

**LEAGUE OF ARAB STATES
PAN ARAB PROJECT FOR FAMILY HEALTH
PAPFAM**

THE ARAB FAMILY HEALTH SURVEY

II. REPRODUCTIVE HEALTH QUESTIONNAIRE

2000

The Arab Family Health Survey
Reproductive Health Questionnaire
(for all ever-married women under age 50)

IDENTIFICATION	
Name of place: _____	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div> <div style="display: flex; justify-content: center; align-items: center; margin-top: 5px;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>
Area: _____	
Cluster number: _____	
Household number: _____	
Name and line number of woman : _____	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
Address of Household: _____	

INTERVIEWER VISITS				
Number of visits	1	2	3	Final Visit
Date	_/_/___	_/_/___	_/_/___	Month <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
Interviewer's name	_____	_____	_____	Year <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
Result*	_____	_____	_____	Name <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
Next visit: Date	_____	_____		Result <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>
Time	_____	_____		Total number of visits <div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> </div>
<p>* Result Codes:</p> <ol style="list-style-type: none"> 1. Completed 2. Not at home 3. Postponed 4. Refused 5. Partly completed 6. Other: _____ <p style="text-align: center;">(Specify)</p>				


	Field Editing	Office editing	Keyed by	Keyed by
Name	_____	_____	_____	<div style="display: flex; justify-content: center; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
Date	_____	_____	_____	

SECTION 1: RESPONDENT'S BACKGROUND & RESOURCES

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME	HOUR MINUTES	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
102	In what month and year were you born?	Month DK Month Year DK Year	<input type="text"/> <input type="text"/> 98 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 9998
103	How old were you at your last birthday? COMPARE & CORRECT Q102 AND/OR Q103 IF INCONSISTANT	Age in completed years	<input type="text"/> <input type="text"/>
104	Have you always lived in (NAME OF PLACE)?	Yes No	1 2 110
105	How long have you been living continuously in (NAME OF PLACE)?	Years	<input type="text"/> <input type="text"/>
106	Why did you come to (NAME OF PLACE)?	Marriage Work Study Came with husband Came with parents Other (specify) _____	1 2 3 4 5 6 108 108
107	Was this before you were first married or after?	Before After At time of marriage	1 2 3
108	Was the place you were living in before coming here: a city, a town or a village?	City Town Village	1 2 3
109	For most of the time until you were 12 years old, did you live in a city or a town or in a village?	City Town Village	1 2 3
110	Have you ever-attended school?	Yes: currently Yes: in the past No	1 2 3 114
111	What is the highest level of education you attended?	Primary Preparatory Secondary University	1 2 3 4
112	What is the highest grade (year) you successfully completed at that level?	Grade	<input type="text"/> <input type="text"/>
113	CHECK Q111 & Q112 : If 'Primary' in Q111 and '5' or '6' in Q112 then probe: Did you obtain your primary certificate?	Primary not complete Primary complete or higher	1 2 117
114	Now I would like you to read this sentence to me. Interviewer: SHOW CARD TO RESPONDENT IF SHE CANNOT READ THE WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	Cannot read at all Able to read only parts of sentence Able to read whole sentence	1 2 3
115	Have you ever participated in a literacy program or any other program that involves learning to read or write?	Yes No	1 2

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
116	CHECK 114:	Code 2 or 3 circled	1	118
		Code 1 circled	2	
117	Do you read a newspaper or a magazine almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
		At least once a week	2	
		Less than once a week	3	
		Not at all	4	
118	Do you watch television almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
		At least once a week	2	
		Less than once a week	3	
		Not at all	4	
119	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	Almost every day	1	
		At least once a week	2	
		Less than once a week	3	
		Not at all	4	
120	Before you were (first) married, did you ever do any work other than the usual housework?	Yes	1	125
		No	2	
121	Did you usually do this work at home or away from home?	At home	1	
		Away from home	2	
122	Were you paid in cash or in kind or both for this work or were you not paid at all?	Cash only	1	125
		Both cash and kind	2	
		In kind only	3	
		Not paid	4	
123 *	At that time, who decided how the money you earned would be used?	Respondent only	1	
		Parents	2	
		Both respondent and parents	3	
		Respondent with someone else	4	
		Someone else	5	
		Other (specify) _____	8	
124	Was the money used mainly to prepare for marriage?	Yes	1	
		No	2	
		Don't know	8	
125	Since you were first married have you ever done any work other than the usual housework?	Yes	1	129
		No	2	
126	Did you usually do this work at home or away from home?	At home	1	
		Away from home	2	
127	Were you paid in cash or in kind or both for this work or were you not paid at all?	Cash only	1	129
		Both cash and kind	2	
		In kind only	3	
		Not paid	4	
128 *	Who mainly decided how the money you earned would be used?	Respondent only	1	
		Husband only	2	
		Both respondent and husband	3	
		Respondent with someone else	4	
		Someone else	5	
		Other (specify) _____	8	
129	Aside from your own housework, are you currently working?	Yes	1	132
		No	2	
130	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	Yes	1	132
		No	2	
131	Have you done any work in the last 12 months?	Yes	1	201
		No	2	

* Optional questions

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
132	What is your occupation, that is, what kind of work do you mainly do? WRITE THE RESPONSE EXACTLY AS GIVEN	_____ _____ _____		
133	CHECK: Q132	Works in agriculture Does not work in agriculture	1 2	135
134	Do you work mainly on your land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	Own land Family land Rented land Someone else's land	1 2 3 4	
135	Do you do this work for a member of your family, for someone else, or are you self-employed?	For family member For someone else Self-employed	1 2 3	
136	Do you usually work at home or away from home?	At home Away from home	1 2	
137	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	Throughout the year Seasonally/ part of the year Once in a while	1 2 3	
138	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	Cash only Both cash and kind In kind only Not paid	1 2 3 4	201
139 *	Who mainly decides how the money you earn will be used?	Respondent only Husband only Both respondent and husband Someone else Respondent and someone else Other (specify) _____	1 2 3 4 5 8	
140 *	On average, how much of your household's expenditures do your earnings pay for, almost none, less than half, about half, more than half, or all?	Almost none Less than half About half More than half All None, her income is all saved	1 2 3 4 5 6	

* Optional questions

SECTION 2: MARRIAGE AND CO-RESIDENCE

No.	QUESTIONS	CODING CATEGORIES	SKIP TO								
201	Are you currently married, widowed, divorced or separated?	Currently married Widowed Divorced Separated	1 2 3 4								
202	Have you been married only once or more than once?	Once More than once	1 2								
203	CHECK Q202: Married <table border="1" data-bbox="132 488 651 577"> <tr> <td data-bbox="132 488 379 577">Only once</td> <td data-bbox="379 488 651 577">More than once</td> </tr> </table> In what month and year did you start living with your husband? Now I would like to talk about your first husband. In what month and year did you start living with him?	Only once	More than once	Month D.K. month Year D.K. year	<table border="1" data-bbox="1177 416 1390 483"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> 98 <table border="1" data-bbox="1177 595 1390 663"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> 9998						
Only once	More than once										
204	How old were you when you started living with him? COMPARE & CORRECT Q203 AND/OR Q204 IF INCONSISTANT	Age in completed years	<table border="1" data-bbox="1177 819 1390 887"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
205	Is (was) there a blood relation between you and your (last) husband? IF 'YES' ASK: What is the relation?	First cousin on father's side First cousin on mother's side Other relation No relation	1 2 3 4								
206	Did he ever attend school?	Yes No D.K.	1 2 8 210								
207	What was the highest level of education he attended?	Primary Preparatory Secondary University D.K.	1 2 3 4 8 210								
208	What was the highest grade (year) he completed with success at that level?	Grade or year D.K.	<table border="1" data-bbox="1177 1357 1390 1424"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> 98								
209	CHECK Q207 & Q208: If 'Primary' in Q207 and '5' or '6' in Q208 probe: Did he obtain his primary certificate?	Primary not complete or DK grade of primary Primary complete or higher	1 2 212								
210	Can (could) he read a letter, for example?	Yes No D.K.	1 2 8 212								
211	Can (could) he write a letter, for example?	Yes No D.K.	1 2 8								
212	What is (was) his occupation; that is, what kind of work does (did) he mainly do? WRITE THE RESPONSE EXACTLY AS GIVEN	<table border="1" data-bbox="651 1827 1177 1895"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> Is (was) out of a job D.K.			<table border="1" data-bbox="1177 1827 1390 1895"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> 996 998 217 216						
213	CHECK Q212:	In agriculture Not in agriculture	1 2 216								

