

NIGERIA DEMOGRAPHIC AND HEALTH SURVEY
INDIVIDUAL QUESTIONNAIRE--ENGLISH

IDENTIFICATION																													
PLACE NAME _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																												
NAME OF HOUSEHOLD HEAD _____																													
CLUSTER NUMBER.....																													
HOUSEHOLD NUMBER.....																													
STATE.....																													
URBAN/RURAL (urban=1, rural=2).....																													
CITY/TOWN/RURAL (city=1, town=2, rural(village)=3).....																													
NAME AND LINE NUMBER OF WOMAN _____																													

INTERVIEWER VISITS																					
	1	2	3	FINAL VISIT																	
DATE				<table style="width:100%;"> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 30px; height: 20px;"> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 30px; height: 20px;"> </table> </td> <td style="text-align: center;"> <table border="1" style="display: inline-table; width: 30px; height: 20px;"> </table> </td> </tr> </table>	DAY	MONTH	YEAR	<table border="1" style="display: inline-table; width: 30px; height: 20px;"> </table>	<table border="1" style="display: inline-table; width: 30px; height: 20px;"> </table>	<table border="1" style="display: inline-table; width: 30px; height: 20px;"> </table>											
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NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY <table border="1" style="display: inline-table; width: 30px; height: 20px;"> </table>
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SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a rural village?	CITY.....1 TOWN.....2 RURAL VILLAGE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR:.....96	105
104	Just before you moved here, did you live in a city, in a town, or in a rural village?	CITY.....1 TOWN.....2 RURAL VILLAGE.....3	
105	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school?	YES.....1 NO.....2	111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	What is the highest (class/form/year) you completed at that level?	CLASS.....	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		112
111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
112	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
113	Do you usually watch television at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																					
114	What is the source of water your household uses for handwashing and dishwashing?	PIPED INTO RESIDENCE.....01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 WELL WITH HANDPUMP.....04 WELL WITHOUT HANDPUMP.....05 RIVER, SPRING, SURFACE WATER...06 TANKER TRUCK, OTHER VENDOR....07 RAINWATER.....08 OTHER.....09 (SPECIFY)	116																					
115	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																						
116	Does your household get drinking water from this same source?	YES.....1 NO.....2	118																					
117	What is the source of drinking water for members of your household?	PIPED INTO RESIDENCE.....01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 WELL WITH HANDPUMP.....04 WELL WITHOUT HANDPUMP.....05 RIVER, SPRING, SURFACE WATER...06 TANKER TRUCK, OTHER VENDOR....07 RAINWATER.....08 OTHER.....09 (SPECIFY)																						
118	What kind of toilet facility does your household have?	FLUSH.....1 BUCKET.....2 PIT.....3 OTHER.....4 (SPECIFY) NO FACILITIES.....5																						
119	Does your house have: Electricity? A radio? A television? A refrigerator?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2							
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REFRIGERATOR.....	1	2																						
120	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																						
121	MAIN MATERIAL OF THE FLOOR. (RECORD OBSERVATION.)	PARQUET OR POLISHED WOOD.....1 VINYL OR ASPHALT STRIPS.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 ANIMAL DUNG.....6 EARTH/SAND.....7 OTHER.....8 (SPECIFY)																						
122	Does any member of your household own: A clock or watch? A donkey, horse, or camel? A canoe? A bicycle? A motorcycle? A car?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CLOCK OR WATCH.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DONKEY/HORSE/CAMEL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CANOE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CLOCK OR WATCH.....	1	2	DONKEY/HORSE/CAMEL.....	1	2	CANOE.....	1	2	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2	
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MOTORCYCLE.....	1	2																						
CAR.....	1	2																						
123	What religion do you belong to?	PROTESTANTISM.....1 CATHOLICISM.....2 ISLAM.....3 TRADITIONAL RELIGION.....4 NO RELIGION.....5 OTHER.....6 (SPECIFY)																						

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	I would like to ask about all the children with whom God has blessed you. Please do not feel that I am counting your children, but it is very important to obtain complete information on childbearing in Nigeria. God will certainly bless and protect your children. Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	206
202	Do you have any sons or daughters you have given birth to 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 ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters you have given birth to 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 ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	It does happen that sometimes children die. I pray that this never happens to you. If it already has, may it never happen again to you. It may be very painful to talk about and we are very sorry to bring back these bad memories, but it will help the government to take measures to improve the health of the mothers so that all babies born are blessed with life. Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any boy or girl who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	208
207	How many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-209 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		223

211 Now I would like to talk to you about all of 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).

212	213	214	215	216	217	218	219	220
What name was given to your (first/next) baby?		Is (NAME) a boy or a girl?	In what month and year was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?	Is (NAME) living with you?	With whom does he/she live?	How old was he/she when he/she died?
	RECORD SINGLE OR MULTIPLE BIRTH STATUS		PROBE: What is his/her birthday? OR: In what season?		RECORD AGE IN COMPLETED YEARS		IF 15+: GO TO NEXT BIRTH	IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.

01	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... 	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
02	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... 	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
03	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... 	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
04	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... 	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
05	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... 	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
06	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... 	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
07	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... 	YES...1 NO...2 ↓ 220	AGE IN YEARS 	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3

212	213	214	215	216	217	218	219	220
What name was given to your next baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH	IF DEAD: How old was he/she when he/she died? IF "1 YR.", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.

08	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
09	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
10	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
11	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
12	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
13	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)< NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
14	SING...1 MULT...2 (NAME)	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO 221) NO.....2 (FOR 15+, GO TO 221)	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO 221)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>

221 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ☐

NUMBERS ARE DIFFERENT ☐

(PROBE AND RECONCILE)

222 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1985.
IF NONE, ENTER 0.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO		
223	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	226		
224	How many months pregnant are you?	MONTHS..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td></td><td></td></tr> </table>			
225	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3			
226	When did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....994 NEVER MENSTRUATED.....995 IN MENOPAUSE.....996			
227	Between the first day of a woman's period and the first day of her <u>next</u> period, when do you think she has the greatest chance of becoming pregnant? PROBE: Which days of a woman's monthly cycle does she have to be careful to avoid becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 AT ANY TIME.....5 OTHER.....6 (SPECIFY) OK.....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. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01] PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04] FOAMING TABLETS Women can place a foaming tablet or pill inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05] DIAPHRAGM, FOAM, JELLY Women can place a sponge, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06] DUREX OR CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
07] FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
08] MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
09] RHYTHM Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use the rhythm method? YES.....1 NO.....2
10] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
11] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES/SPONT.....1 NO.....3		
1 _____ (SPECIFY)		YES.....1 NO.....2	
2 _____ (SPECIFY)		YES.....1 NO.....2	
3 _____ (SPECIFY)		YES.....1 NO.....2	

