

EGYPT DEMOGRAPHIC AND HEALTH SURVEY 2008

EVER-MARRIED 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 type="text"/> <input type="text"/>
KISM/MARKAZ _____ BUILDING NO. _____	PSU/SEGMENT NO. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
SHIAKHA/VILLAGE _____ HOUSING UNIT NO _____	HOUSEHOLD NO. URBAN/RURAL <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
HOUSEHOLD NUMBER _____	LOCALITY <input type="text"/>
URBAN 1 RURAL 2	LINE NUMBER <input type="text"/> <input 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 _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR <input type="text"/> <input type="text"/> 0 <input type="text"/> <input type="text"/> 0 8
TEAM	_____	_____	_____	TEAM
INTERVIEWER	_____	_____	_____	INT. NUMBER ...
SUPERVISOR	_____	_____	_____	SUP. NUMBER ..
RESULT	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input 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	/ / 2008	/ / 2008	/ / 2008	/ / 2008
SIGNATURE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the Ministry of Health and Population. 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?




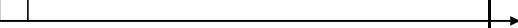
Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 ↓
RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → 1101

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	<input type="checkbox"/> → 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
116	CHECK 114: PRIMARY <input type="checkbox"/>	PREPARATORY OR HIGHER <input type="checkbox"/>	118
117	Can you read a newspaper or a letter easily, with difficulty or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	119
118	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	
119	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
120	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	
121	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" data-bbox="1247 338 1344 390"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1247 390 1344 443"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1247 596 1344 648"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1247 648 1344 701"><tr><td></td><td></td></tr><tr><td></td><td></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" data-bbox="1247 932 1344 984"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD <table border="1" data-bbox="1247 984 1344 1037"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1247 1113 1344 1165"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/>  NO <input type="checkbox"/>  PROBE AND CORRECT 201-209 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/>  NO BIRTHS <input type="checkbox"/> 		→ 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?	Is (NAME) single or 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 (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
09 (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
10 (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
11 (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
12 (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 ↓ 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
						NO	2		
223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH BIRTH SINCE JANUARY 2003: MONTH AND YEAR OF BIRTH RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>								
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 2003 OR LATER. IF NONE, RECORD '0' AND GO TO 225a.								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>FOR EACH BIRTH SINCE JANUARY 2003, 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 2003 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 2003.</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 before January 2003 that did not result in a live birth (pregnancy that ended in a still birth, miscarriage or abortion)?	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 2003. IF NONE RECODE '0' IN OUTCOME.																		
233	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1247 380 1341 428"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1247 436 1341 485"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1247 493 1341 541"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1247 550 1341 598"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> 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	→ 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	302 Which ways or methods have you heard about? FOR METHODS NOT MENTIONED, ASK: Have you ever heard of (METHOD)?	303 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES 1 NO 2 ↘	Have you ever had a husband who had an operation to avoid having any more children? YES 1 NO 2
03	PILL Women can take a pill every day.	YES 1 NO 2 ↘	YES 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ↘	YES 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2 ↘	YES 1 NO 2
06	IMPLANTS Women can have small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	YES 1 NO 2 ↘	YES 1 NO 2
07	CONDOM Men can use a rubber covering during sexual intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
08	DIAPHRAGM, FOAM, JELLY A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse.	YES 1 NO 2 ↘	YES 1 NO 2
09	RHYTHM METHOD A couple can avoid having sexual intercourse on the days of the month the woman is most to get pregnant.	YES 1 NO 2 ↘	YES 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before ejaculation.	YES 1 NO 2 ↘	YES 1 NO 2
11	PROLONGED BREASTFEEDING	YES 1 NO 2 ↘	YES 1 NO 2
12	EMERGENCY CONTRACEPTION Women can prevent pregnancy after having sexual intercourse within five days by taking one or two doses of pills.	YES 1 NO 2 ↘	YES 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES 1 NO 2 YES 1 NO 2
304	<p>CHECK 303:</p> <p>NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> ↘</p> <p>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 DON'T 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	CHECK 315/315A, 215, AND THE CALENDAR: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 315/315A. 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).	YES <input type="checkbox"/> NO <input type="checkbox"/>	
317	CHECK 315/315A: YEAR IS 2003 OR LATER <input type="checkbox"/> 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.	YEAR IS 2002 OR EARLIER <input type="checkbox"/> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 2 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 2003.	
318	CHECK 313/313A: CIRCLE METHOD CODE. IF MORE THAN ONE METHOD CODE CIRCLED IN 313/313A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION C MALE STERILIZATION D PILL E IUD F INJECTABLES G IMPLANTS H CONDOM I DIAPHRAGM/FOAM/JELLY/CREAM K RHYTHM METHOD N WITHDRAWAL R PROLONGED BREASTFEEDING .. T OTHER METHOD _____ X (SPECIFY)	→ 321 → 321 → 321
319	CHECK 313/313A IF MORE THAN ONE METHOD RECORDED IN 313/313A, CHECK AND ASK ABOUT METHOD HIGHEST ON THE LIST. F/M STERIL. <input type="checkbox"/> → Where did the sterilization take place? IUD <input type="checkbox"/> → Where did you have the IUD inserted? IMPLANT <input type="checkbox"/> → Where did you have the implant inserted? RHYTHM/ WITHDRAWAL/ 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? 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. _____ (NAME AND ADDRESS OF PLACE) FOR OFFICE USE: 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"/>	MINISTRY OF HEALTH AND POPULATION 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) NO ONE Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	<p>CHECK 315/315A</p> <p>YEAR IS 2003 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 2002 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/ CREAM <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 AND POPULATION</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 2003 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 2002 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 <table border="1" data-bbox="511 485 859 537"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table></p>											<p>MINISTRY OF HEALTH AND POPULATION</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 2003 OR LATER <input type="checkbox"/></p> <p>YEAR IS 2002 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>											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	<p>CHECK 313/313A:</p> <p>USING FEMALE/ MALE STERILIZATION <input type="checkbox"/></p> <p>USING OTHER METHOD <input type="checkbox"/></p> <p>How much did you (your husband) pay in total for the sterilization, including any consultation you may have had?</p> <p>The last time you obtained (CURRENT METHOD) how much did you pay in total, including the cost of the (CURRENT METHOD) and any consultation you may have had?</p>	<p>COST POUNDS <input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>FREE 9995</p> <p>NO SOURCE/RELATIVE/FRIEND 9997</p> <p>DON'T KNOW 9998</p>	→ 333
332	<p>CHECK 313/313A:</p> <p>USING FEMALE/ MALE STERILIZATION <input type="checkbox"/></p> <p>USING OTHER METHOD <input type="checkbox"/></p> <p>Did you have any problem in affording the cost of the sterilization?</p> <p>The last time you obtained it, did you have any problem in affording the cost of the (CURRENT METHOD)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
333	<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</p> <p>IUD F</p> <p>INJECTABLES G</p> <p>IMPLANTS H</p> <p>CONDOM I</p> <p>DIAPHRAGM/FOAM/JELLY/CREAM K</p> <p>RHYTHM METHOD N</p> <p>WITHDRAWAL R</p> <p>PROLONGED BREASTFEEDING T</p> <p>OTHER METHOD X</p> <p>(SPECIFY)</p>	<p>→ 340</p> <p>→ 340</p> <p>→ 340</p> <p>→ 340</p>
334	<p>Did you obtain a supply of your current method during the past month?</p> <p>IF YES: Did you obtain it within the past two weeks?</p>	<p>1-2 WEEKS AGO 1</p> <p>3-4 WEEKS AGO 2</p> <p>MORE THAN ONE MONTH AGO 3</p> <p>DON'T KNOW 4</p>	
335	<p>CHECK 313/313A AND RECORD THE METHOD CURRENTLY USED:</p> <p>USING PILL <input type="checkbox"/></p> <p>USING OTHER METHOD <input type="checkbox"/></p>		→ 340
336	<p>May I see the package of pills you are using?</p> <p>RECORD NAME OF BRAND.</p>	<p>PACKAGE SEEN 1</p> <p>BRAND NAME _____ (SPECIFY) <input type="text"/><input type="text"/></p> <p>PACKAGE NOT SEEN 2</p>	→ 338
337	<p>Do you know the brand name of the pills you are using?</p> <p>RECORD NAME OF BRAND.</p>	<p>BRAND NAME _____ (SPECIFY) <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>	
338	<p>How many pill cycles did you get the last time?</p>	<p>NUMBER OF CYCLES <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>	
339	<p>How much does one cycle of pills cost?</p>	<p>COST POUNDS PT <input type="text"/><input type="text"/> . <input type="text"/><input type="text"/></p> <p>FREE 9995</p> <p>DON'T KNOW 9998</p>	

