

**EGYPT DEMOGRAPHIC AND HEALTH SURVEY  
WOMAN QUESTIONNAIRE**

IDENTIFICATION	
GOVERNORATE _____ PSU/SEGMENT NO. _____ KISM/MARQAZ _____ BUILDING NO. _____ SHIAKHA/VILLAGE _____ HOUSE NO. _____ HOUSEHOLD NO. _____ URBAN.....1 RURAL.....2 LARGE CITY....1 SMALL CITY....2 TOWN....3 VILLAGE....4 NAME OF HOUSEHOLD HEAD _____ ADDRESS IN DETAIL _____ NAME OF WOMAN _____ LINE NUMBER OF WOMAN _____	GOVERNORATE <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> PSU/SEGMENT NO. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> HOUSEHOLD NO. URBAN/RURAL <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> LOCALITY <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> LINE NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div>

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TEAM				TEAM <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 100px;"></div>
INTERVIEWER'S NAME				INTERVIEWER <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 100px;"></div>
SUPERVISOR'S NAME				SUPERVISOR <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 100px;"></div>
RESULT				RESULT <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 100px;"></div>
NEXT VISIT: DATE				TOTAL VISITS <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 10px;"></div>
TIME				
RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)				

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	_____	_____	_____	_____
DATE	_____	_____	_____	_____
SIGNATURE	_____	_____	_____	_____
	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px;"></div>

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
104	What is your current marital status?	MARRIED.....1 WIDOWED.....2 DIVORCED.....3	
105	Have you ever attended school?	YES.....1 NO.....2 → 110	
106	Are you currently attending school or the university?	YES.....1 NO.....2	
107	What is the highest level of school you attended?	PRIMARY.....1 PREPARATORY.....2 SECONDARY.....3 UPPER INTERMEDIATE.....4 UNIVERSITY.....5 MORE THAN UNIVERSITY.....6	
108	What is the highest grade which you successfully completed at that level?	GRADE..... <input type="text"/>	
109	CHECK 107: PRIMARY <input type="checkbox"/> PREPARATORY OR HIGHER <input type="checkbox"/>		→ 111
110	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	
111	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
112	<p>How many hours on average do you listen to the radio each day?</p> <p>IF LISTENS LESS THAN 1 HOUR, WRITE "00".</p>	<p>NUMBER OF HOURS PER DAY.... <input type="text"/> <input type="text"/></p> <p>ALL OF THE TIME.....96 NEVER.....97 NOT SURE/DON'T KNOW.....98</p>	
113	<p>How many hours on average do you watch television each day?</p> <p>IF WATCHES LESS THAN 1 HOUR, WRITE "00".</p>	<p>NUMBER OF HOURS PER DAY.... <input type="text"/> <input type="text"/></p> <p>ALL OF THE TIME.....96 NEVER.....97 NOT SURE/DON'T KNOW.....98</p>	
114	<p>What is your religion?</p>	<p>MOSLEM.....1 CHRISTIAN.....2 OTHER.....3 (SPECIFY)</p>	
115	<p>CHECK QUESTION 010 IN THE HOUSEHOLD QUESTIONNAIRE.</p>	<p>THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT (I.E., IF SHE IS A VISITOR) <input type="checkbox"/></p>	<p>THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/> → 201</p>
116	<p>Now I would like to ask about the place in which you usually live.</p> <p>Do you usually live in Cairo, Giza, Alexandria, another city or town, or in a village?</p> <p>_____</p> <p>NAME OF CITY/TOWN/VILLAGE</p>	<p>LOCALITY..... <input type="text"/></p> <p>OUTSIDE EGYPT.....5 → 118</p>	
117	<p>In which governorate is that located?</p> <p>_____</p> <p>GOVERNORATE</p>	<p>GOVERNORATE..... <input type="text"/> <input type="text"/></p>	
118	<p>Now I would like to ask some questions about the household in which you usually live.</p> <p>In what type of dwelling does your household live?</p>	<p>APARTMENT.....1 FREE STANDING HOUSE.....2 OTHER.....3 (SPECIFY)</p>	
119	<p>Is your dwelling owned by your household or not?</p> <p>IF OWNED: Is it owned solely by your household or jointly with someone else?</p>	<p>OWNED.....1 OWNED JOINTLY.....2 RENTED.....3 OTHER.....4 (SPECIFY)</p>	
120	<p>Could you describe the main material of the floor in your dwelling?</p>	<p>NATURAL FLOOR EARTH/SAND.....11 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 CERAMIC/MARBLE TILES.....32 CEMENT TILES.....33 CEMENT.....34 WALL-TO-WALL CARPET.....35 OTHER.....41 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
121	How many rooms are there in your dwelling (excluding the bathrooms, kitchen, and stairway areas)?	ROOMS..... <input type="text"/> <input type="text"/>	
122	How many of the rooms are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>	
123	Is there a special room used only for cooking inside or outside of the dwelling?	YES.....1 NO.....2	
124	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.11 → 126 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT....21 → 126 PUBLIC WELL.....22 SURFACE WATER NILE/CANALS.....31 OTHER _____ 71 (SPECIFY)	
125	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/>	
126	Does your household get water for other uses (e.g., for handwashing and dishwashing) from the same source?	YES.....1 → 128 NO.....2	
127	What is the source of water for such uses?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT....21 PUBLIC WELL.....22 SURFACE WATER NILE/CANALS.....31 OTHER _____ 71 (SPECIFY)	
128	What kind of toilet facility does your household have?	MODERN FLUSH TOILET.....11 TRADITIONAL WITH TANK FLUSH....12 TRADITIONAL WITH BUCKET FLUSH...13 PIT TOILET/LATRINE.....21 NO FACILITY.....31 OTHER _____ 41 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
129	Does the dwelling unit have electrical connections in all or only part of the dwelling unit?	YES, IN ALL.....1 YES, IN PART.....2 HAS NO ELECTRICAL CONNECTIONS...3	
130	Does your household have:	YES NO	
	A radio with cassette recorder? A black and white television? A color television? A video?	RADIO.....1 2 BLACK AND WHITE TELEVISION.1 2 COLOR TELEVISION.....1 2 VIDEO.....1 2	
131	Does your household have:	YES NO	
	An electric fan? A gas/electric cooking stove? A water heater? A refrigerator? A washing machine? A sewing machine?	ELECTRIC FAN.....1 2 GAS/ELECTRIC COOKING STOVE.1 2 WATER HEATER.....1 2 REFRIGERATOR.....1 2 WASHING MACHINE.....1 2 SEWING MACHINE.....1 2	
132	Do you or any member of your household own:	YES NO	
	A bicycle? A private car/motorcycle? Transport equipment (truck, taxi, van, bus, etc.)? Residential or commercial buildings other than the dwelling unit? Farm or other land? Livestock(donkeys, horses, cows, sheep, etc.)/poultry? Mechanical farm equipment (tractor, etc.)?	BICYCLE.....1 2 CAR/MOTORCYCLE.....1 2 TRANSPORT EQUIPMENT.....1 2 RESIDENTIAL/COMMERCIAL BUILDINGS.....1 2 FARM/OTHER LAND.....1 2 LIVESTOCK/POULTRY.....1 2 FARM IMPLEMENTS.....1 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2 → 206									
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2 → 204									
203	How many sons live with you? And how many daughters live with you?  IF NONE RECORD '00'.	SONS AT HOME..... <table border="1" data-bbox="1263 478 1333 527"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME..... <table border="1" data-bbox="1263 533 1333 581"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2 → 206									
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you?  IF NONE RECORD '00'.	SONS ELSEWHERE..... <table border="1" data-bbox="1263 739 1333 787"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE..... <table border="1" data-bbox="1263 793 1333 842"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	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 → 208									
207	In all, how many boys have died? And how many girls have died?  IF NONE RECORD '00'.	BOYS DEAD..... <table border="1" data-bbox="1263 1050 1333 1098"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD..... <table border="1" data-bbox="1263 1104 1333 1152"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.  IF NONE RECORD '00'.	TOTAL..... <table border="1" data-bbox="1263 1192 1333 1241"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-209 AS NECESSARY										
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → 225										

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. COMPLETE QUESTIONS 213-220 AS APPROPRIATE FOR EACH BIRTH. AFTER COMPLETING ALL BIRTHS, GO TO 221.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF LESS THAN 15 YEARS OF AGE:	220 IF DEAD:
What name was given to your (first,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?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	With whom does he/she live?  IF 15 YEARS OR OLDER, GO TO NEXT BIRTH.	How old was he/she when he/she died?  IF "1 YEAR", 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 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> 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 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/> (GO NEXT BIRTH)
02 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> 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 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/> (GO NEXT BIRTH)
03 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> 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 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/> (GO NEXT BIRTH)
04 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> 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 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/> (GO NEXT BIRTH)
05 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> 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 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/> (GO NEXT BIRTH)
06 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> 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 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/> (GO NEXT BIRTH)

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?	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 YEARS OF AGE: With whom does he/she live?  IF 15 YEARS OR OLDER, GO TO NEXT BIRTH.	IF DEAD: How old was he/she when he/she died?  IF "1 YEAR", PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.

07 (NAME)	SING...1 MULT...2	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 (GO NEXT BIRTH)
08 (NAME)	SING...1 MULT...2	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 (GO NEXT BIRTH)
09 (NAME)	SING...1 MULT...2	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 (GO NEXT BIRTH)
10 (NAME)	SING...1 MULT...2	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 TO 221)	DAYS...1 MONTHS..2 YEARS...3 (GO TO 221)

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

NUMBERS ARE DIFFERENT  (PROBE AND RECONCILE) NUMBERS ARE SAME

↓

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.

FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

FOR BIRTH INTERVALS OF FOUR YEARS OR MORE: PROBE FOR UNREPORTED BIRTHS.

222 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1987. IF NONE, ENTER '0' AND GO TO QUESTION 224.

223 FOR EACH BIRTH SINCE JANUARY 1987, ENTER "B" IN MONTH OF BIRTH IN COLUMN 1 OF CALENDAR AND "P" IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME OF THE CHILD TO THE LEFT OF THE "B" CODE.

224 AT THE BOTTOM OF THE CALENDAR, ENTER NAME AND BIRTH DATE OF THE LAST CHILD BORN PRIOR TO JANUARY 1987, IF APPLICABLE.



