



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.  MORNING = 1 EVENING = 2	MORNING/EVENING ..... <input type="checkbox"/> HOUR ..... <input type="checkbox"/> MINUTES ..... <input type="checkbox"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN..... 2 COUNTRYSIDE ..... 3	
103	How long have you been living continuously in (NAME OF WOREDA OR TOWN)?  IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ..... <input type="checkbox"/> ALWAYS..... 95 VISITOR ..... 96	105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY ..... 1 TOWN..... 2 COUNTRYSIDE ..... 3	
105	In what month and year were you born?	MONTH ..... <input type="checkbox"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="checkbox"/> DON'T KNOW YEAR..... 9998	
106	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS... <input type="checkbox"/>	
107	Have you ever attended formal school?	YES ..... 1 NO ..... 2	111
109	What is the highest grade you completed?	GRADE..... <input type="checkbox"/>  TECHNICAL / VOCATIONAL CERTIFICATE ..... 13 UNIVERSITY/COLLEGE DIPLOMA ..... 14 UNIVERSITY/COLLEGE DEGREE ..... 15	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 109: CODES 00-06 <input type="checkbox"/> CODES 07 AND ABOVE <input type="checkbox"/>		114
111	Now I would like you to read out loud as much of this sentence as you can.  SHOW CARD TO RESPONDENT.	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)	115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY .....1 AT LEAST ONCE A WEEK .....2 LESS THAN ONCE A WEEK .....3 NOT AT ALL .....4	
117	What is your religion?	ORTHODOX .....1 CATHOLIC .....2 PROTESTANT .....3 MOSLEM .....4 TRADITIONAL.....5 OTHER _____ 6 (SPECIFY)	
118	What is your ethnicity?  RECORD THE MAJOR ETHNIC GROUP.	_____ <input type="checkbox"/> <input type="checkbox"/>	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES ..... 1 NO ..... 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ..... 1 NO ..... 2	→ 204								
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME ..... <table border="1" data-bbox="1271 453 1364 499"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS AT HOME ..... <table border="1" data-bbox="1271 506 1364 552"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ..... 1 NO ..... 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE ..... <table border="1" data-bbox="1271 741 1364 787"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS ELSEWHERE ..... <table border="1" data-bbox="1271 793 1364 840"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES ..... 1 NO ..... 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD ..... <table border="1" data-bbox="1271 1092 1364 1138"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> GIRLS DEAD ..... <table border="1" data-bbox="1271 1144 1364 1190"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL ..... <table border="1" data-bbox="1271 1228 1364 1274"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 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.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH.. <input type="text"/> YEAR <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (NEXT BIRTH)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/>	
02	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH.. <input type="text"/> YEAR <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/>	YES..... 1 NO..... 2
03	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH.. <input type="text"/> YEAR <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/>	YES..... 1 NO..... 2
04	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH.. <input type="text"/> YEAR <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/>	YES..... 1 NO..... 2
05	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH.. <input type="text"/> YEAR <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/>	YES..... 1 NO..... 2
06	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH.. <input type="text"/> YEAR <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/>	YES..... 1 NO..... 2
07	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH.. <input type="text"/> YEAR <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/>	YES..... 1 NO..... 2
08	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH.. <input type="text"/> YEAR <input type="text"/>	YES..... 1 NO..... 2 ↓ 220	AGE IN YEARS <input type="text"/>	YES..... 1 NO..... 2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS..... 1 MONTHS.. 2 YEARS.... 3 <input type="text"/>	YES..... 1 NO..... 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your next baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died?  IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?	
09	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH. <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES..... 1 NO..... 2	
10	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH. <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES..... 1 NO..... 2	
11	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH. <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES..... 1 NO..... 2	
12	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH. <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES..... 1 NO..... 2	
13	SING... 1 MULT.. 2	BOY... 1 GIRL.. 2	MONTH. <input type="text"/> YEAR <input type="text"/>	YES.....1 NO.....2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 NO.....2	LINE NUMBER <input type="text"/> ↓ (GO TO 221)	DAYS.....1 MONTHS..2 YEARS....3 <input type="text"/>	YES..... 1 NO..... 2	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES: PROBE AND CORRECT Q212-Q221 AND IF NECESSARY Q202-209						YES..... 1 NO..... 2			
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) ↓ CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.  FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.  FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.  FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. <input type="text"/>									
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1987 E.C. OR LATER. IF NONE, RECORD '0'.								<input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES ..... 1 NO ..... 2 UNSURE ..... 8	→ 229
227	How many months pregnant are you?	MONTHS ..... <input type="text"/>	
228	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 LATER ..... 2 NOT AT ALL ..... 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES ..... 1 NO ..... 2	→ 234
230A	When did the last such pregnancy end?	MONTH ..... <input type="text"/> DON'T KNOW MONTH ..... 98 YEAR ..... <input type="text"/> DON'T KNOW YEAR ..... 9998	→ 230C
230B	How many months/years ago did the last such pregnancy end?	MONTHS AGO ..... 1 <input type="text"/> YEARS AGO ..... 2 <input type="text"/>	
230C	How many months pregnant were you when the last such pregnancy ended?	MONTHS ..... <input type="text"/>	
230D	CHECK 230A OR 230B:  LAST PREGNANCY ENDED IN MESKEREM 1987 OR LATER OR 0-59 MONTHS AGO OR 0-4 YEARS AGO <input type="checkbox"/> ↓	LAST PREGNANCY ENDED BEFORE MESKEREM 1987 OR 60 MONTHS AGO OR EARLIER or 5 OR MORE YEARS AGO <input type="checkbox"/>	→ 234
230E	Have you had any other pregnancies in the last five years, which did not end in a live birth?	YES ..... 1 NO ..... 2	→ 234
230F	How many other pregnancies did you have in the last five years that did not end in a live birth?	NUMBER OF OTHER NON LIVE PREGNANCIES ..... <input type="text"/>	

RECORD ALL PREGNANCIES IN MESKEREM 1987 OR LATER, OR 0-59 MONTHS AGO OR 0-4 YEARS AGO. COPY THE MONTH AND YEAR OF BIRTH OF THE LATEST PREGNANCY FROM 230A IN LINE 01 OF Q 231A, AND IF YEAR IS NOT KNOWN, THE NUMBER OF MONTHS OR YEARS AGO THE LATEST PREGNANCY ENDED FROM Q 230B IN Q 231B, AND THE NUMBER OF MONTHS PREGNANT FROM Q 230C IN Q 231C. THEN PROCEED TO Q 231A – Q231C FOR EACH OF THE EARLIER NON LIVE BIRTH PREGNANCY. CHECK TO MAKE SURE THAT THE DURATION OF EACH PREGNANCY LISTED BELOW IS CONSISTENT WITH INFORMATION IN Q.215, 217 AND 220. IF THERE ARE MORE THAN 5 SUCH PREGNANCIES USE EXTRA QUESTIONNAIRE. THE TOTAL NUMBER OF PREGNANCIES RECORDED IN THIS PAGE SHOULD EQUAL THE NUMBER OF NON – LIVE PREGNANCIES RECORDED IN Q230F + 1.

