

HOUSEHOLD QUESTIONNAIRE

Survey Contents Confidential by Statistical Law

IDENTIFICATION									
<div style="background-color: #cccccc; height: 20px; width: 100%;"></div>				QUESTIONNAIRE No.: 					
				BLOCK No.: 				BUILDING No.: 	
GOVERNORATE: 				BUILDING No.: 				BLOCK No.: 	
DISTRICT: 				HOUSING UNIT No.: 				CLUSTER No.: 	
SUB-DISTRICT: 				CLUSTER No.: 				HOUSEHOLD No.: 	
LOCALITY: 				HOUSEHOLD No.: 				TELEPHONE/ MOBILE No. (if available) 	
AREA: 				HOUSEHOLD No.: 				TELEPHONE/ MOBILE No. (if available) 	
SUB-AREA: 				HOUSEHOLD No.: 				TELEPHONE/ MOBILE No. (if available) 	
STRATUM: 				HOUSEHOLD No.: 				TELEPHONE/ MOBILE No. (if available) 	
URBAN/RURAL (Urban=1; Rural=2) 				HOUSEHOLD No.: 				TELEPHONE/ MOBILE No. (if available) 	
HOUSEHOLD SELECTED FOR ANTHROPOMETRY AND ANEMIA TESTING (YES = 1; NO = 2)									
INTERVIEWER VISITS									
	1	2	3	FINAL VISIT					
DATE				DAY					
INTERVIEWER'S NAME				MONTH					
RESULT*				YEAR					
NEXT VISIT: DATE				INT. NUMBER	 </				

Introduction and Consent

Hello. My name is _____ and I am working with the Department of Statistics. We are conducting a national survey about various health issues. We would very much appreciate your participation in this survey. The interview usually takes between 10 and 15 minutes to complete.

As part of the survey we would first like to ask some questions about your household.

Whatever information you provide will be kept strictly confidential, and will not be shared with anyone other than members of our survey team. Participation in the survey is completely voluntary. If we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	NATIONALITY	IF AGE 15 OR OLDER	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?					INDIVIDUAL INTERVIEW	CHECK COVER PAGE IF THIS HOUSEHOLD IS SELECTED FOR ANTHROPOMETRY AND ANEMIA	
											Is (NAME) male or female?	What is the relationship of (NAME) to the head of the household?
(1)	(2)	(3)	(4)	(5)	(5A)	(6)	(6A)	(7)	(8)	(9)	(10)	(11)
01			M F 1 2	Y N 1 2	Y N 1 2	MONTH YEAR [][] [][][][]	IN YEARS [][]	[]	[]	01	01	01
02			1 2	1 2	1 2	[][] [][][][]	[][]	[]	[]	02	02	02
03			1 2	1 2	1 2	[][] [][][][]	[][]	[]	[]	03	03	03
04			1 2	1 2	1 2	[][] [][][][]	[][]	[]	[]	04	04	04
05			1 2	1 2	1 2	[][] [][][][]	[][]	[]	[]	05	05	05
06			1 2	1 2	1 2	[][] [][][][]	[][]	[]	[]	06	06	06
07			1 2	1 2	1 2	[][] [][][][]	[][]	[]	[]	07	07	07

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

- | | | |
|------------------------------|--------------------------|------------------------------|
| 01 = HEAD | 06 = PARENT | 11 = ADOPTED/ FOSTERED CHILD |
| 02 = WIFE OR HUSBAND | 07 = PARENT-IN-LAW | 12 = NOT RELATED |
| 03 = SON OR DAUGHTER | 08 = BROTHER OR SISTER | 98 = DON'T KNOW |
| 04 = STEPSON OR STEPPAUGHTER | 09 = GRAND FATHER/MOTHER | |
| 05 = GRANDCHILD | 10 = OTHER RELATIVE | |

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		DATE OF BIRTH	AGE	NATIONALITY	IF AGE 15 OR OLDER	ELIGIBILITY			
				Does (NAME) usually live here?	Did (NAME) stay here last night?					INDIVIDUAL INTERVIEW	CHECK COVER PAGE IF THIS HOUSEHOLD IS SELECTED FOR ANTHROPOMETRY AND ANEMIA	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL SURVEY (EVER-15-49)	CIRCLE LINE NUMBER OF ALL CHILDREN BORN IN 2004 OR LATER, OR CHILDREN AGE 0-5 YEARS (IF DATE OF BIRTH NOT KNOWN)
(1)	(2)	(3)	(4)	(5)	(5A)	(6)	(6A)	(7)	(8)	(9)	(10)	(11)	
08		<input type="checkbox"/>	M 1 F 2	Y 1 N 2	Y 1 N 2	MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	IN YEARS <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08	08	08	
09		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09	09	9	
10		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10	10	10	
11		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11	11	11	
12		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12	12	12	
13		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13	13	13	
14		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	14	14	14	

TICK HERE IF CONTINUATION SHEET USED ☐

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed? YES ☐ NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here? YES ☐ NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ NO ☐

