

ARAB REPUBLIC OF EGYPT
MINISTRY OF HEALTH AND POPULATION
NATIONAL POPULATION COUNCIL
EL- ZANATY & ASSOCIATES

EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2005

WOMAN QUESTIONNAIRE

DATA COLLECTED FROM THIS STUDY IS CONFIDENTIAL
AND WILL BE USED FOR SCIENTIFIC PURPOSES ONLY.

WOMAN QUESTIONNAIRE

IDENTIFICATION	
GOVERNORATE _____ PSU/SEGMENT NO. _____	GOVERNORATE <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
KISM/MARKAZ _____ BUILDING NO. _____	PSU/SEGMENT NO. <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____	HOUSEHOLD NO. URBAN/RURAL <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
HOUSEHOLD NUMBER _____	LOCALITY <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
URBAN 1 RURAL 2	LINE NUMBER DV MODULE <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>
LARGE CITY 1 SMALL CITY ... 2 TOWN 3 VILLAGE 4	
NAME OF HOUSEHOLD HEAD _____	
ADDRESS IN DETAIL _____	
NAME OF WOMAN _____	
LINE NUMBER OF WOMAN _____	
WOMAN SELECTED FOR DOMESTIC VIOLENCE SECTION YES ... 1 NO ... 2	

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></td> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/></td> <td style="text-align: center;">0 5</td> </tr> </table>	DAY	MONTH	YEAR	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>	0 5
DAY	MONTH	YEAR								
<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>	0 5								
TEAM	_____	_____	_____	TEAM <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>						
INTERVIEWER	_____	_____	_____	INT. NUMBER ... <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>						
SUPERVISOR	_____	_____	_____	SUP. NUMBER ... <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>						
RESULT	_____	_____	_____	RESULT <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>						
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>						
TIME	_____	_____								
RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)										

	FIELD EDITOR	OFFICE EDITOR	CODER	KEYER
NAME	_____	_____	_____	_____
DATE	/ / 2005	/ / 2005	/ / 2005	/ / 2005
SIGNATURE	_____	_____	_____	_____
	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black; display: inline-block; vertical-align: middle;" type="text"/>

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Population and the National Population Council. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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




At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → 1301

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR/TEMPORARY STAYING 96	→ 104
103	Just before you moved here, did you live in Cairo, Giza, Alexandria, in 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) OFFICE: GOVERNORATE CODE <input type="text"/> <input type="text"/>	
104	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
105	How old were you at your last birthday? COMPARE AND CORRECT 104 AND/OR 105 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	What is your current marital status?	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4	
107	Now I would like to ask you some questions about your marriage(s). How many times have you been married?	NUMBER OF TIMES MARRIED <input type="text"/>	
108	CHECK 107: MARRIED ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you enter into a marriage contract with your husband? MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ Now I would like to ask about your first husband. In what month and year did you enter into a marriage contract with your first husband?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 110 DON'T KNOW YEAR 9998	
109	How old were you when you entered into a marriage contract with your (first) husband?	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>	
110	CHECK 107: MARRIED ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living together with your husband? MARRIED MORE THAN ONCE <input type="checkbox"/> ↓ Now I would like to ask about your first husband. In what month and year did you start living together with your first husband?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 112 DON'T KNOW YEAR 9998	
111	How old were you when you started living together with your (first) husband?	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>	
112	DETERMINE ALL OF THE MONTHS SINCE JANUARY 2000 THAT THE RESPONDENT WAS MARRIED. ENTER 'X' IN COLUMN 1 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER '0' FOR EACH MONTH NOT MARRIED, SINCE JANUARY 2000. FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS SINCE JANUARY 2000.		
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended?	PRIMARY 1 PREPARATORY 2 SECONDARY 3 UPPER INTERMEDIATE 4 UNIVERSITY 5 MORE THAN UNIVERSITY 6	
115	What is the highest grade you successfully completed at that level?	GRADE <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
116	CHECK 114: PRIMARY <input type="checkbox"/>  PREPARATORY OR HIGHER <input type="checkbox"/>		120
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE .. 3 BLIND/VISUALLY IMPAIRED 4	
118	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
119	CHECK 117: CODE '2' OR '3' CIRCLED <input type="checkbox"/> 	CODE '1' OR '4' CIRCLED <input type="checkbox"/>	121
120	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
121	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
122	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
123	What is your religion?	MUSLEM 1 CHRISTIAN 2 OTHER 6 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></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"/> → 226										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES AND MARK WITH A BRACKET. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE).									
212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? In what season was (NAME) born?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME) when he/she died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (WHEN YOU FIRST MARRIED/ NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01 (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH [][] YEAR [][][][]	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS [][]	YES ... 1 NO 2	HH LINE NO. [][] ↓ (GO TO 221)	DAYS ... 1 [][] MONTHS . 2 [][] YEARS .. 3 [][]	YES 1 ADD BIRTH ← NO 2 NEXT BIRTH ←
02 (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH [][] YEAR [][][][]	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS [][]	YES ... 1 NO 2	HH LINE NO. [][] ↓ (GO TO 221)	DAYS ... 1 [][] MONTHS . 2 [][] YEARS .. 3 [][]	YES 1 ADD BIRTH ← NO 2 NEXT BIRTH ←
03 (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH [][] YEAR [][][][]	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS [][]	YES ... 1 NO 2	HH LINE NO. [][] ↓ (GO TO 221)	DAYS ... 1 [][] MONTHS . 2 [][] YEARS .. 3 [][]	YES 1 ADD BIRTH ← NO 2 NEXT BIRTH ←
04 (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH [][] YEAR [][][][]	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS [][]	YES ... 1 NO 2	HH LINE NO. [][] ↓ (GO TO 221)	DAYS ... 1 [][] MONTHS . 2 [][] YEARS .. 3 [][]	YES 1 ADD BIRTH ← NO 2 NEXT BIRTH ←
05 (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH [][] YEAR [][][][]	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS [][]	YES ... 1 NO 2	HH LINE NO. [][] ↓ (GO TO 221)	DAYS ... 1 [][] MONTHS . 2 [][] YEARS .. 3 [][]	YES 1 ADD BIRTH ← NO 2 NEXT BIRTH ←
06 (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH [][] YEAR [][][][]	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS [][]	YES ... 1 NO 2	HH LINE NO. [][] ↓ (GO TO 221)	DAYS ... 1 [][] MONTHS . 2 [][] YEARS .. 3 [][]	YES 1 ADD BIRTH ← NO 2 NEXT BIRTH ←
07 (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH [][] YEAR [][][][]	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS [][]	YES ... 1 NO 2	HH LINE NO. [][] ↓ (GO TO 221)	DAYS ... 1 [][] MONTHS . 2 [][] YEARS .. 3 [][]	YES 1 ADD BIRTH ← NO 2 NEXT BIRTH ←