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 2003</u></p> <p>PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO JANUARY 2003. 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 2003</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/CREAM, 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? <p>IF YES: Where did you consult?</p> <p>IF NO: RECORD CODE FOR PHARMACY OR OTHER SOURCE</p> <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)? <p>ENTER "0" IN EACH SUCH MONTH IN COLUMN 2.</p> <p>AFTER COMPLETING COLUMNS 2, 3 AND 4 AS APPROPRIATE, GO TO 341</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
341	CHECK 302: METHOD 11 PROLONGED BREASTFEEDING NOT MENTIONED <input type="checkbox"/> PROLONGED BREASTFEEDING MENTIONED <input type="checkbox"/>	→ 343	
342	Do you believe that breastfeeding can be a family planning method, that is, that breastfeeding can help a woman avoid becoming pregnant?	YES 1 NO 2	→ 347
343	Now I would like to ask some questions about the use of breastfeeding as a family planning method. For how many months after a baby is born is a woman protected from pregnancy if she breastfeeds?	NUMBER OF MONTHS <input type="text"/> UNTIL PERIOD RETURN 93 UNTIL SHE STOPS/CHILD WEANED 94 OTHER 96 (SPECIFY) DON'T KNOW 98	
344	If a breastfeeding mother's menstrual period returns, is she protected from pregnancy?	YES 1 NO 2 DON'T KNOW 8	
345	If the child is given other liquids or solids, is a breastfeeding mother protected from pregnancy?	YES 1 NO 2 DON'T KNOW 8	
346	If her baby sleeps through the night without feeding or feeds only a few times during the day, is a breastfeeding mother protected from pregnancy?	YES 1 NO 2 DON'T KNOW 8	
347	CHECK 304: NEVER USED METHOD <input type="checkbox"/> EVER USED METHOD <input type="checkbox"/>	→ 401	
348	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	→ 401
349	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. _____ (NAME AND ADDRESS OF PLACE)	MINISTRY OF HEALTH AND POPULATION 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</p> <p>SAYS SHE CAN'T GET PREGNANT . 3</p> <p>UNDECIDED AND PREGNANT . 4</p> <p>UNDECIDED AND NOT PREGNANT/ UNSURE IF PREGNANT 5</p>	<p>405</p> <p>413</p> <p>410</p> <p>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</p> <p>YEARS 2</p> <p>SOON/NOW 994</p> <p>SAYS SHE CAN'T GET PREGNANT 995</p> <p>OTHER 996</p> <p>(SPECIFY)</p> <p>DON'T KNOW 998</p>	<p>409</p> <p>413</p> <p>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>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"/></p> <p>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.</p> <p>Can you tell me why you are not using a method?</p> <p>Any other reason?</p> <hr/> <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</p> <p>(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"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>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</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>→ 413</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 25 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR ... 53 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON'T KNOW 98	
413	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	→ 415 → 415
414	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?	BOYS GIRLS EITHER NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER 96 (SPECIFY)	
415	Would you consider it appropriate for a couple to use family planning after the first birth?	YES 1 NO 2	
416	Would you consider it appropriate for a newly married couple to use family planning before the first pregnancy?	YES 1 NO 2	
416a	In your opinion, what is the ideal length of time that a woman should wait between births? RECORD RESPONSE EXACTLY AS GIVEN.	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
417	Have you ever heard (know) of "premarital examination" that is a consultation with a doctor or other health staff as part of the preparation for marriage?	YES 1 NO 2	→ 419
418	Did you have a premarital examination before you got married? IF NO: Did you have an consultation within two months after you married?	HAD EXAM BEFORE MARRIAGE ... 1 HAD EXAM WITHIN TWO MONTHS AFTER MARRIAGE 2 DID NOT HAVE EXAMINATION 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
419	Did a health worker, a raída rífa 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 _____ <input type="text"/> <input type="text"/> (SPECIFY) YES BUT DO NOT KNOW BRAND .. 2 DON'T KNOW 8	
426	CHECK 106: MARITAL STATUS CURRENTLY <input type="checkbox"/> WIDOWED/ MARRIED ↓ DIVORCED/ SEPARATED		→ 501
427	CHECK 313/313A: METHOD CODES <input type="checkbox"/> METHOD CODES D, I, OR R D, I, OR R CIRCLED NOT CIRCLED NO CODE CIRCLED <input type="checkbox"/>		→ 429 → 430
428	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)	
429	CHECK 313/313A: NEITHER <input type="checkbox"/> HE OR SHE STERILIZED ↓ STERILIZED		→ 501
430	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 2003 OR LATER <input type="checkbox"/> NO BIRTHS IN 2003 OR LATER <input type="checkbox"/> → 663			
502	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 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? RECORD RESPONSE EXACTLY AS GIVEN.	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DONT KNOW 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DONT KNOW ... 998	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> DONT 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 518) ←	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 518) ←	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 518) ←

