

WOMAN QUESTIONNAIRE

IDENTIFICATION	
GOVERNORATE _____ PSU/SEGMENT NO. _____ KISM/MARKAZ _____ BUILDING NO. _____ SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____ URBAN _____ 1 RURAL _____ 2 HOUSEHOLD NUMBER _____ NAME OF HOUSEHOLD HEAD _____ ADDRESS IN DETAIL _____ NAME OF WOMAN _____ LINE NUMBER OF WOMAN _____	GOVERNORATE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> PSU/SEGMENT NO. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> URBAN/RURAL <input style="width: 20px; height: 20px;" type="text"/> HOUSEHOLD NO. <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> LINE NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

INTERVIEWER VISITS										
	1	2	3	FINAL VISIT						
DATE	_____	_____	_____	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">DAY</td> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> <td><input style="width: 20px; height: 20px;" type="text"/></td> </tr> </table>	DAY	MONTH	YEAR	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
DAY	MONTH	YEAR								
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>								
TEAM	_____	_____	_____	TEAM						
INTERVIEWER	_____	_____	_____	INT. NUMBER ...						
SUPERVISOR	_____	_____	_____	SUP. NUMBER ...						
RESULT	_____	_____	_____	RESULT						
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input style="width: 20px; height: 20px;" 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	/ /	/ /	/ /	/ /
SIGNATURE	_____	_____	_____	_____
	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" 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. This information will help the government to plan health services.

Your household was selected for the survey. The questions usually take 30 to 60 minutes.

All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions? May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED. 2 → 1201