No.	QUESTIONS	CODING CATEGORIES		SKIP TO		
214	Does (did) your husband work mainly on his or family land, or on someone else's land?	His/ family land	1			
		Someone else's land	2			
		D.K.	8			
215	Does (did) he work mainly for money or does (did) he work for a share of the crops?	Money	1	217		
		A share of crops	2			
		Both	3			
		D.K.	8			
216	Does (did) he earn a regular wage or salary?	Yes	1			
		No	2			
		D.K.	8			
217	CHECK Q201:	Currently married	1	301		
		Not currently married	2			
218	How old is your husband now?	Age in years	<table border="1" style="width: 100px; height: 100px; margin: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			
		D.K.	98			
219	Has your husband been living with you here continuously during the last three months or has he been away?	Living at home	1	222		
		Away	2			
220	What is the reason for his absence?	Working elsewhere	1			
		Working abroad	2			
		Separated	3			
		Other (specify) _____	4			
		D.K.	8			
221	For how long has he been away?	Months	1 <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>			
		Years	2 <table border="1" style="width: 40px; height: 20px; display: inline-table;"></table>			
		D.K.	9 98			
222	Does your husband have another wife? IF 'YES' ASK: How many?	Number of co-wives	<table border="1" style="width: 40px; height: 40px; margin: auto;"> <tr> <td style="width: 20px; height: 20px;"></td> </tr> </table>			
		No		4		
		D.K.	8			
223	Do any of your relatives or your husband's relatives usually live in this household with you?	Yes	1	301		
		No	2			
224	Which of these relatives usually live with you? RECORD ALL MENTIONED	Father	01			
		Mother	02			
		Father-in-law	03			
		Mother-in-law	04			
		Brother(s)	05			
		Sister(s)	06			
		Wife(ves) of brother(s)	07			
		Husband(s) of sister(s)	08			
		Brother(s)-in-law	09			
		Sister(s)-in-law	10			
		Wife(ves) of brother(s)-in-law	11			
		Husband(s) of sister(s)-in-law	12			
		Other (specify): _____	96			

SECTION 3: REPRODUCTION AND CHILD SURVIVAL

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
301	Now I would like to ask you about all the births you have had during your life. Have you ever given birth?	Yes	1	
		No	2	306
302	Do you have any sons or daughters to whom you have given birth who are now living with you?	Yes	1	
		No	2	304
303	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'	Sons at home	<input type="text"/> <input type="text"/>	
		Daughters at home	<input type="text"/> <input type="text"/>	
304	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	306
305	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	<input type="text"/> <input type="text"/>	
		Daughters elsewhere	<input type="text"/> <input type="text"/>	
306	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO: PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	Yes	1	
		No	2	308
307	In all, how many boys have died? And how many girls have died? * IF NONE RECORD '00'	Boys dead	<input type="text"/> <input type="text"/>	
		Girls dead	<input type="text"/> <input type="text"/>	
308	SUM ANSWERS TO Q303, Q305 & Q307 AND ENTER TOTAL. IF NONE RECORD '00'	Total live births	<input type="text"/> <input type="text"/>	
309	<p>CHECK Q308:</p> <p>Just to make sure that I have this right: you have had</p> <p>____ sons and ____ daughters who are still alive and living with you (Q303)</p> <p>____ sons and ____ daughters who are still alive and not living with you (Q305), and</p> <p>____ boys and ____ girls who had died (Q307)</p> <p>So you have had in total ____ live births (Q308)</p> <p>Is that correct?</p> <p style="text-align: center;"> YES <input type="checkbox"/> ↓ </p> <p style="text-align: center;"> NO <input type="checkbox"/> PROBE AND CORRECT Q301-Q308 AS NECESSARY </p>			
310	CHECK Q308:	One or more live births	1	
		No live births	2	322

LIVE BIRTH HISTORY TABLE

311 Now I would like to record the names of all your births, whether the child is still alive or not. I would like to start with the first one you had. RECORD NAMES OF ALL BIRTHS IN Q312. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.																			
LN	312 What name was given to your (first/ next) baby?	313 Were any of these births twins?		314 Is (Name) a boy or a girl?		315 In what month and year was (Name) born? PROBE: What is his/her birthday?		316 Is (NAME) still alive?			317		318		319		320		
											IF ALIVE:		IF DEAD:						
											How old was (Name) at his/ her birthday? RECORD AGE IN YEARS	Is (Name) living with you?	RECORD HH LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HH	How old was (Name) when he/she died? IF '1 YR' PROBE: How many months old was (Name)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.					
01	NAME	Sing	1	Boy	1	M	[][]	Yes	1	[][]	[][]	Yes	1	[][]	Days	1	[][]		
		Multi.	2	Girl	2	Y	[][][][]	No	2			Go to 320	No		2	Go to next birth or 321	Months	2	[][]
																Years	3	[][]	
02	NAME	Sing	1	Boy	1	M	[][]	Yes	1	[][]	[][]	Yes	1	[][]	Days	1	[][]		
		Multi.	2	Girl	2	Y	[][][][]	No	2			Go to 320	No		2	Go to next birth or 321	Months	2	[][]
																Years	3	[][]	
03	NAME	Sing	1	Boy	1	M	[][]	Yes	1	[][]	[][]	Yes	1	[][]	Days	1	[][]		
		Multi.	2	Girl	2	Y	[][][][]	No	2			Go to 320	No		2	Go to next birth or 321	Months	2	[][]
																Years	3	[][]	
04	NAME	Sing	1	Boy	1	M	[][]	Yes	1	[][]	[][]	Yes	1	[][]	Days	1	[][]		
		Multi.	2	Girl	2	Y	[][][][]	No	2			Go to 320	No		2	Go to next birth or 321	Months	2	[][]
																Years	3	[][]	
05	NAME	Sing	1	Boy	1	M	[][]	Yes	1	[][]	[][]	Yes	1	[][]	Days	1	[][]		
		Multi.	2	Girl	2	Y	[][][][]	No	2			Go to 320	No		2	Go to next birth or 321	Months	2	[][]
																Years	3	[][]	
06	NAME	Sing	1	Boy	1	M	[][]	Yes	1	[][]	[][]	Yes	1	[][]	Days	1	[][]		
		Multi.	2	Girl	2	Y	[][][][]	No	2			Go to 320	No		2	Go to next birth or 321	Months	2	[][]
																Years	3	[][]	
07	NAME	Sing	1	Boy	1	M	[][]	Yes	1	[][]	[][]	Yes	1	[][]	Days	1	[][]		
		Multi.	2	Girl	2	Y	[][][][]	No	2			Go to 320	No		2	Go to next birth or 321	Months	2	[][]
																Years	3	[][]	
08	NAME	Sing	1	Boy	1	M	[][]	Yes	1	[][]	[][]	Yes	1	[][]	Days	1	[][]		
		Multi.	2	Girl	2	Y	[][][][]	No	2			Go to 320	No		2	Go to next birth or 321	Months	2	[][]
																Years	3	[][]	
09	NAME	Sing	1	Boy	1	M	[][]	Yes	1	[][]	[][]	Yes	1	[][]	Days	1	[][]		
		Multi.	2	Girl	2	Y	[][][][]	No	2			Go to 320	No		2	Go to next birth or 321	Months	2	[][]
																Years	3	[][]	
10	NAME	Sing	1	Boy	1	M	[][]	Yes	1	[][]	[][]	Yes	1	[][]	Days	1	[][]		
		Multi.	2	Girl	2	Y	[][][][]	No	2			Go to 320	No		2	Go to next birth or 321	Months	2	[][]
																Years	3	[][]	

LIVE BIRTH HISTORY TABLE (Continued...)

312		313		314		315		316			317		318		319		320		
LN	What name was given to your (first/ next) baby?	Were any of these births twins?		Is (Name) a boy or a girl?		In what month and year was (Name) born? PROBE: What is his/her birthday?		Is (NAME) still alive?			How old was (Name) at his/ her birthday? RECORD AGE IN YEARS	IF ALIVE:		RECORD HH LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HH	IF DEAD:				
		Sing	1	Boy	1	M	<input type="text"/>	Yes	1	Go to 320		Yes	1		Days	1	<input type="text"/>		
11	NAME	Sing	1	Boy	1	M	<input type="text"/>	Yes	1	Go to 320	<input type="text"/>	Yes	1	<input type="text"/>	Days	1	<input type="text"/>		
		Multi.	2	Girl	2	Y	<input type="text"/>	No	2			No	2		Months	2	<input type="text"/>		
															Years	3	<input type="text"/>		
12	NAME	Sing	1	Boy	1	M	<input type="text"/>	Yes	1	Go to 320	<input type="text"/>	Yes	1	<input type="text"/>	Days	1	<input type="text"/>		
		Multi.	2	Girl	2	Y	<input type="text"/>	No	2			No	2		Months	2	<input type="text"/>		
															Years	3	<input type="text"/>		
13	NAME	Sing	1	Boy	1	M	<input type="text"/>	Yes	1	Go to 320	<input type="text"/>	Yes	1	<input type="text"/>	Days	1	<input type="text"/>		
		Multi.	2	Girl	2	Y	<input type="text"/>	No	2			No	2		Months	2	<input type="text"/>		
															Years	3	<input type="text"/>		
14	NAME	Sing	1	Boy	1	M	<input type="text"/>	Yes	1	Go to 320	<input type="text"/>	Yes	1	<input type="text"/>	Days	1	<input type="text"/>		
		Multi.	2	Girl	2	Y	<input type="text"/>	No	2			No	2		Months	2	<input type="text"/>		
															Years	3	<input type="text"/>		
15	NAME	Sing	1	Boy	1	M	<input type="text"/>	Yes	1	Go to 320	<input type="text"/>	Yes	1	<input type="text"/>	Days	1	<input type="text"/>		
		Multi.	2	Girl	2	Y	<input type="text"/>	No	2			No	2		Months	2	<input type="text"/>		
															Years	3	<input type="text"/>		
16	NAME	Sing	1	Boy	1	M	<input type="text"/>	Yes	1	Go to 320	<input type="text"/>	Yes	1	<input type="text"/>	Days	1	<input type="text"/>		
		Multi.	2	Girl	2	Y	<input type="text"/>	No	2			No	2		Months	2	<input type="text"/>		
															Years	3	<input type="text"/>		
17	NAME	Sing	1	Boy	1	M	<input type="text"/>	Yes	1	Go to 320	<input type="text"/>	Yes	1	<input type="text"/>	Days	1	<input type="text"/>		
		Multi.	2	Girl	2	Y	<input type="text"/>	No	2			No	2		Months	2	<input type="text"/>		
															Years	3	<input type="text"/>		
18	NAME	Sing	1	Boy	1	M	<input type="text"/>	Yes	1	Go to 320	<input type="text"/>	Yes	1	<input type="text"/>	Days	1	<input type="text"/>		
		Multi.	2	Girl	2	Y	<input type="text"/>	No	2			No	2		Months	2	<input type="text"/>		
															Years	3	<input type="text"/>		
19	NAME	Sing	1	Boy	1	M	<input type="text"/>	Yes	1	Go to 320	<input type="text"/>	Yes	1	<input type="text"/>	Days	1	<input type="text"/>		
		Multi.	2	Girl	2	Y	<input type="text"/>	No	2			No	2		Months	2	<input type="text"/>		
															Years	3	<input type="text"/>		
20	NAME	Sing	1	Boy	1	M	<input type="text"/>	Yes	1	Go to 320	<input type="text"/>	Yes	1	<input type="text"/>	Days	1	<input type="text"/>		
		Multi.	2	Girl	2	Y	<input type="text"/>	No	2			No	2		Months	2	<input type="text"/>		
															Years	3	<input type="text"/>		

