

GHANA DEMOGRAPHIC AND HEALTH SURVEY  
INDIVIDUAL QUESTIONNAIRE

GHANA STATISTICAL SERVICE

IDENTIFICATION									
PLACE NAME _____	<table style="margin: auto;"> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> <tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr> </table>								
CLUSTER NUMBER.....									
HOUSEHOLD NUMBER.....									
LINE NUMBER OF WOMAN.....									
NAME OF WOMAN _____									

	1	2	3	FINAL VISIT				
DATE	_____	_____	_____	<table style="margin: auto;"> <tr> <td style="text-align: center;">MONTH</td> <td style="text-align: center;">YEAR</td> </tr> <tr> <td style="text-align: center;"> <table style="border: 1px solid black; width: 20px; height: 15px;"></table> </td> <td style="text-align: center;"> <table style="border: 1px solid black; width: 20px; height: 15px;"></table> </td> </tr> </table>	MONTH	YEAR	<table style="border: 1px solid black; width: 20px; height: 15px;"></table>	<table style="border: 1px solid black; width: 20px; height: 15px;"></table>
MONTH	YEAR							
<table style="border: 1px solid black; width: 20px; height: 15px;"></table>	<table style="border: 1px solid black; width: 20px; height: 15px;"></table>							
INTERVIEWER'S NAME	_____	_____	_____	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>				
RESULT**	_____	_____	_____	<table style="margin: auto;"> <tr> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>				
NEXT VISIT:      DATE TIME	_____	_____	_____	<table style="margin: auto;"> <tr> <td style="text-align: center;">TOTAL NUMBER OF VISITS</td> <td style="border: 1px solid black; width: 20px; height: 15px;"></td> </tr> </table>	TOTAL NUMBER OF VISITS			
TOTAL NUMBER OF VISITS								
<b>**RESULT CODES:</b> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 OTHER _____ (SPECIFY)								

NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY <table style="margin: auto;"><tr><td style="border: 1px solid black; width: 20px; height: 15px;"></td><td style="border: 1px solid black; width: 20px; height: 15px;"></td></tr></table>		

**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD NUMBER OF PEOPLE LISTED IN THE HOUSEHOLD SCHEDULE.	NUMBER OF PEOPLE..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
102	RECORD NUMBER OF CHILDREN AGED 5 AND UNDER LISTED IN THE HOUSEHOLD SCHEDULE WHO NORMALLY LIVE IN THE HOUSEHOLD.	NUMBER OF CHILDREN AGED 5 AND UNDER..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
103	RECORD THE TIME.	HOUR..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> MINUTES..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
104	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 village, in a town, or in a city?	VILLAGE.....1 TOWN.....2 CITY.....3	
105	How long have you been living continuously in _____ (NAME OF VILLAGE, TOWN, CITY)?	ALWAYS.....95 VISITOR.....96 YEARS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	→ 107
106	Just before you moved here, did you live in a village, in a town, or in a city?	VILLAGE.....1 TOWN.....2 CITY.....3	
107	In what month and year were you born?	MONTH..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DK MONTH.....98 YEAR..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DK YEAR.....98	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>	
109	Have you ever attended school?	YES.....1 NO.....2	→ 113

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
110	What was the highest level of school you attended: primary, middle, secondary, or postsecondary?	PRIMARY.....1 MIDDLE.....2 POSTMIDDLE.....3 SECONDARY.....4 POSTSECONDARY.....5	
111	What was the highest (GRADE, FORM, YEAR) you completed at that level?	GRADE..... <input type="text"/>	
112	CHECK 110: PRIMARY <input type="checkbox"/> MIDDLE OR HIGHER <input type="checkbox"/>		114
113	Can you read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
114	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
115	What is the major source of drinking water for members of your household?	STAND PIPE OR RUNNING WATER IN HOUSE.....1 STAND PIPE NOT IN HOUSE.....2 RAINWATER.....3 WELL.....4 BOREHOLE.....5 STREAM, LAKE, DUGOUT, RIVER.....6 OTHER _____ .7 (SPECIFY)	
116	What is the major source of water for household use other than drinking (e.g., handwashing, cooking) for members of your household?	STAND PIPE OR RUNNING WATER IN HOUSE.....1 STAND PIPE NOT IN HOUSE.....2 RAINWATER.....3 WELL.....4 BOREHOLE.....5 STREAM, LAKE, DUGOUT, RIVER.....6 OTHER _____ .7 (SPECIFY)	
117	What kind of toilet facility does your household have?	WATER CLOSET.....1 PAN.....2 PIT.....3 KPIV.....4 OTHER _____ .5 (SPECIFY) NO FACILITIES/BUSH.....6	120
118	At what age do children in this household use the same toilet facility as adults?	YEARS..... <input type="text"/> <input type="text"/> NO CHILDREN.....96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																		
120	Does your household have:  Electricity? A radio that is working? A television? A refrigerator?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2				
	YES	NO																			
ELECTRICITY.....	1	2																			
RADIO.....	1	2																			
TELEVISION.....	1	2																			
REFRIGERATOR.....	1	2																			
121	Does any member of your household own:  A bicycle? A motorcycle? A car or truck? A tractor?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRACTOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2	TRACTOR.....	1	2				
	YES	NO																			
BICYCLE.....	1	2																			
MOTORCYCLE.....	1	2																			
CAR.....	1	2																			
TRACTOR.....	1	2																			
122	MAIN MATERIAL USED FOR ROOF  (INTERVIEWER: RECORD OBSERVATION.)	ALUMINUM, ASBESTOS OR GALVANIZED IRON SHEETS.....1 CONCRETE.....2 THATCH/GRASS.....3 OTHER.....4 (SPECIFY)																			
123	MAIN MATERIAL USED FOR OUTER WALLS  (INTERVIEWER RECORD OBSERVATION)	CEMENT BLOCKS.....1 LANDCRETE.....2 BURNT BRICKS.....3 SWISH, MUD, EARTH.....4 OTHER.....5 (SPECIFY)																			
124	MAIN MATERIAL USED FOR FLOOR  (INTERVIEWER RECORD OBSERVATION)	EARTH/MUD.....1 CEMENT.....2 TERAZZO, TILES.....3 OTHER.....4 (SPECIFY)																			
130	What is your religion?	CATHOLIC.....1 OTHER CHRISTIAN.....2 MOSLEM.....3 TRADITIONAL.....4 NO RELIGION.....5 OTHER.....6 (SPECIFY)																			
140	What is your ethnic group?	_____  _____																			
150	Do you belong to any associations or organizations such as a:  Financial association? Professional or occupational association? Religious organization? Social association? Any other association or organization?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>FINANCIAL.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OCCUPATIONAL.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RELIGIOUS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SOCIAL.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	FINANCIAL.....	1	2	OCCUPATIONAL.....	1	2	RELIGIOUS.....	1	2	SOCIAL.....	1	2	OTHER.....	1	2	
	YES	NO																			
FINANCIAL.....	1	2																			
OCCUPATIONAL.....	1	2																			
RELIGIOUS.....	1	2																			
SOCIAL.....	1	2																			
OTHER.....	1	2																			
		----- (SPECIFY)																			

