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 462)◄————┤ DON'T KNOW 8

461	What was given to treat the diarrhoea?
	
	Anything else?
	
	    RECORD ALL MENTIONED.
		HOMEMADE SUGAR-SALT-
		   WATER SOLUTION . . . . . A
		PILL OR SYRUP . . . . B
		INJECTION C
		(I.V.) INTRAVENOUS . . . . D
		HOME REMEDIES/
		   HERBAL MEDICINES . . . . E
		
		OTHER _____X
		         (SPECIFY)
			HOMEMADE SUGAR-SALT-
			   WATER SOLUTION . . . . A
			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 diarrhoea?	YES . . . . 1 NO . . . . 2 (SKIP TO 464)◄————┘	YES . . . . 1 NO . . . . 2 (SKIP TO 464)◄————┘

| 463 | Where did you seek advice or treatment?

Anywhere else?

    RECORD ALL MENTIONED. | PUBLIC SECTOR
  GOVT. HOSPITAL . . . . A
  DAY HOSP/CLINIC/
  COMMUNITY HEALTH
  CENTER . . . . B
  MOBILE CLINIC . . . . D
  COMM. HEALTH WORKER . . E
  OTHER PUBLIC
  _____ F
       (SPECIFY)
PRIVATE MEDICAL SECTOR
  PVT. HOSPITAL/CLINIC . . . G
  PHARMACY . . . . H
  PRIVATE DOCTOR I
  OTHER PRIVATE MEDICAL
  _____ J
      (SPECIFY)
OTHER SOURCE
  SHOP . . . . K
  TRAD. HEALER L

OTHER _____ X
      (SPECIFY) | PUBLIC SECTOR
  GOVT. HOSPITAL . . . . A
  DAY HOSP/CLINIC/
  COMMUNITY HEALTH
  CENTER . . . . B
  MOBILE CLINIC . . . . D
  COMM. HEALTH WORKER . E
  OTHER PUBLIC
  _____ F
       (SPECIFY)
PRIVATE MEDICAL SECTOR
  PVT. HOSPITAL/CLINIC . . . G
  PHARMACY . . . . H
  PRIVATE DOCTOR I
  OTHER PRIVATE MEDICAL
  _____ J
      (SPECIFY)
OTHER SOURCE
  SHOP . . . . K
  TRAD. HEALER 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. |

465	Now I am going to ask you some general questions about caring for children with diarrhoea and cough. When a child has diarrhoea, 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 diarrhoea, 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 diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker?
	
	    RECORD ALL MENTIONED. DO NOT PROBE
		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
		SUNKEN FONTANELLE . . . . K
		OTHER _____ X
		      (SPECIFY)
		DON'T KNOW . . . . Z	

468	CHECK 459, ALL COLUMNS:
	
	    NO CHILD ANY CHILD
	    RECEIVED ORS RECEIVED ORS _____
			→470

469	Have you ever heard of a special product called ORSOL OR SOROL that you can get for the treatment of diarrhoea?	YES . . . . 1 NO 2	

470	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/HIGH TEMPERATURE . . . . . D
		UNABLE TO DRINK . . . . E
		NOT EATING/NOT DRINKING WELL . F
		GETTING SICKER/VERY SICK . . . . . G
		NOT GETTING BETTER . . . . H
		COUGHING A LOT I
		
		OTHER _____ X
		      (SPECIFY)
		DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10 . . . . 1 2 HUSBAND/PARTNER . . . . 1 2 OTHER MALES . . . . 1 2 OTHER FEMALES 1 2	
	Now I am going to ask you some sensitive questions about your marital and sexual relations. All information you give me is completely confidential.		
502	Are you currently married or living with a man?	YES, CURRENTLY MARRIED . . . . 1 YES, LIVING WITH A MAN . . . . 2 NO, NOT IN UNION 3	⌐▸507
503	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER . . . . 1 TWO OR MORE REGULAR PARTNERS . . . 2 OCCASIONAL SEXUAL PARTNER . . . . 3 NO SEXUAL PARTNER 4	
504	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED . . . . 1 YES, LIVED WITH A MAN . . . . 2 NO 3	—▸511 —▸514
506	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3	⌐▸511
507	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER . . . . 1 STAYING ELSEWHERE 2	
508	Does your husband have any other wives besides yourself?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐▸511
509	How many other wives does he have?	NUMBER OF OTHER WIVES . . . . ☐☐ DON'T KNOW 98	
511	Have you been married or lived with a man only once, or more than once?	ONCE . . . . 1 MORE THAN ONCE 2	