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? In what season was (NAME) born?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME) when he/she died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (WHEN YOU FIRST MARRIED/ NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08 <hr/> (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS .. 2 YEARS .. 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH NO 2 NEXT BIRTH
09 <hr/> (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS .. 2 YEARS .. 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH NO 2 NEXT BIRTH
10 <hr/> (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS .. 2 YEARS .. 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH NO 2 NEXT BIRTH
11 <hr/> (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS .. 2 YEARS .. 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH NO 2 NEXT BIRTH
12 <hr/> (NAME)	SING .. 1 MULT .. 2	BOY .. 1 GIRL .. 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES ... 1 NO 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS ... 1 MONTHS .. 2 YEARS .. 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH NO 2 GO TO 222
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES	1	→ ADD TO TABLE	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> ↓ CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH BIRTH SINCE JANUARY 2000: MONTH AND YEAR OF BIRTH RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.					NUMBERS ARE DIFFERENT <input type="checkbox"/>	→ (PROBE AND RECONCILE)		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 2000 OR LATER. IF NONE, RECORD '0' AND GO TO 225a.								<input type="text"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>FOR EACH BIRTH SINCE JANUARY 2000, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 2 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY.</p> <p>NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.</p> <p>WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE 'B' CODE.</p>		
225a	<p>ENTER THE MONTH AND YEAR OF THE MOST RECENT BIRTH PRIOR TO JANUARY 2000 IN THE BOXES AT THE BOTTOM OF THE CALENDAR.</p>		
226	<p>Are you pregnant now?</p>	<p>YES 1 NO 2 UNSURE 8</p>	<p>→ 230</p>
227	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS.</p>	<p>MONTHS <input type="text"/> <input type="text"/></p>	
228	<p>ENTER 'P's IN COLUMN 2 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF MONTHS OF THE CURRENT PREGNANCY COMPLETED .</p>		
229	<p>At the time you became pregnant did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?</p>	<p>THEN 1 LATER 2 NOT AT ALL 3</p>	
230	<p>Unfortunately many women have pregnancies that do not end in a live birth. Sometimes a baby is still born, that is, the baby is born who does not breath or show any life. Other times women have a miscarriage or abortion early during a pregnancy. It is very important in our study to know about such pregnancies so health programs can be developed for women.</p> <p>USING THE INFORMATION IN THE CALENDAR, PROBE TO DETERMINE IF THE WOMAN HAD ANY STILL BIRTHS, MISCARRIAGES, OR ABORTIONS BACK TO JANUARY 2000.</p> <p>IF THE WOMAN REPORTS A PREGNANCY THAT DID NOT END IN A LIVE BIRTH, ASK ABOUT THE MONTH AND YEAR IN WHICH THE PREGNANCY ENDED. RECORD THE APPROPRIATE CODE FOR THE PREGNANCY OUTCOME ON THAT DATE IN COLUMN 2 IN THE CALENDAR ("S" FOR STILL BIRTH, "M" FOR MISCARRIAGE AND "A" FOR ABORTION). THEN ASK ABOUT THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD "P" IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY.</p> <p>NOTE: SINCE THE OUTCOME OF THE PREGNANCY IS RECORDED IN THE MONTH THAT PREGNANCY ENDED, THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.</p> <p>ILLUSTRATIVE QUESTIONS</p> <p>TO IDENTIFY NON-LIVE BIRTH PREGNANCIES, ASK:</p> <ul style="list-style-type: none"> • INTERVAL BETWEEN CURRENT PREGNANCY AND PRIOR BIRTH (LAST BIRTH) Did you have any pregnancy that ended in a still birth after the birth of (NAME OF LAST BIRTH) and before your current pregnancy? Or any pregnancy that ended in a miscarriage or abortion? • INTERVAL BETWEEN LAST AND PRIOR BIRTH Did you have any pregnancy that ended in a still birth between (NAME OF LAST BIRTH) and (NAME OF PRIOR BIRTH)? Or any pregnancy that ended in a miscarriage or abortion? • INTERVAL BETWEEN NEXT-TO-LAST BIRTH AND PRIOR BIRTH Did you have any pregnancy that ended in a still birth between (NAME OF NEXT-TO-LAST BIRTH) and (NAME OF PRIOR BIRTH)? Or any pregnancy that ended in a miscarriage or abortion? • WOMEN WITH NO LIVE BIRTHS BUT WITH CURRENT PREGNANCY Before your current pregnancy, did you ever have any other pregnancy that ended in a still birth? Or any other pregnancy that ended in a miscarriage or abortion? • WOMEN WITH NO LIVE BIRTHS AND NOT CURRENTLY PREGNANT Have you ever had a still birth? If YES: When did the last still birth occur? Have you ever had a miscarriage or abortion? If YES: When did the last miscarriage or abortion occur? <p>FOR EACH PREGNANCY TERMINATION, ASK How many months pregnant were you when the pregnancy ended?</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
231	Did you have any (other) pregnancies that terminated before January 2000 that did not result in a live birth?	YES 1 NO 2	
232	RECORD IN THE BOXES AT THE BOTTOM OF THE CALENDAR THE OUTCOME AND MONTH AND YEAR THAT THE PREGNANCY TERMINATED FOR THE LAST PREGNANCY THAT ENDED IN A STILL BIRTH, MISCARRIAGE, OR ABORTION PRIOR TO JANUARY 2000. IF NONE RECODE '0' IN OUTCOME.		
233	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 [][] WEEKS AGO 2 [][] MONTHS AGO 3 [][] YEARS AGO 4 [][] IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
234	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	<div style="border: 1px solid black; width: 10px; height: 10px; display: inline-block; margin-right: 5px;"></div> → 301
235	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy</p> <p>CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 302, ASK 303.</p>		
	METHOD	<p>302 Which ways or methods have you heard about? FOR METHODS NOT MENTIONED, ASK: Have you ever heard of (METHOD)?</p>	<p>303 Have you ever used (METHOD)?</p>
01	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2 ↘</p>	<p>Have you ever had an operation to avoid having any more children? YES 1 NO 2</p>
02	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p>	<p>YES 1 NO 2 ↘</p>	<p>Have you ever had a husband who had an operation to avoid having any more children? YES 1 NO 2</p>
03	<p>PILL Women can take a pill every day.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
04	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
05	<p>INJECTABLES Women can have an injection by a health provide that stops them from becoming pregnant for one or more months.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
06	<p>IMPLANTS Women can have small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
07	<p>CONDOM Men can use a rubber covering during sexua intercourse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
08	<p>DIAPHRAGM, FOAM, JELLY A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
09	<p>RHYTHM METHOD A couple can avoid having sexua intercourse on the days of the month the woman is mos to get pregnant.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
10	<p>WITHDRAWAL Men can be careful and pull out before ejaculation.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
11	<p>PROLONGED BREASTFEEDING A woman can prolong the time that she breastfeeds her baby to delay the next pregnancy</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
12	<p>EMERGENCY CONTRACEPTION Women can prevent pregnancy after having sexual intercourse within five days by taking one or two doses of pills.</p>	<p>YES 1 NO 2 ↘</p>	<p>YES 1 NO 2</p>
13	<p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2</p>	<p>YES 1 NO 2 YES 1 NO 2</p>
304	<p>CHECK 303:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p>		→ 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→ 307
306	ENTER '0' IN COLUMN 2 OF CALENDAR IN EACH BLANK MONTH.		→ 341
307	What have you used or done? CORRECT 302 AND 303 IF NECESSARY.	_____ (SPECIFY)	
308	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
309	CHECK 303 (01 - FEMALE STERILIZATION): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 313A
310	CHECK 106: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/>		→ 340
311	CHECK 226: CURRENTLY PREGNANT NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 340
312	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 340
313	Which method are you using? CIRCLE ALL MENTIONED.	FEMALE STERILIZATION C MALE STERILIZATION D PILL E IUD F INJECTABLES G IMPLANTS H CONDOM I DIAPHRAGM/FOAM/JELLY K RHYTHM METHOD N WITHDRAWAL R PROLONGED BREASTFEEDING T OTHER X (SPECIFY)	→ 315A
313A	CIRCLE 'C' FOR FEMALE STERILIZATION.		
314	CHECK 313/313A: FEMALE STERILIZATION CODE "C" CIRCLED <input type="checkbox"/> MALE STERILIZATION CODE "D" CIRCLED <input type="checkbox"/> Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? Before the sterilization operation, was your husband told that he would not be able to have any (more) children because of the operation?	YES 1 NO 2 DONT KNOW 8	
315	In what month and year was the sterilization performed?		
315A	IF MORE THAN ONE METHOD RECORDED IN 313, ASK FOR METHOD HIGHEST ON LIST: In what month and year did you start using (CURRENT METHOD) continuously? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 315/315A, 215, AND THE CALENDAR:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 315/315A.</p> <p>GO BACK TO 315/315A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	
317	<p>CHECK 315/315A:</p> <p>YEAR IS 2000 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 2 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 1999 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 2 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2000.</p>	
318	<p>CHECK 313/313A:</p> <p>CIRCLE METHOD CODE. IF MORE THAN ONE METHOD CODE CIRCLED IN 313/313A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION C</p> <p>MALE STERILIZATION D</p> <p>PILL E → 321</p> <p>IUD F → 321</p> <p>INJECTABLES G → 321</p> <p>IMPLANTS H</p> <p>CONDOM I</p> <p>DIAPHRAGM/FOAM/JELLY K</p> <p>RHYTHM METHOD N</p> <p>WITHDRAWAL R</p> <p>PROLONGED BREASTFEEDING .. T</p> <p>OTHER METHOD _____ X</p> <p>(SPECIFY)</p>	
319	<p>CHECK 313/313A</p> <p>IF MORE THAN ONE METHOD RECORDED IN 313/313A, CHECK AND ASK ABOUT METHOD HIGHEST ON THE LIST.</p> <p>F/M STERIL. <input type="checkbox"/> → Where did the sterilization take place?</p> <p>IUD <input type="checkbox"/> → Where did you have the IUD inserted?</p> <p>IMPLANT <input type="checkbox"/> → Where did you have the implant inserted?</p> <p>RHYTHM/ WITHDRAWL/ PRLNG. BR./ OTHER <input type="checkbox"/> → Did you obtain advice about how to use (METHOD) at the time you began this current segment of use? If yes: from where did you get the advice?</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p> <p>FOR OFFICE USE:</p> <p>SOURCE CODE <input type="text"/></p>	<p>MINISTRY OF HEALTH</p> <p>URBAN HOSP'L (GENERAL/DISTRICT) 1</p> <p>URBAN HEALTH UNIT 2</p> <p>HEALTH OFFICE 3</p> <p>RURAL HOSP'L (COMPLEMENTARY) .. 4</p> <p>RURAL HEALTH UNIT 5</p> <p>MCH CENTER 6</p> <p>MOBILE UNIT 7</p> <p>OTHER GOVERNMENTAL</p> <p>UNIVERSITY HOSPITAL 8</p> <p>TEACHING HOSPITAL 9</p> <p>HEALTH INSURANCE ORG. A</p> <p>CURATIVE CARE ORGANIZATION ... B</p> <p>OTHER GOVERNMENTAL C</p> <p>NON-GOVERNMENTAL ORGANIZATION</p> <p>EGYPT FAMILY PLANNING ASSOC. ... D</p> <p>CSI PROJECT E</p> <p>OTHER NON-GOVERNMENTAL . . . F</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/ CLINIC G</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE</p> <p>MOSQUE HEALTH UNIT J</p> <p>CHURCH HEALTH UNIT K</p> <p>OTHER NON-MEDICAL</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC..) L</p> <p>FRIEND/RELATIVE M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	<p>CHECK 315/315A</p> <p>YEAR IS 2000 OR LATER <input type="checkbox"/></p> <p>↓</p> <p>ENTER SOURCE CODE FROM 319 IN COLUMN 3 OF CALENDAR IN THE MONTH AND YEAR IN WHICH THE CURRENT SEGMENT OF USE BEGAN AND WRITE SOURCE NAME TO THE RIGHT OF THE CODE. THEN GO TO 326.</p>	<p>YEAR IS 1999 OR EARLIER <input type="checkbox"/></p> <p>↓</p> <p>GO TO 326.</p>	
321	<p>CHECK 313/313A</p> <p>IF MORE THAN ONE METHOD RECORDED IN 313/313A, CHECK AND ASK ABOUT METHOD HIGHEST ON THE LIST.</p> <p>PILL <input type="checkbox"/> → Where did you obtain the packet of pills you are using now (you used most recently)?</p> <p>INJECTION <input type="checkbox"/> → Where did you go for your last injection?</p> <p>M CONDOM/ DIAPHRAGM/ FOAM/ JELLY <input type="checkbox"/> → From where did you obtain your most recent supply of (METHOD)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p> <p>FOR OFFICE USE:</p> <p>SOURCE CODE <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p>	<p>MINISTRY OF HEALTH</p> <p>URBAN HOSP'L (GENERAL/DISTRICT) 1</p> <p>URBAN HEALTH UNIT 2</p> <p>HEALTH OFFICE 3</p> <p>RURAL HOSP'L (COMPLEMENTARY) .. 4</p> <p>RURAL HEALTH UNIT 5</p> <p>MCH CENTER 6</p> <p>MOBILE UNIT 7</p> <p>OTHER GOVERNMENTAL</p> <p>UNIVERSITY HOSPITAL 8</p> <p>TEACHING HOSPITAL 9</p> <p>HEALTH INSURANCE ORG. A</p> <p>CURATIVE CARE ORGANIZATION ... B</p> <p>OTHER GOVERNMENTAL C</p> <p>NON-GOVERNMENTAL ORGANIZATION</p> <p>EGYPT FAMILY PLANNING ASSOC. ... D</p> <p>CSI PROJECT E</p> <p>OTHER NON-GOVERNMENTAL . F</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/ CLINIC G</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE</p> <p>MOSQUE HEALTH UNIT J</p> <p>CHURCH HEALTH UNIT K</p> <p>OTHER NON-MEDICAL</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.,) L</p> <p>FRIEND/RELATIVE M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
322	<p>At the time you began this current period of use of (METHOD), did you obtain or consult about (METHOD) at (SOURCE IN 321) or did you go somewhere else?</p>	<p>YES, SAME PLACE 1</p> <p>NO, SOMEWHERE ELSE 2</p>	→ 324
323	<p>CHECK 315/315A</p> <p>YEAR IS 2000 OR LATER <input type="checkbox"/></p> <p>↓</p> <p>ENTER SOURCE CODE FROM 321 IN COLUMN 3 OF CALENDAR IN THE MONTH AND YEAR IN WHICH THE CURRENT SEGMENT OF USE BEGAN AND WRITE SOURCE NAME TO THE RIGHT OF THE CODE. THEN GO TO 326.</p>	<p>YEAR IS 1999 OR EARLIER <input type="checkbox"/></p> <p>↓</p> <p>GO TO 326.</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
324	<p>Where did you first obtain/get advice about (METHOD) during your current period of use?</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p> <p>FOR OFFICE USE:</p> <p>SOURCE CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>MINISTRY OF HEALTH</p> <p>URBAN HOSP'L (GENERAL/DISTRICT) 1</p> <p>URBAN HEALTH UNIT 2</p> <p>HEALTH OFFICE 3</p> <p>RURAL HOSP'L (COMPLEMENTARY) .. 4</p> <p>RURAL HEALTH UNIT 5</p> <p>MCH CENTER 6</p> <p>MOBILE UNIT 7</p> <p>OTHER GOVERNMENTAL</p> <p>UNIVERSITY HOSPITAL 8</p> <p>TEACHING HOSPITAL 9</p> <p>HEALTH INSURANCE ORG. A</p> <p>CURATIVE CARE ORGANIZATION ... B</p> <p>OTHER GOVERNMENTAL C</p> <p>NON-GOVERNMENTAL ORGANIZATION</p> <p>EGYPT FAMILY PLANNING ASSOC. .. D</p> <p>CSI PROJECT E</p> <p>OTHER NON-GOVERNMENTAL . F</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/ CLINIC G</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE</p> <p>MOSQUE HEALTH UNIT J</p> <p>CHURCH HEALTH UNIT K</p> <p>OTHER NON-MEDICAL</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.,) L</p> <p>FRIEND/RELATIVE M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	
325	<p>CHECK 315/315A</p> <p>YEAR IS 2000 OR LATER <input type="checkbox"/></p> <p>YEAR IS 1999 OR EARLIER <input type="checkbox"/></p> <p>↓</p> <p>ENTER SOURCE CODE FROM 324 IN COLUMN 3 OF CALENDAR IN THE MONTH AND YEAR IN WHICH THE CURRENT SEGMENT OF USE BEGAN AND WRITE SOURCE NAME TO THE RIGHT OF THE CODE. THEN CONTINUE WITH 326.</p> <p>↓</p>		
326	When you got (METHOD) at (SOURCE IN 319/321 or 324) were you told about side effects or problems you might have with this method?	<p>YES 1</p> <p>NO 2</p> <p>NO SOURCE/RELATIVE/FRIEND ... 3</p>	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	<p>YES 1</p> <p>NO 2</p>	→ 329
328	Were you told what to do if you experienced side effects or problems?	<p>YES 1</p> <p>NO 2</p>	
329	When you got (METHOD) at (SOURCE IN 319/321 or 324), were you told about other methods of family planning?	<p>YES 1</p> <p>NO 2</p> <p>NO SOURCE/RELATIVE/FRIEND ... 3</p>	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	<p>YES 1</p> <p>NO 2</p>	
331	<p>CHECK 313/313A:</p> <p>USING FEMALE/ MALE <input type="checkbox"/></p> <p>STERILIZATION ↓</p> <p>How much did you (your husband) pay in total for the sterilization, including any consultation you may have had?</p> <p>USING OTHER METHOD <input type="checkbox"/></p> <p>↓</p> <p>The last time you obtained (CURRENT METHOD) how much did you pay in total, including the cost of the method and any consultation you may have had?</p>	<p>COST . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POUNDS <input type="text"/> <input type="text"/> PT</p> <p>FREE 999995</p> <p>NO SOURCE/RELATIVE/FRIEND 999997</p> <p>DON'T KNOW 999998</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	CHECK 313/313A AND RECORD THE METHOD CURRENTLY USED: USING PILL <input type="checkbox"/> USING IUD <input type="checkbox"/> USING INJECTABLES <input type="checkbox"/> USING OTHER METHOD <input type="checkbox"/>		→ 338 → 339 → 340
333	May I see the package of pills you are using? RECORD NAME OF BRAND.	PACKAGE SEEN 1 BRAND NAME _____ (SPECIFY) <input type="text"/> PACKAGE NOT SEEN 2	→ 335
334	Do you know the brand name of the pills you are using? RECORD NAME OF BRAND.	BRAND NAME _____ (SPECIFY) <input type="text"/> DON'T KNOW 98	
335	How many pill cycles did you get the last time?	NUMBER OF CYCLES <input type="text"/> DON'T KNOW 98	
336	How much does one cycle of pills cost?	POUNDS PT COST <input type="text"/> . <input type="text"/> FREE 9995 DON'T KNOW 9998	
337	Would you be willing to pay the following for a cycle of pills? (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 340. AFTER ASKING ABOUT AMOUNT MORE THAN 5 POUNDS, RECORD YES OR NO AND GO TO 340.) 50 piasters? 75 piasters? 1 pound? 2 pounds? 5 pounds? More than 5 pounds?	YES NO 50 PIASTERS 1 2 75 PIASTERS 1 2 1 POUND 1 2 2 POUNDS 1 2 5 POUNDS 1 2 MORE THAN 5 POUNDS . 1 2	→ 340 → 340
338	Would you be willing to pay the following for an IUD (including all costs)? (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 340. AFTER ASKING ABOUT AMOUNT MORE THAN 200 POUNDS, RECORD YES OR NO AND GO TO 340.) 5 pounds? 10 pounds? 25 pounds? 50 pounds? 100 pounds? 150 pounds? 200 pounds? More than 200 pounds?	YES NO 5 POUNDS 1 2 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	→ 340 → 340
339	Would you be willing to pay the following for the injectables (including all costs)? (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 340. AFTER ASKING ABOUT AMOUNT MORE THAN 20 POUNDS, RECORD YES OR NO AND GO TO 340.) 2 pounds? 5 pounds? 10 pounds? 15 pounds? 20 pounds? More than 20 pounds?	YES NO 2 POUNDS 1 2 5 POUNDS 1 2 10 POUNDS 1 2 15 POUNDS 1 2 20 POUNDS 1 2 MORE THAN 20 POUNDS . 1 2	→ 340