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters you have given birth to 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 ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
204	Do you have any sons or daughters you have given birth to 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 ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208				
207	How many boys have died? And how many girls have died?  IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
208	SUM ANSWERS TO 203, 205, 207, AND ENTER TOTAL.  IF NONE ENTER '00'.	TOTAL.....	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>				
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-209 AS NECESSARY						
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →220						

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had. (RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS ON SEPARATE LINES AND MARK WITH A BRACKET.)

212 What name was given to your (first, next) baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died?  RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
01 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
02 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
03 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
04 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
05 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
06 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
07 <hr/> (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2

212 What name was given to your next baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died?  RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
08 _____ (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
09 _____ (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
10 _____ (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
11 _____ (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
12 _____ (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
13 _____ (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2
14 _____ (NAME)	BOY GIRL 1 2	MONTH... <input type="text"/> <input type="text"/> YEAR... <input type="text"/> <input type="text"/>	YES NO 1 2 ↳ (GO TO 217)	DAYS....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> (GO TO 219)	AGE IN YEARS.. <input type="text"/> <input type="text"/>	YES NO 1 2

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

NUMBERS ARE SAME

NUMBERS ARE DIFFERENT

↳ (PROBE AND RECONCILE)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
220	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→225															
221	For how many months have you been pregnant?	MONTHS..... <input type="text"/> <input type="text"/>																
222	Since you have been pregnant, have you been given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DK.....8																
223	Have you seen anyone for a check on this pregnancy?	YES.....1 NO.....2	→226															
224	Whom did you see? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY)	→226															
225	How long ago did your last menstrual period start?	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"/> BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996																
226	When during her monthly cycle do you think a woman has the greatest chance of becoming pregnant?  PROBE: What are the days during the month when a woman has the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 AT ANY TIME.....5 OTHER.....6 (SPECIFY) DK.....8																
227	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....1	1	2	HUSBAND.....1	1	2	OTHER MALES.....1	1	2	OTHER FEMALES.....1	1	2	
	YES	NO																
CHILDREN UNDER 10.....1	1	2																
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OTHER FEMALES.....1	1	2																



**SECTION 3: CONTRACEPTION**

301 Now I would like to talk about a different topic. There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about? CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-305 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)?* READ DESCRIPTION.	303 Have you ever used (METHOD)?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 In your opinion, what is the main problem, if any, with using (METHOD)? (CODES BELOW)
01 PILL 'Women can take a pill every day.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3 ↓	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
02 IUD 'Women can have a loop or coil placed inside them by a doctor or a nurse.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3 ↓	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
03 INJECTIONS 'Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3 ↓	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
04 DIAPHRAGM/FOAM/JELLY 'Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3 ↓	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
05 CONDOM 'Men can use a rubber sheath during sexual intercourse.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3 ↓	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
06 FEMALE STERILIZATION 'Women can have an operation to avoid having any more children.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3 ↓	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
07 MALE STERILIZATION 'Men can have an operation to avoid having any more children.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3 ↓	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
08 PERIODIC ABSTINENCE 'Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3 ↓	YES.....1 NO.....2	Where would you go to obtain advice on periodic abstinence? <input type="checkbox"/> <input type="checkbox"/> OTHER _____	OTHER <input type="checkbox"/> <input type="checkbox"/>
09 WITHDRAWAL 'Men can be careful and pull out before climax.'	YES/SPONT.....1→ YES/PROBED.....2→ NO.....3 ↓	YES.....1 NO.....2		OTHER <input type="checkbox"/> <input type="checkbox"/>
10 ANY OTHER METHODS? 'Apart from the ones we have mentioned, have you heard of any other ways or methods that women or men can use to avoid pregnancy?'  <hr/> <p style="text-align: center;">(SPECIFY)</p>	YES/SPONT.....1→ NO.....3 ↓	YES.....1 NO.....2	<b>CODES FOR 304</b> 01 GOVERNMENT HOSPITAL 02 GOVERNMENT HEALTH CNTR 03 PPAG CLINIC 04 PRIVATE MATERNITY HOME 05 FIELD WORKER 06 PRIVATE DOCTOR/CLINIC 07 GOVT MATERNITY HOME 08 PHARMACY/CHEM SELLER 09 CHRISTIAN COUNCIL 10 FRIENDS/RELATIVES 11 OTHER(SPECIFY) 12 NOWHERE 98 DOES NOT KNOW	<b>CODES FOR 305</b> 02 NOT EFFECTIVE 03 PARTNER DISAPPROVES 04 HEALTH CONCERNS 05 DIFFICULT TO GET 06 COSTS TOO MUCH 07 INCONVENIENT TO USE 11 OTHER (SPECIFY) 12 NONE 98 DK