No.	QUESTIONS	CODING CATEGORIES	SKIP TO	
321	<p>COMPARE Q308 WITH NUMBER OF BIRTHS IN HISTORY TABLE ABOVE AND MARK</p> <p>NUMBERS ARE SAME <input type="checkbox"/></p> <p>NUMBERS ARE DIFFERENT <input type="checkbox"/> Probe and reconcile</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. <input type="checkbox"/></p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. <input type="checkbox"/></p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. <input type="checkbox"/></p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. <input type="checkbox"/></p>			
322	Some pregnancies end before full term as a miscarriage or an abortion, while others may result in a stillbirth. Have you had any pregnancies that did not result in live births?	Yes No	1 2	330
323	In all, how many pregnancies did you have that ended in a miscarriage or abortion?	Number of miscarriages or abortions	<input type="text"/>	
324	And how many pregnancies did you have that ended in a still birth?	Number of still births	<input type="text"/>	
325	CHECK Q308:	One or more births No births	1 2	327
326	After your last live birth did you have such a pregnancy that ended in a miscarriage or a still birth?	Yes No	1 2	330
327	When did the last such pregnancy end?	Month Year	<input type="text"/> <input type="text"/>	
328	CHECK Q327:	Last lost pregnancy ended in Jan. 19__ or later Last lost pregnancy ended before Jan. 19__	1 2	330
329	How many months were you when the last such pregnancy ended?	Months	<input type="text"/>	
330	Are you pregnant now?	Yes No Unsure	1 2 8	333
331	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS	Months	<input type="text"/>	
332	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to become pregnant at all?	Then Later Not at all	1 2 3	335
333	Do you still menstruate?	Yes No in menopause No in amenorrhea Never menstruated	1 2 3 4	335 336
334	When did your last menstrual period start?	Days ago Weeks ago Months ago Years ago	1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
335	How old were you when you experienced your first monthly period?	Age in years	□□	
		DK/ Can't remember/ Unsure	98	
336	CHECK Q328:	Q328=1	1	400A
		Q328=2 or no answer	2	
337	CHECK Q315 FOR DATE OF BIRTH OF LAST CHILD	Last child born in or after Jan. 19__	1	400B
		Last child born before Jan. 19__ or no live births	2	501

SECTION 4: MATERNITY CARE AND REPRODUCTIVE MORBIDITY IN PAST FIVE YEARS

400 A		400 B		
You just told me that your last pregnancy ended before term. I would like to ask you some questions about this pregnancy. RECORD IN Q401: TYPE OF PREGNANCY=1 AND LINE NUMBER='00'		Now I would like to ask you some questions about the time when you were pregnant with your last child. RECORD IN Q401: TYPE OF PREGNANCY=2 AND THE LINE NUMBER OF THE LAST LIVE BIRTH AND HIS/HER NAME.		
LAST PREGNANCY		NAME (if given) _____		
401	LINE NUMBER AND TYPE OF PREGNANCY	LINE NUMBER <input type="text"/>	Lost before term	1
			Live birth	2
No.	QUESTIONS	CODING CATEGORIES		SKIP TO
402	During this pregnancy did you see anyone for prenatal care? IF 'YES' ASK: Whom did you see? Anyone else? RECORD ALL PERSONS SEEN	Doctor	1	
		Nurse	2	
		Trained midwife	3	
		Daya	4	
		Other (specify) _____	5	
		No one	6	414
403	How many months pregnant were you when you had your first check on this pregnancy?	Months	<input type="text"/>	
		D.K.	98	
404	What prompted you to have your first prenatal check-up? PROBE FOR MOST IMPORTANT REASON	To find out if baby OK	1	
		To book for delivery	2	
		To find out if pregnant	3	
		Urging of family/ other	4	
		Routine check-up	5	
		To assure a healthy pregnancy	6	
		Because I had problems	7	
		Other (specify) _____	8	
405	How many prenatal check-ups did you have during this pregnancy?	No. of check-ups	<input type="text"/>	
		Can't remember	98	
406	Did you have a check-up during the last month of this pregnancy?	Yes	1	
		No	2	
		D.K.	8	
407	Where did you receive your last prenatal check-up?	Public hospital or clinic	1	
		Public health center	2	
		Private hospital or clinic	3	
		Private doctor practice	4	
		At home	5	411
		Other (specify) _____	6	
408	How long did it take you to get to (PLACE OF LAST VISIT)?	Minutes	<input type="text"/>	
		Can't remember	998	
409	Was that by walking or by using some other means of transport?	Walking	1	
		Bus/Taxi	2	
		Private car	3	
		Other (specify) _____	4	
410	How long did you have to wait at (PLACE) for the check-up?	Minutes	<input type="text"/>	
		Can't remember	998	
411	CHECK Q402: RECEIVED CARE FROM	Doctor/ nurse/ trained midwife	1	
		Daya/Other	2	415

No.	QUESTIONS	CODING CATEGORIES			SKIP TO	
412	<p>During any of your prenatal check-ups on this pregnancy, did you have any of the following performed at least once?</p> <p>READ EACH ALOUD AND CIRCLE CORRESPONDING ANSWERS</p>		Y E S	N O	D K	
		Weight measured	1	2	8	
		Height measured	1	2	8	
		Blood pressure measured	1	2	8	
		Test on blood performed	1	2	8	
		Test on urine performed	1	2	8	
		Abdomen measured	1	2	8	
		Listened to baby	1	2	8	
		Ultrasound performed	1	2	8	
		Internal examination performed	1	2	8	
		Told baby's position	1	2	8	
413	<p>During any of your prenatal check-ups on this pregnancy, did you receive any information on:</p> <p>READ EACH ALOUD AND CIRCLE CORRESPONDING ANSWERS</p>		Y E S	N O	D K	
		Diet	1	2	8	
		Danger signs of pregnancy	1	2	8	4
		Breastfeeding	1	2	8	1
		Family planning	1	2	8	5
		Post-natal care	1	2	8	
414	<p>Why did you not see anyone for a check-up on this pregnancy?</p>					
		No complications	1			
		Had experience	2			
		Not available	3			
		Costs too much	4			
		Too busy	5			
		Husband too busy	6			
		Other (specify) _____	7			
415	<p>During this pregnancy, were you given or did you buy any iron tablets or iron syrup?</p>					
		Yes	1			
		No	2		417	
		D.K.	8			
416	<p>During the whole pregnancy, for how many days did you take the tablets or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS</p>					
		Number of days	<input type="text"/>			
		Don't know	998			
417	<p>During this pregnancy, did you have difficulty with your vision during the daylight?</p>					
		Yes	1			
		No	2			
		Don't know	8			
418	<p>During this pregnancy, did you suffer from night blindness?</p>					
		Yes	1			
		No	2			
		Don't know	8			
419	<p>During this pregnancy were you given a tetanus toxoid injection, i.e. an injection in the arm to prevent the baby from getting tetanus (convulsion) after birth?</p> <p>IF 'YES' ASK: How many injections did you have?</p>					
		Yes: one dose	1			
		Yes: two doses	2			
		Yes: three doses	3			
		No	4			
		D.K.	8			
420	<p>At any time during this pregnancy did you experience any vaginal bleeding?</p> <p>IF 'YES' ASK: How severe was the bleeding?</p>					
		Yes: heavy	1			
		Yes: moderate	2			
		Yes: light	3			
		No	4		423	
421	<p>When did the bleeding occur? During the first 3 months, the middle three months or the last three months?</p>					
		First 3 months	1			
		Second 3 months	2			
		Third 3 months	3			
		D.K.	8			