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
340	<p>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 delay or avoid getting pregnant.</p> <p><u>COLUMN 2 - SEGMENTS OF CONTRACEPTIVE USE SINCE JANUARY 2000</u></p> <p>PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO JANUARY 2000. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>RECORD PERIODS OF USE AND NONUSE IN COLUMN 2 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.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 2</p> <ul style="list-style-type: none"> - 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? <p><u>COLUMN 3 - SOURCE OF CONTRACEPTIVE METHOD SINCE JANUARY 2000</u></p> <p>ASK FOR SOURCE OF METHOD FOR EACH SEGMENT OF USE IN THE CALENDAR PRIOR TO THE CURRENT SEGMENT OF USE. RECORD THE CODE FOR THE SOURCE IN COLUMN 3 IN THE MONTH AND YEAR IN WHICH THE SEGMENT OF USE BEGAN.</p> <p>FOR THE PILL, CONDOM, INJECTION, AND DIAPHRAGM/FOAM/JELLY, THE SOURCE SHOULD BE THE PLACE FROM WHICH THE METHOD WAS OBTAINED AT THE TIME THE SEGMENT OF USE BEGAN.</p> <p>PROBE FOR THE EXACT ADDRESS OF EACH SOURCE. WRITE THE NAME TO THE RIGHT OF COLUMN 3 OF THE CALENDAR IN MONTH IN WHICH THE SEGMENT OF USE BEGAN.</p> <p>THE NUMBER OF CODES ENTERED IN COLUMN 3 MUST BE THE SAME AS THE NUMBER OF SEGMENTS OF CONTRACEPTIVE USE IN COLUMN 2.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 3</p> <p>FOR MODERN METHODS (CODES C-K)</p> <ul style="list-style-type: none"> - Where did you obtain (METHOD) when you began using it that time? <p>FOR TRADITIONAL METHODS (CODES N-X);</p> <ul style="list-style-type: none"> - Did you seek advice about how to use (METHOD) when you began using it that time? - From where did you get the advice? <p>IF PHARMACY/OTHER NONMEDICAL SOURCE(S) (CODES I, L, M, X):</p> <ul style="list-style-type: none"> - Did you consult a doctor or a clinic when you began using (METHOD) that time? IF YES: Where did you consult? IF NO: RECORD CODE FOR PHARMACY OR OTHER SOURCE <p><u>COLUMN 4 - REASON FOR DISCONTINUATION</u></p> <p>FOR EACH PERIOD OF USE, ASK WHY SHE STOPPED USING THE METHOD AND RECORD THE REASON FOR DISCONTINUATION IN COLUMN 4 OF THE CALENDAR IN THE MONTH IN WHICH THE SEGMENT OF USE WAS TERMINATED.</p> <p>IF A PREGNANCY FOLLOWED, ASK IF SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR WHETHER SHE DELIBERATELY STOPPED USING THE METHOD TO GET PREGNANT.</p> <p>THE NUMBER OF CODES ENTERED IN COLUMN 4 MUST BE THE SAME AS THE NUMBER OF COMPLETE SEGMENTS OF CONTRACEPTIVE USE IN COLUMN 2.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 4</p> <ul style="list-style-type: none"> - 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>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> - How many months did it take you to get pregnant after you stopped using (method)? ENTER "0" IN EACH SUCH MONTH IN COLUMN 2. <p>AFTER COMPLETING COLUMNS 2, 3 AND 4 AS APPROPRIATE, GO TO 401.</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
341	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 401
342	Where is that? IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. <hr/> (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH URBAN HOSP'L (GENERAL/DISTRICT) 1 URBAN HEALTH UNIT 2 HEALTH OFFICE 3 RURAL HOSP'L (COMPLEMENTARY) .. 4 RURAL HEALTH UNIT 5 MCH CENTER 6 MOBILE UNIT 7 OTHER GOVERNMENTAL UNIVERSITY HOSPITAL 8 TEACHING HOSPITAL 9 HEALTH INSURANCE ORG. A CURATIVE CARE ORGANIZATION ... B OTHER GOVERNMENTAL C NON-GOVERNMENTAL ORGANIZATION EGYPT FAMILY PLANNING ASSOC. .. D CSI PROJECT E OTHER NON-GOVERNMENTAL . . . F PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC G PRIVATE DOCTOR H PHARMACY I OTHER PRIVATE MOSQUE HEALTH UNIT J CHURCH HEALTH UNIT K OTHER NON-MEDICAL OTHER VENDOR (SHOP, KIOSK, ETC.) L FRIEND/RELATIVE M OTHER X (SPECIFY) DON'T KNOW Z	

SECTION 4. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
401	<p>CHECK 106: MARITAL STATUS</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/></p>		→ 413								
402	<p>CHECK 313/313A: USING STERILIZATION</p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p>		→ 413								
403	<p>CHECK 226: CURRENTLY PREGNANT</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></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 now, 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 → 405</p> <p>SAYS SHE CAN'T GET PREGNANT . 3 → 413</p> <p>UNDECIDED AND PREGNANT . 4 → 410</p> <p>UNDECIDED AND NOT PREGNANT/ UNSURE IF PREGNANT 5 → 409</p>									
404	<p>CHECK 226: CURRENTLY PREGNANT</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>SOON/NOW 994 → 409</p> <p>SAYS SHE CAN'T GET PREGNANT 995 → 413</p> <p>OTHER 996 (SPECIFY)</p> <p>DON'T KNOW 998 → 409</p>									
405	<p>CHECK 226: CURRENTLY PREGNANT</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>		→ 410								
406	<p>CHECK 312: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>CURRENTLY USING <input type="checkbox"/></p>		→ 413								
407	<p>CHECK 404: PREFERRED TIME BEFORE NEXT BIRTH</p> <p>NOT ASKED <input type="checkbox"/></p> <p>24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/></p> <p>00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/></p>		→ 410								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
408	<p>CHECK 403: DESIRE FOR A(NOTHER) CHILD</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method? Can you tell me why you are not using a method?</p> <p>Any other reason? Any other reason?</p> <p>_____</p> <p>_____</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL/HYSTERECTOMY . C</p> <p>SUBFECUND/INFECUND D</p> <p>POSTPARTUM AMENORRHEIC ... E</p> <p>BREASTFEEDING F</p> <p>FATALISTIC G</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED H</p> <p>HUSBAND OPPOSED I</p> <p>OTHERS OPPOSED J</p> <p>RELIGIOUS PROHIBITION K</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD L</p> <p>KNOWS NO SOURCE M</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS N</p> <p>FEAR OF SIDE EFFECTS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>INCONVENIENT TO USE R</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES S</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>→ 410</p>
409	<p>CHECK 312: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		<p>→ 413</p>
410	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 412</p>
411	<p>Which contraceptive method would you prefer to use?</p> <p>RECORD ONE METHOD ONLY</p>	<p>FEMALE STERILIZATION C</p> <p>MALE STERILIZATION D</p> <p>PILL E</p> <p>IUD F</p> <p>INJECTABLES G</p> <p>IMPLANTS H</p> <p>CONDOM I</p> <p>DIAPHRAGM/FOAM/JELLY K</p> <p>RHYTHM METHOD N</p> <p>WITHDRAWAL R</p> <p>PROLONGED BREASTFEEDING .. T</p> <p>OTHER METHOD _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>→ 413</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX 21</p> <p>INFREQUENT SEX 22</p> <p>MENOPAUSAL/HYSTERECTOMY 23</p> <p>SUBFECUND/INFECUND 24</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>HUSBAND OPPOSED 32</p> <p>OTHERS OPPOSED 33</p> <p>RELIGIOUS PROHIBITION 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 41</p> <p>KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 51</p> <p>FEAR OF SIDE EFFECTS 52</p> <p>LACK OF ACCESS/TOO FAR 53</p> <p>COSTS TOO MUCH 54</p> <p>INCONVENIENT TO USE 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 56</p> <p>OTHER 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
413	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></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>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/><input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 415</p> <p>→ 415</p>
414	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	
415	<p>Would you consider it appropriate for a couple to use family planning after the first birth?</p>	<p>YES 1</p> <p>NO 2</p>	
416	<p>Would you consider it appropriate for a newly married couple to use family planning before the first pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	
416a	<p>In your opinion, what is the ideal length of time that a woman should wait between births?</p> <p>RECORD RESPONSE EXACTLY AS GIVEN.</p>	<p>MONTHS 1 <input type="text"/><input type="text"/></p> <p>YEARS 2 <input type="text"/><input type="text"/></p> <p>DON'T KNOW 998</p>	
417	<p>Have you ever heard (know) of "premarital examination" that is a consultation with a doctor or other staff as part of the preparation for marriage?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 419</p>
418	<p>Did you have a premarital examination at the time you got married or within two months after you married?</p>	<p>YES, BEFORE 1</p> <p>YES, AFTER 2</p> <p>YES, BOTH 3</p> <p>NO 4</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
419	Did a health worker, a raida rifa or anyone else visit you to talk about family planning during the past 6 months? IF YES: Who visited you?	VISITED BY: HEALTH WORKER A RAIDA RIFIA B OTHER _____ X (SPECIFY) NOT VISITED Y	
420	Have you visited governmental health facility for any reason during the past 6 months?	YES 1 NO 2	→ 422
421	Did any staff member at the health facility speak to you about family planning methods during any of your visits?	YES 1 NO 2	
422	Have you visited a private doctor or clinic for any reason during the past 6 months?	YES 1 NO 2	→ 424
423	Did the doctor or any other staff member there speak to you about family planning methods during any of your visits?	YES 1 NO 2	
424	During the past 6 months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? On a poster, billboard, or sign? At a community meeting? From a religious leader?	YES NO RADIO 1 2 TELEVISION 1 2 NEWSPAPER/MAGAZINE ... 1 2 POSTER/BILLBOARD/SIGN ... 1 2 COMMUNITY MEETING 1 2 RELIGIOUS LEADER 1 2	
425	Is there a special brand of pill that is appropriate for a woman to use while breastfeeding? IF YES: What brand is that?	YES AND NAMED 1 BRAND NAME _____ (SPECIFY) <input type="text"/> <input type="text"/> YES BUT DO NOT KNOW BRAND .. 2 DON'T KNOW 8	
426	CHECK 106: MARITAL STATUS CURRENTLY <input type="checkbox"/> WIDOWED/ MARRIED <input type="checkbox"/> DIVORCED/ SEPARATED <input type="checkbox"/>		→ 501
427	CHECK 313/313A: METHOD CODES <input type="checkbox"/> METHOD CODES C, E, F, G, H, K D, I, OR R CIRCLED <input type="checkbox"/> N, T OR X CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 429 → 431
428	Does your husband know that you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8	
429	Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	
430	CHECK 313/313A: NEITHER <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> STERILIZED <input type="checkbox"/>		→ 501
431	Do you think your husband wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	