306 CHECK 303: NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED)

→ SKIP TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
307	Have you ever used anything or tried in any way to delay or avoid getting pregnant?  MARK APPROPRIATE BOX WITH AN 'X'.	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	316
308	What have you used or done? CORRECT 302-303 AND OBTAIN INFORMATION FOR 304 TO 306 AS NECESSARY.		
309	CHECK 303:  EVER USED PERIODIC ABSTINENCE <input type="checkbox"/> NEVER USED PERIODIC ABSTINENCE <input type="checkbox"/>		311
310	The last time you used periodic abstinence, how did you determine on which days you had to abstain?	BASED ON CALENDAR.....1 BASED ON BODY TEMPERATURE.....2 BASED ON CERVICAL MUCUS (BILLINGS) METHOD.....3 BASED ON BODY TEMPERATURE AND MUCUS.....4 OTHER _____ .5 (SPECIFY) NO SPECIFIC SYSTEM.....6	
311	How many living children, if any, did you already have when you first did something or used a method to avoid getting pregnant? IF NONE ENTER '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
312	CHECK 220:  NOT PREGNANT OR NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		315H
313	Are you currently doing something or using any method to avoid getting pregnant?	YES.....1 NO.....2	315H
314	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 FOAMING TABLETS.....10 OTHER _____ .11 (SPECIFY)	315 315A 315B 319 319

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
314A	Which brand are you currently using?	NORIDAY.....01 NORMINEST.....02 EUGYNON.....03 MICROGYNON.....04 OTHER PILL.....05 KAMAL.....06 SAMPOON.....07 OTHER FOAMING TABLET.....08 PANTHER.....09 SULTAN.....10 TAHITI.....11 SSS.....12 OTHER CONDOM.....13 CANNOT NAME.....14	→315
314B	Have you used other brands before or is (BRAND FROM 314A) the only brand you have ever used?	HAS NEVER USED OTHER BRAND.....1 HAS USED OTHER BRAND.....2	→315
314C	Which other brands have you used?	NORIDAY.....01 NORMINEST.....02 EUGYNON.....03 MICROGYNON.....04 OTHER PILL.....05 KAMAL.....06 SAMPOON.....07 OTHER FOAMING TABLETS.....08 PANTHER.....09 SULTAN.....10 TAHITI.....11 SSS.....12 OTHER CONDOM.....13 CANNOT NAME.....14	
314D	Why did you change to the brand you are currently using?	PREVIOUS BRAND NOT EASILY AVAILABLE.....1 MORE EXPENSIVE.....2 NOT VERY RELIABLE.....3 HAS MORE SIDE EFFECTS.....4 DOCTOR/PHARMACIST/CHEMICAL SELLER'S ADVICE.....5 OTHER.....6 (SPECIFY)	
315	Where did you obtain (METHOD) the last time?	GOVERNMENT HOSPITAL.....01 GOVERNMENT HEALTH CENTER.....02 PPAG CLINIC.....03 PRIVATE MATERNITY HOME.....04	
315A	Where did the sterilization take place?	FIELD WORKER.....05 PRIVATE DOCTOR/CLINIC.....06 GOVT MATERNITY HOME.....07 PHARMACY/CHEMICAL SELLER.....08	
315B	Where did you obtain instructions or advice about the safe period?	CHRISTIAN COUNCIL.....09 FRIENDS/RELATIVES/SCHOOL.....10 OTHER.....11 (SPECIFY) NOWHERE.....12 DK.....98	→315F
315C	How did you get there the last time?	PRIVATE CAR.....1 TAXI.....2 BUS/TROTRO.....3 WALKED.....4 OTHER.....5 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315D	How long did it take you to get there by (MODE OF TRANSPORT 315C) the last time?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> 97....PARTNER BUYS CONTRACEPTIVES.....	→315F
315E	Would you consider this place convenient?	YES.....1 NO.....2	
315F	You said you are using (METHOD CIRCLED IN 314). Is this the method you prefer to use or would you prefer a different method?	USING PREFERRED METHOD.....1 NOT USING PREFERRED METHOD.....2	→319
315G	Why are you not using (PREFERRED METHOD)?	PARTNER DISAPPROVES.....1 HEALTH CONCERNS.....2 DIFFICULT TO GET.....3 COSTS TOO MUCH.....4 INCONVENIENT TO USE.....5 DOCTOR/PHARMACIST'S ADVICE.....6 OTHER.....7 (SPECIFY) NO REASON.....8	→319
315H	Why did you stop using a method?	METHOD NOT EFFECTIVE.....01 PARTNER DISAPPROVES.....02 HEALTH CONCERNS.....03 DIFFICULT TO GET.....04 COSTS TOO MUCH.....05 INCONVENIENT TO USE.....06 WANTED A CHILD.....07 MENOPAUSAL.....08 OTHER.....09 (SPECIFY) DK.....98	
316	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	→317 →319
316A	Why not?	PARTNER DISAPPROVES.....1 HEALTH CONCERNS.....2 RELIGIOUS REASONS.....3 WANTS CHILDREN.....4 OTHER.....5 (SPECIFY) DK.....8	→319
317	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 FOAMING TABLET.....10 OTHER.....11 (SPECIFY) UNSURE.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																				
318	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES.....1 NO.....2 DK.....8																					
319	Is it acceptable to you that family planning information is provided on radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8																					
319A	Have you heard or seen any advertisements about the following brands of contraceptives?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>CAN'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td>NORMINEST.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>KAMAL.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>PANTHER.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>BOJO.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES	NO	CAN'T REMEMBER	NORMINEST.....	1	2	3	KAMAL.....	1	2	3	PANTHER.....	1	2	3	BOJO.....	1	2	3	
	YES	NO	CAN'T REMEMBER																				
NORMINEST.....	1	2	3																				
KAMAL.....	1	2	3																				
PANTHER.....	1	2	3																				
BOJO.....	1	2	3																				
319B	<p>CHECK 319A;</p> <p>AT LEAST ONE "YES" IN 319A: <input type="checkbox"/></p> <p>ALL OTHERS: <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p>		→401																				
319C	<p>Where have you heard or seen these advertisements or information?</p> <p>CIRCLE ALL MENTIONED</p>	RADIO..... 1 TV..... 1 STICKER..... 1 BILLBOARD..... 1 NEWSPAPER/MAGAZINE..... 1 POSTER..... 1 IN-STORE DISPLAY..... 1 HEALTH CLINIC..... 1 RALLY..... 1 OTHER..... 1 DK..... 1																					