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 (GNRL/DSTRCT) . C URBAN H'LTH UNIT . D HEALTH OFFICE . . . E RURAL HOSPITAL (COMPL'TARY) . 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. P MED. _____ (SPECIFY) _____</p> <p>OTHER NON-MEDICAL _____ X (SPECIFY) _____</p>	<p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) C URBAN H'LTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPL'TARY) 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. P MED. _____ (SPECIFY) _____</p> <p>OTHER NON-MEDICAL _____ X (SPECIFY) _____</p>	<p>HOME YOUR HOME ... A OTHER HOME ... B</p> <p>GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) C URBAN H'LTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPL'TARY) 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. P MED. _____ (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 KNOW 98	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW 98	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DON'T KNOW 98
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 KNOW 98		
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 KNOW 98		
512	Were you charged a single fee for all of the antenatal visits you made before (NAME'S) birth or did you pay separately for each visit?	PAID SINGLE FEE FOR ALL VISITS . 1 PAID SEPARATE FEE FOR EACH VISIT . 2 (513A) ← BOTH 3 FREE 4 (514) ←		
513	How much did you pay in total for all of your antenatal care visits during this pregnancy including all the consultations with the provider and any drugs or laboratory tests you had at (FACILITY)?	POUNDS COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998		
513A	How much did you pay for your <u>last</u> antenatal care visit including the consultation with the provider and any drugs or laboratory tests you had at (FACILITY)?			

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
514	Did you pay additional costs for drugs at a separate pharmacy/clinic/drug shop (at any time during the pregnancy/ as a result of your last antenatal visit)?	YES 1 NO 2 (SKIP TO 516) ← DONT KNOW 8						
515	How much in total did you pay for the additional drugs?	COST <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> POUNDS DONT KNOW 9998						
516	Did you pay additional costs for laboratory tests you got at a separate laboratory facility (at any time during the pregnancy/ as a result of your last antenatal visit)?	YES 1 NO 2 (SKIP TO 518) ← DONT KNOW 8						
517	How much in total did you pay for the additional lab tests?	COST <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> POUNDS DONT KNOW 9998						
518	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 524) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 539) ← DONT KNOW 8	YES 1 NO 2 (SKIP TO 539) ← DONT KNOW 8				
519	During this pregnancy, how many times did you get this tetanus injection?	TIMES <input type="text"/> DONT KNOW 8	TIMES <input type="text"/> DONT KNOW 8	TIMES <input type="text"/> DONT KNOW 8				
520	Where did you receive the tetanus injection(s)? CIRCLE ALL MENTIONED. 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. (1) _____ (NAME OF PLACE(S)) (2) _____ (NAME OF PLACE(S)) (3) _____ (NAME OF PLACE(S))	GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) . C URBAN H'LTH UNIT . D HEALTH OFFICE . E RURAL HOSPITAL (COMPLTARY) . F RURAL HEALITH UNIT G 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 OTHER PVT. MED. P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)	GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) C URBAN H'LTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPLTARY) F RURAL HEALITH UNIT G 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 OTHER PVT. MED. P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)	GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) C URBAN H'LTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPLTARY) F RURAL HEALITH UNIT G 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 OTHER PVT. MED. P (SPECIFY) OTHER NON-MEDICAL X (SPECIFY)				

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____										
529	<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</p> <p>YOUR HOME A</p> <p>OTHER HOME B</p> <p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTRCT) . . . C</p> <p>URBAN HLTH UNIT . . . D</p> <p>HEALTH OFFICE E</p> <p>RURAL HOSPITAL (COMPL'TARY) F</p> <p>RURAL HLTH UNIT . . . G</p> <p>MCH CENTER H</p> <p>OTHER GOV'T I</p> <p>(SPECIFY) _____</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J</p> <p>CSI PROJECT K</p> <p>OTHER NGO L</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/ CLINIC M</p> <p>PVT. DOCTOR N</p> <p>OTHER PVT. MED. _____ P</p> <p>(SPECIFY) _____</p> <p>OTHER NON-MEDICAL</p> <p>_____ . X</p> <p>(SPECIFY) _____</p>												
530	CHECK 507, 518, 528:	<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 534) (SKIP TO 537)</p>												
531	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</p> <p>(SKIP TO 534) ←</p>												
532	How many times did you receive care during this pregnancy?	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>												
533	How many months pregnant were you when you last received care?	<p>MONTHS . . . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>												
534	<p>As part of the care you got during this pregnancy, were any of the following done at least once?</p> <p>Were you weighed?</p> <p>Was your blood pressure measured?</p> <p>Did you give a urine sample?</p> <p>Did you give a blood sample?</p>	<p>YES NO</p> <p>WEIGHT . . . 1 2</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD 1 2</p>												