SECTION 5. PREGNANCY AND POSTNATAL CARE AND BREASTFEEDING

501	CHECK 224: ONE OR MORE BIRTHS IN 2000 OR LATER <input type="checkbox"/> NO BIRTHS IN 2000 OR LATER <input type="checkbox"/> → 663			
502	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)			
503	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER ... <input type="text"/> <input type="text"/>
504	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
505	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 507) ← LATER 2 NOT AT ALL 3 (SKIP TO 507) ←	THEN 1 (SKIP TO 507) ← LATER 2 NOT AT ALL 3 (SKIP TO 507) ←	THEN 1 (SKIP TO 507) ← LATER 2 NOT AT ALL 3 (SKIP TO 507) ←
506	How much longer would you have liked to wait?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
507	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 512) ←	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 512) ←	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 512) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
508	<p>Where did you receive antenatal care for this pregnancy?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>(1) _____ (NAME OF PLACE(S))</p> <p>(2) _____ (NAME OF PLACE(S))</p> <p>(3) _____ (NAME OF PLACE(S))</p>	<p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>GOVERNMENT URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOV'T _____ I (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/CLINIC M PVT. DOCTOR . N OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X (SPECIFY)</p>	<p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>GOVERNMENT URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOV'T _____ I (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/CLINIC M PVT. DOCTOR . N OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X (SPECIFY)</p>	<p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>GOVERNMENT URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOV'T _____ I (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/CLINIC M PVT. DOCTOR . N OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X (SPECIFY)</p>
509	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW98	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW98	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW98
510	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW98		
511	How many months pregnant were you when you last received antenatal care for this pregnancy?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW98		
512	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 (SKIP TO 517) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 532) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 532) ← DON'T KNOW 8
513	During this pregnancy, how many times did you get this tetanus 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
514	<p>Where did you receive the tetanus injection(s)?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND</p> <p>CIRCLE THE APPROPRIATE CODE.</p> <p>(1) _____ (NAME OF PLACE(S))</p> <p>(2) _____ (NAME OF PLACE(S))</p> <p>(3) _____ (NAME OF PLACE(S))</p>	<p>GOVERNMENT URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOVT I (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO L (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N OTHER PVT. MED. P (SPECIFY)</p> <p>OTHER NON-MEDICAL X (SPECIFY)</p>	<p>GOVERNMENT URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOVT I (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO L (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N OTHER PVT. MED. P (SPECIFY)</p> <p>OTHER NON-MEDICAL X (SPECIFY)</p>	<p>GOVERNMENT URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOVT I (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO L (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N OTHER PVT. MED. P (SPECIFY)</p> <p>OTHER NON-MEDICAL X (SPECIFY)</p>
514a	CHECK 507:	NO ANC HAD ANC <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 516)		
515	Did any of the persons you saw for the tetanus injection(s) advise you that you should go for antenatal care?	YES 1 NO 2 DON'T KNOW 8		
516	CHECK 513:	2 OR MORE TIMES OTHER <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 521)		
517	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 521) ← DON'T KNOW 8		
518	Before this pregnancy, how many times did you get a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
519	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH ... <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 521) ← DK YEAR 9998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	How many years ago did you receive that tetanus injection?	YEARS AGO <input type="text"/> <input type="text"/>		
521	<p>When you were pregnant with (NAME), did you see a doctor, nurse, or anyone else for health care (other than an antenatal checkup or a tetanus injection)?</p> <p>IF YES: Whom did you see? Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B</p> <p>OTHER PERSON DAYA C OTHER _____ X (SPECIFY)</p> <p>NO ONE Y (SKIP TO 523) ←</p>		
522	<p>Where did you get that care?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>GOVERNMENT URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOV'T I (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO L (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X (SPECIFY)</p>		
523	CHECK 507, 512, 521:	<p>OTHER CARE ONLY <input type="checkbox"/></p> <p>ANC/TT <input type="checkbox"/></p> <p>NO CARE <input type="checkbox"/></p> <p>(SKIP TO 527) (SKIP TO 530)</p>		
524	At any time did you seek this care because you thought there was a problem with the pregnancy?	<p>YES 1</p> <p>NO 2 (SKIP TO 527) ←</p>		
525	How many times did you receive care during this pregnancy?	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW98</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
526	How many months pregnant were you when you last received care?	MONTHS ... <input type="text" value="0"/> <input type="text"/> DON'T KNOW98		
527	As part of the care you got during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT ... 1 2 BP 1 2 URINE 1 2 BLOOD ... 1 2		
528	During (any of) your care visit(s), were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8		
529	Were you told where to go if you had any of these complications?	YES 1 NO 2 DON'T KNOW 8		
530	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 532) ← DON'T KNOW 8		
531	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
532	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
533	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8
534	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW . 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW . 99998	KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW . 99998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
535	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B</p> <p>OTHER PERSON DAYA C OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B</p> <p>OTHER PERSON DAYA C OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B</p> <p>OTHER PERSON DAYA C OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p>																																				
536	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>(1) _____ (NAME OF PLACE(S))</p> <p>(2) _____ (NAME OF PLACE(S))</p> <p>(3) _____ (NAME OF PLACE(S))</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 542) ←</p> <p>OTHER HOME ... 12</p> <p>GOVERNMENT URBAN HOSPITAL 21 URBAN HEALTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 RURAL HEALTH UNIT 25 MCH CENTER ... 26 OTHER GOV'T 27 (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT ... 32 OTHER NGO 36 (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED. _____ 46 (SPECIFY)</p> <p>PRIVATE NON-MEDICAL _____ 96 (SPECIFY) (SKIP TO 542) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 543) ←</p> <p>OTHER HOME ... 12</p> <p>GOVERNMENT URBAN HOSPITAL 21 URBAN HEALTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 RURAL HEALTH UNIT 25 MCH CENTER ... 26 OTHER GOV'T 27 (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT ... 32 OTHER NGO 36 (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED. _____ 46 (SPECIFY)</p> <p>PRIVATE NON-MEDICAL _____ 96 (SPECIFY) (SKIP TO 543) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 543) ←</p> <p>OTHER HOME ... 12</p> <p>GOVERNMENT URBAN HOSPITAL 21 URBAN HEALTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 RURAL HEALTH UNIT 25 MCH CENTER ... 26 OTHER GOV'T 27 (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT ... 32 OTHER NGO 36 (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED. _____ 46 (SPECIFY)</p> <p>PRIVATE NON-MEDICAL _____ 96 (SPECIFY) (SKIP TO 543) ←</p>																																				
537	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW ... 998</p>													<p>HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW ... 998</p>													<p>HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>WEEKS . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DON'T KNOW ... 998</p>												
538	<p>Was (NAME) delivered by caesarean section?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>																																				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____							
539	<p>Before you were discharged after (NAME) was born, did a health professional check on your health?</p> <p>IF YES: Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER 6 (SPECIFY) NO ONE 7 (SKIP TO 541) ←</p>	<p>HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER 6 (SPECIFY) NO ONE 7</p>	<p>HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER 6 (SPECIFY) NO ONE 7</p>							
540	<p>How many hours, days or weeks after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ... 998 (SKIP TO 546) ←</p>									
541	<p>At any time in the two months after you were discharged, did a health professional or a traditional birth attendant check on your health?</p> <p>IF YES: Who checked on your health that time?</p> <p>RECORD ALL MENTIONED.</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) (SKIP TO 544) ←</p> <p>NO ONE Y (SKIP TO 546) ←</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 547) ←</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 547) ←</p>							
542	<p>Why didn't you deliver in a health facility?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED.</p>	<p>COST TOO MUCH . . A FACILITY NOT OPEN . B TOO FAR/ NO TRANSPORTATION C DON'T TRUST FACILITY/POOR QUALITY SERVICE D NO FEMALE PROVID- ER AT FACILITY . . E HUSBAND/FAMILY DID NOT ALLOW . . F NOT NECESSARY . . G NOT CUSTOMARY . . H OTHER X (SPECIFY)</p>									
543	<p>At any time in the two months after (NAME) was born, did a health professional or a traditional birth attendant check on your health?</p> <p>IF YES: Who checked on your health?</p> <p>RECORD ALL MENTIONED.</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE . . B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 546) ←</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE . . B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE . . B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y</p>							
544	<p>How many hours, days or weeks after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS . 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS .. 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS . 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ... 998</p>									

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
545	<p>Where did this first check take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>GOVERNMENT URBAN HOSPITAL 21 URBAN HEALTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 RURAL HEALTH UNIT 25 MCH CENTER ... 26 OTHER GOV'T _____ 27 (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT ... 32 OTHER NGO _____ 36 (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED. _____ 46 (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ 96 (SPECIFY)</p>								
546	<p>During the two weeks after birth, was a blood sample taken from (NAME'S) heel?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>								
547	<p>In the two months after (NAME) was born, did a health professional or traditional birth attendant check on his/her health?</p> <p>IF YES: Who checked on (NAME'S) health at that time?</p> <p>RECORD ALL MENTIONED</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE .. B</p> <p>OTHER PERSON DAYA C OTHER _____ X (SPECIFY)</p> <p>NO ONE Y (SKIP TO 550) ←</p> <p>DON'T KNOW Z</p>					<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE .. B</p> <p>OTHER PERSON DAYA C OTHER _____ X (SPECIFY)</p> <p>NO ONE Y DON'T KNOW Z</p>	<p>HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE .. B</p> <p>OTHER PERSON DAYA C OTHER _____ X (SPECIFY)</p> <p>NO ONE Y DON'T KNOW Z</p>		
548	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS . 1 <table border="1" data-bbox="808 1413 899 1465"><tr><td></td><td></td></tr></table></p> <p>DAYS .. 2 <table border="1" data-bbox="808 1465 899 1518"><tr><td></td><td></td></tr></table></p> <p>WEEKS.. 3 <table border="1" data-bbox="808 1518 899 1570"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____		
549	<p>Where did this first check of (NAME) take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME . . . 11</p> <p>OTHER HOME . . . 12</p> <p>GOVERNMENT</p> <p>URBAN HOSPITAL 21</p> <p>URBAN HEALTH UNIT 22</p> <p>HEALTH OFFICE . 23</p> <p>RURAL HOSPITAL 24</p> <p>RURAL HEALTH UNIT 25</p> <p>MCH CENTER . . . 26</p> <p>OTHER GOV'T _____ 27</p> <p>(SPECIFY)</p> <p>NONGOVERNMENT</p> <p>EGYPTIAN FP ASSOC 31</p> <p>CSI PROJECT . . . 32</p> <p>OTHER NGO _____ 36</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/CLINIC 41</p> <p>PVT. DOCTOR . 42</p> <p>OTHER PVT. MED. _____ 46</p> <p>(SPECIFY)</p> <p>OTHER NON-MEDICAL</p> <p>_____ 96</p> <p>(SPECIFY)</p>				
550	<p>When you were pregnant with (NAME), when you delivered, or in the two months after the delivery, did anyone give you advice about family planning?</p> <p>IF YES: Who gave you the advice? RECORD ALL MENTIONED.</p>	<p>HEALTH PROVIDER . A</p> <p>SOCIAL WORKER . B</p> <p>DAYA C</p> <p>RELIGIOUS LEADER D</p> <p>NEIGHBORS/ FRIENDS E</p> <p>HOUSEHOLD MEMBER F</p> <p>OTHER RELATIVES .. G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>				
551	<p>When you were pregnant with (NAME), when you delivered, or in the two months after the delivery, did anyone give you advice about breastfeeding?</p> <p>IF YES: Who gave you the advice? RECORD ALL MENTIONED.</p>	<p>HEALTH PROVIDER . A</p> <p>SOCIAL WORKER . B</p> <p>DAYA C</p> <p>RELIGIOUS LEADER D</p> <p>NEIGHBORS/ FRIENDS E</p> <p>HOUSEHOLD MEMBER F</p> <p>OTHER RELATIVES .. G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>				
552	<p>In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW TYPES OF/CAPSULES/.</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
553	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 555) ← NO 2 (SKIP TO 556) ←		
554	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 558) ←	YES 1 NO 2 (SKIP TO 558) ←
555	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
556	CHECK 226: IS RESPONDENT PREGNANT?	NOT <input type="checkbox"/> PREGNANT PREG- OR <input type="checkbox"/> NANT UNSURE (SKIP TO 558) ←		
557	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 559) ←		
558	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations? IF LESS THAN 2 MONTHS, RECORD DAYS. OTHERWISE, RECORD BY COMPLETED MONTHS.	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAYS . 1 <input type="text"/> <input type="text"/> MONTHS . 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
559	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 563) ←	YES 1 NO 2	YES 1 NO 2
560	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '000'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
561	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 563) ←		
562	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLU- COSE WATER . . . C GRUPE WATER . . . D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . . G TEA/INFUSIONS . . . H HONEY I OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
563	CHECK 504: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO BACK TO 505 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601)
564	CHECK 559: EVER BREASTFED?	EVER BREASTFED <input type="checkbox"/> NEVER BREAST-FED <input type="checkbox"/> (GO TO 569)	EVER BREASTFED <input type="checkbox"/> NEVER BREAST-FED <input type="checkbox"/> (GO TO 569)	EVER BREASTFED <input type="checkbox"/> NEVER BREAST-FED <input type="checkbox"/> (GO TO 569)
565	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 567) ← NO 2	YES 1 (SKIP TO 569) ← NO 2	YES 1 (SKIP TO 569) ← NO 2
566	For how many months did you breastfeed (NAME)?	MONTHS ... <input type="text"/> <input type="text"/> (SKIP TO 569) ← DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98
567	How many times did you breastfeed (NAME) 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"/>		
568	How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/>		
569	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
		GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR, IF NO MORE BIRTHS, GO TO 601.