ADD TO TABLE ☐ YES ☐ NO ☐

ADD TO TABLE ☐ YES ☐ NO ☐

ADD TO TABLE ☐ YES ☐ NO ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = STEPSON OR STEPPAUGHTER
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = GRAND FATHER/MOTHER
10 = OTHER RELATIVE
11 = ADOPTED/ FOSTERED CHILD
12 = NOT RELATED
98 = DONT KNOW

IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER				IF AGE 5-24 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL				Did (NAME) attend school at any time during the (2008 - 2009) school year?
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was she a guest last night?	Has (NAME) ever attended school?	Can (NAME) read and write?	What is the highest level of school (NAME) has attended?	What is the highest grade (NAME) completed at that level?	
	(12)	(13)	(14)	(15)	(16)	(16A)	(17)	(17A)	(18)
01	Y 1 2 N DK 8 GO TO 14		Y 1 2 N K 8 GO TO 16		Y 1 2 N 1 GO TO 17	Y 1 2 N 1 NEXT LINE			Y 1 2
02	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 1 GO TO 17	1 2 1 NEXT LINE			1 2
03	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 1 GO TO 17	1 2 1 NEXT LINE			1 2
04	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 1 GO TO 17	1 2 1 NEXT LINE			1 2
05	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 1 GO TO 17	1 2 1 NEXT LINE			1 2
06	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 1 GO TO 17	1 2 1 NEXT LINE			1 2
07	1 2 8 GO TO 14		1 2 8 GO TO 16		1 2 1 GO TO 17	1 2 1 NEXT LINE			1 2

CODES FOR EDUCATION LEVEL (Q.17)

OLD SYSTEM

01 = OLD ELEMENTARY
02 = OLD PREPARATORY
03 = OLD SECONDARY

NEW SYSTEM

04 = NEW BASIC
05 = NEW SECONDARY
06 = INTERMEDIATE DIPLOMA
07 = BACHELOR
08 = HIGHER EDUCATION
98 = DON'T KNOW

CODES FOR GRADE (Q.17A)

00 = LESS THAN ONE YEAR COMPLETED
98 = DON'T KNOW

IF AGE 0-17 YEARS				IF AGE 5 YEARS OR OLDER				IF AGE 5-24 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS				EVER ATTENDED SCHOOL				Did (NAME) attend school at any time during the (2008 - 2009) school year?
	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night?	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was she a guest last night?	Has (NAME) ever attended school?	Can (NAME) read and write?	What is the highest level of school (NAME) has attended?	What is the highest grade (NAME) completed at that level?	
	(12) Y N DK 1 2 8 GO TO 14	(13) [] []	(12) Y N K 1 2 8 GO TO 16	(13) [] []	(16) Y N 1 2 GO TO 17	(16A) Y N 1 2 NEXT LINE	(17) LEVEL [] []	(17A) GRADE [] []	(18) Y N 1 2
08	1 2 8 GO TO 14	[] []	1 2 8 GO TO 16	[] []	1 2 GO TO 17	1 2 NEXT LINE	[] []	[] []	1 2
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10	1 2 8 GO TO 14	[] []	1 2 8 GO TO 16	[] []	1 2 GO TO 17	1 2 NEXT LINE	[] []	[] []	1 2
11	1 2 8 GO TO 14	[] []	1 2 8 GO TO 16	[] []	1 2 GO TO 17	1 2 NEXT LINE	[] []	[] []	1 2
12	1 2 8 GO TO 14	[] []	1 2 8 GO TO 16	[] []	1 2 GO TO 17	1 2 NEXT LINE	[] []	[] []	1 2
13	1 2 8 GO TO 14	[] []	1 2 8 GO TO 16	[] []	1 2 GO TO 17	1 2 NEXT LINE	[] []	[] []	1 2
14	1 2 8 GO TO 14	[] []	1 2 8 GO TO 16	[] []	1 2 GO TO 17	1 2 NEXT LINE	[] []	[] []	1 2

CODES FOR EDUCATION LEVEL (Qs.17)

OLD SYSTEM

01 = OLD ELEMENTARY
02 = OLD PREPARATORY
03 = OLD SECONDARY

NEW SYSTEM

04 = NEW BASIC
05 = NEW SECONDARY
06 = INTERMEDIATE DIPLOMA
07 = BACHELOR
08 = HIGHER EDUCATION
98 = DON'T KNOW

CODES FOR GRADE (Qs.17A)