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
535	During (any of) your care visit(s), were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 537) ← DON'T KNOW 8		
536	Were you told where to go if you had any of these complications?	YES 1 NO 2 DON'T KNOW 8		
537	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 539) ← DON'T KNOW 8		
538	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		
539	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
540	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 542) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 542) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 542) ← DON'T KNOW 8
541	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
542	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																				
543	<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 546a) ←</p> <p>OTHER HOME 12</p> <p>GOVERNMENT URBAN HOSPITAL (GNRAL/DSTRCT) 21 URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL (COMPLTARY) 24 RURAL HLTH 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 546a) ←</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 556) ←</p> <p>OTHER HOME . . . 12</p> <p>GOVERNMENT URBAN HOSPITAL 21 (GNRAL/DSTRCT) URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 (COMPLTARY) RURAL HLTH 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 556) ←</p>	<p>HOME YOUR HOME . . . 11 (SKIP TO 556) ←</p> <p>OTHER HOME . . . 12</p> <p>GOVERNMENT URBAN HOSPITAL 21 (GNRAL/DSTRCT) URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 (COMPLTARY) RURAL HLTH 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 556) ←</p>																																				
544	<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>												
545	<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>																																				
546	<p>How much did you pay for care for (NAME'S) delivery? Please include any payments to the health care providers, room and board and any drugs or laboratory tests in [FACILITY NAME].</p>	<p style="text-align: center;">COST IN POUNDS</p> <table border="1" style="margin: auto; width: 100px; height: 20px;"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td> </tr> </table> <p>IN KIND 9994 FREE 9995 DON'T KNOW 9998</p>																																						
546a	<p>How much did you pay for care for (NAME'S) delivery?</p>																																							
547	<p>Did you incur additional costs for drugs at a separate pharmacy/ clinic/drug shop for the delivery?</p>	<p>YES 1 NO 2 (SKIP TO 549) ← DONT KNOW 8</p>																																						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____		
548	How much in total did you for the additional drugs?	POUNDS COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998				
549	Did you incur additional costs for laboratory tests conducted at a separate laboratory facility?	YES 1 NO 2 (SKIP TO 551) ← DON'T KNOW 8				
550	How much in total did you pay for the additional lab tests?	POUNDS COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998				
551	CHECK 543:	GOVERNMENT/ OTHER PRIVATE MEDICAL <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 555)				
552	Before you were discharged after (NAME) was born, did a health professional check on your health? IF YES: Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE . . . 2 OTHER 6 (SPECIFY) NO ONE 7 (SKIP TO 554) ←			HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER 6 (SPECIFY) NO ONE 7	HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER 6 (SPECIFY) NO ONE 7
553	How many hours, days or weeks after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS . . 2 <input type="text"/> <input type="text"/> WEEKS . . 3 <input type="text"/> <input type="text"/> DON'T KNOW 998				
554	At any time in the two months after you were discharged, did a health professional or a traditional birth attendant check on your health? IF YES: Who checked on your health that time? RECORD ALL MENTIONED.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON DAYA C OTHER X (SPECIFY) (SKIP TO 557) ← NO ONE Y (SKIP TO 568) ←	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 557) ←	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 557) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
555	<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</p> <p>FACILITY NOT OPEN . . B</p> <p>TOO FAR/ NO TRANSPORTATION . . C</p> <p>DONT TRUST FACILITY/POOR QUALITY SERVICE . . D</p> <p>NO FEMALE PROVID- ER AT FACILITY . . . E</p> <p>HUSBAND/FAMILY DID NOT ALLOW . . . F</p> <p>NOT NECESSARY . . . G</p> <p>NOT CUSTOMARY . . . H</p> <p>OTHER _____ X (SPECIFY)</p>								
556	<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</p> <p>OTHER PERSON DAYA C OTHER _____ X (SPECIFY)</p> <p>NO ONE Y (SKIP TO 568) ←</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>						
557	<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" data-bbox="808 793 894 842"><tr><td></td><td></td></tr></table></p> <p>DAYS . . 2 <table border="1" data-bbox="808 842 894 890"><tr><td></td><td></td></tr></table></p> <p>WEEKS . . 3 <table border="1" data-bbox="808 890 894 938"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>								
558	<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>_____ 27 (NAME OF PLACE)</p>	<p>HOME YOUR HOME 11 OTHER HOME 12</p> <p>GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) . . 21 URBAN HLTH UNIT 22 HEALTH OFFICE . . 23 RURAL HOSPITAL (COMPL'TARY) . . 24 RURAL HLTH 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>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
559	How much did you pay the provider for care for the first postnatal visit?	POUNDS COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9995 DONT KNOW 9998		
560	Did you incur additional costs for drugs at a separate pharmacy/ clinic/drug shop for this postnatal visit?	YES 1 NO 2 (SKIP TO 562) ← DONT KNOW 8		
561	How much in total did you for the additional drugs?	POUNDS COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 9998		
562	Did you incur additional costs for laboratory tests conducted at a separate laboratory facility for this postnatal visit?	YES 1 NO 2 (SKIP TO 568) ← DONT KNOW 8		
563	How much in total did you pay for the additional lab tests?	POUNDS COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW 9998		
564	CHECK 558:	IN OWN HOME NOT IN OWN HOME <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 566)		
565	CHECK 556:	DAYA/ OTHER DOCTOR/ NURSE-MIDWIFE <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 568)		
566	At any time during the two months after (NAME)'s delivery, did a doctor or nurse/midwife ever visit your home to check on your health?	YES 1 NO 2 (SKIP TO 568) ← DONT KNOW 8		
567	How many times after delivery did a health professional visit your home to check on your health?	NUMBER OF TIMES . <input type="text"/> <input type="text"/> DONT KNOW 98		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
568	During the two weeks after birth, was a blood sample taken from (NAME'S) heel?	YES 1 NO 2 (SKIP TO 570) ← DONT KNOW 8		
569	How many days after birth was the blood sample taken from (NAME'S) heel?	NUMBER OF DAYS . <input type="text"/> <input type="text"/> DONT KNOW 98		
570	In the two months after (NAME) was born, did a health professional or traditional birth attendant check on his/her health? IF YES: Who checked on (NAME'S) health at that time? RECORD ALL MENTIONED	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 573) ← DONT KNOW Z	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE . . B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y DONT KNOW Z	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE . . B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y DONT KNOW Z
571	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 <input type="text"/> <input type="text"/> DAYS . . 2 <input type="text"/> <input type="text"/> WEEKS . . 3 <input type="text"/> <input type="text"/> DONT KNOW 998		
572	Where did this first check of (NAME) take place? 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. _____ (NAME OF PLACE)	HOME YOUR HOME 11 OTHER HOME 12 GOVERNMENT URBAN HOSPITAL (GNRL/DSTRCT) . . 21 URBAN HLTH UNIT 22 HEALTH OFFICE . . 23 RURAL HOSPITAL (COMPLTARY) . . 24 RURAL HLTH UNIT 25 MCH CENTER 26 OTHER GOV'T _____ 27 (SPECIFY) NONGOVERNMENT EGYPTIAN FP ASSOC 31 CSI PROJECT 32 OTHER NGO _____ 36 (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL/CLINIC 41 PVT. DOCTOR 42 OTHER PVT. MED. _____ 46 (SPECIFY) OTHER NON-MEDICAL _____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
573	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? IF YES: Who gave you the advice? RECORD ALL MENTIONED.	HEALTH PROVIDER . . . A SOCIAL WORKER . . . B DAYA C RELIGIOUS LEADER . . D NEIGHBORS/ FRIENDS E HOUSEHOLD MEMBER F OTHER RELATIVES . . . G OTHER _____ X (SPECIFY) NO ONE Y		
574	When you were pregnant with (NAME), when you delivered, or in the two months after the delivery, did anyone give you advice about breastfeeding? IF YES: Who gave you the advice? RECORD ALL MENTIONED.	HEALTH PROVIDER . . . A SOCIAL WORKER . . . B DAYA C RELIGIOUS LEADER . . D NEIGHBORS/ FRIENDS E HOUSEHOLD MEMBER F OTHER RELATIVES . . . G OTHER _____ X (SPECIFY) NO ONE Y		
575	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW (TYPES OF) CAPSULES.	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
576	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 578) ← NO 2 (SKIP TO 579) ←		
577	Did your period return between the birth of (NAME) and your next pregnancy?			
578	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
579	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE (SKIP TO 581) ←		
580	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 582) ←		
581	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
582	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 586) ←	YES 1 NO 2	YES 1 NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____									
583	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 <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> 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><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>											
584	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 586) ←											
585	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . . A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . . G TEA/OTHER LIQUIDS H HONEY I OTHER _____ X (SPECIFY)											
586	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)									
587	CHECK 582: EVER BREASTFED?	EVER BREASTFED <input type="checkbox"/> ↓ NEVER BREAST-FED <input type="checkbox"/> ↓ (GO TO 592)	EVER BREASTFED <input type="checkbox"/> ↓ NEVER BREAST-FED <input type="checkbox"/> ↓ (GO TO 592)	EVER BREASTFED <input type="checkbox"/> ↓ NEVER BREAST-FED <input type="checkbox"/> ↓ (GO TO 592)									
588	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 590) ← NO 2	YES 1 (SKIP TO 592) ← NO 2	YES 1 (SKIP TO 592) ← NO 2									
589	For how many months did you breastfeed (NAME)?	MONTHS . . . <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> (SKIP TO 592) ← DON'T KNOW 98			MONTHS . . . <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> DON'T KNOW . . . 98			MONTHS . . . <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> DON'T KNOW . . . 98					