No.	QUESTIONS	CODING CATEGORIES			SKIP TO	
422	Did you receive any treatment or advice for this bleeding? IF 'YES' ASK: From whom? Anyone else?	Doctor	01			
		Nurse/ midwife	02			
		Pharmacist	03			
		Daya	04			
		Mother	05			
		Husband	06			
		Other relative	07			
		Herbalist	08			
		Other (specify) _____	09			
		No one	10			
423	At any time during this pregnancy did you experience any of the following? READ EACH ALOUD AND CIRCLE CORRESPONDING ANSWERS		Y E S	N O	D K	
		High blood pressure	1	2	8	
		Swelling of face or body	1	2	8	
		Severe headache	1	2	8	
		Pain in the upper abdomen	1	2	8	
		Very high fever	1	2	8	
		Convulsions (not from fever)	1	2	8	
		Painful urination	1	2	8	
		Jaundice	1	2	8	
		424	CHECK Q423:	Yes to any symptom	1	
No or DK to all symptoms	2					
425	Did you receive any treatment or advice for that (any of those) problem(s) from any of the following persons? READ EACH ALOUD AND CIRCLE CORRESPONDING ANSWERS		Y E S	N O	D K	
		Doctor	1	2	8	
		Nurse/midwife	1	2	8	
		Pharmacist	1	2	8	
		Daya	1	2	8	
		Herbalist	1	2	8	
		Other (specify) _____	1	2	8	
426	CHECK Q423:	Had convulsions	1		428	
		No convulsions or DK	2			
427	Had you ever had convulsions when you were not pregnant?	Yes	1			
		No	2			
428	At any time during this pregnancy, did you suffer from severe breathlessness when you walked?	Yes	1			
		No	2			
429	CHECK Q401:	Lost before term	1		433	
		Live birth	2			
430	CHECK Q329:	Five months or less	1		433	
		Six months or more	2			
431	You said this pregnancy ended early, when this pregnancy ended did you have to be hospitalized overnight?	Yes	1		501	
		No	2			
432	How many nights did you have to stay in hospital?	No. of nights	<input type="text"/>		501	
		Out same day	98			
433	Now I would like to ask you some questions about your experience in labour and delivery with this pregnancy. When you were in heavy labour with this pregnancy, i.e. when the pains and contractions started coming at regular short intervals, did your heavy labour last longer than twelve hours?	Yes	1		437	
		No	2			
		D.K.	8			
434	Did you or anyone assisting you think this was a problem?	Yes	1			
		No	2			
		D.K.	8			

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
435	Was anyone called because of this problem? IF 'YES' ASK: Who was called? Anyone else?	Doctor	1	
		Nurse/midwife	2	
		Daya	3	
		Other (specify)_____	4	
		No one	5	
		Was in hospital	6	
436	Were you taken somewhere else for help because the heavy labour was lasting a long time?	Yes	1	
		No	2	
		Don't know	8	
437	During labour and or delivery, were you sick with a high fever?	Yes	1	
		No	2	
		D.K.	8	
438	During labour or soon after delivery, did you have any convulsions or fits not due to fever?	Yes	1	442
		No	2	
		D.K.	8	
439	Did you or anyone assisting you think the convulsions were a problem?	Yes	1	
		No	2	
		D.K.	8	
440	Was anyone called because of this fitting? IF 'YES' ASK: Who was called? Anyone else?	Doctor	1	
		Nurse/midwife	2	
		Daya	3	
		Other (specify)_____	4	
		No one	5	
		Was in hospital	6	
441	Were you taken somewhere else for help because of this fitting?	Yes	1	
		No	2	
		Don't know	8	
442	Did you experience any excessive vaginal bleeding around the time of labour or delivery?	Yes	1	447
		No	2	
		D.K.	8	
443	Did you or anyone assisting you think this excessive bleeding was a problem?	Yes	1	
		No	2	
		D.K.	8	
444	Was anyone called because of this bleeding? IF 'YES' ASK: Who was called? Anyone else?	Doctor	1	
		Nurse/midwife	2	
		Daya	3	
		Other (specify)_____	4	
		No one	5	
		Was in hospital	6	
445	Were you taken somewhere else for help because of this heavy bleeding?	Yes	1	
		No	2	
		Don't know	8	
446	Did anyone do anything to stop or decrease the amount of bleeding?	Yes	1	
		No	2	
		D.K.	8	
447	Where did you deliver or give birth to (NAME)?	Own home	1	
		Parent's home	2	
		Other's home	3	
		Public hospital/ clinic	4	
		Public health center	5	
		Private hospital/ clinic	6	
		Private doctor practice	7	
		Other (specify)_____	8	
448	CHECK Q447:	Home delivery	1	451
		Not home delivery	2	

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
449	Why did you not have the delivery of (NAME) at a hospital or a clinic?	Home is better	1	
		Service not available	2	
		Service costs too much	3	
		Premature/ sudden delivery	4	
		Other (specify)_____	5	
450	Who assisted in the delivery of (NAME)? PROBE: Anyone else?	Doctor	1	4 5 3
		Nurse/midwife	2	
		Daya	3	
		Relative/friend	4	
		Other (specify)_____	5	
451	Did the baby arrive by itself, or did anyone have to use instruments (forceps) or perform a cesarean section?	Arrived by itself	1	453
		Forceps/ vacuum	2	
		Cesarean section	3	
452	Were you told the reason you had the cesarean section operation?	Baby too big	01	
		Baby transverse	02	
		Pelvis too small	03	
		Rupture of the uterus	04	
		Womb muscles weak/ couldn't push	05	
		Mother sick	06	
		Baby sick/ slow heartbeat	07	
		Baby overdue	08	
		Previous Cesarean section	09	
		Other (specify)_____	10	
		No reason given	11	
453	How was the umbilical cord cut?	Medical instrument	1	
		Ordinary scissors	2	
		Razor	3	
		Knife	4	
		Other (specify)_____	5	
		D.K.	8	
454	How the cord stump was treated?	Sterilized dressing	1	
		Covered with ground coffee	2	
		Covered with flour	3	
		Covered with earth	4	
		Other (specify)_____	5	
		D.K.	8	
455	Did you have any problem with your placenta coming out?	Yes	1	
		No	2	
		Don't know	3	
456	Did the delivery of (NAME) occur about the right time, that is, after 9 months of pregnancy, or did it occur sooner than expected or later than expected?	Right time	1	
		Sooner	2	
		Later	3	
		D.K.	8	
457	CHECK Q401:	Lost before term	1	459
		Live birth	2	
458	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	
		D.K.	8	
459	Now I would like to ask you some questions about the six weeks period after the delivery of (NAME). Did you see anyone for a check-up on your health? IF 'YES' ASK: Whom did you see? Anyone else?	Doctor	1	
		Nurse/midwife	2	
		Daya	3	
		Other (specify)_____	4	
		No one	5	462

No.	QUESTIONS	CODING CATEGORIES			SKIP TO	
460	Where did you receive your post-natal check-up?	Public hospital or clinic	1			
		Public health center	2			
		Private hospital or clinic	3			
		Private hospital or clinic	4			
		At home	5			
		Other (specify) _____	6			
461	Did any of the following happen when you went for your post-natal check-up? READ EACH ALOUD AND CIRCLE CORRESPONDING ANSWERS		Y E S	N O	D K	
		Abdomen examined	1	2	8	4 6 3
		Breasts examined	1	2	8	
		Internal examination	1	2	8	
		Given iron tablets	1	2	8	
		Given advice on breastfeeding	1	2	8	
		Given advice on baby care	1	2	8	
		Given advice on family planning	1	2	8	
462	What was the main reason for not receiving a post-natal check-up?	No complications	1			
		Able to manage from experience	2			
		Unaware of importance of check-up	3			
		Service not available	4			
		Costs too much	5			
		Too busy	6			
		Husband too busy	7			
		Other (specify) _____	8			
463	In the first two months after delivery, did you receive a vitamin A dose?	Yes	1			
		No	2			
464	At any time during the six weeks after delivery of (NAME), did you have a massive vaginal bleeding? IF 'YES' ASK: How long after delivery of (NAME) did this bleeding occur?	Less than 24 hours	1			
		1-7 days	2			
		More than 7 days	3			
		No bleeding	4		466	
465	Did you receive any treatment or advice from a doctor, nurse, or midwife for this bleeding?	Yes	1			
		No	2			
466	At any time during the six weeks after delivery of (NAME), did you have swelling and pain in your legs?	Yes	1			
		No	2		468	
467	Did you receive any treatment or advice from a doctor, nurse, or midwife for the swelling and pain in legs?	Yes	1			
		No	2			
468	At any time during the six weeks after delivery of (NAME), did you have a very high fever?	Yes	1			
		No	2		471	
469	When you had a very high fever, did you also have any of the following? READ EACH ALOUD AND CIRCLE CORRESPONDING ANSWERS		Y E S	N O	D K	
		Foul-smelling discharge	1	2	8	
		Lower abdominal pain	1	2	8	
		Severe lower back pain	1	2	8	
		Severe upper back pain	1	2	8	
		Painful urination	1	2	8	
		Swollen painful breasts	1	2	8	
470	Did you receive any treatment or advice from a doctor, nurse, or midwife for that (any of those) problem(s)?	Yes	1			
		No	2			
471	CHECK Q465, Q467 & Q470:	At least one 'NO' answer	1			
		No answer is equal to 'NO'	2		501	
472	Why didn't you seek treatment or advice for the bleeding/fever/pain and swelling in legs?	Not a problem	1			
		Service not available	2			
		Costs too much	3			
		Too busy	4			
		Husband too busy	5			
		Daya able to manage	6			
		Used non-medical treatment	7			
		Other (specify) _____	8			

SECTION 5: CHRONIC & OTHER REPRODUCTIVE MORBIDITY

No.	QUESTIONS	CODING CATEGORIES			SKIP TO
501	Now I would like to talk about your general health and some specific health problems some women have. In general, would you say your health is good, fair or poor?	Good	1		
		Fair	2		
		Poor	3		
		Other (specify): _____	4		
502	Compared to this time last year, would you say your health is better, the same, or worse?	Better	1		
		Same	2		
		Worse	3		
		Other (specify): _____	4		

INTERVIEWER: This table includes questions on chronic diseases. Ask Q503 starting with the first disease. If the answer is 'YES' ask Q504-Q506 before proceeding to the next disease.

