



MATERNAL MORTALITY QUESTIONNAIRE






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IDENTIFICATION	
ADMINISTRATIVE INFORMATION GOVERNORATE NUMBER _____ DIRECTORATE NAME _____ SUB-DIRECTORATE NAME _____ URBAN = 1 RURAL = 2	LISTING INFORMATION SECTOR NUMBER _____ SECTION NUMBER _____ CLUSTER NUMBER _____ HOUSEHOLD CLUSTER NUMBER _____ HOUSEHOLD NUMBER _____ DECEASED WOMAN SERIAL # IN CLUSTER _____

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	____ / ____ / 2013	____ / ____ / 2013	____ / ____ / 2013	DAY _____ MONTH _____ YEAR <table border="1"><tr><td>2</td><td>0</td><td>1</td><td>3</td></tr></table> INT. NUMBER <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> RESULT _____	2	0	1	3				
2	0	1	3									
INTERVIEWER'S NAME	_____	_____	_____									
RESULT*	_____	_____	_____									
NEXT VISIT: DATE	____ / ____ / 2013	____ / ____ / 2013		TOTAL NUMBER OF VISITS <table border="1"><tr><td></td></tr></table>								
TIME	_____	_____										
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 OTHER _____ (SPECIFY)												

NAME	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYER
SIGNATURE	_____	_____	_____	_____
DATE	_____	_____	_____	_____
CODE	____ / ____ / 2013	____ / ____ / 2013	____ / ____ / 2013	____ / ____ / 2013

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR MINUTES	
102	RECORD THE NAME AND THE LINE NUMBER OF THE PERSON ANSWERING THE QUESTIONS REGARDING THE DEAD WOMAN RECORD '00' IF THE RESPONDENT IS NOT PART OF THE HOUSEHOLD	NAME OF HUSBAND _____ LINE NUMBER OF HUSBAND	
103	What is the name of the deceased woman?	NAME OF DECEASED WOMAN _____	
104	I would like to ask you some questions about (NAME OF THE DECEASED), God rest her soul.. What is your relationship to her?	HUSBAND 01 FATHER/MOTHER 02 BROTHER/SISTER 03 SON/DAUGHTER 04 UNCLE/AUNT 05 GRANDFATHER/GRANDMOTHER..... 06 HUSBAND/FATHER/H. MOTHER..... 07 HUSBAND'S BOTHER/SISTER..... 08 HUSBAND'S UNCLE/AUNT..... 09 HUSBAND'S GR. FATHER/GR. MOTHER 10 OTHER RELATIVE 96 (SPECIFY) _____ NOT A RELATIVE 98 (SPECIFY) _____	
105	Who was with her when she died? RECORD THE CODE OF THE RELATIONSHIP FROM Q.104	RELAIONSHIP	
106	In what month and year was (NAME OF THE DECEASED) born?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	
107	In what month and year had (NAME OF THE DECEASED) died?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	
108	How old was the deceased woman when she died?	AGE IN COMPLETED YEARS DON'T KNOW 98	
109	CHECK 108 AGE BETWEEN 12 AND 49 <input type="checkbox"/> ↓ OTHER AGE <input type="checkbox"/>		END OF THE INTERVIEW →
	Was (NAME OF THE DECEASED) married or had ever been married?	YES 1 NO 2	→ END OF INTERVIEW
110	Did the deceased woman die when she was pregnant or during delivery or during the forty days after giving birth?	YES 1 NO 2	→ END OF INTERVIEW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	What was her level of education?	ILLITERATE 01 READS AND WRITE 02 PRIMARY 03 PREPARATORY, FUNDAMENTAL, UNIFIED..... 04 DIPLOMA BEFORE SECONDARY.... 05 SECONDARY 06 DIPLOMA AFTER SECONDARY.... 07 UNIVERSITY OR HIGHER 08 DON'T KNOW 98	
112	Aside from her own housework, had the deceased done any work before she died?	YES 1 NO 2 DON'T KNOW 8	 114
113	What kind of work (main occupation) did (NAME OF THE DECEASED) do before she died? WRITE EXACTLY THE ANSWER OF THE RESPONDENT REGARDING THE JOB THAT THE DECEASED HAD	MAIN OCCUPATION  _____ DON'T KNOW 98	
114	Was it her habit to chew khat leaves?	YES 1 NO 2 DON'T KNOW 8	
115	Was she a smoker (of cigarettes, mada'a, chicha)?	YES 1 NO 2 DON'T KNOW 8	
116	Now, I would like to ask you about her marriage. How old was she when she started living with her (first) husband?	AGE AT MARRIAGE  DON'T KNOW 98	
117	Was (NAME OF THE DECEASED) married, divorced, or widowed when she died?	MARRIED 1 DIVORCED 2 WIDOWED 3 DON'T KNOW 8	 201
118	What is the name of her husband? CHECK THE HOUSEHOLD SCHEDULE AND RECORD THE NAME AND THE LINE NUMBER OF THE HUSBAND. IF THE HUSBAND DOESN'T LIVE IN THE HH, RECORD '00	NAME OF HUSBAND _____ LINE NUMBER OF HUSBAND 	
119	What was her level of education?	ILLITERATE 01 READS AND WRITE 02 PRIMARY 03 PREPARATORY, FUNDAMENTAL, UNIFIED..... 04 DIPLOMA BEFORE SECONDARY.... 05 SECONDARY 06 DIPLOMA AFTER SECONDARY.... 07 UNIVERSITY OR HIGHER 08 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	Did she have a job when she died?	YES 1 NO 2 DON'T KNOW 8	<div> <div></div> <div>122</div> </div>
121	What kind of work (main occupation) did she do when she died? RECORD IN DETAIL THE OCCUPATION OF THE DECEASED'S HUSBAND AS REPORTED BY THE RESPONDENT	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div> DON'T KNOW 98	
122	How old was she when they married?	AGE OF HUSBAND AT MARRIAGE <div><div></div><div></div></div> DON'T KNOW 98	
123	Did her husband have another wife when she died?	YES: NUMBER OF WIVES.... <div><div></div></div> NO OTHER WIVES 7 DON'T KNOW 8	