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
590	<p>How many times did you breastfeed (NAME) last night between sunset and sunrise?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.</p>	<p>NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/></p>		
591	<p>How many times did you breastfeed (NAME) yesterday during the daylight hours?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.</p>	<p>NUMBER OF DAYLIGHT FEEDINGS . <input type="text"/> <input type="text"/></p>		
592	<p>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</p>	<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>
		<p>GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.</p>	<p>GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.</p>	<p>GO BACK TO 505 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE OR, IF NO MORE BIRTHS, GO TO 601.</p>

SECTION 6. CHILD IMMUNIZATION AND HEALTH

601	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 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 OR NOT.	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 birth certificate 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																																																																																																																																																																																																																																																									
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608	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. DO NOT INCLUDE VACCINATIONS RECEIVED DURING NIDS DAYS.</p> <p>(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.</p>	<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></td><td>BCG</td><td></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></td><td>P1</td><td></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></td><td>P2</td><td></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></td><td>P3</td><td></td><td></td><td></td></tr> <tr><td>ACTIVATED DOSE</td><td></td><td></td><td></td><td>AP</td><td></td><td></td><td></td><td>AP</td><td></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></td><td>D1</td><td></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></td><td>D2</td><td></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></td><td>D3</td><td></td><td></td><td></td></tr> <tr><td>ACTIVATED DOSE</td><td></td><td></td><td></td><td>AD</td><td></td><td></td><td></td><td>AD</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td></td><td></td><td></td><td>MEA</td><td></td><td></td><td></td><td>MEA</td><td></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></td><td>H1</td><td></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></td><td>H2</td><td></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></td><td>H3</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A DOSE 1</td><td></td><td></td><td></td><td>VA-1</td><td></td><td></td><td></td><td>VA-1</td><td></td><td></td><td></td></tr> <tr><td>POLIO 0 (POLIO GIVEN AT BIRTH)</td><td></td><td></td><td></td><td>P0</td><td></td><td></td><td></td><td>P0</td><td></td><td></td><td></td></tr> <tr><td>POLIO 4</td><td></td><td></td><td></td><td>P4</td><td></td><td></td><td></td><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td><td>MMR</td><td></td><td></td><td></td><td>MMR</td><td></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></td><td>VA2</td><td></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></td><td>OTH</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				BCG				BCG				POLIO 1				P1				P1				POLIO 2				P2				P2				POLIO 3				P3				P3				ACTIVATED DOSE				AP				AP				DPT 1				D1				D1				DPT 2				D2				D2				DPT 3				D3				D3				ACTIVATED DOSE				AD				AD				MEASLES				MEA				MEA				HEPATITIS 1				H1				H1				HEPATITIS 2				H2				H2				HEPATITIS 3				H3				H3				VITAMIN A DOSE 1				VA-1				VA-1				POLIO 0 (POLIO GIVEN AT BIRTH)				P0				P0				POLIO 4				P4				P4				MMR				MMR				MMR				VITAMIN A DOSE 2				VA2				VA2				OTHER (SPECIFY)				OTH				OTH			
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609	Has (NAME) received any vaccinations that are not recorded on the certificate other than those received during national immunization days? PROBE FOR INFORMATION FOR ALL VACCINATIONS NOT RECORDED.	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																																																																																																																																																																																																																																																													