LINE NUMBER	231A When did the next pregnancy end?	231B How many months or years ago did this pregnancy end?	231C How many months pregnant were you when this pregnancy ended?
01	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Skip to 231C) ← DK YEAR.....98	MONTHS AGO.....1 <input type="text"/> <input type="text"/> YEARS AGO.....2 <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
02	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Skip to 231C) ← DK YEAR.....98	MONTHS AGO.....1 <input type="text"/> <input type="text"/> YEARS AGO.....2 <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
03	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Skip to 231C) ← DK YEAR.....98	MONTHS AGO.....1 <input type="text"/> <input type="text"/> YEARS AGO.....2 <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
04	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Skip to 231C) ← DK YEAR.....98	MONTHS AGO.....1 <input type="text"/> <input type="text"/> YEARS AGO.....2 <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
05	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (Skip to 231C) ← DK YEAR.....98	MONTHS AGO.....1 <input type="text"/> <input type="text"/> YEARS AGO.....2 <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
234	Have you ever received an injection in the arm to prevent against tetanus toxoid?	YES.....1 NO.....2	→ 236																																				
234A	Do you have a vaccination card/ paper where tetanus toxoid injection (TT) have been recorded?  IF YES: May I see it please?	YES SEEN.....1 YES, NOT SEEN .....2 NO CARD/PAPER .....3	→ 234C																																				
234B	(1) COPY VACCINATION DATE FOR EACH TETANUS TOXOID INJECTION GIVEN  (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A TT VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>DAY</th> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> </thead> <tbody> <tr> <td>TT1</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>TT2</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>TT3</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>TT4</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>TT5</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		DAY	MONTH		YEAR		TT1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TT2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TT3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TT4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	TT5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
	DAY	MONTH		YEAR																																			
TT1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																		
TT2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																		
TT3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																		
TT4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																		
TT5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																																		
234C	How many times have you received a tetanus toxoid (TT) injection in your entire life?	NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW.....98																																					
236	When did your last menstrual period start?  _____  (DATE, IF GIVEN)	DAYS AGO ..... 1 <input type="text"/> <input type="text"/> WEEKS AGO ..... 2 <input type="text"/> <input type="text"/> MONTHS AGO ..... 3 <input type="text"/> <input type="text"/> YEARS AGO ..... 4 <input type="text"/> <input type="text"/>  IN MENOPAUSE/ HAS HAD HYSTERECTOMY.....994 BEFORE LAST BIRTH .....995 NEVER MENSTRUATED .....996																																					
237	From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES.....1 NO.....2 DON'T KNOW.....8	→ 301																																				
238	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS.....1 DURING HER PERIOD .....2 RIGHT AFTER HER PERIOD HAS ENDED .....3 HALF WAY BETWEEN PERIODS.....4 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8																																					

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about?  FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES.....1 NO .....2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES.....1 NO .....2
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES.....1 NO .....2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES.....1 NO .....2
05	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for one or more months.	YES.....1 NO .....2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES.....1 NO .....2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES.....1 NO .....2
08	DIAPHRAGM/FOAM/JELLY Women can place a diaphragm, suppository, jelly, or cream in their vagina before intercourse.	YES.....1 NO .....2
09	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES.....1 NO .....2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES.....1 NO .....2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?  _____ (SPECIFY)  _____ (SPECIFY)  NO .....2	Have you ever had an operation to avoid having any (more) children? YES .....1 NO .....2  Have you ever had a partner who had an operation to avoid having any (more) children? YES .....1 NO .....2  YES .....1 NO .....2  YES .....1 NO .....2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → 307	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES .....1 NO ..... 2	→ 328
306	What have you used or done?  CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.  How many living children did you have at that time, if any?  IF NONE, RECORD '00'.	NUMBER OF CHILDREN ..... <input type="text"/> <input type="text"/>	
308	CHECK 302 (01):  WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→ 311A
309	CHECK 226:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 328
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES .....1 NO ..... 2	→ 328
311  311A	Which method are you using?  CIRCLE 'A' FOR FEMALE STERILIZATION.  IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	FEMALE STERILIZATION ..... A MALE STERILIZATION ..... B PILL ..... C IUD ..... D INJECTIONS ..... E IMPLANTS ..... F CONDOM ..... G DIAPHRAGM/FOAM/JELLY ..... H PERIODIC ABSTINENCE ..... I WITHDRAWAL ..... J OTHER _____ X (SPECIFY)	→ 319C  → 319A  → 319B
312	What is the brand name of the pill you last used? RECORD NAME OF BRAND.  _____ (BRAND NAME)	BRAND ..... <input type="text"/> <input type="text"/> NO BRAND NAME .....95 DON'T KNOW ..... 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
319A	Where did you obtain (CURRENT METHOD) when you started using it the last time?	GOVERNMENT HOSPITAL .....11 HEALTH CENTER .....12 HEALTH STATION/CLINIC .....13 HEALTH POST .....14 COMMUNITY-BASED OUTLET .....15 OTHER GOVERNMENT .....16 (SPECIFY) NONGOVERNMENTAL (NGO) HEALTH FACILITY .....21 COMMUNITY-BASED OUTLETS .....22 OTHER NGO .....26 (SPECIFY) PRIVATE MEDICAL PRIVATE HOSPITAL .....31 PRIVATE DOCTOR/CLINIC .....32 PHARMACY .....33 OTHER PRIVATE MEDICAL .....36 (SPECIFY) OTHER SOURCE DRUG VENDOR .....41 SHOP .....42 FRIEND/RELATIVE .....43 OTHER .....46 (SPECIFY) DID NOT CONSULT SOURCE .....95 DON'T KNOW .....98			
319B	Where did you learn to use (CURRENT METHOD)?				
319C	Where did the sterilization take place?				
IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME AND/LOCATION OF PLACE)					
319D	How long does it take to go to this place?	MINUTES ..... <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> DON'T KNOW .....98	   → 330		
328	Do you know of a place where you can obtain a method of family planning?	YES .....1 NO .....2	  → 330		
329	Where is that?	GOVERNMENT HOSPITAL .....11 HEALTH CENTER .....12 HEALTH STATION/CLINIC .....13 HEALTH POST .....14 COMMUNITY-BASED OUTLET .....15 OTHER GOVERNMENT .....16 (SPECIFY) NONGOVERNMENTAL (NGO) HEALTH FACILITY .....21 COMMUNITY-BASED OUTLETS .....22 OTHER NGO .....26 (SPECIFY) PRIVATE MEDICAL PRIVATE HOSPITAL .....31 PRIVATE DOCTOR/CLINIC .....32 PHARMACY .....33 OTHER PRIVATE MEDICAL .....36 (SPECIFY) OTHER SOURCE DRUG VENDOR .....41 SHOP .....42 FRIEND/RELATIVE .....43 OTHER .....46 (SPECIFY)			
IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME AND/OR LOCATION OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME AND/OR LOCATION OF PLACE)					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	In the last 12 months, were you visited by a field worker who talked to you about family planning?	YES .....1 NO ..... 2	
331	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES .....1 NO ..... 2	→ 401
332	Did any staff member at the health facility speak to you about family planning methods?	YES .....1 NO ..... 2	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401 CHECK 224:

ONE OR MORE BIRTHS IN MESKEREM 1987 OR LATER

NO BIRTHS IN MESKEREM 1987 OR LATER  → 486

402 ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1987 E.C. OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL SHEETS).

Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)

403 LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER ..... <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER ..... <input type="text"/>
--------------------------	--	--

404 FROM 212 AND 216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
----------------------	--	--

405 At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN ..... 1 (SKIP TO 406A) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 406A) ←	THEN ..... 1 (SKIP TO 422) ← LATER ..... 2 NOT AT ALL ..... 3 (SKIP TO 422) ←
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406 How much longer would you like to have waited?	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
--	---	---

406A During this pregnancy did you stop eating specific types of food that you normally eat, for cultural reasons?	YES ..... 1 NO ..... 2 (SKIP TO 407) ←	
--	--	--

406B What did you stop eating?  Anything else?  RECORD ALL MENTIONED	MILK ..... A CHEESE, BUTTER ..... B ANY KIND OF MEAT ..... C ANY KIND OF VEGETABLE ..... D ANY KIND OF FRUIT ..... E OTHER ..... X (SPECIFY)	
--	--	--

407 Did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL ..... A OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT ..... B UNTRAINED TRADITIONAL BIRTH ATTENDANT ..... C OTHER ..... X (SPECIFY) NO ONE ..... Y (SKIP TO 415) ←	
---	--	--

		LAST BIRTH	NEXT-TO-LAST BIRTH																		
		NAME _____	NAME _____																		
408	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																			
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98																			
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> ↓ (SKIP TO 412) MORE THAN ONCE OR DON'T KNOW <input type="checkbox"/> ↓																			
411	How many months pregnant were you the last time you received antenatal care?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98																			
412	During this pregnancy, were any of the following done at least once?  Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEIGHT.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD PRESSURE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE SAMPLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD SAMPLE .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>			YES	NO	WEIGHT.....	1	2	HEIGHT.....	1	2	BLOOD PRESSURE.....	1	2	URINE SAMPLE .....	1	2	BLOOD SAMPLE .....	1	2
	YES	NO																			
WEIGHT.....	1	2																			
HEIGHT.....	1	2																			
BLOOD PRESSURE.....	1	2																			
URINE SAMPLE .....	1	2																			
BLOOD SAMPLE .....	1	2																			
413	Were you told about the signs of pregnancy complications?	YES ..... 1 NO ..... 2 (SKIP TO 415) ← DON'T KNOW ..... 8																			
414	Were you told where to go if you had these complications?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																			
415	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 418) ← DON'T KNOW ..... 8																			
415A	During this pregnancy, how many times did you get this injection?	TIMES ..... <input type="text"/> DON'T KNOW ..... 8																			
418	During this pregnancy, did you have difficulty with your vision during the daylight?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																			
419	During this pregnancy, did you suffer from night blindness [USE LOCAL TERM]?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8																			
420	During this pregnancy, were you given or did you buy any drugs in order to prevent you from getting malaria?	YES ..... 1 NO ..... 2 (SKIP TO 422) ← DON'T KNOW ..... 8																			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
421	Which drug was that?  RECORD ALL MENTIONED.	FANSIDAR.....A CHLOROQUINE .....B PROGUANIL.....C OTHER.....X (SPECIFY) DON'T KNOW.....Z	
422	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
423	Was (NAME) weighed at birth?	YES ..... 1 NO ..... 2 (SKIP TO 425) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 425) ← DON'T KNOW ..... 8
424	How much did (NAME) weigh?  RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD ..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL ..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 99998	GRAMS FROM CARD ..... 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL ..... 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ..... 99998
425	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL ..... A OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT ..... B UNTRAINED TRADITIONAL BIRTH ATTENDANT ..... C RELATIVE/FRIEND/ NEIGHBOUR ..... D OTHER.....X (SPECIFY) NO ONE ..... Y	HEALTH PROFESSIONAL ..... A OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT ..... B UNTRAINED TRADITIONAL BIRTH ATTENDANT ..... C RELATIVE/FRIEND/ NEIGHBOUR ..... D OTHER.....X (SPECIFY) NO ONE ..... Y
426	Where did you give birth to (NAME)?	HOME YOUR HOME ..... 11 (SKIP TO 428) ← OTHER HOME ..... 12 GOVERNMENT HOSPITAL ..... 21 HEALTH CENTER ..... 22 HEALTH STATION/CLINIC ..... 23 OTHER GOV'T ..... 26 (SPECIFY) NONGOVERNMENTAL (NGO) NGO HEALTH FACILITY ..... 31 PRIVATE MEDICAL PVT. HOSPITAL ..... 41 PVT. DOCTOR/CLINIC ..... 42 OTHER PVT. .... 46 (SPECIFY) OTHER ..... 96 (SPECIFY) (SKIP TO 428) ←	HOME YOUR HOME ..... 11 (SKIP TO 428) ← OTHER HOME ..... 12 GOVERNMENT HOSPITAL ..... 21 HEALTH CENTER ..... 22 HEALTH STATION/CLINIC ..... 23 OTHER GOV'T ..... 26 (SPECIFY) NONGOVERNMENTAL (NGO) NGO HEALTH FACILITY ..... 31 PRIVATE MEDICAL PVT. HOSPITAL ..... 41 PVT. DOCTOR/CLINIC ..... 42 OTHER PVT. .... 46 (SPECIFY) OTHER ..... 96 (SPECIFY) (SKIP TO 428) ←



		LAST BIRTH	NEXT-TO-LAST BIRTH											
		NAME _____	NAME _____											
427	Was (NAME) delivered by caesarian section?	YES .....1 (SKIP TO 432) ← NO .....2	YES .....1 (SKIP TO 434) ← NO .....2											
428	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES ..... 1 NO .....2 (SKIP TO 432) ←	YES ..... 1 NO .....2 (SKIP TO 434) ←											
429	How many days or weeks after the delivery did the first check take place?  RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL ..... 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AFTER DEL .....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ..... 998												
430	Who checked on your health at that time?  PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL ..... 1 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT .....2 UNTRAINED TRADITIONAL BIRTH ATTENDANT ..... 3 OTHER ..... 6 (SPECIFY)												
431	Where did this first check take place?	HOME YOUR HOME ..... 11 OTHER HOME ..... 12 GOVERNMENT HOSPITAL .....21 HEALTH CENTER .....22 HEALTH STATION/CLINIC .....23 HEALTH POST .....24 OTHER GOV'T .....25 (SPECIFY) NONGOVERNMENTAL (NGO) NGO HEALTH FACILITY ..... 31 PRIVATE MEDICAL PVT. HOSPITAL .....41 PVT. DOCTOR/CLINIC.....42 OTHER PVT. ....46 (SPECIFY) OTHER ..... 96 (SPECIFY)												
432	In the first two months after delivery, did you receive a vitamin A dose like this?  SHOW CAPSULE.	YES ..... 1 NO ..... 2												
432A	CHECK 404:  CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> (SKIP TO 433) ←												
432C	How many days after birth did you start exposing NAME to sunlight?	NOT STARTED ..... 000  DAYS .....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS .....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS .....3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>												

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
433	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 435) ← NO.....2 (SKIP TO 436) ←	
434	Did your period return between the birth of (NAME) and your next pregnancy?  NOTE: IF BORN AT SAME TIME AS LAST BIRTH, RESPONSE SHOULD BE THE SAME AS Q 433 FOR THE LAST BIRTH.		YES.....1 NO.....2 (SKIP TO 438) ←
435	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
436	CHECK 226: RESPONDENT PREGNANT?	NOT PREG- NANT <input type="checkbox"/> PREGNANT OR UNSURE (SKIP TO 438) ← <input type="checkbox"/>	
437	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 439) ←	
438	For how many days or months after the birth of (NAME) did you <u>not</u> have sexual relations?	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998
439	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 444) ←	YES.....1 NO.....2 (SKIP TO 444) ←
440	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>
440A	Did you squeeze out and throw away the first milk?	YES.....1 NO.....2	YES.....1 NO.....2
441	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 443) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 443) ←

442	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 445) ← NO.....2	YES.....1 (SKIP TO 445) ← NO.....2
		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
442A	Why did you stop breastfeeding?	MOTHER ILL/WEAK..... 01 CHILD ILL/WEAK..... 02 CHILD DIED..... 03 NIPPLE/BREAST PROBLEM ..... 04 NOT ENOUGH MILK ..... 05 MOTHER WORKING ..... 06 CHILD REFUSED ..... 07 WEANING AGE/AGE TO STOP ... 08 BECAME PREGNANT ..... 09 STARTED USING CONTRACEPTION..... 10 OTHER..... 96 SPECIFY _____	
443	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW ..... 98
444	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ (SKIP TO 447)	DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451)
445	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.
446	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.
447	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