SECTION 2. REPRODUCTION AND CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the live births of (NAME OF THE DECEASED). Did she ever give birth other than the pregnancy related maternal death?	YES 1 NO 2 DON'T KNOW 8	→ 212								
202	How many boys and girls did she have in all her reproductive life including those who died? IF NONE, RECORD '00'.	TOTAL BOYS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> TOTAL GIRLS <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 98									→ 205
203	How many boys and girls who were still alive when she died? IF NONE, RECORD '00'.	BOYS ALIVE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS ALIVE <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 98									→ 205
204	How many boys and girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 98									
205	How many births did she have in the last two years 2011 and 2012?	NUMBER OF BIRTHS.... <table border="1"><tr><td></td></tr></table> NONE 7 DON'T KNOW 8		→ 212							

BIRTH RECORDS DURING THE LAST TWO YEARS 2011-2012

206	207	208	209	210	211								
Now I would like to record the names of all births that (NAME OF THE DECEASED) had in the last 2 years preceding the survey, starting with the last birth she had. What was the name of her last birth, the birth before last.....?	Was the birth twins or not?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? IF RESPONDENT DOES NOT THE MONTH AND YEAR OF BIRTH, RECORD 98/9998	Is (NAME) still alive?	How old was (NAME) when he/she died in months? RECORD '00' IF AGE AT DEATH IS LESS THAN A MONTH								
1	NAME: _____ SING.. 1 TWINS 2	BOY... 1 GIRL... 2	MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES 1 NEXT BIRTH OR 212 NO 2	MONTHS <table border="1"><tr><td></td><td></td></tr></table> DO NOT KNOW.. 98		
2	NAME: _____ SING.. 1 TWINS 2	BOY... 1 GIRL... 2	MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES 1 NEXT BIRTH OR 212 NO 2	MONTHS <table border="1"><tr><td></td><td></td></tr></table> DO NOT KNOW.. 98		
3	NAME: _____ SING.. 1 TWINS 2	BOY... 1 GIRL... 2	MONTH <table border="1"><tr><td></td><td></td></tr></table> YEAR <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							YES 1 NEXT BIRTH OR 212 NO 2	MONTHS <table border="1"><tr><td></td><td></td></tr></table> DO NOT KNOW.. 98		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
212	Did (NAME OF THE DECEASED) ever have a pregnancy that miscarried or was aborted?	YES 1 NO 2 DON'T KNOW 8	<div> <div></div> <div>214</div> </div>
213	How many times did she have a pregnancy that miscarried or was aborted?	NUMBER OF MISCARRIAGES OF ABORTIONS..... <div><div></div><div></div></div> DON'T KNOW 98	
214	Did (NAME OF THE DECEASED) ever have a pregnancy that ended in a stillbirth?	YES 1 NO 2 DON'T KNOW 8	<div> <div></div> <div>216</div> </div>
215	How many times did she have a pregnancy that ended in a stillbirth?	NUMBER OF STILLBIRTHS.... <div><div></div><div></div></div> DON'T KNOW 98	
216	Did (NAME OF THE DECEASED) use any method of family planning with her last husband?	YES 1 NO 2 DON'T KNOW 8	<div> <div></div> <div>301</div> </div>
217	CHECK 201 HAD BIRTHS OTHER THAN THE PREGNANCY-RELATED M. MORTALITY <div><div></div></div>	HAD NO BIRTHS/ DO NOT KNOW <div><div></div></div>	<div> <div></div> <div>301</div> </div>
218	Did (NAME OF THE DECEASED) use any method of family planning in the period between the pregnancy-related maternal mortality and the previous pregnancy?	YES, USED 1 NOT USED 2 DON'T KNOW 8	