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612	<p>(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. DO NOT INCLUDE VACCINATIONS RECEIVED DURING NIDS DAYS.</p> <p>(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.</p>	<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		
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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' <input type="checkbox"/> (SKIP TO 626) ←	NO RECORD DATES/ CODES _____ '44' OR '66' <input type="checkbox"/> (SKIP TO 626) ←	NO RECORD DATES/ CODES _____ '44' OR '66' <input type="checkbox"/> (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="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>
619	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 AFTER FIRST 2 WEEKS 2	FIRST 2 WEEKS ... 1 AFTER FIRST 2 WEEKS 2	FIRST 2 WEEKS ... 1 AFTER FIRST 2 WEEKS 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="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>
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="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>	NUMBER OF TIMES <input type="checkbox"/>
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, for example, nutrition or 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 URBAN HOSPITAL (GNRL/DSTCT) C URB HLTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPLTARY) F RURAL HLTH 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 PHARMACY O OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X (SPECIFY)</p>	<p>GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) C URB HLTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPLTARY) F RURAL HLTH 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 PHARMACY O OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X (SPECIFY)</p>	<p>GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) C URB HLTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPLTARY) F RURAL HLTH 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 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"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <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	<p>Was he/she given a fluid made from a special packet called <i>mahloul moalget el gafaf</i>?</p>	<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	<p>What (else) was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY... B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC. G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY</p> <p>HERBAL MEDICINE J</p> <p>HOMEMADE SS SOLUTION K</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY... B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC. G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY</p> <p>HERBAL MEDICINE J</p> <p>HOMEMADE SS SOLUTION K</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY... B</p> <p>ZINC C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D</p> <p>UNKNOWN PILL OR SYRUP ... E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC. G</p> <p>UNKNOWN INJECTION ... H</p> <p>(IV) INTRAVENOUS . I</p> <p>HOME REMEDY</p> <p>HERBAL MEDICINE J</p> <p>HOMEMADE SS SOLUTION K</p> <p>OTHER _____ X (SPECIFY)</p>
641	CHECK 640: GIVEN ZINC?	<p>CODE "C" CODE "C"</p> <p>CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 643) ←</p>	<p>CODE "C" CODE "C"</p> <p>CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 643) ←</p>	<p>CODE "C" CODE "C"</p> <p>CIRCLED NOT CIRCLED</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 643) ←</p>
642	How many times was (NAME) given zinc?	<p>TIMES <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>TIMES <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>TIMES <input type="text"/></p> <p>DON'T KNOW 98</p>
643	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
644	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 647) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 647) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 647) ←</p> <p>DON'T KNOW 8</p>
645	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 648) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 648) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 648) ←</p> <p>DON'T KNOW 8</p>
646	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<p>CHEST ONLY ... 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 648) ←</p>	<p>CHEST ONLY ... 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 648) ←</p>	<p>CHEST ONLY ... 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 648) ←</p>
647	CHECK 643: HAD FEVER?	<p>YES NO OR DK</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 659) ←</p>	<p>YES NO OR DK</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 659) ←</p>	<p>YES NO OR DK</p> <p><input type="checkbox"/> <input type="checkbox"/></p> <p>(SKIP TO 659) ←</p>

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 UNIV 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 (GNRL/DSTCT) C URB HLTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPLTARY) F RURAL HLTH 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. P MED. _____ (SPECIFY) OTHER NON-MEDICAL _____ (SPECIFY) X	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) C URB HLTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPLTARY) F RURAL HLTH 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. P MED. _____ (SPECIFY) OTHER NON-MEDICAL _____ (SPECIFY) X	GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) C URB HLTH UNIT D HEALTH OFFICE . E RURAL HOSPITAL (COMPLTARY) F RURAL HLTH 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. P MED. _____ (SPECIFY) OTHER NON-MEDICAL _____ (SPECIFY) X
652	CHECK 651:	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 654) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 654) ←	TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> 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 (NAME) 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	CODING CATEGORIES	SKIP
660	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2003 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 <input type="checkbox"/> RECEIVED FLUID FROM ORS PACKET ↓	ANY CHILD <input type="checkbox"/> RECEIVED FLUID FROM ORS PACKET →	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. MOTHER AND CHILD NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																																		
701	<p>CHECK 215 AND 218:</p> <p>HAS AT LEAST ONE CHILD BORN IN 2005 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>DOES NOT HAVE ANY CHILDREN BORN IN 2005 OR LATER AND LIVING WITH HER <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 702)</p> <p>_____</p> <p>(NAME)</p>		801																																																																																																																																																		
702	<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>																																																																																																																																																				
703	<p>First I would like to ask you about <u>liquids/foods</u> (NAME FROM 701) had yesterday during the day or at night</p> <p>Did (NAME FROM 701) 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																																																																																																																															
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704	<p>Now I would like to ask you about (other) liquids or foods that (NAME FROM 701) 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) drink (eat):</p> <p>a. Milk such as tinned, powdered, or fresh animal milk?</p> <p>b. Tea or coffee?</p> <p>c. Any other liquids?</p> <p>d. Bread, rice, noodles, macaroni, or other food made from grains?</p> <p>e. Any pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?</p> <p>f. Any potatoes, white potatoes or any other food made from roots or tubers?</p> <p>g. Any dark green leafy vegetables like spinach?</p> <p>h. Any legumes like fava beans, chickpeas, lentils, or peanuts?</p> <p>i. Ripe mangos, papayas, or (OTHER VITAMIN-A RICH FRUITS)?</p> <p>j. Any other vegetables or fruits?</p> <p>k. Any liver, kidney, heart or other organ meats?</p> <p>l. Any meat such as beef, lamb, goat, rabbit, chicken or duck?</p> <p>m. Any eggs?</p> <p>n. Any fresh or dried or smoked or canned fish or shellfish?</p> <p>o. Any legumes like fava beans, chickpeas, lentils, peas, peanuts or other nuts?</p> <p>p. Any cheese or yogurt or other milk products?</p> <p>q. Any oils, fats or butter or foods made with any of these?</p> <p>r. Any sugary foods such as chocolates, sweets, pastries, cakes, or biscuits?</p> <p>s. Any other solid or semi-solid food?</p>	<table border="1"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">CHILD</th> <th colspan="3">MOTHER</th> </tr> <tr> <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></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				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
705	CHECK 704 (CHILD): AT LEAST ONE "YES" <input type="checkbox"/>	NOT A SINGLE "YES" <input type="checkbox"/>	801
706	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	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 106: MARITAL STATUS</p> <p>CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/></p>	<p>_____ → 804</p>	804
802	<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>	
803	<p>How old was your husband on his last birthday?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p>	
804	<p>In what month and year was your (last) husband born?</p> <p>COMPARE AND CORRECT 803 AND/OR 804 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>	
805	<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>	→ 807
806	<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>	
807	<p>Did your (last) husband ever attend school?</p>	<p>YES 1</p> <p>NO 2</p>	→ 810
808	<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>	
809	<p>What was the highest grade he completed at that level?</p>	<p>GRADE <input type="text"/></p> <p>DON'T KNOW 8</p>	
810	<p>CHECK 801:</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>	
811	<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>	→ 815
812	<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>	→ 815

