12IDHS-W

2012 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

Confidential

I. IDENTIFICATION	CODE
1. PROVINCE _____	
2. REGENCY/MUNICIPALITY *) _____	
3. SUB-DISTRICT _____	
4. VILLAGE _____	
5. URBAN/RURAL **) URBAN - 1 RURAL - 2	
6. CENSUS BLOCK NUMBER _____	B
7. IDHS SAMPLE CODE 2012 _____	
8. HOUSEHOLD SAMPLE NUMBER _____	
9. NAME OF HOUSEHOLD HEAD _____	
10. NAME OF RESPONDENT _____	
11. RESPONDENT'S LINE NUMBER _____	

II. INTERVIEWER VISITS

	1	2	3	FINAL VISIT		
DATE OF INTERVIEW	_____	_____	_____	DATE		
				MONTH		
				YEAR	2 0 1 2	
INTERVIEWER'S NAME	_____	_____	_____	INTERVIEWER		
RESULT ***)	_____	_____	_____	RESULT		
NEXT VISIT DATE	_____	_____				
TIME	_____	_____		TOTAL NO. OF VISIT		

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

	FIELD EDITOR	SUPERVISOR	OFFICE EDITOR	KEYED BY
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____

*) Cross out category not used
**) Circle selected category

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is .... and I am working with BPS Statistics Indonesia. We are conducting a survey about the health of women, men and children all over Indonesia. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). The information we collect will help the government to plan health services. The survey usually takes between 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

Do you have any questions?

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 . . . . ☐☐ MINUTE . . . . ☐☐	
102	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT. IF LESS THEN 15 OR OLDER THAN 49 END INTERVIEW. CORRECT 12IDHS-HH BLOCK III COLUMN (7).	AGE IN COMPLETED YEARS . . . . . . ☐☐	
104	Have you ever attended school?	YES . . . . 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, junior high, senior high, academy or university?	PRIMARY . . . . 1 JUNIOR HIGH SCHOOL . . . . 2 SENIOR HIGH SCHOOL . . . . 3 ACADEMY . . . . 4 UNIVERSITY 5	
106	What is the highest (grade/year) you completed at that level? FIRST YEAR = 0 COMPLETED = 7 DON'T KNOW = 8	GRADE/YEAR . . . . ☐	
107	CHECK 105: CODE '1' ☐ CODE '2', '3', '4' OR '5' ☐ CIRCLED CIRCLED		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

108	Now I would like you to read this sentence to me:
	
	SHOW CARD TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
	
	Can you read any part of the sentence to me?
		CANNOT READ AT ALL · · · · · · · · · · · 1
		ABLE TO READ ONLY PARTS OF
		  SENTENCE · · · · · · · · · · · · · · · · · 2
		ABLE TO READ WHOLE
		  SENTENCE 3
		BLIND/VISUALLY IMPAIRED 4	

109	CHECK 108: CODE '2', '3' ☐ CODE '1' OR '4' ☐ CIRCLED CIRCLED		→ 111
110	Do you read a newspaper or magazine, at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . 1 LESS THAN ONCE A WEEK . . . . 2 NOT AT ALL 3	

SECTION 2. REPRODUCTION

Now I would like to ask about birth to all women, including those who have never married. I apologize if some of the questions are personal.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	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 . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . [ ][ ] DAUGHTERS ELSEWHERE . . . [ ][ ]	
206	Have you ever given birth to a boy or girl who was born alive but later died? If "NO" PROBE: Any baby who cried or showed signs of life but 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 . . . . [ ][ ] GIRLS DEAD . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . [ ][ ]	
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 [ ] NO [ ] → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE [ ] NO [ ] BIRTHS BIRTHS		→ 226

211	Now I would like to record he 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	218	219	220	221
					IF ALIVE	IF ALIVE	IF ALIVE	IF DEAD	
What name was given to your (first/next) baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE AT COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF LESS THAN 1 DAY, RECORD '00' IN DAYS.	Were there any other live birth between (NAME OF PREVIOUS BIRTH) and (NAME)?
01 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	HH LINE NO. ☐☐ ↓ (NEXT BIRTH)	DAYS 1 ☐☐ MONTHS 2 YEARS 3	
02 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	HH LINE NO. ☐☐ ↓ (TO 221)	DAYS 1 ☐☐ MONTHS 2 YEARS 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
03 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	LINE NUMBER ☐☐ ↓ (TO 221)	DAYS 1 ☐☐ MONTHS 2 YEARS 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
04 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	HH LINE NO. ☐☐ ↓ (TO 221)	DAYS 1 ☐☐ MONTHS 2 YEARS 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
05 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	HH LINE NO. ☐☐ ↓ (TO 221)	DAYS 1 ☐☐ MONTHS 2 YEARS 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
06 _____ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	HH LINE NO. ☐☐ ↓ (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 (first/next) baby? RECORD NAME BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: When is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE AT COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF LESS THAN 1 DAY, RECORD '00' IN DAYS.	Were there any other live birth between (NAME OF PREVIOUS BIRTH) and (NAME)?
07 ___ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	HH LINE NO. ☐☐ ↓ (TO 221)	DAYS 1 ☐☐ MONTHS 2 YEARS 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
08 ___ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	HH LINE NO. ☐☐ ↓ (TO 221)	DAYS 1 ☐☐ MONTHS 2 YEARS 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
09 ___ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	HH LINE NO. ☐☐ ↓ (TO 221)	DAYS 1 ☐☐ MONTHS 2 YEARS 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
10 ___ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	HH LINE NO. ☐☐ ↓ (TO 221)	DAYS 1 ☐☐ MONTHS 2 YEARS 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
11 ___ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	HH LINE NO. ☐☐ ↓ (TO 221)	DAYS 1 ☐☐ MONTHS 2 YEARS 3	YES . . . . 1 ADD ↵ BIRTH NO . . . . . 2 NEXT ↵ BIRTH
12 ___ (NAME)	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . 1 NO . . 2	HH LINE NO. ☐☐ ↓ (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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK √ : NUMBERS ☐ NUMBERS ARE ☐ ARE SAME DIFFERENT → (PROBE AND RECONCILE)		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN JANUARY 2007 OR LATER.	NUMBER OF BIRTH . . . . ☐ NONE 0	→ 226
225	**C** FOR EACH BIRTH SINCE JANUARY 2007, ENTER 'L' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'L' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNNACY LASTED AND RECORD 'H' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'H's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED).		
226	Are you pregnant now?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 230
227	How many months pregnant are you? **C** RECORD NUMBER OF COMPLETED MONTHS. ENTER 'H'S IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐☐	
228	When you got pregnant, did you want to get pregnant at that time?	YES . . . . 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER . . . . 1 NO MORE 2	
230	Have you ever had a pregnancy that ended with miscarriage, abortion, or still birth?	YES . . . . 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
232	CHECK 231: LAST PREGNANCY ☐ LAST PREGNANCY ☐ ENDED IN ENDED BEFORE JANUARY 2007 OR LATER JANUARY 2007		→ 236
233	How many months pregnant were you when the last such pregnancy ended? **C** RECORD NUMBER OF COMPLETED MONTHS.ENTER 'K' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY THAT ENDED IN MASCARRIAGE 'A' FOR PREGNANCY THAT WAS ABORTED AND 'S' FOR PREGNANCY THAT ENDED IN A STILLBIRTH AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTH . . . . ☐☐	
234	Since January 2007, have you had any other pregnancies that miscarried, was aborted or ended in a stillbirth, was any else you say?	YES . . . . 1 NO 2	→ 236

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2007. **C** ENTER 'K' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY THAT ENDED IN MASCARRIAGE 'A' FOR PREGNANCY THAT WAS ABORTED AND 'S' FOR PREGNANCY THAT ENDED IN A STILLBIRTH AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
236	CHECK 231: LAST PREGNANCY ENDED IN JANUARY 2007 OR LATER → LAST PREGNANCY ENDED BEFORE JANUARY 2007 → Before January 2007, have you ever had a pregnancy that ended with: a. miscarriage? b. abortion? c. stillbirth? Was the pregnancy that ended with: a. miscarriage? b. abortion? c. stillbirth?	YES NO MISCARRIAGE . . . . 1 2 ABORTION . . . . 1 2 STILLBIRTH 1 2	
236A	CHECK 236: CODE "1" FOR MISCARRIAGE CIRCLED ↓ CODE "2" FOR MISCARRIAGE CIRCLED		→ 236C
236B	How many times did you have a miscarriage before January 2007?	NUMBER	
236C	CHECK 236: CODE "1" FOR ABORTION CIRCLED ↓ CODE "2" FOR ABORTION CIRCLED		→ 236E
236D	How many times did you have an abortion before January 2007?	NUMBER	
236E	CHECK 236: CODE "1" FOR STILLBIRTH CIRCLED ↓ CODE "2" FOR STILLBIRTH CIRCLED		→236G
236F	How many times did you have a stillbirth before January 2007?	NUMBER	
236G	CHECK 231: LAST PREGNANCY ENDED IN JANUARY 2007 OR LATER ↓ LAST PREGNANCY ENDED BEFORE JANUARY 2007		→238
236H	CHECK 236: AT LEAST ONE CODE "1" CIRCLED ↓ NO CODE "1" CIRCLED		→238
237	When did the last such pregnancy that terminated before January 2007 end?	MONTH . . . . YEAR	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO ..... 1 ☐☐ WEEKS AGO ... 2 ☐☐ MONTHS AGO ... 3 ☐☐ YEARS AGO ... 4 ☐☐ MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH/LAST MISCARRIAGE .... 995 NEVER MENSTRUATED 996	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she had have sexual intercourse?	YES .... 1 NO .... 2 DON'T KNOW 8	→301
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS .... 1 DURING HER PERIOD .... 2 RIGHT AFTER HER PERIOD HAS ENDED .... 3 HALFWAY BETWEEN TWO PERIODS .... 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION		
301	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. Have you ever heard of (METHOD)?	
01	FEMALE STERILIZATION Women can have 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
03	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2
04	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2
05	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO 2
06	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2
08	INTRAVAG/DIAPHRAGM Women can place a contraceptive tissue or a thin flexible disk in their vagina before intercourse.	YES . . . . 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES . . . . 1 NO 2
10	RHYTHM OR 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
11	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . 1 NO 2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . . . 1 NO 2
13	OTHERS Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2

302	CHECK 226:
	  CODE "2" OR "8" ☐ CODE "1" ☐
	   CIRCLED ↓ CIRCLED ──────────────→ 311	

303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO . . . . 2 ──→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. IF INJECTABLES, ASK FOR HOW MANY MONTHS.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B IUD . . . . C INJECTION 1 MONTH . . . . D INJECTION 3 MONTHS . . . . E IMPLANT . . . . F PILL . . . . G CONDOM . . . . H INTRAVAG/DIAPHRAGM . . . . I MAL . . . . J PERIODIC ABSTINENCE . . . . K WITHDRAWAL . . . . L OTHER MODERN METHOD . . . . X OTHER TRADITIONAL METHOD . . . . . Y	→ 307 → 308A → 306 → 306D → 308A → 311
305	Do you have a package of pills in the house?	YES . . . . 1 NO 2	→ 305B

305A	Please show me the package of pills you are now using.
	(RECORD TYPE OF PILLS).
	
	COMBINATION : SINGLE :
	- ANDALAN - EXCLUTON
	- DIANE
	- PILKAB
	- KOMBINASI
	- LYNDIOL
	- LEVODIOL
	- MICRODYOL
	- MICROGYNON
	- MICROLUT
	- PLANAK
	- TRINORDIOL
	- YASMIN
		PACKAGE SEEN
		
		   COMBINATION 1
		
		   SINGLE 2
		
		   OTHER 6
		
		PACKAGE NOT SEEN 8
			→ 305C

305B	Why don't you have a/can not show the package of pills?	RAN OUT . . . . 1 COST TOO MUCH . . . . 2 HUSBAND AWAY . . . . 3 MENSTRUATING . . . . 4 OTHER 6	→ 305E
305C	CHECK THE PACKET FOR PILL USE AND CIRCLE THE CORRECT CODE.	PILLS MISSING IN ORDER . . . . 1 PILLS MISSING OUT OF ORDER . . . 2 NO PILLS MISSING 3	→ 305E
305D	Why is it that you have not taken the pill (in order)?	DOESN'T KNOW WHAT TO DO . . . . . 1 HEALTH REASONS . . . . 2 FIELDWORKER'S INSTRUCTION . . . 3 NEW PACKAGE . . . . 4 MENSTRUATING . . . . 5 OTHER 6	
305E	When was the last time you took a pill? IF PILL IS TAKEN TODAY, ENTER '00'	DAYS AGO . . . . [ ][ ] MORE THAN ONE MONTH AGO 97	
305F	CHECK 305E: MORE THAN TWO TWO DAYS AGO DAYS AGO ↓ OR LESS	→ 308A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305G	Why aren't you taking the pills these days?	HUSBAND/PARTNER AWAY . . . . . 01 FORGOT . . . . 02 HEALTH REASON . . . . 03 COST TOO MUCH . . . . 04 NO NEED TO TAKE DAILY . . . . 05 RAN OUT . . . . 06 MENSTRUATING . . . . 07 OTHER 96	→ 308A
306	How many weeks ago did you have an injection?	WEEKS AGO . . . . □□	
306A	CHECK 304: CODE 'D' □ CIRCLED ↓	CODE 'E' □ CIRCLED ↓	
306B	CHECK 306: MORE THAN □ 4 WEEKS □ 4 WEEKS AGO ↓ OR LESS └→308A	MORE THAN □ 13 WEEKS □ 13 WEEKS OR LESS AGO	→ 308A
306C	Why haven't you had an injection recently?	HUSBAND/PARTNER AWAY . . . . 1 FORGOT . . . . 2 HEALTH REASONS . . . . 3 COST TOO MUCH . . . . 4 OTHER 6	→ 308A
306D	When did you start using implant?	MONTH . . . . □□ YEAR . . . . □□□□	
306E	CHECK 306D: COMPUTE DURATION OF IMPLANT USE.	DURATION IN MONTHS . . . . . □□	
306F	CHECK 306E: MORE THAN □ 36 MONTHS ↓	36 MONTHS □ OR LESS	→ 308A
306G	Why haven't you had the implant taken out?	HUSBAND/PARTNER AWAY . . . . 1 FORGOT . . . . 2 HEALTH REASONS . . . . 3 COST TOO MUCH . . . . 4 OTHER 6	→ 308A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

307	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 OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  HOSPITAL 11
		  HEALTH CENTER 12
		  CLINIC 13
		  MOBILE UNIT 14
		  OTHER _____ 16
		          (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 21
		  MATERNITY HOSPITAL 22
		  MATERNITY HOME 23
		  CLINIC 24
		  PRIVATE DOCTOR 25
		  OBSTETRICIAN 26
		  MOBILE UNIT 27
		  OTHER _____ 28
		          (SPECIFY)
		OTHER _____ 96
		          (SPECIFY)
		DON'T KNOW 98	

308 308A	In what month and year was the sterilization performed? 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 .... ☐☐ YEAR .... ☐☐☐☐	
309	How much did you (your husband/partner) pay in total for the contraceptives/sterilization, including any consultation you (he) may have had?	Rp ☐☐☐☐☐☐☐	

309A	CHECK 304:
	
	  CODE 'A' OR 'B' ☐ CODE 'A' OR 'B' ☐
	  CIRCLED NOT CIRCLED
			→ 310

309B	CHECK 304:
	
	  CODE 'A' ☐ CODE 'B' ☐
	  CIRCLED CIRCLED
	
	Before the sterilization operation, were you told that you would not able to have any (more) children because of the operation? Before the sterilization operation, was your husband/ partner told that he would not able to have any (more) children because of the operation?
		YES 1
		
		NO 2
		
		DON'T KNOW 8	

309C	Have you ever heard about recanalisation, that is an operation to reverse sterilization?	YES .... 1 NO 2	→ 310
309D	Do you know where a person can have an operation to reverse sterilization?	YES .... 1 NO 2	

310	CHECK 308/308A:
	
	    YEAR IS 2007 ☐ YEAR IS 2006 ☐
	    OR LATER OR EARLIER
	
	C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO THE DATE STARTED USING. C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2007 .
	