SECTION 3: THE HEALTH OF THE DECEASED BEFORE DEATH AND THE RESULT OF LAST PREGNANCY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
301	<p>Now I would like to talk about the health of the (NAME OF THE DECEASED) God rest her soul .. before her death.</p> <p>Did she suffer from any of the following health problems at any time of her life?</p> <p>1. Heart disease</p> <p>2. Blood pressure</p> <p>3. Malaria</p> <p>4. Shortness of breath</p> <p>5. Liver disease / jaundice</p> <p>6. Tuberculosis</p> <p>7. Other (specify):</p> <p>READ THE SYMPTOMS ONE BY ONE.</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>HEART DISEASE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>BLOOD PRESSURE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>MALARIA</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SHORTNES OF BREATH</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>LIVER DISEASE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>TUBERCULOSIS</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER _____</td><td>1</td><td>2</td><td></td></tr> <tr> <td colspan="4">(SPECIFY)</td></tr> </tbody> </table>		YES	NO	DK	HEART DISEASE	1	2	8	BLOOD PRESSURE	1	2	8	MALARIA	1	2	8	SHORTNES OF BREATH	1	2	8	LIVER DISEASE	1	2	8	TUBERCULOSIS	1	2	8	OTHER _____	1	2		(SPECIFY)				
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OTHER _____	1	2																																					
(SPECIFY)																																							
302	<p>CHECK 201</p> <p>GAVE BIRTHS OTHER THAN <input type="checkbox"/></p> <p>THE PREGNANCY THAT</p> <p>CAUSED HER DEATH</p> <p>HAD NO CHILDREN/ <input type="checkbox"/></p> <p>DON'T KNOW</p>		305																																				
303	<p>Did she suffer from any health problems during or after any of her past births or pregnancies?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	305																																				
304	<p>Did she suffer from the following health problems?</p> <p>1. Severe vomiting</p> <p>2. Vaginal bleeding</p> <p>3. Limbs swelling</p> <p>4. Convulsion</p> <p>5. Severe fever after delivery</p> <p>6. Caesarean section</p> <p>7. Other (specify):</p> <p>READ THE SYMPTOMS ONE BY ONE</p>	<table> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>SEVERE VOMITING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>VAGINAL BLEEDING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>LIMBS SWELLING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>CONVULSION</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>SEVERE FEVER</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>CAESAREAN SECTION</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>OTHER _____</td><td>1</td><td>2</td><td></td></tr> <tr> <td colspan="4">(SPECIFY)</td></tr> </tbody> </table>		YES	NO	DK	SEVERE VOMITING	1	2	8	VAGINAL BLEEDING	1	2	8	LIMBS SWELLING	1	2	8	CONVULSION	1	2	8	SEVERE FEVER	1	2	8	CAESAREAN SECTION	1	2	8	OTHER _____	1	2		(SPECIFY)				
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(SPECIFY)																																							
305	<p>Now, I would like to ask about her last pregnancy that ended with her death, did anyone check on that pregnancy?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	311																																				
306	<p>Whom did she go for a check up?</p> <p>PROBE: Anyone else?</p>	<p>PRIVATE PHYSICIAN A</p> <p>PHYSICIAN IN GOVNT FACILITY B</p> <p>REGISTRED MIDWIFE C</p> <p>DAYA/TRADITIONAL MIDWIFE.... D</p> <p>TRADITIONAL CLINIC/HEALER E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	311																																				
307	<p>What are the health facilities that she used for a check up and treatment during her last pregnancy?</p>	<p>GOVERNMENT HAEALTH UNIT A</p> <p>GOVERNMENT HAEALTH FACILITY B</p> <p>GOVERNMENT HOSPITAL C</p> <p>PRIVATE CLINIC D</p> <p>PRIVATE HOSPITAL/DISPENSARY.... E</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
316	Where did she give her last birth?	FAMILY'S HOME 01 A RLATIVE'S HOME 02 ON SIDE OF THE ROAD 03 GOVERNMENT HEALTH CENTER..... 04 GOVERNMENT HOSPITAL..... 05 PRIVATE DOCTOR CLINIC/ DISPENSARY 06 OTHER 96 (SPECIFY) DON'T KNOW 98									
317	How many months did this pregnancy last?	LESS THAN 6 MONTHS 00 FOR 6 MONTHS OR MORE, <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NUMBER OF MONTHS DON'T KNOW 98			→ 401 → 401						
318	Was the birth a boy or a girl?	BOY 1 GIRL 2 DON'T KNOW 8									
319	Was the baby born alive or dead?	ALIVE 1 DEAD 2 DON'T KNOW 8	→ 401								
320	Is the child still alive?	YES 1 NO 2 DON'T KNOW 8	→ 322 → 401								
321	Where is the chid living now after his/her mother's death?	FATHER'S HOME 1 MOTHER'S FAMILY 2 ANOTHER PLACE 6 (SPECIFY) DON'T KNOW 8	401								
322	How old was the child when he/she died?	<THAN ONE DAY (IN HRS) 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <THAN ONE MONTH (IN DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> <THAN ONE YEAR (IN MONTH 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> ONE YEAR OR + (IN YEARS) 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> DON'T KNOW 998									