00 = LESS THAN ONE YEAR COMPLETED
98 = DON'T KNOW

HOUSING UNIT AND HOUSEHOLD CHARACTERISTICS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
100	TYPE OF HOUSING UNIT. RECORD OBSERVATION.	APARTMENT 1 DAR 2 VILLA 3 HUT/BARRACK 4 OTHER 6 (SPECIFY)	
101	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSING UNIT 11 PIPED TO YARD 12 SPRING 21 RAINWATER 31 TANKER TRUCK 41 BOTTLED WATER 51 OTHER 96 (SPECIFY)	
101A	Is water normally available all day from this source?	YES 1 NO 2	
101B	In the last two weeks, was water unavailable for an entire day or longer?	YES 1 NO 2	
106	Do you do anything to the water to make it safer to drink?	YES 1 NO 2 DON'T KNOW 8	→ 108
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL A ADD BLEACH/CHLORINE B USE WATER FILTER C OTHER X (SPECIFY) DON'T KNOW Z	
108	What kind of toilet facility do members of your household usually use? IF FLUSH TOILET: Is your toilet connected to a public sewer system, a pit latrine or somewhere else?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM 11 FLUSH TO PIT LATRINE 12 FLUSH TO SOMEWHERE ELSE 13 PIT LATRINE VENTILATED IMPROVED PIT LATRINE 21 PIT LATRINE WITH SLAB 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT 23 NO FACILITY/BUSH/FIELD 61 OTHER 96 (SPECIFY)	→ 110A
109	Do you share this toilet facility with other households?	YES 1 NO 2	
110A	Is your house connected with electricity?	YES 1 NO 2	
110B	Does your household have a bed or sofa bed? IF YES: How many beds or sofa beds does your household have? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF BEDS <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																							
111	Does your household have: A radio/tape recorder? A television? Satellite? A land telephone? A refrigerator? A washing machine? Solar heater? Air conditioner? Fan? Water cooler? Microwave? Digital camera?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>RADIO/TAPE RECORDER</td><td>1</td><td>2</td></tr> <tr> <td>TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>SATELLITE</td><td>1</td><td>2</td></tr> <tr> <td>LAND TELEPHONE</td><td>1</td><td>2</td></tr> <tr> <td>REFRIGERATOR</td><td>1</td><td>2</td></tr> <tr> <td>WASHING MACHINE</td><td>1</td><td>2</td></tr> <tr> <td>SOLAR HEATER</td><td>1</td><td>2</td></tr> <tr> <td>AIR CONDITIONNER</td><td>1</td><td>2</td></tr> <tr> <td>FAN</td><td>1</td><td>2</td></tr> <tr> <td>WATER COOLER</td><td>1</td><td>2</td></tr> <tr> <td>MICROWAVE</td><td>1</td><td>2</td></tr> <tr> <td>DIGITAL CAMERA</td><td>1</td><td>2</td></tr> </table>		YES	NO	RADIO/TAPE RECORDER	1	2	TELEVISION	1	2	SATELLITE	1	2	LAND TELEPHONE	1	2	REFRIGERATOR	1	2	WASHING MACHINE	1	2	SOLAR HEATER	1	2	AIR CONDITIONNER	1	2	FAN	1	2	WATER COOLER	1	2	MICROWAVE	1	2	DIGITAL CAMERA	1	2	
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111A	Does your household have a computer? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF COMPUTERS <input type="text"/>																																								
111B	Does your household have a mobile? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF MOBILES <input type="text"/>																																								
111C	CHECK 111A and 111B: 111A OR 111B = 1 OR MORE <input type="text"/> 111A AND 111B = 0 <input type="text"/>		11Z																																							
111D	Do you have internet access at home?	YES 1 NO 2																																								
112	What type of fuel does your household mainly use for cooking?	<table border="0"> <tr><td>ELECTRICITY</td><td>1</td></tr> <tr><td>NATURAL GAS</td><td>2</td></tr> <tr><td>KEROSENE</td><td>3</td></tr> <tr><td>COAL/WOOD</td><td>4</td></tr> <tr><td>OTHER</td><td>6</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </table>	ELECTRICITY	1	NATURAL GAS	2	KEROSENE	3	COAL/WOOD	4	OTHER	6	(SPECIFY)																													
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OTHER	6																																									
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116	Do you have a separate room which is used as a kitchen?	YES 1 NO 2																																								
116A	Do you have an independent bathroom?	YES 1 NO 2																																								
117	MAIN MATERIAL OF THE FLOOR.	<table border="0"> <tr><td>NATURAL FLOOR</td><td></td></tr> <tr><td>EARTH</td><td>11</td></tr> <tr><td>FINISHED FLOOR</td><td></td></tr> <tr><td>PARQUET OR POLISHED</td><td></td></tr> <tr><td>WOOD</td><td>31</td></tr> <tr><td>TILE</td><td>32</td></tr> <tr><td>MARBLE/CERAMIC TILES</td><td>33</td></tr> <tr><td>CEMENT</td><td>34</td></tr> <tr><td>OTHER</td><td>96</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </table>	NATURAL FLOOR		EARTH	11	FINISHED FLOOR		PARQUET OR POLISHED		WOOD	31	TILE	32	MARBLE/CERAMIC TILES	33	CEMENT	34	OTHER	96	(SPECIFY)																					
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119	MAIN MATERIAL OF THE EXTERIOR WALLS. RECORD OBSERVATION.	<table border="0"> <tr><td>RUDIMENTARY</td><td></td></tr> <tr><td>MUD BRICKS</td><td>21</td></tr> <tr><td>MUD BRICKS WITH STONES</td><td>22</td></tr> <tr><td>ASBESTOS/WOOD/ZINC</td><td>23</td></tr> <tr><td>FINISHED</td><td></td></tr> <tr><td>CEMENT BRICKS</td><td>31</td></tr> <tr><td>CUT STONE</td><td>32</td></tr> <tr><td>CUT STONE AND CONCRETE</td><td>33</td></tr> <tr><td>CONCRETE</td><td>34</td></tr> <tr><td>HAIR/WOOL/CLOTH</td><td>41</td></tr> <tr><td>OTHER</td><td>96</td></tr> <tr><td colspan="2">(SPECIFY)</td></tr> </table>	RUDIMENTARY		MUD BRICKS	21	MUD BRICKS WITH STONES	22	ASBESTOS/WOOD/ZINC	23	FINISHED		CEMENT BRICKS	31	CUT STONE	32	CUT STONE AND CONCRETE	33	CONCRETE	34	HAIR/WOOL/CLOTH	41	OTHER	96	(SPECIFY)																	
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119A	How many rooms do you have in your house?	NUMBER OF ROOMS <input type="text"/>																																								
120	How many rooms in this household are used for sleeping?	ROOMS FOR SLEEPING ... <input type="text"/>																																								
120A	Does your household own a private car or pickup? IF YES: How many? IF NONE, RECORD '0'. IF 7 OR MORE, RECORD 7.	NUMBER OF CARS/PICKUPS <input type="text"/>																																								
126A	Does any member of this household have a credit card?	YES 1 NO 2																																								