	    SKIP TO ⟶ 311 SKIP TO ⟶ 322		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2006. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. C **IN COLUMN 1:** ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS: • When was the last time you used a method? Which method was that? • When did you start using that method? How long after the birth of (NAME)? • How long did you use the method then? **IN COLUMN 2:** ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE. ILLUSTRATIVE QUESTIONS: • Where did you obtain the method when you start using it? • [for LAM or rhythm] Where did you get advice on how to use the method? **IN COLUMN 3:** ENTER CODES FOR REASON FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1. ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: • Why did you stop using the (METHOD)? • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: • How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ANY METHOD USED		→ 314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 324
313A	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 LIVING CHILDREN	→ 324
314	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . 00 FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUD . . . . 03 INJECTION 1 MONTH . . . . 04 INJECTION 3 MONTHS . . . . 05 IMPLANT . . . . 06 PILL . . . . 07 CONDOM . . . . 08 INTRAVAG/DIAPHRAGM . . . . 09 MAL . . . . 10 PERIODIC ABSTINENCE . . . . 11 WITHDRAWAL . . . . 12 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 324 → 317A → 326 → 315A → 326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

315	You first started using (CURRENT METHOD FROM 304) in (DATE FROM 308/308A). Where did you (CURRENT METHOD FROM 304) get it at that time?	PUBLIC SECTOR
		  HOSPITAL 11
		  HEALTH CENTER 12
		  CLINIC 13
		  FP FIELDWORKER 14
		  FP MOBILE UNIT 15
		  VILLAGE HEALTH POST 16
		  DELIVERY POST 17
		  HEALTH POST 18
		  FP POST 19	

315A	Where did you learn how to use the rhythm/lactational amenorrhea method?	OTHER _____ 20
		                    (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 31
		  MATERNITY HOSPITAL 32
		  MATERNITY HOME 33
		  CLINIC 34
		  GENERAL PRACTICIONER 35
		  OBSTETRICIAN 36	

	PROBE TO IDENTIFY THE TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.
		MIDWIFE 37
		  NURSE...................... 38
		  VILLAGE MIDWIFE 39
		  PHARMACY/DRUG STORE 40
		  OTHER _____ 41
		                    (SPECIFY)
		OTHER	

	_____
	(NAME OF PLACE)
		FRIENDS/RELATIVES 51
		  SHOP 52
		  OTHER _____ 56
		                    (SPECIFY)	

316	CHECK 304: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD .... 03 INJECTION 1 MONTH .... 04 INJECTION 3 MONTHS .... 05 IMPLANT .... 06 PILL........................... 07 CONDOM .... 08 INTRAVAG/DIAPHRAGM .... 09 MAL .... 10 PERIODIC ABSTINENCE 11	 → 323 → 320 ┐ ┘→ 326
317	At that time, were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1	→ 319
317A	When you got sterilized, were you told about side effects or problems you might have with the method?	NO 2	
318	Were you told by a health or family planning worker about side effects or problems you might have with the method?	YES .... 1 NO 2	 → 320

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	Were you told what to do if you experienced side effects or problems you might have with the method?	YES . . . . 1 NO 2	
319A	Did you have any health problems in using (CURRENT METHOD IN 314) ?	YES . . . . 1 NO 2	→ 320
319B	What is the main health problem?	WEIGHT GAIN . . . . 01 WEIGHT LOSS . . . . 02 BLEEDING . . . . 03 HYPERTENSION . . . . 04 HEADACHE . . . . 05 NAUSEA . . . . 06 NO MENSTRUATION . . . . 07 WEAK/TIRED . . . . 08 OTHER . . . . 96 DON'T KNOW 98	
320	CHECK 317: CODE '1' CODE '1' CIRCLED NOT CIRCLED At that time, were you told about other methods of family planning that you could use? When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?	YES . . . . 1 NO 2	→ 322
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . 1 NO 2	
322	CHECK 304: CIRCLE METHOD CODE. IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 IUD . . . . 03 INJECTION 1 MONTH . . . . 04 INJECTION 3 MONTHS . . . . 05 IMPLANT . . . . 06 PILL . . . . 07 CONDOM . . . . 08 INTRAVAG/DIAPHRAGM . . . . 09 MAL . . . . 10 PERIODIC ABSTINENCE . . . . 11 WITHDRAWAL . . . . 12 OTHER MODERN METHOD . . . . 95 OTHER TRADITIONAL METHOD 96	→ 326 → 326
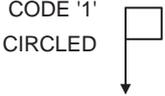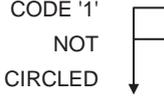
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

323	Where did you obtain (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   HOSPITAL 11
		   HEALTH CENTER 12
		   CLINIC 13
		   FP FIELDWORKER 14
		   FP MOBILE UNIT 15
		   VILLAGE HEALTH POST 16
		   DELIVERY POST 17
		   HEALTH POST 18
		   FP POST 19
		   OTHER _____ 20
		           (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   HOSPITAL 31
		   MATERNITY HOSPITAL 32
		   MATERNITY HOME 33
		   CLINIC 34
		   GENERAL PRACTITIONER 35
		   OBSTETRICIAN 36
		   MIDWIFE 37
		   NURSE 38
		   VILLAGE MIDWIFE 39
		   PHARMACY/DRUG STORE 40
		   OTHER _____ 41
		           (SPECIFY)
		OTHER
		   FRIENDS/RELATIVES 51
		   SHOP 52
		   OTHER _____ 56
		           (SPECIFY)
			→326

324	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	→ 326

325	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   HOSPITAL . . . . A
		   HEALTH CENTER . . . . B
		   CLINIC C
		   FP FIELDWORKER . . . . D
		   FP MOBILE UNIT . . . . E
		   VILLAGE HEALTH POST . . . . F
		   DELIVERY POST . . . . G
		   HEALTH POST . . . . H
		   FP POST I
		   OTHER _____ J
		           (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   HOSPITAL . . . . K
		   MATERNITY HOSPITAL L
		   MATERNITY HOME . . . . M
		   CLINIC . . . . N
		   GENERAL PRACTITIONER . . . . O
		   OBSTETRICIAN . . . . P
		   MIDWIFE . . . . Q
		   NURSE . . . . R
		   VILLAGE MIDWIFE . . . . S
		   PHARMACY/DRUG STORE . . . . T
		   OTHER _____ U
		           (SPECIFY)
		OTHER
		   FRIENDS/RELATIVES V
		   SHOP . . . . W
		   OTHER _____ X
		           (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	In the last 6 months, were you visited by a fieldworker who talked to you about family planning?	YES . . . . 1 NO 2	
327	In the last 6 months, have you visited by a health facility for care for yourself (or your children)?	YES . . . . 1 NO 2	→ 401
328	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224:		
	ONE OR MORE BIRTHS IN JANUARY 2007 OR LATER ☐	NO BIRTHS IN JANUARY 2007 OR LATER ☐	→ 556

402	CHECK 212: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN JANUARY 2007 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about your children born in the last five years. (We will talk about each separately).

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	BIRTH HISTORY NUMBER .... ☐☐	BIRTH HISTORY NUMBER .... ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES .... 1 (SKIP TO 407A) ← NO 2	YES .... 1 (SKIP TO 407A) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER .... 2 NO MORE .... 3 (SKIP TO 407A) ←	LATER .... 2 NO MORE .... 3 (SKIP TO 407A) ←
407	How much longer did you want to wait?	MONTHS .... 1 ☐☐ YEARS .... 2 DON'T KNOW 998	MONTHS .... 1 ☐☐ YEARS .... 2 DON'T KNOW 998
407A	Has (NAME)'s birth been registered?	YES .... 1 NO .... 2 (SKIP TO 407D) ← DON'T KNOW 8	YES .... 1 NO .... 2 (SKIP TO 407D) ← DON'T KNOW 8
407B	May I see the document? CHECK THE DOCUMENT(S) PRODUCED BY THE RESPONDENT. IF THERE ARE MORE THAN ONE DOCUMENT, CIRCLE THE HIGHEST CODE.	NOT SEEN .... 1 HOSPITAL RECORD .... 2 VILLAGE RECORD .... 3 PROOF OF BIRTH .... 4 (SKIP TO 408) ← BIRTH CERTIFICATE 5	NOT SEEN .... 1 HOSPITAL RECORD .... 2 VILLAGE RECORD .... 3 PROOF OF BIRTH .... 4 (SKIP TO 430) ← BIRTH CERTIFICATE 5
407C	How old was (NAME) when you registered his/her birth?	DAYS .... 1 ☐☐ WEEEKS .... 2 MONTHS .... 3 YEARS .... 4 DON'T KNOW .... 998 (SKIP TO 408) ←	DAYS .... 1 ☐☐ WEEEKS .... 2 MONTHS .... 3 YEARS .... 4 DON'T KNOW .... 998 (SKIP TO 430) ←
407D	Why was (NAME) not registered?	COST TOO MUCH .... 1 TOO FAR .... 2 DID NOT KNOW IT SHOULD BE REGISTERED .... 3 LATE, DID NOT WANT TO PAY FINE 4 DO NOT KNOW WHERE TO REGISTER .... 5 OTHER 6	COST TOO MUCH .... 1 TOO FAR .... 2 DID NOT KNOW IT SHOULD BE REGISTERED .... 3 LATE, DID NOT WANT TO PAY FINE 4 DO NOT KNOW WHERE TO REGISTER .... 5 OTHER 6

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 414B) ⬅	

409	Whom did you see?
	
	Anyone else?
	
	PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.
	
	RECORD ALL MENTIONED.
	DO NOT READ OUT RESPONSES.
		HEALTH PROFESSIONAL
		   GENERAL PRACTITIONER . . . . . . A
		   OBSTETRICIAN . . . . B
		   NURSE C
		   MIDWIFE . . . . D
		   VILLAGE MIDWIFE . . . . E
		OTHER PERSON
		   TRADITIONAL BIRTH ATTENDANT F
		
		OTHER _____ X
		(SPECIFY)	

409A	CHECK 409: CODE 'A', 'B', 'C','D' ☐ CODE 'F', OR 'X', ☐ OR 'E' CIRCLED ↓ CIRCLED ➡ (SKIP TO 410)		
409B	Were you given an MCH book for this pregnancy? IF YES: May I see it, please?	YES, SEEN . . . . 1 YES, NOT SEEN . . . . 2 NO . . . . 3 DON'T KNOW 8	

410	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.
	
	IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		HOME
		   RESPONDENT'S HOME . . . . A
		   OTHER HOME . . . . B
		PUBLIC SECTOR
		   HOSPITAL C
		   HEALTH CENTE . . . . D
		   VILLAGE HEALTH POST . . . . E
		   DELIVERY POST . . . . F
		   HEALTH POST . . . . G
		   OTHER _____ H
		(SPECIFY)
		PRIVATE MEDICAL SECTOR
		   HOSPITAL I
		   MATERNITY HOSPITAL . . . . J
		   MATERNITY HOME . . . . K
		   CLINIC L
		   GENERAL PRACTITIONER . . . . . . M
		   OBSTETRICIAN . . . . N
		   MIDWIFE . . . . O
		   NURSE . . . . P
		   VILLAGE MIDWIFE . . . . Q
		   OTHER _____ X
		(SPECIFY)	

410A	Did your husband/partner accompany you in any antenatal care visits during this pregnancy?	YES . . . . 1 NO 2	
411	How many months pregnant were you when you first received antenatal care during this pregnancy?	MONTH . . . . ☐☐ DON'T KNOW 98	
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . . . ☐☐ DON'T KNOW . . . . 98 (SKIP TO 413) ⬅	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
412A	CHECK 412: NUMBER OF TIMES RECEIVED ANTENATAL CARE.	MORE THAN ONCE ONCE ☐ ☐ ↓ (SKIP TO 413)	
412B	You made (NUMBER IN 409) antenatal care visits during this pregnancy. How many times did you receive antenatal care in: a. The first 3 months? b. Between the fourth and sixth month? c. Between the seventh month and delivery? SUM IN a, b AND c MUST BE EQUAL TO NUMBER IN 412.	NUMBER OF ANTENATAL VISITS 0 - 3 MONTHS . . . . ☐☐ 4 - 6 MONTHS . . . . ☐☐ 7 MONTH-DELIVERY . . . . . . ☐☐	
412C	How many months pregnant were you the last time you received antenatal care?	MONTH . . . . ☐☐ DON'T KNOW 98	
413	As part of your antenatal care during this pregnancy, were any of the following done at least once: - Was your weight measured? - Was your height measured? - Was your blood pressure measured? - Did you give a urine sample? - Did you give a blood sample? - Was your stomach examined ? - Consultation?	YES NO WEIGHT . . . . 1 2 HEIGHT . . . . 1 2 BLOOD PRESSURE . . . . . . 1 2 URINE SAMPLE . . . . 1 2 BLOOD SAMPLE . . . . 1 2 STOMACH . . . . 1 2 CONSULTATION 1 2	
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 414B) ← DON'T KNOW 8	
414A	Were you told where to go if you had these complications?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
414B	During your pregnancy with (NAME), did you discuss with anyone about: - Where you plan to delivery? - Transportation to the place of delivery? - Who is going to assist the delivery? - Payment for the delivery? - Identifying a possible blood donor?	YES NO PLACE TO DELIVERY . . . . 1 2 TRANSPORTATION . . . . 1 2 DELIVERY ASSISTANT . 1 2 PAYMENT . . . . 1 2 BLOOD DONOR 1 2	
414C	Did you have any complications during this pregnancy (NAME)?	YES. . . . . 1 NO . . . . 2 (SKIP TO 415) ←	
414D	What are they? Any other complications? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	LABOR BEFORE 9 MONTHS . . . . . . A VAGINAL BLEEDING . . . . B FEVER . . . . C CONVULSIONS AND FAINTING . . . . D OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
414E	What did you do to overcome the complication? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES. `	NOTHING . . . . A REST . . . . B TAKE MEDICATION . . . . C TAKE HERBS . . . . D SEE TBA . . . . E SEE MIDWIFE . . . . F SEE DOCTOR . . . . G GO TO A HEALTH FACILITY . . . . . . H OTHER . . . . X DON'T KNOW . . . . Z	
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES. . . . . 1 NO . . . . 2 (SKIP TO 418)◄───┐ DON'T KNOW 8	
416	During your pregnancy with (NAME), how many times did you get this injection? IF 5 OR MORE TIMES, RECORD '5'.	TIMES . . . . □ DON'T KNOW 8	
417	CHECK 416:	OTHER ☐ 2 OR MORE TIMES ☐ ↓ (SKIP TO 421)	
418	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . 1 NO . . . . 2 (SKIP TO 421) ◄───┐ DON'T KNOW 8	
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 5 OR MORE TIMES, RECORD '5'.	TIMES . . . . □ DON'T KNOW 8	
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO . . . . □□	
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLET/SYRUP.	YES . . . . 1 NO . . . . 2 (SKIP TO 430) ◄───┐ DON'T KNOW 8	
422	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF	DAYS . . . . □□□ DON'T KNOW 998	
430	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
431	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 433) ◄───┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 433) ◄───┐ DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
432	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD .... 1 ☐☐☐☐ GRAMS FROM RECALL ...... 2 ☐☐☐☐ DON'T KNOW 99998	GRAMS FROM CARD .... 1 ☐☐☐☐ GRAMS FROM RECALL .... 2 ☐☐☐☐ DON'T KNOW 99998

| 432A | At the time of the birth of (NAME), did you have:

- Labor, that is the strong and regular contractions lasting more than one day and one night?
- A lot more vaginal bleeding than normal following childbirth (more than 3 cloths)?
- A high fever and foul smelling vaginal discharge?
- Convulsions with loss of consciousness?
- Water breaks more than six hours before the baby was born?
- Any other complications?
IF YES, SPECIFY. |

		YES	NO	DON'T KNOW		YES	NO	DON'T KNOW
	PROLONGED LABOR	1	2	8	PROLONGED LABOR	1	2	8
	VAGINAL BLEEDING	1	2	8	VAGINAL BLEEDING	1	2	8
	FEVER/FOUL SMELLING	1	2	8	FEVER/FOUL SMELLING	1	2	8
	CONVULSIONS ...	1	2	8	CONVULSIONS	1	2	8
	WATER BREAKS	1	2	8	WATER BREAKS	1	2	8
	OTHER	1	2	8	OTHER	1	2	8
	_____ (SPECIFY)				_____ (SPECIFY)			

| 433 | Who assisted with the delivery of (NAME)?