305

CHECK 303: NOT A SINGLE "YES"
(NEVER USED) ☐

AT LEAST ONE "YES"
(EVER USED) ☐

→ SKIP TO 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... NO.....	<input type="checkbox"/> <input type="checkbox"/> → 328
307	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY)		
308	Now I would like to ask you about the time when you first did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE ENTER '00'.	NUMBER OF CHILDREN.....	<input type="text"/> <input type="text"/>
309	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 328
310	Are you currently doing something or using any method to avoid getting pregnant?	YES..... NO.....	1 2 → 328
311	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 FOAMING TABLETS.....04 DIAPHRAGM/FOAM/JELLY.....05 DUREX OR CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 RHYTHM.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY)	→ 319 → 317 → 319 → 317 → 319 → 326
312	At the time you first started using the pill, did you consult a doctor or a nurse?	YES..... NO..... DK.....	1 2 8
313	At the time you last got pills, did you consult a doctor or a nurse?	YES..... NO.....	1 2
314	May I see the package of pills you are using now? (RECORD NAME OF BRAND.)	PACKAGE SEEN..... BRAND NAME _____ PACKAGE NOT SEEN.....	1 → 316 2
315	Do you know the brand name of the pills you are now using? (RECORD NAME OF BRAND.)	BRAND NAME _____ DK.....	<input type="text"/> <input type="text"/> 98
316	How much does one packet of pills cost you?	COST..... FREE..... DK.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9996 9998 → 319

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
317	How much does one (condom/foaming tablet) cost you?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DK.....9998	
318	What is the average number of (condoms/foaming tablets) you use in one month?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	
319	CHECK 311 AND MARK BOX: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/> v v Where did the sterilization take place? Where did you obtain (METHOD) the last time? _____ (NAME OF PLACE)	HOSPITAL.....01 HEALTH CENTER, MATERNITY CENTER, FAMILY PLANNING CLINIC, OR HEALTH CLINIC/POST.....02 DOCTOR.....03 → 321 PLANNED PARENTHOOD FED. CLINIC..04 PRIVATE CLINIC.....05 PHARMACY.....06 → 322 PATENT MEDICINE SHOP.....07 MARKET.....08 HUSBAND'S PLACE OF WORK.....09 YOUR PLACE OF WORK.....10 CHURCH.....11 FRIENDS/RELATIVES.....12 → 324 OTHER.....13 (SPECIFY) DK.....98	
320	Was this place operated by the government, a mission, or by a private organization?	GOVERNMENT.....1 MISSION.....2 PRIVATE ORGANIZATION.....3 DK.....8 → 322	
321	Was the method given at a government facility, a mission, or at the doctor's private practice?	GOVERNMENT.....1 MISSION.....2 PRIVATE PRACTICE.....3 DK.....8	
322	How long does it take to travel from your home to this place?	MINUTES.....1 <input type="text"/> <input type="text"/> HOURS.....2 <input type="text"/> <input type="text"/> DK.....998	
323	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
324	CHECK 311: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/> v v		→ 326
325	In what month and year was the sterilization operation done?	MONTH..... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	→ 327

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
326	For how many months have you been using (CURRENT METHOD) continuously?	MONTHS..... <input type="text"/> <input type="text"/>	
327	What is the main reason you are using a method of family planning?	SPACE BIRTHS.....1 STOP CHILDBEARING.....2 ECONOMIC COSTS.....3 HEALTH.....4 OTHER.....5 (SPECIFY)	→339
328	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	→330 →333
329	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 FATALISTIC.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 PARTNER OPPOSED TO FP.....10 OTHER PEOPLE OPPOSED TO FP.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY.....14 INCONVENIENT.....15 NOT MARRIED.....16 OTHER.....17 (SPECIFY) DK.....98	→333
330	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DK.....8	
331	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 FOAMING TABLETS.....04 DIAPHRAGM/FOAM/JELLY.....05 DUREX OR CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 RHYTHM.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY) UNSURE.....98	→333
332	Where can you get (METHOD MENTIONED IN 331)? _____ (NAME OF PLACE)	HOSPITAL.....01 HEALTH CENTER, MATERNITY CENTER, FAMILY PLANNING CLINIC, OR HEALTH CLINIC/POST.....02 DOCTOR.....03 PLANNED PARENTHOOD FED. CLINIC.....04 PRIVATE CLINIC.....05 PHARMACY.....06 PATENT MEDICINE SHOP.....07 MARKET.....08 HUSBAND'S PLACE OF WORK.....09 YOUR PLACE OF WORK.....10 CHURCH.....11 FRIENDS/RELATIVES.....12 OTHER.....13 (SPECIFY) DK.....98	→335 →336 →337

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
333	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	339
334	Where is that? _____ (NAME OF PLACE)	HOSPITAL.....01 HEALTH CENTER, MATERNITY CENTER, FAMILY PLANNING CLINIC, OR HEALTH CLINIC/POST.....02 DOCTOR.....03 PLANNED PARENTHOOD FED. CLINIC.....04 PRIVATE CLINIC.....05 PHARMACY.....06 PATENT MEDICINE SHOP.....07 MARKET.....08 HUSBAND'S PLACE OF WORK.....09 YOUR PLACE OF WORK.....10 CHURCH.....11 FRIENDS/RELATIVES.....12 OTHER.....13 (SPECIFY) _____ DK.....98	336 337 339
335	Is this place operated by the government, a mission, or by a private organization?	GOVERNMENT.....1 MISSION.....2 PRIVATE ORGANIZATION.....3 DK.....8	337
336	Is the doctor at a government facility, a mission, or at a private office?	GOVERNMENT.....1 MISSION.....2 PRIVATE OFFICE.....3 DK.....8	
337	How long does it take to travel from your home to this place?	MINUTES.....1 HOURS.....2 DK.....998	
338	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
339	Who would you talk to if you wanted to get factual information about using a contraceptive method?	VILLAGE HEALTH WORKER.....01 HEALTH CLINIC/POST.....02 HEALTH CENTER.....03 HOSPITAL.....04 PRIVATE DOCTOR.....05 FAMILY PLANNING CLINIC.....06 MOTHER.....07 MOTHER-IN-LAW.....08 FEMALE FRIEND.....09 MALE FRIEND.....10 HUSBAND/PARTNER.....11 OTHER.....12 (SPECIFY) _____	
340	Who would you talk to if you wanted to get personal advice about using a contraceptive method?	VILLAGE HEALTH WORKER.....01 HEALTH CLINIC/POST.....02 HEALTH CENTER.....03 HOSPITAL.....04 PRIVATE DOCTOR.....05 FAMILY PLANNING CLINIC.....06 MOTHER.....07 MOTHER-IN-LAW.....08 FEMALE FRIEND.....09 MALE FRIEND.....10 HUSBAND/PARTNER.....11 OTHER.....12 (SPECIFY) _____	
341	In the last month have you heard a message about family planning on the radio or television?	YES.....1 NO.....2	
342	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....3	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401 CHECK 222 :
ONE OR MORE LIVE BIRTHS SINCE JAN. 1985 ☐ NO LIVE BIRTHS SINCE JAN. 1985 ☐ (SKIP TO 501)