**SECTION 4. HEALTH AND BREASTFEEDING**

401 CHECK 214:  
 ONE OR MORE LIVE BIRTHS  NO LIVE BIRTHS   
 SINCE JAN. 1983 SINCE JAN. 1983 (SKIP TO 501)

402 ENTER NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 IN TABLE. BEGIN WITH LAST BIRTH.  
 ASK QUESTIONS ABOUT ALL BIRTHS.

LINE NUMBER FROM Q. 212	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST NAME	THIRD-FROM-LAST NAME
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403 When you were pregnant with (NAME) were you given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
404 When you were pregnant with (NAME), did you see anyone for a check on this pregnancy? IF YES: Whom did you see? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5
405 Who assisted with the delivery of (NAME)?  PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6
406 Did you ever feed (NAME) at the breast?	YES.....1 NO.....2 (SKIP TO 409) <	YES.....1 NO.....2 (SKIP TO 409) <	YES.....1 NO.....2 (SKIP TO 409) <	YES.....1 NO.....2 (SKIP TO 409) <
407 Are you still breast-feeding (NAME)? (IF DEAD, CIRCLE '2')	YES.....1 (SKIP TO 409) < NO (OR DEAD).....2			
407A Why did you stop breastfeeding (NAME)?	CHILD DIED.....01 CHILD REACHED WEANING AGE.....02 CHILD BECAME SICK.....03 CHILD HAD DIARRHEA.....04 R BECAME PREGNANT.....05 INSUFFICIENT MILK.....06 R HAD TO WORK.....07 CHILD REFUSED BREAST.....08 INCONVENIENT.....09 OTHER REASON.....10	CHILD DIED.....01 CHILD REACHED WEANING AGE.....02 CHILD BECAME SICK.....03 CHILD HAD DIARRHEA.....04 R BECAME PREGNANT.....05 INSUFFICIENT MILK.....06 R HAD TO WORK.....07 CHILD REFUSED BREAST.....08 INCONVENIENT.....09 OTHER REASON.....10	CHILD DIED.....01 CHILD REACHED WEANING AGE.....02 CHILD BECAME SICK.....03 CHILD HAD DIARRHEA.....04 R BECAME PREGNANT.....05 INSUFFICIENT MILK.....06 R HAD TO WORK.....07 CHILD REFUSED BREAST.....08 INCONVENIENT.....09 OTHER REASON.....10	CHILD DIED.....01 CHILD REACHED WEANING AGE.....02 CHILD BECAME SICK.....03 CHILD HAD DIARRHEA.....04 R BECAME PREGNANT.....05 INSUFFICIENT MILK.....06 R HAD TO WORK.....07 CHILD REFUSED BREAST.....08 INCONVENIENT.....09 OTHER REASON.....10
408 How many months did you breastfeed (NAME)?	MONTHS..... <input type="checkbox"/> UNTIL DEATH.....96	MONTHS..... <input type="checkbox"/> UNTIL DEATH.....96	MONTHS..... <input type="checkbox"/> UNTIL DEATH.....96	MONTHS..... <input type="checkbox"/> UNTIL DEATH.....96
409 How many months after the birth of (NAME) did your period return?	MONTHS..... <input type="checkbox"/> NOT RETURNED.....96	MONTHS..... <input type="checkbox"/> NEVER RETURNED...96 (ALL SKIP TO 411)	MONTHS..... <input type="checkbox"/> NEVER RETURNED...96 (ALL SKIP TO 411)	MONTHS..... <input type="checkbox"/> NEVER RETURNED...96 (ALL SKIP TO 411)
410 Have you resumed sexual relations since the birth of (NAME)?	YES (OR PREGN.)...1 NO.....2 (GO TO NEXT COL) <			
411 How many months after the birth of (NAME) did you resume sexual relations?	MONTHS..... <input type="checkbox"/> (GO TO NEXT COLUMN)	MONTHS..... <input type="checkbox"/> (GO TO NEXT COLUMN)	MONTHS..... <input type="checkbox"/> (GO TO NEXT COLUMN)	MONTHS..... <input type="checkbox"/> (GO TO 412)
412 CHECK 407 FOR LAST BIRTH: LAST CHILD STILL BREASTFED <input type="checkbox"/>		ALL OTHERS <input type="checkbox"/> (SKIP TO 417B)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																														
413	How many times did you breastfeed last night, between sundown and sunrise?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> AS OFTEN AS CHILD WANTED.....96																															
414	How many times did you breastfeed yesterday during daylight hours?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> AS OFTEN AS CHILD WANTED.....96																															
415	At any time yesterday or last night, was (NAME OF LAST CHILD) given any of the following:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POWDERED MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COW'S OR GOAT'S MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANY OTHER LIQUID</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td>1</td> <td>2</td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>ANY SOLID OR MUSHY</td> <td></td> <td></td> </tr> <tr> <td>FOOD.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	PLAIN WATER.....	1	2	JUICE.....	1	2	POWDERED MILK.....	1	2	COW'S OR GOAT'S MILK.....	1	2	ANY OTHER LIQUID			_____	1	2	(SPECIFY)			ANY SOLID OR MUSHY			FOOD.....	1	2	
	YES	NO																															
PLAIN WATER.....	1	2																															