Anyone else?
PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.

IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT DELIVERY. | HEALTH PROFESSIONAL
  GENERAL PRACTITIONER ...... A
  OBSTETRICIAN .... B
  NURSE C
  MIDWIFE .... D
  VILLAGE MIDWIFE .... E

OTHER PERSON
  TRADITIONAL BIRTH ATTENDANT F
  RELATIVE/FRIEND .... G
  OTHER _____ X
     (SPECIFY)
NO ONE .... Y | HEALTH PROFESSIONAL
  GENERAL PRACTITIONER .... A
  OBSTETRICIAN .... B
  NURSE C
  MIDWIFE .... D
  VILLAGE MIDWIFE .... E

OTHER PERSON
  TRADITIONAL BIRTH ATTENDANT .. F
  RELATIVE/FRIEND .... G
  OTHER _____ X
     (SPECIFY)
NO ONE .... Y |

| 434 | Where did you give birth to (NAME)?

PROBE TO IDENTIFY THE TYPE OF SOURCE.

IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.

_____
(NAME OF PLACE) | HOME
  RESPONDENT'S HOME 11
     (SKIP TO 438) ◄─┐
  OTHER HOME 12

PUBLIC SECTOR
  HOSPITAL/CLINIC 21
  HEALTH CENTER 22
  VILLAGE HEALTH POST 23
  DELIVERY POST 24
  OTHER _____ 26
     (SPECIFY)

PRIVATE MEDICAL SECTOR
  HOSPITAL 31
  MATERNITY HOSPITAL 32
  MATERNITY HOME 33
  CLINIC 34
  GENERAL PRACTITIONER 35
  OBSTETRICIAN 36
  MIDWIFE 37
  NURSE 38
  VILLAGE MIDWIFE 39
  OTHER _____ 40
     (SPECIFY)

OTHER _____ 96
     (SPECIFY)
     (SKIP TO 438) ◄─┘ | HOME
  RESPONDENT'S HOME 11
     (SKIP TO 438) ◄─┐
  OTHER HOME 12

PUBLIC SECTOR
  HOSPITAL/CLINIC 21
  HEALTH CENTER 22
  VILLAGE HEALTH POST 23
  DELIVERY POST 24
  OTHER _____ 26
     (SPECIFY)

PRIVATE MEDICAL SECTOR
  HOSPITAL 31
  MATERNITY HOSPITAL 32
  MATERNITY HOME 33
  CLINIC 34
  GENERAL PRACTITIONER 35
  OBSTETRICIAN 36
  MIDWIFE 37
  NURSE 38
  VILLAGE MIDWIFE 39
  OTHER _____ 40
     (SPECIFY)

OTHER _____ 96
     (SPECIFY)
     (SKIP TO 448) ◄─┘ |

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
434A	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 DON'T KNOW 998	
434B	Was your husband/partner with you when you delivered (NAME)?	YES . . . . 1 NO 2	YES . . . . 1 NO 2
435	Was (NAME) delivered by caesarean, that is, they cut your belly open to take the baby out?	YES . . . . 1 NO 2	YES . . . . 1 NO 2
436	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. After (NAME) was born, did anyone check on your health while you were still in the facility?	YES . . . . 1 (SKIP TO 439) ← NO 2	
437	Did anyone check on your health after you left the facility?	YES . . . . 1 (SKIP TO 439) ← NO . . . . 2 (SKIP TO 442) ←	
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 442) ←	

439	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PROFESSIONAL
		  OBSTETRICIAN 11
		  GENERAL PRACTITIONER 12
		  NURSE 13
		  MIDWIFE 14
		  VILLAGE MIDWIFE 15
		
		OTHER PERSON
		  TRADITIONAL BIRTH ATTENDANT 21
		OTHER _____ 96
		            (SPECIFY)	

440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐ WEEKS . . . . 3 DON'T KNOW 998	
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES . . . . 1 NO . . . . 2 (SKIP TO 446) ← DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
443	How many hours, days or weeks after the birth of (NAME) first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 ☐☐ DAYS AFTER BIRTH ... 2 ☐☐ WKS AFTER BIRTH ...333 ☐☐ DON'T KNOW 998	

444	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PROFESSIONAL
		  GENERAL PRACTITIONER 11
		  OBSTETRICIAN 12
		  PEDIATRICIAN 13
		  NURSE 14
		  MIDWIFE.................... 15
		  VILLAGE MIDWIFE 16
		OTHER PERSON
		  TRADITIONAL BIRTH ATTENDANT 21
		OTHER _____ 96
		           (SPECIFY)	

445	Where did this first check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	    (NAME OF PLACE)
		HOME
		  RESPONDENT'S HOME 11
		  OTHER HOME 12
		PUBLIC SECTOR
		  HOSPITAL 21
		  HEALTH CENTER 22
		  VILLAGE HEALTH POST 23
		  DELIVERY POST 24
		  HEALTH POST 25
		  OTHER _____ 26
		           (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 31
		  MATERNITY HOSPITAL 32
		  MATERNITY HOME 33
		  CLINIC..................... 34
		  GENERAL PRACTITIONER 35
		  OBSTETRICIAN 36
		  PEDIATRICIAN 37
		  MIDWIFE.................... 38
		  NURSE..................... 39
		  VILLAGE MIDWIFE 40
		OTHER _____ 41
		           (SPECIFY)	

446	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW RED CAPSULE.	YES .... 1 NO .... 2 DON'T KNOW 8	

447	Has your menstrual period returned since the birth of (NAME)?	YES............................ 1
		           (SKIP TO 449) ←
		NO 2
		           (SKIP TO 450) ←	

448	Did your period return between the birth of (NAME) and your next pregnancy?		YES .... 1 NO .... 2 (SKIP TO 452) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
449	For how many months after the birth of (NAME) did you not have a period?	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98

450	CHECK 226:
	
	IS RESPONDENT PREGNANT?
		CODE "2" ☐ CODE "1" ☐
		                         OR "8"
		CIRCLED CIRCLED
		      ↓ (SKIP TO 452) ←	

451	Have you had sexual intercourse since the birth of (NAME)?	YES............................... 1 NO .... 2 (SKIP TO 453) ←	
452	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS .... ☐☐ DON'T KNOW 98	MONTHS .... ☐☐ DON'T KNOW 98
453	Did you ever breastfeed (NAME)?	YES .... 1 (SKIP TO 455) ← NO 2	YES .... 1 NO 2

454	CHECK 404:
	
	IS CHILD LIVING?
		LIVING ☐ DEAD ☐
		   ↓ ↓
		(SKIP TO
		  460)
		           (GO BACK
		           TO 405 IN
		           NEXT COLUMN;
		           OR IF NO
		           MORE BIRTHS,
		           GO TO 501)	

455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00', IF LESS THAN 24 HOURS RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY .... 000 HOURS .... 1 ☐☐ DAYS .... 2 ☐☐	
456	In the first three days after delivery, before your milk began flowing regularly, 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 MENTIONED.
	DO NOT READ OUT RESPONSES.
		MILK (OTHER THAN
		  BREAST MILK) .... A
		PLAIN WATER .... B
		SUGAR OR GLUCOSE WATER C
		GRIPE WATER .... D
		SUGAR-SALT-WATER
		  SOLUTION .... E
		FRUIT JUICE .... F
		INFANT FORMULA .... G
		TEA .... H
		HONEY I
		RICE WATER .... J
		OTHER _____ X
		          (SPECIFY)	

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____		NEXT-TO-LAST BIRTH NAME _____	
458	CHECK 404: IS CHILD LIVING?	LIVING ▢	DEAD ▢ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ▢	DEAD ▢ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)
459	Are you still breastfeeding (NAME)?	YES . . . . 1 NO 2			
460	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
461		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501		GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501	

SECTION 5. IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 2006. ASK THE QUESTIONS ABOUT ALL LIVING CHILDREN, STARTING FROM OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE THE LAST COLUMN OF ADDITIONAL QUESTIONNAIRE).		

502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER . . . . ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER . . . . ☐☐
503	FROM 212 AND 216	NAME _____ LIVING ☐　　DEAD ☐ (GO TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING ☐　　DEAD ☐ (GO TO503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)
504	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . 1 (SKIP TO 506) ← YES, NOT SEEN . . . . 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN . . . . 1 (SKIP TO 506) ← YES, NOT SEEN . . . . 2 (SKIP TO 509) ← NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 (SKIP TO 509) ← NO 2	YES . . . . 1 (SKIP TO 509) ← NO 2

506	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.		

	LAST BIRTH			NEXT LAST BIRTH		
	DAY	MONTH	YEAR	DAY	MONTH	YEAR
HEPATITIS B0						
BCG						
POLIO 1						
DPT 1						
HEPATITIS B1						
POLIO 2						
DPT 2						
HEPATITIS B2						
POLIO 3						
DPT 3						
HEPATITIS B3						
POLIO 4						
MEASLES						

507	CHECK 506:	OTHER ☐　　HEPATITIS B0 TO MEASLES ALL RECORDED ☐ (SKIP TO 511)	OTHER ☐　　HEPATITIS B0 TO MEASLES ALL RECORDED ☐ (SKIP TO 511)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
508	Has (NAME) received any vaccinations that are not recorded on this card including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506.	YES . . . . 1 (PROBE FOR VACCINATIONS ←┐ AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ─┐ (SKIP TO 511) ←┘ NO . . . . 2 (SKIP TO 511) ←┐ DON'T KNOW 8	YES . . . . 1 (PROBE FOR VACCINATIONS ←┐ AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) ─┐ (SKIP TO 511) ←┘ NO . . . . 2 (SKIP TO 511) ←┐ DON'T KNOW 8
509	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases including vaccinations received in a national immunization day campaign?	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ←┐ DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:		
510A	A BCG vaccination to against tuberculosis, that is, an injection in the upper sleeve which is leaved a mark?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510B	Polio vaccine, that is, a pink or white drops in the mouth?	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510E) ←┐ DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS . . . . 1 LATER 2	FIRST 2 WEEKS . . . . 1 LATER 2
510D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . ☐	NUMBER OF TIMES . . . . ☐
510E	A DPT vaccination, that is, an injection in the thigh or buttocks, sometimes given at the same time with polio drops?	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 510G) ←┐ DON'T KNOW 8
510F	How many times was the DPT vaccine given?	NUMBER OF TIMES . . . . ☐	NUMBER OF TIMES . . . . ☐
510G	A measles injection or an MMR injection- that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
510H	A Hepatitis B injection - that is an injection on the outside of the thigh to prevent Hepatitis B?	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 511) ←┐ DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
510I	How many times was the Hepatitis B vaccine received?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES,RED .... 1 YES,BLUE .... 2 NO .... 3 DON'T KNOW 8	YES,RED .... 1 YES,BLUE .... 2 NO .... 3 DON'T KNOW 8
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/ SPRINKLES/SYRUPS.	YES .... 1 NO .... 2 DON'T KNOW 8	YES .... 1 NO .... 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES .... 1 NO .... 2 DON'T KNOV 8	YES .... 1 NO .... 2 DON'T KNOV 8

514	Has (NAME) had diarrhea in the last 2 weeks?	YES 1
		NO 2
		    (SKIP TO 525) ◄─┐
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 525) ◄─┐
			DON'T KNOW 8

514A	CHECK 459: LAST CHILD STILL BREASTFEED?	'YES' 'NO' ☐ ☐ │ │ ▼ (SKIP TO 516)	
514B	During (NAME)'s diarrhea, did you change the frequency and amount of breastfeeding?	YES .... 1 NO .... 2 (SKIP TO 516) ◄─┘	
514C	Did you reduce the number of feeds or increase them, or did you stop completely?	REDUCED .... 1 INCREASED .... 2 STOPPED COMPLETELY 3	
515	Is there blood in the stool?	YES .... 1 NO .... 2 DONT KNOW 8	YES .... 1 NO .... 2 DONT KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink (CODE 1) or somewhat less (CODE 2)?	MUCH LESS .... 1 SOMEWHAT LESS .... 2 ABOUT THE SAME .... 3 MORE .... 4 NOTHING TO DRINK .... 5 DON'T KNOW 8	MUCH LESS .... 1 SOMEWHAT LESS .... 2 ABOUT THE SAME .... 3 MORE .... 4 NOTHING TO DRINK .... 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
517	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat (CODE 1) or somewhat less (CODE 2)?	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . . . 6 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . . . 6 DON'T KNOW 8
518	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ←	YES . . . . 1 NO . . . . 2 (SKIP TO 522) ←
519	Where did you seek advice or treatment? Anywhere else? IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE (S))	PUBLIC SECTOR 　HOSPITAL . . . . A 　HEALTH CENTER . . . . B 　CLINIC . . . . C 　VILLAGE HEALTH POST . . . . . . D 　DELIVERY POST . . . . E 　HEALTH POST . . . . F 　OTHER _____ G 　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　HOSPITAL . . . . H 　MATERNITY HOSPITAL . . . . . I 　MATERNITY HOME . . . . J 　CLINIC . . . . K 　GENERAL PRACTITIONER . . . . L 　PEDIATRICIAN . . . . M 　MIDWIFE . . . . N 　NURSE . . . . O 　VILLAGE MIDWIFE . . . . P 　PHARMACY/DRUG STORE . . . . Q 　OTHER _____ R 　　　　(SPECIFY) OTHER 　TRADITIONAL BIRTH ATTENDANT S 　SHOP . . . . T 　OTHER _____ X 　　　　(SPECIFY)	PUBLIC SECTOR 　HOSPITAL . . . . A 　HEALTH CENTER . . . . B 　CLINIC . . . . C 　VILLAGE HEALTH POST . . . . . . D 　DELIVERY POST . . . . E 　HEALTH POST . . . . F 　OTHER _____ G 　　　　(SPECIFY) PRIVATE MEDICAL SECTOR 　HOSPITAL . . . . H 　MATERNITY HOSPITAL . . . . . I 　MATERNITY HOME . . . . J 　CLINIC . . . . K 　GENERAL PRACTITIONER . . . . L 　PEDIATRICIAN . . . . M 　MIDWIFE . . . . N 　NURSE . . . . O 　VILLAGE MIDWIFE . . . . P 　PHARMACY/DRUG STORE . . . . Q 　OTHER _____ R 　　　　(SPECIFY) OTHER 　TRADITIONAL BIRTH ATTENDAN S 　SHOP . . . . T 　OTHER _____ X 　　　　(SPECIFY)
520	CHECK 519:	TWO OR　　　　　ONLY □ MORE　　　　　ONE □ 　CODES　　　　CODE 　CIRCLED　　　CIRCLED ↓　　　　　(SKIP TO 522) ←	TWO OR　　　　　ONLY □ MORE　　　　　ONE □ 　CODES　　　　CODE 　CIRCLED　　　CIRCLED ↓　　　　　(SKIP TO 522) ←
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . . □	FIRST PLACE . . . . □

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

522	Was (NAME) given any of the following to drink:
	
	a. A fluid made from a special packet called ORALIT?
	
	b. A government-recommended homemade fluid?
		DON'T
		             YES NC KNOW
		
		ORALIT PACKET 1 2 8
		         . . . .
		