SECTION 4: CAUSES OF DEATH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	What time of the day did (NAME OF THE DECEASED) die?	IN THE MORNING 1 IN THE AFTERNOON 2 IN THE EVENING 3 AFTER MIDNIGHT 4 DON'T KNOW 8	
402	CHECK 117 WAS MARRIED <input type="checkbox"/> WHEN SHE DIED OTHER <input type="checkbox"/>		→ 404
403	Was the (husband) present when she died?	YES 1 NO 2 DON'T KNOW 8	
404	What happened to her just before her death? PROBE: anything else?	VAGINAL BLEEDING A CONVULSION B HIGH FEVER C DELIVERY PAIN STOPPED D COMA E OTHER X (SPECIFY) NOTHING Y DON'T KNOW Z	
405	How much time passed from the onset of the health problem before her death to the time of her death?	< THAN ONE HOUR IN MI 1 < THAN ONE DAY IN HR.. 2 1 DAY OR MORE IN DAYS 3 DID NOT SHOW ANY HEALTH PROBLEM 995 DON'T KNOW 998	
406	CHECK 315 DIED DURING PREGNANCY <input type="checkbox"/> DIED DURING DELIVERY <input type="checkbox"/> DIED DURING POSTPORTUM <input type="checkbox"/>		→ 408 → 410
407	How many months pregnant was the deceased when she died?	MONTHS DON'T KNOW 98	→ 413
408	Was the child born before the mother's death?	YES 1 NO 2 DON'T KNOW 8	→ 411
409	Did the placenta separate before her death?	YES 1 NO 2 DON'T KNOW 8	→ 412
410	How much time passed from the baby delivery by (NAME OF THE DECEASED) to her death?	< THAN ONE HOUR IN MI 1 < THAN ONE DAY IN HR.. 2 1 DAY OR MORE IN DAYS 3 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	Who was the main person who supervised the deceased child delivery?	HUSBAND'S MOTHER 01 DECEASED'S MOTHER 02 REALTIVE 03 NEIGHBOR 04 REGISTERED NURSE/MIDWIFE... 05 DAYA/TRADITIONAL MIDWIFE.... 06 HEALTH PROFESSIONAL IN PUBLIC HEALTH FACILITY 07 HEALTH PROFESSIONAL IN PRIVATE HEALTH FACILITY 08 PHYSICIAN AT HOME 09 NO ONE 10 OTHER 96 (SPECIFY) DON'T KNOW 98	
412	Was she given any injection to accelerate labor?	YES 1 NO 2 DON'T KNOW 8	
413	In your opinion, what was the cause of her death?	CAUSE OF DEATH  (SPECIFY) DON'T KNOW 98	
414	Did anyone tell you about the main cause of her death?	YES 1 NO 2	→ 417
415	Who told you about the main cause of death?	HEALTH STAFF MEMBER 1 OTHER 6 (SPECIFY)	
416	What was the main cause of death as you were told? WRITE EXACTLY THE RESPONDENT'S ANSWER	CAUSE OF DEATH  (SPECIFY)	
417	Do you think that it was possible to do something to save the life of the deceased? WRITE EXACTLY THE RESPONDENT'S ANSWER	YES 1  (SPECIFY) NO 2 DON'T KNOW 8	