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1985 IN THE TABLE.
ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.
(IF THERE ARE MORE THAN THREE BIRTHS, USE ADDITIONAL FORMS).

Now I would like to ask you some more questions about the health of children you had in the past five years.
(We will talk about one child at a time.)

LINE NUMBER FROM Q. 212	LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403	<p>At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u> or did you want <u>no more</u> children at all?</p> <p>THEN.....1 (SKIP TO 405)<.....</p> <p>LATER.....2</p> <p>NO MORE.....3 (SKIP TO 405)<.....</p>	<p>At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u> or did you want <u>no more</u> children at all?</p> <p>THEN.....1 (SKIP TO 405)<.....</p> <p>LATER.....2</p> <p>NO MORE.....3 (SKIP TO 405)<.....</p>	<p>At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u> or did you want <u>no more</u> children at all?</p> <p>THEN.....1 (SKIP TO 405)<.....</p> <p>LATER.....2</p> <p>NO MORE.....3 (SKIP TO 405)<.....</p>
404	<p>How much longer would you like to have waited?</p> <p>MONTHS.....1 <input type="text"/></p> <p>YEARS.....2 <input type="text"/></p> <p>DK.....998</p>	<p>How much longer would you like to have waited?</p> <p>MONTHS.....1 <input type="text"/></p> <p>YEARS.....2 <input type="text"/></p> <p>DK.....998</p>	<p>How much longer would you like to have waited?</p> <p>MONTHS.....1 <input type="text"/></p> <p>YEARS.....2 <input type="text"/></p> <p>DK.....998</p>
405	<p>When you were pregnant with (NAME), did you see anyone for an antenatal check on this pregnancy?</p> <p>IF YES, Whom did you see?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</p> <p>DOCTOR.....1</p> <p>NURSE/MIDWIFE/COMMUNITY HEALTH OFFICER.....1</p> <p>AUXILIARY MIDWIFE/COMMUN. HEALTH ASSISTANT.....1</p> <p>VILLAGE HEALTH WORKER.....1</p> <p>TRAINED (TRADITIONAL) BIRTH ATTENDANT.....1</p> <p>TRADITIONAL BIRTH ATTENDANT.....1</p> <p>OTHER.....1</p> <p>(SPECIFY)</p> <p>NO ONE.....1 (SKIP TO 409)<.....</p>	<p>When you were pregnant with (NAME), did you see anyone for an antenatal check on this pregnancy?</p> <p>IF YES, Whom did you see?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</p> <p>DOCTOR.....1</p> <p>NURSE/MIDWIFE/COMMUNITY HEALTH OFFICER.....1</p> <p>AUXILIARY MIDWIFE/COMMUN. HEALTH ASSISTANT.....1</p> <p>VILLAGE HEALTH WORKER.....1</p> <p>TRAINED (TRADITIONAL) BIRTH ATTENDANT.....1</p> <p>TRADITIONAL BIRTH ATTENDANT.....1</p> <p>OTHER.....1</p> <p>(SPECIFY)</p> <p>NO ONE.....1 (SKIP TO 409)<.....</p>	<p>When you were pregnant with (NAME), did you see anyone for an antenatal check on this pregnancy?</p> <p>IF YES, Whom did you see?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</p> <p>DOCTOR.....1</p> <p>NURSE/MIDWIFE/COMMUNITY HEALTH OFFICER.....1</p> <p>AUXILIARY MIDWIFE/COMMUN. HEALTH ASSISTANT.....1</p> <p>VILLAGE HEALTH WORKER.....1</p> <p>TRAINED (TRADITIONAL) BIRTH ATTENDANT.....1</p> <p>TRADITIONAL BIRTH ATTENDANT.....1</p> <p>OTHER.....1</p> <p>(SPECIFY)</p> <p>NO ONE.....1 (SKIP TO 409)<.....</p>
406	<p>Were you given an antenatal card for this pregnancy?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>Were you given an antenatal card for this pregnancy?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>Were you given an antenatal card for this pregnancy?</p> <p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>
407	<p>How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?</p> <p>MONTHS..... <input type="text"/></p> <p>DK.....98</p>	<p>How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?</p> <p>MONTHS..... <input type="text"/></p> <p>DK.....98</p>	<p>How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?</p> <p>MONTHS..... <input type="text"/></p> <p>DK.....98</p>
408	<p>How many antenatal visits did you have during that pregnancy?</p> <p>NUMBER OF VISITS... <input type="text"/></p>	<p>How many antenatal visits did you have during that pregnancy?</p> <p>NUMBER OF VISITS... <input type="text"/></p>	<p>How many antenatal visits did you have during that pregnancy?</p> <p>NUMBER OF VISITS... <input type="text"/></p>
409	<p>When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p>YES.....1</p> <p>NO.....2 (SKIP TO 411)<.....</p> <p>DK.....8</p>	<p>When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p>YES.....1</p> <p>NO.....2 (SKIP TO 411)<.....</p> <p>DK.....8</p>	<p>When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?</p> <p>YES.....1</p> <p>NO.....2 (SKIP TO 411)<.....</p> <p>DK.....8</p>
410	<p>How many times did you get this injection?</p> <p>TIMES..... <input type="text"/></p> <p>DK.....8</p>	<p>How many times did you get this injection?</p> <p>TIMES..... <input type="text"/></p> <p>DK.....8</p>	<p>How many times did you get this injection?</p> <p>TIMES..... <input type="text"/></p> <p>DK.....8</p>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
411	Where did you give birth to (NAME)?	YOUR HOME.....01 HOME OF RELATIVE OR FRIEND.....02 HOME OF VILLAGE HEALTH WORKER.....03 HOME OF TRADITIONAL BIRTH ATTENDANT.....04 HEALTH CLINIC/POST.....05 HEALTH CENTER.....06 MATERNITY CENTER.....07 HOSPITAL.....08 OTHER.....09 (SPECIFY)	YOUR HOME.....01 HOME OF RELATIVE OR FRIEND.....02 HOME OF VILLAGE HEALTH WORKER.....03 HOME OF TRADITIONAL BIRTH ATTENDANT.....04 HEALTH CLINIC/POST.....05 HEALTH CENTER.....06 MATERNITY CENTER.....07 HOSPITAL.....08 OTHER.....09 (SPECIFY)	YOUR HOME.....01 HOME OF RELATIVE OR FRIEND.....02 HOME OF VILLAGE HEALTH WORKER.....03 HOME OF TRADITIONAL BIRTH ATTENDANT.....04 HEALTH CLINIC/POST.....05 HEALTH CENTER.....06 MATERNITY CENTER.....07 HOSPITAL.....08 OTHER.....09 (SPECIFY)
412	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	DOCTOR.....1 NURSE/MIDWIFE/COMMUNITY HEALTH OFFICER.....1 AUXILIARY MIDWIFE/COMMUN. HEALTH ASSISTANT.....1 VILLAGE HEALTH WORKER.....1 TRAINED (TRADITIONAL) BIRTH ATTENDANT.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 (SPECIFY) NO ONE.....1	DOCTOR.....1 NURSE/MIDWIFE/COMMUNITY HEALTH OFFICER.....1 AUXILIARY MIDWIFE/COMMUN. HEALTH ASSISTANT.....1 VILLAGE HEALTH WORKER.....1 TRAINED (TRADITIONAL) BIRTH ATTENDANT.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 (SPECIFY) NO ONE.....1	DOCTOR.....1 NURSE/MIDWIFE/COMMUNITY HEALTH OFFICER.....1 AUXILIARY MIDWIFE/COMMUN. HEALTH ASSISTANT.....1 VILLAGE HEALTH WORKER.....1 TRAINED (TRADITIONAL) BIRTH ATTENDANT.....1 TRADITIONAL BIRTH ATTENDANT.....1 OTHER.....1 (SPECIFY) NO ONE.....1
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8
414	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
415	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 417) <—	YES.....1 NO.....2 (SKIP TO 417) <—	YES.....1 NO.....2 (SKIP TO 417) <—
416	How much did (NAME) weigh?	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98
417	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 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8
418	Has your period returned since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 420) <—		
419	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> DK.....98