		HOMEMADE FLUID . . . 1 2 8
			DON'T
			             YES NO KNOW
			
			ORALIT PACKET 1 2 8
			         . . . .
			
			HOMEMADE FLUID . . . 1 2 8

523	Was anything (else) given to treat the diarrhea?	YES 1
		NO 2
		            (SKIP TO 525)◄──┐
		DON'T KNOW 8
			YES 1
			NO 2
			            (SKIP TO 525)◄──┐
			DON'T KNOW 8

524	What (else) was given to treat the diarrhea?
	Anything else?
		PILL OR SYRUP
		    ANTIBIOTIC . . . . A
		    ANTIMOTILITY . . . . B
		    ZINC C
		    OTHER (NOT ANTIBIOTIC, ANTI-
		       MOTILITY, OR ZINC) . . . . . . D
		    UNKNOWN PILL OR SYRUP . . . . E
		
		INJECTION
		    ANTIBIOTIC . . . . F
		    NON-ANTIBIOTIC . . . . G
		    UNKNOWN INJECTION . . . . H
		
		(IV) INTRAVENOUS I
		
		HOME REMEDY/HERBAL MED-
		    ICINE . . . . J
		
		OTHER _____ X
		             (SPECIFY)
			PILL OR SYRUP
			    ANTIBIOTIC . . . . A
			    ANTIMOTILITY . . . . B
			    ZINC C
			    OTHER (NOT ANTIBIOTIC, ANTI-
			       MOTILITY, OR ZINC) . . . . . . D
			    UNKNOWN PILL OR SYRUI . . . . F
			
			INJECTION
			    ANTIBIOTIC . . . . F
			    NON-ANTIBIOTIC . . . . G
			    UNKNOWN INJECTION . . . . . . H
			
			(IV) INTRAVENOUS I
			
			HOME REMEDY/HERBAL MED-
			    ICINE . . . . J
			
			OTHER _____ X
			             (SPECIFY)

525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1
		NO 2
		          (SKIP TO 530)◄──┐
		DON'T KNOW 8
			YES 1
			NO 2
			          (SKIP TO 530)◄──┐
			DON'T KNOW 8

528	When (NAME) had an illness with a cough, did she/he breathe faster than usual with short, rapid breaths or have? difficulty breathing?	YES 1
		NO 2
		         (SKIP TO 531) ◄──┐
		DON'T KNOW 8
			YES 1
			NO 2
			         (SKIP TO 531) ◄──┐
			DON'T KNOW 8

529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONL` . . . . 1 ┐
		NOSE ONLY . . . . 2 │
		BOTH . . . . 3 │
		OTHER _____ 6 │
		        (SPECIFY)
		DON'T KNOW . . . . 8 ┘
		         (SKIP TO 531) ◄──
			CHEST ONLY . . . . 1 ┐
			NOSE ONLY . . . . 2 │
			BOTH . . . . 3 │
			OTHER _____ 6 │
			        (SPECIFY)
			DON'T KNOW . . . . 8 ┘
			         (SKIP TO 531) ◄──

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

530	CHECK 525:
	
	HAD FEVER?
		YES NO OR DK
		☐ ☐
		              (GO BACK TO
		              503 IN NEXT
		              COLUMN; OR,
		              IF NO MORE
		              BIRTHS, GO
		              TO 553)
			YES NO OR DK
			☐ ☐
			              (GO BACK TO
			              503 IN NEXT
			              COLUMN; OR,
			              IF NO MORE
			              BIRTHS, GO
			              TO 553)

531	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink (CODE 1) or somewhat less (CODE 2)?	MUCH LESS .... 1 SOMEWHAT LESS .... 2 ABOUT THE SAME .... 3 MORE .... 4 NOTHING TO DRINK .... 5 DON'T KNOW.................... 8	MUCH LESS .... 1 SOMEWHAT LESS .... 2 ABOUT THE SAME .... 3 MORE .... 4 NOTHING TO DRINK .... 5 DON'T KNOW................. 8
532	When (NAME) had a (fever), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat (CODE 1) or somewhat less (CODE 2)?	MUCH LESS .... 1 SOMEWHAT LESS .... 2 ABOUT THE SAME .... 3 MORE .... 4 STOPPED FOOD .... 5 NEVER GAVE FOOD .... 6 DON'T KNOW................... 8	MUCH LESS................. 1 SOMEWHAT LESS .... 2 ABOUT THE SAME .... 3 MORE .... 4 STOPPED FOOD............... 5 NEVER GAVE FOOD .... 6 DON'T KNOW 8

533	Did you seek advice or treatment for the fever/cough?	YES 1
		NO 2
		    (SKIP TO 537) ←
			YES 1
			NO 2
			    (SKIP TO 537) ←

534	Where did you seek advice or treatment?
	
	Anywhere else?
	
	RECORD ALL MENTIONED.
	DO NOT READ OUT RESPONSES.
		PUBLIC SECTOR
		    HOSPITAL .... A
		    HEALTH CENTER .... B
		    CLINIC C
		    VILLAGE HEALTH POST ...... D
		    DELIVERY POST .... E
		    HEALTH POST .... F
		    OTHER _____ G
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		    HOSPITAL .... H
		    MATERNITY HOSPITAL I
		    MATERNITY HOME .... J
		    CLINIC .... K
		    GENERAL PRACTITIONER L
		    PEDIATRICIAN .... M
		    MIDWIFE .... N
		    NURSE..................... O
		    VILLAGE MIDWIFE .... P
		    PHARMACY/DRUG STORE .... Q
		    OTHER _____ R
		           (SPECIFY)
		
		OTHER
		    TRADITIONAL HEALER ...... S
		    SHOP .... T
		    OTHER _____ X
		           (SPECIFY)
			PUBLIC SECTOR
			    HOSPITAL .... A
			    HEALTH CENTER .... B
			    CLINIC C
			    VILLAGE HEALTH POST ...... D
			    DELIVERY POST .... E
			    HEALTH POST .... F
			    OTHER _____ G
			           (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			    HOSPITAL .... H
			    MATERNITY HOSPITAL I
			    MATERNITY HOME .... J
			    CLINIC .... K
			    GENERAL PRACTITIONER L
			    PEDIATRICIAN .... M
			    MIDWIFE .... N
			    NURSE..................... O
			    VILLAGE MIDWIFE .... P
			    PHARMACY/DRUG STORE .... Q
			    OTHER _____ R
			           (SPECIFY)
			
			OTHER
			    TRADITIONAL HEALER ...... S
			    SHOP ... . T
			    OTHER _____ X
			           (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
535	CHECK 534:	TWO OR ☐ MORE CODES CIRCLED ONLY ONE CODE ☐ CIRCLED (SKIP TO 537) ←	TWO OR ☐ MORE CODES CIRCLED ONLY ONE CODE ☐ CIRCLED (SKIP TO 537) ←
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE . . . . ☐	FIRST PLACE . . . . ☐
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES . . . . 1 NO . . . . 2 (SKIP TO 552) ← DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 552) ← DON'T KNOW 8

538	What drugs did (NAME) take?
	
	Any other drugs?
	
	RECORD ALL MENTIONED.
		ANTIMALARIAL DRUGS
		   SP/FANSIDAR . . . . A
		   CHLOROQUINE . . . . B
		   AMODIAQUINE C
		   QUININE . . . . D
		   COMBINATION
		     WITH ARTEMISININ . . . . E
		   OTHER ANTI-MALARIAL
		   _____ F
		       (SPECIFY)
		
		ANTIBIOTIC DRUGS
		   PILL/SYRUP . . . . G
		   INJECTION . . . . H
		
		OTHER DRUGS
		   ASPIRIN I
		   PARACETAMOL/
		     ACETAMINOPHEN . . . . J
		   IBUPROFEN . . . . K
		
		OTHER _____ X
		      (SPECIFY)
		DON'T KNOW . . . . Z
			ANTIMALARIAL DRUGS
			   SP/FANSIDAR . . . . A
			   CHLOROQUIN . . . . B
			   AMODIAQUINE C
			   QUININE . . . . D
			   COMBINATION
			     WITH ARTEMISININ . . . . E
			   OTHER ANTI-MALARIAL
			   _____ F
			       (SPECIFY)
			
			ANTIBIOTIC DRUGS
			   PILL/SYRUP . . . . G
			   INJECTION . . . . H
			
			OTHER DRUGS
			   ASPIRIN I
			   PARACETAMOL/
			     ACETAMINOPHEN . . . . J
			   IBUPROFEN . . . . K
			
			OTHER _____ X
			      (SPECIFY)
			DON'T KNOW . . . . Z

552		GO BACK TO 504 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 504 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2006 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554 _____ (NAME)		→ 556
554	The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?	USE TOILET/LATRINE 01 THROW IN THE TOILET/LATRINE . . . . 02 THROW OUTSIDE THE DWELLING . . . . 03 BURY IN THE YARD . . . . 04 RINSE AWAY . . . . 05 NOT DISPOSED OF . . . . 06 OTHER _____ 96 (SPECIFY)	
555	CHECK 522, ALL COLUMNS: NO CHILD ☐ ANY CHILD ☐ RECEIVED FLUID RECEIVED FLUID FROM ORS PACKET/ FROM ORS PACKET NOT ASKED		→ 557
556	Have you ever heard of a special product called ORALIT you can get for the treatment of diarrhea?	YES . . . . 1 NO 2	
556A	CHECK 218: HAS AT LEAST ONE CHILD ☐ HAS NO CHILD ☐ LIVING WITH HER LIVING WITH HER		→ 601
556B	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether or not the child should be taken for medical treatment?	YES . . . . 1 NO . . . . 2 DEPENDS 3	
556C	Who makes the final decision on whether or not the child should be taken for medical treatment?	RESPONDENT . . . . 01 HUSBAND . . . . 02 RESPONDENT & HUSBAND JOINTLY 03 SOMEONE ELSE . . . . 04 HUSBAND & SOMEONE ELSE JOINTLY 05 RESPONDENT & SOMEONE ELSE JOINTLY . . . . 06 OTHER 96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

557 CHECK 215 DAN 218:

HAS AT LEAST ONE CHILD BORN SINCE JANUARY 2010 AND LIVING WITH HER ☐

HAS NO CHILDREN BORN SINCE JANUARY 2010 AND LIVING WITH HER ☐ → 601

RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 558)

_____
(NAME)

558 Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night (24 hours). I am interested in whether your child had the item I mention even if it was combined with other foods.

Did (NAME FROM 557) (drink/eat):

			YES	NO	DK
a)	Plain water?	**a)**	1	2	8
b)	Juice or juice drinks?	**b)**	1	2	8
c)	Clear broth?	**c)**	1	2	8
d)	Milk such as tinned, powdered, or fresh animal milk?	**d)**	1	2	8

IF YES: How many times did (NAME) drink milk?
    IF 7 OR MORE TIMES, RECORD '7'.   NUMBER OF TIMES DRANK MILK ☐

			YES	NO	DK
e)	Infant formula?	**e)**	1	2	8

IF YES: How many times did (NAME) drink infant formula?
    IF 7 OR MORE TIMES, RECORD '7'.   NUMBER OF TIMES DRANK FORMULA ☐

			YES	NO	DK
f)	Any other liquids, such as sugar water, tea, coffee, or soda?	**f)**	1	2	8
g)	Yogurt? (not including Yakult, Vitacarm dll)	**g)**	1	2	8

IF YES: How many times did (NAME) eat yogurt?
    IF 7 OR MORE TIMES, RECORD '7'.   NUMBER OF TIMES ATE YOGURT ☐

			YES	NO	DK
h)	Any baby food such as Sun, Milna or Cerelac?	**h)**	1	2	8
i)	Cooked Rice, Bread, noodles, porridge, or other foods made from grains likes corn, rice, sorghum, sago, etc ?	**i)**	1	2	8
j)	Yellow squash, carrots, sweet potatoes or yellow or orange in it?	**j)**	1	2	8
k)	White potatoes, white yams, manioc, cassava, or any other foods made from roots?	**k)**	1	2	8
l)	Any dark green, leafy vegetables (kangkung, katuk, squash leaf)?	**l)**	1	2	8
m)	Fruits rich in vitamine A, such as ripe mango, papaya, jackfruit, cempedak, persimmon, melon yellow.	**m)**	1	2	8
n)	Any other fruits or vegetables such as apple, avocado, green beans or peas?	**n)**	1	2	8
o)	Liver, kidney, heart or other organ meats?	**o)**	1	2	8
p)	Any meat, such as beef, pork, lamb, goat, chicken, or duck?	**p)**	1	2	8
q)	Eggs?	**q)**	1	2	8
r)	Fresh or dried fish or shellfish?	**r)**	1	2	8
s)	Any foods made from beans, peas, lentils or nuts, such as mung beans, red beans, soy beans, peanuts, tofu or tempeh?	**s)**	1	2	8
t)	Cheese or other food made from milk?	**t)**	1	2	8
u)	Solids, semi-solid, or soft food including cakes like banana cake, bowsprit, pancong, bakwan, risoles or candy?	**u)**	1	2	8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
559	CHECK 558 (CATEGORIES "g" THROUGH "u"): NOT A SINGLE ☐　　　　AT LEAST ONE ☐ "YES"　　　　　　　　　　"YES" CIRCLED ↓　　　　　　　CIRCLED		→ 561
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . 1 　　(GO BACK TO 558 TO RECORD 　　FOOD EATEN YESTERDAY) ↵ NO 2	→ 601
561	How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED .... 1 YES, LIVING WITH A MAN .... 2 NO, NOT IN UNION 3	→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED .... 1 YES, LIVED WITH A MAN .... 2 NO 3	→ 611C
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED .... 1 DIVORCED .... 2 SEPARATED 3	→609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER .... 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER .... ☐☐	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE .... 1 MORE THAN ONCE 2	→ 610

609A	What was the main reason you have been married/living together more than once?	HUSBAND/PARTNER DEAD 01
		UNFAITHFUL 02
		DOMESTIC VIOLENCE 03
		HUSBAND UNABLE TO FULFILL
		   MATERIAL NEEDS 04
		HUSBAND/PARTNER UNABLE
		   TO FULFILL BIOLOGICAL NEEDS ... 05
		FREQUENT QUARRELS 06
		LONG SEPARATION 07
		NO CHILDREN 08
		OTHER _____ 96
		(SPECIFY)	

610	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE ☐ MARRIED/ LIVED WITH A MAN MORE THAN ONCE ☐ In what month and year did you start living with your (husband/partner)? Now I will talk about your first (husband/partner). In what month and year did you start living with him?	MONTH .... ☐☐ DON'T KNOW MONTH .... 98 YEAR .... ☐☐☐☐ DON'T KNOW YEAR 9998	→ 611A
611	How old were you when you first living with him?	AGE .... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611A	Did you receive tetanus toxoid (TT) injection?	YES . . . . 1 NO 2	→611C
611B	a. How many TT injections did you receive before you got married? b. How many TT injections have you received after you get married/started living together? NEVER HAD TT INJECTION, RECORD '0' IF 5 OR MORE TIMES, RECORD '5' IF DON'T KNOW RECORD '8'	a. NUMBER OF INJECTIONS . . . . . ☐ b. NUMBER OF INJECTIONS . . . . . ☐	
611C	**C** DETERMINE MONTHS MARRIED LIVING TOGETHER SINCE JANUARY 2007. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR "B" FOR EACH MONTH LIVING TOGETHER, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 2007. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . 00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER . . 95	→ 629
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO 4	→ 629
617	The last time you had sexual intercourse, was a condom used?	YES . . . . 1 NO 2	
629	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→632A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

630	Where is that?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
	
	Anywhere else?
	