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
225	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	228
226	How many months pregnant are you?	MONTHS..... <input type="text"/>	
226A	ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT.		
227	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	
228	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	234
229	When did the last such pregnancy end?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	
230	CHECK 229:  LAST PREGNANCY ENDED SINCE JANUARY 1987 <input type="text"/>	LAST PREGNANCY ENDED BEFORE JANUARY 1987 <input type="text"/>	234
231	How many months pregnant were you when the pregnancy ended?	MONTHS..... <input type="text"/>	
231A	ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.		
232	Did you ever have any other such pregnancies?	YES.....1 NO.....2	234
233	ASK FOR DATES AND DURATIONS OF ANY OTHER PREGNANCIES BACK TO JANUARY 1987. ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
234	When did your last menstrual period start?	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	236
235	How old were you when you had your first menstrual period?	AGE..... <input type="text"/> DON'T KNOW.....98	
236	Between the first day of a period (i.e., menstrual cycle) and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?  PROBE: Are there any days during this time when the woman has a greater chance of becoming pregnant than on other days?	YES.....1 NO.....2 DON'T KNOW.....8	301
237	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?  PROBE: What are the days of each month when the woman should be more careful so as not to get pregnant during them?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 OTHER.....5 (SPECIFY) DON'T KNOW.....8	

**SECTION 3: CONTRACEPTIVE KNOWLEDGE AND USE**

**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   <b>PILL</b> Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02   <b>IUD</b> 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   <b>INJECTIONS</b> 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   <b>NORPLANT</b> Women can have small rods placed in their arm by a doctor which stops them from becoming pregnant for several years.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05   <b>DIAPHRAGM, FOAM, JELLY</b> Women can place a sponge, suppository, 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   <b>CONDOM</b> Men can use a rubber covering during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
07   <b>FEMALE STERILIZATION</b> 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	Do you know a place where a person can have such an operation?  YES.....1 NO.....2
08   <b>MALE STERILIZATION</b> 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

CONTRACEPTIVE METHOD TABLE CONTINUED

	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)?
09] RHYTHM, PERIODIC ABSTINENCE 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 periodic abstinence? YES.....1 NO.....2
10] WITHDRAWAL Men can be careful and pull out before ejaculation.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
11] PROLONGED BREASTFEEDING Women can prolong the time that they breastfeed their babies to delay the next pregnancy.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
12] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  1 _____ (SPECIFY)  2 _____ (SPECIFY)  3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2  YES.....1 NO.....2  YES.....1 NO.....2	

305	CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/>	AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>	→ SKIP TO 309
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306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→ 308
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307	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.	→ 351
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308	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
309	<p>What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?</p>	<p>PILL.....01  IUD.....02  INJECTIONS.....03  NORPLANT.....04  DIAPHRAGM/FOAM/JELLY.....05  CONDOM.....06  FEMALE STERILIZATION.....07  MALE STERILIZATION.....08  PERIODIC ABSTINENCE.....09  WITHDRAWAL.....10  PROLONGED BREASTFEEDING.....11  OTHER.....12  (SPECIFY)</p>	→311
310	<p>Where did you go to get (FIRST METHOD USED) the first time?  WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p>	<p>MINISTRY OF HEALTH FACILITY  URBAN HOSPITAL.....11  URBAN HEALTH UNIT.....12  RURAL HOSPITAL.....13  RURAL HEALTH UNIT.....14  OTHER.....15  OTHER GOVERNMENTAL FACILITY  TEACHING HOSPITAL.....16  HEALTH INSURANCE ORGANIZATION.....17  CURATIVE CARE ORGANIZATION.....18  OTHER.....19  PRIVATE VOLUNTARY ORGANIZATION  EGYPT FAMILY PLANNING ASSOCIATION.....21  CSI PROJECT.....22  OTHER.....23  MEDICAL PRIVATE SECTOR  PRIVATE HOSPITAL/CLINIC.....24  PRIVATE DOCTOR.....25  PHARMACY.....26  OTHER PRIVATE SECTOR  MOSQUE HEALTH UNIT.....31  CHURCH HEALTH UNIT.....32  OTHER VENDOR (SHOP, KIOSK, ETC.).....33  FRIENDS/RELATIVES.....41  OTHER.....42  DON'T KNOW.....98</p>	
311	<p>At the time when you first used, how many living children did you have, if any?</p> <p>IF NONE, RECORD '00' AND SKIP TO 313.</p>	<p>NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/></p>	
312	<p>How many sons did you have? How many daughters?</p> <p>IF NONE RECORD '00'.</p>	<p>SONS..... <input type="text"/> <input type="text"/></p> <p>DAUGHTERS..... <input type="text"/> <input type="text"/></p>	
313	<p>When you first began to use family planning, did you want to have another child but at a later time, or did you not want to have another child at all?</p>	<p>WANTED CHILD LATER.....1  DID NOT WANT ANOTHER CHILD.....2  OTHER.....3  (SPECIFY)</p>	


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
314	CHECK 104:		
	CURRENTLY MARRIED <input type="checkbox"/>	WIDOWED/ DIVORCED <input type="checkbox"/>	→338
	v		
315	CHECK 225:		
	NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→344
	v		
316	CHECK 303:		
	WOMAN NOT STERILIZED <input type="checkbox"/>	WOMAN STERILIZED <input type="checkbox"/>	→318A
	v		
317	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→344
318	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER.....12 (SPECIFY)	→320
318A	CIRCLE '07' FOR FEMALE STERILIZATION.		
319	Why did you decide to use (CURRENT METHOD) rather than some other method of family planning? PROBE: Any other reasons?  RECORD ALL MENTIONED.	RECOMMENDATION OF GOVERNMENT DOCTOR/NURSE.....A RECOMMENDATION OF PRIVATE DOCTOR/NURSE.....B RECOMMENDATION OF FAMILY PLANNING WORKER/RAIDYA.....C RECOMMENDATION OF RELATIVES/FRIENDS.....D SIDE EFFECTS OF OTHER METHODS...E SAW TV SPOT PROMOTING METHOD...F METHOD CONVENIENT TO USE.....G EASILY AVAILABLE.....H COST.....I WANTED PERMANENT METHOD.....J HUSBAND PREFERRED.....K WANTED MORE EFFECTIVE METHOD...L OTHER.....M (SPECIFY) DON'T KNOW.....N	→336
320	Why did you decide to use (CURRENT METHOD) rather than some other method of family planning? PROBE: Any other reasons?  RECORD ALL MENTIONED.	RECOMMENDATION OF GOVERNMENT DOCTOR/NURSE.....A RECOMMENDATION OF PRIVATE DOCTOR/NURSE.....B RECOMMENDATION OF FAMILY PLANNING WORKER/RAIDYA.....C RECOMMENDATION OR RELATIVES/FRIENDS.....D SIDE EFFECTS OF OTHER METHODS...E SAW TV SPOT PROMOTING METHOD...F METHOD CONVENIENT TO USE.....G EASILY AVAILABLE.....H COST.....I WANTED PERMANENT METHOD.....J HUSBAND PREFERRED.....K WANTED MORE EFFECTIVE METHOD...L OTHER.....M (SPECIFY) DON'T KNOW.....N	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
321	<p>CHECK 318:</p> <p>SHE/HE STERILIZED <input type="checkbox"/> → Where did the sterilization take place?</p> <p>USING IUD <input type="checkbox"/> → Where did you have the IUD inserted?</p> <p>USING ANOTHER METHOD <input type="checkbox"/> → Where did you obtain (METHOD) the last time?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p>	<p>MINISTRY OF HEALTH FACILITY</p> <p>URBAN HOSPITAL.....11</p> <p>URBAN HEALTH UNIT.....12</p> <p>RURAL HOSPITAL.....13</p> <p>RURAL HEALTH UNIT.....14</p> <p>OTHER .....15</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL.....16</p> <p>HEALTH INSURANCE ORGANIZATION.....17</p> <p>CURATIVE CARE ORGANIZATION.....18</p> <p>OTHER.....19</p> <p>PRIVATE VOLUNTARY ORGANIZATION</p> <p>EGYPT FAMILY PLANNING ASSOCIATION.....21</p> <p>CSI PROJECT.....22</p> <p>OTHER.....23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....24</p> <p>PRIVATE DOCTOR.....25</p> <p>PHARMACY.....26</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT.....31</p> <p>CHURCH HEALTH UNIT.....32</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.).....33</p> <p>FRIENDS/RELATIVES.....41 → 324</p> <p>OTHER.....42</p> <p>DON'T KNOW.....98 → 326</p>							
322	<p>How long does it take to travel from your home to this place?</p> <p>IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.</p>	<p>MINUTES.....1</p> <table border="1" data-bbox="1149 961 1256 1058"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> </table> <p>HOURS.....2</p> <p>DON'T KNOW.....9998</p>				0			
0									
323	<p>Is it easy or difficult to get there?</p>	<p>EASY.....1</p> <p>DIFFICULT.....2</p>							
324	<p>Why did you decide to obtain your (CURRENT METHOD) from (CURRENT SOURCE IN 321) rather than from some other place? Any other reason?</p> <p>_____</p> <p>(RECORD ALL RESPONSES)</p>	<p>RECOMMENDATION OF GOVERNMENT DOCTOR/NURSE.....A</p> <p>RECOMMENDATION OF PRIVATE DOCTOR/NURSE.....B</p> <p>RECOMMENDATION OF FRIEND/RELATIVE.....C</p> <p>REPUTATION OF SOURCE AS GOOD PROVIDER.....D</p> <p>PREVIOUS EXPERIENCE.....E</p> <p>EASY ACCESS TO SOURCE.....F</p> <p>COST OF SERVICES REASONABLE.....G</p> <p>OTHER _____ H</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....I</p>							
325	<p>Since you obtained the method from (CURRENT SOURCE), have you returned there for follow-up or advice about the method?</p>	<p>YES.....1</p> <p>NO.....2</p>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
326	CHECK 318:  USING IUD <input type="checkbox"/>	USING PILL <input type="checkbox"/>  USING OTHER METHODS <input type="checkbox"/>	333  335																								
327	Did you get the IUD at the place where you had it inserted or did you buy it from somewhere else?	YES, FROM THE SAME PLACE.....1 NO, FROM SOMEWHERE ELSE.....2	331																								
328	From where did you obtain the IUD?  WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.  _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER .....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION.....17 CURATIVE CARE ORGANIZATION....18 OTHER.....19 PRIVATE VOLUNTARY ORGANIZATION EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDOR (SHOP, KIOSK, ETC.).....33 FRIENDS/RELATIVES.....41 OTHER.....42 DON'T KNOW.....98																									
329	How much did it cost to buy the IUD from that place?	COST (IN POUNDS)..... <input type="text"/> <input type="text"/>  FREE.....96 DON'T KNOW.....98																									
330	Would you be willing to pay the following to buy the IUD from this source: (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO, SKIP TO 331.)  5 pounds? 7 pounds? 10 pounds? 15 pounds? 20 pounds? 30 pounds? More than 30 pounds?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>5 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>7 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>10 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>15 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>20 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>30 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MORE THAN 30 POUNDS.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	5 POUNDS.....	1	2	7 POUNDS.....	1	2	10 POUNDS.....	1	2	15 POUNDS.....	1	2	20 POUNDS.....	1	2	30 POUNDS.....	1	2	MORE THAN 30 POUNDS.....	1	2	331
	YES	NO																									
5 POUNDS.....	1	2																									
7 POUNDS.....	1	2																									
10 POUNDS.....	1	2																									
15 POUNDS.....	1	2																									
20 POUNDS.....	1	2																									
30 POUNDS.....	1	2																									
MORE THAN 30 POUNDS.....	1	2																									