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
448	<p>Now I would like to ask you about the types of foods [NAME] has been fed over the last seven days, including yesterday.</p> <p>How many days during last seven days was [NAME] given each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, ASK: In total, how many times yesterday during the day or at night was [NAME] given [ITEM]?</p> <p>A Plain water?</p> <p>B Milk other than breast milk?</p> <p>C Fruit juice?</p> <p>D Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth?</p> <p>E Any food made from grains e.g. millet, sorghum, maize, rice, wheat, barely, teff, oats?</p> <p>F Any food made from pumpkins, carrots, red sweet potatoes, green leafy vegetables, mango, papaya?</p> <p>G Any other food made from roots or tubers [e.g. white potatoes, cassava, enset or other local roots/tubers]?</p> <p>H Any other fruits and vegetables [e.g. bananas, apples, avocados, tomatoes]?</p> <p>I Meat, poultry, fish, egg, cheese, or yoghurt?</p> <p>J Any food made from legumes [e.g. lentils, beans, soybeans, pulses, or peanuts]?</p> <p>K Any food made with oil, fat, or butter?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p>	<p>YESTERDAY/ LAST NIGHT</p> <p>NUMBER OF TIMES</p> <p>A <input type="text"/></p> <p>B <input type="text"/></p> <p>C <input type="text"/></p> <p>D <input type="text"/></p> <p>E <input type="text"/></p> <p>F <input type="text"/></p> <p>G <input type="text"/></p> <p>H <input type="text"/></p> <p>I <input type="text"/></p> <p>J <input type="text"/></p> <p>K <input type="text"/></p>
449	<p>How many times was (NAME) fed mashed or pureed food or solid or semi-solid food yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>NUMBER OF TIMES..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>	<p>NUMBER OF TIMES..... <input type="text"/></p> <p>DON'T KNOW ..... 8</p>		
450		<p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.</p>	<p>GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.</p>		



		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
458	Has (NAME) received any vaccinations that are not recorded on this card/paper, including vaccinations received in a national immunization day campaign?  RECORD 'YES' ONLY IF RESPONDANT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES .....1 PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457. THEN: _____ (SKIP TO 461) ← NO .....2 (SKIP TO 461) ← DON'T KNOW .....8	YES .....1 PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457. THEN: _____ (SKIP TO 461) ← NO .....2 (SKIP TO 461) ← DON'T KNOW .....8
459	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES .....1 NO .....2 (SKIP TO 463) ← DON'T KNOW .....8	YES .....1 NO .....2 (SKIP TO 463) ← DON'T KNOW .....8
460	Please tell me if (NAME) received any of the following vaccinations:		
460A	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
460B	Polio vaccine, that is, drops in the mouth?	YES .....1 NO .....2 (SKIP TO 460E) ← DON'T KNOW .....8	YES .....1 NO .....2 (SKIP TO 460E) ← DON'T KNOW .....8
460C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH .....1 LATER .....2	JUST AFTER BIRTH .....1 LATER .....2
460D	How many times was the polio vaccine received?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
460E	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES .....1 NO .....2 (SKIP TO 460G) ← DON'T KNOW .....8	YES .....1 NO .....2 (SKIP TO 460G) ← DON'T KNOW .....8
460F	How many times?	NUMBER OF TIMES ..... <input type="text"/>	NUMBER OF TIMES ..... <input type="text"/>
460G	An injection to prevent measles?	YES .....1 NO .....2 DON'T KNOW .....8	YES .....1 NO .....2 DON'T KNOW .....8
461	Were any of the vaccinations (NAME) received during the last three years given as a part of a national immunization day campaign?	YES .....1 NO .....2 (SKIP TO 463) ← DON'T KNOW .....8	YES .....1 NO .....2 (SKIP TO 463) ← DON'T KNOW .....8
462	At which national immunization day campaigns did (NAME) receive vaccinations?  RECORD ALL MENTIONED.	TIKEMT/HIDAR 1990 CAMPAIGN .....A TIKEMT/HIDAR 1991 CAMPAIGN .....B TIKEMT/HIDAR 1992 CAMPAIGN .....C	TIKEMT/HIDAR 1990 CAMPAIGN .....A TIKEMT/HIDAR 1991 CAMPAIGN .....B TIKEMT/HIDAR 1992 CAMPAIGN .....C

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
463	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
464	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES ..... 1 NO ..... 2 (SKIP TO 466) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 466) ← DON'T KNOW ..... 8
465	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8
466	CHECK 463 AND 464: FEVER OR COUGH?	"YES" IN 463 OR 464 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 472)	"YES" IN 463 OR 464 <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 472)
467	Did you seek advice or treatment for the fever/cough?	YES ..... 1 NO ..... 2 (SKIP TO 472) ←	YES ..... 1 NO ..... 2 (SKIP TO 472) ←
468	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	GOVERNMENT HOSPITAL ..... A HEALTH CENTER ..... B HEALTH STATION/CLINIC ..... C HEALTH POST ..... D COMMUNITY-BASED OUTLET .. E OTHER GOV'T ..... F (SPECIFY) NONGOVERNMENTAL (NGO) NGO HEALTH FACILITY ..... G COMMUNITY-BASED OUTLET .. H OTHER NGO ..... I (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL ..... J PVT. DOCTOR/CLINIC ..... K PHARMACY ..... L OTHER PVT. MEDICAL ..... M (SPECIFY) OTHER SOURCE DRUG VENDOR ..... N SHOP ..... O TRAD. PRACTITIONER ..... P OTHER ..... X (SPECIFY)	GOVERNMENT HOSPITAL ..... A HEALTH CENTER ..... B HEALTH STATION/CLINIC ..... C HEALTH POST ..... D COMMUNITY-BASED OUTLET .. E OTHER GOV'T ..... F (SPECIFY) NONGOVERNMENTAL (NGO) NGO HEALTH FACILITY ..... G COMMUNITY-BASED OUTLET .. H OTHER NGO ..... I (SPECIFY) PRIVATE MEDICAL PVT. HOSPITAL ..... J PVT. DOCTOR/CLINIC ..... K PHARMACY ..... L OTHER PVT. MEDICAL ..... M (SPECIFY) OTHER SOURCE DRUG VENDOR ..... N SHOP ..... O TRAD. PRACTITIONER ..... P OTHER ..... X (SPECIFY)
469	CHECK 463: HAD FEVER?	"YES" IN 463 <input type="checkbox"/> "NO"/"DK" IN 463 <input type="checkbox"/> (SKIP TO 472)	"YES" IN 463 <input type="checkbox"/> "NO"/"DK" IN 463 <input type="checkbox"/> (SKIP TO 472)
470	Did (NAME) take any drugs for the fever?	YES ..... 1 NO ..... 2 (SKIP TO 472) ← DON'T KNOW ..... 8	YES ..... 1 NO ..... 2 (SKIP TO 472) ← DON'T KNOW ..... 8