SECTION 6. CHILD IMMUNIZATION AND HEALTH

601	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2000 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
602	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
603	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 603 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 663)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 603 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 660)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE GO TO 660)
604	Has (NAME) ever received a vitamin A dose like (this)? SHOW CAPSULES	YES 1 NO 2 (SKIP TO 606) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 606) DON'T KNOW 8	YES 1 NO 2 (SKIP TO 606) DON'T KNOW 8
605	Since how many months did (NAME) take the last dose?	MONTHS <input type="text"/> <input type="text"/> DK MONTH 98	MONTHS <input type="text"/> <input type="text"/> DK MONTH 98	MONTHS <input type="text"/> <input type="text"/> DK MONTH 98
606	Do you have a birth certificate for (NAME)? IF YES: May I see it please? RECORD IF CERTIFICATE INCLUDES VACCINATION RECORD.	YES, SEEN AND VACCINATION DATES RECORDED 1 (SKIP TO 608) YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, BUT NOT SEEN 3 (SKIP TO 610) NO CERTIFICATE 4	YES, SEEN AND VACCINATION DATES RECORDED 1 (SKIP TO 608) YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, BUT NOT SEEN 3 (SKIP TO 610) NO CERTIFICATE 4	YES, SEEN AND VACCINATION DATES RECORDED 1 (SKIP TO 608) YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, BUT NOT SEEN 3 (SKIP TO 610) NO CERTIFICATE 4
607	Did you ever have a vaccination card for (NAME)? IF YES: Did the certificate include a vaccination record?	YES, HAD CERTIFICATE WITH RECORD 1 YES, CERTIFICATE WITH NO RECORD 2 NO CERTIFICATE 3 (SKIP TO 610)	YES, HAD CERTIFICATE WITH RECORD 1 YES, CERTIFICATE WITH NO RECORD 2 NO CERTIFICATE 3 (SKIP TO 610)	YES, HAD CERTIFICATE WITH RECORD 1 YES, CERTIFICATE WITH NO RECORD 2 NO CERTIFICATE 3 (SKIP TO 610)

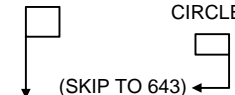
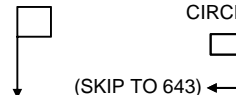
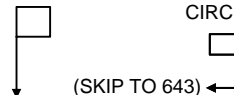



NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH																																																																																																																																																																																																																			
		NAME _____			NAME _____			NAME _____																																																																																																																																																																																																																			
608	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. DO NOT INCLUDE VACCINATIONS RECEIVED DURING NIDS DAYS. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN (OTHER THAN DURING A NIDS DAY), BUT NO DATE IS RECORDED.	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">LAST BIRTH</th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ACTIVATED DOSE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ACTIVATED DOSE</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>HEPATITIS 3</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A DOSE 1</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 0 (POLIO GIVEN AT BIRTH)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>POLIO 4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A DOSE 2</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>OTHER (SPECIFY)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>										LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH			DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG										POLIO 1										POLIO 2										POLIO 3										ACTIVATED DOSE										DPT 1										DPT 2										DPT 3										ACTIVATED DOSE										MEASLES										HEPATITIS 1										HEPATITIS 2										HEPATITIS 3										VITAMIN A DOSE 1										POLIO 0 (POLIO GIVEN AT BIRTH)										POLIO 4										MMR										VITAMIN A DOSE 2										OTHER (SPECIFY)									
			LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH																																																																																																																																																																																																																		
			DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR																																																																																																																																																																																																																
		BCG																																																																																																																																																																																																																									
		POLIO 1																																																																																																																																																																																																																									
		POLIO 2																																																																																																																																																																																																																									
		POLIO 3																																																																																																																																																																																																																									
		ACTIVATED DOSE																																																																																																																																																																																																																									
		DPT 1																																																																																																																																																																																																																									
		DPT 2																																																																																																																																																																																																																									
		DPT 3																																																																																																																																																																																																																									
		ACTIVATED DOSE																																																																																																																																																																																																																									
		MEASLES																																																																																																																																																																																																																									
		HEPATITIS 1																																																																																																																																																																																																																									
		HEPATITIS 2																																																																																																																																																																																																																									
		HEPATITIS 3																																																																																																																																																																																																																									
		VITAMIN A DOSE 1																																																																																																																																																																																																																									
		POLIO 0 (POLIO GIVEN AT BIRTH)																																																																																																																																																																																																																									
POLIO 4																																																																																																																																																																																																																											
MMR																																																																																																																																																																																																																											
VITAMIN A DOSE 2																																																																																																																																																																																																																											
OTHER (SPECIFY)																																																																																																																																																																																																																											
609	Has (NAME) received any vaccinations that are not recorded on the certificate other than those received during national immunization days? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO, DPT, HEPATITIS, MEASLES OR MMR VACCINES.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE DAY COLUMN IN 608 FOR THE VACCINE(S)) NO 2 DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE DAY COLUMN IN 608 FOR THE VACCINE(S)) NO 2 DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE DAY COLUMN IN 608 FOR THE VACCINE(S)) NO 2 DON'T KNOW 8																																																																																																																																																																																																																							
610	Do you have a health card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 612) YES, NOT SEEN 2 (SKIP TO 614) NO 3	YES, SEEN 1 (SKIP TO 612) YES, NOT SEEN 2 (SKIP TO 614) NO 3	YES, SEEN 1 (SKIP TO 612) YES, NOT SEEN 2 (SKIP TO 614) NO 3																																																																																																																																																																																																																							
611	Did (NAME) ever have a health card?	YES 1 (SKIP TO 614) NO 2	YES 1 (SKIP TO 614) NO 2	YES 1 (SKIP TO 614) NO 2																																																																																																																																																																																																																							

NO.	QUESTIONS AND FILTERS	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH																																																																																																																																																																																																							
		NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____	NAME _____																																																																																																																																																																																																					
612	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. DO NOT INCLUDE VACCINATIONS RECEIVED DURING NIDS DAYS. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN (OTHER THAN DURING A NIDS DAY), BUT NO DATE IS RECORDED.																																																																																																																																																																																																														
	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">LAST BIRTH</th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td>BCG</td><td></td><td></td><td>BCG</td><td></td><td></td></tr> <tr><td>POLIO 1</td><td></td><td></td><td></td><td>P1</td><td></td><td></td><td>P1</td><td></td><td></td></tr> <tr><td>DPT 1</td><td></td><td></td><td></td><td>D1</td><td></td><td></td><td>D1</td><td></td><td></td></tr> <tr><td>HEPATITIS 1</td><td></td><td></td><td></td><td>H1</td><td></td><td></td><td>H1</td><td></td><td></td></tr> <tr><td>POLIO 2</td><td></td><td></td><td></td><td>P2</td><td></td><td></td><td>P2</td><td></td><td></td></tr> <tr><td>DPT 2</td><td></td><td></td><td></td><td>D2</td><td></td><td></td><td>D2</td><td></td><td></td></tr> <tr><td>HEPATITIS 2</td><td></td><td></td><td></td><td>H2</td><td></td><td></td><td>H2</td><td></td><td></td></tr> <tr><td>POLIO 3</td><td></td><td></td><td></td><td>P3</td><td></td><td></td><td>P3</td><td></td><td></td></tr> <tr><td>DPT 3</td><td></td><td></td><td></td><td>D3</td><td></td><td></td><td>D3</td><td></td><td></td></tr> <tr><td>HEPATITIS 3</td><td></td><td></td><td></td><td>H3</td><td></td><td></td><td>H3</td><td></td><td></td></tr> <tr><td>POLIO4</td><td></td><td></td><td></td><td>P4</td><td></td><td></td><td>P4</td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td>MEA</td><td></td><td></td><td>MEA</td><td></td><td></td></tr> <tr><td>ACTIVATED POLIO</td><td></td><td></td><td></td><td>AP</td><td></td><td></td><td>AP</td><td></td><td></td></tr> <tr><td>ACTIVATED DPT</td><td></td><td></td><td></td><td>AD</td><td></td><td></td><td>AD</td><td></td><td></td></tr> <tr><td>VITAMIN A DOSE 1</td><td></td><td></td><td></td><td>VA1</td><td></td><td></td><td>VA1</td><td></td><td></td></tr> <tr><td>POLIO 0 (POLIO GIVEN AT MMR)</td><td></td><td></td><td></td><td>P0</td><td></td><td></td><td>P0</td><td></td><td></td></tr> <tr><td>VITAMIN A DOSE 2</td><td></td><td></td><td></td><td>VA2</td><td></td><td></td><td>VA2</td><td></td><td></td></tr> <tr><td>OTHER (SPECIFY)</td><td></td><td></td><td></td><td>OTH</td><td></td><td></td><td>OTH</td><td></td><td></td></tr> </tbody> </table>										LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH			DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR	BCG				BCG			BCG			POLIO 1				P1			P1			DPT 1				D1			D1			HEPATITIS 1				H1			H1			POLIO 2				P2			P2			DPT 2				D2			D2			HEPATITIS 2				H2			H2			POLIO 3				P3			P3			DPT 3				D3			D3			HEPATITIS 3				H3			H3			POLIO4				P4			P4			MEASLES				MEA			MEA			ACTIVATED POLIO				AP			AP			ACTIVATED DPT				AD			AD			VITAMIN A DOSE 1				VA1			VA1			POLIO 0 (POLIO GIVEN AT MMR)				P0			P0			VITAMIN A DOSE 2				VA2			VA2			OTHER (SPECIFY)				OTH			OTH	
	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH																																																																																																																																																																																																								
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR																																																																																																																																																																																																						
BCG				BCG			BCG																																																																																																																																																																																																								
POLIO 1				P1			P1																																																																																																																																																																																																								
DPT 1				D1			D1																																																																																																																																																																																																								
HEPATITIS 1				H1			H1																																																																																																																																																																																																								
POLIO 2				P2			P2																																																																																																																																																																																																								
DPT 2				D2			D2																																																																																																																																																																																																								
HEPATITIS 2				H2			H2																																																																																																																																																																																																								
POLIO 3				P3			P3																																																																																																																																																																																																								
DPT 3				D3			D3																																																																																																																																																																																																								
HEPATITIS 3				H3			H3																																																																																																																																																																																																								
POLIO4				P4			P4																																																																																																																																																																																																								
MEASLES				MEA			MEA																																																																																																																																																																																																								
ACTIVATED POLIO				AP			AP																																																																																																																																																																																																								
ACTIVATED DPT				AD			AD																																																																																																																																																																																																								
VITAMIN A DOSE 1				VA1			VA1																																																																																																																																																																																																								
POLIO 0 (POLIO GIVEN AT MMR)				P0			P0																																																																																																																																																																																																								
VITAMIN A DOSE 2				VA2			VA2																																																																																																																																																																																																								
OTHER (SPECIFY)				OTH			OTH																																																																																																																																																																																																								
613	Has (NAME) received any vaccinations that are not recorded on the certificate excluding those received during national immunization days? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO, DPT, HEPATITIS, MEASLES OR MMR VACCINES.	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE DAY COLUMN IN 612 FOR THE VACCINE(S)) NO 2 DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE DAY COLUMN IN 612 FOR THE VACCINE(S)) NO 2 DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE DAY COLUMN IN 612 FOR THE VACCINE(S)) NO 2 DON'T KNOW 8																																																																																																																																																																																																											

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
614	CHECK 608 AND 612	NO RECORD DATES/ CODES _____ '44' _____ OR '66' _____ (SKIP TO 626) ←	NO RECORD DATES/ CODES _____ '44' _____ OR '66' _____ (SKIP TO 626) ←	NO RECORD DATES/ CODES _____ '44' _____ OR '66' _____ (SKIP TO 626) ←
615	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 (SKIP TO 628) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 628) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 628) ← DON'T KNOW 8
616	Please tell me if (NAME) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes 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
617	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 620) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 620) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 620) ← DON'T KNOW 8
618	Excluding any doses gotten during national immunization days, how many times was a polio immunization received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
619	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
620	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes given at the same time as polio drops?	YES 1 NO 2 (SKIP TO 622) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 622) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 622) ← DON'T KNOW 8
621	How many times was a DPT vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
622	An injection to prevent 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
623	An injection against hepatitis?	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 625) ← DON'T KNOW 8
624	How many times was a hepatitis vaccination received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
625	An MMR injection, that is an injection against measles, mumps, and rubella given at 18 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
626	During the past two years, did (NAME) receive any polio vaccinations as part of the national immunization day campaigns?	YES 1 NO 2 CHILD HAD NO VACCINATIONS 3- DON'T KNOW ... 8- (SKIP TO 627a) ←	YES 1 NO 2 CHILD HAD NO VACCINATIONS 3- DON'T KNOW ... 8- (SKIP TO 628) ←	YES 1 NO 2 CHILD HAD NO VACCINATIONS 3- DON'T KNOW ... 8- (SKIP TO 628) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
627	How many times did (NAME) receive a polio vaccination at national immunization days in the past two years? IF NON-NUMERIC ANSWER, PROBE TO GET ESTIMATE.	NUMBER OF TIMES ... <input type="text"/> <input type="text"/>	NUMBER OF TIMES ... <input type="text"/> <input type="text"/>	NUMBER OF TIMES ... <input type="text"/> <input type="text"/>
627a	At any time when you took (NAME) for immunizations, did anyone talk to you about family planning?	YES 1 NO 2 NO VACCINATIONS/ MOTHER DID NOT TAKE CHILD 3 (SKIP TO 628) ← DK/UNSURE 8		
627b	At any time when you took (NAME) for immunizations, did anyone talk to you about any other health services (nutrition/antenatal care)?	YES 1 NO 2 DK/UNSURE 8		
628	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 643) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 643) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 643) ← DON'T KNOW 8
629	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
630	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
631	When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
632	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 637) ←	YES 1 NO 2 (SKIP TO 637) ←	YES 1 NO 2 (SKIP TO 637) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
633	<p>Where did you seek advice or treatment?</p> <p>IF SOURCE IS A HOSPITAL, HEALTH UNIT OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>Anywhere else? RECORD ALL PLACES MENTIONED.</p> <p>(1) _____ (NAME OF PLACE(S))</p> <p>(2) _____ (NAME OF PLACE(S))</p> <p>(3) _____ (NAME OF PLACE(S))</p>	<p>GOVERNMENT</p> <p>URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOV'T _____ I (SPECIFY)</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X (SPECIFY)</p>	<p>GOVERNMENT</p> <p>URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOV'T _____ I (SPECIFY)</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X (SPECIFY)</p>	<p>GOVERNMENT</p> <p>URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOV'T _____ I (SPECIFY)</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X (SPECIFY)</p>
634	CHECK 633:	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 636) ←</p>	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 636) ←</p>	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 636) ←</p>
635	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 633.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
636	<p>How many days after the diarrhea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.</p>	DAYS <input type="text"/>	DAYS <input type="text"/>	DAYS <input type="text"/>
637	Does (NAME) still have diarrhea?	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
638	Was he/she given a fluid made from a special packet called <i>mahloul moalget el gafaf</i> ?	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>
639	Was anything (else) given to treat the diarrhea?	<p>YES 1 NO 2 (SKIP TO 643) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 643) ← DON'T KNOW 8</p>	<p>YES 1 NO 2 (SKIP TO 643) ← DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
640	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY HERBAL MEDICINE J HOMEMADE SS SOLUTION K OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY HERBAL MEDICINE J HOMEMADE SS SOLUTION K OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY ... B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC . G UNKNOWN INJECTION ... H (IV) INTRAVENOUS . I HOME REMEDY HERBAL MEDICINE J HOMEMADE SS SOLUTION K OTHER _____ X (SPECIFY)
641	CHECK 640: GIVEN ZINC?	CODE "C" CIRCLED CODE "C" NOT CIRCLED 	CODE "C" CIRCLED CODE "C" NOT CIRCLED 	CODE "C" CIRCLED CODE "C" NOT CIRCLED 
642	How many times was (NAME) given zinc?	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98
643	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
644	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 647) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 647) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 647) ← DON'T KNOW 8
645	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 648) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 648) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 648) ← DON'T KNOW 8
646	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 648) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 648) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 648) ←
647	CHECK 643: HAD FEVER?	YES NO OR DK 	YES NO OR DK 	YES NO OR DK 