503		504		505		506				
Do you now have or have you ever had any of the following health problems?				Did a doctor or a nurse tell you that you had (DISEASE)?		How old were you when you were first told or discovered that you had (DISEASE)?		Are you currently taking any regular treatment for (DISEASE)?		
Skip to										
A	Tuberculosis?	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	Next illness	No	2	D.K.	98	No	2
B	Diabetes?	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	Next illness	No	2	D.K.	98	No	2
C	High blood pressure?	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	Next illness	No	2	D.K.	98	No	2
D	Asthma?	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	Next illness	No	2	D.K.	98	No	2
E	Heart disease?	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	Next illness	No	2	D.K.	98	No	2
F	Joint diseases (including rheumatism)?	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	Next illness	No	2	D.K.	98	No	2
G	Liver disease (including jaundice and hepatitis)?	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	Next illness	No	2	D.K.	98	No	2
H	Kidney disease	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	Next illness	No	2	D.K.	98	No	2
I	Gastritis?	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	Next illness	No	2	D.K.	98	No	2
J	Anemia?	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	Next illness	No	2	D.K.	98	No	2
K	Goiter?	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	Next illness	No	2	D.K.	98	No	2
L	Any other disease? Specify: _____	Yes	1	→	Yes	1	Years	<input type="text"/>	Yes	1
		No	2	507	No	2	D.K.	98	No	2

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
507	Do you suffer or ever suffered from any type of cancer?	Yes	1	
		No	2	511
508	What type of cancer do you suffer (suffered) from?	Type of cancer	<input type="text"/>	
		Don't know	98	
509	How old were you when you were first told or discovered that you had cancer?	Age in years	<input type="text"/>	
		Don't know	98	
510	Are you currently taking any treatment for the cancer?	Yes	1	
		No	2	
511	As a result of bearing children some women notice a feeling of heaviness down below or a feeling that the womb is coming out. Have you noticed such a feeling?	Yes	1	
		No	2	516
512	How long ago did you notice this problem?	Years	<input type="text"/>	
		D.K.	98	
513	Does it seem to stay the same, get better or get worse when you cough, sneeze or lift heavy objects?	Same	1	
		Better	2	
		Worse	3	
514	Have you seen anyone for treatment or advice for this problem? IF 'YES' ASK: Whom did you see? Anyone else?	Doctor	01	
		Nurse/ midwife	02	
		Pharmacist	03	
		Daya	04	5
		Traditional healer	05	1
		Herbalist	06	6
		Self-treatment	07	
		Relative	08	
		Other (specify): _____	09	
		No	10	
515	Why didn't you see anyone for advice or treatment to help you with this problem? PROBE: Any other reason?	Did not think it would help	01	
		Costs too much	02	
		Service not available	03	
		Too busy	04	
		Husband too busy	05	
		Not serious enough	06	
		Embarrassed	07	
		Afraid	08	
		Other (specify) _____	09	
516	Another problem some women have is controlling their urine? Do you have trouble controlling your urine?	Yes	1	
		No	2	519
517	Have you seen anyone for treatment or advice for this problem? IF 'YES' ASK: Whom did you see? Anyone else?	Doctor	01	
		Nurse/ midwife	02	
		Pharmacist	03	
		Daya	04	5
		Traditional healer	05	1
		Herbalist	06	9
		Self-treatment	07	
		Relative	08	
		Other (specify): _____	09	
		No	10	

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
518	Why didn't you see anyone for advice or treatment to help you with this problem? PROBE: Any other reason?	Did not think it would help Costs too much Service not available Too busy Husband too busy Not serious enough Embarrassed Afraid Other (specify) _____	01 02 03 04 05 06 07 08 09	
519	During the past three months, have you had a problem with:			
A	Pain or burning while urinating?	Yes	1	
B	Excessive or abnormal vaginal discharge?	Yes	1	
520	When you had that discharge during the past three months, did you also have any of the following:			
A	Itching or irritation around the vagina?	Yes	1	
B	Bad-smelling discharge?	Yes	1	
C	Severe lower abdominal pain?	Yes	1	
521	CHECK Q519:	Either Q519A or Q519B = 1	1	
522	Have you seen anyone for treatment or advice for this (these) problem(s)? IF 'YES' ASK: Whom did you see? Anyone else?	Doctor Nurse/ midwife Pharmacist Daya Traditional healer Herbalist Self-treatment Relative Other (specify): _____ No	01 02 03 04 05 06 07 08 09 10	5 2 4
523	Why didn't you see anyone for advice or treatment for that (these) problem(s)? PROBE: Any other reason?	Did not think it would help Costs too much Service not available Too busy Husband too busy Not serious enough Embarrassed Afraid Other (specify) _____	01 02 03 04 05 06 07 08 09	
524	CHECK Q330:	Not currently pregnant/ unsure	1	
525	CHECK Q333:	Still menstruates	1	
526	CHECK Q201:	Currently married	1	
527	Have you been trying to get pregnant and not succeeding?	Yes	1	
528	For how many months have you been trying?	Months	<input type="text"/>	

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
529	In your opinion, what is the main reason for not being able to get pregnant?	Menopausal Infecund Illness Husband sick Other (specify) _____ D.K.	1 2 3 4 5 8	
530	Have you seen anyone for treatment or advice to help you get pregnant? IF 'YES' ASK: Whom did you see? Anyone else?	Doctor Nurse/ midwife Pharmacist Daya Traditional healer Herbalist Self-treatment Relative Other (specify): _____ No	01 02 03 04 05 06 07 08 09 10	5 3 2
531	Why didn't you see anyone for advice or treatment for this? PROBE: Any other reason?	Did not think it would help Costs too much Service not available Too busy Husband too busy Not serious enough Embarrassed Afraid Other (specify) _____	01 02 03 04 05 06 07 08 09	
532	Did your husband see anyone for advice or treatment for this?	Yes No D.K.	1 2 8	534
533	Whom did your husband see? PROBE: Anyone else?	Doctor Nurse Pharmacist Traditional healer Herbalist Other (specify): _____ D.K.	1 2 3 4 5 6 8	
534	In the last three months, have you suffered from any of the following problems with your menstruation:			
A	Long (>7 days) duration of bleeding	Yes No	1 2	
B	Unusually heavy bleeding	Yes No	1 2	
C	Excessive/ disabling pain	Yes No	1 2	
D	Irregular timing of periods	Yes No	1 2	
535	CHECK Q534:	All answers = 2 One or more answers = 1	1 2	538
536	Have you seen anyone for treatment or advice for this (these) problem(s)? IF 'YES' ASK: Whom did you see? Anyone else?	Doctor Nurse/ midwife Pharmacist Daya Traditional healer Herbalist Self-treatment Relative Other (specify): _____ No	01 02 03 04 05 06 07 08 09 10	5 3 8

No.	QUESTIONS	CODING CATEGORIES		SKIP TO																
537	Why didn't you see anyone for advice or treatment for that (these) problem(s)? PROBE: Any other reason?	Did not think it would help Costs too much Service not available Too busy Husband too busy Not serious enough Embarrassed Afraid In menopause It's always like that Other (specify) _____	01 02 03 04 05 06 07 08 09 10 11																	
538	Now I would like to ask you some questions about medical care for yourself. When you have any health problem and you need medical care, where do you usually seek care?	Public hospital or clinic Public health center Private hospital or clinic Private doctor practice At home Other (specify) _____ Don't know/ unsure	1 2 3 4 5 6 8																	
539	Many 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?		<table border="1"> <thead> <tr> <th data-bbox="1187 741 1283 891">Big problem</th> <th data-bbox="1283 741 1385 891">Not a big problem</th> </tr> </thead> <tbody> <tr> <td data-bbox="1187 891 1283 920">1</td> <td data-bbox="1283 891 1385 920">2</td> </tr> <tr> <td data-bbox="1187 920 1283 949">1</td> <td data-bbox="1283 920 1385 949">2</td> </tr> <tr> <td data-bbox="1187 949 1283 978">1</td> <td data-bbox="1283 949 1385 978">2</td> </tr> <tr> <td data-bbox="1187 978 1283 1008">1</td> <td data-bbox="1283 978 1385 1008">2</td> </tr> <tr> <td data-bbox="1187 1008 1283 1037">1</td> <td data-bbox="1283 1008 1385 1037">2</td> </tr> <tr> <td data-bbox="1187 1037 1283 1066">1</td> <td data-bbox="1283 1037 1385 1066">2</td> </tr> <tr> <td data-bbox="1187 1066 1283 1095">1</td> <td data-bbox="1283 1066 1385 1095">2</td> </tr> </tbody> </table>	Big problem	Not a big problem	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
Big problem	Not a big problem																			
1	2																			
1	2																			
1	2																			
1	2																			
1	2																			
1	2																			
1	2																			
	Knowing where to go?	Knowing where to go																		
	Getting permission to go?	Getting permission to go																		
	Getting money needed for treatment?	Getting money needed for treatment																		
	The distance to the health facility?	The distance to the health facility																		
	Having to take transport?	Having to take transport																		
	Not wanting to go alone?	Not wanting to go alone																		
	Concern that there may not be a female health provider?	Concern that there may not be a female health provider																		