		LAST BIRTH	NEXT-TO-LAST BIRTH																								
		NAME _____	NAME _____																								
471	<p>What drugs did (NAME) take? RECORD ALL MENTIONED.</p> <p>IF THE RESPONDANT HAS GIVEN A DRUG FOR THE CHILD BUT DOESN'T KNOW THE NAME OF THE DRUG, ASK TO SEE THE PACKET OF DRUGS SHE GAVE THE CHILD. BUT IF SHE DOESN'T HAVE ANY SAMPLE LEFT, THE INTERVIEWER HAS TO SHOW THE SAMPLES SHE HAS TO THE RESPONDANT IN ORDER TO HELP IDENTIFY.</p>	FANSIDAR .....A CHLOROQUINE.....B QUININE .....C ASPIRIN/PARACETAMOL.....D IBUPROFEN/ACETAMINOPHEN...E ANTIBIOTICS (TETRACYCLINE, AMPICILINE, BACTRIUM, ETC...)...F OTHER _____ X (SPECIFY) DON'T KNOW .....Z	FANSIDAR .....A CHLOROQUINE .....B QUININE.....C ASPIRIN/PARACETAMOL.....D IBUPROFEN/ACETAMINOPHEN...E ANTIBIOTICS (TETRACYCLINE, AMPICILINE, BACTRIUM, ETC...)...F OTHER _____ X (SPECIFY) DON'T KNOW .....Z																								
472	<p>Has (NAME) had diarrhea in the last 2 weeks?</p>	YES ..... 1 NO .....2 (SKIP TO 480) ← DON'T KNOW .....8	YES ..... 1 NO .....2 (SKIP TO 480) ← DON'T KNOW .....8																								
473	<p>Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink?</p>	LESS ..... 1 ABOUT THE SAME ..... 2 MORE ..... 3 NOTHING TO DRINK..... 4 DON'T KNOW ..... 8	LESS ..... 1 ABOUT THE SAME ..... 2 MORE ..... 3 NOTHING TO DRINK..... 4 DON'T KNOW ..... 8																								
474	<p>When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat?</p>	LESS ..... 1 ABOUT THE SAME ..... 2 MORE ..... 3 STOPPED FOOD..... 4 NEVER GAVE FOOD..... 5 DON'T KNOW ..... 8	LESS ..... 1 ABOUT THE SAME ..... 2 MORE ..... 3 STOPPED FOOD ..... 4 NEVER GAVE FOOD ..... 5 DON'T KNOW ..... 8																								
475	<p>Was he/she given any of the following to drink:</p> <p>Fluid from ORS packet?</p> <p>Home made sugar and salt solution?</p> <p>Other home made fluid?</p>	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">YES NO DK</td> <td></td> </tr> <tr> <td>Fluid from ORS packet</td> <td style="text-align:center;">1 2 8</td> <td></td> </tr> <tr> <td>Home made sugar and salt solution</td> <td style="text-align:center;">1 2 8</td> <td></td> </tr> <tr> <td>Other home made fluid</td> <td style="text-align:center;">1 2 8</td> <td></td> </tr> </table>		YES NO DK		Fluid from ORS packet	1 2 8		Home made sugar and salt solution	1 2 8		Other home made fluid	1 2 8		<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">YES NO DK</td> <td></td> </tr> <tr> <td>Fluid from ORS packet</td> <td style="text-align:center;">1 2 8</td> <td></td> </tr> <tr> <td>Home made sugar and salt solution</td> <td style="text-align:center;">1 2 8</td> <td></td> </tr> <tr> <td>Other home made fluid</td> <td style="text-align:center;">1 2 8</td> <td></td> </tr> </table>		YES NO DK		Fluid from ORS packet	1 2 8		Home made sugar and salt solution	1 2 8		Other home made fluid	1 2 8	
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Fluid from ORS packet	1 2 8																										
Home made sugar and salt solution	1 2 8																										
Other home made fluid	1 2 8																										
476	<p>Was anything (else) given to treat the diarrhea?</p>	YES ..... 1 NO .....2 (SKIP TO 478) ← DON'T KNOW .....8	YES ..... 1 NO .....2 (SKIP TO 478) ← DON'T KNOW .....8																								
477	<p>What was given to treat the diarrhea?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	PILL OR SYRUP .....A INJECTION .....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____ X (SPECIFY)	PILL OR SYRUP .....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES ..... D OTHER _____ X (SPECIFY)																								
478	<p>Did you seek advice or treatment for the diarrhea?</p>	YES .....1 NO .....2 (SKIP TO 480) ←	YES.....1 NO .....2 (SKIP TO 480) ←																								





NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
481	CHECK 453, ALL COLUMNS: NUMBER OF <u>LIVING</u> CHILDREN BORN IN 1987 E.C OR LATER  ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/>		→ 486
482	The last time you fed your child(ren) using your hands, did you wash your hands immediately before feeding (him/her/them)?	YES .....1 NO .....2	
483	The last time you had to clean (your child/one of your children) after he/she defecated, did you wash your hands immediately afterwards?	YES .....1 NO .....2	
484	What usually happens with your (youngest) child's stools when he/she does not use any toilet facility?	ALWAYS USE TOILET/LATRINE .....01 THROW IN THE TOILET/LATRINE .....02 THROW OUTSIDE THE DWELLING .....03 THROW OUTSIDE THE YARD .....04 BURY IN THE YARD .....05 RINSED AWAY .....06 NOT DISPOSED OF .....07 OTHER ..... 96 (SPECIFY)	
485	CHECK 475, ALL COLUMNS:  NO CHILD RECEIVED FLUID FROM ORS PACKET/ NOT ASKED <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		→ 487
486	Have you ever heard of a special product called ORS in a packet you can get for the treatment of diarrhea?	YES .....1 NO .....2	
487	CHECK 218:  HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/> HAS NO CHILDREN LIVING WITH HER/ NOT ASKED <input type="checkbox"/>		→ 488A
488	When (your child/one of your children) is seriously ill, can you decide by yourself whether the child should be taken for medical treatment?	YES .....1 NO .....2 DEPENDS .....3	
488A	The last time you prepared a meal for your family, before starting did you wash your hands?	YES .....1 NO .....2 NEVER PREPARED MEALS .....3	
489	The last time you were sick did you seek medical treatment?	YES .....1 NO .....2	→ 501