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
648	Now I would like to know how much (NAME) was given to drink during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
649	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
650	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 655) ←	YES 1 NO 2 (SKIP TO 655) ←	YES 1 NO 2 (SKIP TO 655) ←
651	Where did you seek advice or treatment? IF SOURCE IS A HOSPITAL, HEALTH UNIT OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. Anywhere else? RECORD ALL PLACES MENTIONED. (1) _____ (NAME OF PLACE(S)) (2) _____ (NAME OF PLACE(S)) (3) _____ (NAME OF PLACE(S))	GOVERNMENT URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOV'T I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)	GOVERNMENT URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOV'T I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)	GOVERNMENT URBAN HOSPITAL C URBAN HEALTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL F RURAL HEALTH UNIT G MCH CENTER ... H OTHER GOV'T I (SPECIFY) NONGOVERNMENTAL EGYPTIAN FP ASSOC J CSI PROJECT ... K OTHER NGO L (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC M PVT. DOCTOR . N PHARMACY O OTHER PVT. MED. _____ P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)
652	CHECK 651:	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 654) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 654) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 654) ←
653	Where did you first seek advice or treatment? USE LETTER CODE FROM 651.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
654	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
655	Is (NAME) still sick with a (fever/cough)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
656	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 659) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 659) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 659) ← DON'T KNOW 8
657	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC PILL/SYRUP ... A INJECTION B ANTI PYRETIC ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC F (SPECIFY) COUGH DRUG . G OTHER X (SPECIFY) DON'T KNOW Z (SKIP TO 659) ←	ANTIBIOTIC PILL/SYRUP ... A INJECTION B ANTI PYRETIC ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC F (SPECIFY) COUGH DRUG . G OTHER X (SPECIFY) DON'T KNOW Z (SKIP TO 659) ←	ANTIBIOTIC PILL/SYRUP ... A INJECTION B ANTI PYRETIC ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC F (SPECIFY) COUGH DRUG . G OTHER X (SPECIFY) DON'T KNOW Z (SKIP TO 659) ←
658	Did you already have the antibiotic at home when the child became ill?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
659		GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 660.	GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 660.	GO BACK TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 660

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP	
660	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2000 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>			→ 663	
661	The last time (NAME OF YOUNGEST CHILD) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY) DON'T KNOW 98			
662	CHECK 638 ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>			→ 664	
663	Have you ever heard of a special product called <i>mahloul moalget el gafaf</i> you can get for the treatment of diarrhea?	YES 1 NO 2			
664	In the last 6 months, have you heard/seen or received any information about the warning or danger signs women should be aware of in order to have a safe pregnancy?	YES 1 NO 2			→ 701
665	What was the last source you got information from?	TELEVISION 01 RADIO 02 NEWSPAPER/MAGAZINE 03 PAMPHLET/BROCHURE 04 POSTER 05 MEDICAL PROVIDER 06 HUSBAND 07 OTHER RELATIVE 08 FRIENDS/NEIGHBORS 09 OTHER _____ 96 (SPECIFY)			

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 106: MARITAL STATUS</p> <p>CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/></p>		→ 704
702	<p>RECORD LINE NUMBER OF HUSBAND FROM HOUSEHOLD SCHEDULE. IF HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD '00'.</p>	<p>HUSBAND'S LINE NUMBER ... <input type="text"/> <input type="text"/></p>	
703	<p>How old was your husband on his last birthday?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p>	
704	<p>In what month and year was your (last) husband born?</p> <p>COMPARE AND CORRECT 703 AND/OR 704 IF INCONSISTENT.</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	
705	<p>Before you got married, was your (last) husband related to you in anyway through blood or marriage?</p>	<p>YES 1</p> <p>NO 2</p>	→ 707
706	<p>What type of relationship was it?</p>	<p>FIRST COUSIN FATHER'S SIDE ... 1</p> <p>FIRST COUSIN MOTHER'S SIDE ... 2</p> <p>SECOND COUSIN FATHER'S SIDE . . 3</p> <p>SECOND COUSIN MOTHER'S SIDE 4</p> <p>OTHER RELATIVE FATHER'S SIDE . . 5</p> <p>OTHER RELATIVE MOTHER'S SIDE . . 6</p> <p>RELATIVE BY MARRIAGE. 7</p>	
707	<p>Did your (last) husband ever attend school?</p>	<p>YES 1</p> <p>NO 2</p>	→ 710
708	<p>What is 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>	
709	<p>What was the highest grade he completed at that level?</p>	<p>GRADE <input type="text"/></p> <p>DON'T KNOW 8</p>	
710	<p>CHECK 701:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/></p> <p>What is your husband's occupation? What was your (last) husband's occupation?</p> <p>That is, what kind of work does he mainly do? That is, what kind of work did he mainly do?</p>	<p>_____ <input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN DETAIL)</p>	
711	<p>Aside from your own housework, have you done any work in the last seven days even if it was only for a short period of time?</p>	<p>YES 1</p> <p>NO 2</p>	→ 715
712	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work even if it was only for a short period of time?</p>	<p>YES 1</p> <p>NO 2</p>	→ 715

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2	→ 715
714	Have you done any work in the last 12 months even if it was only for a short period of time?	YES 1 NO 2	→ 722
715	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____ (RECORD ANSWER IN DETAIL)	
716	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
717	Do you usually work at home or away from home?	HOME 1 AWAY 2	
718	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
719	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
720	CHECK 715: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 722
721	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
722	CHECK 106: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/>		→ 728
723	CHECK 719: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 726
724	Who decides how the money you earn will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6	
725	Would you say that the money that you bring into the household is more than what your husband brings in, less than what he brings in, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND DOESN'T BRING IN ANY MONEY 4 DON'T KNOW/NOT APPLICABLE 8	→ 727

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	Who decides how your husband's earnings will be used: mainly you, mainly your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND DOESN'T BRING IN ANY MONEY 4 OTHER 6	
727	Who usually makes the following decisions: mainly you, mainly your husband, you and your husband jointly, or someone else? About health care for yourself? About making major household purchases? About making purchases for daily household needs? About visits to your family or relatives?	RESPONDENT = 1 HUSBAND = 2 RESPONDENT & HUSBAND JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6 1 2 3 4 6 1 2 3 4 6 1 2 3 4 6	
728	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRES LISTEN. CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3	
729	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8	
730	CHECK 217 AND 218: AT LEAST ONE CHILD <input type="checkbox"/> NONE <input type="checkbox"/> AGED 3-17 YEARS AND LIVING WITH RESPONDENT		→ 801
731	Now, we will talk about another issue. All adults use certain ways to teach children the right behavior or to address a behaviour problem. I will read various methods that are used and I want you to tell me if you have used this with your child(ren) in the past month. 1) Explained why the behavior was wrong? 2) Shouted, yelled or screamed to him/her/any of them? 3) Hit or slap him/her/any of them on the body with hand or a hard object? 4) Hit or slap him/her/any of them on the face, head or ears?	RECORD NAMES OF CHILDREN AGE 3-17 YEARS _____ _____ _____ YES NO EXPLAINED 1 2 SHOUTED, YELLED, OR SCREAMED 1 2 HIT OR SLAP ON THE BODY 1 2 HIT OR SLAP ON FACE, HEAD OR EARS 1 2	

SECTION 8 FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
801	Now I would like to talk about the practice of female circumcision. Have you yourself been circumcised?	YES	NO	1	2	→ 803
802	How old were you when you were circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98				
803	CHECK 214 AND 217 AT LEAST ONE DAUGHTER AGE 0-17 YEARS <input type="checkbox"/> NO DAUGHTERS 0-17 YEARS <input type="checkbox"/>					→ 812
804	CHECK QUESTIONS 214 AND 217 AND IDENTIFY ALL OF THE WOMAN'S DAUGHTERS AGES 0-17 YEARS. ENTER THE NAME, AND LINE NUMBER FOR EACH DAUGHTER IN 805 BELOW BEGINNING WITH THE YOUNGEST DAUGHTER. USE AN ADDITIONAL QUESTIONNAIRE IF MORE THAN FOUR DAUGHTERS. Now I would like to ask you some questions about your daughters.					
805	CHECK 212: RECORD NAME(S) AND LINE NUMBER(S) FOR DAUGHTERS	<input type="text"/> LINE NO. (NAME)	<input type="text"/> LINE NO. (NAME)	<input type="text"/> LINE NO. (NAME)	<input type="text"/> LINE NO. (NAME)	
805a	CHECK 217:	AGE 15-17 YRS <input type="text"/> 0-14 YRS <input type="text"/> (GO TO 807) ←	AGE 15-17 YRS <input type="text"/> 0-14 YRS <input type="text"/> (GO TO 807) ←	AGE 15-17 YRS <input type="text"/> 0-14 YRS <input type="text"/> (GO TO 807) ←	AGE 15-17 YRS <input type="text"/> 0-14 YRS <input type="text"/> (GO TO 807) ←	
806	What is (NAME'S) marital statu	EVER MARRIED . 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED . 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED . 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED . 1 NEVER MARRIED/ SIGNED CONTRACT 2	
807	Is (NAME) circumcised?	YES 1 NO 2 DK 8 (GO TO NEXT DAUGHTER OR TO 810) ←	YES 1 NO 2 DK 8 (GO TO NEXT DAUGHTER OR TO 810) ←	YES 1 NO 2 DK 8 (GO TO NEXT DAUGHTER OR TO 810) ←	YES 1 NO 2 DK 8 (GO TO 810) ←	
808	Who performed the circumcision to (NAME)?	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA 3 BARBER . 4 GHAGARIA 5 OTHER 6 (SPECIFY) DK 8	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA 3 BARBER . 4 GHAGARIA 5 OTHER 6 (SPECIFY) DK 8	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA 3 BARBER . 4 GHAGARIA 5 OTHER 6 (SPECIFY) DK 8	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA 3 BARBER . 4 GHAGARIA 5 OTHER 6 (SPECIFY) DK 8	
809	How old was (NAME) when she was circumcised?	AGE <input type="text"/> <input type="text"/> DK 98	AGE <input type="text"/> <input type="text"/> DK 98	AGE <input type="text"/> <input type="text"/> DK 98	AGE <input type="text"/> <input type="text"/> DK 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	CHECK 807: AT LEAST ONE DAUGHTER NOT CIRCUMCISED <input type="checkbox"/> ALL DAUGHTERS CIRCUMCISED <input type="checkbox"/>		→ 812
811	You have (number of daughter not circumcised) daughter(s) who (has/have) not been circumcised. Do you intend that (she/they) will be circumcised in the future?	YES 1 NO 2 HAVE NOT DECIDED/UNSURE ... 8	
812	During the past year have you discussed circumcision with your relatives, friends, or neighbors?	YES 1 NO 2	
813	During the past year have you heard, seen or received any information about circumcision?	YES 1 NO 2 UNSURE 8	→ 815
814	Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONED	TELEVISION A RADIO B NEWSPAPER/MAGAZINE C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F HOME VISIT BY HEALTH WORKER .. G FACILITY-BASED HEALTH WORKER .. H HUSBAND I OTHER RELATIVE/FRIENDS J OTHER _____ X (SPECIFY)	
815	Do you believe that this practice is required by religious precepts?	YES 1 NO 2 DON'T KNOW 8	
816	Do you think that the practice of circumcision should be continued or should it be stopped?	CONTINUED 1 STOPPED 2 DON'T KNOW 8	
817	Do you think that men want this practice to continue or to stop?	CONTINUED 1 STOPPED 2 DON'T KNOW 8	
818	I will read you some statements about circumcision. Please tell me if you agree or disagree. A husband will prefer his wife to be circumcised. Circumcision prevents adultery. Childbirth is more difficult for a woman who has been circumcised. Circumcision can cause severe consequences that can lead to a girl's death.	DIS- AGREE AGREE DK HUSBAND PREFER.. 1 2 8 PREVENTS ADULTERY 1 2 8 CHILDBIRTH DIFFICULT 1 2 8 MAY LEAD TO GIRL'S DEATH ... 1 2 8	