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	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	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	What is your current marital status?	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4	
105	Now I would like to ask you some questions about your marriage(s). How many times have you been married?	NUMBER OF TIMES MARRIED <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	<p>CHECK 105:</p> <p>MARRIED ONLY ONCE <input type="checkbox"/></p> <p>MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>In what month and year did you enter into a marriage contract with your husband?</p> <p>Now I would like to ask about your first husband. In what month and year did you enter into a marriage contract with your first husband?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 108
107	<p>How old were you when you entered into a marriage contract with your (first) husband?</p>	<p>AGE IN COMPLETED YEAR: <input type="text"/></p>	
108	<p>CHECK 105:</p> <p>MARRIED ONLY ONCE <input type="checkbox"/></p> <p>MARRIED MORE THAN ONCE <input type="checkbox"/></p> <p>In what month and year did you start living together with your husband?</p> <p>Now I would like to ask about your first husband. In what month and year did you start living together with your first husband?</p>	<p>MONTH <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 110
109	<p>How old were you when you started living together with your (first) husband?</p>	<p>AGE IN COMPLETED YEAR: <input type="text"/></p>	
110	<p>DETERMINE ALL OF THE MONTHS SINCE JANUARY 2009 THAT THE RESPONDENT WAS MARRIED. ENTER 'X' IN COLUMN 1 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER '0' FOR EACH MONTH NOT MARRIED, SINCE JANUARY 2009.</p> <p>FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS SINCE JANUARY 2009.</p>		
111	<p>Have you ever attended school?</p>	<p>YES 1</p> <p>NO 2</p>	→ 115
112	<p>What is the highest level of school you 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>	
113	<p>What is the highest grade you successfully completed at that level?</p> <p>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '0'.</p>	<p>GRADE <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	CHECK 112: PRIMARY <input type="checkbox"/> ↓ PREPARATORY OR HIGHER <input type="checkbox"/> →		116
115	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ A WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	→ 117 → 117
116	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
117	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
118	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
118A	Do you use a computer at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
118B	Do you use social media like Facebook or Twitter at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
118C	Do you access the internet at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
119	What is your religion?	MUSLIM 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 <input type="text"/> <input type="text"/> DAUGHTERS AT HOME <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> DAUGHTERS ELSEWHERE . <input type="text"/> <input type="text"/>	
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 <input type="text"/> <input type="text"/> GIRLS DEAD <input type="text"/> <input type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/> <input type="text"/>	
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? RECORD NAME. BIRTH NUMBER	Is (NAME) a boy or a girl?	Was (NAME) a twin or triplet?	In what month and year was (NAME) born? PROBE: What is his/her birthday? In what season was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	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)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 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)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 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)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 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)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 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)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 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)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 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)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 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?	Is (NAME) a boy or a girl?	Was (NAME) a twin or triplet?	In what month and year was (NAME) born? PROBE: What is his/her birthday? In what season was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	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)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS . 2 YEARS . . 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH NO 2 NEXT BIRTH
09 (NAME)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS . 2 YEARS . . 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH NO 2 NEXT BIRTH
10 (NAME)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS . 2 YEARS . . 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH NO 2 NEXT BIRTH
11 (NAME)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS . 2 YEARS . . 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH NO 2 NEXT BIRTH
12 (NAME)	BOY . . 1 GIRL . . 2	SING . . 1 MULT . . 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (GO TO 220)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HH LINE NO. <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS . 2 YEARS . . 3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES 1 ADD BIRTH NO 2 GO TO 222
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.					YES 1 NO 2	→ ADD TO TABLE			
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 2009 OR LATER. IF NONE, RECORD '0' AND GO TO 225A. <input type="text"/>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>FOR EACH BIRTH SINCE JANUARY 2009, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 2 OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE 'B' CODE.</p> <p>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>		
225a	<p>ENTER THE MONTH AND YEAR OF THE MOST RECENT BIRTH PRIOR TO JANUARY 2009 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><input type="checkbox"/> → 230</p>
227	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS.</p>	<p>MONTHS <input type="text"/></p>	
228	<p>RECORD NUMBER OF COMPLETED MONTHS.</p> <p>ENTER 'P's IN COLUMN 2 OF CALENDAR FOR THE TOTAL NUMBER OF COMPLETED MONTHS PREGNANT, BEGINNING WITH THE MONTH OF INTERVIEW.</p>		
229	<p>When you got pregnant, did you want to get pregnant at that time?</p>	<p>YES 1 NO 2</p>	<p>→ 230</p>
229a	<p>Did you want to have a baby later on or did you not want any (more) children?</p>	<p>LATER 1 NO MORE 2</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 other signs of 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 STILLBIRTHS, MISCARRIAGES, OR ABORTIONS BACK TO JANUARY 2009.</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.</p> <p>RECORD THE APPROPRIATE CODE FOR THE PREGNANCY OUTCOME ON THAT DATE IN COLUMN 2 IN THE CALENDAR ("S" FOR STILLBIRTH, "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 stillbirth 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 stillbirth 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 stillbirth 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 stillbirth? 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 stillbirth 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</p> <p>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 2009 that did not result in a live birth (pregnancy that ended in a stillbirth, miscarriage or abortion)?	YES 1 NO 2	
232	RECORD IN THE BOXES AT THE BOTTOM OF THE CALENDAR THE OUTCOME ("M", "A" OR "S") AND MONTH AND YEAR THAT THE PREGNANCY TERMINATED FOR THE LAST PREGNANCY THAT ENDED IN A STILLBIRTH, MISCARRIAGE, OR ABORTION PRIOR TO JANUARY 2009. IF NONE RECODE '0' IN OUTCOME.		
232A	CHECK THE CALENDAR: ONE OR MORE ABORTIONS/ MISCARRIAGES ("A" AND/OR "M") SINCE JANUARY 2009 <input type="checkbox"/>	NO ABORTIONS/ MISCARRIAGES ("A" AND/OR "M") SINCE JANUARY 2009 <input type="checkbox"/>	233
232B	CHECK THE CALENDAR FOR THE MOST RECENT PREGNAN ENDING IN AN ABORTION OR MISCARRIAGE AND ASK: Did you have any complications following with the miscarriage (abortion) you had in (DATE FROM CALENDAR)?	YES 1 NO 2 DON'T KNOW 8	233
232C	What type of complication(s) did you have? POBE: Anything else? RECORD ALL MENTIONED.	BLEEDING A INFECTION B OTHER X (SPECIFY)	
233	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="checkbox"/> <input type="checkbox"/> WEEKS AGO 2 <input type="checkbox"/> <input type="checkbox"/> MONTHS AGO 3 <input type="checkbox"/> <input type="checkbox"/> YEARS AGO 4 <input type="checkbox"/> <input type="checkbox"/> 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	<p>Which method are you using?</p> <p>CIRCLE ALL MENTIONED.</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION 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>MONTHLY INJECTION (MESOCEPT) 3-MONTH INJECTION (DEPO-PROVERA) H</p> <p>IMPLANTS I</p> <p>CONDOM K</p> <p>DIAPHRAGM/FOAM/JELLY N</p> <p>RHYTHM METHOD R</p> <p>WITHDRAWAL T</p> <p>PROLONGED BREASTFEEDING ... U</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD ... Y</p>	<p>→ 307</p> <p>→ 308A</p>
306	<p>What is the brand name of the pills you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>MICROCEPT 01</p> <p>MICROLUT 02</p> <p>LEVONOR 03</p> <p>TRIOCEPT 04</p> <p>GYNERA 05</p> <p>NORDETTE 06</p> <p>EXLUTON 07</p> <p>MARVELON 08</p> <p>CILEST 09</p> <p>COTRABLAN 10</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 308A</p>
307	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>MINISTRY OF HEALTH AND POPULATION</p> <p>URBAN HOSP'L (GENERAL/DISTRICT) . 11</p> <p>URBAN HEALTH UNIT 12</p> <p>HEALTH OFFICE 13</p> <p>RURAL HOSP'L (CENTRAL) 14</p> <p>RURAL HEALTH UNIT 15</p> <p>MCH CENTER 16</p> <p>MOBILE UNIT 17</p> <p>OTHER GOVERNMENTAL</p> <p>UNIVERSITY/TEACHING HOSPITAL... 21</p> <p>HEALTH INSURANCE ORG..... 22</p> <p>CURATIVE CARE ORGANIZATION ... 23</p> <p>OTHER GOVERNMENTAL 26</p> <p>NON-GOVERNMENTAL ORGANIZATION</p> <p>EGYPT FAMILY PLANNING ASSOC. . . 31</p> <p>CSI PROJECT 32</p> <p>OTHER NON-GOVERNMENTA' 36</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/ CLINIC..... 41</p> <p>PRIVATE DOCTOR 42</p> <p>OTHER PRIVATE MEDICAL</p> <p>MOSQUE HEALTH UNIT 44</p> <p>CHURCH HEALTH UNIT 45</p> <p>OTHER _____ 46 (SPECIFY)</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH: NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		314
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	324
314	CHECK 305: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 305, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 MONTHLY INJECTION (MESOCEPT) 3-MONTH INJECTION (DEPO-PROVERA) 06 IMPLANTS 07 CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 RHYTHM METHOD 10 WITHDRAWAL 11 PROLONGED BREASTFEEDING ... 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD ... 96	324 317A 401 315A 315B 315C 315C
315	You started using (CURRENT METHOD) in (DATE FROM 308A). Where did you get it at that time? 315A Where did you have the IUD inserted when you started using it in (DATE FROM 308A)? 315B Where did you have the implant inserted when you started using it in (DATE FROM 308A)? 315C Did you obtain advice about how to use (CURRENT METHOD) when you started using it in (DATE FROM 308A)? IF YES: from where did you get the advice? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	MINISTRY OF HEALTH AND POPULATION URBAN HOSP'L (GENERAL/DISTRICT) . 11 URBAN HEALTH UNIT 12 HEALTH OFFICE 13 RURAL HOSP'L (CENTRAL) 14 RURAL HEALTH UNIT 15 MCH CENTER 16 MOBILE UNIT 17 OTHER GOVERNMENTAL UNIVERSITY/TEACHING HOSPITAL... 21 HEALTH INSURANCE ORG. 22 CURATIVE CARE ORGANIZATION ... 23 OTHER GOVERNMENTAL 26 NON-GOVERNMENTAL ORGANIZATION EGYPT FAMILY PLANNING ASSOC. . . 31 CSI PROJECT 32 OTHER NON-GOVERNMENTAL 36 PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC..... 41 PRIVATE DOCTOR 42 PHARMACY 43 OTHER PRIVATE MEDICAL MOSQUE HEALTH UNIT 44 CHURCH HEALTH UNIT 45 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY) OTHER NON-MEDICAL VENDOR (SHOP, KIOSK, ...ETC) 61 FRIEND/RELATIVE 62 OTHER _____ 66 (SPECIFY) NO ONE 94 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>MINISTRY OF HEALTH AND POPULATION</p> <p>URBAN HOSP'L (GENERAL/DISTRICT) . 11</p> <p>URBAN HEALTH UNIT 12</p> <p>HEALTH OFFICE 13</p> <p>RURAL HOSP'L (CENTRAL) 14</p> <p>RURAL HEALTH UNIT 15</p> <p>MCH CENTER 16</p> <p>MOBILE UNIT 17</p> <p>OTHER GOVERNMENTAL</p> <p>UNIVERSITY/TEACHING HOSPITAL . . . 21</p> <p>HEALTH INSURANCE ORG. 22</p> <p>CURATIVE CARE ORGANIZATION . . . 23</p> <p>OTHER GOVERNMENTAL 26</p> <p>NON-GOVERNMENTAL ORGANIZATION</p> <p>EGYPT FAMILY PLANNING ASSOC. . . 31</p> <p>CSI PROJECT 32</p> <p>OTHER NON-GOVERNMENTAL 36</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/ CLINIC 41</p> <p>PRIVATE DOCTOR 42</p> <p>PHARMACY 43</p> <p>OTHER PRIVATE MEDICAL</p> <p>MOSQUE HEALTH UNIT 44</p> <p>CHURCH HEALTH UNIT 45</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ 46</p> <p>(SPECIFY)</p> <p>OTHER NON-MEDICAL</p> <p>VENDOR (SHOP, KIOSK, ...ETC) 61</p> <p>FRIEND/RELATIVE 62</p> <p>OTHER _____ 66</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 401</p>
324	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
325	<p>Where is that?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>MINISTRY OF HEALTH AND POPULATION</p> <p>URBAN HOSP'L (GENERAL/DISTRICT) . 11</p> <p>URBAN HEALTH UNIT 12</p> <p>HEALTH OFFICE 13</p> <p>RURAL HOSP'L (CENTRAL) 14</p> <p>RURAL HEALTH UNIT 15</p> <p>MCH CENTER 16</p> <p>MOBILE UNIT 17</p> <p>OTHER GOVERNMENTAL</p> <p>UNIVERSITY/TEACHING HOSPITAL . . . 21</p> <p>HEALTH INSURANCE ORG. 22</p> <p>CURATIVE CARE ORGANIZATION . . . 23</p> <p>OTHER GOVERNMENTAL 26</p> <p>NON-GOVERNMENTAL ORGANIZATION</p> <p>EGYPT FAMILY PLANNING ASSOC. . . 31</p> <p>CSI PROJECT 32</p> <p>OTHER NON-GOVERNMENTAL 36</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/ CLINIC 41</p> <p>PRIVATE DOCTOR 42</p> <p>PHARMACY 43</p> <p>OTHER PRIVATE MEDICAL</p> <p>MOSQUE HEALTH UNIT 44</p> <p>CHURCH HEALTH UNIT 45</p> <p>OTHER PRIVATE MEDICAL</p> <p>SECTOR _____ 46</p> <p>(SPECIFY)</p> <p>OTHER NON-MEDICAL</p> <p>VENDOR (SHOP, KIOSK, ...ETC) 61</p> <p>FRIEND/RELATIVE 62</p> <p>OTHER _____ 66</p> <p>(SPECIFY)</p>	