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
489A	Why did you not seek medical treatment? Any other reasons? RECORD ALL MENTIONED	DON'T KNOW WHERE TO GO.....A DID NOT GET PERMISSION TO GO..... B NO MONEY FOR TREATMENT ..... C NO HEALTH FACILITY NEARBY ..... D NO TRANSPORT.....E DID NOT WANT TO GO ALONE.....F CONCERN THAT THERE MAY NOT BE A FEMALE HEALTH PROVIDER..... G OTHER REASONS _____ X (SPECIFY)	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	CURRENTLY MARRIED ..... 1 LIVING WITH A MAN ..... 2 NOT IN UNION ..... 3	→ 505
502	Have you ever been married or lived with a man?	FORMERLY MARRIED ..... 1 LIVED WITH A MAN ..... 2 NEVER MARRIED ..... 3	→ 507 → 601
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ..... 1 DIVORCED ..... 2 SEPARATED ..... 3	→ 507
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ..... 1 STAYING ELSEWHERE ..... 2	
506	ASK NAME OF HUSBAND. THEN GO BACK TO THE HOUSEHOLD QUESTIONNAIRE AND COPY THE LINE NUMBER. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____  LINE NO..... <input type="text"/> <input type="text"/>	
506A	Does your husband/partner have any other wives besides yourself?	YES ..... 1 NO ..... 2	→ 507
506B	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/>  DON'T KNOW ..... 98	→ 507
506C	Are you the first, second, ... wife?	RANK ..... <input type="text"/> <input type="text"/>	
507	Have you been married or lived with a man only once, or more than once?	ONCE ..... 1 MORE THAN ONCE ..... 2	
508	CHECK 507:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <input type="checkbox"/> <p>↓</p> </div> </div> <p>In what month and year did you start living with your husband/partner?</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p>	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	→ 601
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 311/311A:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p>		<p>→ 614</p>
602	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD..... 1</p> <p>NO MORE/NONE .....2 → 604</p> <p>SAYS SHE CAN'T GET PREGNANT.....3 → 609</p> <p>UNDECIDED/DON'T KNOW .....8 → 608</p>	
603	<p>CHECK 226:</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="text"/></p> <p>YEARS ..... 2 <input type="text"/></p> <p>SOON/NOW ..... 993</p> <p>SAYS SHE CAN'T GET PREGNANT.... 994</p> <p>AFTER MARRIAGE..... 995</p> <p>OTHER ..... 996</p> <p>(SPECIFY)</p> <p>DON'T KNOW ..... 998</p>	<p>→ 609</p>
604	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>		<p>→ 610</p>
605	<p>CHECK 310: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NOT CURRENTLY USING <input type="checkbox"/></p> <p>CURRENTLY USING <input type="checkbox"/></p>		<p>→ 608</p>
606	<p>CHECK 603:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>24 OR MORE MONTHS OR 2 OR MORE YEARS <input type="checkbox"/></p> <p>00-23 MONTHS OR 00-01 YEARS <input type="checkbox"/></p>		<p>→ 610</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
607	<p>CHECK 602:</p> <p style="text-align: center;">             WANTS <input type="checkbox"/>      WANTS NO (MORE) <input type="checkbox"/>              A/ANOTHER CHILD      CHILDREN           </p> <p>             You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?              You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?           </p> <p>RECORD ALL MENTIONED.</p>	<p>NOT MARRIED .....A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....B</p> <p>INFREQUENT SEX.....C</p> <p>MENOPAUSAL/HYSTERECTOMY.....D</p> <p>SUBFECUND/INFECOND.....E</p> <p>POSTPARTUM AMENORRHEIC.....F</p> <p>BREASTFEEDING.....G</p> <p>FATALISTIC.....H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....I</p> <p>HUSBAND/PARTNER OPPOSED.....J</p> <p>OTHERS OPPOSED.....K</p> <p>RELIGIOUS PROHIBITION.....L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....M</p> <p>KNOWS NO SOURCE.....N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....O</p> <p>FEAR OF SIDE EFFECTS.....P</p> <p>LACK OF ACCESS/TOO FAR.....Q</p> <p>COST TOO MUCH.....R</p> <p>INCONVENIENT TO USE.....S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES.....T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW .....Z</p>	
608	<p>In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?</p>	<p>BIG PROBLEM.....1</p> <p>SMALL PROBLEM.....2</p> <p>NO PROBLEM.....3</p> <p>SAYS SHE CAN'T GET PREGNANT.....4</p>	
609	<p>CHECK 310: USING A METHOD?</p> <p style="text-align: center;">             NOT <input type="checkbox"/>      NOT <input type="checkbox"/>      CURRENTLY <input type="checkbox"/>              ASKED      CURRENTLY USING      USING           </p>		→ 614
610	<p>Do you think you will use a method to delay or avoid pregnancy at any time in the future?</p>	<p>YES .....1</p> <p>NO .....2</p> <p>DON'T KNOW .....8</p>	→ 612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	<p>Which method would you prefer to use?</p> <p>FOR WOMAN WHO MENTIONS MORE THAN ONE METHOD RECORD METHOD SHE PREFERERS MOST</p>	<p>FEMALE STERILIZATION ..... 01</p> <p>MALE STERILIZATION ..... 02</p> <p>PILL ..... 03</p> <p>IUD ..... 04</p> <p>INJECTIONS ..... 05</p> <p>IMPLANTS ..... 06</p> <p>CONDOM ..... 07</p> <p>DIAPHRAGM/FOAM/JELLY ..... 08</p> <p>PERIODIC ABSTINENCE ..... 09</p> <p>WITHDRAWAL ..... 10</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE ..... 98</p>	<p>→ 614</p>
612	<p>What is the main reason that you think you will not use a method at any time in the future?</p>	<p>NOT MARRIED ..... 11</p> <p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX/NO SEX ..... 22</p> <p>MENOPAUSAL/HYSTERECTOMY ..... 23</p> <p>SUBFECUND/INFECOND ..... 24</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE ..... 26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED ..... 31</p> <p>HUSBAND OPPOSED ..... 32</p> <p>OTHERS OPPOSED ..... 33</p> <p>RELIGIOUS PROHIBITION ..... 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD ..... 41</p> <p>KNOWS NO SOURCE ..... 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS ..... 51</p> <p>FEAR OF SIDE EFFECTS ..... 52</p> <p>LACK OF ACCESS/TOO FAR ..... 53</p> <p>COST TOO MUCH ..... 54</p> <p>INCONVENIENT TO USE ..... 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES ..... 56</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW ..... 98</p>	<p>→ 614</p>
613	<p>Would you ever use a method if you were married?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p> <p>DON'T KNOW ..... 8</p>	
614	<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>NUMBER ..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 616</p>
615	<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?</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 _____ 999996 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE ..... 1 DISAPPROVE ..... 2 DON'T KNOW/UNSURE ..... 3																			
617	In the last few months have you heard about family planning:  On the radio? On the television? In a newspaper or magazine? Pamphlet/Poster Community events	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>PAMPHLET/POSTER .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>COMMUNITY EVENTS .....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO .....	1	2	TELEVISION .....	1	2	NEWSPAPER OR MAGAZINE .....	1	2	PAMPHLET/POSTER .....	1	2	COMMUNITY EVENTS .....	1	2	
	YES	NO																			
RADIO .....	1	2																			
TELEVISION .....	1	2																			
NEWSPAPER OR MAGAZINE .....	1	2																			
PAMPHLET/POSTER .....	1	2																			
COMMUNITY EVENTS .....	1	2																			
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES ..... 1 NO ..... 2	→ 621																		
620	With whom?  Anyone else?  RECORD ALL MENTIONED.	HUSBAND/PARTNER ..... A MOTHER ..... B FATHER ..... C SISTER(S) ..... D BROTHER(S) ..... E DAUGHTER ..... F SON ..... G MOTHER-IN-LAW ..... H FRIENDS/NEIGHBORS ..... I  OTHER _____ X (SPECIFY)																			
621	CHECK 501  CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 701																		
621A	CHECK 311/311A:  ANY CODE CIRCLED <input type="checkbox"/> NO CODE CIRCLED <input type="checkbox"/>		→ 622																		
621B	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	MAINLY RESPONDENT ..... 1 MAINLY HUSBAND/PARTNER ..... 2 JOINT DECISION ..... 3  OTHER _____ 6 (SPECIFY)																			