SECTION 9: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
901	<p>CHECK IDENTIFICATION SECTION ON COVER PAGE</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> ↓</p> <p>WOMAN NOT SELECTED <input type="checkbox"/> →</p>		1001																																
902	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 ↓</p> <p>PRIVACY NOT POSSIBLE 2 →</p>		921																																
903	<p>READ TO ALL RESPONDENTS:</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Egypt. Let me assure you that your answers are completely confidential and will not be told to anyone.</p>																																		
904	<p>Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband.</p>																																		
	<p>904A (Does/did) your (last) husband ever:</p> <p>1) say or do something to humiliate you in front of others? YES 1 → NO 2 ↓</p> <p>2) threaten you or someone close to you with harm? YES 1 → NO 2 ↓</p>	<p>904B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th>OFTEN</th> <th>SOME TIMES</th> <th>NOT AT ALL</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>5</td> </tr> </tbody> </table>	OFTEN	SOME TIMES	NOT AT ALL	NA	1	2	3	5	1	2	3	5																					
OFTEN	SOME TIMES	NOT AT ALL	NA																																
1	2	3	5																																
1	2	3	5																																
905	<p>905A (Does/did) your (last) husband ever:</p> <p>1) push you, shake you, or throw something at you? YES 1 → NO 2 ↓</p> <p>2) slap you or twist your arm? YES 1 → NO 2 ↓</p> <p>3) punch you with his fist or with something that could hurt you? YES 1 → NO 2 ↓</p> <p>4) kick you or drag you? YES 1 → NO 2 ↓</p> <p>5) try to strangle you or burn you? YES 1 → NO 2 ↓</p> <p>6) threaten you with a knife, gun, or other type of weapon? YES 1 → NO 2 ↓</p> <p>7) attack you with a knife, gun, or other type of weapon? YES 1 → NO 2 ↓</p> <p>8) physically force you to have sexual intercourse with him when you did not want to? YES 1 → NO 2 ↓</p>	<p>905B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th>OFTEN</th> <th>SOME TIMES</th> <th>NOT AT ALL</th> <th>NA</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>5</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>5</td> </tr> </tbody> </table>	OFTEN	SOME TIMES	NOT AT ALL	NA	1	2	3	5	1	2	3	5	1	2	3	5	1	2	3	5	1	2	3	5	1	2	3	5	1	2	3	5	
OFTEN	SOME TIMES	NOT AT ALL	NA																																
1	2	3	5																																
1	2	3	5																																
1	2	3	5																																
1	2	3	5																																
1	2	3	5																																
1	2	3	5																																
1	2	3	5																																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
906	CHECK 905A: AT LEAST ONE <input type="checkbox"/> 'YES' NOT A SINGLE <input type="checkbox"/> 'YES'		→ 908												
907	Did the following ever happen because of something your (last) husband did to you: 1) You had bruises and aches? 2) You had an injury or a broken bone? 3) You went for treatment as a result of something your husband did to you?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>BRUISES/ACHES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INJURY/BROKEN BONE ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WENT FOR TREATMENT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	BRUISES/ACHES	1	2	INJURY/BROKEN BONE ..	1	2	WENT FOR TREATMENT	1	2	
	YES	NO													
BRUISES/ACHES	1	2													
INJURY/BROKEN BONE ..	1	2													
WENT FOR TREATMENT	1	2													
908	Have (did) you ever hit, slapped, kicked or done anything to physically hurt your (last) husband?	YES 1 NO 2	→ 910												
909	In the last 12 months, how often have you done this to your husband: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3 NOT APPLICABLE 5													
910	From the time you were 15 years old has anyone other than your (current/last) husband hit, slapped, kicked, or done anything else to hurt you physically?	YES 1 NO 2 NO ANSWER 3	→ 913												
911	Who has physically hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER A FATHER B STEP-MOTHER C STEP-FATHER D SISTER E BROTHER F DAUGHTER G SON H EX-HUSBAND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER FEMALE RELATIVE/IN-LAW .. L OTHER MALE RELATIVE/ IN-LAW ... M FEMALE FRIEND/ACQUAINTANCE .. N MALE FRIEND/ACQUAINTANCE O FEMALE TEACHER P MALE TEACHER Q FEMALE EMPLOYER R MALE EMPLOYER S STRANGER (FEMALE) T STRANGER (MALE) U OTHER X (SPECIFY)													
912	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3													
913	CHECK 208 AND 226 AND THE CALENDER: EVER PREGNANT <input type="checkbox"/> NEVER PREGNANT <input type="checkbox"/>		→ 916												
914	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 916												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	MOTHER A FATHER B STEP-MOTHER C STEP-FATHER D SISTER E BROTHER F DAUGHTER G SON H LATE/EX-HUSBAND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER FEMALE RELATIVE/IN-LAW .. L OTHER MALE RELATIVE/IN-LAW ... M FEMALE FRIEND/ACQUAINTANCE .. N MALE FRIEND/ACQUAINTANCE O FEMALE TEACHER P MALE TEACHER Q FEMALE EMPLOYER R MALE EMPLOYER S STRANGER (FEMALE) T STRANGER (MALE) U OTHER X (SPECIFY)	
916	<p>CHECK 905B: CODE '1' (OFTEN) OR CODE '2' (SOMETIMES) CIRCLED FOR AT LEAST ONE ITEM <input type="checkbox"/></p> <p>NOT A SINGLE CODE '1' OR '2' CIRCLED <input type="checkbox"/></p>		→ 920
917	<p>At any time during the past year when your (current/last) husband did something to physically hurt you, did you try to get help to prevent or stop him from hurting you?</p>	YES 1 NO 2	→ 919
918	<p>From whom did you seek help?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	MOTHER A FATHER B SISTER C BROTHER D MOTHER-IN-LAW E FATHER-IN-LAW F OTHER FEMALE RELATIVE/IN-LAW .. G OTHER MALE RELATIVE/IN-LAW ... H FRIEND I NEIGHBOR J TEACHER K EMPLOYER L RELIGIOUS LEADER M DOCTOR/MEDICAL PERSONNEL N POLICE O LAWYER P OTHER X (SPECIFY)	→ 920
919	<p>What is the main reason you have never sought help?</p>	DON'T KNOW WHO TO GO TO 01 NO USE 02 PART OF LIFE 03 AFRAID OF DIVORCE/DESERTION 04 AFRAID OF FURTHER BEATINGS .. 05 AFRAID OF GETTING PERSON BEATING HER INTO TROUBLE 06 EMBARRASSED 07 DON'T WANT TO DISGRACE FAMILY 08 NOT IMPORTANT 09 OTHER 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
920	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES ONCE HUSBAND 1 OTHER MALE ADULT 1 FEMALE ADULT 1	YES, MORE THAN ONCE 2 2 2	NO 3 3 3	

921 INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE

SECTION 10. HEALTH CARE ACCESS AND OTHER HEALTH CONCERNS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
1001	<p>Now I would like to ask you some questions about medical care for yourself.</p> <p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go.</p> <p>Getting money needed for treatment.</p> <p>The distance to the health facility.</p> <p>Having to take transportation.</p> <p>Not wanting to go alone.</p> <p>Concern that there may not be a female health provider.</p> <p>Concern that there may not be any health provider.</p> <p>Concern that there may be no drugs available.</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">BIG PROB- LEM</td> <td style="text-align: center;">NOT A BIG PROB- LEM</td> </tr> <tr> <td>PERMISSION TO GO ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GETTING MONEY ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DISTANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TAKING TRANSPORT ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GO ALONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO FEMALE PROV. ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO PROVIDER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NO DRUGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		BIG PROB- LEM	NOT A BIG PROB- LEM	PERMISSION TO GO ..	1	2	GETTING MONEY ...	1	2	DISTANCE	1	2	TAKING TRANSPORT ..	1	2	GO ALONE	1	2	NO FEMALE PROV. ...	1	2	NO PROVIDER	1	2	NO DRUGS	1	2	
	BIG PROB- LEM	NOT A BIG PROB- LEM																												
PERMISSION TO GO ..	1	2																												
GETTING MONEY ...	1	2																												
DISTANCE	1	2																												
TAKING TRANSPORT ..	1	2																												
GO ALONE	1	2																												
NO FEMALE PROV. ...	1	2																												
NO PROVIDER	1	2																												
NO DRUGS	1	2																												
1002	Do you have health insurance?	YES 1 NO 2	→ 1004																											
1003	What type of health insurance do you have? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH EMPLOYER A HEALTH INSURANCE THROUGH EMPLOYER OF ANOTHER FAMILY MEMBER B HEALTH INSURANCE THROUGH THE GENERAL AGENCY OF HEALTH INSURANCE C HEALTH INSURANCE THROUGH ANY OF THE SYNDICATES D OTHER _____ X (SPECIFY)																												
1004	Now I would like to ask you some questions about any injections you have had in the last six months. Have you had an injection for any reason in the last six months? (including family planning or tetanus injections) IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS GREATER THAN 95, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> NONE 00	→ 1008																											
1005	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS GREATER THAN 95, OR DAILY FOR 3 MONTHS OR MORE, RECORD '95'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS ... <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> NONE 00	→ 1008																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1006	<p>The last time you had an injection given to you by a health worker, where did you get the injection?</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND THE ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME 1</p> <p>OTHER HOME 2</p> <p>MINISTRY OF HEALTH</p> <p>URBAN HOSPITAL 3</p> <p>URBAN HEALTH UNIT 4</p> <p>HEALTH OFFICE 5</p> <p>RURAL HOSPITAL 6</p> <p>RURAL HEALTH UNIT 7</p> <p>MCH CENTER 8</p> <p>MOBILE UNIT 9</p> <p>OTHER GOVERNMENTAL</p> <p>UNIVERSITY HOSPITAL A</p> <p>TEACHING HOSPITAL B</p> <p>HEALTH INSURANCE ORG. C</p> <p>CURATIVE CARE ORGANIZATION . D</p> <p>OTHER GOVERNMENTAL E</p> <p>NON-GOVERNMENTAL ORGANIZATIONS</p> <p>EGYPTIAN FP ASSOC F</p> <p>CSI PROJECT G</p> <p>OTHER NON-GOVERNMENTAL ... H</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/ CLINIC I</p> <p>PRIVATE DOCTOR J</p> <p>DENTIST K</p> <p>PHARMACY L</p> <p>MOSQUE HEALTH UNIT M</p> <p>CHURCH HEALTH UNIT N</p> <p>OTHER NON-MEDICAL</p> <p>_____ X</p> <p>(SPECIFY)</p>	
1007	<p>The last time you had an injection from a health worker did the person who gave you that injection take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1008	<p>In the last 6 months have you heard, seen, or received any information about what people should do to be sure that injections are given safely?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 1010</p>
1009	<p>Where did you hear or see that information?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>TELEVISION A</p> <p>RADIO B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>PAMPHLET/BROCHURE D</p> <p>POSTER E</p> <p>COMMUNITY MEETING F</p> <p>HOME VISIT BY HEALTH WORKER G</p> <p>FACILITY-BASED HEALTH WORKER H</p> <p>HUSBAND I</p> <p>OTHER RELATIVE/FRIENDS/ NEIGHBORS J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1010	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 1012</p>
1011	<p>In the last 24 hours, how many cigarettes did you smoke?</p> <p>IF DIDN'T SMOKE DURING THE LAST 24 HOURS RECORD '00'</p>	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
1012	<p>Do you currently smoke or use any other type of tobacco?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 1014</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C ROLLED CIGARETTES D WATER PIPE E OTHER _____ X (SPECIFY)	
1014	Does anyone else in your household currently smoke cigarettes or use any other type of tobacco?	YES, CIGARETTES 1 YES, OTHER TOBACCO 2 YES, BOTH 3 NO 4	
1015	In the last 6 months have you heard, seen, or received any information about the health effects of second hand smoke (that is, exposure to direct smoke from smokers)?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 1101
1016	Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONED.	TELEVISION A RADIO B NEWSPAPER/MAGAZINE C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F HOME VISIT BY HEALTH WORKER G FACILITY-BASED HEALTH WORKER H HUSBAND I OTHER RELATIVE/FRIENDS/ NEIGHBORS J OTHER _____ X (SPECIFY)	