JUICE.....	1	2																															
POWDERED MILK.....	1	2																															
COW'S OR GOAT'S MILK.....	1	2																															
ANY OTHER LIQUID																																	
_____	1	2																															
(SPECIFY)																																	
ANY SOLID OR MUSHY																																	
FOOD.....	1	2																															
416	CHECK 415:	WAS GIVEN FOOD OR LIQUID <input type="checkbox"/>	NO FOODS OR LIQUID GIVEN <input type="checkbox"/> → 418																														
417	Were any of these given in a bottle with a nipple?	YES.....1 NO.....2																															
417A	CHECK 415:	WAS GIVEN SOLID OR MUSHY FOOD <input type="checkbox"/>	NO SOLID OR MUSHY FOOD GIVEN <input type="checkbox"/> → 418																														
417B	How old was (LAST CHILD) when you started giving him/her supplementary food?	MONTHS <input type="text"/> <input type="text"/> CHILD DIED BEFORE FOOD GIVEN...96 → 418																															
417C	What food did you give him/her?	<hr/> <hr/> <hr/>																															
418	At the time you became pregnant with (NAME OF LAST BIRTH), did you want to have that child then, did you want to wait until later, or did you want no (more) children at all?	THEN.....1 LATER.....2 NO MORE.....3																															

419 ENTER NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 BELOW. BEGIN WITH THE LAST BIRTH. THE HEADING IN THE TABLE SHOULD BE EXACTLY THE SAME AS PREVIOUS TABLE. ASK QUESTIONS ONLY FOR LIVING CHILDREN.

LINE NUMBER FROM Q. 212	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST NAME _____	THIRD-FROM-LAST NAME _____
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> 42
420 Do you have a health card for (NAME)? IF YES: May I see it, please?	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422) <- NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422) <- NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422) <- NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422) <- NO CARD.....3
421 RECORD DATES OF IMMUNIZATIONS FROM HEALTH CARD.	NOT GIVEN DA MO YR	NOT GIVEN DA MO YR	NOT GIVEN DA MO YR	NOT GIVEN DA MO YR
BCG	1	1	1	1
POLIO 1	1	1	1	1
POLIO 2	1	1	1	1
POLIO 3	1	1	1	1
DPT 1	1	1	1	1
DPT 2	1	1	1	1
DPT 3	1	1	1	1
MEASLES	1	1	1	1
	(SKIP TO 423)	(SKIP TO 423)	(SKIP TO 423)	(SKIP TO 423)
422 Has (NAME) ever had a vaccination to prevent him/her from getting diseases?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
423 Has (NAME) had diarrhea in the last 24 hours?	YES.....1 (SKIP TO 425) <- NO.....2 DK.....8	YES.....1 (SKIP TO 425) <- NO.....2 DK.....8	YES.....1 (SKIP TO 425) <- NO.....2 DK.....8	YES.....1 (SKIP TO 425) <- NO.....2 DK.....8
424 Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (GO TO NEXT COL) <- DK.....8	YES.....1 NO.....2 (GO TO NEXT COL) <- DK.....8	YES.....1 NO.....2 (GO TO NEXT COL) <- DK.....8	YES.....1 NO.....2 (SKIP TO 428) <- DK.....8
425 Did you take (NAME) to a private doctor, or to a hospital or clinic to treat the diarrhea (the last time)? IF YES: Where did you take him/her?	DOCTOR.....1 HOSPITAL/CLINIC....2 NO.....3	DOCTOR.....1 HOSPITAL/CLINIC....2 NO.....3	DOCTOR.....1 HOSPITAL/CLINIC....2 NO.....3	DOCTOR.....1 HOSPITAL/CLINIC....2 NO.....3
426 Was (NAME) given an oral rehydration packet to treat the diarrhea (the last time)?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
427 Was there anything (else) you or somebody did to treat the diarrhea? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED.	HOME SOLUTION OF SUGAR, SALT & WATER...1 TABLETS, INJECTIONS SYRUPS.....1 TRADITNL MEDICINE...1 INCREASE FLUIDS....1 DECREASE FLUIDS....1 INCREASE FOODS.....1 DECREASE FOODS.....1 OTHER _____1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	HOME SOLUTION OF SUGAR, SALT & WATER...1 TABLETS, INJECTIONS SYRUPS.....1 TRADITNL MEDICINE...1 INCREASE FLUIDS....1 DECREASE FLUIDS....1 INCREASE FOODS.....1 DECREASE FOODS.....1 OTHER _____1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	HOME SOLUTION OF SUGAR, SALT & WATER...1 TABLETS, INJECTIONS SYRUPS.....1 TRADITNL MEDICINE...1 INCREASE FLUIDS....1 DECREASE FLUIDS....1 INCREASE FOODS.....1 DECREASE FOODS.....1 OTHER _____1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	HOME SOLUTION OF SUGAR, SALT & WATER...1 TABLETS, INJECTIONS SYRUPS.....1 TRADITNL MEDICINE...1 INCREASE FLUIDS....1 DECREASE FLUIDS....1 INCREASE FOODS.....1 DECREASE FOODS.....1 OTHER _____1 (SPECIFY) NOTHING.....1 (ALL GO TO 428)