SECTION 4. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>CHECK 104: MARITAL STATUS</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p> <p>WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/></p>	<p>→ 412</p>	
402	<p>CHECK 305: USING STERILIZATION</p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p>	<p>→ 412</p>	
402B	<p>CHECK 226: CURRENTLY PREGNANT</p> <p>PREGNANT <input type="checkbox"/></p> <p>NOT PREGNANT/ UNSURE <input type="checkbox"/></p>	<p>→ 403B</p>	
403	<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 NO MORE/NONE 2 UNDECIDED/DON'T KNOW 8</p>	<p>→ 404 → 410</p>
403B	<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>HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW 8</p>	<p>→ 406 → 412 → 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 <input type="checkbox"/></p> <p>YEARS 2 <input type="checkbox"/></p> <p>SOON/NOW 994 SAYS SHE CAN'T GET PREGNANT 995</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	<p>→ 409 → 412 → 409</p>
405	<p>CHECK 226: CURRENTLY PREGNANT</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>	<p>→ 410</p>	
406	<p>CHECK 304: USING A CONTRACEPTIVE METHOD?</p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>CURRENTLY USING <input type="checkbox"/></p>	<p>→ 412</p>	
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>	<p>→ 410</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
408	<p>CHECK 403B: DESIRE FOR A(NOTHER) CHILD</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/></p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.</p> <p>Can you tell me why you are not using a method? Can you tell me why you are not using a method?</p> <p>Any other reason? Any other reason?</p> <p>_____</p> <p>_____</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL/HYSTERECTOMY C</p> <p>SUBFECUND/INFECUND D</p> <p>NOT MENSTRUATED SINCE LAST BIRTH E</p> <p>BREASTFEEDING F</p> <p>UP TO GOD/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>PREFERRED METHOD NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	<p>→ 410</p>
409	<p>CHECK 304: USING A CONTRACEPTIVE METHOD?</p> <p>NO, NOT CURRENTLY USING, NOT ASKED <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		<p>→ 412</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 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 07</p> <p>CONDOM 08</p> <p>DIAPHRAGM/FOAM/JELL' 09</p> <p>RHYTHM METHOD 10</p> <p>WITHDRAWAL 11</p> <p>PROLONGED BREASTFEEDING 12</p> <p>OTHER MODERN METHOD 94</p> <p>OTHER TRADITIONAL METHOD 95</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 413A</p> <p>NUMBER..... <input type="text"/><input type="text"/></p> <p>OTHER _____ 96 → 413A (SPECIFY)</p>	
413	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/><input type="text"/> <input type="text"/><input type="text"/> <input type="text"/><input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	
413A	<p>Now I would like you to think about what age is best for a person to marry</p> <p>What is the ideal age for a girl to marry?</p>	<p>IDEAL AGE FOR GIRL TO MARRY <input type="text"/><input type="text"/></p> <p>AGE DOES NOT MATTER 95</p> <p>DON'T KNOW/NOT SURE 98</p>	
413B	<p>What is the ideal age for a boy to marry?</p>	<p>IDEAL AGE FOR BOY TO MARRY <input type="text"/><input type="text"/></p> <p>AGE DOES NOT MATTER 95</p> <p>DON'T KNOW/NOT SURE 98</p>	
414	<p>Would you consider it appropriate for a couple to use family planning after the first birth?</p>	<p>YES 1</p> <p>NO 2</p>	
415	<p>Would you consider it appropriate for a newly married couple to use family planning before the first pregnancy?</p>	<p>YES 1</p> <p>NO 2</p>	
416	<p>In your opinion, what is the ideal length of time that a woman should wait between births?</p> <p>RECORD RESPONSE EXACTLY AS GIVEN.</p>	<p>MONTHS 1 <input type="text"/><input type="text"/></p> <p>YEARS 2 <input type="text"/><input type="text"/></p> <p>DON'T KNOW 998</p>	
417	<p>Have you ever heard (know) of "premarital examination" that is a consultation with a doctor or other health staff as part of the preparation for marriage?</p>	<p>YES 1</p> <p>NO 2</p>	→ 419
418	<p>Did you have a premarital examination before you got married?</p> <p>IF NO: Did you have an consultation within two months after you married?</p>	<p>HAD EXAM BEFORE MARRIAGE . . . 1</p> <p>HAD EXAM WITHIN TWO MONTHS AFTER MARRIAGE 2</p> <p>DID NOT HAVE EXAMINATION 3</p>	
419	<p>Did a health worker, a raida rafia or anyone else visit you to talk about family planning during the past 6 months?</p> <p>IF YES: Who visited you?</p>	<p>VISITED BY:</p> <p>HEALTH WORKER A</p> <p>RAIDA RIFIA B</p> <p>OTHER _____ X (SPECIFY)</p> <p>NOT VISITED Y</p>	
420	<p>Have you visited a governmental health facility for any reason during the past 6 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 422
421	<p>Did any staff member at the health facility speak to you about family planning methods during any of your visits?</p>	<p>YES 1</p> <p>NO 2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
424A	CHECK 301: METHOD 11 PROLONGED BREASTFEEDING NOT MENTIONED <input type="checkbox"/> PROLONGED BREASTFEEDING MENTIONED <input type="checkbox"/>		→424C
424B	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	→ 425
424C	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"/> <input type="text"/> UNTIL PERIOD RETURN 93 UNTIL SHE STOPS/CHILD WEANED 94 OTHER 96 (SPECIFY) DON'T KNOW 98	
424D	If a breastfeeding mother's menstrual period returns, is she protected from pregnancy?	YES 1 NO 2 DON'T KNOW 8	
424E	If the child is given other liquids or solids, is a breastfeeding mother protected from pregnancy?	YES 1 NO 2 DON'T KNOW 8	
424F	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	
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 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>		→501
427	CHECK 304: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/>		→430