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 208 AND FOR THE ANEMIA PROCEDURE IN 213			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

CONSENT STATEMENT FOR ANEMIA FOR CHILDREN

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

We request that all children born in 2004 or later participate in the anemia testing part of this survey and give a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you allow (NAME(S) OF CHILD(REN)) to participate in the anemia test?

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-5

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____	LINE NUMBER ... <input type="text"/> <input type="text"/> NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	CHECK 203: CHILD BORN IN JANUARY 2004 OR LATER?	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)	YES 1 NO 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215)
205	WEIGHT IN KILOGRAMS	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>	KG. ... <input type="text"/> <input type="text"/> <input type="text"/>
206	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2	LYING DOWN 1 STANDING UP 2
208	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
209	CHECK 203: IS CHILD AGE 0-5 MONTHS, I.E., WAS CHILD BORN IN MONTH OF INTERVIEW OR FIVE PREVIOUS MONTHS?	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2	0-5 MONTHS 1 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE, GO TO 215) OLDER 2
210	LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR THE CHILD (COLUMN 1) RECORD '00' IF NOT LISTED.	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>	LINE NUMBER ... <input type="text"/> <input type="text"/>
211	READ CONSENT STATEMENT TO PARENT/OTHER ADULT RESPONSIBLE FOR CHILD. CIRCLE CODE AND SIGN.	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 213)	GRANTED 1 (SIGN) _____ REFUSED 2 (IF REFUSED, GO TO 213)
212	RECORD HEMOGLOBIN LEVEL HERE AND IN THE ANEMIA PAMPHLET	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>	G/DL . <input type="text"/> <input type="text"/> <input type="text"/>
213	RECORD RESULT CODE OF HEMOGLOBIN MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
214		GO BACK TO 203 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 215.		

WEIGHT, HEIGHT AND HEMOGLOBIN MEASUREMENT TESTING FOR WOMEN AGE 15-49

215	CHECK COLUMN 10. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 216. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDER FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 219 AND FOR THE ANEMIA TEST PROCEDURE IN 227			
		WOMAN 1	WOMAN 2	WOMAN 3
216	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME	LINE NUMBER <input type="text"/> <input type="text"/> NAME
217	WEIGHT IN KILOGRAMS	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	KG. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
218	HEIGHT IN CENTIMETERS	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CM. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
219	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
220	AGE: CHECK COLUMN 6A.	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↩	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↩	15-17 YEARS 1 18-49 YEARS 2 (GO TO 223) ↩
221	MARITAL STATUS: CHECK COLUMN 8.	CODE 1 (NEVER MARRIED) 1 CODES 2-5 (EVER MARRIED) ... 2 (GO TO 223) ↩	CODE 1 (NEVER MARRIED) 1 CODES 2-5 (EVER MARRIED) ... 2 (GO TO 223) ↩	CODE 1 (NEVER MARRIED) 1 CODES 2-5 (EVER MARRIED) ... 2 (GO TO 223) ↩
222	FROM COLUMN 1 RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPON- SIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . <input type="text"/> <input type="text"/>
223	READ ANEMIA TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/OTHER ADULT IDENTIFIED IN 222 BEFORE ASKING RESPON- DENT'S CONSENT.	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN) (IF REFUSED, GO TO 227).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN) (IF REFUSED, GO TO 227).	GRANTED 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED 2 RESPONDENT REFUSED 3 (SIGN) (IF REFUSED, GO TO 227).

CONSENT STATEMENT FOR ANEMIA TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 223 IF RESPONDENT CONSENTS TO THE ANEMIA TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE QUESTION 222) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 223 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of this survey, we are asking people all over the country to take an anemia test. Anemia is a serious health problem that usually results from poor nutrition, infection, or chronic disease. This survey will assist the government to develop programs to prevent and treat anemia.