	RECORD ALL MENTIONED.
	DO NOT READ OUT RESPONSES.
		PUBLIC SECTOR
		  HOSPITAL .... A
		  HEALTH CENTER .... B
		  CLINIC C
		  FP FIELDWORKER .... D
		  FP MOBILE UNIT .... E
		  VILLAGE HEALTH POST .... F
		  DELIVERY POST .... G
		  HEALTH POST .... H
		  FP POST I
		  OTHER _____ J
		       (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  HOSPITAL .... K
		  MATERNITY HOSPITAL L
		  MATERNITY HOME .... M
		  CLINIC .... N
		  GENERAL PRACTICIONER .... O
		  OBSTETRICIAN .... P
		  MIDWIFE .... Q
		  NURSE .... R
		  VILLAGE MIDWIFE .... S
		  PHARMACY/DRUG STORE ..... T
		  OTHER _____ U
		       (SPECIFY)
		OTHER
		  FRIENDS/RELATIVES V
		  SHOP .... W
		  OTHER _____ X
		       (SPECIFY)	

631	If you wanted to, could you yourself get a condom?	YES .... 1 NO .... 2 DON'T KNOW 8	

632A	CHECK 601:
	    CODE "1" OR "2" ☐ CODE "3" ☐
	      CIRCLED ↓ CIRCLED
			→ 632G

632B	Did your husband/partner know when you had your last menstrual period?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 632D
632C	Did your husband/partner ask about your condition regarding your last menstrual period, such as: Whether you had excessive bleeding? Whether the period was on time? The duration of the period? Whether you had excessive pain? Other concerns?	YES NO BLEEDING .... 1 2 ON TIME .... 1 2 DURATION .... 1 2 EXCESSIVE PAIN ... 1 2 OTHER 1 2	

632D	CHECK 213:
	  HAS AT LEAST ☐ NO DAUGHTER ☐
	  ONE DAUGHTER ↓
			→ 632G

632E	CHECK 216, 217, & 218
	  HAS DAUGHTER(S) ☐ HAS NO DAUGHTER ☐
	  AGE 10 OR OLDER AGE 10 OR OLDER
	  LIVING WITH
	  RESPONDENT ↓
			632G

632F	Did your husband/partner know when (any of) your teenage daughter(s) had her first menstrual period?	YES .... 1 NO .... 2 DON'T KNOW 8	
632G	Do you know the signs of danger during pregnancy?	YES .... 1 NO 2	→ 632J

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632H	What kind of health problems can a woman have when she is pregnant? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PROLONGED LABOR .... A VAGINAL BLEEDING .... B FEVER .... C CONVULSIONS .... D BABY IN WRONG POSITION .... E SWOLLEN LIMBS .... F FAINT .... G BREATHLESSNESS .... H TIREDNESS .... I OTHER X	
632I	What should she do if she experienced this problem? Any other way? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING .... A REST .... B TAKE MEDICATION .... C TAKE HERBS .... D SEE TBA .... E SEE MIDWIFE .... F SEE DOCTOR .... G GO TO A HEALTH FACILITY .... H OTHER .... X DON'T KNOW .... Z	
632J	Can you tell me what kind of problems can happen to a woman during labor and delivery? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	WATER BREAKS TOO EARLY ... A EXCESSIVE BLEEDING DURING AND AFTER DELIVERY .... B FEVER .... C LONG LABOR .... D FAINT .... E CONVULSIONS .... F PLACENTA DOES NOT COME OUT ... G STILLBIRTH .... H OTHER .... X DON'T KNOW .... Z	→ 632L
632K	What should she do if she experienced this problem? Any other way? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING .... A REST .... B TAKE MEDICATION .... C TAKE HERBS .... D SEE TBA .... E SEE MIDWIFE .... F SEE DOCTOR .... G GO TO A HEALTH FACILITY .... H OTHER .... X DON'T KNOW .... Z	
632L	Can you tell me what kind of problems can happen to the mother during the time after birth/during seclusion? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	EXCESSIVE BLEEDING .... A FAINT .... B CONVULSIONS .... C FEVER .... D FOUL-SMELLING DISCHARGE ..... E SORE BREAST .... F SADNESS/DEPRESSION .... G OTHER .... X DON'T KNOW .... Z	→ 701
632M	What action should be taken to the woman? Any other way? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING .... A REST .... B TAKE MEDICATION .... C TAKE HERBS .... D SEE TBA .... E SEE MIDWIFE .... F SEE DOCTOR .... G GO TO A HEALTH FACILITY .... H OTHER .... X DON'T KNOW .... Z	

	SECTION 7. FERTILITY PREFERENCES		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐ ───────────────→		712 ↓
702	CHECK 226: PREGNANT ☐ NOT PREGNANT OR UNSURE ☐ ───────────────→		704 ↓
703	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 ANOTHER CHILD . . . . 1 NO MORE . . . . 2 UNDECIDED/DON'T KNOW 8	→ 705 → 711
704	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?	HAVE (A/ANOTHER) CHILD . . . . 1 NO MORE/NONE . . . . 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED/DON'T KNOW 8	 → 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ ↓ ↓ How long would you like to wait from now before the birth of (a/another) child? 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 ☐☐ YEARS . . . . 2 ☐☐ SOON/NOW . . . . 993 SAYS SHE CAN'T GET PREGNANT 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ ───────────────→ ↓		711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING ☐ CURRENTLY USING ☐ ───────────────→ ↓		712
708	CHECK 705: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 00-23 MONTHS OR 00-01 YEAR ☐ ───────────────→ ↓ ↓		711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

709	CHECK 703 AND 704:
	
	WANTS MORE CHILDREN ☐ WANTS NO MORE/ CHILDREN ☐
	
	You have said that you do not want (a/another) child soon. You have said that you do not want any (more) children.
	
	Can you tell me why you are not using a method to prevent pregnancy? Can you tell me why you are not using a method to prevent pregnancy?
	
	Any other reason? Any other reason?
	
	RECORD ALL REASONS MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASON
		   NOT HAVING SEX . . . . B
		   INFREQUENT SEX C
		   MENOPAUSE/HISTERECTOMY . D
		   SUBFECUND/INFECUND . . . . E
		   POSTPARTUM AMEN . . . . F
		   BREASTFEEDING . . . . G
		   FATALISTIC . . . . H
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED I
		   HUSBAND OPPOSED . . . . J
		   OTHER OPPOSED . . . . K
		   RELIGIOUS PROHIBITION L
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHODS . . . . M
		   KNOWS NO SOURCE . . . . N
		
		METHOD RELATED REASON
		   SIDE EFFECTS/HEALTH
		     CONCERNS . . . . O
		   LACK OF ACCESS/TOO FAR . . . P
		   COSTS TOO MUCH . . . . Q
		   PREFERRED METHOD
		     NOT AVAILABLE . . . . R
		   NO METHOD AVAILABLE . . . . S
		   INCONVENIENT TO USE . . . . T
		   INTERFERES WITH BODY'S
		     WEIGHT GAIN/LOSS . . . . U
		
		OTHER _____ X
		         (SPECIFY)
		
		DON'T KNOW . . . . Z	

710	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT ☐ NO, ☐ YES, ☐ ASKED NOT CURRENTLY USING CURRENTLY USING		→712
711	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 712 → 712

711A	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASON
		   NOT HAVING SEX 11
		   MENOPAUSE/HISTERECTOMY . . . 12
		   SUBFECUND/INFECUND 13
		   WANTS AS MANY CHILDREN AS
		     POSSIBLE 14
		   FATALISTIC 15
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED 21
		   HUSBAND OPPOSED 22
		   OTHER OPPOSED 23
		   RELIGIOUS PROHIBITION 24
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHODS 31
		   KNOWS NO SOURCE 32
		
		METHOD RELATED REASON
		   HEALTH CONCERNS 41
		   FEAR OF SIDE EFFECTS 42
		   TOO FAR 43
		   COST TOO MUCH 44
		   INCONVENIENT TO USE 45
		   GAIN/LOSS WEIGHT 46
		
		OTHER _____ 96
		         (SPECIFY)
		DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	CHECK 216: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . 00 NUMBER . . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 714 → 714
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 999996 (SPECIFY)	
714	In the last six months have you: Heard about family planning on the radio? Seen anything about family planning on the television?	YES NO RADIO . . . . 1 2 TELEVISION 1 2	
714A	In the last six months have you read about family planning In a newspaper or magazine? In a poster? In a pamphlet?	YES NO NEWSPAPER OR MAGAZINE 1 2 POSTER . . . . 1 2 PAMPHLET 1 2	
714B	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES . . . . 1 NO 2	→ 715
714C	With whom? Anyone else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	HUSBAND/PARTNER . . . . A MOTHER . . . . B FATHER . . . . C SISTER(S) . . . . D BROTHER(S) . . . . E DAUGHTER . . . . F SON . . . . G MOTHER-IN-LAW . . . . H FRIENDS/NEIGHBORS . . . . I OTHER _____ X (SPECIFY)	
715	In the last six months, did you obtain about family planning information from: FP officer? Teacher? Religious leader? Doctor? Nurse or midwife? Village leader? Women's group (PKK)? Pharmacist?	YA TIDAK FP OFFICER . . . . 1 2 TEACHER . . . . 1 2 RELIGIOUS LEADER . . . . 1 2 DOCTOR . . . . 1 2 NURSE/MIDWIFE . . . . 1 2 VILLAGE LEADER . . . . 1 2 WOMEN'S GROUP . . . . 1 2 PHARMACIST 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

715A	In the last six months, did you obtain about family planning information from:
	
	    Mobile information unit?
	    Art?
		YA TIDAK
		
		MOBILE UNIT 1 2
		TRADITIONAL ART 1 2	

716	CHECK 601: MARRIED/ NEVER MARREID/DIVORCE LIVING SEPARATED/WIDOWED TOGETHER		801

717	CHECK 303: USING A CONTRACEPTIVE METHOD?
	                      NOT
	CURRENTLY CURRENTLY
	    USING USING
	            OR NOT ASKED
			720

718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT .... 1 MAINLY HUSBAND/PARTNER ...... 2 JOINT DECISION .... 3 OTHER _____ 6 (SPECIFY)	
718A	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES .... 1 DISAPPROVES .... 2 DON'T KNOW 8	
718B	How often did you talk to your husband/partner about family planning in the past year?	NEVER .... 1 ONCE OR TWICE .... 2 OFFEN........................... 3	
719	CHECK 304: NEITHER HE OR SHE STERILIZED STERILIZED		801
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER .... 1 MORE CHILDREN .... 2 FEWER CHILDREN .... 3 DON'T KNOW 8	

SECTION 8. HUSBAND'S/PARTNER'S BACKGROUND AND WOMEN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601, 602, AND 603: RESPONDENT'S MARITAL STATUS CURRENTLY MARRIED/ ☐ LIVING WITH A MAN ↓	DIVORCED/ ☐ SEPARATED/WIDOWED NEVER MARRIED/ ☐ NEVER LIVED WITH A MAN	→ 803 → 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ...... ☐☐	
803	Did your (last) husband/partner ever attend school?	YES .... 1 NO 2	→ 805A
804	What was the highest level of school your (last) husband attended: primary, junior high school, senior high school, academy or university?	PRIMARY .... 1 JUNIOR HIGH SCHOOL .... 2 SENIOR HIGH SCHOOL .... 3 ACADEMY .... 4 UNIVERSITY .... 5 DON'T KNOW 8	→ 805A
805	What was the highest (grade/year) your (last) husband/partner completed at that level? FIRST YEAR = 0 COMPLETED = 7	GRADE/YEAR .... ☐ DON'T KNOW 98	
805A	Did your (last) husband/partner work?	YES .... 1 NO 2	→ 807
806	CHECK 801: MARRIED/ ☐ DIVORCED/ ☐ LIVING TOGETHER SEPARATED/ ↓ WIDOWED ↓ What is your What was your (last) husband's/partner's husband's/partner's occupation? That is, what occupation? That is, what kind of work does he mainly kind of work did he mainly do? do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES. _____ _____ ☐☐ (FILLED BY BPS)	PROFESSIONAL, TECHNICAL .... 01 MANAGERS AND ADMINISTRATION 02 CLERICAL .... 03 SALES .... 04 SERVICE .... 05 AGRICULTURAL WORKER .... 06 INDUSTRIAL WORKER .... 07 OTHER 96 _____ (SPECIFY) DON'T KNOW 98	
807	Now I want to ask you about your activity in the past seven days. Aside from your own housework, have you done any work in the last seven days?	YES .... 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES .... 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or bussiness from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES .... 1 NO 2	→ 811

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 815
811	What is your occupation, that is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES. (FILLED BY BPS)	PROFESSIONAL, TECHNICAL . . . . 01 MANAGERS AND ADMINISTRATION 02 CLERICAL . . . . 03 SALES . . . . 04 SERVICE . . . . 05 AGRICULTURAL WORKER . . . . 06 INDUSTRIAL WORKER . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE/GOVERNMENT . . 2 SELF-EMPLOYED 3	
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . . . 1 SEASONALLY/PART OF THE YEAR . . 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
815	CHECK 601, 602 AND 603: CURRENTLY MARRIED/LIVING WITH A MAN ☐ NOT IN UNION ☐		→ 823
816	CHECK 814: CODE 1 OR 2 CIRCLED ☐ CODE "3" OR "4" CIRCLED ☐		→ 819
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . . 3 OTHER _____ 6 (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . . . 4 DON'T KNOW 8	→ 820

819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		   HUSBAND/PARTNER JOINTLY 3
		HUSBAND/PARTNER HAS
		   NO EARNINGS 4
		OTHER _____ 6
		(SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .... 3 SOMEONE ELSE .... 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .... 3 SOMEONE ELSE .... 4 OTHER 6	
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT .... 1 HUSBAND/PARTNER .... 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .... 3 SOMEONE ELSE .... 4 OTHER 6	
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY .... 1 JOINTLY ONLY .... 2 BOTH ALONE AND JOINTLY .... 3 DOES NOT OWN 4	
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY .... 1 JOINTLY ONLY .... 2 BOTH ALONE AND JOINTLY .... 3 DOES NOT OWN 4	

825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)

	PRES/ LISTEN	PRES/ NOT LISTEN	NOT PRES
CHILDREN < 10 ...	1	2	3
HUSBAND	1	2	3
OTHER MALES ...	1	2	3
OTHER FEMALES ...	1	2	3

826 In your opinion, is a husband justified in hitting or beating his wife in the following situations:

- If she goes out without telling him?
- If she neglects the children?
- If she argues with him?
- If she refuses to have sex with him?
- If she cooks inedible meal?