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
428	CHECK 426: ORAL REHYDRATION:		
	NOT MENTIONED <input type="checkbox"/>	MENTIONED FOR ANY BIRTH <input type="checkbox"/>	429A
429	Have you ever heard of a special product called oral rehydration packet you can get for the treatment of diarrhea?	YES.....1	
		NO.....2	
429A	Where can you go if you want to get a vaccination for your child?	HOSPITAL.....1	
		CLINIC.....1	
		VILLAGE HEALTH WORKER.....1	
		PRIVATE DOCTOR.....1	
		SPECIAL CAMPAIGNS.....1	
	CIRCLE ALL MENTIONED	OTHER.....1	
		(SPECIFY)	
		DK.....1	

430 ENTER NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 BELOW. BEGIN WITH THE LAST BIRTH. THE HEADING IN THE TABLE SHOULD BE EXACTLY THE SAME AS PREVIOUS TABLE. ASK QUESTIONS ONLY FOR LIVING CHILDREN.

LINE NUMBER FROM Q. 212	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST NAME	THIRD-FROM-LAST NAME
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
431 Has (NAME) had fever in the last four weeks?	YES.....1 NO.....2 (SKIP TO 434) <- DK.....8	YES.....1 NO.....2 (SKIP TO 434) <- DK.....8	YES.....1 NO.....2 (SKIP TO 434) <- DK.....8	YES.....1 NO.....2 (SKIP TO 434) <- DK.....8 (GO TO 501)
432 Did you take (NAME) to a private doctor or to a hospital or clinic to treat the fever? IF YES: Where did you take him/her?	DOCTOR.....1 HOSPITAL/CLINIC.....2 NO.....3	DOCTOR.....1 HOSPITAL/CLINIC.....2 NO.....3	DOCTOR.....1 HOSPITAL/CLINIC.....2 NO.....3	DOCTOR.....1 HOSPITAL/CLINIC.....2 NO.....3
433 Was there anything (else) you or somebody did to treat the fever? IF YES: What was done?  CIRCLE CODE 1 FOR ALL MENTIONED.	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1
434 Has (NAME) suffered from severe cough or difficult or rapid breathing in the last four weeks?	YES.....1 NO.....2 (SKIP TO 436A) <- DK.....8	YES.....1 NO.....2 (SKIP TO 436A) <- DK.....8	YES.....1 NO.....2 (SKIP TO 436A) <- DK.....8	YES.....1 NO.....2 (SKIP TO 436A) <- DK.....8
435 Did you take (NAME) to a private doctor or to a hospital or clinic to treat the problem? IF YES: Where did you take him/her?	DOCTOR.....1 HOSPITAL/CLINIC.....2 NO.....3	DOCTOR.....1 HOSPITAL/CLINIC.....2 NO.....3	DOCTOR.....1 HOSPITAL/CLINIC.....2 NO.....3	DOCTOR.....1 HOSPITAL/CLINIC.....2 NO.....3
436 Was there anything (else) you or somebody did to treat the problem? IF YES: What was done?  CIRCLE CODE 1 FOR ALL MENTIONED.	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1
436A Has (NAME) ever suffered from guinea-worm infestation?	YES.....1 NO.....2 (SKIP TO 436C) <- DK.....8	YES.....1 NO.....2 (SKIP TO 436C) <- DK.....8	YES.....1 NO.....2 (SKIP TO 436C) <- DK.....8	YES.....1 NO.....2 (SKIP TO 436C) <- DK.....8
436B Was there anything (else) you or somebody did to treat the problem? IF YES: What was done?  CIRCLE CODE 1 FOR ALL MENTIONED.	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1
436C Has (NAME) ever suffered from bilharzia?	YES.....1 NO.....2 (GO TO NEXT COL) <- DK.....8	YES.....1 NO.....2 (GO TO NEXT COL) <- DK.....8	YES.....1 NO.....2 (GO TO NEXT COL) <- DK.....8	YES.....1 NO.....2 (SKIP TO 501) <- DK.....8
436D Was there anything (else) you or somebody did to treat the problem? IF YES: What was done?  CIRCLE CODE 1 FOR ALL MENTIONED.	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1 (ALL GO TO NEXT COL)	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1 (ALL GO TO NEXT COL)	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1 (ALL GO TO NEXT COL)	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 TRADTNL MEDICINE.....1 OTHER (SPECIFY).....1 NOTHING.....1 (ALL GO TO 501)