SECTION 5. PREGNANCY, POSTNATAL CARE, AND BREASTFEEDING

501	CHECK 224: <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> ONE OR MORE BIRTHS IN 2009 OR LATER <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS IN 2009 OR LATER <input type="checkbox"/> </div> </div>	704
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502	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 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 some questions about your children born in the last five years. (We will talk about each separately.)
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503	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <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	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2
506	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 508) ←	LATER 1 NO MORE 2 (SKIP TO 508) ←	LATER 1 NO MORE 2 (SKIP TO 508) ←
507	How much longer did you want to wait?	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DON'T KNOW ... 998
508	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2 (SKIP TO 515) ←	YES 1 NO 2 (SKIP TO 524) ←	YES 1 NO 2 (SKIP TO 524) ←
509	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
510	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</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 H'LTH UNIT . D</p> <p>HEALTH OFFICE ... E</p> <p>RURAL HOSPITAL (CENTRAL) F</p> <p>RURAL HEALTH 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>OTHER NON-MEDICAL X</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 H'LTH UNIT . D</p> <p>HEALTH OFFICE ... E</p> <p>RURAL HOSPITAL (CENTRAL) F</p> <p>RURAL HEALTH 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>OTHER NON-MEDICAL X</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 H'LTH UNIT . D</p> <p>HEALTH OFFICE ... E</p> <p>RURAL HOSPITAL (CENTRAL) F</p> <p>RURAL HEALTH 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>OTHER NON-MEDICAL X</p>
511	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
512	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		
513	As part of your antenatal care during this pregnancy, were any of the following done at least once:	<p>YES NO</p> <p>WEIGHED .. 1 2</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD ... 1 2</p>		
514	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES 1 NO 2 DON'T KNOW 8		
515	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 518) ← DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
515A	CHECK 508:	NO ANC HAD ANC <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 516)		
515B	Did any of the persons you saw for the tetanus injection(s) advise you that you should go for antenatal care?	YES 1 NO 2 DON'T KNOW 8		
516	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8		
517	CHECK 516:	2 OR MORE OTHER TIMES <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 521)		
518	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 (SKIP TO 521) ← DON'T KNOW 8		
519	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
520	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
521	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 523) ← DON'T KNOW 8		
522	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.	DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998		
523	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
524	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
525	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 527) ← DON'T KNOW 8
526	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 .. 99.998	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 .. 99.998	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 .. 99.998
527	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B OTHER PERSON DAYA C RELATIVE/FRIEND . E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
528	<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 533) ←</p> <p>OTHER HOME ... 12</p> <p>GOVERNMENT URBAN HOSPITAL (GNRAL/DSTRCT) 21 URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL (CENTRAL) 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 533) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 546) ←</p> <p>OTHER HOME ... 12</p> <p>GOVERNMENT URBAN HOSPITAL 21 (GNRAL/DSTRCT) URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 (CENTRAL) 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 546) ←</p>	<p>HOME YOUR HOME ... 11 (SKIP TO 546) ←</p> <p>OTHER HOME ... 12</p> <p>GOVERNMENT URBAN HOSPITAL 21 (GNRAL/DSTRCT) URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 (CENTRAL) 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 546) ←</p>												
529	<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>	<table border="1"> <tr> <td>HOURS</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DAYS</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table> <p>DON'T KNOW ... 998</p>			HOURS	1	<input type="text"/>	<input type="text"/>	DAYS	2	<input type="text"/>	<input type="text"/>	WEEKS	3	<input type="text"/>	<input type="text"/>
HOURS	1	<input type="text"/>	<input type="text"/>													
DAYS	2	<input type="text"/>	<input type="text"/>													
WEEKS	3	<input type="text"/>	<input type="text"/>													
530	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>	<p>YES 1 NO 2</p>												
531	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?</p>	<p>YES 1 (SKIP TO 534) ←</p> <p>NO 2</p>														
532	<p>Did anyone check on your health after you left the facility?</p>	<p>YES 1 (SKIP TO 534) ←</p> <p>NO 2 (SKIP TO 536) ←</p>														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
533	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES 1 NO 2 (SKIP TO 536) ←								
534	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWI... 12 OTHER PERSON DAYA 21 OTHER 96 (SPECIFY)								
535	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="751 663 855 719"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="751 719 855 775"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="751 775 855 831"><tr><td></td><td></td></tr></table> DON'T KNOW ... 998								
536	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 538) ← DON'T KNOW ... 8								
537	How many times after delivery did a health professional visit your home to check on your health?	NUMBER OF TIMES <table border="1" data-bbox="727 1077 831 1133"><tr><td></td><td></td></tr></table> DON'T KNOW . 98								
538	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 542) ← DON'T KNOW 8								
539	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.	HRS AFTER BIRTH .. 1 <table border="1" data-bbox="751 1379 855 1435"><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH .. 2 <table border="1" data-bbox="751 1435 855 1491"><tr><td></td><td></td></tr></table> WKS AFTER BIRTH .. 3 <table border="1" data-bbox="751 1491 855 1547"><tr><td></td><td></td></tr></table> DON'T KNOW ... 998								
540	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 OTHER PERSON DAYA 21 OTHER 96 (SPECIFY)								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
541	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(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 (CENTRAL) 24 RURAL HLTH UNIT 25 MCH CENTER ... 26 OTHER GOV'T _____ 27 (SPECIFY)</p> <p>NONGOVERNMENT 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>		
542	<p>During the two weeks after birth, was a blood sample taken from (NAME'S) heel?</p>	<p>YES 1 NO 2 (SKIP TO 544) ← DON'T KNOW 8</p>		
543	<p>How many days after birth was the blood sample taken from (NAME'S) heel?</p>	<p>NUMBER OF DAYS . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
544	<p>In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>		
545	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1 (SKIP TO 547) ← NO 2 (SKIP TO 548) ← </p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
546	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 550) ←	YES 1 NO 2 (SKIP TO 550) ←
547	For how many months after the birth of (NAME) did you not 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
548	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 550) ←		
549	Have you had sexual intercourse since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 551) ←		
550	For how many months after the birth of (NAME) did you not have sexual intercourse?	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
551	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 553) ← NO 2	YES 1 NO 2	YES 1 NO 2
552	CHECK 504: IS CHILD LIVING?	LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 558) (GO BACK TO 505 IN NEXT COLUMN; OR IF NO MORE BIRTHS, GO TO 601)		
553	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '000'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>		
554	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 556) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
555	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/INFUSIONS ... H COFFEE I HONEY J OTHER _____ X (SPECIFY)		
556	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)
557	Are you still breastfeeding (NAME)?	YES 1 NO 2		
558	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
559		GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601.

SECTION 6. CHILD IMMUNIZATION AND TREATMENT OF CHILD ILLNESSES

601	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL QUESTIONNAIRE).			
602	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
603	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 603 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 701)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 603 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 701)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> <input type="checkbox"/> (GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 701)
604	Do you have a card where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605A) ← NO CARD 4	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605A) ← NO CARD 4	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605A) ← NO CARD 4
605	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
605A	Do you have a birth certificate where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605C) ← NO CERTIFICATE 4	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605C) ← NO CERTIFICATE 4	YES, SEEN AND VACCINATION DATES RECORDED 1 YES, SEEN BUT NO VACCINATION DATES RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605C) ← NO CERTIFICATE 4
605B	Did you ever have a birth certificate for (NAME) where vaccinations were written down?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
605C	RECORD AVAILABILITY OF CARD AND/OR CERTIFICATE WITH VACCINATION DATES.	BOTH CARD AND CERTIFICATE WITH ... 1 DATES SEEN ONLY CARD WITH DATES SEEN 2 ONLY CERTIFICATE WITH DATES SEE 3 NEITHER WITH DATES SEEN 4 (SKIP TO 609) ←	BOTH CARD AND CERTIFICATE WITH ... 1 DATES SEEN ONLY CARD WITH DATES SEEN 2 ONLY CERTIFICATE WITH DATES SEE 3 NEITHER WITH DATES SEEN 4 (SKIP TO 609) ←	BOTH CARD AND CERTIFICATE WITH ... 1 DATES SEEN ONLY CARD WITH DATES SEEN 2 ONLY CERTIFICATE WITH DATES SEE 3 NEITHER WITH DATES SEEN 4 (SKIP TO 609) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		BIRTH HISTORY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	BIRTH HISTORY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	BIRTH HISTORY NUMBER <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>

606

- (1) COPY DATES FROM THE CARD OR CERTIFICATE. THE ORDER OF THE VACCINATIONS ON THE CARD AND CERTIFICATE MAY DIFFER FROM THE ORDER IN THE GRID SO MAKE SURE TO COPY THE CORRECT DATE FOR THE SPECIFIC VACCINATION.
- (2) WRITE '44' IN 'DAY' COLUMN IF CARD OR CERTIFICATE SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.