For the anemia testing, we will need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

The blood will be tested for anemia immediately, and the result told to you right away. The result will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide.

Will you (allow NAME OF ADOLESCENT to) take the anemia test?

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 10) NAME (COLUMN 2)	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>	LINE NUMBER <input type="text"/> <input type="text"/>
		NAME	NAME	NAME
224	PREGNANCY STATUS: CHECK COLUMN 8: IF EVER MARRIED (CODES 2-5), ASK: Are you pregnant? IF NEVER MARRIED (CODE 1), CIRCLE '3'	YES 1 NO/DK 2 NEVER MARRIED 3	YES 1 NO/DK 2 NEVER MARRIED 3	YES 1 NO/DK 2 NEVER MARRIED 3
225	CHECK 223 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE TEST FOR WHICH CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST. A FINAL OUTCOME FOR THE THE ANEMIA TEST PROCEDURE MUST BE RECORDED IN 227 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
226	RECORD HEMO- GLOBIN LEVEL HERE AND IN ANEMIA PAMPHLET	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>	G/DL <input type="text"/> <input type="text"/> . <input type="text"/>
227	RECORD RESULT CODE OF HEMO- GLOBIN MEASURE- MENT.	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6
228	GO BACK TO 217 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, END			

WOMAN'S QUESTIONNAIRE

Survey Contents Confidential by Statistical Law

IDENTIFICATION																					
		QUESTIONNAIRE No.: <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>																			
GOVERNORATE: _____	<table border="1" style="width: 100px; height: 100px; text-align: center; vertical-align: middle;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>															BLOCK No.:	<table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> </table>				
DISTRICT: _____	BUILDING No.: _____																				
SUB-DISTRICT: _____	HOUSING UNIT No.: _____																				
LOCALITY: _____	CLUSTER No.:	<table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> </table>																			
AREA: _____	HOUSEHOLD No.:	<table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> </table>																			
SUB-AREA: _____																					
STRATUM: _____	TELEPHONE/ MOBILE No. (if available) <table border="1" style="display: inline-table; width: 200px; height: 20px; vertical-align: middle;"> <tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>																				
URBAN/RURAL (Urban=1; Rural=2)																					
NAME AND LINE NUMBER OF WOMAN: _____				<table border="1" style="display: inline-table; width: 50px; height: 20px; vertical-align: middle;"> <tr><td></td><td></td></tr> </table>																	
INTERVIEWER VISITS																					
	1	2	3	FINAL VISIT																	
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 50px; height: 20px; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> MONTH <table border="1" style="display: inline-table; width: 50px; height: 20px; vertical-align: middle;"> <tr><td></td><td></td></tr> </table> YEAR <table border="1" style="display: inline-table; width: 100px; height: 20px; vertical-align: middle;"> <tr><td>2</td><td>0</td><td>0</td><td>9</td></tr> </table>					2	0	0	9									
2	0	0	9																		
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER <table border="1" style="display: inline-table; width: 50px; height: 20px; vertical-align: middle;"> <tr><td></td><td></td><td></td></tr> </table>																	
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 50px; height: 20px; vertical-align: middle;"> <tr><td></td></tr> </table>																	
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 50px; height: 20px; vertical-align: middle;"> <tr><td></td></tr> </table>																	
TIME	_____	_____	_____																		
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 INCAPACITATED																					
SUPERVISOR		FIELD EDITOR		OFFICE EDITOR																	
NAME _____		NAME _____		NAME _____																	
DATE _____		DATE _____		DATE _____																	
				KEYED BY																	
				NAME _____																	
				DATE _____																	

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____ and I am working with the Department of Statistics. We are conducting a national survey that asks women about the health of women and their children. We would very much appreciate your participation in this survey. This information will help the government to plan health services. The interview usually takes about 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTE <input type="text"/> <input type="text"/>	
101A	What is your marital status now: are you married, widowed, divorced, or separated? IF THE WOMAN IS NOT MARRIED, WIDOWED, DIVORCED OR SEPARATED, END THE INTERVIEW, AND CORRECT MARITAL STATUS AND ELIGIBILITY IN THE HOUSEHOLD QUESTIONNAIRE	MARRIED 1 DIVORCED 2 WIDOWED 3 SEPARATED 4 NEVER MARRIED 5	→ END
104	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
106	Have you ever attended school?	YES 1 NO 2	→ 201
107	What is the highest level of school you attended: Old elementary, old preparatory, old secondary, new basic, new secondary, intermediate diploma, bachelor, or higher?	OLD SYSTEM ELEMENTARY 1 PREPARATORY 2 SECONDARY 3 NEW SYSTEM BASIC 4 SECONDARY 5 INTERMEDIATE DIPLOMA 6 BACHELOR 7 HIGHER 8	
108	What is the highest grade you completed at that level?	GRADE <input type="text"/> <input type="text"/>	