512	CHECK 511:
	
	MARRIED/LIVED WITH ⌐☐ MARRIED/LIVED WITH ⌐☐
	A MAN ONLY ONCE ⊥ A MAN MORE THAN ⊥
	                ONCE
	  ↓
	In what month and year did you Now we will talk about your first
	start living with your husband/partner.
	husband/partner? In what month and year did you
	                   start living with him?
		MONTH . . . . ☐☐
		
		DON'T KNOW MONTH 98
		
		YEAR . . . . ☐☐☐☐
		
		DON'T KNOW YEAR 9998
			—▸514

513	How old were you when you started living with him?	AGE . . . . ☐☐	
514	How old were you when you had your first period?	AGE . . . . ☐☐	
515	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some health and family planning issues. When was the last time you had sexual intercourse (if ever)?	NEVER . . . . 000 DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐ BEFORE LAST BIRTH 996	—▸608 —▸517

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515A	Can you describe your relationship with the person you last had sexual intercourse with?	MARITAL PARTNER . . . . 01 OTHER REGULAR PARTNER . . . . 02 CASUAL ACQUAINTANCE . . . . 03 SOMEONE JUST MET . . . . 04 COMMERCIAL SEX WORKER . . . . 05 OTHER _____ . . . . . 96 (SPECIFY)	
516	CHECK 301 AND 302: KNOWS CONDOM ☐ DOES NOT KNOW CONDOM ☐ The last time you had sex, was a condom used? 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?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→516B →516B
516A	If not, what are the reasons why you didn't use one? RECORD ALL MENTIONED	WANTS CHILDREN . . . . A PERCEIVED LOW OR NO RISK OF STD/HIV . . . . B RESPONDENT DISLIKE . . . . C PARTNER DISLIKE . . . . D CULTURAL/RELIGIOUS PROHIBITION . . . . E DID NOT KNOW CONDOMS . . . . F DID NOT KNOW HOW TO USE CONDOM . . . . G BAD PREVIOUS EXPERIENCE WITH CONDOM . . . . H INCONVENIENT TO USE . . . . I LACK OF SPONTANEITY . . . . J DID NOT KNOW SOURCE OF CONDOMS . . . . K EMBARRASSED TO GET . . . . L INCONVENIENT TO GET . . . . M DIDN'T HAVE A CONDOM . . . . N COST TOO MUCH . . . . O NO/LESS SENSATION WITH CONDOM . . . . P SUGGESTS LACK OF TRUST OF PARTNER . . . . Q SUGGESTS LACK OF LOVE OF PARTNER . . . . R FEAR OF LOSING IT INSIDE . . . . S WASTES SPERM . . . . T RUBBER SMELL . . . . U PARTNER OR SELF HAS BURNING/ DISCOMFORT WHEN USING CONDOM . . . . V PREFER SEX 'FLESH TO FLESH' . . . . . . W CONDOM USE NOT COOL/MANLY/ TRENDY . . . . Y OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
	What is the Main Reason?	☐	
516B	In the last 12 months, with how many different men have you had sexual intercourse?	NUMBER . . . . ☐☐	
517	Do you know of a place where you can get condoms?	YES . . . . 1 NO 2	→519

| 518 | Where is that?

IF SOURCE IS HOSPITAL, HEALTH CENTER, 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 11
    DAY HOSP/CLINIC
    COMMUNITY HEALTH CENTER 12
    FAMILY PLANNING CLINIC 13
    MOBILE CLINIC 14
    COMMUNITY HEALTH 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
    SHOP 31
    CHURCH 32
    FRIENDS/RELATIVES 33

    OTHER_____   36
        (SPECIFY) | |
| 519 | How old were you when you first had sexual intercourse? | AGE . . . . ☐☐

FIRST TIME WHEN MARRIED . . . . 96 | |

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 314: NEITHER ☐ HE OR SHE ☐_____ STERILIZED STERILIZED ▼		──▸612

602	CHECK 234:
	
	NOT PREGNANT ☐ PREGNANT ☐
	OR UNSURE
	            ┃ ┃
	        ▼ ▼
	Now I have some questions Now I have some questions
	about the future. about the future.
	Would you like to have After the child you are expecting
	(a/another) child, or would you now, would you like to have
	prefer not to have any (more) another child, or would you
	children? prefer not to have any more
	                    children?
		HAVE (A/ANOTHER) CHILD 1
		NO MORE/NONE 2
		SAYS SHE CAN'T GET PREGNANT . . 3
		UNDECIDED/DON'T KNOW 8
			