SECTION 11. HIV/AIDS AND OTHER SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to talk about something else. Have you ever heard the illness Hepatitis C?	YES 1 NO 2	→ 1105
1102	In the last 6 months have you heard, seen, or received any information about Hepatitis C?	YES 1 NO 2 DON'T KNOW 8	→ 1104
1103	Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONED.	TELEVISION A RADIO B NEWSPAPER/MAGAZINE C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F HOME VISIT BY HEALTH WORKER G FACILITY-BASED HEALTH WORKER H HUSBAND I OTHER RELATIVE/FRIENDS/ NEIGHBORS J OTHER X (SPECIFY)	
1104	How does Hepatitis C spread from one person to another? Any other ways? RECORD ALL MENTIONED.	HETEROSEXUAL SEX A HOMOSEXUAL SEX B CONTACT WITH INFECTED PERSON'S BLOOD THROUGH: TRANSFUSION C UNCLEAN NEEDLES D OTHER (E.G., RAZORS) E CASUAL PHYSICAL CONTACT(S) (E.G., SHAKING HANDS, SHARING FOOD OR DRINK, ETC.) F MOTHER-TO-CHILD TRANSMISSION G MOSQUITO/OTHER INSECT BITE H OTHER X (SPECIFY) DON'T KNOW Z	
1105	Have you ever heard of an illness called tuberculosis or TB?	YES 1 NO 2	→ 1109
1106	How does tuberculosis spread from one person to another? Any other ways? RECORD ALL MENTIONED.	THROUGH THE AIR WHEN COUGHING OR SNEEZING A THROUGH SHARING UTENSILS B THROUGH TOUCHING A PERSON WITH TB C THROUGH FOOD D THROUGH SEXUAL CONTACT E THROUGH MOSQUITO BITES F OTHER X (SPECIFY) DON'T KNOW Z	
1107	Can tuberculosis be cured?	YES 1 NO 2 DON'T KNOW 8	
1108	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1109	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 1127
1110	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1111	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
1112	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
1113	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
1114	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8																	
1115	Can the HIV virus be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PREGNANCY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DELIVERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BREASTFEEDING .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	PREGNANCY	1	2	8	DELIVERY	1	2	8	BREASTFEEDING .	1	2	8	
	YES	NO	DK																
PREGNANCY	1	2	8																
DELIVERY	1	2	8																
BREASTFEEDING .	1	2	8																
1116	Is there anything else a person can do to avoid or reduce the chances of getting the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	→ 1118																
1117	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAINING FROM SEXUAL INTERCOURSE A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ... C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES . K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER ... N OTHER _____ X (SPECIFY) DON'T KNOW Z																	
1118	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
1119	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES 1 NO 2	→ 1121																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1120	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p> <p>_____ (NAME OF PLACE)</p>	<p>GOVERNMENT</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH UNIT B</p> <p>VCT CENTER C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE CLINIC E</p> <p>OTHER GOVT. _____ F</p> <p>(SPECIFY)</p> <p>NON GOVERNMENTAL</p> <p>_____ G</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR H</p> <p>PHARMACY I</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ J</p> <p>(SPECIFY)</p> <p>OTHER NON-MEDICAL</p> <p>_____ X</p> <p>(SPECIFY)</p>	
1121	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1122	<p>If a member of your family became sick with the virus, that causes AIDS would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
1123	<p>If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
1124	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
1125	<p>In the last 6 months have you heard, seen, or received any information about HIV/AIDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p><input type="checkbox"/> → 1127</p>
1126	<p>Where did you hear or see that information?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>TELEVISION A</p> <p>RADIO B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>PAMPHLET/BROCHURE D</p> <p>POSTER E</p> <p>COMMUNITY MEETING F</p> <p>HOME VISIT BY HEALTH WORKER G</p> <p>FACILITY-BASED HEALTH WORKER H</p> <p>HUSBAND I</p> <p>OTHER RELATIVE/FRIENDS/</p> <p>NEIGHBORS J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
1127	<p>CHECK 1109:</p> <p>HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?</p> <p>NOT HEARD ABOUT AIDS <input type="checkbox"/></p> <p>↓</p> <p>Have you heard about infections that can be transmitted through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 1129</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1128	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
1129	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
1130	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
1131	CHECK 1128, 1129, AND 1130: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>		→ 1201
1132	The last time you had (PROBLEM FROM 1128/1129/1130), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1201
1133	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	MINISTRY OF HEALTH URBAN HOSPITAL A URBAN HEALTH UNIT B HEALTH OFFICE C RURAL HOSPITAL D RURAL HEALTH UNIT E MCH CENTER F MOBILE UNIT G OTHER GOVERNMENTAL UNIVERSITY HOSPITAL H TEACHING HOSPITAL I HEALTH INSURANCE ORG. J CURATIVE CARE ORGANIZATION . K OTHER GOVERNMENTAL L NON-GOVERNMENTAL EGYPT FAMILY PLANNING ASSOC. M CSI PROJECT N OTHER NON-GOVERNMENTAL ... O PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC P PRIVATE DOCTOR Q PHARMACY R MOSQUE HEALTH UNIT S CHURCH HEALTH UNIT T OTHER NON-MEDICAL OTHER VENDOR (SHOP, KIOSK, ETC.,) U FRIEND/RELATIVE V OTHER X (SPECIFY)	

SECTION 12. MOTHER AND CHILD NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																																	
1201	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2002 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 1202)</p> <p>_____</p> <p>(NAME)</p>		1207																																																																																																																																																																	
1202	<p>As part of this study, we are also looking at the nutrition of mothers and children. To help us understand these issues, I will first ask you about what (NAME FROM 1201) may have drank or eaten yesterday during the day or at night. Then I will also ask you about what you may have eaten or drunk yesterday.</p>																																																																																																																																																																			
1203	<p>First I would like to ask you about <u>liquids/foods</u> (NAME FROM 1201) had yesterday during the day or at night.</p> <p>Did (NAME FROM 1201) had:</p> <p>a. Plain water?</p> <p>b. Infant formula, that is, a special commercially produced breastmilk substitutes such as Similac, Bebelack and Biomeal?</p> <p>c. Any commercially fortified baby cereal (like Cerelac, or Riri or Gerber)?</p> <p>d. Other porridge or gruel made from wheat, rice or other grains?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a PLAIN WATER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b INFANT FORMULA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c COMMERCIAL BABY CEREALS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d OTHER PORRIDGE GRUEL</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a PLAIN WATER	1	2	8	b INFANT FORMULA	1	2	8	c COMMERCIAL BABY CEREALS	1	2	8	d OTHER PORRIDGE GRUEL	1	2	8																																																																																																																																														
	YES	NO	DK																																																																																																																																																																	
a PLAIN WATER	1	2	8																																																																																																																																																																	
b INFANT FORMULA	1	2	8																																																																																																																																																																	
c COMMERCIAL BABY CEREALS	1	2	8																																																																																																																																																																	
d OTHER PORRIDGE GRUEL	1	2	8																																																																																																																																																																	
1204	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 1201) or you may have had yesterday during the day or at night. I am interested in whether your child or you had the item even if it was combined with other foods.</p> <p>Did (Name/you) dring (eat):</p> <p>a. Milk such as tinned, powdered, or fresh animal milk?</p> <p>b. Tea or coffee?</p> <p>c. Sugary drinks such as sodas or fruit juices?</p> <p>d. Any other liquids?</p> <p>e. Bread, rice, noodles, macaroni, biscuits, or other food made from grains?</p> <p>f. Any pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>g. Any potatoes, white potatoes or any other food made from roots or tubers?</p> <p>h. Spinach, parsley or broccoli?</p> <p>i. Any legumes like fava beans, chickpeas, lentils, or peanuts?</p> <p>j. Canteloupe, mango, apricots or peaches?</p> <p>k. Any other vegetables or fruits?</p> <p>l. Any liver, kidney, heart or other organ meats?</p> <p>m. Any beef, lamb, goat, or rabbit?</p> <p>n. Any chicken, duck, pigeon, geese or other birds?</p> <p>o. Any eggs?</p> <p>p. Any fresh or dried or smoked or canned fish or shellfish?</p> <p>q. Any nuts?</p> <p>r. Any cheese or yogurt or milky products?</p> <p>s. Any food made with oil, fat, or butter?</p> <p>t. Any sugary foods such as chocolates, sweets, or candies</p> <p>u. Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr><td>a</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>b</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>c</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>d</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>e</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>f</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>g</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>h</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>i</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>j</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>k</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>l</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>m</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>n</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>o</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>p</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>q</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>r</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>s</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>t</td><td>1</td><td>2</td><td>8</td><td>1</td><td>2</td><td>8</td></tr> <tr><td>u</td><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td></tr> </tbody> </table>		CHILD			MOTHER				YES	NO	DK	YES	NO	DK	a	1	2	8	1	2	8	b	1	2	8	1	2	8	c	1	2	8	1	2	8	d	1	2	8	1	2	8	e	1	2	8	1	2	8	f	1	2	8	1	2	8	g	1	2	8	1	2	8	h	1	2	8	1	2	8	i	1	2	8	1	2	8	j	1	2	8	1	2	8	k	1	2	8	1	2	8	l	1	2	8	1	2	8	m	1	2	8	1	2	8	n	1	2	8	1	2	8	o	1	2	8	1	2	8	p	1	2	8	1	2	8	q	1	2	8	1	2	8	r	1	2	8	1	2	8	s	1	2	8	1	2	8	t	1	2	8	1	2	8	u	1	2	8				
	CHILD			MOTHER																																																																																																																																																																
	YES	NO	DK	YES	NO	DK																																																																																																																																																														
a	1	2	8	1	2	8																																																																																																																																																														
b	1	2	8	1	2	8																																																																																																																																																														
c	1	2	8	1	2	8																																																																																																																																																														
d	1	2	8	1	2	8																																																																																																																																																														
e	1	2	8	1	2	8																																																																																																																																																														
f	1	2	8	1	2	8																																																																																																																																																														
g	1	2	8	1	2	8																																																																																																																																																														
h	1	2	8	1	2	8																																																																																																																																																														
i	1	2	8	1	2	8																																																																																																																																																														
j	1	2	8	1	2	8																																																																																																																																																														
k	1	2	8	1	2	8																																																																																																																																																														
l	1	2	8	1	2	8																																																																																																																																																														
m	1	2	8	1	2	8																																																																																																																																																														
n	1	2	8	1	2	8																																																																																																																																																														
o	1	2	8	1	2	8																																																																																																																																																														
p	1	2	8	1	2	8																																																																																																																																																														
q	1	2	8	1	2	8																																																																																																																																																														
r	1	2	8	1	2	8																																																																																																																																																														
s	1	2	8	1	2	8																																																																																																																																																														
t	1	2	8	1	2	8																																																																																																																																																														
u	1	2	8																																																																																																																																																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1205	CHECK 1204 (CHILD): AT LEAST ONE "YES" <input type="checkbox"/>	NOT A SINGLE "YES" <input type="checkbox"/>	1207
1206	How many times did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	
1207	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS.
 WE MAY RETURN TO INTERVIEW YOU OR ANY OTHER MEMBER OF YOUR HOUSEHOLD IN THE FUTURE AND WE HOPE YOU WILL
 AGREE TO PARTICIPATE AGAIN AT THAT TIME.

OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

1301 INTERVIEWER'S OBSERVATIONS

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

1302 SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

1303 EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 FOR COLUMNS 1, 2 ALL MONTHS SHOULD BE FILLED.

COL. 1: MARRIAGE/UNION
 X IN UNION (MARRIED OR LIVING TOGETHER)
 0 NOT IN UNION

COL. 2: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE
 B BIRTHS
 P PREGNANCIES
 M MISCARRIAGE
 A ABORTION
 S STILL BIRTH

0 NO METHOD
 C FEMALE STERILIZATION
 D MALE STERILIZATION
 E PILL
 F IUD
 G INJECTABLES
 H IMPLANTS
 I CONDOM
 K DIAPHRAGM/FOAM OR JELLY
 N RHYTHM METHOD
 R WITHDRAWAL
 T PROLONGED BREASTFEEDING
 X OTHER _____

COL. 3: SOURCE OF CONTRACEPTION
 (SPECIFY)

MINISTRY OF HEALTH
 1 URBAN HOSPITAL
 2 URBAN HEALTH UNIT
 3 HEALTH OFFICE
 4 RURAL HOSPITAL
 5 RURAL HEALTH UNIT
 6 MCH CENTER
 7 MOBILE UNIT
OTHER GOVERNMENTAL
 8 UNIVERSITY HOSPITAL
 9 TEACHING HOSPITAL
 A HEALTH INSURANCE ORGANIZATION
 B CURATIVE CARE ORGANIZATION
 C OTHER GOVERNMENTAL
NON-GOVERNMENTAL
 D EGYPT FAMILY PLANNING ASSOC.
 E CSI PROJECT
 F OTHER NON-GOVERNMENTAL
PRIVATE MEDICAL
 G PRIVATE HOSPITAL/ CLINIC
 H PRIVATE DOCTOR
 I PHARMACY
OTHER PRIVATE
 J MOSQUE HEALTH UNIT
 K CHURCH HEALTH UNIT
OTHER NON-MEDICAL
 L OTHER VENDOR (SHOP, KIOSK, ETC..)
 M FRIENDS / RELATIVES
 X OTHER _____

COL. 4: DISCONTINUATION OF CONTRACEPTIVE USE
 Y **NO ONE**
 Z DON'T KNOW

0 INFREQUENT SEX/HUSBAND AWAY
 1 BECAME PREGNANT WHILE USING
 2 WANTED TO BECOME PREGNANT
 3 HUSBAND DISAPPROVED
 4 WANTED MORE EFFECTIVE METHOD
 5 HEALTH CONCERNS
 6 SIDE EFFECTS
 7 LACK OF ACCESS/TOO FAR
 8 COSTS TOO MUCH
 9 INCONVENIENT TO USE
 F FATALISTIC
 A DIFFICULT TO GET PREGNANT/MENOPAUSAL
 D MARITA _____
 X OTHER _____ (SPECIFY)
 Z DON'T KNOW

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

OUTCOME AND DATE OF LAST PREGNANCY TERMINATION PRIOR TO JANUARY 2000
 IF NONE, RECORD '0' IN OUTCOME.

OUTCOME MONTH YEAR

BIRTH DATE OF LAST CHILD BORN PRIOR TO JANUARY 2000

MONTH YEAR