SECTION 2. REPRODUCTION

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 now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 226										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR, RECORD '00'	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	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.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS . . 1 MONTHS 2 YEARS . . 3	
02	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
03	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
04	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
05	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
06	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH
07	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . 1 MONTHS 2 YEARS . . 3	YES 1 ADD ↙ BIRTH NO 2 NEXT ↙ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. IF LESS THAN 1 YEAR, RECORD '00'	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	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.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↩ BIRTH NO ... 2 NEXT ↩ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↩ BIRTH NO ... 2 NEXT ↩ BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↩ BIRTH NO ... 2 NEXT ↩ BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↩ BIRTH NO ... 2 NEXT ↩ BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> (GO TO 221)	DAYS ... 1 MONTHS 2 YEARS ... 3	YES ... 1 ADD ↩ BIRTH NO ... 2 NEXT ↩ BIRTH
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2			
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE JANUARY 2004: MONTH AND YEAR OF BIRTH ARE RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2004 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2004, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/>	
228	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 237
229A	The last time you had a such pregnancy, did the pregnancy end in a miscarriage, an induced abortion or a stillbirth?	MISCARRIAGE 1 INDUCED ABORTION 2 STILLBIRTH 3	
230	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
231	CHECK 230: LAST PREGNANCY ENDED IN <input type="text"/> JAN. 2004 OR LATER LAST PREGNANCY ENDED BEFORE <input type="text"/> JAN. 2004		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COL. 1 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
233	Since January 2004, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 235
233A	Since January 2004, how many other pregnancies that did not result in a live birth have you had?	NUMBER OF PREGNANCIES . <input type="text"/> <input type="text"/>	
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2004. ENTER 'T' IN COLUMN 1 OF THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2004?	YES 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2004 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	

SECTION 3. CONTRACEPTION

301	<p>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.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.</p>		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had a husband who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a midwife.	YES 1 NO 2 ↘	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant usually for 3 months.	YES 1 NO 2 ↘	YES 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy usually for 3 years.	YES 1 NO 2 ↘	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES 1 NO 2 ↘	YES 1 NO 2
10	PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ↘	YES 1 NO 2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES 1 NO 2 ↘	YES 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>		→ 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 306
305	ENTER '0' IN COLUMN 1 OF THE CALENDAR IN EACH BLANK MONTH.		→ 401
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
308	CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 322
311	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K PERIODIC ABSTINENCE L WITHDRAWAL M OTHER X (SPECIFY)	→ 319A
311A	CIRCLE 'A' FOR FEMALE STERILIZATION.		
316	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC MEDICAL SECTOR GOVT. HOSPITAL 11 UNIVERSITY HOSPITAL 12 ROYAL MEDICAL SERVICES 13 OTHER PUBLIC 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC ... 21 OTHER PRIVATE MEDICAL 26 (SPECIFY) DON'T KNOW 98	
319	In what month and year was the sterilization performed?		
319A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
320	CHECK 319/319A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	YES <input type="checkbox"/> NO <input type="checkbox"/>	
321	CHECK 319/319A: YEAR IS 2004 OR LATER <input type="checkbox"/> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.	YEAR IS 2003 OR EARLIER <input type="checkbox"/> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COL. 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2004 THEN SKIP TO → 331	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	<p>I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2004.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1: ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 1: * When was the last time you used a method? Which method was that?</p> <p> * When did you start using that method? How long after the birth of (NAME)?</p> <p> * How long did you use the method then?</p> <p>IN COLUMN 2: ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.</p> <p>NUMBER OF CODES IN COL.2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COL.1</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>COLUMN 2: * Why did you stop using the (METHOD)?</p> <p> * Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <p> How many months did it take you to get pregnant after you stopped using (METHOD)?</p> <p> AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1</p>		
331	<p>CHECK 311/311A:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD ... 11</p> <p>PERIODIC ABSTINENCE 12</p> <p>WITHDRAWAL 13</p> <p>OTHER METHOD 96</p>	<p>→ 401</p> <p>→ 401</p>
332	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC MEDICAL SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. MCH 13</p> <p>UNIVERSITY HOSPITAL/CLINIC 14</p> <p>ROYAL MEDICAL SERVICES 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC ... 21</p> <p>PRIVATE DOCTOR 22</p> <p>PHARMACY 23</p> <p>JORDANIAN AS. OF FP AND PROTECTION (JAFPP) 24</p> <p>UNRWA CLINIC 25</p> <p>OTHER NON-GOV ORGANIZATION 26</p> <p>OTHER PRIVATE MEDICAL 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 401</p>

SECTION 4. PREGNANCY AND POSTNATAL CARE












401	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>ONE OR MORE BIRTHS IN 2004 OR LATER <input type="checkbox"/></div> <div>NO BIRTHS IN 2004 OR LATER <input type="checkbox"/></div> </div> <div style="text-align: right;">→ 601</div>			
402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2004 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
403	LINE NUMBER FROM 212	LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME <input type="text"/> LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 426) ← LATER 2 NOT AT ALL 3 (SKIP TO 426) ←	THEN 1 (SKIP TO 426) ← LATER 2 NOT AT ALL 3 (SKIP TO 426) ←	THEN 1 (SKIP TO 426) ← LATER 2 NOT AT ALL 3 (SKIP TO 426) ←
406	How much longer would you have liked to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
426	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
427	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 448) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 449) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 449) ← DON'T KNOW 8
428	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW . 99998
448	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 450) ← NO 2 (SKIP TO 451) ←		
449	Did your period return between the birth of (NAME) and your next pregnancy?			YES 1 NO 2 (SKIP TO 453) ←
450	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98