			──▸604
			──▸606
			──▸604

603	CHECK 234:
	
	NOT PREGNANT ☐ PREGNANT ☐
	OR UNSURE
	            ┃ ┃
	        ▼ ▼
	How long would you like to wait After the child you are expecting
	from now before the birth of now, how long would you like to
	(a/another) child? wait before the birth of another
	                     child?
		MONTHS . . . . 1 ☐☐
		
		YEARS . . . . 2 ☐☐
		
		SOON/NOW 993
		SAYS SHE CAN'T GET PREGNANT 994
		AFTER MARRIAGE 995
		
		OTHER _____ 996
		        (SPECIFY)
		DON'T KNOW 998
			
			└▸606

604	CHECK 234: NOT PREGNANT ☐ PREGNANT ☐_____ OR UNSURE ▼		▸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: USING A METHOD?
	                      NOT
	NOT CURRENTLY CURRENTLY
	ASKED ☐ USING ☐ USING ☐_____
	   ▼ ▼
			──▸612

607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	──▸609
608	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	┐ └▸610
609	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 CALENDER/RHYTHM . . . . 08 WITHDRAWAL . . . . 09 HERB/REMEDIES . . . . 10 OTHER _____ 96 (SPECIFY) UNSURE 98	├▸612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	What is the main reason that you think you will never use a method?	FERTILITY-RELATED REASONS INFREQUENT SEX . . . . 22 MENOPAUSAL/HYSTERECTOMY 23 INFERTILE . . . . 24 WANTS MORE CHILDREN . . . . . . 26 OPPOSITION TO USE RESPONDENT OPPOSED . . . . . . 31 HUSBAND/PARTNER 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 216: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ 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? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER . . . . ☐☐ OTHER_____ 96 (SPECIFY)	
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE . . . . 1 DISAPPROVE . . . . 2 NO OPINION 3	

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

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

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

619	With whom?
	
	Anyone else?
	
	    RECORD ALL MENTIONED.
		HUSBAND/PARTNER . . . . A
		MOTHER . . . . B
		FATHER C
		SISTER(S) . . . . D
		BROTHER(S) . . . . E
		DAUGHTER . . . . F
		MOTHER-IN-LAW . . . . G
		FRIENDS/NEIGHBOURS . . . . H
		
		OTHER _____ X
		       (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	CHECK 502: YES, CURRENTLY MARRIED ☐ ▾ YES, LIVING WITH A MAN ☐ ▾ NO, NOT IN UNION ☐ _____		⟶ 701
621	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES . . . . 1 DISAPPROVES . . . . 2 DON'T KNOW 8	
622	How often have you talked to your husband/partner about family planning in the past year?	NEVER . . . . 1 ONCE OR TWICE . . . . 2 MORE OFTEN 3	
623	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . 1 MORE CHILDREN . . . . 2 FEWER CHILDREN . . . . 3 DON'T KNOW 8	
624	Who makes the decisions about using methods to avoid pregnancy?	REPONDENT DECIDES . . . . 01 HUSBAND/PARTNER DECIDES . . . . 02 JOINTLY . . . . 03 OTHER _____ 96 (SPECIFY)	

SECTION 7: TREATMENT OF WOMEN IN THE HOUSEHOLD

	Now I would like to ask you some difficult questions about how you have been treated in your life by other people.		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502: MARRIED, LIVING WITH A MAN ☐	NO UNION ☐	——▸703
702	Within the last year, has your partner/husband regularly not provided money you need for food, rent or bills but has money for other things?	YES . . . . 1 NO 2	
703	Over the last year, has anyone ever kicked, bitten, slapped, hit you with a fist, threaten you with a weapon, such as a knife, a stick, or a gun, or thrown something at you?	YES . . . . 1 NO . . . . 2 NO ANSWER 3	——▸705
704	Have any of your boyfriends or husbands ever kicked, bitten, slapped, hit you with a fist, threaten you with a weapon, such as a knife, a stick, or a gun, or thrown something at you?	YES . . . . 1 NO . . . . 2 NO ANSWER 3	——▸707 ┘▸712
705	Can you tell me who has done this to you? Anyone else? RECORD ALL MENTIONED PROBE IF NOT MENTIONED	CURRENT HUSBAND/PARTNER . . . . . . A FORMER HUSBAND/PARTNER . . . . B BOYFRIEND . . . . C FATHER . . . . D BROTHER . . . . E SON . . . . F DAUGHTER . . . . G MOTHER . . . . H FATHER-IN-LAW . . . . I MOTHER-IN-LAW . . . . J OTHER MALE RELATIVE . . . . K OTHER FEMALE RELATIVE . . . . L MANAGER/FOREMAN/EMPLOYER . . . . M ASSAILANT . . . . N OTHER _____ X (SPECIFY) NO ANSWER . . . . Y	
706	Who is the person who did or does beat you most often?	CURRENT HUSBAND/PARTNER . . . . . 01 FORMER HUSBAND/PARTNER . . . . . . 02 BOYFRIEND . . . . 03 FATHER . . . . 04 BROTHER . . . . 05 SON . . . . 06 DAUGHTER . . . . 07 MOTHER . . . . 08 FATHER-IN-LAW . . . . 09 MOTHER-IN-LAW . . . . 10 OTHER MALE RELATIVE . . . . 11 OTHER FEMALE RELATIVE . . . . 12 MANAGER/FOREMAN/EMPLOYER . . . . 13 OTHER _____ 96 (SPECIFY) NO ANSWER 98	
707	Is or was this person always, sometimes or never "on something" (drugs or alcohol) when he/she did this to you?	ALWAYS . . . . 1 SOMETIMES . . . . 2 NEVER . . . . 3 NO ANSWER 8	