SECTION 6: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

No.	QUESTIONS	CODING CATEGORIES			SKIP TO	
601	Now I would like to talk about another type of diseases. Have you heard about diseases that can be transmitted through sex?	Yes	1			
		No	2		603	
602	<p>Which diseases do you know?</p> <p>FOR EACH DISEASE MENTIONED SPONTANEOUSLY RECORD CODE '1'. FOR THOSE DISEASES NOT MENTIONED ASK:</p> <p>Do you also know the following diseases?</p> <p>THEN READ EACH ONE AND RECORD CODE '2' FOR THOSE SHE RECOGNIZES AND CODE '3' FOR THOSE SHE DOES NOT RECOGNIZE</p>		Yes	Yes: prob-ed	No	
		Syphilis	1	2	3	
		Gonorrhea	1	2	3	
		Mycosis	1	2	3	
		HIV/AIDS	1	2	3	
		Genital warts/ condylomata	1	2	3	
		Other (specify): _____	1	2	3	
603	During the last 12 months, did you have any of the following diseases?		Yes	No	DK	
		Syphilis	1	2	8	
		Gonorrhea	1	2	8	
		Mycosis	1	2	8	
		Genital warts/ condylomata	1	2	8	
		Any other STD (specify): _____	1	2	8	
604	CHECK Q603:	Had one or more diseases	1			
		Had no disease	2		607	
605	<p>Did you seek advice or treatment for (DISEASE(S) FROM Q603)?</p> <p>IF 'YES' ASK:</p> <p>Where did you seek advice or treatment?</p> <p>Where else?</p>	Government hospital	01			
		Government health center	02			
		Private hospital/ clinic	03			
		Private doctor	04		6	
		Pharmacy	05		0	
		Traditional healer	06		7	
		Herbalist	07			
		Relatives/ friends	08			
		Other (specify) _____	09			
		No	10			
606	<p>Why didn't you see anyone for advice or treatment for this (these) problem(s)?</p> <p>PROBE: Any other reason?</p>	Did not think it would help	01			
		Costs too much	02			
		Service not available	03			
		Too busy	04			
		Husband too busy	05			
		Not serious enough	06			
		Embarrassed	07			
		Afraid	08			
		Other (specify) _____	09			
607	CHECK Q201:	Currently married	1			
		Not currently married	2		612	
608	When you had (DISEASE(S) FROM Q603), did your husband seek advice or treatment for the same disease(s)?	Yes	1			
		No	2			
		Husband was not informed	3			
		D.K.	8			
609	During the last 12 months, did your husband have any of the sexually transmitted diseases?	Yes	1			
		No	2			
		D.K.	8		612	
610	Did he seek advice or treatment?	Yes	1			
		No	2			
		D.K.	8			
611	When your husband had that disease, did you receive any advice or treatment for the same disease?	Yes	1			
		No	2			
612	CHECK Q601:	Knows about HIV/AIDS	1			
		Does not know about HIV/AIDS	2		617	

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
613	From which sources of information have you learned most about AIDS? PROBE: Any other source?	Radio	01	
		TV	02	
		Newspapers/ magazines	03	
		Pamphlets/ posters	04	
		Health workers	05	
		Mosques/ churches	06	
		Schools/ teachers	07	
		Community meetings	08	
		Friends/ relatives	09	
		Work place	10	
		Other (specify) _____	11	
614	How can a person get AIDS? PROBE: Any other way?	Sexual intercourse	1	
		Not using condom	2	
		Blood transfusion	3	
		Injections	4	
		Mosquito bites	5	
		Other (specify) _____	6	
		D.K.	8	
615	Is there anything a person can do to avoid getting AIDS?	Yes	1	
		No	2	617
		D.K.	8	
616	What can a person do? PROBE: Any other way?	Safe sex	1	
		Use condoms	2	
		Avoid blood transfusions	3	
		Avoid injections	4	
		Other (specify) _____	5	
		D.K.	8	
617	CHECK Q315 FOR DATE OF BIRTH OF LAST CHILD	Last child born in or after January 19__	1	701
		Last child born before January 19__ or no live births	2	801

SECTION 7: CHILD FEEDING & CHILD HEALTH IN PAST FIVE YEARS

Now I would like to ask you some questions about the feeding and health of your last child (NAME of last birth).

RECORD BELOW THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF THE LAST LIVE BIRTH.

LAST LIVE BIRTH		NAME (if given)		
701	LINE NUMBER FROM BIRTH HISTORY TABLE & SURVIVAL STATUS (Q316)	LINE NUMBER <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	Alive Dead	1 2
No.	QUESTIONS	CODING CATEGORIES		SKIP TO
702	Did you ever feed (NAME) at the breast?	Yes No	1 2	706
703	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR RECORD '000'. IF LESS THAN 24 HOURS RECORD IN HOURS, OTHERWISE RECORD IN DAYS	Immediately Hours Days	000 1 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 2 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
704	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	Yes No	1 2	707
705	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED	Milk (other than breast milk) Plain water Sugar or glucose water Gripe water Sugar-salt-water solution Fruit juice Infant formula Tea/ infusion Honey Other (specify) _____	01 02 03 04 05 06 07 08 09 96	7 0 7
706	Why did you never breastfeed (NAME)?	Child sick Child died Child refused Mother sick No/Insufficient milk Breast/nipple problems Mother had to work Other (specify) _____	1 2 3 4 5 6 7 8	
707	Has your period returned since the birth of (NAME)?	Yes No	1 2	709
708	For how many months after the birth of (NAME) did you <u>not</u> have a period?	Number of months Don't know	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 98	
709	CHECK SURVIVAL STATUS IN Q701 & BREASTFEEDING STATUS IN Q702 AND CIRCLE APPROPRIATE CODE	Alive & breastfed Alive & never breastfed Dead & breastfed Dead & never breastfed	1 2 3 4	720 715 801
710	Are you still breastfeeding (NAME)?	Yes No	1 2	715
711	How many times did you breastfeed (NAME) yesterday during the daylight hours?	Number of times As often as child wanted	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 96	
712	How many times did you breastfeed (NAME) last night between sunset and sunrise?	Number of times As often as child wanted	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 96	
713	Do you breastfeed (NAME) whenever he/ she wants or according to a fixed schedule?	Demand Schedule Both	1 2 3	

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
714	When (NAME) has diarrhea, what do you do with breastfeeding? Do you continue without change, increase it, decrease it, or stop it?	No change	1	7 2 0
		Increase	2	
		Decrease	3	
		Stop	4	
		Never had diarrhea	5	
		D.K.	8	
715	How many months did you breastfeed (NAME)?	Months	<input type="text"/>	
		Until child died	96	801
716	Why did you stop breastfeeding him/her at that age? RECORD MAIN REASON	Child reached weaning age	01	801
		Breast milk not enough for child growth	02	
		Child sick	03	
		Child refused	04	
		Child died	05	
		Mother sick	06	
		No/insufficient milk	07	
		Pregnant	08	
		Wanted another child	09	
		Wanted to use pill	10	
		To (return to) work	11	
		Preferred bottle	12	
		Other (specify) _____	98	
717	Did you stop breastfeeding suddenly or progressively?	Suddenly	1	
		Progressively	2	
718	When you weaned (NAME) did you put any ointments on the breast?	Yes	1	
		No	2	
719	CHECK SURVIVAL STATUS IN Q701	Child still alive	1	801
		Child dead	2	
720	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	Yes	1	
		No	2	
		Don't know	3	
721	How many times yesterday during the day or at night did (NAME) drink or eat each of the following? IF 7 OR MORE TIMES RECORD '7' IF DON'T KNOW RECORD '8'	Plain water	<input type="checkbox"/>	
		Fresh full cream milk	<input type="checkbox"/>	
		Pasteurized bottled milk	<input type="checkbox"/>	
		Infant powdered milk	<input type="checkbox"/>	
		Canned or powdered milk	<input type="checkbox"/>	
		Fruit juices	<input type="checkbox"/>	
		Sugar water	<input type="checkbox"/>	
		Rice water	<input type="checkbox"/>	
		Herbal drinks	<input type="checkbox"/>	
		Yogurt	<input type="checkbox"/>	
		Homemade baby food	<input type="checkbox"/>	
		Preserved baby food	<input type="checkbox"/>	
		Family food	<input type="checkbox"/>	
		Other (specify) _____	<input type="checkbox"/>	
722	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	Yes	1	
		No	2	