451	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 453) ←		
452	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 454) ←		
453	For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse? IF LESS THAN 1 MONTH, RECORD '00'	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
454	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 465) ←	YES 1 (SKIP TO 460) ← NO 2 (SKIP TO 465) ←	YES 1 (SKIP TO 460) ← NO 2 (SKIP TO 465) ←
455	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 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←		
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . . A PLAIN WATER . . . B SUGAR OR GLU- COSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . . G TEA/INFUSIONS . . . H HONEY I OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) ←		
459	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 465) ← NO 2		
460	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> STILL BF 95 DON'T KNOW ... 98
465		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601.

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 101A: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CURRENTLY MARRIED/</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>WIDOWED/ SEPARATED/ DIVORCED</p> <input type="checkbox"/> </div> </div>		→ 606
602	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
603	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NO. <input type="text"/> <input type="text"/>	
604	Does your husband have another wife (other wives) besides you?	YES 1 NO 2	→ 606
605	Including yourself, in total, how many wives does your husband have?	TOTAL NUMBER OF WIVES . . <input type="text"/> DON'T KNOW 8	
606	Have you been married only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
607	CHECK 606: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>MARRIED ONLY ONCE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>MARRIED MORE THAN ONCE</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="width: 45%;"> <p>In what month and year did you start living with your husband (consummate marriage)?</p> </div> <div style="width: 45%;"> <p>Now I would like to ask about your first husband. In what month and year did you start living with him (consummate marriage)?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 612
608	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
612	When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	→ 700
613	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
700	CHECK 101A: CURRENTLY MARRIED <input type="checkbox"/>  CURRENTLY WIDOWED, DIVORCED, OR SEPARATED <input type="checkbox"/>		→ 713								
701	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/>  HE OR SHE STERILIZED <input type="checkbox"/>		→ 713								
702	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/>  Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? PREGNANT <input type="checkbox"/>  Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND PREGNANT 4 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 5	→ 704 → 713 → 709 → 708								
703	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/>  How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/>  After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" data-bbox="1226 829 1323 955"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" data-bbox="1226 913 1323 1039"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 708 → 713 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/>  PREGNANT <input type="checkbox"/>		→ 709								
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/>  NOT CURRENTLY USING <input type="checkbox"/>  CURRENTLY USING <input type="checkbox"/>		→ 713								
706	CHECK 703: NOT ASKED <input type="checkbox"/>  24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/>  00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 709								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
707	<p>CHECK 702 AND 703:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>WANTS TO HAVE A/ANOTHER CHILD BUT NOT BEFORE 2 YEARS</p> <p><input type="checkbox"/></p> </div> <div style="text-align: center;"> <p>WANTS NO MORE/ NONE</p> <p><input type="checkbox"/></p> </div> </div> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL/HYSTERECTOMY . C</p> <p>SUBFECUND/INFECOND D</p> <p>POSTPARTUM AMENORRHEIC ... E</p> <p>BREASTFEEDING F</p> <p>DIFFICULT TO GET PREGNANT ... G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED H</p> <p>HUSBAND OPPOSED I</p> <p>OTHERS OPPOSED J</p> <p>RELIGIOUS PROHIBITION K</p> <p>RUMORS L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES T</p> <p>OTHER X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
708	<p>CHECK 310: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		713
709	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	711 713
710	<p>Which contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD/PERIOD. ABSTIN. . 12</p> <p>WITHDRAWAL 13</p> <p>OTHER 96 (SPECIFY)</p> <p>DK/UNSURE..... 98</p>	713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 11 MENOPAUSAL/HYSTERECTOMY 12 SUBFECUND/INFECUND 13 WANTS AS MANY CHILDREN AS POSSIBLE 14 OPPOSITION TO USE RESPONDENT OPPOSED 21 HUSBAND OPPOSED 22 OTHERS OPPOSED 23 RELIGIOUS PROHIBITION 24 RUMORS 25 LACK OF KNOWLEDGE KNOWS NO METHOD 31 KNOWS NO SOURCE 32 METHOD-RELATED REASONS HEALTH CONCERNS 41 FEAR OF SIDE EFFECTS 42 LACK OF ACCESS/TOO FAR ... 43 COSTS TOO MUCH 44 INCONVENIENT TO USE 45 INTERFERES WITH BODY'S NORMAL PROCESSES 46 OTHER 96 (SPECIFY) DON'T KNOW 98	
713	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> 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.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→ 811 → 811
714	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP									
811	Have you done any work in the last seven days, even for one hour? By "work", I mean any paid work, any work in a business completely or partially owned by yourself, any work in a business owned by the household without payment, or work in other business?	YES 1 NO 2	→ 813									
812	Do you have any job, but you did not practice it during the last seven days for a reason such as vacation, travel, or illness?	YES 1 NO 2	→ 830									
813	What is your current occupation, that is, what kind of work do you mainly do?	_____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> _____ _____										
814	What is your employment status: are you an employee, an employer, are you self-employed, are you working for your family without payment, or are you working for someone else without payment?	EMPLOYEE 1 EMPLOYER 2 SELF-EMPLOYED 3 UNPAID FAMILY WORKER 4 UNPAID WORKER 5										
830	Do you smoke: Cigarettes? Nargila?	<table style="width: 100%;"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CIGARETTE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>NARGILA</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	CIGARETTE	1	2	NARGILA	1	2	
	YES	NO										
CIGARETTE	1	2										
NARGILA	1	2										
1210	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
IN COLUMN 1, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL. 1 BIRTHS, PREGNANCIES, CONTRACEPTIVE USE **