SECTION 5. CIRCUMSTANCES LEADING TO HER DEATH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Where did (NAME OF THE DECEASED) die?	IN HER HOME 1 IN RELATIVE'S HOME 2 EN ROUTE TO HEALTH FACILITY.... 3 IN A GOVERNMENT HEALTH FACILITY.. 4 IN A GOVERNMENT HOSPITAL..... 5 IN A PRIVATE HOSPITAL/CLINIC..... 6 IN ANOTHER PLACE _____ 7 (SPECIFY) DON'T KNOW 8	→ 503
502	Why wasn't she transferred to a hospital directly when the problem happened?	NO NEARBY FACILITY 01 TOO EXPENSIVE 02 NO TRANSPORTATION 03 NO FEMALE HEALTH PROVIDER.... 04 THE DECEASED REFUSED..... 05 HER HUSBAND WAS NOT AVAILABLE... 06 SHE WAS RELEASED FROM HOSPITAL 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
503	Did you call anybody to treat (NAME OF THE DECEASED) at home when the health problem she was suffering from before her death emerged?	YES 1 NO 2 DON'T KNOW 8	→ 506
504	Who was this person?	PRIVATE DOCTOR 1 REGISTERED NURSE/MIDWIFE 2 DAYA/TRADITIONAL MIDWIFE 3 HEALTH WORKER IN PRIMARY HEALTH CENTER 4 A REALTIVE 5 OTHER _____ 6 (SPECIFY)	
505	What did he/she do for her? PROBE: anything else?	GAVE HER AN INJECTION A RECOMMENDED TAKING HER TO A HOSPITAL B GAVE HER MEDICINE C OTHER _____ X (SPECIFY) DON'T KNOW Y	
506	Was she taken from home to the hospital before she died?	YES 1 NO 2 DON'T KNOW 8	→ 523
507	Did (NAME OF THE DECEASED) go to any health facility before she entered the hospital?	YES 1 NO 2 DON'T KNOW 8	→ 509

INTERVIEWER'S OBSERVATIONS

A	DEGREE OF COOPERATION.	POOR	1		
		FAIR	2		
		GOOD	3		
		VERY GOOD	4		
B	INTERVIEW PRIVACY	INTERVIEW THE REpondent ALONE	1		
		PRESENCE OF OTHERS DURING A PART OF THE INTERVIEW	2		
		PRESENCE OF OTHERS DURING THE WHOLE INTERVIEW	3		
C	IN CASE OF PRESENCE OF OTHERS TICK FOR WHO EXIST	YES	NO		
		CHILDREN	1		2
		HUSBAND	1		2
		OTHER WOMEN ...	1		2
		OTHER MEN	1		2

INTERVIEWER'S OBSERVATIONS

DATE: / / 2013

NAME OF INTERVIEWER: _____

EDITOR'S OBSERVATIONS

DATE: / / 2013

NAME OF EDITOR: _____

SUPERVISOR'S OBSERVATIONS

DATE: / / 2013

NAME OF SUPERVISOR: _____