	LAST BIRTH			NEXT-TO-LAST BIRTH			SECOND-FROM-LAST BIRTH				
	DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR		
BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO 0 (POLIO GIVEN AT BIRTH)	<input type="text"/>	<input type="text"/>	<input type="text"/>	P0	<input type="text"/>	<input type="text"/>	<input type="text"/>	P0	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	P1	<input type="text"/>	<input type="text"/>	<input type="text"/>	P1	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	P2	<input type="text"/>	<input type="text"/>	<input type="text"/>	P2	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	P3	<input type="text"/>	<input type="text"/>	<input type="text"/>	P3	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	P4	<input type="text"/>	<input type="text"/>	<input type="text"/>	P4	<input type="text"/>	<input type="text"/>	<input type="text"/>
POLIO 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	P5	<input type="text"/>	<input type="text"/>	<input type="text"/>	P5	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACTIVATED POLIO DOSE	<input type="text"/>	<input type="text"/>	<input type="text"/>	AP	<input type="text"/>	<input type="text"/>	<input type="text"/>	AP	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2	<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	D3	<input type="text"/>	<input type="text"/>	<input type="text"/>	D3	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACTIVATED DPT DOSE	<input type="text"/>	<input type="text"/>	<input type="text"/>	AD	<input type="text"/>	<input type="text"/>	<input type="text"/>	AD	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEPATITIS 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	H1	<input type="text"/>	<input type="text"/>	<input type="text"/>	H1	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEPATITIS 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	H2	<input type="text"/>	<input type="text"/>	<input type="text"/>	H2	<input type="text"/>	<input type="text"/>	<input type="text"/>
HEPATITIS 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	H3	<input type="text"/>	<input type="text"/>	<input type="text"/>	H3	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEASLES	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEA	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEA	<input type="text"/>	<input type="text"/>	<input type="text"/>
MMR 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	M1	<input type="text"/>	<input type="text"/>	<input type="text"/>	M1	<input type="text"/>	<input type="text"/>	<input type="text"/>
ACTIVATED MMR2	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM2	<input type="text"/>	<input type="text"/>	<input type="text"/>	AM2	<input type="text"/>	<input type="text"/>	<input type="text"/>
PVT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	PVT1	<input type="text"/>	<input type="text"/>	<input type="text"/>	PVT1	<input type="text"/>	<input type="text"/>	<input type="text"/>
PVT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	PVT2	<input type="text"/>	<input type="text"/>	<input type="text"/>	PVT2	<input type="text"/>	<input type="text"/>	<input type="text"/>
PVT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	PVT3	<input type="text"/>	<input type="text"/>	<input type="text"/>	PVT3	<input type="text"/>	<input type="text"/>	<input type="text"/>
OTHER (SPECIFY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTH	<input type="text"/>	<input type="text"/>	<input type="text"/>	OTH	<input type="text"/>	<input type="text"/>	<input type="text"/>

607

CHECK 606:

	BCG TO MMR 2 ALL RECORDED	OTHER	BCG TO MMR 2 ALL RECORDED	OTHER	BCG TO MMR 2 ALL RECORDED	OTHER
	<input style="width:20px; height:20px;" type="checkbox"/>	<input style="width:20px; height:20px;" type="checkbox"/>	<input style="width:20px; height:20px;" type="checkbox"/>	<input style="width:20px; height:20px;" type="checkbox"/>	<input style="width:20px; height:20px;" type="checkbox"/>	<input style="width:20px; height:20px;" type="checkbox"/>
	↓ (GO TO 611)	↓	↓ (GO TO 611)	↓	↓ (GO TO 611)	↓

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
608	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 606 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 606) (SKIP TO 611) ← NO 2 (SKIP TO 611) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 606) (SKIP TO 611) ← NO 2 (SKIP TO 611) ← DON'T KNOW 8	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 606) (SKIP TO 611) ← NO 2 (SKIP TO 611) ← DON'T KNOW 8
609	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8
610	Please tell me if (NAME) had any of the following vaccinations:			
610A	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
610B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 610E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 610E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 610E) ← DON'T KNOW 8
610C	Was the first polio vaccine given in the first two weeks after birth or	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
610D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
610E	A DPT vaccination, that is, an injection given in the thigh or buttocks, often at the same time as polio drops?	YES 1 NO 2 (SKIP TO 610G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 610G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 610G) ← DON'T KNOW 8
610F	How many times was the DPT vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
610G	A hepatitis injection - that is, a shot to prevent him/her from getting hepatitis B often at the same time as DPT?	YES 1 NO 2 (SKIP TO 610I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 610I) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 610I) ← DON'T KNOW 8
610H	How many times was the hepatitis vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
610I	CHECK 215 AND RECORD YEAR OF BIRTH	<input type="text"/> YEAR 2014 YEAR 2013 <input type="text"/> OR BEFORE (SKIP TO 610L) ←	<input type="text"/> YEAR 2014 YEAR 2013 <input type="text"/> OR BEFORE (SKIP TO 610L) ←	<input type="text"/> YEAR 2014 YEAR 2013 <input type="text"/> OR BEFORE (SKIP TO 610L) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
610J	A pentavalent vaccination- that is, a new type of vaccine given at the same time as polio drops that prevents five diseases including diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenzae type b?	YES 1 NO 2 (SKIP TO 610L) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 610L) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 610L) ← DON'T KNOW 8
610K	How many times was the pentavalent vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
610L	A measles injection or an MMR injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 611) ← DON'T KNOW 8
610M	How many times was the measles or MMR vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
611	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
612	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
613	Was (NAME) given any drug for intestinal worms in the last six 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
614	Has (NAME) had diarrhea in the last month?	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
614A	How many times has (NAME) had diarrhea in the last month?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
614B	Now I have some questions about the last time (NAME) had diarrhea. The last time (NAME) have diarrhea, was it in the last two weeks?	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
615	Was there any blood in the stools that time?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
616	Now I would like to know how much (NAME) was given to drink during the diarrhea (including breastmilk). 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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
617	<p>When (NAME) had diarrhea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>	<p>MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8</p>
618	<p>Did you seek advice or treatment for the diarrhea from any source?</p>	<p>YES 1 NO 2 (SKIP TO 622) ←</p>	<p>YES 1 NO 2 (SKIP TO 622) ←</p>	<p>YES 1 NO 2 (SKIP TO 622) ←</p>
619	<p>Where did you seek advice or treatment?</p> <p>Anywhere else? 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 UNI . . . D HEALTH OFFIC . . . E RURAL HOSPITAL (CENTRAL) . . . 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</p>	<p>GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) . C URB HLTH UNI . . . D HEALTH OFFIC . . . E RURAL HOSPITAL (CENTRAL) . . . 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</p>	<p>GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT) . C URB HLTH UNI . . . D HEALTH OFFIC . . . E RURAL HOSPITAL (CENTRAL) . . . 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</p>
620	<p>CHECK 619:</p>	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 622) ←</p>	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 622) ←</p>	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED ↓ (SKIP TO 622) ←</p>
621	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 619.</p>	<p>FIRST PLACE ... []</p>	<p>FIRST PLACE ... []</p>	<p>FIRST PLACE ... []</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
622	Was he/she given any of the following to drink at any time since he/she started having the diarrhea: a) A fluid made from a special packet called <i>mahloul moalget el gafaf</i> ? b) A pre-packaged ORS liquid? c) A government-recommended homemade fluid?	<p style="text-align: center;">YES NO DK</p> MAHLOUL MOALGET EL GAFAF 1 2 8 ORS LQD 1 2 8 HOMEMADE FLUID ... 1 2 8	<p style="text-align: center;">YES NO DK</p> MAHLOUL MOALGET EL GAFAF 1 2 8 ORS LQD 1 2 8 HOMEMADE FLUID ... 1 2 8	<p style="text-align: center;">YES NO DK</p> MAHLOUL MOALGET EL GAFAF 1 2 8 ORS LQD 1 2 8 HOMEMADE FLUID ... 1 2 8
623	Was anything (else) given to treat the diarrhea?	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	What (else) was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER _____ X (SPECIFY)
625	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
627	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 630) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 630) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 630) ← DON'T KNOW 8
628	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES 1 NO 2 (SKIP TO 631) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 631) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 631) ← DON'T KNOW 8
629	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 631) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 631) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 631) ←
630	CHECK 625: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 639)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 639)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, TO 639)
631	Now I would like to know how much (NAME) was given to drink (including breastmilk) 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
632	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
633	Did you seek advice or treatment for the illness 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 _____
634	<p>Where did you seek advice or treatment?</p> <p>Anywhere else? 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 UNI... D HEALTH OFFIC... E RURAL HOSPITAL (CENTRAL)... F RURAL HLTH UNIT G MCH CENTER... H OTHER GOV'T _____ (SPECIFY) I</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC..... J CSI PROJECT... K OTHER NGO _____ (SPECIFY) L</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC..... M PVT. DOCTOR... N PHARMACY..... O OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X</p>	<p>GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT). C URB HLTH UNI... D HEALTH OFFIC... E RURAL HOSPITAL (CENTRAL)... F RURAL HLTH UNIT G MCH CENTER... H OTHER GOV'T _____ (SPECIFY) I</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC..... J CSI PROJECT... K OTHER NGO _____ (SPECIFY) L</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC..... M PVT. DOCTOR... N PHARMACY..... O OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X</p>	<p>GOVERNMENT URBAN HOSPITAL (GNRL/DSTCT). C URB HLTH UNI... D HEALTH OFFIC... E RURAL HOSPITAL (CENTRAL)... F RURAL HLTH UNIT G MCH CENTER... H OTHER GOV'T _____ (SPECIFY) I</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC..... J CSI PROJECT... K OTHER NGO _____ (SPECIFY) L</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC..... M PVT. DOCTOR... N PHARMACY..... O OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X</p>
635	CHECK 634:	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 637) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 637) ←</p>	<p>TWO OR ONLY <input type="checkbox"/> MORE ONE <input type="checkbox"/> CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 637) ←</p>
636	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 634.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
637	At any time during the illness, did (NAME) take any drugs for the illness?	<p>YES 1 NO 2 (GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 701) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 701) DON'T KNOW 8</p>	<p>YES 1 NO 2 (GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 701) DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
638	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B OTHER DRUGS ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC _____ F (SPECIFY) COUGH DRUG..... G OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B OTHER DRUGS ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC _____ F (SPECIFY) COUGH DRUG..... G OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B OTHER DRUGS ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC _____ F (SPECIFY) COUGH DRUG..... G OTHER _____ X (SPECIFY) DON'T KNOW Z
639		GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 701.	GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 701.	GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 701.