	YES	NO	DK
GOES OUT	1	2	8
NEGLECT CHILDREN	1	2	8
ARGUES	1	2	8
REFUSES SEX	1	2	8
INEDIBLE FOOD	1	2	8

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I want to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 937
901A	From which sources of information have you learned about HIV/AIDS? Any thing else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO . . . . A TELEVISION . . . . B NEWSPAPER/MAGAZINE . . . . C POSTER . . . . D HEALTH PROFESSIONAL . . . . E RELIGIOUS INSTITUTION . . . . F SCHOOL/TEACHER . . . . G COMMUNITY MEETING . . . . H FRIENDS/RELATIVE . . . . I WORK PLACE . . . . J INTERNET . . . . K OTHER _____ X (SPECIFY)	
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
906A	Can people get the AIDS virus by sharing unsterilized needle or syringe?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
908	Can the virus that causes AIDS be transmitted from a mother to a child: - During pregnancy? - During delivery? - By breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY . . . 1 2 8 BY BREASTFEEDING . . 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
908A	How to identify someone who was infected HIV/AIDS? Any thing else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PHYSICAL . . . . A BEHAVIOR . . . . B BLOOD TEST . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
908B	Do you know about voluntary HIV/AIDS test preceded by counseling, also known as VCT, which stands for voluntary counseling and testing?	YES . . . . 1 NO 2	→ 931A
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 931A
931	Where is that? IF UNABLE TO DETERMINE WHETHER A HOSPITAL OR CLINIC ADMINISTERED BY GOVERNMENT OR PRIVATE, WRITE IT'S NAME. _____ (NAME OF PLACE) RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PUBLIC SECTOR HOSPITAL . . . . A HEALTH CENTER . . . . B CLINIC . . . . C STAND-ALONE VCT CENTER . . . . . . D OTHER _____ E (SPECIFY) PRIVATE MEDICAL SECTOR HOSPITAL . . . . F HEALTH CENTER . . . . G STAND-ALONE VCT CENTER . . . . . . H PRIVATE DOCTOR . . . . I MIDWIFE/NURSE . . . . J OTHER _____ K (SPECIFY) OTHER _____ X (SPECIFY)	
931A	CHECK 601: CODE "1" OR "2" [ ] CODE "3" [ ] CIRCLED ↓ CIRCLED		→ 932
931B	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband/partner?	YES . . . . 1 NO 2	
932	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
933	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	
934	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
935	In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?	YES . . . . 1 NO . . . . 2 DON'T KNOW/TUNSURE/DEPENDS. . . 8	
937	CHECK 901: CODE "1" ☐ CODE "2" ☐ CIRCLED CIRCLED ↓ ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	→ 938
937A	What kind of infection that you know?	SIPHILIS/RAJA SINGA . . . . A GONORRHEA/KENCING NANAH . . . . . . B KONDILOMA AKUMINATA . . . . C CHANROID . . . . D CLAMYDIA/KLAMIDIA . . . . E KANDIDIASIS . . . . F HERPES GENITAL . . . . G OTHER _____ X (SPECIFY)	
937B	From which sources of information have you learned about sexually transmitted infection (STIs)? Any other place? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO . . . . A TELEVISION . . . . B NEWSPAPER/MAGAZINE . . . . C POSTER . . . . D HEALTH PROFESSIONAL . . . . E RELIGIOUS INSTITUTION . . . . F SCHOOL/TEACHER . . . . G COMMUNITY MEETING . . . . H FRIENDS/RELATIVE . . . . I WORK PLACE . . . . J INTERNET . . . . K OTHER _____ X (SPECIFY)	
937C	If a <u>man</u> has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	ABDOMINAL PAIN . . . . A GENITAL DISCHARGE/DRIPPING . . . B FOUL SMELLING DISCHARGE . . . . . . C BURNING PAIN ON URINATION . . . . . . D REDNESS/INFLAMMATION IN GENITAL AREA . . . . E KEMERAHAN / RADANG PADA SWELLING IN GENITAL AREA . . . . . . F GENITAL SORES/ULCERS . . . . G GENITAL WARTS . . . . H GENITAL ITCHING . . . . I BLOOD IN URINE . . . . J LOSS OF WEIGHT . . . . K IMPOTENCE . . . . L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOM . . . . Y DON'T KNOW . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

937D	If a woman has a sexually transmitted disease, what symptoms might she have?
	
	Any others?
	
	RECORD ALL MENTIONED.
	DO NOT READ OUT RESPONSES.
		ABDOMINAL PAIN . . . . A
		GENITAL DISCHARGE/DRIPPING . . . B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION . . . . . . D
		REDNESS/INFLAMMATION IN
		  GENITAL AREA . . . . E
		SWELLING IN GENITAL AREA . . . . . . F
		GENITAL SORES/ULCERS . . . . G
		GENITAL WARTS . . . . H
		GENITAL ITCHING I
		BLOOD IN URINE . . . . J
		LOSS OF WEIGHT . . . . K
		HARD TO GET PREGNANT/HAVE
		  A CHILD L
		
		OTHER _____ W
		            (SPECIFY)
		OTHER _____ X
		            (SPECIFY)
		NO SYMPTOM . . . . Y
		DON'T KNOW . . . . Z	

938	CHECK 613:
	        CODE "00" CODE "00"
	     NOT CIRCLED □ CIRCLED □
			→ 947

939	CHECK 937:
	        CODE "1" CODE "2"
	     CIRCLED □ CIRCLED □
			→ 941

940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
941	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

943	CHECK 940, 941, AND 942:
	     HAS HAD AN HAS NOT HAD AN
	       INFECTION □ INFECTION OR □
	      (ANY 'YES') DOES NOT KNOW
			→ 947

944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 947

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
945	Where did you go? Any other place? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOT CURED . . . . A SELF CURED . . . . B HEALTH CENTER . . . . C HOSPITAL/CLINIC . . . . D PRIVATE DOCTOR . . . . E MIDWIFE . . . . F PHARMACY/DRUG STORE . . . . G TRADITIONAL PRACTITIONER . . . . . . H FRIEND/RELATIVE . . . . I OTHER _____ X (SPECIFY)	
947	Husband and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband/partner when: - She knows her husband has a sexually transmitted infection? - She knows her husband has sex with other women? - She has recently given birth? - She is tired or not in the mood?	YES NO DK HAS STI . . . . 1 2 8 OTHER WOMEN . . . . 1 2 8 RECENT BIRTH . . . . 1 2 8 TIRED/MOOD 1 2 8	
947A	CHECK 214, 217 AND 218: HAS AT LEAST ONE CHILD AGE 10-19 YEARS LIVING WITH HER HAS NO CHILD AGE 10-19 YEARS LIVING WITH HER		→ 1001
947B	Have you or your husband/partner discussed the following topics with your teenage children: - Reproductive age? - Sexually transmitted infection? - Drugs? - Delay in age at marriage? - Issues in family planning and reproductive health? - Puberty?	YES NO REPRODUCTIVE AGE . . . . 1 2 STIs . . . . 1 2 DRUGS . . . . 1 2 DELAY IN AGE AT MARRIAGE . . 1 2 ISSUES IN FP AND RH . . . . 1 2 PUBERTY 1 2	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1004
1002	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . ☐☐ NONE 00	→ 1004
1003	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1004	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 1006
1005	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES . . . . ☐☐	
1006	Do you currently smoke or use any (other) type of tobacco?	YES . . . . 1 NO 2	→ 1008
1007	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B SNUFF . . . . C OTHER _____ X (SPECIFY)	

1008	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?
	
	Getting permission to go to the doctor?
	
	Getting money needed for advice or treatment?
	
	The distance to the health facility?
	
	Not wanting to go alone?
		BIG NOT A BIG
		           PROB- PROB-
		            LEM LEM
		
		PERMISSION TO GO . . . 1 2
		
		GETTING MONEY 1 2
		
		DISTANCE 1 2
		
		GO ALONE 1 2	

1009	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 1101

1010	What type of health insurance are you covered by?
	
	RECORD ALL MENTIONED.
		HEALTH DONATION . . . . A
		JPK PNS/VETERAN/PENSIUN (ASKES) B
		JPK JAMSOSTEK C
		HEALTH CARD/JPK GAKIN/POOR
		   CARD/JAMKESMAS CARD . . . D
		PRIVATE HEALTH INSURANCE . . . E
		BENEFOLENT FUND/SUBSTITUSION
		   BY CORPORATE . . . . F
		OTHER _____ X
		(TULISKAN)	

SECTION 11. MATERNAL MORTALITY

| 1101 | Now I want to ask you some questions about your brothers and sisters, that is, the children who was born to your natural mother, including these who are living with you, those living elsewhere, and those who have died. How many children who were born from your mother, including you? | NUMBER OF CHILDREN FROM NATURAL MOTHER . . . . | ☐☐ |

1102	CHECK 1101:		
	TWO OR MORE BIRTH ☐ ↓	ONLY ONE BIRTH ☐ —————————→	1201

| 1103 | Of all the births, how many sisters and brothers are older than you? | NUMBER OF SISTER OR BROTHER . . . . | ☐☐ |

QUESTIONS AND FILTERS	(1)	(2)	(3)	(4)	(5)	(6)
1104 What was the name given to your oldest (next) oldest brothers or sisters?(START FROM THE OLDEST)	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
1105 Is (NAME) male or female?	ML . . . . . . 1 FM 2	ML . . . . . . 1 FM 2	ML . . . . . . 1 FM 2	ML . . . . . . 1 FM 2	ML . . . . . . 1 FM 2	ML . . . . . . 1 FM 2
1106 Is (NAME) still alive?	YES . . . . . . 1 NO . . . . . . 2 TO 1108 ← DK . . . . . . 8 TO (2) ←	YES . . . . . . 1 NO . . . . . . 2 TO 1108 ← DK . . . . . . 8 TO (3) ←	YES . . . . 1 NO . . . . . . 2 TO 1108 ← DK . . . . . . 8 TO (4) ←	YES . . . . . . 1 NO . . . . . . 2 TO 1108 ← DK . . . . . . 8 TO (5) ←	YES . . . . . . 1 NO . . . . . . 2 TO 1108 ← DK . . . . . . 8 TO (6) ←	YES . . . . . . 1 NO . . . . . . 2 TO 1108 ← DK . . . . . . 8 TO (7) ←
1107 How old is (NAME)?	☐☐ TO(2)	☐☐ TO(3)	☐☐ TO (4)	☐☐ TO (5)	☐☐ TO (6)	☐☐ TO (7)
1108 In what year did (NAME) die?	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
1109 How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (2)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (3)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (4)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (5)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (6)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (7)
1110 Was (NAME) pregnant when she died?	YES . . . . . . 1 TO 1013 ← NO 2	YES . . . . . . 1 TO 1013 ← NO 2	YES . . . . . . 1 TO 1013 ← NO 2	YES . . . . . . 1 TO 1013 ← NO 2	YES . . . . . . 1 TO 1013 ← NO 2	YES . . . . . . 1 TO 1013 ← NO 2
1111 Was (NAME) died during childbirth?	YES . . . . . . 1 TO 1013 ← NO 2	YES . . . . . . 1 TO 1013 ← NO 2	YES . . . . . . 1 TO 1013 ← NO 2	YES . . . . . . 1 TO 1013 ← NO 2	YES . . . . . . 1 TO 1013 ← NO 2	YES . . . . . . 1 TO 1013 ← NO 2
1112 Did (NAME) die within two months after the end of pregnancy?	YES . . . . . . 1 NO . . . . . . 2 TO 1014 ←	YES . . . . . . 1 NO . . . . . . 2 TO 1014 ←	YES . . . . . . 1 NO . . . . . . 2 TO 1014 ←	YES . . . . . . 1 NO . . . . . . 2 TO 1014 ←	YES . . . . . . 1 NO . . . . . . 2 TO 1014 ←	YES . . . . . . 1 NO . . . . . . 2 TO 1014 ←
1113 How many children had (NAME) given birth to (before that pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1114.

	QUESTIONS AND FILTERS	(7)	(8)	(9)	(10)	(11)	(12)
1104	What was the name given to your oldest (next) oldest brothers or sisters?(START FROM THE OLDEST)	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
1105	Is (NAME) male or female?	ML . . . . . . 1 FM 2	ML . . . . . . 1 FM 2	ML . . . . . . 1 FM 2	ML . . . . . . 1 FM 2	ML . . . . . . 1 FM 2	ML . . . . . . 1 FM 2
1106	Is (NAME) still alive?	YES . . . . . . 1 NO . . . . . . 2 TO 1108 DK . . . . . . 8 TO (8)	YES . . . . . . 1 NO . . . . . . 2 TO 1108 DK . . . . . . 8 TO (9)	YES . . . . . . 1 NO . . . . . . 2 TO 1108 DK . . . . . . 8 TO (10)	YES . . . . . . 1 NO . . . . . . 2 TO 1108 DK . . . . . . 8 TO (11)	YES . . . . . . 1 NO . . . . . . 2 TO 1108 DK . . . . . . 8 TO (12)	YES . . . . . . 1 NO . . . . . . 2 TO 1108 DK . . . . . . 8 TO (13)
1107	How old is (NAME)?	☐☐ TO(8)	☐☐ TO(9)	☐☐ TO (10)	☐☐ TO (11)	☐☐ TO (12)	☐☐ TO (13)
1108	In what year did (NAME) die?	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (8)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (9)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (10)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (11)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (12)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD TO (13)
1110	Was (NAME) pregnant when she died?	YES . . . . . . 1 TO1113 NO 2	YES . . . . . . 1 TO 1113 NO 2	YES . . . . . . 1 TO 1113 NO 2	YES . . . . . . 1 TO 1113 NO 2	YES . . . . . . 1 TO 1113 NO 2	YES . . . . . . 1 TO 1113 NO 2
1111	Did (NAME) she died during childbirth?	YES . . . . . . 1 TO1113 NO 2	YES . . . . . . 1 TO 1113 NO 2	YES . . . . . . 1 TO 1113 NO 2	YES . . . . . . 1 TO 1113 NO 2	YES . . . . . . 1 TO 1113 NO 2	YES . . . . . . 1 TO 1113 NO 2
1112	Did (NAME) die within two months after the end of pregnancy?	YES . . . . . . 1 NO . . . . . . 2 TO 1114	YES . . . . . . 1 NO . . . . . . 2 TO 1114	YES . . . . . . 1 NO . . . . . . 2 TO 1114	YES . . . . . . 1 NO . . . . . . 2 TO 1114	YES . . . . . . 1 NO . . . . . . 2 TO 1114	YES . . . . . . 1 NO . . . . . . 2 TO 1114
1113	How many children had (NAME) given birth to (before that pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF THERE ISN'T BROTHER OR SISTER AGAIN, GO TO 1114

'1114   CHECK 1110, 1111 AND 1112 OF ALL SISTERS:

☐ THERE IS CODE 'YES' CIRCLED   THERE ISN'T CODE 'YES' ☐ ──────────────► 1201
   CIRCLED

To be sure, you said that your sister named _____ died (pregnant/give birth/after birth), is it true?
IF RIGHT, SKIP TO 1201.
IF FALSE, CORECT THE ANSWER AND GO TO 1201.