708	In the past one year, approximately how many times did this happen to you? IF NONE WRITE '00'	TIMES . . . . ☐☐ NO ANSWER 96	
709	Have you ever left a husband/partner because you were being beaten?	YES . . . . 1 NO 2	
710	When you were pregnant, has anyone ever kicked, bitten, slapped, hit you with a fist, threaten you with a weapon, such as a knife, a stick, or a gun, or thrown something at you?	YES . . . . 1 NO . . . . 2 NEVER BEEN PREGNANT 3	
711	In the past year, have you ever been so seriously hurt during a beating that you needed medical attention even if you did not see a doctor?	YES . . . . 1 NO . . . . 2 NO ANSWER 3	
712	Has anyone ever forced you to have sexual intercourse against your will by threatening, holding you down or hurting you in some way?	YES . . . . 1 NO 2	⟶715
713	Has anyone ever persuaded you to have sexual intercourse when you did not want to?	YES . . . . 1 NO 2	⟶718
715	Did this happen before you were 15 years old?	YES . . . . 1 NO . . . . 2 NO ANSWER 3	⟶718
716	How old were you when this first happened?	AGE . . . . ☐☐	

717	Who did this to you?	FATHER 01
		OTHER MALE RELATIVE 02
		BROTHER 03
		FAMILY FRIEND/LODGER 04
		LANDLORD/FARMER 05
		SCHOOL TEACHER/PRINCIPAL 06
		MAN/BOY FROM NEIGHBOURHOOD/
		    SCHOOL/CHURCH 07
		MANAGER/FOREMAN/EMPLOYER 08
		STEPFATHER/MOTHER'S BOYFRIEND 09
		BOYFRIEND/HUSBAND 10
		STRANGER/RECENT ACQUAINTANCE 11
		
		OTHER _____ 96
		             (SPECIFY)
			⟶724

718	Before you were 15 years old, did any man touch you against your will in a sexual way, such as unwanted touching, kissing, grabbing or fondling?	YES . . . . 1 NO . . . . 2 NO ANSWER 3	⟶721
719	How old were you when this first happened?	AGE . . . . ☐☐	

720	Who did this to you?	FATHER 01
		OTHER MALE RELATIVE 02
		BROTHER 03
		FAMILY FRIEND/LODGER 04
		LANDLORD/FARMER 05
		SCHOOL TEACHER/PRINCIPAL 06
		MAN/BOY FROM NEIGHBOURHOOD/
		    SCHOOL/CHURCH 07
		MANAGER/FOREMAN/EMPLOYER 08
		STEPFATHER/MOTHER'S BOYFRIEND 09
		BOYFRIEND/HUSBAND 10
		STRANGER/RECENT ACQUAINTANCE 11
		
		OTHER _____ 96
		             (SPECIFY)	

721	Before you were 15 years old, did any man force you to touch his private parts against your will?	YES .... 1 NO .... 2 NO ANSWER 8	→724
722	How old were you when this first happened	AGE .... ☐☐	

723	Who did this to you?	FATHER 01
		OTHER MALE RELATIVE 02
		BROTHER 03
		FAMILY FRIEND/LODGER 04
		LANDLORD/FARMER 05
		SCHOOL TEACHER/PRINCIPAL 06
		MAN/BOY FROM NEIGHBOURHOOD/
		    SCHOOL/CHURCH 07
		MANAGER/FOREMAN/EMPLOYER 08
		STEPFATHER/MOTHER'S BOYFRIEND 09
		BOYFRIEND/HUSBAND 10
		STRANGER/RECENT ACQUAINTANCE 11
		
		OTHER _____ 96
		     (SPECIFY)	