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																														
331	How much did it cost to have the IUD inserted (including any extra fee for a physical examination)?	COST (IN POUNDS)..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DON'T KNOW.....998																															
332	Would you be willing to pay the following to have an IUD inserted: (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO, SKIP TO 336. FOR AMOUNT MORE THAN 200 POUNDS, SKIP TO 336 IF YES OR NO.)  5 pounds? 10 pounds? 25 pounds? 50 pounds? 100 pounds? 150 pounds? 200 pounds? More than 200 pounds?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th></th> </tr> </thead> <tbody> <tr> <td>5 POUNDS.....</td> <td>1</td> <td>2</td> <td rowspan="7">} → 336</td> </tr> <tr> <td>10 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>25 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>50 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>100 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>150 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>200 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MORE THAN 200 POUNDS.....</td> <td>1</td> <td>2</td> <td>} → 336</td> </tr> </tbody> </table>		YES	NO		5 POUNDS.....	1	2	} → 336	10 POUNDS.....	1	2	25 POUNDS.....	1	2	50 POUNDS.....	1	2	100 POUNDS.....	1	2	150 POUNDS.....	1	2	200 POUNDS.....	1	2	MORE THAN 200 POUNDS.....	1	2	} → 336	
	YES	NO																															
5 POUNDS.....	1	2	} → 336																														
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150 POUNDS.....	1	2																															
200 POUNDS.....	1	2																															
MORE THAN 200 POUNDS.....	1	2	} → 336																														
333	How much does one cycle of pills cost you?	COST (IN PIASTRES)..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DON'T KNOW.....998																															
334	Would you be willing to pay for a cycle of pills if it cost: (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO, SKIP TO 336. FOR AMOUNT MORE THAN 5 POUNDS, SKIP TO 336 IF YES OR NO.)  50 piastres per cycle? 1 pound per cycle? 2 pounds per cycle? 3 pounds per cycle? 4 pounds per cycle? 5 pounds per cycle? More than 5 pounds per cycle?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th></th> </tr> </thead> <tbody> <tr> <td>50 PIASTRES.....</td> <td>1</td> <td>2</td> <td rowspan="7">} → 336</td> </tr> <tr> <td>1 POUND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>2 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>3 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>4 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>5 POUNDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MORE THAN 5 POUNDS.....</td> <td>1</td> <td>2</td> <td>} → 336</td> </tr> </tbody> </table>		YES	NO		50 PIASTRES.....	1	2	} → 336	1 POUND.....	1	2	2 POUNDS.....	1	2	3 POUNDS.....	1	2	4 POUNDS.....	1	2	5 POUNDS.....	1	2	MORE THAN 5 POUNDS.....	1	2	} → 336				
	YES	NO																															
50 PIASTRES.....	1	2	} → 336																														
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4 POUNDS.....	1	2																															
5 POUNDS.....	1	2																															
MORE THAN 5 POUNDS.....	1	2		} → 336																													
335	How much did it cost to get your method? (IF LESS THAN 1 POUND, RECORD IN PIASTRES.)	COST (IN PIASTRES)..1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  COST (IN POUNDS)...2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....99996 DON'T KNOW.....99998																															
336	Are you having any problems in using (CURRENT METHOD)?	YES.....1 NO.....2 → 338																															
337	What is the main problem?	HUSBAND DISAPPROVES.....01 SIDE EFFECTS/ILLNESS CAUSED BY METHOD.....02 SPOTTING/BLEEDING.....03 PERIOD DID NOT COME.....04 OTHER HEALTH CONCERNS.....05 RAN OUT OF SUPPLIES.....06 ACCESS/AVAILABILITY.....07 COSTS TOO MUCH.....08 FORGET TO TAKE/MISPLACE.....09 INCONVENIENT TO USE.....10 STERILIZED, WANTS CHILDREN.....11 OTHER _____ 12 (SPECIFY) DON'T KNOW.....98																															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
338	CHECK 303 AND 318:  WOMAN OR HUSBAND STERILIZED <input type="checkbox"/>	NEITHER WOMAN OR HUSBAND STERILIZED <input type="checkbox"/>	→ 342
339	In what month and year was the sterilization performed?	MONTH..... YEAR.....	
340	ENTER STERILIZATION METHOD CODE IN MONTH OF INTERVIEW IN COLUMN 1 OF CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION OR TO JANUARY 1987 IF OPERATION OCCURRED BEFORE 1987.		
341	CHECK 339:  STERILIZED BEFORE JANUARY 1987 STERILIZED SINCE JANUARY 1987	<input type="checkbox"/> <input type="checkbox"/>	→ 401 → 344
342	CHECK 104:  CURRENTLY MARRIED <input type="checkbox"/>	WIDOWED/DIVORCED <input type="checkbox"/>	→ 344
343	ENTER METHOD CODE FROM 318 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE.  ILLUSTRATIVE QUESTIONS: - When did you start using this method continuously? - How long have you been using this method continuously?		
344	I would like to ask some questions about all of the (other) periods in the last few years during which you or your husband used a method to avoid getting pregnant.  PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST PERIOD OF USE AND GOING BACK TO JANUARY 1987.  USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.  RECORD PERIODS OF USE AND NONUSE IN COLUMN 1 OF THE CALENDAR. FOR EACH MONTH IN WHICH A METHOD WAS USED, ENTER THE CODE FOR THE METHOD; ENTER "0" IN THOSE MONTHS WHEN NO METHOD WAS USED.  FOR EACH PERIOD OF USE, ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.  FOR EACH PERIOD OF USE, RECORD THE CODE FOR THE REASON FOR DISCONTINUATION IN COLUMN 2 OF THE CALENDAR NEXT TO LAST MONTH OF USE.  NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1.  ILLUSTRATIVE QUESTIONS:  COLUMN 1: -When was the last time you used a method? Which method was that? -When did you start using that method? How long after the birth of (NAME)? -How long did you use the method then?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
344A	<p>COLUMN 2:            -Why did you stop using the (METHOD)?            -Did you become pregnant while using (METHOD), or did you stop to get pregnant, or stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:            "How many months did it take you to get pregnant after you stopped using (METHOD)?            AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>		
345	<p>CHECK CALENDAR:</p> <p>METHOD USED IN MONTH OF JANUARY 1987 <input type="checkbox"/></p> <p>NO METHOD USED IN MONTH OF JANUARY 1987 <input type="checkbox"/></p>		347
346	<p>I see that you were using (METHOD) in January 1987.            When did you start using (METHOD) that time ?</p> <p>THIS DATE SHOULD NOT PRECEDE THE DATE OF BIRTH OF ANY CHILD BORN BEFORE JANUARY 1987.</p>	<p>MONTH.....<input type="text"/><input type="text"/></p> <p>YEAR.....<input type="text"/><input type="text"/></p>	351
347	<p>I see that you were not using any method of contraception in January 1987. Did you ever use a method before that?</p>	<p>YES.....1</p> <p>NO.....2</p>	351
348	<p>CHECK 215:</p> <p>HAD BIRTH BEFORE JANUARY 1987 <input type="checkbox"/></p> <p>NO BIRTH BEFORE JANUARY 1987 <input type="checkbox"/></p>		350
349	<p>Did you use a method between the birth of (NAME OF LAST CHILD BORN BEFORE JANUARY 1987) and January 1987?</p>	<p>YES.....1</p> <p>NO.....2</p>	351
350	<p>When did you stop using a method the last time prior to January 1987?</p> <p>THIS DATE SHOULD NOT PRECEDE THE DATE OF BIRTH OF ANY CHILD BORN BEFORE JANUARY 1987.</p>	<p>MONTH.....<input type="text"/><input type="text"/></p> <p>YEAR.....<input type="text"/><input type="text"/></p>	
351	<p>CHECK 104:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>WIDOWED/DIVORCED <input type="checkbox"/></p>		401
351A	<p>CHECK 318:</p> <p>NOT CURRENTLY USING A METHOD <input type="checkbox"/></p> <p>CURRENTLY USING PERIODIC ABSTINENCE, WITHDRAWAL, OTHER TRADITIONAL METHOD <input type="checkbox"/></p> <p>CURRENTLY USING A MODERN METHOD <input type="checkbox"/></p> <p>(SKIP TO 357)</p>		401
352	<p>Do you intend to use a method to delay or avoid pregnancy at any time in the future?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	354 357

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
353	What is the main reason you do not intend to use a method in the future?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 HUSBAND OPPOSED.....03 COSTS TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY.....14 INCONVENIENT.....15 OTHER _____ 16 (SPECIFY) DON'T KNOW.....98	→357
354	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DON'T KNOW.....8	
355	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 PROLONGED BREASTFEEDING.....11 OTHER _____ 12 (SPECIFY) UNSURE/DON'T KNOW.....98	→357
356	Where can you get (METHOD MENTIONED IN 355)?  WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT WOULD GET THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.  _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER .....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION.....17 CURATIVE CARE ORGANIZATION.....18 OTHER.....19 PRIVATE VOLUNTARY ORGANIZATION EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDDR (SHOP, KIOSK, ETC.).....33 FRIENDS/RELATIVES.....41 OTHER.....42 DON'T KNOW.....98	→359
			→401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
357	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	401						
358	Where is that?  WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT WOULD GET THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.  _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH FACILITY URBAN HOSPITAL.....11 URBAN HEALTH UNIT.....12 RURAL HOSPITAL.....13 RURAL HEALTH UNIT.....14 OTHER .....15 OTHER GOVERNMENTAL FACILITY TEACHING HOSPITAL.....16 HEALTH INSURANCE ORGANIZATION.17 CURATIVE CARE ORGANIZATION....18 OTHER.....19 PRIVATE VOLUNTARY ORGANIZATION EGYPT FAMILY PLANNING ASSOCIATION.....21 CSI PROJECT.....22 OTHER.....23 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....24 PRIVATE DOCTOR.....25 PHARMACY.....26 OTHER PRIVATE SECTOR MOSQUE HEALTH UNIT.....31 CHURCH HEALTH UNIT.....32 OTHER VENDOR (SHOP, KIOSK, ETC.).....33 FRIENDS/RELATIVES.....41 OTHER.....42 DON'T KNOW.....98	401						
359	How long does it take to travel from your home to this place?  IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 HOURS.....2 DON'T KNOW.....9998	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> </table>				0		
0									
360	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2							