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
428	How many times did you breastfeed last night between sundown and sunup? (IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NO.)	NUMBER OF NIGHTTIME FEEDINGS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		
429	How many times did you breastfeed yesterday during the daylight hours? (IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NO.)	NUMBER OF DAYLIGHT FEEDINGS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>		
430	At any time yesterday or last night was (NAME) given any of the following?: Plain water? Sugar water? Juice? Herbal tea? Baby formula? Fresh milk? Soya milk? Any solid or mushy food, such as mashed banana or mashed grain?	<div style="text-align: right; margin-bottom: 5px;">YES NO</div> PLAIN WATER.....1 2 SUGAR WATER.....1 2 JUICE.....1 2 HERBAL TEA.....1 2 BABY FORMULA.....1 2 FRESH MILK.....1 2 SOYA MILK.....1 2 SOLID/MUSHY FOOD.....1 2		
431	CHECK 430 : FOOD OR LIQUID GIVEN YESTERDAY?	YES TO ONE OF MORE <input type="checkbox"/> ↓ (SKIP TO 436)	NO TO ALL <input type="checkbox"/> ↓ (SKIP TO 435)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
432	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....95 (SKIP TO 435)<_____	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....95 (SKIP TO 435)<_____	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....95 (SKIP TO 435)<_____
433	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)
434	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v (SKIP TO 436)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v (SKIP TO 436)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v (SKIP TO 436)
435	Was (NAME) ever given any water, or something else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 438)<_____	YES.....1 NO.....2 (SKIP TO 438)<_____	YES.....1 NO.....2 (SKIP TO 438)<_____
436	How many months old was (NAME) when you started giving the following on a regular basis?: Formula or milk other than breastmilk, such as soya milk? Water or other liquids? Any solid or mushy food, such as mashed banana or mashed grain?	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96 AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96
437	IF DEAD CIRCLE '3', OTHERWISE ASK: Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DEAD.....3 DK.....8		
438	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO <u>FIRST COLUMN</u> OF QUESTION 439.			

SECTION 4B. IMMUNIZATION AND HEALTH

439 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1985 IN THE TABLE.
ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.
(IF THERE ARE MORE THAN THREE BIRTHS, USE ADDITIONAL FORMS).

LINE NUMBER FROM Q. 212	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>																																																																																																												
FROM Q. 212 AND Q. 216	LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>																																																																																																												
440 Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 442)← YES, NOT SEEN.....2 (SKIP TO 444)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 442)← YES, NOT SEEN.....2 (SKIP TO 444)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 442)← YES, NOT SEEN.....2 (SKIP TO 444)← NO CARD.....3																																																																																																												
441 Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 444)← NO.....2	YES.....1 (SKIP TO 444)← NO.....2	YES.....1 (SKIP TO 444)← NO.....2																																																																																																												
442 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN, IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td></td><td>DAY</td><td>MO</td><td>YR</td></tr> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YR	BCG				P1				P2				P3				D1				D2				D3				MEA				<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td></td><td>DAY</td><td>MO</td><td>YR</td></tr> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YR	BCG				P1				P2				P3				D1				D2				D3				MEA				<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td></td><td>DAY</td><td>MO</td><td>YR</td></tr> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </table>		DAY	MO	YR	BCG				P1				P2				P3				D1				D2				D3				MEA			
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443 Has (NAME) received any vaccinations that are not recorded on this card?	YES.....1 (PROBE FOR VACCINATIONS, AND WRITE '66' IN THE CORRESPONDING DAY COLUMN)← NO.....2 DK.....8 (SKIP TO 446)	YES.....1 (PROBE FOR VACCINATIONS, AND WRITE '66' IN THE CORRESPONDING DAY COLUMN)← NO.....2 DK.....8 (SKIP TO 446)	YES.....1 (PROBE FOR VACCINATIONS, AND WRITE '66' IN THE CORRESPONDING DAY COLUMN)← NO.....2 DK.....8 (SKIP TO 446)																																																																																																												
444 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 446)← DK.....8	YES.....1 NO.....2 (SKIP TO 446)← DK.....8	YES.....1 NO.....2 (SKIP TO 446)← DK.....8																																																																																																												