724	Have you tried to get help from services of any kind because of beatings or other bad treatment?	YES .... 1 NO 2	→726
725	What do or did you use?	SHELTER .... A COUNSELLING .... B WOMEN'S CENTRE .... C SOCIAL WORKER .... D POLICE .... E CLINIC/HOSPITAL .... F OTHER _____ X (SPECIFY)	
726	Would you have liked to have had help from a service that was not available?	YES .... 1 NO 2	→801
727	What service would have been helpful to you?	SHELTER .... A COUNSELLING .... B WOMEN'S CENTRE .... C SOCIAL WORKER .... D POLICE .... E CLINIC/HOSPITAL .... F OTHER _____ X (SPECIFY)	
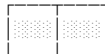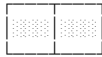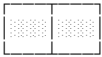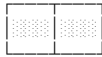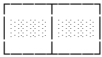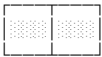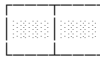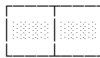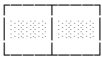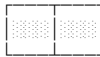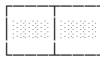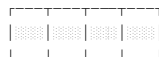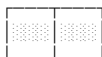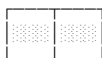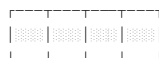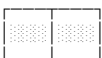
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	 ⟶901

802 — How much information about HIV/AIDS did you obtain from each of the following sources:

Answer each question with a lot, some or none

		A LOT	SOME	NONE
a)	TV?			
b)	Radio?			
c)	Newspaper?			
d)	Pamphlets?			
e)	Health Workers?			
f)	Friends?			
g)	Partner(s)?			
h)	Relatives?			

	A LOT	SOME	NONE
TV	1	2	3
RADIO	1	2	3
NEWSPAPER	1	2	3
PAMPHLETS	1	2	3
HEALTH WORKERS	1	2	3
FRIENDS	1	2	3
PARTNER(S)	1	2	3
RELATIVES	1	2	3

803 — I am going to read out some statements about protection against HIV/AIDS. For each statement, please tell me whether you think it is true or not.

People can protect themselves from HIV/AIDS by:

a) having a good diet
b) staying with one faithful partner
c) avoiding public toilets
d) using condoms during sexual intercourse
e) avoiding touching a person who has AIDS
f) avoiding sharing food with a person who has AIDS
g) avoiding being bitten by mosquitos or similar insects
h) making sure any injection they have is done with a clean needle
I) avoid sharing razor blades

	TRUE	NOT TRUE	DON'T KNOW
DIET	1	2	8
FAITHFUL	1	2	8
AVOID TOILETS	1	2	8
CONDOMS	1	2	8
AVOID TOUCH	1	2	8
AVOID SHARED FOOD	1	2	8
AVOID MOSQUITOS	1	2	8
CLEAN INJECTION	1	2	8
AVOID RAZOR	1	2	8

| 804 | Do you think that a person infected with the AIDS virus always shows symptoms or can such a person look perfectly healthy? | ALWAYS SHOWS SYMPTOMS 1
CAN LOOK HEALTHY 2
DON'T KNOW . . . . 8 | |

804A — I am going to ask you some questions about the need for people to be informed about their HIV/AIDS status:

a) should people with AIDS be told about their status?
b) should people diagnosed HIV positive be told about their status?
c) should HIV/AIDS patients tell their partner(s) about their status?
d) should the reporting of AIDS status to health authorities be made mandatory by law?
e) should the reporting of HIV status to health authorities be made mandatory by law?

	TRUE	NOT TRUE	DON'T KNOW
TOLD ABOUT AIDS	1	2	8
TOLD ABOUT HIV	1	2	8
TELL PARTNERS	1	2	8
REPORT AIDS	1	2	8
REPORT HIV	1	2	8

| 805 | Do you personally know someone who has been diagnosed with HIV/AIDS or who has died of AIDS? | YES 1
NO . . . . 2 |
⟶901 |

805A — How much assistance and support do you think AIDS patients receive from each of the following:
Answer the questions with a lot, some or none.

a) employers?
b) co-workers?
c) insurance companies?
d) health workers?
e) friends?
f) partner(s)?
g) relatives?

	ALOT	SOME	NONE
A) EMPLOYERS	1	2	3
B) CO-WORKERS	1	2	3
C) INSURANCE C.	1	2	3
D) HEALTH WORKERS	1	2	3
E) FRIENDS	1	2	3
F) PARTNER(S)	1	2	3
G) RELATIVES	1		23

SECTION 9 - MATERNAL MORTALITY

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to ask some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?		
	NUMBER OF BIRTHS TO NATURAL MOTHER	☐☐	

902	CHECK 901: TWO OR MORE BIRTHS ONLY ONE BIRTH (RESPONDENT ONLY)
	☐ ▼	☐ └────────────→1001

903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS	☐☐

904 What was the name given to your eldest (next oldest) brother or sister?	905 Is (NAME) male or female?	906 Is (NAME) still alive?	907 How old is (NAME)?	908 In what year did (NAME) die?	909 How many years ago did (NAME) die?	910 How old was (NAME) when she/he died?