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	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	→ 815
814	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	→ 822
815	What is your occupation, that is, what kind of work do you mainly do?	_____ _____ _____ (RECORD ANSWER IN DETAIL)	
816	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	
818	Do you usually work at home or away from home?	HOME 1 AWAY 2	
818	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	
819	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	
820	CHECK 815: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 822
821	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	
822	CHECK 106: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/>		→ 828
823	CHECK 819: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 826
824	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 (SPECIFY)	
825	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	→ 827

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
826	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 (SPECIFY)	
827	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	
828	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	
829	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	
830	Now I would like to ask you some questions about medical care for yourself. Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not? Getting permission to go. Getting money needed for treatment. The distance to the health facility. Having to take transportation. Not wanting to go alone. Concern that there may not be a female health provider. Concern that there may not be any health provider. Concern that there may be no drugs available.	BIG NOT A BIG PROB- PROB- LEM 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	

SECTION 9: FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
	INTERVIEWER:CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWING QUESTIONS IF THERE IS NO PRIVACY					
901	Now I would like to talk about the practice of female circumcision. Have you yourself been circumcised?	YES 1 NO 2	→ 904			
902	How old were you when you were circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98				
903	Who performed the circumcision?	DOCTOR 1 NURSE/OTHER HLTH PROVIDER . 2 DAYA 3 BARBER 4 GHAGARIA 5 OTHER 6 (SPECIFY) DON'T KNOW 8				
904	CHECK 214, 216 AND 217 AT LEAST ONE DAUGHTER AGE 0-19 YEARS <input type="checkbox"/> NO DAUGHTERS 0-19 YEARS <input type="checkbox"/>		→ 915			
905	CHECK QUESTIONS 214 AND 217 AND IDENTIFY ALL OF THE WOMAN'S DAUGHTERS AGES 0-19 YEARS. ENTER THE NAME, AND LINE NUMBER FOR EACH DAUGHTER IN 906 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.					
906	CHECK 212: RECORD NAME(S) AND LINE NUMBER(S) FOR DAUGHTERS	<input type="text"/> <input type="text"/> LINE NO. _____ (NAME)	<input type="text"/> <input type="text"/> LINE NO. _____ (NAME)	<input type="text"/> <input type="text"/> LINE NO. _____ (NAME)	<input type="text"/> <input type="text"/> LINE NO. _____ (NAME)	
907	CHECK 217:	AGE 15-19 0-14 YRS YRS <input type="text"/> (GO TO <input type="text"/> 909) ←	AGE 15-19 0-14 YRS YRS <input type="text"/> (GO TO <input type="text"/> 909) ←	AGE 15-19 0-14 YRS YRS <input type="text"/> (GO TO <input type="text"/> 909) ←	AGE 15-19 0-14 YRS YRS <input type="text"/> (GO TO <input type="text"/> 909) ←	
908	What is (NAME'S) marital status?	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	
909	Is (NAME) circumcised?	YES 1 NO 2 DK 8 (GO TO NEXT DAUGHTER OR TO 912)	YES 1 NO 2 DK 8 (GO TO NEXT DAUGHTER OR TO 912)	YES 1 NO 2 DK 8 (GO TO NEXT DAUGHTER OR TO 912)	YES 1 NO 2 DK 8 (GO TO 906 IN NEW QUESTIONNAIRE OR IF NO MORE DAUGHTERS, GO TO 912)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
NO.	QUESTIONS AND FILTERS	(NAME)	(NAME)	(NAME)	(NAME)	
910	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	
911	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	
		(GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	(GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	(GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	(GO TO 906 IN NEW QUESTIONNAIRE OR IF NO MORE DAUGHTERS, GO TO 912)	
912	CHECK 909 AND RECORD THE NUMBER OF DAUGHTERS AGE 0-19 YEARS WHO HAVE NOT BEEN CIRCUMCISED.	NUMBER <input type="text"/> <input type="text"/>				
913	CHECK 912: AT LEAST ONE DAUGHTER NOT CIRCUMCISED <input type="checkbox"/> ALL DAUGHTERS CIRCUMCISED <input type="checkbox"/>	→ 915				
914	You have (NUMBER IN 912) 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				
915	During the past year have you discussed female circumcision with your relatives, friends, or neighbors?	YES 1 NO 2				
916	During the past year have you heard, seen or received any information about female circumcision?	YES 1 NO 2 UNSURE 8				→ 918
917	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)				
918	Do you believe that the practice of female circumcision is required by religious precepts?	YES 1 NO 2 DON'T KNOW 8				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
919	Do you think that the practice of female circumcision should be continued or should it be stopped?	CONTINUED 1 STOPPED 2 DON'T KNOW 8	
920	Do you think that men want this practice to continue or to stop?	CONTINUED 1 STOPPED 2 DON'T KNOW 8	
921	<p>I will read you some statements about circumcision. Please tell me if you agree or disagree.</p> <p>A husband will prefer his wife to be circumcised.</p> <p>Circumcision prevents adultery.</p> <p>Childbirth is more difficult for a woman who has been circumcised.</p> <p>Circumcision can cause severe consequences that can lead to a girl's death.</p>	<p style="text-align: right;">DIS- AGREE AGREE DK</p> <p>HUSBAND PREFER. . . 1 2 8</p> <p>PREVENTS ADULTERY 1 2 8</p> <p>CHILDBIRTH DIFFICULT 1 2 8</p> <p>MAY LEAD TO GIRL'S DEATH 1 2 8</p>	