No.	QUESTIONS	CODING CATEGORIES			SKIP TO
723	Who usually prepares the food for (NAME)?	Self	1		
		Nanny/ maid	2		
		Other (specify) _____	3		
724	Who usually feeds (NAME)?	Self	1		
		Nanny/ maid	2		
		Other (specify) _____	3		
725	Now I would like to ask you questions about the health of (NAME). Do you have a card where (NAME'S) vaccinations are written down? IF 'YES' ASK: May I see it, please?	Yes seen	1	727	
		Yes not seen	2	729	
		No card	3		
726	Did you ever have a vaccination card for (NAME)?	Yes	1	729	
		No	2		
727	1. COPY VACCINATION DATES FOR EACH VACCINE FROM CARD 2. WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN BUT NO DATE RECORDED 3. WRITE '99' IN 'DAY' COLUMN IF VACCINATION IS NOT RECORDED AT ALL				
		DAY	MONTH	YEAR	
	BCG				
	DPT1				
	DPT2				
	DPT 3				
	POLIO 1				
	POLIO 2				
	POLIO 3				
	MEASLES				
HEPATITIS B					
728	Had (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3 AND/ OR MEASLES. IF 'YES': CHANGE THE CODE '99' TO '66' FOR EACH MENTIONED VACCINATION.	Yes	1	7 3 1	
		No	2		
		D.K.	8		
729	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	Yes	1	731	
		No	2		
		D.K.	8		
730	Please tell me if (NAME) received any of the following vaccinations:				
		A	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	Yes	1
B	A vaccination against diphtheria, whooping cough and tetanus given as an injection? IF 'YES' ASK: How many times?	No	2		
		D.K.	8		
		Yes: number of times	<input type="checkbox"/>		
C	Polio vaccine, that is, drops in the mouth? IF 'YES' ASK: How many times?	No	7		
		D.K.	8		
		Yes: number of times	<input type="checkbox"/>		
D	An injection against measles?	Yes	1		
		No	2		
		D.K.	8		

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
731	Was a dose of vitamin A liquid given to (NAME) to protect him/her from night blindness during the last 6 months?	Yes	1	
		No	2	
		D.K.	8	
732	CHECK Q727 AND/OR Q730: BCG, THE 3 DOSES OF DPT, THE 3 DOSES OF POLIO, AND MEASLES WERE GIVEN TO CHILD?	Yes all given	1	734
		None given or not all given	2	
733	Why was (NAME) not (fully) immunized?	Chill too young	01	
		Unaware of need for immunization	02	
		Unaware of need to return for other doses	03	
		Place/time of immunization not known	04	
		Fear of side effects	05	
		Intends to go	06	
		Child ill	07	
		Vaccine not available	08	
		Place far away	09	
		Other (specify) _____	96	
734	Did (NAME) ever have:		Yes	No
	Whooping cough?	Whooping cough	1	2
	Measles?	Measles	1	2
	Polio?	Polio	1	2
	Diphtheria?	Diphtheria	1	2
	Chicken pox?	Chicken pox	1	2
Rickets?	Rickets	1	2	
735	Has (NAME) been ill with a fever at any time in last two weeks?	Yes	1	
		No	2	
		D.K.	8	
736	Has (NAME) been ill with a cough at any time in last two weeks?	Yes	1	740
		No	2	
		D.K.	8	
737	Has (NAME) been ill with a cough in last 24 hours?	Yes	1	
		No	2	
		D.K.	8	
738	For how many days (has the cough lasted/did the cough last)? IF LESS THAN 1 DAY, RECORD '00'	Days	<input type="text"/>	
		D.K.	98	
739	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, rapid breaths?	Yes	1	
		No	2	
		D.K.	8	
740	CHECK Q735 AND Q736: FEVER OR COUGH?	Yes in either Q735 or Q736	1	746
		Both = 2 or 8	2	
741	Did you seek advice or treatment for the fever or cough?	Yes	1	
		No	2	743
742	Where did you seek advice or treatment? PROBE: Anywhere else?	Public health service	1	7 4 4
		Private health service	2	
		Private doctor	3	
		Pharmacy	4	
		Traditional midwife	5	
		Traditional herbalist	6	
		Anyone else (specify): _____	7	
Other (specify) _____	8			

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
743	Why didn't you seek advice or treatment for the fever or cough?	Illness was mild	1	
		Mother too busy	2	
		Father too busy	3	
		There was no one to take the child	4	
		No facilities available/ place too far	5	
		Other (specify)_____	6	
744	Was anything given to treat the fever/cough?	Yes	1	746
		No	2	
		D.K.	8	
745	What was given to treat the fever/cough? PROBE: Anything else?	Injection	1	
		Antibiotic (pill/ syrup)	2	
		Antimalarial (pill/syrup)	3	
		Cough syrup	4	
		Other pill or syrup	5	
		Unknown pill or syrup	6	
		Home remedy/ herbal medicine	7	
		Other (specify)_____	8	
746	Has (NAME) had diarrhea in the last two weeks?	Yes	1	764
		No	2	
		D.K.	8	
747	Has (NAME) had diarrhea in the last 24 hours?	Yes	1	
		No	2	
		D.K.	8	
748	For how many days (has the diarrhea lasted/ did the diarrhea last)? IF LESS THAN 1 DAY, RECORD '00'	Days	<input type="text"/>	
		D.K.	98	
749	Was there any blood in the stools?	Yes	1	
		No	2	
		D.K.	8	
750	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	Much less	1	
		Somewhat less	2	
		About the same	3	
		More	4	
		Nothing to drink	5	
		Don't know	8	
751	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 or somewhat less?	Much less	1	
		Somewhat less	2	
		About the same	3	
		More	4	
		Stopped food	5	
		Never gave food	6	
		Don't know	8	
		752	Did you seek advice or treatment for the diarrhea?	
No	2			
753	Where did you seek advice or treatment? PROBE: Anywhere else?	Public health service	1	7 5 5
		Private health service	2	
		Private doctor	3	
		Pharmacy	4	
		Traditional midwife	5	
		Traditional herbalist	6	
		Anyone else (specify)_____	7	
		Other (specify)_____	8	

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
754	Why didn't you seek advice or treatment for the diarrhea?	Illness was mild	1	
		Mother too busy	2	
		Father too busy	3	
		There was no one to take the child	4	
		No facilities available/ place too far	5	
		Other (specify) _____	6	
755	Was any thing given to treat the diarrhea?	Yes	1	757
		No	2	
		D.K.	8	
756	What was given to treat the diarrhea? PROBE: Anything else?	ORS fluid from packet	1	
		Recommended home fluid	2	
		Antibiotic (pill/ syrup)	3	
		Other pill or syrup	4	
		Injection	5	
		Intravenous injection	6	
		Home remedies/ herbal medicines	7	
		Other (specify) _____	8	
757	CHECK 756: ORS FLUID FROM PACKET MENTIONED?	Yes: ORS fluid mentioned	1	759
		No: ORS fluid not mentioned	2	
758	Was (NAME) given fluid made from an ORS packet when he/she had the diarrhea?	Yes	1	760
		No	2	
		D.K.	8	
759	For how many days was (NAME) given the ORS fluid? IF LESS THAN 1 DAY, RECORD '00'	Days	<input type="text"/>	
		D.K.	98	
760	CHECK 756: RECOMMENDED HOME FLUID MENTIONED?	Yes: home fluid mentioned	1	762
		No: home fluid not mentioned	2	
761	Was (NAME) given a recommended home fluid made from sugar, salt and water when he/she had the diarrhea?	Yes	1	763
		No	2	
		D.K.	8	
762	For how many days was (NAME) given the fluid made from sugar, salt and water? IF LESS THAN 1 DAY, RECORD '00'	Days	<input type="text"/>	
		D.K.	98	
763	CHECK Q756 & Q758:	ORS fluid given to child	1	766
		ORS fluid not given to child	2	
764	Have you ever heard of a special product called ORS (local Name) you can get for the treatment of diarrhea?	Yes	1	801
		No	2	
765	Have you ever prepared one of the ORS packets for yourself or for someone else?	Yes	1	768
		No	2	
766	The last time you used ORS, how much water did you use to prepare he packet?	Half a liter	1	
		One liter	2	
		One & a half liters	3	
		Two liters	4	
		Followed package instructions	5	
		Other (specify) _____	6	
		D.K.	8	
767	Did you use boiled water, bottled water or other water to prepare the packet?	Boiled water	1	
		Bottled water	2	
		Other (specify) _____	3	
		D.K.	8	

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
768	Where can you get the ORS packets?	Public health establishment	1	
		Field worker	2	
		Private doctor or hospital	3	
		Pharmacy	4	
		Shop	5	
		Traditional midwife	6	
		Other (specify) _____	7	
		D.K.	8	

SECTION 8: CONTRACEPTION

801	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 Q802 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 Q802, ASK Q803 BEFORE PROCEEDING TO THE NEXT METHOD.																																																																																																																																																																																																																																																																																																					
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804	CHECK Q803:	Not a single 'YES' (never used)	1	807
		At least one 'YES' (ever used)	2	
805	Have you ever used anything or tried in any way to delay or avoid getting pregnant? PUT A CROSS IN THE RIGHT BOX	Yes	<input type="checkbox"/>	827
		No	<input type="checkbox"/>	
806	What have you used or done? CORRECT Q802-Q804 AS NECESSARY			
807	Now I would like to ask you about the time when you first began to use contraception. How many living children did you have at that time, if any? IF NONE RECORD '00'	Number of children	<input type="text"/>	
808	When you first began to use family planning, did you want to have another child but at a later time or did you want to stop childbearing?	Wanted child later	1	
		Wanted to stop childbearing	2	
		Other (specify) _____	3	
809	CHECK Q301:	Currently married	1	826
		Not currently married	2	
810	CHECK Q430:	Not pregnant or unsure	1	825
		Pregnant	2	
811	CHECK Q803:	Neither sterilized	1	813A
		He or she sterilized	2	
812	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	Yes	1	825
		No	2	
813 A	Which method are you using? CIRCLE '09' FOR FEMALE STERILIZATION CIRCLE '10' FOR MALE STERILIZATION	Pill	01	8 2 1
		IUD	02	
		Injection	03	
		Implants	04	
		Condom	05	
		Female condom	06	
		Diaphragm	07	
		Foam or jelly	08	
		Female sterilization	09	8 2 2
		Male sterilization	10	
		Prolonged breastfeeding	11	
		Rhythm/ Periodic abstinence	12	
		Withdrawal	13	
Other (specify) _____	98			
814	In what month and year did you (your husband) had the operation?	Month	<input type="text"/>	
		DK Month	98	
		Year	<input type="text"/>	
		DK Year	9998	
815	How long ago were (you/your husband) sterilized?	Months ago	1 <input type="text"/>	
		Years ago	2 <input type="text"/>	
816	In what facility did the sterilization take place?	Public hospital	01	
		Public family planning clinic	02	
		Private family planning clinic	03	
		MCH center	04	
		Private hospital or clinic	05	
		Private doctor	06	
		Mobile health unit	07	
		Other (specify) _____	08	
		D.K.	98	