12. RESPONDENT'S ADDITIONALBACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK 103: 15-24 ☐ 25 OR OLDER ☐		→ 1733
1202	CHECK 601, 602, DAN 603: NEVER MARRIED ☐ YES, FORMERLY MARRIED/LIVED WITH A MAN ☐		→ 1733
1203	Are you currently attending school?	YES . . . . 1 NO 2	→ 1205

1204	What is the reason you are not currently attending school any more?	GRADUATED/HAD ENOUGH
		   SCHOOLING 01
		GOT PREGNANT 02
		TO CARE FOR ANOTHER FAMILY
		   MEMBER 03
		FAMILY NEEDED HELP ON FARM OR
		   BUSINESS 04
		COULD NOT PAY SCHOOL FEES . . . 05
		NEEDED TO EARN MONEY 06
		DID NOT LIKE SCHOOL/
		   DID NOT WANT TO CONTINUE . . . 07
		DID NOT PASS EXAMS 08
		SCHOOL NOT ACCESSIBLE/
		   TOO FAR 09
		OTHER _____ 96
		             (SPECIFY)	

1205	CHECK 110: CODE '1' OR '2' CIRCLED ☐ CODE '3' CIRCLED ☐		→ 1207
1206	In the last 6 months did you hear on the radio: - About postponement of age at marriage? - About HIV/AIDS? - About sexually transmitted infections? - About the condom/condom advertisement? - About drugs? - About alcoholic beverages? - About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE . . . . . . 1 2 HIV/AIDS . . . . 1 2 STI . . . . 1 2 CONDOM . . . . 1 2 DRUGS . . . . 1 2 ALCOHOL . . . . 1 2 FAMILY PLANNING 1 2	
1207	CHECK 111: CODE '1' OR '2' CIRCLED ☐ CODE '3' CIRCLED ☐		→ 1209
1208	In the last 6 months did you watch on television: - About postponement of age at marriage? - About HIV/AIDS? - About sexually transmitted infections? - About the condom/condom advertisement? - About drugs? - About alcoholic beverages? - About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE . . . . . . 1 2 HIV/AIDS . . . . 1 2 STI . . . . 1 2 CONDOM . . . . 1 2 DRUGS . . . . 1 2 ALCOHOL . . . . 1 2 FAMILY PLANNING 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1209	CHECK 112: CODE '1' OR '2' CODE '3' CIRCLED CIRCLED		1301
1210	In the last 6 months did you read an article in a newspaper or magazine: - About postponement of age at marriage? - About HIV/AIDS? - About sexually transmitted infections? - About the condom/condom advertisement? - About drugs? - About alcoholic beverages? - About how to prevent pregnancy or family planning?	YES NO POSTPONE MARRIAGE . . . . . . 1 2 HIV/AIDS . . . . 1 2 STI . . . . 1 2 CONDOM . . . . 1 2 DRUGS . . . . 1 2 ALCOHOL . . . . 1 2 FAMILY PLANNING 1 2	

13. KNOWLEDGE AND EXPERIENCE ABOUT HUMAN REPRODUCTION SYSTEM

Now I want to ask you about changes from childhood to adolescence, the reproductive system, and related issues.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO

1301	When a boy begins to change from childhood to adolescence, also known as puberty, he experiences some physical changes. Can you tell me what they are?
	
	Any other change?
	
	DO NOT READ OUT RESPONSES.
	CIRCLE ALL MENTIONED.
		DEVELOP MUSCLES . . . . A
		CHANGE IN VOICE . . . . B
		GROWTH OF FACIAL HAIR,
		   PUBIC HAIR, UNDERARM HAIR,
		   CHEST, LEGS AND ARMS C
		INCREASE IN SEXUAL AROUSAL . . . D
		WET DREAMS . . . . E
		GROWTH OF ADAM'S APPLE . . . . F
		HARDENING OF NIPPLES . . . . G
		OTHER _____ X
		            (SPECIFY)
		DON'T KNOW . . . . Z	

1302	When a girl begins to change from childhood to adolescence, she experiences some physical changes. Can you tell me what they are?
	
	Any other change?
	
	DO NOT READ OUT RESPONSES.
	CIRCLE ALL MENTIONED.
		GROWTH OF PUBIC AND
		   UNDERARM HAIR . . . . A
		GROWTH IN BREASTS . . . . B
		GROWTH IN HIPS C
		INCREASE IN SEXUAL AROUSAL . . . D
		MENSTRUATION . . . . E
		OTHER _____ X
		            (SPECIFY)
		DON'T KNOW . . . . Z	

1303	CHECK 1301 AND 1302: NO CODE 'Z' CIRCLED CODE 'Z' CIRCLED OR CODE 'Z' CIRCLED IN BOTH 1301 AND IN ONE QUESTION ONLY ↓ 1302		→ 1305
1304	Where did you get the information about the physical changes from childhood to adolescence? Ar DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FRIENDS . . . . A MOTHER . . . . B FATHER . . . . C SIBLINGS . . . . D RELATIVES . . . . E TEACHER . . . . F HEALTH SERVICE PROVIDER . . . . . G RELIGIOUS LEADER . . . . H TELEVISION . . . . I RADIO . . . . J BOOK/MAGAZINE/NEWSPAPER . . . . . K INTERNET . . . . L OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
1305	How old were you when you had your first menstruation?	NEVER . . . . 00 AGE IN YEARS	→ 1311
1306	Before you menstruated, did anyone talk to you about menstruation?	YES . . . . 1 NO 2	→ 1308

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1307	Who talked to you about menstruation? Any one else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FRIENDS . . . . A MOTHER . . . . B FATHER . . . . C SIBLINGS. . . . . D RELATIVES . . . . E TEACHER . . . . F HEALTH SERVICE PROVIDER . . . . . G RELIGIOUS LEADER . . . . H OTHER _____ X (SPECIFY)	
1308	The first time you menstruated, did you talk to anyone? Who did you talk to? Any one else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FRIENDS . . . . A MOTHER . . . . B FATHER . . . . C SIBLINGS. . . . . D RELATIVES . . . . E TEACHER . . . . F HEALTH SERVICE PROVIDER . . . . . G RELIGIOUS LEADER . . . . H OTHER _____ X (SPECIFY) NO ONE . . . . Z	
1309	Can a woman become pregnant by having one sexual intercourse ?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1310	Do you know how to avoid pregnancy? If "YES": What is it? Any other way? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	ABSTAIN FROM SEX . . . . A USE CONTRACEPTION . . . . B RHYTHM OR PERIODIC ABSTINENCE C WITHDRAWAL . . . . D HERBS . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
1311	What service of family planning do you think should be made available to unmarried youth? - Information about reproductive health and family planning methods? - Consultation about how to use family planning methods? - Provision and family planning services	YES NO INFORMATION . . . . 1 2 COUNSELLING . . . . 1 2 SERVICE 1 2	

1312	I will now read you some statements about condom use. Do you agree or disagree with the following statement:
	
	- Condoms can be used to prevent pregnancy
	
	- A condom can protect against getting HIV/AIDS and other sexually transmihed diseases
	
	- A condom can be reused
		DIS- DON'T
		          AGREE AGREE KNOW
		
		PREVENT
		  PREGNANCY . 1 2 8
		PREVENT HIV/AIDS
		  AND STI 1 2 8
		CAN BE REUSED 1 2 8	

1313	Now I want to talk about a disease called anemia. Have you ever heard of anemia?	YES . . . . 1 NO 2	→ 1401

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1314	What is anemia? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	LOW HEMOGLOBIN (Hb) . . . . A IRON DEFICIENCY . . . . B DEFICIT IN RED BLOOD CELLS . . . . . C BLOOD DEFICIT . . . . D VITAMIN DEFICIENCY . . . . E LOW BLOOD PRESSURE . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	

1315	What do you think is the cause of anemia?
	
	Anything else?
	
	DO NOT READ OUT RESPONSES.
	
	CIRCLE ALL MENTIONED.
		LACK OF CONSUMPTION OF
		   MEAT, FISH AND LIVER . . . . A
		LACK OF CONSUMPTION OF
		   VEGETABLES AND FRUITS . . . . B
		BLEEDING C
		MENSTRUATION . . . . D
		MALNUTRITION . . . . E
		INFECTIOUS DISEASE . . . . F
		OTHER _____ X
		(SPECIFY)
		DON'T KNOW . . . . Z	

1316	Can anemia be treated?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⅃→1401

1317	How is anemia treated?
	
	Anything else?
	
	DO NOT READ OUT RESPONSES.
	
	CIRCLE ALL MENTIONED.
		TAKE PILL TO INCREASE BLOOD . . . A
		TAKE IRON TABLET . . . . B
		INCREASE CONSUMPTION OF
		   MEAT, FISH AND LIVER C
		INCREASE CONSUMPTION OF
		   IRON-RICH VEGETABLES . . . . D
		OTHER _____ X
		(SPECIFY)
		DON'T KNOW . . . . Z	

14. MARRIAGE AND CHILDREN

Let us now talk about marriage and having children.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1401	At what age would you like to be married?	AGE IN YEARS .... ☐☐ NEVER .... 95 DON'T KNOW 98	
1402	In your opinion, what is the best age for a woman to get married?	AGE IN YEARS .... ☐☐ DON'T KNOW 98	
1403	In your opinion, what is the best age for a man to get married?	AGE IN YEARS .... ☐☐ DON'T KNOW 98	
1404	Do you think a couple who wants to get married needs to have a medical test?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 1406
1405	What kind of medical test ? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PHYSICAL .... A BLOOD .... B URINE .... C OTHER _____ X (SPECIFY) DON'T KNOW .... Z	
1406	Who is going to choose the person you will marry: your parents, yourself, or together ?	SELF .... 1 PARENTS .... 2 RELATIVES .... 3 JOINTLY 4	
1409	Who do you think should decide on how many children a couple should have : the wife, the husband, or both?	WIFE .... 1 HUSBAND .... 2 BOTH .... 3 DON'TKNOW 8	
1410	In your opinion, what is the best age for a woman to have the first baby?	AGE IN YEARS .... ☐☐ DON'T KNOW 98	
1411	In your opinion, what is the best age for a man to have the first baby?	AGE IN YEARS .... ☐☐ DON'T KNOW 98	
1412	How long do you think a woman should wait after one birth before she has another birth?	MONTH .... 1 ☐☐ YEARS .... 2 ☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1413	If a woman has an unwanted pregnancy, what do you think she should do, have the baby and keep it, have the baby and give it away, have an abortion, or up to her?	HAVE THE BABY AND KEEP IT . . . . . 1 HAVE THE BABY AND GIVE IT AWAY 2 HAVE AN ABORTION . . . . 3 UP TO HER . . . . 4 DON'T KNOW 8	
1414	I'm going to read some statements about times when a woman might consider having an abortion. Please tell me, in your opinion, is it acceptable for a woman to have an abortion if:		

Question 1414 response table:

		AGREE	DIS-AGREE	DON'T KNOW
- Her health is endangered by the pregnancy?	ENDANGER HER HEALTH	1	2	8
- Her life is endangered by the pregancy?	ENDANGER LIFE . . .	1	2	8
- The fetus has physical deformity?	FETUS DEFORMED	1	2	8
- The pregnancy has resulted from rape?	RAPED	1	2	8
- She is unmarried?	UNMARRIED	1	2	8
- The couple can not afford to have a child?	CAN NOT AFFORD	1	2	8
- She is attending school?	ATTENDING SCHOOL	1	2	8

15. ROLE OF FAMILY, SCHOOL, COMMUNITY, AND MASS MEDIA

Now I'd like to ask you about the role of family, school and community as sources of information on reproductive health, which includes issues related to sexuality and sexually transmitted infections, such as HIV/AIDS; and use of illegal drugs and NAPZA (narcotics, alcohol, psychotropic drugs, and other addictive substances).

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1501	We would like to know about the people with whom you have talked about or asked questions about sexual matters. Have you talked about these things with: - Friend? - Mother? - Father? - Siblings? - Family? - Teacher? - Health service provider? - Religious leader?	YES NO FRIENDS . . . . 1 2 MOTHER . . . . 1 2 FATHER . . . . 1 2 SIBLINGS . . . . 1 2 RELATIVES . . . . 1 2 TEACHER . . . . 1 2 HEALTH SERVICE PROVIDER 1 2 RELIGIOUS LEADER 1 2	
1502	If you want to know more about reproductive health, who would you like to ask? Any one else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	FRIENDS . . . . A MOTHER . . . . B FATHER . . . . C SIBLINGS . . . . D RELATIVES . . . . E TEACHER . . . . F HEALTH SERVICE PROVIDER . . . . . . G RELIGIOUS LEADER . . . . H OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
1503	CHECK 104: HAVE ATTENDED SCHOOL ☐ NEVER ATTENDED SCHOOL ☐		→ 1506

TOPIC	1504. Have you ever been taught at school about (TOPIC)?	1505 In what level of schooling were you when you first were taught at school about (TOPIC)?
A. How the human reproductive system works.	YES . . . . 1→ NO . . . . 2 DON'T KNOW 8	PRIMARY . . . . 1 JUNIOR HIGH SCHOOL . . . . 2 SENIOR HIGH SCHOOL . . . . 3 ACADEMY . . . . 4 UNIVERSITY . . . . 5 DON'T KNOW 8
B. Methods of birth control.	YES . . . . 1→ NO . . . . 2 DON'T KNOW 8	PRIMARY . . . . 1 JUNIOR HIGH SCHOOL . . . . 2 SENIOR HIGH SCHOOL . . . . 3 ACADEMY . . . . 4 UNIVERSITY . . . . 5 DON'T KNOW 8
C. HIV/AIDS.	YES . . . . 1→ NO . . . . 2 DON'T KNOW 8	PRIMARY . . . . 1 JUNIOR HIGH SCHOOL . . . . 2 SENIOR HIGH SCHOOL . . . . 3 ACADEMY . . . . 4 UNIVERSITY . . . . 5 DON'T KNOW 8
D. Other sexually transmitted infections.	YES . . . . 1→ NO . . . . 2 DON'T KNOW 8	PRIMARY . . . . 1 JUNIOR HIGH SCHOOL . . . . 2 SENIOR HIGH SCHOOL . . . . 3 ACADEMY . . . . 4 UNIVERSITY . . . . 5 DON'T KNOW 8
E. NAPZA (narcotics, alcohol, psychotropic drugs and other addictive substances).	YES . . . . 1→ NO . . . . 2 DON'T KNOW 8 1506	PRIMARY . . . . 1 JUNIOR HIGH SCHOOL . . . . 2 SENIOR HIGH SCHOOL . . . . 3 ACADEMY . . . . 4 UNIVERSITY . . . . 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1506	Have you ever attended a community-sponsored meeting about reproductive health?	YES . . . . 1 NO 2	→1508
1507	What kind of meeting did you attend? Any other? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	YOUTH GROUP . . . . A RELIOUS GATHERING . . . . B YOUTH FAMILY GUIDANCE/BKR . . . . . C NGO . . . . D GOVT. EXTENSION SERVICE . . . . E OTHER _____ X (SPECIFY)	
1508	Have you heard of a place for young adults to obtain information and counselling about young adult reproductive health?	YES . . . . 1 NO 2	→1601
1509	What places have you heard about? _____ (TULISKAN) DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	PIK-KRR . . . . A PKRR/PIKER . . . . B YOUTH CENTER . . . . C OTHER . . . . X DON'T REMEMBER/DON'T KNOW . . . Z	
1510	Do you know where this place is (any of these places are)?	YES . . . . 1 NO 2	→1601
1511	Have you ever visited this place (any of these places)?	YES . . . . 1 NO 2	→1601
1512	What services did you find there? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH . . . . A COUNSELLING . . . . B MEDICAL CHECK UP . . . . C STI TREATMENT . . . . D CONTRACEPTIVE METHODS . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
1513	Apart from services you mentioned before, what other services do you want to be available in that place (those places)? Anything else? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	INFORMATION ON REPRODUCTIVE HEALTH . . . . A COUNSELLING . . . . B MEDICAL CHECK UP . . . . C STI TREATMENT . . . . D CONTRACEPTIVE METHODS . . . . E OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	