[1]
_____
	MALE 1
	
	FEMALE . . . 2
		YES 1
		NO . . . . 2⌐
		  GO TO 908 ↵
		DK . . . . 8⌐
		  GO TO [2] ↵
			☐☐
			
			GO TO [2]
				☐☐☐☐
				GO TO 910 ↵
				DK 9998
					☐☐	☐☐
						
						IF MALE OR DIED BEFORE AGE 12 GO TO [2]

[2]
_____
	MALE 1
	
	FEMALE . . . 2
		YES 1
		NO . . . . 2⌐
		  GO TO 908 ↵
		DK . . . . 8⌐
		  GO TO [3] ↵
			☐☐
			
			GO TO [3]
				☐☐☐☐
				GO TO 910 ↵
				DK 9998
					☐☐	☐☐
						
						IF MALE OR DIED BEFORE AGE 12 GO TO [3]

[3]
_____
	MALE 1
	
	FEMALE . . . 2
		YES 1
		NO . . . . 2⌐
		  GO TO 908 ↵
		DK . . . . 8⌐
		  GO TO [4] ↵
			☐☐
			
			GO TO [4]
				☐☐☐☐
				GO TO 910 ↵
				DK 9998
					☐☐	☐☐
						
						IF MALE OR DIED BEFORE AGE 12 GO TO [4]

[4]
_____
	MALE 1
	
	FEMALE . . . 2
		YES 1
		NO . . . . 2⌐
		  GO TO 908 ↵
		DK . . . . 8⌐
		  GO TO [5] ↵
			☐☐
			
			GO TO [5]
				☐☐☐☐
				GO TO 910 ↵
				DK 9998
					☐☐	☐☐
						
						IF MALE OR DIED BEFORE AGE 12 GO TO [5]

[5]
_____
	MALE 1
	
	FEMALE . . . 2
		YES 1
		NO . . . . 2⌐
		  GO TO 908 ↵
		DK . . . . 8⌐
		  GO TO [6] ↵
			☐☐
			
			GO TO [6]
				☐☐☐☐
				GO TO 910 ↵
				DK 9998
					☐☐	☐☐
						
						IF MALE OR DIED BEFORE AGE 12 GO TO [6]

[6]
_____
	MALE 1
	
	FEMALE . . . 2
		YES 1
		NO . . . . 2⌐
		  GO TO 908 ↵
		DK . . . . 8⌐
		  GO TO [7] ↵
			☐☐
			
			GO TO [7]
				☐☐☐☐
				GO TO 910 ↵
				DK 9998
					☐☐	☐☐
						
						IF MALE OR DIED BEFORE AGE 12 GO TO [7]

911 Was (NAME) pregnant when she died?	912 Did (NAME) die during childbirth?	913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	914 Was her death due to complications of pregnancy or childbirth?	915 How many children did (NAME) give birth to during her lifetime?
YES 1 GO TO 914 NO 2	YES ...... 1 GO TO 915 NO 2	YES .... 1 NO .... 2 GO TO 915	YES .... 1 NO 2	GO TO [2]
YES 1 GO TO 914 NO 2	YES ...... 1 GO TO 915 NO 2	YES .... 1 NO .... 2 GO TO 915	YES .... 1 NO 2	GO TO [3]
YES 1 GOT TO 914 NO 2	YES ...... 1 GO TO 915 NO 2	YES .... 1 NO .... 2 GO TO 915	YES .... 1 NO 2	GO TO [4]
YES 1 GO TO 914 NO 2	YES ...... 1 GO TO 915 NO 2	YES .... 1 NO .... 2 GO TO 915	YES .... 1 NO 2	GO TO [5]
YES 1 GO TO 914 NO 2	YES ...... 1 GO TO 915 NO 2	YES .... 1 NO .... 2 GO TO 915	YES .... 1 NO 2	GO TO [6]
YES 1 GO TO 914 NO 2	YES ...... 1 GO TO 915 NO 2	YES .... 1 NO .... 2 GO TO 915	YES .... 1 NO 2	GO TO [7]