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
501	Have you ever been married or lived with a man?	YES.....1 NO.....2	→519												
502	Are you now married or living with a man, or are you widowed, divorced or not now living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NOT NOW LIVING TOGETHER.....5	→507												
503	Does your husband/partner live with you or is he now staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2													
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→507												
505	How many other wives does he have?	NUMBER..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DK.....98	→507												
506	Are you the first, second,...wife?	RANK..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" 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	In what month and year did you start living with your (first) husband or partner?	MONTH..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DK.....98 YEAR..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> DK YEAR.....98	→510												
509	How old were you when you started living with him?	AGE..... <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>													
510	Are your mother and father still alive?	<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>WOMAN'S MOTHER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>WOMAN'S FATHER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		YES	NO	DK	WOMAN'S MOTHER.....	1	2	8	WOMAN'S FATHER.....	1	2	8	
	YES	NO	DK												
WOMAN'S MOTHER.....	1	2	8												
WOMAN'S FATHER.....	1	2	8												
511	Are your (first) husband's/partner's mother and father still alive?	<table border="0" style="margin-left: auto; margin-right: auto;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>FIRST HUSBAND'S MOTHER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>FIRST HUSBAND'S FATHER.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </table>		YES	NO	DK	FIRST HUSBAND'S MOTHER.....	1	2	8	FIRST HUSBAND'S FATHER.....	1	2	8	
	YES	NO	DK												
FIRST HUSBAND'S MOTHER.....	1	2	8												
FIRST HUSBAND'S FATHER.....	1	2	8												
512	CHECK 510 AND 511:  <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="text-align: center; margin-right: 20px;"> <input style="width: 20px; height: 15px;" type="checkbox"/>            AT LEAST ONE PARENT NOT LIVING OR DK         </div> <div style="text-align: center; margin-right: 20px;"> <input style="width: 20px; height: 15px;" type="checkbox"/>            ALL ALIVE         </div> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> <div style="position: absolute; right: 0; top: -10px;">→515</div> </div> </div>														