B BIRTHS
P PREGNANCIES
T TERMINATIONS

0 NO METHOD
1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 PILL
4 IUD
5 INJECTABLES
6 IMPLANTS
7 CONDOM
8 FEMALE CONDOM
9 DIAPHRAGM
J FOAM OR JELLY
K LACTATIONAL AMENORRHEA METHOD
L PERIODIC ABSTINENCE
M WITHDRAWAL
X OTHER _____

(SPECIFY)

NOTE: In case of a multiple birth which ended
with live and non-live birth outcomes
record BIRTH to the calendar

COL. 2: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 HEALTH CONCERNS
6 SIDE EFFECTS
7 LACK OF ACCESS/TOO FAR
8 COSTS TOO MUCH
9 INCONVENIENT TO USE
F FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D WIDOW/DIVORCE/SEPARATION
R RAMADAN
X OTHER _____

(SPECIFY)

Z DON'T KNOW

			COL. 1	COL. 2			
12	DEC	01			01	DEC	12
11	NOV	02			02	NOV	11
10	OCT	03			03	OCT	10
09	SEP	04			04	SEP	09
2	08	AUG	05		05	AUG	08 2
0	07	JUL	06		06	JUL	07 0
0	06	JUN	07		07	JUN	06 0
9	05	MAY	08		08	MAY	05 9
	04	APR	09		09	APR	04
	03	MAR	10		10	MAR	03
	02	FEB	11		11	FEB	02
	01	JAN	12		12	JAN	01
12	DEC	13			13	DEC	12
11	NOV	14			14	NOV	11
10	OCT	15			15	OCT	10
09	SEP	16			16	SEP	09
2	08	AUG	17		17	AUG	08 2
0	07	JUL	18		18	JUL	07 0
0	06	JUN	19		19	JUN	06 0
8	05	MAY	20		20	MAY	05 8
	04	APR	21		21	APR	04
	03	MAR	22		22	MAR	03
	02	FEB	23		23	FEB	02
	01	JAN	24		24	JAN	01
12	DEC	25			25	DEC	12
11	NOV	26			26	NOV	11
10	OCT	27			27	OCT	10
09	SEP	28			28	SEP	09
2	08	AUG	29		29	AUG	08 2
0	07	JUL	30		30	JUL	07 0
0	06	JUN	31		31	JUN	06 0
7	05	MAY	32		32	MAY	05 7
	04	APR	33		33	APR	04
	03	MAR	34		34	MAR	03
	02	FEB	35		35	FEB	02
	01	JAN	36		36	JAN	01
12	DEC	37			37	DEC	12
11	NOV	38			38	NOV	11
10	OCT	39			39	OCT	10
09	SEP	40			40	SEP	09
2	08	AUG	41		41	AUG	08 2
0	07	JUL	42		42	JUL	07 0
0	06	JUN	43		43	JUN	06 0
6	05	MAY	44		44	MAY	05 6
	04	APR	45		45	APR	04
	03	MAR	46		46	MAR	03
	02	FEB	47		47	FEB	02
	01	JAN	48		48	JAN	01
12	DEC	49			49	DEC	12
11	NOV	50			50	NOV	11
10	OCT	51			51	OCT	10
09	SEP	52			52	SEP	09
2	08	AUG	53		53	AUG	08 2
0	07	JUL	54		54	JUL	07 0
0	06	JUN	55		55	JUN	06 0
5	05	MAY	56		56	MAY	05 5
	04	APR	57		57	APR	04
	03	MAR	58		58	MAR	03
	02	FEB	59		59	FEB	02
	01	JAN	60		60	JAN	01
12	DEC	61			61	DEC	12
11	NOV	62			62	NOV	11
10	OCT	63			63	OCT	10
09	SEP	64			64	SEP	09
2	08	AUG	65		65	AUG	08 2
0	07	JUL	66		66	JUL	07 0
0	06	JUN	67		67	JUN	06 0
4	05	MAY	68		68	MAY	05 4
	04	APR	69		69	APR	04
	03	MAR	70		70	MAR	03
	02	FEB	71		71	FEB	02
	01	JAN	72		72	JAN	01