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
445	Please tell me if (NAME) (has) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that left a scar? Polio vaccine, that is, drops in the mouth? IF YES: How many times? An injection against measles?	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8
446	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 448)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 448)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 448)
447	GO BACK TO 440 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 482.			
448	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
449	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 452) <----- DK.....8	YES.....1 NO.....2 (SKIP TO 452) <----- DK.....8	YES.....1 NO.....2 (SKIP TO 452) <----- DK.....8
450	How long did the cough last?	DAYS <input type="text"/> <input type="text"/> (IF LESS THAN 1 DAY, RECORD '00')	DAYS <input type="text"/> <input type="text"/> (IF LESS THAN 1 DAY, RECORD '00')	DAYS <input type="text"/> <input type="text"/> (IF LESS THAN 1 DAY, RECORD '00')
451	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
452	CHECK 448 AND 449: FEVER OR COUGH?	"YES" IN EITHER 448 OR 449 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 462)	"YES" IN EITHER 448 OR 449 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 462)	"YES" IN EITHER 448 OR 449 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 462)
453	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 462) <-----	YES.....1 NO.....2 (SKIP TO 462) <-----	YES.....1 NO.....2 (SKIP TO 462) <-----
454	When you perceived that (NAME) was ill, who began treatment?	VILLAGE HEALTH WORKER...01 HEALTH CLINIC/POST.....02 HEALTH CENTER.....03 HOSPITAL.....04 PRIVATE DOCTOR.....05 TRADITIONAL/SPIRITUAL HEALER.....06 VILLAGE CHEMIST AT PATENT MEDICINE SHOP...07 PHARMACY.....08 MYSELF/RELATIVES.....09 OTHER.....10 (SPECIFY)	VILLAGE HEALTH WORKER...01 HEALTH CLINIC/POST.....02 HEALTH CENTER.....03 HOSPITAL.....04 PRIVATE DOCTOR.....05 TRADITIONAL/SPIRITUAL HEALER.....06 VILLAGE CHEMIST AT PATENT MEDICINE SHOP...07 PHARMACY.....08 MYSELF/RELATIVES.....09 OTHER.....10 (SPECIFY)	VILLAGE HEALTH WORKER...01 HEALTH CLINIC/POST.....02 HEALTH CENTER.....03 HOSPITAL.....04 PRIVATE DOCTOR.....05 TRADITIONAL/SPIRITUAL HEALER.....06 VILLAGE CHEMIST AT PATENT MEDICINE SHOP...07 PHARMACY.....08 MYSELF/RELATIVES.....09 OTHER.....10 (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
455	Was this treatment given at home or away from home?	AT HOME/COMPOUND.....1 (SKIP TO 458)<_____ AWAY FROM HOME.....2	AT HOME/COMPOUND.....1 (SKIP TO 458)<_____ AWAY FROM HOME.....2	AT HOME/COMPOUND.....1 (SKIP TO 458)<_____ AWAY FROM HOME.....2
456	How much time did it take to go to this place?	MINUTES.....1 <input type="text"/> <input type="text"/> HOURS.....2 <input type="text"/> <input type="text"/>	MINUTES.....1 <input type="text"/> <input type="text"/> HOURS.....2 <input type="text"/> <input type="text"/>	MINUTES.....1 <input type="text"/> <input type="text"/> HOURS.....2 <input type="text"/> <input type="text"/>
457	How much did it cost to travel to this place?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> NO COST..... 9996	COST..... <input type="text"/> <input type="text"/> <input type="text"/> NO COST..... 9996	COST..... <input type="text"/> <input type="text"/> <input type="text"/> NO COST..... 9996
458	How much did it cost for the treatment obtained at this place? (RECORD CASH OR CASH EQUIVALENT OF NON-CASH PAYMENTS)	CASH...1 <input type="text"/> <input type="text"/> <input type="text"/> CASH EQUIV...2 <input type="text"/> <input type="text"/> <input type="text"/> NO COST.....999996	CASH...1 <input type="text"/> <input type="text"/> <input type="text"/> CASH EQUIV...2 <input type="text"/> <input type="text"/> <input type="text"/> NO COST.....999996	CASH...1 <input type="text"/> <input type="text"/> <input type="text"/> CASH EQUIV...2 <input type="text"/> <input type="text"/> <input type="text"/> NO COST.....999996
459	What was given to treat the fever/cough, if anything? Anything else? (CIRCLE EACH MENTIONED)	NOTHING GIVEN.....1 INJECTION.....1 ANTIBIOTIC (PILL OR SYRUP).....1 ANTIMALARIAL (PILL OR SYRUP).....1 COUGH SYRUP.....1 OTHER PILL OR SYRUP.....1 UNKNOWN PILL OR SYRUP.....1 HOME REMEDY/ HERBAL MEDICINE.....1 OTHER _____ 1 (SPECIFY)	NOTHING GIVEN.....1 INJECTION.....1 ANTIBIOTIC (PILL OR SYRUP).....1 ANTIMALARIAL (PILL OR SYRUP).....1 COUGH SYRUP.....1 OTHER PILL OR SYRUP.....1 UNKNOWN PILL OR SYRUP.....1 HOME REMEDY/ HERBAL MEDICINE.....1 OTHER _____ 1 (SPECIFY)	NOTHING GIVEN.....1 INJECTION.....1 ANTIBIOTIC (PILL OR SYRUP).....1 ANTIMALARIAL (PILL OR SYRUP).....1 COUGH SYRUP.....1 OTHER PILL OR SYRUP.....1 UNKNOWN PILL OR SYRUP.....1 HOME REMEDY/ HERBAL MEDICINE.....1 OTHER _____ 1 (SPECIFY)
460	If you purchased drugs or other preparations for (NAME)'s treatment, where did you buy them?	VILLAGE HEALTH WORKER...01 HEALTH CLINIC/POST.....02 HEALTH CENTER.....03 HOSPITAL.....04 PRIVATE DOCTOR.....05 TRADITIONAL/SPIRITUAL HEALER.....06 VILLAGE CHEMIST AT PATENT MEDICINE SHOP...07 PHARMACY.....08 NO DRUGS PURCHASED.....09 OTHER _____ 10 (SPECIFY)	VILLAGE HEALTH WORKER...01 HEALTH CLINIC/POST.....02 HEALTH CENTER.....03 HOSPITAL.....04 PRIVATE DOCTOR.....05 TRADITIONAL/SPIRITUAL HEALER.....06 VILLAGE CHEMIST AT PATENT MEDICINE SHOP...07 PHARMACY.....08 NO DRUGS PURCHASED.....09 OTHER _____ 10 (SPECIFY)	VILLAGE HEALTH WORKER...01 HEALTH CLINIC/POST.....02 HEALTH CENTER.....03 HOSPITAL.....04 PRIVATE DOCTOR.....05 TRADITIONAL/SPIRITUAL HEALER.....06 VILLAGE CHEMIST AT PATENT MEDICINE SHOP...07 PHARMACY.....08 NO DRUGS PURCHASED.....09 OTHER _____ 10 (SPECIFY)
461	What was the most important reason why you chose to go to this source of care?	LOWER TRANSPORTATION COSTS.....1 LOWER TREATMENT COSTS.....2 SHORTER WAITING TIME AT FACILITY.....3 BETTER QUALITY CARE.....4 GREATER AVAILABILITY OF DRUGS.....5 SHORTER TRAVEL TIME TO SOURCE OF CARE.....6 NO ALTERNATIVE SOURCE OF CARE.....7 OTHER _____ 8 (SPECIFY)	LOWER TRANSPORTATION COSTS.....1 LOWER TREATMENT COSTS.....2 SHORTER WAITING TIME AT FACILITY.....3 BETTER QUALITY CARE.....4 GREATER AVAILABILITY OF DRUGS.....5 SHORTER TRAVEL TIME TO SOURCE OF CARE.....6 NO ALTERNATIVE SOURCE OF CARE.....7 OTHER _____ 8 (SPECIFY)	LOWER TRANSPORTATION COSTS.....1 LOWER TREATMENT COSTS.....2 SHORTER WAITING TIME AT FACILITY.....3 BETTER QUALITY CARE.....4 GREATER AVAILABILITY OF DRUGS.....5 SHORTER TRAVEL TIME TO SOURCE OF CARE.....6 NO ALTERNATIVE SOURCE OF CARE.....7 OTHER _____ 8 (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
462	Has (NAME) had diarrhea in the last two weeks?	YES.....1 (SKIP TO 464)← NO.....2 DK.....8	YES.....1 (SKIP TO 464)← NO.....2 DK.....8	YES.....1 (SKIP TO 464)← NO.....2 DK.....8
463	GO BACK TO 440 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 482.			
464	Has (NAME) had diarrhea in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
465	How long has the diarrhea lasted/did the diarrhea last?	DAYS <input type="text"/> <input type="text"/> (IF LESS THAN 1 DAY, ENTER '00')	DAYS <input type="text"/> <input type="text"/> (IF LESS THAN 1 DAY, ENTER '00')	DAYS <input type="text"/> <input type="text"/> (IF LESS THAN 1 DAY, ENTER '00')
466	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
467	What do you think may be the reason (NAME) had diarrhea?	TEETHING.....1 CONTAMINATED FOOD/WATER..2 OTHER _____ 3 (SPECIFY) DK.....8	TEETHING.....1 CONTAMINATED FOOD/WATER..2 OTHER _____ 3 (SPECIFY) DK.....8	TEETHING.....1 CONTAMINATED FOOD/WATER..2 OTHER _____ 3 (SPECIFY) DK.....8
468	Do you think (NAME'S) diarrhea was not dangerous to his/her health, or was it slightly or very dangerous?	NOT DANGEROUS.....1 SLIGHTLY DANGEROUS.....2 VERY DANGEROUS.....3 DK.....8	NOT DANGEROUS.....1 SLIGHTLY DANGEROUS.....2 VERY DANGEROUS.....3 DK.....8	NOT DANGEROUS.....1 SLIGHTLY DANGEROUS.....2 VERY DANGEROUS.....3 DK.....8