SECTION 4: OTHER ISSUES RELATING TO CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	<p>CHECK 303:</p> <p>EVER USED FAMILY PLANNING <input type="checkbox"/></p>	<p>NEVER USED FAMILY PLANNING <input type="checkbox"/></p>	→440
402	<p>CHECK 318:</p> <p>CURRENTLY USING PILL <input type="checkbox"/></p>	<p>NOT CURRENTLY USING PILL <input type="checkbox"/></p>	→416
403	<p>Is this the first time that you have ever used the pill or have you used before?</p>	<p>FIRST TIME USED PILL.....1 USED PILL BEFORE.....2</p>	→405
404	<p>At the time you used the pill for the first time, did you consult a doctor or a nurse before you began using it?</p>	<p>YES.....1 NO.....2</p>	
405	<p>May I see the package of pills you are using now? RECORD NAME OF BRAND.</p>	<p>PACKAGE SEEN.....1 BRAND NAME _____ <input type="checkbox"/><input type="checkbox"/> PACKAGE NOT SEEN.....2</p>	→408
406	<p>COUNT AND RECORD THE TOTAL NUMBER OF PILLS IN THE CYCLE (PACKET) REGARDLESS OF THE PILLS ALREADY TAKEN.</p>	<p>21.....1 28.....2</p>	
407	<p>OBSERVE SEQUENCE IN WHICH PILLS TAKEN FROM CYCLE (PACKET) AND CIRCLE CORRECT CODE.</p>	<p>PILLS MISSING IN SEQUENCE.....1 PILLS MISSING OUT OF SEQUENCE...2 NO PILLS MISSING.....3</p>	→410
408	<p>Do you know the brand name of the pills which you are using now? RECORD NAME OF BRAND.</p>	<p>BRAND NAME _____ <input type="checkbox"/><input type="checkbox"/> DON'T KNOW.....98</p>	
409	<p>Why don't you have a cycle (packet) of pills available?</p>	<p>HAS PERIOD, DOESN'T NEED YET...01 COST TOO MUCH TO BUY CYCLE....02 FORGOT TO BUY NEXT CYCLE.....03 RESTING FROM PILL.....04 MISPLACED/CAN'T FIND.....05 HUSBAND AWAY/ILL.....06 OTHER _____ 07 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
410	At any time in the past month did you fail to take a pill for <u>more than one day</u> for any reason?	YES.....1 NO.....2	→412
411	What was the main reason you stopped taking the pill?	SIDE EFFECTS/ILLNESS.....01 SPOTTING/BLEEDING.....02 PERIOD DID NOT COME.....03 RAN OUT OF PILLS.....04 HUSBAND AWAY.....05 FORGOT TO TAKE/MISPLACED.....06 OTHER _____ 07 (SPECIFY)	
412	Just about everyone misses taking the pill sometime. What do you do when you forget to take two or more pills?	START TAKING AGAIN AS USUAL....01 TAKE EXTRA/MISSED PILLS.....02 USE ANOTHER METHOD.....03 TAKE EXTRA PILL AND USE ANOTHER METHOD.....04 OTHER _____ 05 (SPECIFY) NEVER FORGOT.....06	
413	CHECK 321: CURRENT SOURCE: <input type="checkbox"/> ALL OTHER SOURCES <input type="checkbox"/> PHARMACY		→417A
414	Do you usually obtain the pill yourself? IF NO: Who obtains the method usually?	RESPONDENT HERSELF.....1 HUSBAND.....2 OTHER _____ 3 (SPECIFY)	→419
415	Since you began using the pill this time, have you have you yourself ever gone to a pharmacy to obtain the method?	YES.....1 NO.....2	→419 →422
416	CHECK 303: EVER USED PILL <input type="checkbox"/> NEVER USED PILL <input type="checkbox"/>		→431
417	Now I would like to ask some questions about the last time that you used the pill. During that time, did you yourself ever go to a pharmacy to obtain the pill?	YES.....1 NO.....2	→419
417A	Since you began using the pill this time, have you yourself ever gone to a pharmacy to obtain the pill?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
418	<p>Did anyone else obtain the pill for you at a pharmacy?</p> <p>IF YES: Who obtained the pill for you from a pharmacy?</p>	<p>HUSBAND.....1</p> <p>OTHER.....2</p> <p>(SPECIFY)</p> <p>NO ONE ELSE.....3</p> <p>NEVER OBTAINED FROM PHARMACY....4</p>	→422
419	<p>Now I would like to talk with you about the service which you received at the pharmacy. Did the anyone at the pharmacy tell or show you how to use the pill?</p>	<p>YES.....1</p> <p>NO.....2</p>	
420	<p>Did anyone at the pharmacy describe side effects or other problems which you might have while using the the pill?</p>	<p>YES.....1</p> <p>NO.....2</p>	
421	<p>Did anyone at the pharmacy ever tell you about other family planning methods which you might use?</p>	<p>YES.....1</p> <p>NO.....2</p>	
422	<p>When you began to use the pill (this/that) time, did you consult a doctor or a nurse?</p>	<p>YES.....1</p> <p>NO.....2</p>	→431
423	<p>Where did you go for this consultation?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p>	<p>MINISTRY OF HEALTH FACILITY</p> <p>URBAN HOSPITAL.....11</p> <p>URBAN HEALTH UNIT.....12</p> <p>RURAL HOSPITAL.....13</p> <p>RURAL HEALTH UNIT.....14</p> <p>OTHER.....15</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL.....16</p> <p>HEALTH INSURANCE ORGANIZATION.17</p> <p>CURATIVE CARE ORGANIZATION....18</p> <p>OTHER.....19</p> <p>PRIVATE VOLUNTARY ORGANIZATION</p> <p>EGYPT FAMILY PLANNING</p> <p>ASSOCIATION.....21</p> <p>CSI PROJECT.....22</p> <p>OTHER.....23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....24</p> <p>PRIVATE DOCTOR.....25</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT.....31</p> <p>CHURCH HEALTH UNIT.....32</p> <p>OTHER.....42</p> <p>DON'T KNOW.....98</p>	→431



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
424	Now I would like to talk with you about the service which you received at (SOURCE IN 423). Did you think that the wait for services was too long?	YES.....1 NO.....2	
425	Were you given a physical examination? IF YES: Was the doctor male or female?	EXAMINED BY MALE DOCTOR.....1 EXAMINED BY FEMALE DOCTOR.....2 NOT EXAMINED.....3	
426	How much did it cost for the consultation (including any extra fee for a physical examination)? IF LESS THAN ONE POUND, RECORD '000'.	COST (IN POUNDS)..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DON'T KNOW.....998	
427	In addition to the pill, were you told about other methods?	YES.....1 NO.....2	
428	Were you told how to use the pill?	YES.....1 NO.....2	
429	Were you told about problems or side effects which you might experience in using the pill?	YES.....1 NO.....2	
430	After you began using the pill, did you return to (SOURCE IN 423) for consultation or follow-up?	YES.....1 NO.....2	

431	CHECK 318:	NOT CURRENTLY USING IUD	<input type="checkbox"/>	CURRENTLY USING IUD	<input type="checkbox"/>	→433A
			↓			
432	CHECK 303 (IUD):	EVER USED IUD	<input type="checkbox"/>	NEVER USED IUD	<input type="checkbox"/>	→440
			↓			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
433	<p>Now I would like to ask some questions about the last time that you used the IUD. Where did you obtain the IUD?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(NAME AND ADDRESS OF PLACE)</p>	<p>MINISTRY OF HEALTH FACILITY</p> <p>URBAN HOSPITAL.....11</p> <p>URBAN HEALTH UNIT.....12</p> <p>RURAL HOSPITAL.....13</p> <p>RURAL HEALTH UNIT.....14</p> <p>OTHER.....15</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL.....16</p> <p>HEALTH INSURANCE ORGANIZATION.....17</p> <p>CURATIVE CARE ORGANIZATION.....18</p> <p>OTHER.....19</p> <p>PRIVATE VOLUNTARY ORGANIZATION</p> <p>EGYPT FAMILY PLANNING ASSOCIATION.....21</p> <p>CSI PROJECT.....22</p> <p>OTHER.....23</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....24</p> <p>PRIVATE DOCTOR.....25</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT.....31</p> <p>CHURCH HEALTH UNIT.....32</p> <p>OTHER.....42</p> <p>DON'T KNOW.....98</p>	→440
433A	<p>CHECK 321 AND CIRCLE THE CODE FOR THE SOURCE AT WHICH THE CURRENT USER HAD THE IUD INSERTED.</p>		
434	<p>Now I would like to talk with you about the service which you received at (SOURCE IN 432). Did you think that the wait for services was too long?</p>	<p>YES.....1</p> <p>NO.....2</p>	
435	<p>Were you given a physical examination? IF YES: Was the doctor male or female?</p>	<p>EXAMINED BY MALE DOCTOR.....1</p> <p>EXAMINED BY FEMALE DOCTOR.....2</p> <p>NOT EXAMINED.....3</p>	
436	<p>In addition to the IUD, were you told about other methods?</p>	<p>YES.....1</p> <p>NO.....2</p>	
437	<p>Were you told how to be sure that the IUD was in place?</p>	<p>YES.....1</p> <p>NO.....2</p>	
438	<p>Were you told about problems or side effects which you might experience in using the IUD?</p>	<p>YES.....1</p> <p>NO.....2</p>	
439	<p>After you began using the IUD, did you return to (SOURCE IN 432) for consultation or follow-up?</p>	<p>YES.....1</p> <p>NO.....2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
440	<p>There are many factors which help to influence the decision to use family planning. Can you tell me if any of the following ever caused you to seek more information about family planning?</p> <p>Advice from friends/relatives?            Informational spots on television?            Advice from government doctor/clinic staff?            Advice from private doctor/clinic staff?            Advice from raiyda or other family planning extension worker?            A community activity (e.g., a meeting)?            Other _____?            (SPECIFY)</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>FRIEND/RELATIVES.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TV SPOTS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>GOVERNMENT DOCTOR/CLINIC....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PRIVATE DOCTOR/CLINIC.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>RAIYDA/OTHER FP WORKER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COMMUNITY ACTIVITY.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	FRIEND/RELATIVES.....	1	2	TV SPOTS.....	1	2	GOVERNMENT DOCTOR/CLINIC....	1	2	PRIVATE DOCTOR/CLINIC.....	1	2	RAIYDA/OTHER FP WORKER.....	1	2	COMMUNITY ACTIVITY.....	1	2	OTHER.....	1	2	
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441	How did you first hear about family planning?	<table border="0"> <tr> <td>TELEVISION.....</td> <td style="text-align: right;">.01</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: right;">.02</td> </tr> <tr> <td>PRINT MEDIA.....</td> <td style="text-align: right;">.03</td> </tr> <tr> <td>HUSBAND.....</td> <td style="text-align: right;">.04</td> </tr> <tr> <td>OTHER RELATIVES OR FRIENDS.....</td> <td style="text-align: right;">.05</td> </tr> <tr> <td>GOVERNMENT DOCTOR/CLINIC STAFF.....</td> <td style="text-align: right;">.06</td> </tr> <tr> <td>PRIVATE DOCTOR/CLINIC STAFF....</td> <td style="text-align: right;">.07</td> </tr> <tr> <td>RAIYDA/OTHER FP WORKER.....</td> <td style="text-align: right;">.08</td> </tr> <tr> <td>COMMUNITY MEETING.....</td> <td style="text-align: right;">.09</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">10</td> </tr> </table> <p style="text-align: center;">(SPECIFY)</p>	TELEVISION.....	.01	RADIO.....	.02	PRINT MEDIA.....	.03	HUSBAND.....	.04	OTHER RELATIVES OR FRIENDS.....	.05	GOVERNMENT DOCTOR/CLINIC STAFF.....	.06	PRIVATE DOCTOR/CLINIC STAFF....	.07	RAIYDA/OTHER FP WORKER.....	.08	COMMUNITY MEETING.....	.09	OTHER _____	10					
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442	<p>In the last month, have you heard a message about family planning on:</p> <p>the radio?            television?</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2																
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443	<p>CHECK 105, 107 AND 110:</p> <table border="0" style="width: 100%;"> <tr> <td style="text-align: center;">ATTENDED PREPARATORY OR HIGHER LEVEL</td> <td style="text-align: center;">ABLE TO READ</td> <td style="text-align: center;">NOT ABLE TO READ</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="text-align: center;">v</td> <td style="text-align: center;">v</td> <td style="text-align: center;">→ 445</td> </tr> </table>	ATTENDED PREPARATORY OR HIGHER LEVEL	ABLE TO READ	NOT ABLE TO READ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	v	v	→ 445																	
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444	In the last month have you read an article about family planning in a newspaper or magazine?	<table border="0"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> </table>	YES.....	1	NO.....	2																					
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445	<p>There are many spots or messages regarding family planning on television. Can you tell me about the spots or messages which you have found most informative or helpful for you?</p> <p>RECORD THE RESPONSE IN DETAIL. IF THE ANSWER IS A SERIES (E.G., KAREEMA MUHKAR OR THE DOCTOR), PROBE TO FIND OUT WHICH SPECIFIC SPOTS IN THE SERIES WERE MOST HELPFUL OR INFORMATIVE. RECORD UP TO THREE SPOTS.</p>	<table border="0"> <tr> <td>_____</td> <td style="text-align: right;">1</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>_____</td> <td style="text-align: right;">2</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>_____</td> <td style="text-align: right;">3</td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> <td style="border: 1px solid black; width: 30px; height: 20px;"></td> </tr> <tr> <td>NEVER SAW FP MESSAGES.....</td> <td style="text-align: right;">997</td> <td></td> <td></td> </tr> </table>	_____	1			_____	2			_____	3			NEVER SAW FP MESSAGES.....	997											
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446	In the past year, have you ever attended a community meeting or talk in which there was discussion about family planning or Egypt's population problem?	<table border="0"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> </table>	YES.....	1	NO.....	2																					
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																												
447	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOESN'T KNOW/UNDECIDED.....8																													
448	If couples wish to avoid pregnancy, do you approve or disapprove of their using:	<table border="1"> <thead> <tr> <th></th> <th>APPR</th> <th>DISAPPR</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>the condom?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>the IUD?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>female sterilization?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>withdrawal?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>male sterilization?</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>the pill?</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		APPR	DISAPPR	DK	the condom?	1	2	8	the IUD?	1	2	8	female sterilization?	1	2	8	withdrawal?	1	2	8	male sterilization?	1	2	8	the pill?	1	2	8	
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449	In general do you think that your religion allows couples to use family planning or it forbids it?	ALLOWS.....1 FORBIDS.....2 DOESN'T KNOW.....8																													
450	Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOESN'T KNOW/UNDECIDED.....8																													