904 What was the name given to your eldest (next oldest) brother or sister?	905 Is (NAME) male or female?	906 Is (NAME) still alive?	907 How old is (NAME)?	908 In what year did (NAME) die?	909 How many years ago did (NAME) die?	910 How old was (NAME) when she/he died?
[7] _____	MALE . . . . . 1 FEMALE . . . 2	YES . . . . 1 NO . . . . 2 GO TO 908 DK . . . . 8 GO TO [8]	GO TO [8]	GO TO 910 DK 9998		IF MALE OR DIED BEFORE AGE 12 GO TO [8]
[8] _____	MALE . . . . . 1 FEMALE . . . 2	YES . . . . 1 NO . . . . 2 GO TO 908 DK . . . . 8 GO TO [9]	GO TO [9]	GO TO 910 DK 9998		IF MALE OR DIED BEFORE AGE 12 GO TO [9]
[9] _____	MALE . . . . . 1 FEMALE . . . 2	YES . . . . 1 NO . . . . 2 GO TO 908 DK . . . . 8 GO TO [10]	GO TO [10]	GO TO 910 DK 9998		IF MALE OR DIED BEFORE AGE 12 GO TO [10]
[10] _____	MALE . . . . . 1 FEMALE . . . 2	YES . . . . 1 NO . . . . 2 GO TO 908 DK . . . . 8 GO TO [11]	GO TO [11]	GO TO 910 DK 9998		IF MALE OR DIED BEFORE AGE 12 GO TO [11]
[11] _____	MALE . . . . . 1 FEMALE . . . 2	YES . . . . 1 NO . . . . 2 GO TO 908 DK . . . . 8 GO TO [12]	GO TO [12]	GO TO 910 DK 9998		IF MALE OR DIED BEFORE AGE 12 GO TO [12]
[12] _____	MALE . . . . . 1 FEMALE . . . 2	YES . . . . 1 NO . . . . 2 GO TO 908 DK . . . . 8 GO TO [13]	GO TO [13]	GO TO 910 DK 9998		IF MALE OR DIED BEFORE AGE 12 GO TO [13]
[13] _____	MALE . . . . . 1 FEMALE . . . 2	YES . . . . 1 NO . . . . 2 GO TO 908 DK . . . . 8 GO TO [14]	GO TO [14]	GO TO 910 DK 9998		IF MALE OR DIED BEFORE AGE 12 GO TO [14]
[14] _____	MALE . . . . . 1 FEMALE . . . 2	YES . . . . 1 NO . . . . 2 GO TO 908 DK . . . . 8 GO TO [15]	GO TO [15]	GO TO 910 DK 9998		IF MALE OR DIED BEFORE AGE 12 GO TO [15]
[15] _____	MALE . . . . . 1 FEMALE . . . 2	YES . . . . 1 NO . . . . 2 GO TO 908 DK . . . . 8 GO TO [16]	GO TO [16]	GO TO 910 DK 9998		IF MALE OR DIED BEFORE AGE 12 GO TO [16]

911 Was (NAME) pregnant when she died?	912 Did (NAME) die during childbirth?	913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	914 Was her death due to complications of pregnancy or childbirth?	915 How many children did (NAME) give birth to during her lifetime?
YES . . . 1 GO TO 914 NO 2	YES . . . . . . 1 GO TO 915 NO 2	YES . . . . 1 NO . . . . 2 GO TO 915	YES . . . . 1 NO 2	GO TO [8]
YES . . . 1 GO TO 914 NO 2	YES . . . . . . 1 GO TO 915 NO 2	YES . . . . 1 NO . . . . 2 GO TO 915	YES . . . . 1 NO 2	GO TO [9]
YES . . . 1 GO TO 914 NO 2	YES . . . . . . 1 GO TO 915 NO 2	YES . . . . 1 NO . . . . 2 GO TO 915	YES . . . . 1 NO 2	GO TO [10]
YES . . . 1 GO TO 914 NO 2	YES . . . . . . 1 GO TO 915 NO 2	YES . . . . 1 NO . . . . 2 GO TO 915	YES . . . . 1 NO 2	GO TO [11]
YES . . . 1 GO TO 914 NO 2	YES . . . . . . 1 GO TO 915 NO 2	YES . . . . 1 NO . . . . 2 GO TO 915	YES . . . . 1 NO 2	GO TO [12]
YES . . . 1 GO TO 914 NO 2	YES . . . . . . 1 GO TO 915 NO 2	YES . . . . 1 NO . . . . 2 GO TO 915	YES . . . . 1 NO 2	GO TO [13]
YES . . . 1 GO TO 914 NO 2	YES . . . . . . 1 GO TO 915 NO 2	YES . . . . 1 NO . . . . 2 GO TO 915	YES . . . . 1 NO 2	GO TO [14]
YES . . . 1 GO TO 914 NO 2	YES . . . . . . 1 GO TO 915 NO 2	YES . . . . 1 NO . . . . 2 GO TO 915	YES . . . . 1 NO 2	GO TO [15]
YES . . . 1 GO TO 914 NO 2	YES . . . . . . 1 GO TO 915 NO 2	YES . . . . 1 NO . . . . 2 GO TO 915	YES . . . . 1 NO 2	GO TO [16]