SECTION 7. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 702</p> <p>_____</p> <p>(NAME)</p>	<p>→ 704</p>	
702	<p>The last time (NAME FROM 701) passed stools, what was done to dispose of the stools?</p>	<p>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)</p>	
703	<p>CHECK 622 (ITEMS (a) AND (b)), ALL COLUMNS:</p> <p>NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/></p> <p>ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/></p>	<p>→ 705</p>	
704	<p>Have you ever heard of a special product called <i>mahloul moalget el gafaf</i> you can get for the treatment of diarrhea?</p>	<p>YES 1 NO 2</p>	
705	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN 2011 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 706</p> <p>_____</p> <p>(NAME)</p>	<p>→ 801</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
706	<p>Now I would like to ask you about liquids or foods that (NAME FROM 705) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p>		
	Did (NAME FROM 705) (drink/eat):	YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth?	c) 1 2 8	
	d) Milk such as tinned, powdered, or fresh animal milk?	d) 1 2 8	
	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK <input type="text"/>	
	e) Infant formula, that is, a special commercially produced breastmilk substitutes such as Similac, Bebelack and Biomeal?	e) 1 2 8	
	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA <input type="text"/>	
	f) Any other liquids?	f) 1 2 8	
	g) Yogurt?	g) 1 2 8	
	IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT <input type="text"/>	
	h) Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G., Cerelac]?	h) 1 2 8	
	i) Bread, rice, noodles, porridge, or other foods made from grains?	i) 1 2 8	
	j) Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside?	j) 1 2 8	
	k) Potatoes, white potatoes, white yams, or any other foods made from roots?	k) 1 2 8	
	l) Any dark green, leafy vegetables?	l) 1 2 8	
	m) Ripe mangoes, papayas (yellow) or apricots?	m) 1 2 8	
	n) Any other fruits or vegetables?	n) 1 2 8	
	o) Liver, kidney, heart or other organ meats?	o) 1 2 8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1 2 8	
	q) Eggs?	q) 1 2 8	
	r) Fresh or dried fish or shellfish?	r) 1 2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1 2 8	
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1 2 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 104: MARITAL STATUS</p> <p>CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/></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>FOR CURRENTLY MARRIED WOMEN 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>	→ 806A
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>	
806A	<p>Does your (last) husband have other wives?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 807
806B	<p>Including yourself, in total, how many wives does (did) he have?</p>	<p>TOTAL NUMBER OF WIVES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
806C	<p>Are you the first, second, ... wife?</p>	<p>RANK <input type="text"/> <input type="text"/></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>IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '0'.</p>	<p>GRADE <input type="text"/></p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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? 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	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?	YES 1 NO 2	→ 815
812	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?	YES 1 NO 2	→ 815
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?	<p>_____ <input type="text"/> <input type="text"/></p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN DETAIL)</p>	
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	
817	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	<p>CHECK 815:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		→ 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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>		→ 827D
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 8	→ 827A
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)	
827A	Who usually makes decisions about health care for yourself: you, your (husband), you and your (husband) jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY)	
827B	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY)	
827C	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY)	
827D	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	
827E	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
828	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <tr> <td></td> <td>PRES/</td> <td>PRES/</td> <td>NOT</td> </tr> <tr> <td></td> <td>LISTEN.</td> <td>NOT</td> <td>PRES</td> </tr> <tr> <td></td> <td></td> <td>LISTEN.</td> <td></td> </tr> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		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						
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OTHER FEMALES	1	2	3																																	
829	<p>In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		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										
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BURNS FOOD	1	2	8																																	
830	<p>Now I would like to ask you some questions about medical care for yourself.</p> <p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Getting permission to go to the doctor?</p> <p>Getting money needed for advice or treatment?</p> <p>The distance to the health facility?</p> <p>Having to take transportation?</p> <p>Not wanting to go alone?</p> <p>Concern that there may not be a female health provider?</p> <p>Concern that there may not be any health provider?</p> <p>Concern that there may be no drugs available?</p>	<table border="0"> <tr> <td></td> <td>BIG</td> <td>NOT A BIG</td> </tr> <tr> <td></td> <td>PROB-</td> <td>PROB-</td> </tr> <tr> <td></td> <td>LEM</td> <td>LEM</td> </tr> <tr> <td>PERMISSION TO GO</td> <td>1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>TAKING TRANSPOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>GO ALONE</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO FEMALE PRO</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO PROVIDER</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO DRUGS</td> <td>1</td> <td>2</td> </tr> </table>		BIG	NOT A BIG		PROB-	PROB-		LEM	LEM	PERMISSION TO GO	1	2	GETTING MONEY	1	2	DISTANCE	1	2	TAKING TRANSPOR	1	2	GO ALONE	1	2	NO FEMALE PRO	1	2	NO PROVIDER	1	2	NO DRUGS	1	2	
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831	Are you covered by any health insurance?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2	→ 901																													
YES	1																																			
NO	2																																			
832	<p>What type of health insurance are you covered by?</p> <p>RECORD ALL MENTIONED.</p>	<table border="0"> <tr> <td>HEALTH INSURANCE THROUGH THE GENERAL AGENCY OF HEALTH INSURANCE</td> <td>A</td> </tr> <tr> <td>HEALTH INSURANCE THROUGH EMPLOYER</td> <td>B</td> </tr> <tr> <td>HEALTH INSURANCE THROUGH ANY OF THE SYNDICATE</td> <td>C</td> </tr> <tr> <td>OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE</td> <td>D</td> </tr> <tr> <td>OTHER _____</td> <td>X</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> </tr> </table>	HEALTH INSURANCE THROUGH THE GENERAL AGENCY OF HEALTH INSURANCE	A	HEALTH INSURANCE THROUGH EMPLOYER	B	HEALTH INSURANCE THROUGH ANY OF THE SYNDICATE	C	OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE	D	OTHER _____	X	(SPECIFY)																							
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(SPECIFY)																																				