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	<p>CHECK 104:</p> <p>CURRENTLY MARRIED <input type="checkbox"/>      DIVORCED/WIDOWED <input type="checkbox"/></p>		509
502	<p>CHECK 318:</p> <p>NEITHER STERILIZED <input type="checkbox"/>      SHE OR HE STERILIZED <input type="checkbox"/></p>		507
503	<p>CHECK 225:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/>      PREGNANT <input type="checkbox"/></p> <p>↓      ↓</p> <p>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?</p> <p>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?</p>	<p>HAVE A (ANOTHER) CHILD.....1</p> <p>NO MORE/NONE.....2</p> <p>SAYS SHE CAN'T GET PREGNANT....3</p> <p>UNDECIDED OR DON'T KNOW.....8</p>	507
504	<p>CHECK 225:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/>      PREGNANT <input type="checkbox"/></p> <p>↓      ↓</p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>How long would you like to wait after the birth of the child you are expecting before the birth of another child?</p>	<p>MONTHS.....1</p> <p>YEARS.....2</p> <p>SOON/NOW.....994</p> <p>SAYS SHE CAN'T GET PREGNANT...995</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW.....998</p>	507
505	<p>CHECK 203, 205 AND 225</p> <p>HAS LIVING CHILD(REN) OR PREGNANT?      YES <input type="checkbox"/>      NO <input type="checkbox"/></p>		507
506	<p>CHECK 225:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/>      PREGNANT <input type="checkbox"/></p> <p>↓      ↓</p> <p>How old would you like your youngest child to be when your next child is born?</p> <p>How old would you like the child you are expecting to be when your next child is born?</p>	<p>AGE OF CHILD YEARS.....</p> <p>DON'T KNOW.....98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO		
507	Have you and your husband ever discussed the number of children you would like to have?	YES.....1 NO.....2			
508	Do you think your husband wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8			
509	<p>CHECK 203 and 205:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>HAS LIVING CHILD(REN) <input type="checkbox"/></p> <p>↓</p> <p>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> </td> <td style="width: 50%; vertical-align: top;"> <p>NO LIVING CHILD(REN) <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </td> </tr> </table> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>HAS LIVING CHILD(REN) <input type="checkbox"/></p> <p>↓</p> <p>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>NO LIVING CHILD(REN) <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NUMBER..... <input type="text"/></p> <p>OTHER ANSWER _____ 96 (SPECIFY)</p> <p>DON'T KNOW.....98</p>	→511
<p>HAS LIVING CHILD(REN) <input type="checkbox"/></p> <p>↓</p> <p>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>NO LIVING CHILD(REN) <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>				
510	How many boys and how many girls?	<p>BOYS..... <input type="text"/></p> <p>GIRLS..... <input type="text"/></p> <p>OTHER ANSWER _____ 96 (SPECIFY)</p> <p>DON'T KNOW.....98</p>			
511	When a couple is making a decision, sometimes the husband has more influence, in some cases, the wife has more influence, while other decisions are made jointly. In your family, who has (had) the most influence in deciding whether or not to have another --you or your husband--or do (did) you have equal say?	<p>RESPONDENT HAS MORE INFLUENCE...1 BOTH HUSBAND AND REPODENT EQUAL.....2 HUSBAND HAS MORE INFLUENCE.....3 OTHER _____ 4 (SPECIFY)</p>			
512	What do you think is the best number of months or years between the birth of one child and the birth of the next child?	<p>MONTHS.....1 <input type="text"/></p> <p>YEARS.....2 <input type="text"/></p> <p>OTHER _____ 996 (SPECIFY)</p>			
513	Do you expect your children (if you would have any) to help you financially when you get old?	<p>YES.....1 NO.....2 NOT SURE/DOESN'T KNOW.....8</p>			
514	What is the highest level of school you would like for your daughter(s) to attain?	<p>PRIMARY.....01 PREPARATORY.....02 SECONDARY.....03 UPPER INTERMEDIATE.....04 UNIVERSITY.....05 MORE THAN UNIVERSITY.....06 DEPENDS ON CHILD.....95 NO ASPIRATIONS FOR EDUCATION...96 DON'T KNOW.....98</p>			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																								
515	What is the highest level of school you would like for your son(s) to attain?	PRIMARY.....01 PREPARATORY.....02 SECONDARY.....03 UPPER INTERMEDIATE.....04 UNIVERSITY.....05 MORE THAN UNIVERSITY.....06 DEPENDS ON CHILD.....95 NO ASPIRATIONS FOR EDUCATION...96 DON'T KNOW.....98																																									
516	Does (did) your husband allow you to go out alone (or with your children) to buy household items or visit relatives?	YES, ALONE.....1 YES, WITH CHILDREN.....2 NOT ALLOWED TO GO OUT.....3 OTHER _____ 4 (SPECIFY)																																									
517	In general, if a wife disagrees with her husband, do you think she should express her opinion or keep quiet?	EXPRESS OPINION.....1 KEEP QUIET.....2 NOT SURE/DON'T KNOW.....8																																									
518	Some say that a woman's place is not only at home but she should be able to work. Do you agree?	AGREE.....1 DISAGREE.....2 NOT SURE/DON'T KNOW.....8																																									
519	Who should have the last word on the following--the husband, the wife, both, or someone else?	<table border="0"> <thead> <tr> <th></th> <th>HUSB</th> <th>WIFE</th> <th>BOTH</th> <th>OTHER</th> </tr> </thead> <tbody> <tr> <td>Visits to friends or relatives?</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>Household budget?</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>Having another child?</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>Children's education?</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>Children's marriage plans?</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>Use of family planning methods?</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> <tr> <td>Wife's employment?</td> <td>2</td> <td>3</td> <td>4</td> <td></td> </tr> </tbody> </table>		HUSB	WIFE	BOTH	OTHER	Visits to friends or relatives?	2	3	4		Household budget?	2	3	4		Having another child?	2	3	4		Children's education?	2	3	4		Children's marriage plans?	2	3	4		Use of family planning methods?	2	3	4		Wife's employment?	2	3	4		
	HUSB	WIFE	BOTH	OTHER																																							
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Use of family planning methods?	2	3	4																																								
Wife's employment?	2	3	4																																								

5-3

**SECTION 6. PREGNANCY AND BREASTFEEDING**

601	CHECK 222: ONE OR MORE BIRTHS SINCE JANUARY 1987	<input type="checkbox"/>	NO BIRTHS SINCE JANUARY 1987	<input type="checkbox"/>	(SKIP TO 644)
602 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1987 IN THE TABLE. BEGIN WITH THE LAST BIRTH AND RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).  Now I would like to ask you some more questions about the health of all your children born in the past five years. (We will talk about one child at a time.)					
LINE NUMBER FROM Q. 212		<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	
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"/>	
603	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?	THEN.....1 (SKIP TO 605) ←	THEN.....1 (SKIP TO 605) ←	THEN.....1 (SKIP TO 605) ←	
		LATER.....2	LATER.....2	LATER.....2	
		NO MORE.....3 (SKIP TO 605) ←	NO MORE.....3 (SKIP TO 605) ←	NO MORE.....3 (SKIP TO 605) ←	
604	How much longer would you like to have waited?	MONTHS.....1 <input style="width: 20px; height: 20px;" type="text"/> YEARS.....2 <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW.....998	MONTHS.....1 <input style="width: 20px; height: 20px;" type="text"/> YEARS.....2 <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW.....998	MONTHS.....1 <input style="width: 20px; height: 20px;" type="text"/> YEARS.....2 <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW.....998	
605	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C OTHER.....D (SPECIFY) NO ONE.....E (SKIP TO 609) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C OTHER.....D (SPECIFY) NO ONE.....E (SKIP TO 609) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C OTHER.....D (SPECIFY) NO ONE.....E (SKIP TO 609) ←	
606	Where did you receive this antenatal care?	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PVT. DOCTOR.....D OTHER.....E (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PVT. DOCTOR.....D OTHER.....E (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PVT. DOCTOR.....D OTHER.....E (SPECIFY)	
607	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW.....98	MONTHS..... <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW.....98	MONTHS..... <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW.....98	

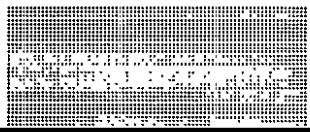

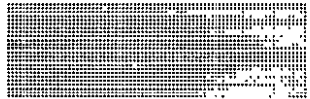



	NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST BIRTH
608	How many antenatal visits did you have during this pregnancy? NO. OF VISITS..... <input type="text"/> DON'T KNOW.....98	NO. OF VISITS..... <input type="text"/> DON'T KNOW.....98	NO. OF VISITS..... <input type="text"/> DON'T KNOW.....98
609	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? YES.....1 NO.....2 (SKIP TO 611)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 611)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 611)← DON'T KNOW.....8
610	During this pregnancy how many times did you get this injection? TIMES..... <input type="text"/> DON'T KNOW.....8	TIMES..... <input type="text"/> DON'T KNOW.....8	TIMES..... <input type="text"/> DON'T KNOW.....8
611	Where did you give birth to (NAME)? HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH UNIT.....22 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)
612	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C RELATIVES/FRIENDS.....D OTHER.....E (SPECIFY) NO ONE.....F	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C RELATIVES/FRIENDS.....D OTHER.....E (SPECIFY) NO ONE.....F	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....C RELATIVES/FRIENDS.....D OTHER.....E (SPECIFY) NO ONE.....F
613	Was (NAME) born on time or prematurely? ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8	ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8	ON TIME.....1 PREMATURELY.....2 DON'T KNOW.....8
614	Was (NAME) delivered by caesarian section? YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
615	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small? VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE...4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE...4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE...2 AVERAGE.....3 SMALLER THAN AVERAGE...4 VERY SMALL.....5 DON'T KNOW.....8