		NAME <u> </u> LAST BIRTH	NAME <u> </u> NEXT-TO-LAST BIRTH	NAME <u> </u> SECOND-FROM-LAST BIRTH
469	CHECK 427: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 472)		
470	When (NAME) had diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 472)<-----		
471	During the diarrhea, did you <u>increase</u> the number of feeds or <u>reduce</u> them, or did you <u>stop completely</u> ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		
472	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
473	Was (NAME) given a fluid made from a special packet?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
474	Was (NAME) given a recommended home-made fluid made from sugar, salt and water?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
475	CHECK 473 AND 474: CHILD GIVEN FLUID FROM PACKET (473) AND/OR RECOMMENDED HOME-MADE FLUID (474)?	YES GIVEN FLUID (PKT./HOME) <input type="checkbox"/> NO FLUID <input type="checkbox"/> (SKIP TO 477)	YES GIVEN FLUID (PKT./HOME) <input type="checkbox"/> NO FLUID <input type="checkbox"/> (SKIP TO 477)	YES GIVEN FLUID (PKT./HOME) <input type="checkbox"/> NO FLUID <input type="checkbox"/> (SKIP TO 477)
476	For how many days was (NAME) given this fluid?	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
477	Was anything given for the diarrhea (other than this fluid)?	YES.....1 NO.....2 (SKIP TO 479)<----- DK.....8	YES.....1 NO.....2 (SKIP TO 479)<----- DK.....8	YES.....1 NO.....2 (SKIP TO 479)<----- DK.....8
478	What was given to treat the diarrhea? Anything else? (CIRCLE EACH MENTIONED)	INJECTION.....1 ANTIBIOTIC (PILL OR SYRUP).....1 OTHER PILL OR SYRUP.....1 (I.V.) INTRAVENOUS.....1 UNKNOWN PILL OR SYRUP.....1 HOME REMEDY/ HERBAL MEDICINE.....1 OTHER.....1 (SPECIFY)	INJECTION.....1 ANTIBIOTIC (PILL OR SYRUP).....1 OTHER PILL OR SYRUP.....1 (I.V.) INTRAVENOUS.....1 UNKNOWN PILL OR SYRUP.....1 HOME REMEDY/ HERBAL MEDICINE.....1 OTHER.....1 (SPECIFY)	INJECTION.....1 ANTIBIOTIC (PILL OR SYRUP).....1 OTHER PILL OR SYRUP.....1 (I.V.) INTRAVENOUS.....1 UNKNOWN PILL OR SYRUP.....1 HOME REMEDY/ HERBAL MEDICINE.....1 OTHER.....1 (SPECIFY)
479	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 481)<-----	YES.....1 NO.....2 (SKIP TO 481)<-----	YES.....1 NO.....2 (SKIP TO 481)<-----
480	From whom did you seek advice or treatment? Anyone else? (CIRCLE EACH MENTIONED)	VILLAGE HEALTH WORKER....1 HEALTH CLINIC/POST.....1 HEALTH CENTER.....1 HOSPITAL.....1 PRIVATE DOCTOR.....1 TRADITIONAL/SPIRITUAL HEALER.....1 VILLAGE CHEMIST AT PATENT MEDICINE SHOP....1 PHARMACY.....1 OTHER.....1 (SPECIFY)	VILLAGE HEALTH WORKER....1 HEALTH CLINIC/POST.....1 HEALTH CENTER.....1 HOSPITAL.....1 PRIVATE DOCTOR.....1 TRADITIONAL/SPIRITUAL HEALER.....1 VILLAGE CHEMIST AT PATENT MEDICINE SHOP....1 PHARMACY.....1 OTHER.....1 (SPECIFY)	VILLAGE HEALTH WORKER....1 HEALTH CLINIC/POST.....1 HEALTH CENTER.....1 HOSPITAL.....1 PRIVATE DOCTOR.....1 TRADITIONAL/SPIRITUAL HEALER.....1 VILLAGE CHEMIST AT PATENT MEDICINE SHOP....1 PHARMACY.....1 OTHER.....1 (SPECIFY)
481	GO BACK TO 440 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 482.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
482	CHECK 473: ORS SOLUTION MENTIONED <input type="checkbox"/> (ANY YES IN 473) ORS SOLUTION NOT MENTIONED OR 473 NOT ASKED <input type="checkbox"/>		484
483	Have you ever seen a packet like this before? (SHOW PACKET)	YES.....1 NO.....2	487
484	Have you ever prepared a solution with one of these packets to treat diarrhea in yourself or someone else? (SHOW PACKET)	YES.....1 NO.....2	486
485	How much water did you use to prepare (LOCAL NAME)?	SOFT DRINK BOTTLES.....1 BEER BOTTLES.....2 CUPS.....3 FOLLOWED PACKAGE INSTRUCTIONS..95 OTHER.....96 (SPECIFY) DK.....98	
486	Where can you get the (LOCAL NAME) packet? PROBE: Anywhere else? (CIRCLE ALL PLACES MENTIONED)	VILLAGE HEALTH WORKER.....1 HEALTH CLINIC/POST.....1 HEALTH CENTER.....1 HOSPITAL.....1 PRIVATE DOCTOR.....1 TRADITIONAL/SPIRITUAL HEALER...1 VILLAGE CHEMIST AT PATENT MEDICINE SHOP.....1 PHARMACY.....1 OTHER.....1 (SPECIFY) DK.....1	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
487	CHECK 474: RECOMMENDED HOME-MADE FLUID MENTIONED <input type="checkbox"/> (ANY YES IN 474)	RECOMMENDED HOME-MADE FLUID NOT MENTIONED OR 474 NOT ASKED <input type="checkbox"/>	489
488	Have you ever prepared a recommended home-made fluid made from sugar, salt and water to treat diarrhea in yourself or someone else?	YES.....1 NO.....2	501
489	Who taught you to prepare the home fluid made from sugar, salt and water?	VILLAGE HEALTH WORKER.....01 HEALTH CLINIC/POST.....02 HEALTH CENTER.....03 HOSPITAL.....04 PRIVATE DOCTOR.....05 TRADITIONAL/SPIRITUAL HEALER...06 VILLAGE CHEMIST AT PATENT MEDICINE SHOP.....07 PHARMACY.....08 IMMUNIZATION CARD.....09 OTHER.....10 (SPECIFY) DK.....98	
490	How much water did you use to prepare the home fluid?	SOFT DRINK BOTTLES.....1 BEER BOTTLES.....2 CUPS.....3 OTHER.....96 (SPECIFY) DK.....98	
491	How much sugar did you use to prepare the home fluid?	CUBES.....1 TEASPOONS.....2 OTHER.....996 (SPECIFY) DK.....998	
492	How much salt did you use to prepare the home fluid?	1 TEASPOON.....1 2 TEASPOONS.....2 3 TEASPOONS.....3 OTHER.....4 (SPECIFY) DK.....8	
493	Do you consider the home fluid effective for treating diarrhea?	YES.....1 NO.....2 DK.....8	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Have you ever been married or lived with a man?	YES.....1 NO.....2	510
502	Are you now married or living with a man, or are you now widowed, divorced or no longer living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NO LONGER LIVING TOGETHER.....5	504 507
503	Does your husband/partner live with you or does he live elsewhere?	LIVES WITH HER.....1 LIVES ELSEWHERE.....2	
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2 DK.....8	507
505	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	507
506	Are you the first, second,...wife?	RANK..... <input type="text"/> <input type="text"/>	
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
508	How old were you when you started living with your (first) husband or partner?	AGE..... <input type="text"/> <input type="text"/>	
509	In what month and year did you start living with him? COMPARE 508 AND 509 WITH 105 AND 106. MAKE CORRECTIONS IF INCONSISTENT.	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	511
510	IF NEVER IN UNION: Have you ever had sexual intercourse?	YES.....1 NO.....2	515