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	CHECK 502 AND 504: CURRENTLY ⌐ FORMERLY ⌐ NEVER MARRIED/ MARRIED/ MARRIED AND LIVING WITH LIVED WITH NEVER IN UNION ⌐ A MAN ▾ A MAN		→1003 →1009
1002	How old was your husband/partner on his last birthday?	AGE . . . . ☐☐	
1003	Did your (last) husband/partner ever attend school?	YES . . . . 1 NO 2	→1005
1004	What was the highest (standard/year) he completed at school?	LESS THAN 1 YEAR COMPLETED . 00 SUB A/CLASS 1 . . . . 71 SUB B/CLASS 2 . . . . 72 STANDARD 1 . . . . 01 STANDARD 2 . . . . 02 STANDARD 3 . . . . 03 STANDARD 4 . . . . 04 STANDARD 5 . . . . 05 STANDARD 6 . . . . 06 STANDARD 7 . . . . 07 STANDARD 8 . . . . 08 STANDARD 9 . . . . 09 STANDARD 10 . . . . 10 FURTHER STUDIES INCOMPLETE . 11 DIPLOMA/OTHER POSTSCHOOL COMPLETE . . . . 12 FURTHER DEGREE COMPLETE . . 13 DON'T KNOW 98	
1005	Does your husband/partner currently work?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1006	What (is/was) your (last) husband/partner's occupation? That is, what kind of work (does/did) he mainly do?	☐☐ _____ _____ _____	
1009	Aside from your own housework, are you currently working for money?	YES . . . . 1 NO 2	→1012
1010	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	→1012
1011	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→1026
1012	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____ _____	
1015	Do you do this work for a family business, are you employed by someone outside the family or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE . . . . 2 SELF-EMPLOYED 3	
1016	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	→1018 →1019

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1017	During the last 12 months, how many months did you work?	NUMBER OF MONTHS . . . ▢▢	
1018	During the last 12 months, how many days a week did you usually work (in the months that you worked) ?	NUMBER OF DAYS . . . . ▢	→1020
1019	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS . . ▢▢▢	
1020	Do you earn cash for your work? PROBE: Do you make money for working?	YES . . . . 1 NO 2	→1023
1021	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR 1 ▢▢▢▢▢▢ PER DAY . 2 ▢▢▢▢▢▢ PER WEEK 3 ▢▢▢▢▢▢ PER MONTH 4 ▢▢▢▢▢▢ PER YEAR 5 ▢▢▢▢▢▢ OTHER _____ ____ 9999996 (SPECIFY)	
1022	CHECK 502: YES, CURRENTLY MARRIED ▢ YES, LIVING WITH A MAN ▢ Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? O, NOT IN UNION ▢ Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES . . . . 1 HUSBAND/PARTNER DECIDES . . . . 2 JOINTLY WITH HUSBAND/PARTNER 3 SOMEONE ELSE DECIDES . . . . 4 JOINTLY WITH SOMEONE ELSE . . . 5	
1023	Do you usually work at home or away from home?	HOME . . . . 1 AWAY 2	
1024	CHECK 222 AND 223: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES ▢ NO ▢ _____		→1026
1025	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT . . . . 01 HUSBAND/PARTNER . . . . 02 OLDER FEMALE CHILD . . . . 03 OLDER MALE CHILD . . . . 04 OTHER RELATIVES . . . . 05 NEIGHBORS . . . . 06 FRIENDS . . . . 07 SERVANTS/HIRED HELP . . . . 08 CHILD IS IN SCHOOL . . . . 09 INSTITUTIONAL CHILD CARE . . . . . 10 HAS NOT WORKED SINCE LAST BIRTH . . . . 95 OTHER _____ 96 (SPECIFY)	
1026	RECORD THE TIME	HOURS ▢▢ MINUTES ▢▢	

INTERVIEWERS OBSERVATION

Comments about the
respondent/s: _____

_____

_____

_____

Comments on Specific
Questions: _____

_____

_____

_____

Any other comments: _____

_____

_____

_____

SUPERVISOR'S OBSERVATION

Name of Supervisor: _____ Date:_____

EDITOR'S OBSERVATIONS

Name of Editor:_____ Date:_____

W-ENG41