		NAME LAST BIRTH	NAME NEXT-TO-LAST BIRTH	NAME SECOND-FROM-LAST BIRTH
616	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 618)←	YES.....1 NO.....2 (SKIP TO 620)←	YES.....1 NO.....2 (SKIP TO 620)←
617	How much did (NAME) weigh?	KILOGRAMS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
618	Has your period returned since the birth of (NAME)?	YES .....1 (SKIP TO 620)← NO.....2		
619	ENTER "X" IN COL.3 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH (OR TO CURRENT PREGNANCY) (SKIP TO 621)			
620	For how many months after the birth of (NAME) did you <u>not</u> have a period?	ENTER "X" IN COL.3 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD, STARTING IN THE MONTH AFTER BIRTH.  IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "0" IN COL.3 IN MONTH AFTER BIRTH.		
621	CHECK 225: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/>	PREGNANT OR UNSURE <input type="checkbox"/>	(SKIP TO 624)
622	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 (SKIP TO 624)← NO.....2		
623	ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH. (SKIP TO 625)			
624	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	ENTER "X" IN COL.4 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT SEXUAL RELATIONS, STARTING IN THE MONTH AFTER BIRTH.  IF LESS THAN ONE MONTH WITHOUT SEXUAL RELATIONS, ENTER "0" IN COL.4 OF CALENDAR IN THE MONTH AFTER BIRTH.		
625	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 628)← NO.....2	YES.....1 (SKIP TO 636)← NO.....2	YES.....1 (SKIP TO 636)← NO.....2
626	ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH			

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
627	Why did you not breastfeed (NAME)?  MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER _____ 08 (SPECIFY) (SKIP TO 638)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER _____ 08 (SPECIFY) (SKIP TO 638)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER _____ 08 (SPECIFY) (SKIP TO 638)←
628	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.  IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>		
629	CHECK 216: CHILD ALIVE?  ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 636)		
630	Are you still breast-feeding (NAME)?  YES.....1 NO.....2 (SKIP TO 636)←		
631	ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH.		
632	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER  NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>		
633	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER  NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>		

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH
634	At any time yesterday or last night was (NAME) given any of the following?:					
	Plain water?	PLAIN WATER.....1	YES	NO		
	Sugar water?	SUGAR WATER.....1				
	Juice?	JUICE.....1				
	Herbal tea?	HERBAL TEA.....1				
	Baby formula?	BABY FORMULA.....1				
	Fresh milk?	FRESH MILK.....1				
	Tinned or powdered milk?	TINNED/POWDERED MILK.1				
	Other liquids?	OTHER LIQUIDS.....1				
	Any mushy or solid food?	MUSHY/SOLID FOOD.....1				
635	CHECK 634: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 640)		"NO" TO ALL <input type="checkbox"/> ↓ (SKIP TO 639)		
636	For how many months did you breastfeed (NAME)?	ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH.  IF BREASTFED LESS THAN ONE MONTH, ENTER "0" IN COL.5 IN MONTH AFTER BIRTH.				
637	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
638	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓          ↓ (SKIP TO 640)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓          ↓ (SKIP TO 640)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓          ↓ (SKIP TO 640)
639	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 643) ←	YES.....1 NO.....2 (SKIP TO 643) ←	YES.....1 NO.....2 (SKIP TO 643) ←
640	How many months old was (NAME) when you started giving the following on a regular basis?:  Formula or milk other than breastmilk?  Plain water?  Other liquids?  Any mushy or solid food?  IF LESS THAN 1 MONTH, RECORD '00'.	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  (SKIP TO 643)	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  (SKIP TO 643)
641	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓          ↓ (SKIP TO 643)		
642	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8		
643	GO BACK TO 603 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 644.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
644	CHECK 215: ANY BIRTH IN 1984, 1985, OR 1986?	NO <input type="checkbox"/>	→649
	YES <input type="checkbox"/> ↓ NAME OF LAST BIRTH PRIOR TO JANUARY 1987: (NAME) _____		
645	Did you ever feed (NAME) at the breast?	YES.....1	
		NO.....2	→647
646	How many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/>	
647	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/>	
		DID NOT RETURN.....96	
648	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/>	
		NOT RESUMED.....96	
649	What should be the first food or liquid a baby gets after birth?	BREAST MILK/COLOSTRUM.....1 SUGAR WATER.....2 INFANT FORMULA.....3 HONEY.....4 HERBAL TEA.....5 OTHER.....6 (SPECIFY) _____	
650	What health problems might be caused by bottlefeeding? RECORD ALL MENTIONED.	UNSANITARY WATER USED TO MIX FORMULA.....A FORMULA DILUTED SO BABY NOT ADEQUATELY NOURISHED.....B COLIC.....C DIARRHEA.....D POOR WEIGHT GAIN.....E TOOTH DECAY.....F OTHER.....G (SPECIFY) _____ NONE/DON'T KNOW.....H	
651	How old should an infant before he/she is first given other foods or liquids in addition to breastmilk?	MONTHS..... <input type="text"/>	
		DON'T KNOW.....98	
652	CHECK 222:		
	ONE OR MORE BIRTHS SINCE JANUARY 1987 <input type="checkbox"/> ↓	NO BIRTHS SINCE JANUARY 1987 <input type="checkbox"/>	→741

**SECTION 7. IMMUNIZATION AND HEALTH**

**701** ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1987 IN THE TABLE. BEGIN WITH THE LAST BIRTH. RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

LINE NUMBER FROM Q. 212	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
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	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"/>
--	--	--	--

<p><b>702</b> Do you have a birth certificate where (NAME'S) vaccinations are written down? IF YES: May I see it, please?</p>	<p>YES, SEEN.....1 (SKIP TO 704)←</p> <p>YES, NOT SEEN.....2 (SKIP TO 706)←</p> <p>NO CARD.....3</p>	<p>YES, SEEN.....1 (SKIP TO 704)←</p> <p>YES, NOT SEEN.....2 (SKIP TO 706)←</p> <p>NO CARD.....3</p>	<p>YES, SEEN.....1 (SKIP TO 704)←</p> <p>YES, NOT SEEN.....2 (SKIP TO 706)←</p> <p>NO CARD.....3</p>
---	--	--	--

<p><b>703</b> Did you ever have a vaccination certificate for (NAME)?</p>	<p>YES.....1 (SKIP TO 706)←</p> <p>NO.....2</p>	<p>YES.....1 (SKIP TO 706)←</p> <p>NO.....2</p>	<p>YES.....1 (SKIP TO 706)←</p> <p>NO.....2</p>
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<p><b>704</b> (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CERTIFICATE.  (2) WRITE '44' IN 'DAY' COLUMN IF CERTIFICATE SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.</p>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="3">DAY</th><th>MO</th><th>YR</th></tr> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td><td></td></tr> </table>	DAY			MO	YR	BCG					P1					P2					P3					D1					D2					D3					MEA					H1					H2					H3					<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="3">DAY</th><th>MO</th><th>YR</th></tr> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td><td></td></tr> </table>	DAY			MO	YR	BCG					P1					P2					P3					D1					D2					D3					MEA					H1					H2					H3					<table border="1" style="width:100%; border-collapse: collapse;"> <tr><th colspan="3">DAY</th><th>MO</th><th>YR</th></tr> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td><td></td></tr> </table>	DAY			MO	YR	BCG					P1					P2					P3					D1					D2					D3					MEA					H1					H2					H3				
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<p><b>705</b> Has (NAME) received any vaccinations that are not recorded on this certificate?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3, HEPATITIS 1-3 AND/OR MEASLES VACCINE(S).</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 704) ←</p> <p>NO.....2 DON'T KNOW.....8 (SKIP TO 708) ←</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 704) ←</p> <p>NO.....2 DON'T KNOW.....8 (SKIP TO 708) ←</p>	<p>YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 704) ←</p> <p>NO.....2 DON'T KNOW.....8 (SKIP TO 708) ←</p>
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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706	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 708)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 708)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 708)← DON'T KNOW.....8
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707	Please tell me if (NAME) (has) received any of the following vaccinations:			
	A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
	A DPT injection?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
	An injection against measles at nine months?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	An injection against hepatitis?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>

708	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 710)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 710)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 710)
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709 GO BACK TO 702 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 740.

710	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
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711	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 715)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 715)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 715)← DON'T KNOW.....8
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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
712	Has (NAME) been ill with a cough in the last 24 hours?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
713	For how many days (has the cough lasted/did the cough last)? IF LESS THAN 1 DAY, RECORD '00'	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
714	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
715	CHECK 710 AND 711: FEVER OR COUGH?	"YES" IN EITHER 710 OR 711 <input type="checkbox"/> YES <input type="checkbox"/> OTHER (SKIP TO 720)	"YES" IN EITHER 710 OR 711 <input type="checkbox"/> YES <input type="checkbox"/> OTHER (SKIP TO 720)	"YES" IN EITHER 710 OR 711 <input type="checkbox"/> YES <input type="checkbox"/> OTHER (SKIP TO 720)
716	Was anything given to treat the fever/cough?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 718) ←	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 718) ←	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 718) ←
717	What was given to treat the fever/cough? Anything else? RECORD ALL MENTIONED.	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B COUGH SYRUP.....C OTHER PILL OR SYRUP.....D UNKNOWN PILL OR SYRUP.....E HOME REMEDY/ HERBAL MEDICINE.....F OTHER.....G (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B COUGH SYRUP.....C OTHER PILL OR SYRUP.....D UNKNOWN PILL OR SYRUP.....E HOME REMEDY/ HERBAL MEDICINE.....F OTHER.....G (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B COUGH SYRUP.....C OTHER PILL OR SYRUP.....D UNKNOWN PILL OR SYRUP.....E HOME REMEDY/ HERBAL MEDICINE.....F OTHER.....G (SPECIFY)
718	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 720) ←	YES.....1 NO.....2 (SKIP TO 720) ←	YES.....1 NO.....2 (SKIP TO 720) ←
719	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
720	Has (NAME) had diarrhea in the last two weeks?	YES.....1 (SKIP TO 722)← NO.....2 DON'T KNOW.....8	YES.....1 (SKIP TO 722)← NO.....2 DON'T KNOW.....8	YES.....1 (SKIP TO 722)← NO.....2 DON'T KNOW.....8
721	GO BACK TO 702 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 740.			
722	Has (NAME) had diarrhea in the last 24 hours?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
723	For how many days (has the diarrhea lasted/did the diarrhea last)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
724	Was there any blood in the stools?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 728)	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 728)
725	CHECK 625/630: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ (SKIP TO 728)		
726	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 728)←		
727	Did you <u>increase</u> the number of breastfeeds or <u>reduce</u> them, or did you <u>stop completely</u> ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		
728	(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 GIVEN BREASTMILK ONLY....4 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 GIVEN BREASTMILK ONLY....4 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 GIVEN BREASTMILK ONLY....4 DON'T KNOW.....8
729	Was anything given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 731)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 731)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 731)← DON'T KNOW.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____			
730	What was given to treat the diarrhea?  Anything else?  RECORD ALL MENTIONED.	MAHLOUL MOALGET EL-GAFFEF.....A HOMEMADE SUGAR, SALT AND WATER SOLUTION.....B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	MAHLOUL MOALGET EL-GAFFEF.....A HOMEMADE SUGAR, SALT AND WATER SOLUTION.....B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	MAHLOUL MOALGET EL-GAFFEF.....A HOMEMADE SUGAR, SALT AND WATER SOLUTION.....B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)			
731	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 733)←	YES.....1 NO.....2 (SKIP TO 733)←	YES.....1 NO.....2 (SKIP TO 733)←			
732	Where did you seek advice or treatment?  Anywhere else?  RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH UNIT.....B MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....C PRIVATE DOCTOR.....D PHARMACY.....E OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER.....F RELATIVES/FRIENDS.....G OTHER.....H (SPECIFY)			
733	CHECK 730:  MAHLOUL MOALGET EL-GAFFEF MENTIONED?	NO, MAHLOUL EL-GAFFEF NOT MENTIONED <input type="checkbox"/> ↓	YES, MAHLOUL EL-GAFFEF MENTIONED <input type="checkbox"/> ↓ (SKIP TO 735)	NO, MAHLOUL EL-GAFFEF NOT MENTIONED <input type="checkbox"/> ↓	YES, MAHLOUL EL-GAFFEF MENTIONED <input type="checkbox"/> ↓ (SKIP TO 735)	NO, MAHLOUL EL-GAFFEF NOT MENTIONED <input type="checkbox"/> ↓	YES, MAHLOUL EL-GAFFEF MENTIONED <input type="checkbox"/> ↓ (SKIP TO 735)
734	Was (NAME) given mahloul moalget el-gaffef when he/she had the diarrhea?	YES.....1 NO.....2 (SKIP TO 736)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 736)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 736)← DON'T KNOW.....8			
735	For how many days was (NAME) given mahloul moalget el-gaffef?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
736	CHECK 730:  HOMEMADE SUGAR, SALT AND WATER SOLUTION MENTIONED?	NO, HOME SOL'N NOT MENTIONED <input type="checkbox"/> ↓ (SKIP TO 738)	YES, HOME SOL'N MENTIONED <input type="checkbox"/> ↓ (SKIP TO 738)	NO, HOME SOL'N NOT MENTIONED <input type="checkbox"/> ↓ (SKIP TO 738)
737	Was (NAME) given a solution made from sugar, salt and water when he/she had the diarrhea?	YES.....1 NO.....2 (SKIP TO 739) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 739) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 739) ← DON'T KNOW.....8
738	For how many days was (NAME) given the solution made from sugar, salt and water?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
739	GO BACK TO 702 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 740.			