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
622	<p>Now I want to ask you about your husband's/partner's views on family planning.</p> <p>Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?</p>	<p>APPROVES ..... 1</p> <p>DISAPPROVES ..... 2</p> <p>DON'T KNOW ..... 8</p>	
623	<p>How often have you talked to your husband/partner about family planning in the past year?</p>	<p>NEVER ..... 1</p> <p>ONCE OR TWICE ..... 2</p> <p>MORE OFTEN..... 3</p>	
624	<p>Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?</p>	<p>SAME NUMBER ..... 1</p> <p>MORE CHILDREN ..... 2</p> <p>FEWER CHILDREN ..... 3</p> <p>DON'T KNOW ..... 8</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 703</p> <p>→ 708</p>	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/>	
702A	Is your husband able to read and write a simple sentence?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
703	Did your (last) husband/partner ever attend formal school?	YES ..... 1 NO ..... 2	→ 706
705	What was the highest grade he completed?	GRADE..... <input type="text"/> <input type="text"/>  TECHNICAL/VOCATIONAL CERTIFICATE ..... 13 UNIVERSITY/COLLEGE DIPLOMA..... 14 UNIVERSITY/COLLEGE DEGREE..... 15 DON'T KNOW ..... 98	
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p> <p>DO NOT RECORD NAME OR TYPE OF ESTABLISHMENT. RECORD THE ACTUAL TYPE OF WORK PERFORMED BY HIM.</p> <p>MEN WHO WORK AS AGRICULTURAL WORKERS SHOULD BE RECORDED AS "SKILLED AGRICULTURAL WORKERS" OR "NON SKILLED AGRICULTURAL WORKERS".</p>	<input type="text"/> <input type="text"/> _____ _____	
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES ..... 1 NO ..... 2	→ 710
709	Aside from housework, have you done any work in the last 12 months?	YES ..... 1 NO ..... 2	→ 720
710	What is your usual occupation, that is, what kind of work do you mainly do? DO NOT RECORD NAME OR TYPE OF ESTABLISHMENT. RECORD THE ACTUAL TYPE OF WORK PERFORMED BY HER. MOMEN WHO WORK AS AGRICULTURAL WORKERS SHOULD BE RECORDED AS "SKILLED AGRICULTURAL WORKERS" OR "NON SKILLED AGRICULTURAL WORKERS".	<input type="text"/> <input type="text"/> _____ _____ _____	
711	<p>CHECK 710::</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		→ 713
712	Do you work mainly on your own land, on family land or do you work on land belonging to a relative, on land that you rent from someone else, or do you work on someone else's land?	OWN LAND/FAMILY LAND ..... 1 RELATIVE'S LAND ..... 2 RENTED LAND ..... 3 SOMEONE ELSE'S LAND ..... 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
712A	Do you usually work throughout the agricultural season, or do you work only part of the agricultural season?	THROUGHOUT THE AGRICULTURAL SEASON .....1 PART OF THE AGRICULTURAL SEASON .....2 ONCE IN A WHILE.....3	714																								
713	Do you usually work throughout the year, or do you work only part of the year?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3																									
714	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																									
715	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	718																								
716	Who mainly decides how the money you earn will be used?	RESPONDENT .....1 HUSBAND/PARTNER.....2 RESPONDENT AND HUSBAND/PARTNER JOINTLY .....3 SOMEONE ELSE.....4 RESPONDENT AND SOMEONE ELSE JOINTLY.....5																									
718	Do you usually work at home or away from home?	HOME.....1 AWAY.....2																									
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES/ LISTEN.</th> <th>PRES/ NOT LISTEN.</th> <th>NOT PRS</th> </tr> </thead> <tbody> <tr> <td>CHILDREN &lt;10 .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>HUSBAND .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER MALES .....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER FEMALES....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRS	CHILDREN <10 .....	1	2	8	HUSBAND .....	1	2	8	OTHER MALES .....	1	2	8	OTHER FEMALES....	1	2	8					
	PRES/ LISTEN.	PRES/ NOT LISTEN.	NOT PRS																								
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HUSBAND .....	1	2	8																								
OTHER MALES .....	1	2	8																								
OTHER FEMALES....	1	2	8																								
721	Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:  If she goes out without telling him? If she neglects the children? If she argues with him? If she refuses to have sex with him? If she burns the food?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <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> </tbody> </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																								

SECTION 8. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with her, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/>	
802	CHECK 801:  TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>		→ 901
803	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS ..... <input type="text"/> <input type="text"/>	

RECORD NAMES OF ALL SIBLINGS

804	What was the name given to your oldest (next oldest) brother or sister?	[1]	[2]	[3]	[4]	[5]
805	Is (NAME) male or female?	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2
806	Is (NAME) still alive?	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [2]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [3]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [4]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [5]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [6]) ←
807	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]
808	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
809	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]
810	Was (NAME) pregnant when she died?	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2
811	Did (NAME) die during childbirth?	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
813	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 901						

804	What was the name given to your oldest (next oldest) brother or sister?	[6] _____	[7] _____	[8] _____	[9] _____	[10] _____
805	Is (NAME) male or female?	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2
806	Is (NAME) still alive?	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [7]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [8]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [9]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [10]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [11]) ←
807	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [7]	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]
808	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
809	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]
810	Was (NAME) pregnant when she died?	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2
811	Did (NAME) die during childbirth?	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
813	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 901						

804	What was the name given to your oldest (next oldest) brother or sister?	[11] _____	[12] _____	[13] _____	[14] _____	[15] _____
805	Is (NAME) male or female?	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2
806	Is (NAME) still alive?	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [12]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [13]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [14]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [15]) ←	YES..... 1 NO..... 2 (GO TO 808) ← DK..... 8 (GO TO [16]) ←
807	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]	<input type="text"/> <input type="text"/> GO TO [14]	<input type="text"/> <input type="text"/> GO TO [15]	<input type="text"/> <input type="text"/> GO TO [16]
808	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
809	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [14]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [15]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [16]
810	Was (NAME) pregnant when she died?	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2
811	Did (NAME) die during childbirth?	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2	YES..... 1 (GO TO 813) ← NO..... 2
812	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2
813	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO 901						

SECTION 9: FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever heard of female circumcision?  IF NO PROBE: Have you ever heard of the practice in which a girl may have parts of her genitals cut?	YES ..... 1 NO ..... 2	→ 1001
902	Have you yourself ever been circumcised?	YES ..... 1 NO ..... 2	→ 904
903	In some parts of Ethiopia, there is a type of circumcision, where the genital area is sewn closed. Was this done to you?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
904	CHECK 214 AND 216:  HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→ 910
905	Have any of your daughters had been circumcised?  IF YES: How many?	NUMBER CIRCUMCISED ..... <input type="text"/> <input type="text"/>  NO DAUGHTER CIRCUMCISED ..... 95	→ 910
906	To which of your daughters did this happen most recently?  _____ (DAUGHTER'S NAME)  INTERVIEWER: CHECK 212 AND RECORD THE LINE NUMBER FOR THE DAUGHTER	DAUGHTER'S LINE NUMBER FROM Q212 ..... <input type="text"/> <input type="text"/>	
907	Was (NAME OF THE DAUGHTER FROM Q.906) genital area sewn closed?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	
908	How old was (NAME) when this occurred?  IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS.... <input type="text"/> <input type="text"/>  DURING INFANCY ..... 95  DON'T KNOW ..... 98	
909	Who did the circumcision?	TRADITIONAL TRAD. CIRCUMCISER ..... 1 TRAD. BIRTH ATTENDANT ..... 2 OTHER TRADITIONAL _____ 3 (SPECIFY) HEALTH PROFESSIONAL ..... 4 DON'T KNOW ..... 8	
910	Do you think that this practice should be continued, or should it be discontinued?	CONTINUED ..... 1 DISCONTINUED ..... 2 DEPENDS ..... 3 DON'T KNOW ..... 8	

SECTION 10: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Now I would like to talk about something else. Have you ever heard of the virus HIV or an illness called AIDS?	YES ..... 1 NO ..... 2	→ 1018
1001A	From which sources of information have you heard about AIDS?  Any other sources?  RECORD ALL MENTIONED.	RADIO .....A TELEVISION .....B NEWSPAPERS/MAGAZINES ..... C PAMPHLETS/POSTERS..... D HEALTH WORKERS.....E CHURCHES/MOSQUES.....F SCHOOLS/TEACHERS ..... G COMMUNITY EVENT ..... H FRIENDS/RELATIVES ..... I WORK PLACE..... J DRAMA/PERFORMANCE.....K OTHER _____ X (SPECIFY)	
1002	Is there anything a person can do to avoid getting infected with HIV which is the virus that causes AIDS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1010
1003	What can a person do?  Anything else?  RECORD ALL MENTIONED.	ABSTAIN FROM SEX .....A USE CONDOMS .....B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER ..... C LIMIT NUMBER OF SEXUAL PARTNERS ..... D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS.....F AVOID SEX WITH HOMOSEXUALS ..... G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY ... H AVOID BLOOD TRANSFUSIONS..... I AVOID INJECTIONS WITH UNCLEAN NEEDLES..... J AVOID KISSING.....K AVOID MOSQUITO BITES .....L SEEK PROTECTION FROM TRADITIONAL HEALER ..... M AVOID SHARING RAZORS/BLADES..... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW .....Z	
1004	CHECK 1003:  NEITHER CODE 'C' <input type="checkbox"/> NOR CODE 'D' <input type="checkbox"/> CIRCLED CODE 'C' AND/OR <input type="checkbox"/> CODE 'D' CIRCLED <input type="checkbox"/>		→ 1007
1005	In your view, is a person's chance of getting AIDS influenced by the number of sexual partners he or she has?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	→ 1007