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 213, 216, AND 217	AT LEAST ONE SURVIVING DAUGHTER AGE 0-19 YEARS <input type="checkbox"/> NO SURVIVING DAUGHTERS 0-19 YEARS <input type="checkbox"/>				→ 915				
905	CHECK QUESTIONS 213 AND 217 AND IDENTIFY ALL OF THE WOMAN'S SURVIVING 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 YRS <input type="text"/> (GO TO 909) ←	AGE 0-14 YRS <input type="text"/> (GO TO 909) ←	AGE 15-19 YRS <input type="text"/> (GO TO 909) ←	AGE 0-14 YRS <input type="text"/> (GO TO 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 (GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	AGE <input type="text"/> <input type="text"/> DK 98 (GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	AGE <input type="text"/> <input type="text"/> DK 98 (GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	AGE <input type="text"/> <input type="text"/> DK 98 (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"/>	<input type="checkbox"/> → 915 <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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
917	Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONED	TELEVISION A RADIO..... B NEWSPAPER/MAGAZIN..... C PAMPHLET/BROCHURE..... D POSTER E COMMUNITY MEETING F EDUCATIONAL SEMINAR G HOME VISIT BY HEALTH WORKER .. H FACILITY-BASED HEALTH WORKER.. I HUSBAND J OTHER RELATIVE/FRIENDS K 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																					
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	I will read you some statements about circumcision. Please tell me if you agree or disagree. A husband will prefer his wife to be circumcised. Circumcision prevents adultery. Childbirth is more difficult for a woman who has been circumcised. Circumcision can cause severe consequences that can lead to a girl's death.	<table border="0"> <thead> <tr> <th></th> <th>AGREE</th> <th>DIS- AGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HUSBAND PREFER. .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PREVENTS ADULTERY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CHILDBIRTH DIFFICULT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MAY LEAD TO GIRL'S DEATH ...</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DIS- AGREE	DK	HUSBAND PREFER. .	1	2	8	PREVENTS ADULTERY	1	2	8	CHILDBIRTH DIFFICULT	1	2	8	MAY LEAD TO GIRL'S DEATH ...	1	2	8	
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MAY LEAD TO GIRL'S DEATH ...	1	2	8																				

SECTION 10. KNOWLEDGE OF HIV/AIDS AND SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 1019
1002	Can people reduce their chances of getting the AIDS virus by having just one sex partner who is not infected and who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
1003	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
1006	Can people reduce their chance of getting the AIDS virus by abstaining from sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
1007	Can the HIV virus be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK PREGNANCY..... 1 2 8 DELIVERY..... 1 2 8 BREASTFEEDING .. 1 2 8	
1008	CHECK 1007: AT LEAST <input type="checkbox"/> ONE 'YES' ↓ OTHER <input type="checkbox"/>		→ 1010
1009	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
1010	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
1011	Do you know of a place where people can go to get tested for the virus that causes AIDS?	YES 1 NO 2	→ 1013

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1012	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME AND ADDRESS OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>PROBE: Any other place?</p> <p>RECORD ALL SOURCES MENTIONED.</p> <p>_____</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p>	<p>GOVERNMENT</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH UNIT B</p> <p>VCT CENTER C</p> <p>FAMILY PLANNING CLINIC D</p> <p>MOBILE CLINIC E</p> <p>STANDALONE GOVT. LABORATORY F</p> <p>OTHER GOVT. _____ G</p> <p>(SPECIFY)</p> <p>NON GOVERNMENTAL</p> <p>_____ H</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/CLINIC/</p> <p>PRIVATE DOCTOR I</p> <p>PHARMACY J</p> <p>STANDALONE PRIVATE LABORATORY K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER NON-MEDICAL</p> <p>_____ X</p> <p>(SPECIFY)</p>	
1013	<p>Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1014	<p>If a member of your family became sick with the virus, that causes AIDS would you want it to remain a secret or not?</p>	<p>YES, REMAIN A SECRET 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
1015	<p>If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
1016	<p>In your opinion, if a female teacher has the AIDS virus but is not sick, should she be allowed to continue teaching in the school?</p>	<p>SHOULD BE ALLOWED 1</p> <p>SHOULD NOT BE ALLOWED 2</p> <p>DK/NOT SURE/DEPENDS 8</p>	
1017	<p>In the last 6 months have you heard, seen, or received any information about HIV/AIDS?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>↳ 1019</p>
1018	<p>Where did you hear or see that information?</p> <p>PROBE: Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>TELEVISION A</p> <p>RADIO B</p> <p>NEWSPAPER/MAGAZINE C</p> <p>PAMPHLET/BROCHURE D</p> <p>POSTER E</p> <p>COMMUNITY MEETING F</p> <p>HOME VISIT BY HEALTH WORKER G</p> <p>FACILITY-BASED HEALTH WORKER H</p> <p>HUSBAND I</p> <p>OTHER RELATIVE/FRIENDS/</p> <p>NEIGHBORS J</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1019	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/>	WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>	→ 1100
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			
1020	Now I would like to ask you some questions about other health services you may have received. Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	→ 1022
1021	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	
1022	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	
1023	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	
1024	CHECK 1021, 1022, AND 1023: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	→ 1100
1025	The last time you had (PROBLEM FROM 1021/1022/1023), did you seek any kind of advice or treatment?	YES 1 NO 2	→ 1100
1026	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	MINISTRY OF HEALTH AND POPULATION URBAN HOSPITAL (GNRL/DSTRCT A B URBAN HEALTH UNIT C HEALTH OFFICE D RURAL HOSPITAL (CENTRA E RURAL HEALTH UNIT F MCH CENTER G OTHER GOVERNMENTAL UNIVERSITY/TEACHING HOSPITAL H HEALTH INSURANCE ORG. I CURATIVE CARE ORGANIZATIO . J OTHER GOVERNMENTAL K NON-GOVERNMENTAL EGYPT FAMILY PLANNING ASSC. L CSI PROJECT M OTHER NON-GOVERNMENTAL... N PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC O PRIVATE DOCTOR P PHARMACY Q MOSQUE HEALTH UNIT R CHURCH HEALTH UNIT S OTHER NON-MEDICAL VENDOR (SHOP, KIOSK, ETC.) T FRIEND/RELATIVE U OTHER X (SPECIFY)	