7-6

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
740	CHECK 730 AND 734 (ALL COLUMNS):		
	MAHLOUL MOALGET EL-GAFFEF GIVEN TO ANY CHILD	MAHLOUL MOALGET EL-GAFFEF NOT GIVEN TO ANY CHILD OR 730 AND 734 NOT ASKED	743
	<input type="checkbox"/>	<input type="checkbox"/>	
741	Have you ever heard of a special product called mahloul moalget el-gaffaf you can get for the treatment of diarrhea?	YES.....1 NO.....2	801
742	Have you ever prepared mahloul moalget el-gaffaf to treat diarrhea in yourself or someone else?	YES.....1 NO.....2	801
743	The last time you prepared the mahloul moalget el-gaffaf did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2	
744	How much water did you use to prepare mahloul moalget el-gaffaf the last time you made it?	1½ LITER.....01 1 LITER.....02 1 1½ LITERS.....03 2 LITERS.....04 FOLLOWED PACKAGE INSTRUCTIONS..05 OTHER.....06 (SPECIFY) DON'T KNOW.....98	

SECTION 8. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	How I would like to ask some questions about your marriage(s). How many times have you been married?	NUMBER OF TIMES MARRIED..... <input type="text"/>	
802	In what month and year did you first enter into a marriage contract?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
803	How old were you when you first entered into a marriage contract?	AGE..... <input type="text"/> <input type="text"/> DON'T KNOW AGE.....98	
804	In what month and year did you start living with your (first) husband?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
805	How old were you when you started living together with your (first) husband?	AGE..... <input type="text"/> <input type="text"/> DON'T KNOW AGE.....98	
806	CHECK 804 AND 805:		
	YEAR AND AGE GIVEN? YES	<input type="checkbox"/>	808
807	RECORD CURRENT YEAR IN BOX ON RIGHT AND COMPLETE THE FOLLOWING IN ORDER TO CHECK THE CONSISTENCY OF 804 AND 805:	<div style="border: 1px solid black; padding: 5px;"> <p>IF NECESSARY, CALCULATE YEAR OF BIRTH</p> <p>CURRENT YEAR <input type="text"/><input type="text"/></p> <p>MINUS -</p> <p>CURRENT AGE (103) <input type="text"/><input type="text"/></p> <p>=</p> <p>CALCULATED YEAR OF BIRTH <input type="text"/><input type="text"/></p> </div>	
	<p>YEAR OF BIRTH (102) <input type="text"/><input type="text"/></p> <p>PLUS +</p> <p>AGE AT MARRIAGE (805) <input type="text"/><input type="text"/></p> <p>=</p> <p>CALCULATED YEAR OF MARRIAGE <input type="text"/><input type="text"/></p>		
	IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (804)?	YES	NO
	<input type="checkbox"/>	<input type="checkbox"/>	PROBE AND CORRECT 804 AND 805.
808	DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1987. ENTER "X" IN COLUMN 6 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1987.		
	FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE COUPLE STOPPED LIVING TOGETHER OR DATE WIDOWED, AND FOR STARTING DATE OF ANY SUBSEQUENT UNION.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO	
809	CHECK COLUMN 6 OF CALENDAR:	IN MARITAL UNION AT ANY TIME SINCE JANUARY 1987 <input type="checkbox"/>	NOT IN MARITAL UNION AT ANY TIME SINCE JANUARY 1987 <input type="checkbox"/>	814A
810	<p>Since January 1987, did you and your husband ever live apart (without visiting) for more than one month because of work, school or for any other reason?</p> <p>(IF WOMAN HAD MORE THAN ONE HUSBAND DURING THE PERIOD, CIRCLE CODE '1' (YES) IF SHE LIVED APART FROM ANY OF OF HER HUSBANDS FOR MORE THAN ONE MONTH.)</p>	YES.....1 NO.....2	901	
811	<p>USE CALENDAR TO PROBE FOR ALL PERIODS THE WOMAN LIVED APART FROM HER HUSBAND(S) BACK TO JANUARY 1987. ENTER 'X' (NOT SEPARATED) OR THE CODE FOR THE TYPE OF SEPARATION IN COLUMN 7.</p> <p>IF THE WOMAN MARRIED FOR THE FIRST TIME SINCE JANUARY 1987, RECORD "X" (NOT SEPARATED) IN THE MONTH AND YEAR OF MARRIAGE AND PROBE FOR PERIODS OF SEPARATION FOLLOWING THAT DATE. FOR WOMEN MARRIED FOR THE FIRST TIME BEFORE JANUARY 1987, BEGIN WITH JANUARY 1987 AND COMPLETE THE ENTIRE COLUMN.</p> <p>ILLUSTRATIVE QUESTIONS</p> <p>Did your husband ever leave and stay somewhere else for more than one month?          When did he leave?          For how many months was he away without visiting you?          Was he staying somewhere else in Egypt or in some other country?          Did you ever leave and stay elsewhere (e.g., because a family member was ill, etc.) for more than one month?          When did you leave?          For how many months were you away without seeing your husband?          Were you staying somewhere else in Egypt or in some other country?</p>			
812	CHECK 804-806:	BEGAN FIRST MARRIAGE BEFORE JANUARY 1987 <input type="checkbox"/>	BEGAN FIRST MARRIAGE AT ANY TIME SINCE JANUARY 1987 <input type="checkbox"/>	901
813	CHECK COLUMN 7 OF CALENDAR:	LIVING APART FROM HUSBAND IN JANUARY 1987 <input type="checkbox"/>	NOT LIVING APART FROM HUSBAND IN JANUARY 1987 <input type="checkbox"/>	901
814	<p>I see that you were living apart from your husband in January 1987.          When did you begin living apart that time?</p> <p>THIS DATE SHOULD NOT PRECEDE THE DATE OF CONCEPTION OF ANY CHILD BORN BEFORE 1987.</p>	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98		
814A	In what month and year were you widowed (divorced from) your last husband)?			

**SECTION 9. HUSBAND'S BACKGROUND, RESIDENCE AND WOMAN'S WORK**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
901	<p>CHECK 104:</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>DIVORCED <input type="checkbox"/></p> <p>WIDOWED <input type="checkbox"/></p> <p align="center">↓ (SKIP TO 903)</p>		904
902	<p>RECORD THE LINE NUMBER OF THE WOMAN'S HUSBAND FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD '00'.</p>	<p>HUSBAND'S LINE NUMBER..... <input type="text"/></p>	
903	<p>How old was your husband on his last birthday?</p>	<p>AGE IN COMPLETED YEARS..... <input type="text"/></p>	
904	<p>In what month and year was your husband born?</p> <p>COMPARE AND CORRECT 903 AND/OR 904 IF INCONSISTENT.</p>	<p>MONTH..... <input type="text"/></p> <p>DON'T KNOW MONTH.....98</p> <p>YEAR..... <input type="text"/></p> <p>DON'T KNOW YEAR.....98</p>	
905	<p>Is (was) your (last) husband your first cousin, other blood relative, or no relation at all?</p>	<p>FIRST COUSIN.....1</p> <p>OTHER RELATIVE.....2</p> <p>NO RELATION AT ALL.....3</p>	
906	<p>Did your (last) husband ever attend school?</p>	<p>YES.....1</p> <p>NO.....2</p>	909
907	<p>What was the highest level of school he attended?</p>	<p>PRIMARY .....1</p> <p>PREPARATORY.....2</p> <p>SECONDARY.....3</p> <p>UPPER INTERMEDIATE.....4</p> <p>UNIVERSITY.....5</p> <p>MORE THAN UNIVERSITY.....6</p> <p>DON'T KNOW.....8</p>	909
908	<p>What was the highest grade which he completed at that level?</p>	<p>GRADE..... <input type="text"/></p> <p>DON'T KNOW.....8</p>	
909	<p>What kind of work does (did) your (last) husband mainly do?</p> <p>RECORD ANSWER IN DETAIL.</p>	<p>_____ <input type="text"/></p> <p>_____</p> <p>_____</p>	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
910	CHECK 909:  WORKS (WORKED) <input type="checkbox"/> IN AGRICULTURE DOES (DID) <input type="checkbox"/> NOT WORK IN AGRICULTURE		912
911	(Does/did) your husband mainly work on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	914 913
912	Does (did) your husband work for someone else or for himself?	FOR SOMEONE ELSE.....1 FOR HIMSELF.....2	914
913	Does (did) he earn a regular wage or salary?	YES.....1 NO.....2	
914	Now I would like to ask some questions about places where you have lived. For most of the time until you were 12 years old, did you live in Cairo, Giza, Alexandria, another city or town or in a village?  _____ (NAME OF LOCALITY AND GOVERNORATE)	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT.....5 (SPECIFY)	
915	Have you lived in only one or in more than one community since January 1987?	ONE COMMUNITY.....1 MORE THAN ONE COMMUNITY.....2	917
916	CHECK COVER PAGE OR Q116-Q117 (FOR VISITORS) AND ENTER THE NAME OF THE PLACE WHERE THE RESPONDENT CURRENTLY RESIDES:  _____ (NAME OF LOCALITY AND GOVERNORATE) ENTER (IN COLUMN 8 OF CALENDAR) THE APPROPRIATE CODE FOR COMMUNITY WHERE RESPONDENT CURRENTLY LIVES ("1" CAIRO/GIZA, "2" ALEXANDRIA, "3" OTHER CITY/TOWN, "4" VILLAGE, "5" OUTSIDE EGYPT) FOR VISITORS, CHECK QUESTION 116 FOR RESIDENCE. BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JANUARY 1987.		918
917	In what month and year did you move to (CURRENT COMMUNITY)?  ENTER (IN COLUMN 8 OF CALENDAR) "X" IN THE MONTH AND YEAR OF THE MOVE, AND IN THE SUBSEQUENT MONTHS, ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY ("1" CAIRO/GIZA, "2" ALEXANDRIA, "3" OTHER CITY/TOWN, "4" VILLAGE, OR "5" OUTSIDE EGYPT) CONTINUE PROBING FOR PREVIOUS COMMUNITIES AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY.  ILLUSTRATIVE QUESTIONS - Where did you live before.....? - In what month and year did you arrive there? - Is that place in a city, a town, or in a village?  ENTER THE NAME OF THE LOCALITY AND THE GOVERNORATE IN WHICH THE RESPONDENT WAS LIVING IN JANUARY 1987: _____ (NAME OF LOCALITY AND GOVERNORATE)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
918	CHECK 916 OR 917 FOR RESIDENCE IN JANUARY 1987:  When did you move to (PLACE OF RESIDENCE IN JANUARY 1987)?	LIVED THERE SINCE BIRTH.....96 MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	→920
919	Before you moved to (PLACE OF RESIDENCE IN JANUARY 1987), were you living in Cairo/Giza, Alexandria, another city or town or a village?  _____ (NAME OF LOCALITY AND GOVERNORATE)	CAIRO/GIZA.....1 ALEXANDRIA.....2 OTHER CITY/TOWN.....3 VILLAGE.....4 OUTSIDE EGYPT _____5 (SPECIFY)	
920	Now I would like to ask you some questions about working. 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.  Before you married for the first time, did you do any of these things or any work?	YES.....1 NO.....2	
921	Are you currently doing any of these things or any other work?	YES.....1 NO.....2	→924
922	Have you ever worked since January 1987?	YES.....1 NO.....2	→924
923	ENTER "0" IN COLUMN 9 OF CALENDAR IN EACH MONTH FROM JANUARY 1987 TO CURRENT MONTH		→928
924	What is (was) your (most recent) occupation? That is, what kind of work do (did) you do?	<input type="text"/> <input type="text"/> _____ _____ _____	
925	USE CALENDAR TO PROBE FOR ALL PERIODS OF WORK, STARTING WITH CURRENT OR MOST RECENT WORK, BACK TO JANUARY 1987. ENTER CODE FOR NO WORK OR FOR TYPE OF WORK IN COLUMN 9.  ILLUSTRATIVE QUESTIONS - When did this job begin (and when did it end)? - What did you do before that? - How long did you work at that time? - Were you self-employed or an employee? - Were you paid for this work? - Did you work at home or away from home?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
926	CHECK COLUMN 9 OF CALENDAR:  WORKED IN JANUARY 1987	DID NOT WORK IN JANUARY 1987	928
927	I see that you were working in January 1987. When did you start that job?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98	930
928	I see that you were not working in January 1987. Did you ever work prior to January 1987?	YES.....1 NO.....2	930
929	When did your last job prior to January 1987 end?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....98	
930	CHECK 921: CURRENTLY WORKING?	NO	934
931	CHECK 215/216/218: HAS CHILD BORN SINCE JANUARY 1987 AND LIVING AT HOME?	NO	934
932	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	934
933	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND/PARTNER.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBORS.....04 FRIENDS.....05 SERVANTS.....06 CHILD IS IN SCHOOL.....07 CHILD TAKEN TO NURSERY.....08 OTHER.....09 (SPECIFY)	
934	RECORD THE TIME	HOUR..... MINUTES.....	