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
511	<p>Now we need some details about your sexual activity in order to get a better understanding of contraception and fertility.</p> <p>How many times did you have sexual intercourse in the last four weeks?</p>	<p>TIMES..... <input type="text"/> <input type="text"/></p>																
512	<p>How many times a month do you <u>usually</u> have sexual intercourse?</p>	<p>TIMES..... <input type="text"/> <input type="text"/></p>																
513	<p>When was the last time you had sexual intercourse?</p>	<p>DAYS AGO.....1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO.....2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO.....3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO.....4 <input type="text"/> <input type="text"/></p> <p>BEFORE LAST BIRTH.....996</p>																
514	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN MARRIED.....96</p>																
515	<p>PRESENCE OF OTHERS AT THIS POINT.</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....1</td> <td>2</td> <td></td> </tr> <tr> <td>HUSBAND.....1</td> <td>2</td> <td></td> </tr> <tr> <td>OTHER MALES.....1</td> <td>2</td> <td></td> </tr> <tr> <td>OTHER FEMALES.....1</td> <td>2</td> <td></td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....1	2		HUSBAND.....1	2		OTHER MALES.....1	2		OTHER FEMALES.....1	2		
	YES	NO																
CHILDREN UNDER 10.....1	2																	
HUSBAND.....1	2																	
OTHER MALES.....1	2																	
OTHER FEMALES.....1	2																	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 311: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		606
602	CHECK 501 AND 502: CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT CURRENTLY IN UNION <input type="checkbox"/>		613
603	Now I have some questions about the future. CHECK 223 AND MARK BOX: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> v Would you like to have (a/another) child or would you prefer not to have any (more) children? v After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	HAVE A (ANOTHER) CHILD.....1 NO MORE.....2 SAYS SHE CAN'T GET PREGNANT....3 UNDECIDED OR DK.....8	609
604	CHECK 223 AND MARK BOX: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> v How long would you like to wait from now before the birth of (a/another) child? v How long would you like to wait after the birth you are expecting before the birth of another child?	DURATION MONTHS.....1 YEARS.....2 SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT....995 OTHER (SPECIFY) 996 DK.....998	609
605	CHECK 216: IF NO LIVING CHILDREN, CIRCLE '96', OTHERWISE ASK: How old would you like your youngest child to be before having another child?	AGE OF YOUNGEST YEARS..... NO LIVING CHILDREN.....96 DK.....98	609
606	Do you regret that you (your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	608
607	Why do you regret it?	WANTS ANOTHER CHILD.....1 OTHER REASON (SPECIFY) 2	613
608	Given your present circumstances, if you had to do it over again, do you think you would make the same decision to have a sterilization?	YES.....1 NO.....2	613