SECTION 11 DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1100	<p>CHECK HOUSEHOLD QUESTIONNAIRE: IDENTIFICATION PAGE FOR SUB-SAMPLE AND Q300 FOR LINE NUMBER OF SELECTED WOMAN:</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/></p>		1129																																			
1101	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2</p>		1128																																			
<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Egypt. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.</p>																																						
1102	<p>CHECK 104:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND) <input type="checkbox"/></p>																																					
1103	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>JEALOUS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>ACCUSES</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>NOT MEET FRIENDS ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>NO FAMILY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ...	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8												
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NOT MEET FRIENDS ...	1	2	8																																			
NO FAMILY	1	2	8																																			
WHERE YOU ARE	1	2	8																																			
1104	<p>Now I need to ask some more questions about your relationship with your (last) husband.</p> <p>A Did your (last) husband ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th align="center">EVER</th> <th align="center">OFTEN</th> <th align="center">SOME-TIMES</th> <th align="center">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>a) NO</td> <td align="center">2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>b) NO</td> <td align="center">2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td align="center">1 →</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>c) NO</td> <td align="center">2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	a) NO	2 ↓				b) YES	1 →	1	2	3	b) NO	2 ↓				c) YES	1 →	1	2	3	c) NO	2 ↓				
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																											
1105	<p>A Did your (last) husband ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				YES	1 →	1	2	3	NO	2 ↓				
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1106	<p>CHECK 1105A:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1109</p>																																																																												
1107	<p>How long after you first got married with your (last) husband did (this/any of these things) first happen?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>BEFORE MARRIAGE995</p>																																																																												
1108	<p>Did the following ever happen as a result of what your (last) husband did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1111
1110	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1111	Does (did) your (last) husband drink alcohol or use drugs?	YES, DRINKS A YES, USES DRUGS B DOES NOT DRINK OR USE DRUGS ... C	→ 1113
1112	How often does (did) he do this: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2	
1113	Are (were) you afraid of your (last) husband: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	
1114	CHECK 105: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ 1116
1115	A So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband. a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen? EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER YES 1 → 1 2 3 NO 2 ↓ YES 1 → 1 2 3 NO 2	
1116	From the time you were 15 years old has anyone other than (your/any) husband hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1119
1117	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK L POLICE/SOLDIER M OTHER _____ X (SPECIFY)	
1118	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1119	CHECK CALENDAR AND BOTTOM OF CALENDAR: EVER BEEN PREGNANT <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		→ 1122
1120	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1122
1121	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND G MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOM N POLICE/SOL O OTHER _____ X (SPECIFY)	
1122	CHECK 1105A (a-j), 1115, 1116, AND 1120: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1126
1123	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1125
1124	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S FAMILY B CURRENT/FORMER HUSBAND C FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER _____ X (SPECIFY)	→ 1126
1125	Have you ever told any one about this?	YES 1 NO 2	
1126	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
1127	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ...	1	2	3	FEMALE ADULT	1	2	3	
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HUSBAND	1	2	3																
OTHER MALE ADULT ...	1	2	3																
FEMALE ADULT	1	2	3																
1128	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____																		
1129	RECORD THE TIME.	HOUR MINUTES	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>																

OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

1201 INTERVIEWER'S OBSERVATIONS

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

1202 SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

1203 EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:

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

- COL. 1: MARRIAGE/UNION
 X IN UNION (MARRIED OR LIVING TOGETHER) 2
 0 NOT IN UNION 0
- COL. 2: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE
 B BIRTHS 4
 P PREGNANCIES
 M MISCARRIAGE
 A ABORTION
 S STILL BIRTH

- 0 NO METHOD
 C FEMALE STERILIZATION
 D MALE STERILIZATION
 E PILL
 F IUD
 G MONTHLY INJECTION 2
 H THREE-MONTH INJECTION 0
 I IMPLANTS 1
 K CONDOM 3
 N DIAPHRAGM/FOAM OR JELLY
 R RHYTHM METHOD
 T WITHDRAWAL
 U PROLONGED BREASTFEEDING
 X OTHER _____ (SPECIFY)

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

			CHILD'S NAME						
			1	2		3			
12	DEC	01					01	DEC	
11	NOV	02					02	NOV	
10	OCT	03					03	OCT	
09	SEP	04					04	SEP	
<input type="checkbox"/> 2	08	AUG	05				05	AUG	<input type="checkbox"/> 2
<input type="checkbox"/> 0	07	JUL	06				06	JUL	<input type="checkbox"/> 0
<input type="checkbox"/> 1	06	JUN	07				07	JUN	<input type="checkbox"/> 1
<input type="checkbox"/> 4	05	MAY	08				08	MAY	<input type="checkbox"/> 4
	04	APR	09				09	APR	
	03	MAR	10				10	MAR	
	02	FEB	11				11	FEB	
	01	JAN	12				12	JAN	
<hr/>									
12	DEC	13					13	DEC	
11	NOV	14					14	NOV	
10	OCT	15					15	OCT	
09	SEP	16					16	SEP	
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<input type="checkbox"/> 0	07	JUL	18				18	JUL	<input type="checkbox"/> 0
<input type="checkbox"/> 1	06	JUN	19				19	JUN	<input type="checkbox"/> 1
<input type="checkbox"/> 3	05	MAY	20				20	MAY	<input type="checkbox"/> 3
	04	APR	21				21	APR	
	03	MAR	22				22	MAR	
	02	FEB	23				23	FEB	
	01	JAN	24				24	JAN	
<hr/>									
12	DEC	25					25	DEC	
11	NOV	26					26	NOV	
10	OCT	27					27	OCT	
09	SEP	28					28	SEP	
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<input type="checkbox"/> 2	05	MAY	32				32	MAY	<input type="checkbox"/> 2
	04	APR	33				33	APR	
	03	MAR	34				34	MAR	
	02	FEB	35				35	FEB	
	01	JAN	36				36	JAN	
<hr/>									
12	DEC	37					37	DEC	
11	NOV	38					38	NOV	
10	OCT	39					39	OCT	
09	SEP	40					40	SEP	
<input type="checkbox"/> 2	08	AUG	41				41	AUG	<input type="checkbox"/> 2
<input type="checkbox"/> 0	07	JUL	42				42	JUL	<input type="checkbox"/> 0
<input type="checkbox"/> 1	06	JUN	43				43	JUN	<input type="checkbox"/> 1
<input type="checkbox"/> 1	05	MAY	44				44	MAY	<input type="checkbox"/> 1
	04	APR	45				45	APR	
	03	MAR	46				46	MAR	
	02	FEB	47				47	FEB	
	01	JAN	48				48	JAN	
<hr/>									
12	DEC	49					49	DEC	
11	NOV	50					50	NOV	
10	OCT	51					51	OCT	
09	SEP	52					52	SEP	
<input type="checkbox"/> 2	08	AUG	53				53	AUG	<input type="checkbox"/> 2
<input type="checkbox"/> 0	07	JUL	54				54	JUL	<input type="checkbox"/> 0
<input type="checkbox"/> 1	06	JUN	55				55	JUN	<input type="checkbox"/> 1
<input type="checkbox"/> 0	05	MAY	56				56	MAY	<input type="checkbox"/> 0
	04	APR	57				57	APR	
	03	MAR	58				58	MAR	
	02	FEB	59				59	FEB	
	01	JAN	60				60	JAN	
<hr/>									
12	DEC	61					61	DEC	
11	NOV	62					62	NOV	
10	OCT	63					63	OCT	
09	SEP	64					64	SEP	
<input type="checkbox"/> 2	08	AUG	65				65	AUG	<input type="checkbox"/> 2
<input type="checkbox"/> 0	07	JUL	66				66	JUL	<input type="checkbox"/> 0
<input type="checkbox"/> 0	06	JUN	67				67	JUN	<input type="checkbox"/> 0
<input type="checkbox"/> 9	05	MAY	68				68	MAY	<input type="checkbox"/> 9
	04	APR	69				69	APR	
	03	MAR	70				70	MAR	
	02	FEB	71				71	FEB	
	01	JAN	72				72	JAN	

OUTCOME ("M," "A" OR "S") AND DATE OF LAST PREGNANCY TERMINATION PRIOR TO JANUARY 2009
 IF NONE, RECORD '0' IN OUTCOME

OUTCOME MONTH YEAR

BIRTH DATE OF LAST CHILD BORN PRIOR TO JANUARY 2009

MONTH YEAR