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1006	If a person has sex with only one partner, does this person have a greater or a lesser chance of getting AIDS than a person who has sex with many partners?	GREATER CHANCE OF AIDS..... 1 LESSER CHANCE OF AIDS..... 2	
1007	CHECK 1003:  DID NOT MENTION USE OF CONDOMS DURING SEX (CODE 'B' NOT CIRCLED) <input type="checkbox"/> MENTIONED USE OF CONDOMS DURING SEX (CODE 'B' CIRCLED) <input type="checkbox"/>		1010
1008	Do you think that by using condoms during sexual intercourse a person decreases his/her chances of getting AIDS, increases his/her chances of getting AIDS, or does not make a difference?	DECREASES HIS CHANCES..... 1 INCREASES HIS CHANCES ..... 2 DOESN'T MAKE A DIFFERENCE ..... 3 DON'T KNOW/UNSURE ..... 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 someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES ..... 1 NO ..... 2 UNSURE/ DON'T KNOW ..... 8	
1012	Can the virus that causes AIDS be transmitted from a mother to a child?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 8	1014
1013	When can the virus that causes AIDS be transmitted from a mother to a child?  Any others times? RECORD ALL RESPONSES.	DURING PREGNANCY..... A AT DELIVERY ..... B DURING BREASTFEEDING ..... C OTHER TIMES..... D DON'T KNOW ..... Z	
1014	CHECK 501:  CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		1016
1015	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband/the man you are living with?	YES ..... 1 NO ..... 2	
1016	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE ..... 1 AVAILABLE TO COMMUNITY ..... 2 DK/NOT SURE ..... 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1017	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?	YES ..... 1 NO ..... 2 DK/NOT SURE/DEPENDS..... 8	
1018	<p>CHECK 1001:</p> <p style="text-align: center;"> KNOWS AIDS <input type="checkbox"/>  ↓ </p> <p> Apart from AIDS, have you heard about (other) infections that can be transmitted through sexual contact? </p> <p style="text-align: center;"> DOES NOT KNOW AIDS <input type="checkbox"/>  ↓ </p> <p> Have you heard about infections that can be transmitted through sexual contact? </p>	YES ..... 1 NO ..... 2 → 1101	
1019	<p>In a man, what signs and symptoms would lead you to think that he has such an infection?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	ABDOMINAL PAIN .....A GENITAL DISCHARGE/DRIPPING .....B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA .....E SWELLING IN GENITAL AREA .....F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H BLOOD IN URINE ..... I LOSS OF WEIGHT ..... J IMPOTENCE .....K NO SYMPTOMS.....L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW .....Z	
1020	<p>In a woman, what signs and symptoms would lead you to think that she has such an infection?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED.</p>	ABDOMINAL PAIN .....A GENITAL DISCHARGE.....B FOUL SMELLING DISCHARGE ..... C BURNING PAIN ON URINATION ..... D REDNESS/INFLAMMATION IN GENITAL AREA .....E SWELLING IN GENITAL AREA .....F GENITAL SORES/ULCERS ..... G GENITAL WARTS ..... H BLOOD IN URINE ..... I LOSS OF WEIGHT ..... J INABILITY TO GIVE BIRTH .....K NO SYMPTOMS.....L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW .....Z	

SECTION 11. SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	<p>NEVER ..... 00</p> <p>AGE IN YEARS ..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER .... 96</p> <p>DON'T KNOW ..... 98</p>	<p>▶ 1114</p>
1102	<p>In order to know your risk of pregnancy we need to know about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.</p>	<p>DAYS AGO .....1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO .....2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO .....3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO .....4 <input type="text"/> <input type="text"/></p>	<p>▶ 1111</p>
1103	<p>The last time you had sexual intercourse, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
1104	<p>What is your relationship to the man with whom you last had sex?</p> <p>IF "GIRLFRIEND" OR "FIANCEE", ASK: Was your boyfriend/fiance living with you when you last had sex?</p> <p>IF YES, RECORD '1'. IF NO, RECORD '2'.</p>	<p>WIFE/COHABITING PARTNER ..... 1</p> <p>GIRLFRIEND/FIANCEE ..... 2</p> <p>OTHER FRIEND ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>RELATIVE ..... 5</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>▶ 1106</p>
1105	<p>For how long have you had a sexual relationship with this man?</p>	<p>DAYS .....1 <input type="text"/> <input type="text"/></p> <p>WEEKS .....2 <input type="text"/> <input type="text"/></p> <p>MONTHS .....3 <input type="text"/> <input type="text"/></p> <p>YEARS .....4 <input type="text"/> <input type="text"/></p>	
1106	<p>Have you had sex with anyone else in the last 12 months?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	<p>▶ 1111</p>
1107	<p>The last time you had sexual intercourse with this other man, was a condom used?</p>	<p>YES ..... 1</p> <p>NO ..... 2</p>	
1108	<p>What is your relationship to the man with whom you last had sex?</p> <p>IF "GIRLFRIEND" OR "FIANCEE", ASK: Was your boyfriend/fiance living with you when you last had sex?</p> <p>IF YES, RECORD '1'. IF NO, RECORD '2'.</p>	<p>WIFE/COHABITING PARTNER ..... 1</p> <p>GIRLFRIEND/FIANCEE ..... 2</p> <p>OTHER FRIEND ..... 3</p> <p>CASUAL ACQUAINTANCE ..... 4</p> <p>RELATIVE ..... 5</p> <p>OTHER _____ 6 (SPECIFY)</p>	<p>▶ 1110</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
1109	For how long have you had a sexual relationship with this man?	DAYS .....1 <table border="1" data-bbox="1279 191 1377 233"><tr><td></td><td></td></tr></table> WEEKS .....2 <table border="1" data-bbox="1279 243 1377 285"><tr><td></td><td></td></tr></table> MONTHS .....3 <table border="1" data-bbox="1279 296 1377 338"><tr><td></td><td></td></tr></table> YEARS .....4 <table border="1" data-bbox="1279 348 1377 390"><tr><td></td><td></td></tr></table>									
1110	Altogether, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS..... <table border="1" data-bbox="1279 411 1377 453"><tr><td></td><td></td></tr></table>									
1111	Do you know of a place where one can get condoms?	YES..... 1 NO..... 2	▶ 1114								
1112	Where is that?  IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME AND/OR LOCATION OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME AND/OR LOCATION OF PLACE)	GOVERNMENT HOSPITAL .....11 HEALTH CENTER .....12 HEALTH STATION/CLINIC .....13 HEALTH POST .....14 COMMUNITY-BASED OUTLET .....15 OTHER GOVERNMENT _____ 16 (SPECIFY) NONGOVERNMENTAL (NGO) HEALTH FACILITY .....21 COMMUNITY-BASED OUTLETS.....22 OTHER NGO _____ 26 (SPECIFY) PRIVATE MEDICAL PRIVATE HOSPITAL.....31 PRIVATE DOCTOR .....32 PHARMACY .....33 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER SOURCE DRUG VENDOR .....41 SHOP .....42 FRIEND/RELATIVE .....43 OTHER _____ 46 (SPECIFY)									
1113	If you wanted to, could you yourself get a condom?	YES..... 1 NO..... 2 DON'T KNOW/UNSURE ..... 8									
1114	RECORD THE TIME.  MORNING = 1 EVENING = 2	MORNING/EVENING ..... <table border="1" data-bbox="1328 1419 1377 1461"><tr><td></td></tr></table> HOUR ..... <table border="1" data-bbox="1279 1461 1377 1503"><tr><td></td><td></td></tr></table> MINUTES ..... <table border="1" data-bbox="1279 1503 1377 1545"><tr><td></td><td></td></tr></table>									

**THANK YOU**

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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NAME OF EDITOR: \_\_\_\_\_ DATE: \_\_\_\_\_