16. SMOKING, DRINKING AND DRUGS

Now I'd like to ask you some question about the use of tobacco, alcohol and drugs. As we discussed earlier, you can choose not to answer any individual question or all of the questions. However, I hope you will answer these questions because your views are important. The information you give will be confidential and will only be used for scientific study.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1601	CHECK 1004: CODE "2" CIRCLED ☐ ↓　　　　CODE "2" CIRCLED ☐ ——		→ 1603
1602	Have you ever tried to smoke a cigarette?	YES . . . . 1 NO 2	→ 1605
1603	How old were when you smoked a cigarette for the first time?	AGE IN YEARS . . . . ☐☐ DON'T KNOW 98	
1604	How old were you when you started smoking fairly regularly?	AGE IN YEARS . . . . ☐☐ JUST TRIED . . . . 94 NEVER SMOKED REGULARLY . . . 95 DON'T KNOW 98	
1605	Have you ever asked/influenced a friend/someone to smoke?	YES . . . . 1 NO 2	
1606	Have you ever asked/influenced a friend/someone not to smoke?	YES . . . . 1 NO 2	
1607	Now I have some questions about drinking alcohol such as arak, tuak, beer, and others. Have you ever drunk an alcohol-containing beverage?	YES . . . . 1 NO 2	→ 1611
1608	How old were you when you had your first drink of alcohol?	AGE IN YEARS . . . . ☐☐ DON'T KNOW 98	
1609	In the last three months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY: RECORD '90'.	NUMBER OF DAYS . . . . ☐☐ DID NOT DRINK 95	
1610	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES . . . . 1 NO 2	
1611	Have you ever asked/influenced a friend/someone to drink an alcohol-containing beverage?	YES . . . . 1 NO 2	
1612	Have you ever asked/influenced a friend/someone not to drink an alcohol-containing beverage?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1613	There are drugs such as ganja, putau, shabu-shabu, and others drugs which can be used for fun or get high (LOCAL TERMS: fly, boat, fantasize, etc). Do you know someone who takes drugs?	YES . . . . 1 NO 2	
1614	Have you yourself ever tried to use drugs (LOCAL TERM)?	YES . . . . 1 NO 2	→1622
1615	How did you use the drug? Any other way? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	SMOKED . . . . A INHALED . . . . B INJECTED . . . . C DRUNK/SWALLOWED . . . . D OTHER _____ X (SPECIFY)	
1616	CHECK 1615: CODE 'C' NOT [ ] CODE 'C' [ ] CIRCLED ↓ CIRCLED		→ 1618
1617	Have you ever injected drugs which can make you LOCAL TERMS: fly, high, intoxicated, etc. ?	YES . . . . 1 NO 2	→1622
1618	How old were you when you first injected drugs?	AGE IN YEARS . . . . [ ][ ] DON'T REMEMBER 98	
1619	Did you inject drugs in the last 12 months?	YES . . . . 1 NO 2	→1621
1620	How often did you inject the drugs?	EVERYDAY . . . . 01 A FEW TIMES A WEEK . . . . 02 EVERY WEEK . . . . 03 LESS THAN ONCE PER WEEK . . . . 04 ONCE A MONTH . . . . 05 LESS THAN ONCE A MONTH . . . . . 06 OTHER _____ 96 (SPECIFY)	
1621	Have you ever shared needles?	YES . . . . 1 NO 2	
1622	Have you ever asked/influenced a friend/someone to use drugs?	YES . . . . 1 NO 2	
1623	Have you ever asked/influenced a friend/someone not to use drugs?	YES . . . . 1 NO 2	

17. DATING AND SEXUAL BEHAVIOUR

Now I want to ask questions about sexual activity. We are interested in finding out whether people your age are sexually active. Your responses will be treated confidentially and will only be used for scientific research.

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1701	Do you currently have a boyfriend?	YES . . . . 1 NO 2	→1703
1702	Did you ever have a boyfriend?	YES . . . . 1 NO 2	→ 1705
1703	How old were you when you first had a boyfriend?	AGE IN YEARS . . . . ☐☐ DON'T KNOW 98	

1704	Have you ever done any of the following with (any of) your boyfriend?
	
	  Held hands?
	
	  Kissed lips?
	
	  Touched (or being touched) or aroused (being aroused) on your sensitive body parts such as genitals, breast, thigh, etc.?
		YES NO
		HOLD HANDS 1 2
		KISS LIPS 1 2
		PET 1 2	

	IF THE RESPONDENT IS UNCOMFORTABLE WITH THE QUESTIONS, TELL HER THAT YOU KNOW THE QUESTIONS ARE SENSTIVE BUT IT IS IMPORTANT TO GET ACCURATE INFORMATION. ASSURE THE RESPONDENT AGAIN THAT THE INFORMATION WILL BE CONFIDENTIAL.		

1705	CHECK 613:
	
	   HAD SEXUAL ☐ HAS NOT HAD ☐
	   INTERCOURSE ↓ SEXUAL INTERCOURSE
			→ 1712

1706	What is the main reason for having sexual intercourse the first time? IF THERE ARE MORE THAN ONE REASONS, CIRCLE CODE FOR THE MAIN REASON.	JUST HAPPENED . . . . 01 CURIOUS/ANXIOUS TO KNOW . . . . . 02 FORCED BY PARTNER . . . . 03 FOR MONEY . . . . 04 WISH TO MARRY . . . . 05 INFLUENCED BY FRIENDS . . . . 06 OTHER _____ 96 (SPECIFY) DON'T REMEMBER 98	
1707	Where did you have sexual intercourse the first time? DO NOT READ OUT RESPONSES	OWN HOUSE . . . . 01 PARTNER'S HOUSE . . . . 02 HOTEL/MOTEL . . . . 03 BOARDING HOUSE . . . . 04 PROSTITUTES PLACE . . . . 05 VEHICLE . . . . 06 OTHER _____ 96 (SPECIFY) DON'T REMEMBER 98	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1708	How old were you when you first had sexual intercourse?	AGE IN YEARS . . . . ☐☐ DON'T KNOW 98	
1709	What is your relationship to the person you had sex with the first time? DO NOT READ OUT RESPONSES.	FRIEND . . . . 01 BOY/GIRLFRIEND . . . . 02 RELATIVE . . . . 03 FATHER . . . . 04 PROSTITUTE . . . . 05 OTHER _____ 96 (SPECIFY)	
1710	The first time you had sexual intercourse, did you or your partner use any thing to prevent a pregnancy?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DON'T REMEMBER 8	⌐ └▶1712
1711	What did you or your partner use? Any other method? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	CONDOM . . . . A PILL . . . . B DIAPHRAGM/INTRAVAG . . . . C WITHDRAWAL . . . . D OTHER _____ X (SPECIFY)	
1712	Do you have any friends who have had sex before marriage?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐ └▶1714
1713	Because your friends have had sex, are you motivated to have sexual intercourse?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1714	Do you agree or disagree with the following statements: - A man has many partners/girlfriends at the same time? - A women has many patners/boyfriends at the same time?	YES NO DE- PENDS A BOY HAS MANY GIRLFRIENDS . . 1 2 8 A GIRL HAS MANY BOYFRIENDS 1 2 8	
1715	Do you approve if a woman has sexual intercourse before marriage?	APPROVE . . . . 1 DISAPPROVE . . . . 2 DEPENDS 8	
1716	Do you approve if a man has sexual intercourse before marriage?	APPROVE . . . . 1 DISAPPROVE . . . . 2 DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1717	Do you approve if someone has sexual intercourse before marriage if: - They both like to have sex. - They love each other. - They plan to get married - The woman is an adult and knows the consequences - They want to show their love	DIS- APPROVE APPROVE LIKE SEX . . . . 1 2 LOVE EACH OTHER . . . 1 2 PLAN TO MARRY . . . . . 1 2 WOMEN KNOW CONSEQUENCES . . . 1 2 SHOW LOVE 1 2	
1718	Do you strongly agree, agree or disgree of the opinion that women should maintain their virginity before marriage?	STRONGLY AGREE . . . . 1 AGREE . . . . 2 DISAGREE 8	
1719	Do you men in general still value virginity in a woman?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

1720	CHECK 613:
	
	      HAS NOT HAD HAD SEXUAL
	  SEXUAL INTERCOURSE INTERCOURSE
			1722

1721	Do you intend to have sexual intercourse soon?	YES . . . . 1 NO . . . . 2 DEPENDS 8	
1722	Have you ever advised/influenced a friend/someone to have sexual intercourse?	YES . . . . 1 NO 2	
1723	Have you ever advised/influenced a friend/someone not to have sexual intercourse?	YES . . . . 1 NO 2	

1724	CHECK 228:
	  DIDN'T WANT TO GET PREGNANT WANTED TO GET PREGNANT/
	                                  DIDN'T ASKED
			1730

1725	How many times did you become pregnant when you did not want to?	ONCE . . . . 1 SEVERAL TIMES 2	

1726	CHECK 1725:
	
	      ONCE SEVERAL TIMES
	
	When you had the unwanted When you had an unwanted
	pregnancy(ies), what did you pregnancy(ies), what did
	you do? you do?
		CONTINUED THE PREGNANCY 1
		ATTEMPTED TO STOP THE
		  PREGNANCY BUT FAILED 2
		ABORTED THE PREGNANCY 3
		HAD A MISCARRIAGE 4
		OTHER _____ 6
		          (SPECIFY)
		DON'T KNOW 8
			→1728
			
			→1730

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
1727	What did you do with the baby?	KEPT THE BABY . . . . 1 BABY CARED BY OTHER PEOPLE . . . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
1728	CHECK 1726: CODE '2' OR '3 CIRCLED ⬇	CODE '1' CIRCLED ☐	→ 1730
1729	Who helped you in stopping the pregnancy or attempting to stop the pregnancy? Any other person? DO NOT READ OUT RESPONSES. CIRCLE ALL MENTIONED.	DOCTOR . . . . A MIDWIFE/NURSE . . . . B TRADITIONAL BIRTH ATTENDANT . . . C PHARMACIST . . . . D FRIEND/RELATIVES . . . . E SELF . . . . F OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
1730	Has any young unmarried adult you personally know ever aborted a pregnancy?	YES . . . . 1 NO 2	
1731	Have you ever advised/influencd a friend/someone to abort a pregnancy?	YES . . . . 1 NO 2	
1732	Have you ever advised/influencd a friend/someone not to abort a pregnancy?	YES . . . . 1 NO 2	
1733	RECORD THE TIME	HOUR . . . . ☐☐ MINUTE . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____
_____
_____
_____
_____
_____

COMMENTS ON SPECIFIC QUESTIONS:

_____
_____
_____
_____
_____

ANY OTHER COMMENTS:

_____
_____
_____
_____
_____

SUPERVISOR'S OBSERVATIONS

_____
_____
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_____
_____
_____

NAME OF SUPERVISOR: _____   DATE: _____

EDITOR'S OBSERVATIONS

_____
_____
_____
_____

NAME OF EDITOR: _____   DATE: _____

CALENDAR

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN:

COL. 1:   BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

L	BIRTH
H	PREGNANCIES
K	MISCARRIAGE
A	ABORTION
S	STILLBIRTH

0	NO METHOD
1	FEMALE STERILIZATION
2	MALE STERILIZATION
3	IUD
4	INJECTABLES
5	IMPLANTS
6	PILL
7	CONDOM
8	INTRAVAG/DIAPHRAGM
M	LACTATIONAL AMENORRHEA METHOD
P	PERIODIC ABSTINENCE
T	WITHDRAWAL
D	EMERGENCY CONTRACEPTION
X	OTHER _____
	(SPECIFY)

COL. 2:   SOURCE OF CONTRACEPTION

1	GOVT. HOSPITAL
2	GOVT. HEALTH CENTER
3	GOVT. CLINIC
4	FP FIELDWORKER
5	FP MOBILE CLINIC
6	VILLAGE HEALTH POST
7	DELIVERY POST
8	HEALTH POST
9	FP POST
A	PVT. HOSPITAL
B	PVT. CLINIC
C	PRIVATE DOCTOR
D	MIDWIFE
E	VILLAGE MIDWIFE
F	PHARMACY/DRUGSTORE
G	FRIENDS/RELATIVES
H	SHOP
X	OTHER _____
	(SPECIFY)

COL. 3:   REASON FOR DISCONTINUATION OF CONTRACEPTION

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	DON'T KNOW/MIND
M	MENOPAUSAL
C	MARITAL DISSOLUTION/SEPARATION
N	IUD EXPELLED
X	OTHER _____
	(SPECIFY)
Z	DON'T KNOW

COL. 4:   MARITAL STATUS

X	MARRIAGE	0	NOT MARRIAGE
B	LIVING TOGETHER		

			1	2	3	4		
	DES	01					01	DES
	NOV	02					02	NOV
	OKT	03					03	OKT
	SEP	04					04	SEP
2	AGT	05					05	AGT	2
0	JUL	06					06	JUL	0
1	JUN	07					07	JUN	1
1	MEI	08					08	MEI	1
	APR	09					09	APR
	MAR	10					10	MAR
	PEB	11					11	PEB
	JAN	12					12	JAN
	DES	13					13	DES
	NOV	14					14	NOV
	OKT	15					15	OKT
	SEP	16					16	SEP
2	AGT	17					17	AGT	2
0	JUL	18					18	JUL	0
1	JUN	19					19	JUN	1
0	MEI	20					20	MEI	0
	APR	21					21	APR
	MAR	22					22	MAR
	PEB	23					23	PEB
	JAN	24					24	JAN
	DES	25					25	DES
	NOV	26					26	NOV
	OKT	27					27	OKT
	SEP	28					28	SEP
2	AGT	29					29	AGT	2
0	JUL	30					30	JUL	0
0	JUN	31					31	JUN	0
9	MEI	32					32	MEI	9
	APR	33					33	APR
	MAR	34					34	MAR
	PEB	35					35	PEB
	JAN	36					36	JAN
	DES	37					37	DES
	NOV	38					38	NOV
	OKT	39					39	OKT
	SEP	40					40	SEP
2	AGT	41					41	AGT	2
0	JUL	42					42	JUL	0
0	JUN	43					43	JUN	0
8	MEI	44					44	MEI	8
	APR	45					45	APR
	MAR	46					46	MAR
	PEB	47					47	PEB
	JAN	48					48	JAN
	DES	49					49	DES
	NOV	50					50	NOV
	OKT	51					51	OKT
	SEP	52					52	SEP
2	AGT	53					53	AGT	2
0	JUL	54					54	JUL	0
0	JUN	55					55	JUN	0
7	MEI	56					56	MEI	7
	APR	57					57	APR
	MAR	58					58	MAR
	PEB	59					59	PEB
	JAN	60					60	JAN
	DES	61					61	DES
	NOV	62					62	NOV
	OKT	63					63	OKT
	SEP	64					64	SEP
2	AGT	65					65	AGT	2
0	JUL	66					66	JUL	0
0	JUN	67					67	JUN	0
6	MEI	68					68	MEI	6
	APR	69					69	APR
	MAR	70					70	MAR
	PEB	71					71	PEB
	JAN	72					72	JAN