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
817	(Have you/Has your husband) had any problems as a result of the sterilization operation?	Yes	1	819
		No	2	
818	What problems (have you/has he) had? PROBE: Any other problem?	Fever	1	
		Pain/ backache	2	
		Sepsis	3	
		Weakness/ inability to work	4	
		Failure/ got pregnant	5	
		Loss of sexual power	6	
		Other (specify) _____	7	
819	Do you regret that (you/ your husband) had the operation not to have any (more) children?	Yes	1	832
		No	2	
820	Why do you regret it?	Respondent wants another child	1	832
		Wants to replace child who died	2	
		Husband wants another child	3	
		Side effects	4	
		Other (specify) _____	5	
821	Where did you obtain (CURRENT METHOD) the last time?	Public hospital	01	
		Public family planning clinic	02	
		Private family planning clinic	03	
		MCH center	04	
		Private hospital or clinic	05	
		Pharmacy/ drugstore	06	
		Private doctor	07	
		Mobile health unit	08	
		Field worker	09	
		Shop	10	
		Husband	11	
		Friends or relatives	12	
		Other (specify) _____	13	
		D.K.	98	
822	For how many months have you been using (CURRENT METHOD) continuously? IF LESS THAN 1 MONTH RECORD '00'	Months	<input type="text"/> <input type="text"/>	
		8 years or longer	96	
823	Have you had any problems with the use of the (CURRENT METHOD)?	Yes	1	832
		No	2	
824	What problems have you had? PROBE: Any other problem?	Health problems	1	8 3 2
		Method failed	2	
		Husband disapproved	3	
		Access/availability	4	
		Costs too much	5	
		Inconvenient to use	6	
		Other (specify) _____	7	
		D.K.	8	
825	What is the main reason you stopped using family planning?	Method failed/ got pregnant	01	
		Lack of sexual satisfaction	02	
		Created menstrual problem	03	
		Created health problem	04	
		Inconvenient to use	05	
		Hard to get method	06	
		Put on weight	07	
		Did not like the method	08	
		Wanted to have a child	09	
		Wanted to replace a dead child	10	
		Lack of privacy for use	11	
		Other (specify) _____	12	

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
826	Which was the last method of family planning you used?	Pill	01	
		IUD	02	
		Injection	03	
		Implants	04	
		Condom	05	
		Female condom	06	
		Diaphragm	07	
		Foam or jelly	08	
		Female sterilization	09	
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		Withdrawal	13	
		Other (specify) _____	98	
827	CHECK Q301:	Currently married	1	
		Not currently married	2	832
828	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	Yes	1	830
		No	2	
		D.K. /Unsure	8	832
829	What is the main reason you do not intend to use a method in the future?	Wants another child	01	8 3 2
		Religious prohibitions	02	
		Opposed to FP	03	
		Husband disapproves	04	
		Other relatives disapprove	05	
		Fear of side effects	06	
		Lack of knowledge	07	
		Difficult to obtain	08	
		Costs too much	09	
		Inconvenient to use	10	
		Fatalistic	11	
		Menopausal/ subfecond	12	
		Don't like existing methods	13	
		Other (specify) _____	14	
		Unsure/ D.K.	98	
830	When do you plan to begin using a method to delay or avoid pregnancy?	Within 12 months	1	
		From one to two years	2	
		In three years or more	3	
		Undecided/ D.K.	8	
831	When you will use a method, which method would you prefer to use?	Pill	01	
		IUD	02	
		Injection	03	
		Implants	04	
		Condom	05	
		Female condom	06	
		Diaphragm	07	
		Foam or jelly	08	
		Female sterilization	09	
		Male sterilization	10	
		Prolonged breastfeeding	11	
		Rhythm/ Periodic abstinence	12	
		Withdrawal	13	
		Other (specify) _____	14	
		Unsure/ D.K.	98	
832	Would you say that in general you approve or disapprove of couples using a method to avoid a pregnancy?	Approves	1	
		Conditionally approves	2	
		Disapproves	3	
		D.K./ Unsure	8	
833	CHECK Q301:	Currently married	1	
		Not currently married	2	901

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
834	Do you think that in general your husband approves or disapproves of couples using a method to avoid a pregnancy?	Approves	1	
		Conditionally approves	2	
		Disapproves	3	
		D.K.	8	
835	How often have you talked to your husband about family planning in the past year?	Never	1	
		Once or twice	2	
		More often	3	
836	Who usually has the final say on whether or not to use contraception, you or your husband?	Mainly respondent	1	
		Mainly husband	2	
		Joint decision	3	
		Other (specify) _____	4	
		D.K./ Unsure	8	

SECTION 9: FERTILITY PREFERENCES AND ATTITUDES

No.	QUESTIONS		CODING CATEGORIES		SKIP TO
901	CHECK Q201:		Currently married	1	
			Not currently married	2	910
902	CHECK Q813:		Neither sterilized	1	
			He or she sterilized	2	908
903	CHECK Q330:				
	Not pregnant/unsure	Pregnant			
	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?	Now I have some questions about the future. 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/ none	2	
			Says she can't get pregnant	3	908
			Up to god	4	
			Undecided or D.K.	8	
904	Would you prefer your next child to be a boy or a girl or doesn't it matter?		Boy	1	
			Girl	2	
			Doesn't matter	3	
			Up to god	4	
905	CHECK Q330:				
	Not pregnant/unsure	Pregnant	Months	1 <input type="text"/>	
	How long would you like to wait from now before the birth of (a/another) child?	How long would you like to wait after the birth of the child you are expecting before the birth of another child?	Years	2 <input type="text"/>	908
			Soon/ Now	9 94	
			Says she can't get pregnant	9 95	
			Other (specify) _____	9 96	
			D.K.	9 98	
906	CHECK Q308 & Q330:		Has living children or pregnant	1	
			No living children and not pregnant	2	908
907	CHECK Q330:				
	Not pregnant/unsure	Pregnant			
	How old would you like your youngest child to be when your next child is born?	How old would you like the child you are expecting to be when your next child is born?	Age of child in years	<input type="text"/>	
			D.K.	98	
908	Have you and your husband ever discussed the number of children you would like to have?		Yes	1	
			No	2	
909	Do you think your husband 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	
			D.K.	8	
910	CHECK Q308:				
	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?	Number	<input type="text"/>	
			Other (specify) _____	96	912

No.	QUESTIONS	CODING CATEGORIES		SKIP TO
911	How many of these children would you like to be boys and how many would you like to be girls and for how many would the sex not matter?	Boys	<input type="text"/>	
		Girls	<input type="text"/>	
		Either	<input type="text"/>	
912	In your opinion, what is the ideal interval between the birth of one child and the birth of the next child?	Months	1 <input type="text"/>	
		Years	2 <input type="text"/>	
		Other (specify) _____	9 96	
913	In your opinion, what level of education would you like (your daughter/ a girl) to obtain?	None	1	
		Read and write	2	
		Primary	3	
		Secondary	4	
		University	5	
914	In your opinion, what level of education would you like (your son/ a boy) to obtain?	None	1	
		Read and write	2	
		Primary	3	
		Secondary	4	
		University	5	
915	In your opinion, what is the most suitable age for (your daughter/ a girl) to marry?	Age	<input type="text"/>	
		Other (specify) _____	96	
916	In your opinion, how many children should (your daughter/ a girl) have?	Number	<input type="text"/>	
		Other (specify) _____	96	
917	Would you approve or disapprove of your daughter(s) (girls) working if a good opportunity for earning cash was available?	Approves	1	
		Conditionally approves	2	
		Disapproves	3	
918 *	Do you approve or disapprove of female circumcision?	Approves	1	
		Disapproves	2	920
		Undecided	3	921
919 *	What is the reason for approving? PROBE: Any other reason?	Religious beliefs	01	9 2 1
		Normal practice here	02	
		Good for the girl	03	
		Cleanliness/ Hygiene	04	
		Girl gets social acceptance	05	
		Girl has better marriage prospect	06	
		To keep girl from doing bad things	07	
		Better for future husband	08	
		Husband's desire	09	
		Other (specify) _____	96	
920 *	What is the reason for disapproving? PROBE: Any other reason?	Not good for the girl	01	
		There is no need for it	02	
		It creates medical problems for the girl	03	
		It's too painful for the girl	04	
		Better for the girl when she gets married	05	
		Better for her future husband	06	
		Husband's desire	06	
		Other (specify) _____	96	
		921	RECORD THE TIME	HOUR
MINUTES	<input type="text"/>			

* If the Female Genital Cutting Module is used these questions will be removed