SECTION 10. SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	<p>INTERVIEWER: CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWING QUESTIONS IF THERE IS NO PRIVACY NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT OTHER HEALTH SERVICES YOU MAY HAVE RECEIVED.</p>		
1001	<p>CHECK 106: MARITAL STATUS</p> <p>CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/></p>		→ 1009
1002	Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 1004
1003	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	
1004	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	
1005	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	
1006	<p>CHECK 1003, 1004, AND 1005:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/> HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→ 1009
1007	The last time you had (PROBLEM FROM 1003/1004/1005), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1009
1008	<p>Where did you go?</p> <p>Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p>	<p>MINISTRY OF HEALTH AND POPULATION</p> <p>URBAN HOSPITAL (GNRL/DSTRCT) A URBAN HEALTH UNIT B HEALTH OFFICE C RURAL HOSPITAL (COMPI'TARY) . D RURAL HEALTH UNIT E MCH CENTER F MOBILE UNIT G</p> <p>OTHER GOVERNMENTAL</p> <p>UNIVERSITY HOSPITAL H TEACHING HOSPITAL I HEALTH INSURANCE ORG. J CURATIVE CARE ORGANIZATION . K OTHER GOVERNMENTAL L</p> <p>NON-GOVERNMENTAL</p> <p>EGYPT FAMILY PLANNING ASSOC. M CSI PROJECT N OTHER NON-GOVERNMENTAL ... O</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/ CLINIC P PRIVATE DOCTOR Q PHARMACY R MOSQUE HEALTH UNIT S CHURCH HEALTH UNIT T</p> <p>OTHER NON-MEDICAL</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.,) U FRIEND/RELATIVE V OTHER _____ X</p> <p>(SPECIFY)</p>	

1009	RECORD THE TIME.	HOUR MINUTES	<table border="1" data-bbox="1227 107 1317 210"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				
1010	<p>THANK THE RESPONDENT AND ADVISE THAT THE RESPONDENT OR OTHER MEMBERS OF THE HOUSEHOLD MAY BE ASKED TO PARTICIPATE AGAIN IN INTERVIEWS OR OTHER SURVEY ACTIVITIES IN THE FUTURE.</p> <p>Thank you for taking the time to answer these questions. We may return to interview you or other members of your household again or to ask you to participate in other survey activities in the future. We hope that you will agree at that time.</p>						

OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

1101 INTERVIEWER'S OBSERVATIONS

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

1102 SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

1103 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.

			CHILD'S NAME				SOURCE ADDRESS					
			1	2	3	4						
			12	DEC	01						01	DEC
			11	NOV	02						02	NOV
			10	OCT	03						03	OCT
COL. 1: <u>MARRIAGE/UNION</u>			09	SEP	04						04	SEP
X	IN UNION (MARRIED OR LIVING TOGETH)	2	08	AUG	05						05	AUG 2
0	NOT IN UNION	0	07	JUL	06						06	JUL 0
COL. 2: <u>BIRTHS, PREGNANCIES, CONTRACEPTIVE U:</u>			06	JUN	07						07	JUN 0
B	BIRTHS	8	05	MAY	08						08	MAY 8
P	PREGNANCIES		04	APR	09						09	APR
M	MISCARRIAGE		03	MAR	10						10	MAR
A	ABORTION		02	FEB	11						11	FEB
S	STILL BIRTH		01	JAN	12						12	JAN
			12	DEC	13						13	DEC
			11	NOV	14						14	NOV
			10	OCT	15						15	OCT
			09	SEP	16						16	SEP
			08	AUG	17						17	AUG 2
			07	JUL	18						18	JUL 0
			06	JUN	19						19	JUN 0
			05	MAY	20						20	MAY 7
			04	APR	21						21	APR
			03	MAR	22						22	MAR
			02	FEB	23						23	FEB
			01	JAN	24						24	JAN
			12	DEC	25						25	DEC
			11	NOV	26						26	NOV
			10	OCT	27						27	OCT
COL. 3: <u>SOURCE OF CONTRACEPTION</u>			09	SEP	28						28	SEP
MINISTRY OF HEALTH			08	AUG	29						29	AUG 2
1	URBAN HOSPITAL		07	JUL	30						30	JUL 0
2	URBAN HEALTH UNIT	2	06	JUN	31						31	JUN 0
3	HEALTH OFFICE	0	05	MAY	32						32	MAY 6
4	RURAL HOSPITAL	0	04	APR	33						33	APR
5	RURAL HEALTH UNIT	6	03	MAR	34						34	MAR
6	MCH CENTER		02	FEB	35						35	FEB
7	MOBILE UNIT		01	JAN	36						36	JAN
OTHER GOVERNMENTAL			12	DEC	37						37	DEC
8	UNIVERSITY HOSPITAL		11	NOV	38						38	NOV
9	TEACHING HOSPITAL		10	OCT	39						39	OCT
A	HEALTH INSURANCE ORGANIZATION		09	SEP	40						40	SEP
B	CURATIVE CARE ORGANIZATION		08	AUG	41						41	AUG 2
C	OTHER GOVERNMENTAL		07	JUL	42						42	JUL 0
NON-GOVERNMENTAL			06	JUN	43						43	JUN 0
D	EGYPT FAMILY PLANNING ASSOC.	2	05	MAY	44						44	MAY 5
E	CSI PROJECT	0	04	APR	45						45	APR
F	OTHER NON-GOVERNMENTAL	0	03	MAR	46						46	MAR
PRIVATE MEDICAL			02	FEB	47						47	FEB
G	PRIVATE HOSPITAL/ CLINIC	5	01	JAN	48						48	JAN
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 (SPECIFY)	2										
Y	NO ONE	0										
Z	DON'T KNOW	4										
COL. 4: <u>DISCONTINUATION OF CONTRACEPTIVE USE</u>												
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	2										
9	INCONVENIENT TO USE	0										
F	FATALISTIC	0										
A	DIFFICULT TO GET PREGNANT/MENOPA	3										
D	MARITA											
X	OTHER (SPECIFY)											
Z	DON'T KNOW											

OUTCOME AND DATE OF LAST PREGNANCY
 TERMINATION PRIOR TO JANUARY 2003
 IF NONE, RECORD '0' IN OUTCOME

OUTCOME				
MONTH				
YEAR				

BIRTH DATE OF LAST CHILD BORN
 PRIOR TO JANUARY 2003

MONTH			
YEAR			