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
609	Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8	
610	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
611	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2	
612	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8	
613	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS.....1 YEARS.....2 OTHER _____ 996 (SPECIFY)	
614	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2	
615	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE.....1 DISAPPROVE.....2	
616	<p>CHECK 216 AND MARK BOX:</p> <p>NO LIVING CHILDREN <input type="checkbox"/> HAS LIVING CHILDREN <input type="checkbox"/></p> <p> <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? </p> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>NUMBER.....</p> <p>UP TO GOD.....95</p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	<p>CHECK 501:</p> <p>EVER MARRIED OR LIVED TOGETHER <input type="checkbox"/> NEVER MARRIED, NEVER LIVED TOGETHER <input type="checkbox"/></p> <p>↓</p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p>		708
702	Did your (last) husband/partner ever attend school?	<p>YES.....1</p> <p>NO.....2</p>	705
703	What was the highest level of school he attended: primary, secondary, or higher?	<p>PRIMARY1</p> <p>SECONDARY.....2</p> <p>HIGHER.....3</p> <p>DK.....8</p>	705
704	What was the highest (class, form, year) he completed at that level?	<p>CLASS..... <input type="text"/></p> <p>DK.....98</p>	
705	What kind of work does (did) your (last) husband/partner mainly do?	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
706	<p>CHECK 705:</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p> <p>↓</p>		708
707	(Does/did) your husband/partner work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	<p>HIS/FAMILY LAND.....1</p> <p>RENTED LAND.....2</p> <p>SOMEONE ELSE'S LAND.....3</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
708	As you know, many women work -I mean aside from doing their own housework. Some take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any such work?	YES.....1 NO.....2	→716
709	What is your occupation, that is, what kind of work do you do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
710	In your work, are you an employee, self-employed, or an employer?	EMPLOYEE.....1 SELF-EMPLOYED.....2 EMPLOYER.....3	
711	Do you earn cash for this work?	YES.....1 NO.....2	
712	Do you do this work at home or away from home?	HOME.....1 AWAY.....2	
713	CHECK 215/216/218: HAS CHILD BORN SINCE JAN. 1985 AND LIVING AT HOME? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>	NO <input type="checkbox"/> →716	
714	While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	→716
715	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBORS.....04 FRIENDS.....05 SERVANTS/HIRED HELP.....06 CHILD IS IN SCHOOL.....07 INSTITUTIONAL CHILDCARE.....08 OTHER.....09 (SPECIFY)	
716	RECORD THE TIME	HOUR..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> MINUTES..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	

SECTION 8. WEIGHT AND LENGTH

801 CHECK 215/216:
ONE OR MORE
LIVING CHILDREN
BORN SINCE JAN. 1985 ☐ ☐
NO LIVING CHILDREN
BORN SINCE
JAN. 1985 ☐ ☐ →END

INTERVIEWER: IN 802-804, RECORD THE LINE NUMBERS, NAMES, AND BIRTH DATES OF ALL LIVING CHILDREN BORN SINCE JANUARY 1, 1985 STARTING WITH THE YOUNGEST CHILD. RECORD WEIGHT AND LENGTH IN 805 AND 806.

	[1] YOUNGEST LIVING CHILD	[2] NEXT-TO-YOUNGEST LIVING CHILD	[3] SECOND-TO-YOUNGEST LIVING CHILD
802 LINE NO. FROM Q.212	<input type="text"/>	<input type="text"/>	<input type="text"/>
803 NAME FROM Q.212	(NAME) <input type="text"/>	(NAME) <input type="text"/>	(NAME) <input type="text"/>
804 DATE OF BIRTH FROM Q.215 AND ASK FOR DAY	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR..... <input type="text"/>	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR..... <input type="text"/>	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR..... <input type="text"/>
805 WEIGHT (in kg.)	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
806 LENGTH (in cm.)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
807 BCG SCAR ON ARM OR SHOULDER	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
808 DATE CHILD WEIGHED AND MEASURED	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR..... <input type="text"/>	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR..... <input type="text"/>	DAY..... <input type="text"/> MONTH.... <input type="text"/> YEAR..... <input type="text"/>
809 RESULT	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)

810
NAME OF MEASURER: NAME OF ASSISTANT:

INTERVIEWER'S OBSERVATIONS
(To be filled in after completing interview)

Comments about
respondent:

Comments about
specific questions:

Any other comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____

Date: _____

EDITOR'S OBSERVATIONS

Name of Field Editor: _____

Date: _____

Name of Keyer: _____

Date: _____