**SECTION 10. HEIGHT AND WEIGHT**

<b>1001</b>	<b>CHECK 222:</b>	
	<input type="checkbox"/> ONE OR MORE BIRTHS SINCE JANUARY 1987	<input type="checkbox"/> NO BIRTHS SINCE JANUARY 1987
	v	→ 1101

**INTERVIEWER:** IN 1002 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1987 AND STILL ALIVE. IN 1003 AND 1004 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1987. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1987 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1987, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO-YOUNGEST LIVING CHILD	4 SECOND-TO-YOUNGEST LIVING CHILD
<b>1002</b> LINE NO. FROM Q.212		□□	□□	□□
<b>1003</b> NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
<b>1004</b> DATE OF BIRTH  FROM Q.103 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□
<b>1005</b> BCG SCAR ON TOP OF LEFT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
<b>1006</b> HEIGHT (in centimeters)	□□□.□	□□□.□	□□□.□	□□□.□
<b>1007</b> WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
<b>1008</b> WEIGHT (in kilograms)	□□□.□	0□□.□	0□□.□	0□□.□
<b>1009</b> DATE WEIGHED AND MEASURED	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□
<b>1010</b> RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 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)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)

<b>1011</b> NAME OF MEASURER: _____	□□	NAME OF ASSISTANT: _____	□□
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THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 1101-1102 AS APPROPRIATE.  
BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

1101 DEGREE OF COOPERATION.

POOR.....1  
FAIR.....2  
GOOD.....3  
VERY GOOD.....4

1102 INTERVIEWER'S COMMENTS:

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1103 FIELD EDITOR'S COMMENTS:

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1104 SUPERVISOR'S COMMENTS:

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1105 OFFICE EDITOR'S COMMENTS:

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INSTRUCTIONS: ONLY ONE CODE SHOULD APPEAR IN ANY BOX. FOR COLUMNS 1, 6, 8, AND 9 ALL MONTHS SHOULD BE FILLED IN.

- INFORMATION TO BE CODED FOR EACH COLUMN:
- COL.1: Births, Pregnancies, Contraceptive Use
- B BIRTHS
  - P PREGNANCIES
  - T TERMINATIONS
  - 0 NO METHOD METHOD
  - 1 PILL
  - 2 IUD
  - 3 INJECTIONS
  - 4 NORPLANT
  - 5 DIAPHRAGH/FOAM/JELLY
  - 6 CONDOM
  - 7 FEMALE STERILIZATION
  - 8 MALE STERILIZATION
  - 9 PERIODIC ABSTINENCE
  - L WITHDRAWAL
  - G PROLONGED BREASTFEEDING
  - W OTHER (SPECIFY) \_\_\_\_\_

- COL.2: Discontinuation of Contraceptive Use
- 1 BECAME PREGNANT WHILE USING
  - 2 WANTED TO BECOME PREGNANT
  - 3 HUSBAND DISAPPROVED
  - 4 SIDE EFFECTS
  - 5 HEALTH CONCERNS
  - 6 ACCESS/AVAILABILITY
  - 7 WANTED MORE EFFECTIVE METHOD
  - 8 INCONVENIENT TO USE
  - 9 INFREQUENT SEX/HUSBAND AWAY
  - C COST
  - F FATALISTIC
  - A DIFFICULT TO GET PREGNANT/MENOPAUSE
  - D MARITAL DISSOLUTION/SEPARATION
  - W OTHER (SPECIFY) \_\_\_\_\_
  - K DON'T KNOW

- COL.3: Postpartum Amenorrhea
- X PERIOD DID NOT RETURN
  - 0 LESS THAN ONE MONTH

- COL.4: Postpartum Abstinence
- X NO SEXUAL RELATIONS
  - 0 LESS THAN ONE MONTH

- COL.5: Breastfeeding
- X BREASTFEEDING
  - 0 LESS THAN ONE MONTH
  - W NEVER BREASTFED

- COL.6: Marriage/Union
- X MARRIED
  - 0 NOT IN UNION

- COL.7: Periods of Separation
- X NOT SEPARATED
  - 1 HUSBAND ABROAD
  - 2 HUSBAND ELSEWHERE IN EGYPT
  - 3 WIFE ABROAD
  - 4 WIFE ELSEWHERE IN EGYPT

- COL.8: Moves and Types of Communities
- X CHANGE OF COMMUNITY
  - 1 CAIRO/GIZA
  - 2 ALEXANDRIA
  - 3 OTHER CITY/TOWN
  - 4 VILLAGE
  - 5 OUTSIDE EGYPT

- COL.9: Type of Employment
- 0 DID NOT WORK
  - 1 PAID EMPLOYEE, AWAY FROM HOME
  - 2 PAID EMPLOYEE, AT HOME
  - 3 SELF-EMPLOYED, AWAY FROM HOME
  - 4 SELF-EMPLOYED, AT HOME
  - 5 UNPAID WORKER, AWAY FROM HOME
  - 6 UNPAID WORKER, AT HOME

		1	2	3	4	5	6	7	8	9	
9	02 FEB 01										01 FEB 9
9	01 JAN 02										02 JAN 9
3	12 DEC 03										03 DEC 3
	11 NOV 04										04 NOV
	10 OCT 05										05 OCT
	09 SEP 06										06 SEP
1	08 AUG 07										07 AUG 1
9	07 JUL 08										08 JUL 9
9	06 JUN 09										09 JUN 9
2	05 MAY 10										10 MAT 2
	04 APR 11										11 APR
	03 MAR 12										12 MAR
	02 FEB 13										13 FEB
	01 JAN 14										14 JAN
	12 DEC 15										15 DEC
	11 NOV 16										16 NOV
	10 OCT 17										17 OCT
	09 SEP 18										18 SEP
1	08 AUG 19										19 AUG 1
9	07 JUL 20										20 JUL 9
9	06 JUN 21										21 JUN 9
1	05 MAY 22										22 MAY 1
	04 APR 23										23 APR
	03 MAR 24										24 MAR
	02 FEB 25										25 FEB
	01 JAN 26										26 JAN
	12 DEC 27										27 DEC
	11 NOV 28										28 NOV
	10 OCT 29										29 OCT
	09 SEP 30										30 SEP
1	08 AUG 31										31 AUG 1
9	07 JUL 32										32 JUL 9
9	06 JUN 33										33 JUN 9
0	05 MAY 34										34 MAY 0
	04 APR 35										35 APR
	03 MAR 36										36 MAR
	02 FEB 37										37 FEB
	01 JAN 38										38 JAN
	12 DEC 39										39 DEC
	11 NOV 40										40 NOV
	10 OCT 41										41 OCT
	09 SEP 42										42 SEP
1	08 AUG 43										43 AUG 1
9	07 JUL 44										44 JUL 9
8	06 JUN 45										45 JUN 8
9	05 MAY 46										46 MAY 9
	04 APR 47										47 APR
	03 MAR 48										48 MAR
	02 FEB 49										49 FEB
	01 JAN 50										50 JAN
	12 DEC 51										51 DEC
	11 NOV 52										52 NOV
	10 OCT 53										53 OCT
	09 SEP 54										54 SEP
1	08 AUG 55										55 AUG 1
9	07 JUL 56										56 JUL 9
8	06 JUN 57										57 JUN 8
8	05 MAY 58										58 MAY 8
	04 APR 59										59 APR
	03 MAR 60										60 MAR
	02 FEB 61										61 FEB
	01 JAN 62										62 JAN
	12 DEC 63										63 DEC
	11 NOV 64										64 NOV
	10 OCT 65										65 OCT
	09 SEP 66										66 SEP
1	08 AUG 67										67 AUG
9	07 JUL 68										68 JUL
8	06 JUN 69										69 JUN
7	05 MAY 70										70 MAY
	04 APR 71										71 APR
	03 MAR 72										72 MAR
	02 FEB 73										73 FEB
	01 JAN 74										74 JAN

BIRTH DATE: LAST CHILD BORN  
PRIOR TO JANUARY 1987

NAME:

MONTH..   
YEAR..