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP TO
		YES	NO	DK	
513	Was (MENTION PARENTS NOT ALIVE NOW OR DK) alive at the time you began living together with your (first) husband or partner?	WOMAN'S MOTHER.....1	2	8	
		WOMAN'S FATHER.....1	2	8	
		FIRST HUSBAND'S MOTHER.....1	2	8	
		FIRST HUSBAND'S FATHER.....1	2	8	
514	CHECK 513:  SOME PARENT ALIVE AT MARRIAGE <input type="checkbox"/> NO PARENT ALIVE AT MARRIAGE <input type="checkbox"/>				518
515	At the time you began living together, did you and your (first) husband/partner live with any of these parents for at least six months?	YES.....1			517
		NO.....2			
516	For about how many years did you live together with a parent at that time?	YEARS.....	<input type="text"/>	<input type="text"/>	518
		UP TO THE PRESENT.....96			
517	Are you now living either with your parents or your husband's parents?	YES.....1			
		NO.....2			
518	In how many localities have you lived for six months or more since you were first married (started living together) including this place?	NUMBER OF LOCALITIES.....	<input type="text"/>	<input type="text"/>	520
519	Have you ever had sexual intercourse?	YES.....1			528
		NO.....2			
520	Now we need some details about your sexual activity in order to get a better understanding of contraception and fertility.  How old were you when you first had sexual intercourse?	AGE.....	<input type="text"/>	<input type="text"/>	
521	Have you had sexual intercourse in the last four weeks?	YES.....1			523
		NO.....2			
522	How many times?	TIMES.....	<input type="text"/>	<input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
523	When was the last time you had sexual intercourse?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									528						
524	CHECK 220:	NOT PREGNANT OR NOT SURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	528														
525	CHECK 313:	NOT USING <input type="checkbox"/>	USING <input type="checkbox"/>	528														
526	If you become pregnant in the next few weeks, would you feel happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	528															
527	What is the main reason that you are not using a method to avoid pregnancy?	LACK OF KNOWLEDGE.....01 OPPOSED TO FAMILY PLANNING.....02 HUSBAND DISAPPROVES.....03 OTHERS DISAPPROVE.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COSTS TOO MUCH.....07 INCONVENIENT TO USE.....08 INFREQUENT SEX.....09 FATALISTIC.....10 RELIGION.....11 POSTPARTUM/BREASTFEEDING.....12 MENOPAUSAL/SUBFECUND.....13 OTHER _____ .14 (SPECIFY) DK.....98	528															
528	PRESENCE OF OTHERS AT THIS POINT.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	<p>CHECK 502: CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/></p> <p style="text-align: center;">ALL OTHERS <input type="checkbox"/></p>		→609
602	<p>CHECK 220 AND MARK BOX. Now I have some questions about the future.</p> <p>NOT PREGNANT OR NOT SURE <input type="checkbox"/></p> <p>Would you like to have a (another) child or would you prefer not to have any (more) children?</p> <p>PREGNANT <input type="checkbox"/></p> <p>After the child you are expecting, would you like to have another child or would you prefer not to have any (more) children?</p>	<p>HAVE ANOTHER.....1</p> <p>NO MORE.....2</p> <p>SAY SHE CAN'T GET PREGNANT.....3</p> <p>UNDECIDED OR DK.....8</p>	→605
603	<p>How long would you want to wait from now before the birth of a (another) child?</p>	<p>TIME TO WAIT:</p> <p>MONTHS.....1</p> <p>YEARS.....2</p> <p>DK.....998</p>	→605
604	<p>CHECK 215:</p> <p>How old would you like your youngest child to be when you have your next child? IF NO LIVING CHILDREN, CIRCLE '96'.</p>	<p>AGE OF YOUNGEST: YEARS.....</p> <p>NO LIVING CHILDREN.....96</p> <p>DK.....98</p>	
605	<p>For how long should a couple wait before starting sexual intercourse after the birth of a baby?</p>	<p>MONTHS.....1</p> <p>YEARS.....2</p> <p>OTHER _____ .996 (SPECIFY)</p>	
606	<p>Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?</p>	<p>WAIT.....1</p> <p>DOESN'T MATTER.....2</p>	
607	<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>DK.....8</p>	
608	<p>How often have you talked to your husband/partner about this subject in the past year?</p>	<p>NEVER.....1</p> <p>ONCE OR TWICE.....2</p> <p>THREE OR MORE.....3</p>	
609	<p>In general, do you approve or disapprove of couples using a method to avoid pregnancy?</p>	<p>APPROVE.....1</p> <p>DISAPPROVE.....2</p>	
610	<p>CHECK 202 AND 204:</p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>HAS 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>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>NUMBER.....</p> <p>OTHER ANSWER _____ (SPECIFY)</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	<p>CHECK 501:</p> <p>EVER MARRIED OR LIVED WITH A MAN <input type="checkbox"/>      ALL OTHERS <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p>		712
702	<p>Now I have some questions about your (most recent) husband/partner. Did your husband/partner ever attend school?</p>	<p>YES.....1</p> <p>NO.....2</p>	706
703	<p>What was the highest level of school he attended: primary, middle, secondary or postsecondary?</p>	<p>PRIMARY.....1</p> <p>MIDDLE.....2</p> <p>POSTMIDDLE.....3</p> <p>SECONDARY.....4</p> <p>POSTSECONDARY.....5</p> <p>DK.....8</p>	706
704	<p>What was the highest (GRADE, FORM, YEAR) he completed at that level?</p>	<p>GRADE..... <input type="text"/></p> <p>DK.....98</p>	
705	<p>CHECK 703:</p> <p>PRIMARY <input type="checkbox"/>      MIDDLE OR HIGHER <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		707
706	<p>Can (could) he read a letter or newspaper easily, with difficulty, or not at all?</p>	<p>EASILY.....1</p> <p>WITH DIFFICULTY.....2</p> <p>NOT AT ALL.....3</p>	
707	<p>What kind of work does (did) your husband/partner mainly do?</p>	<p>_____ <input type="text"/></p> <p>_____ <input type="text"/></p> <p>_____ <input type="text"/></p>	
708	<p>CHECK 707:</p> <p>DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>      WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		710
709	<p>Does (did) he work most of the time, part of the time, seasonally or irregularly?</p>	<p>MOST.....1</p> <p>PART.....2</p> <p>SEASONALLY.....3</p> <p>IRREGULARLY.....4</p> <p>OTHER.....5</p>	712
710	<p>Does (did) your husband/partner work mainly on his or family land, or on someone else's land?</p>	<p>HIS/FAMILY LAND.....1</p> <p>SOMEONE ELSE'S LAND.....2</p>	712
711	<p>Does (did) he work mainly for money or does (did) he work for a share of the crops?</p>	<p>MONEY.....1</p> <p>A SHARE OF CROPS.....2</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
712	Aside from their usual housework, many women work in order to earn money. Are you currently doing any work for money, other than on a farm or business run by your family?	YES.....1 NO.....2	719
713	What is your occupation, that is, what kind of work do you do?	_____ _____ _____	
714	In a typical day, week or month, how much do you earn for this work?	AMOUNT..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  PER HOUR.....1 PER DAY.....2 PER WEEK.....3 PER MONTH.....4 PER YEAR.....5	
715	Do you usually work at this job most of the time, part of the time, or do you work seasonally or irregularly?	MOST.....1 PART.....2 SEASONALLY.....3 IRREGULARLY.....4 OTHER.....5	
716	On a typical day when you are doing this work, how many hours do you spend working?	HOURS..... <input type="text"/> <input type="text"/>	
717	On a typical working day, how long does it take you to travel to the place where you work?  PROBE: About how many minutes or hours?	HOURS..... <input type="text"/> <input type="text"/>  MINUTES..... <input type="text"/> <input type="text"/>  WORKS AT PLACE RESIDES.....96	
718	Most of the time when you work for money, do you decide how <u>all</u> the money you earn will be used, how <u>some</u> of it will be used, or does <u>someone else</u> decide how your earnings are used ?	DECIDES ABOUT ALL.....1 DECIDES ABOUT SOME.....2 SOMEONE ELSE DECIDES.....3	
719	Whether you have worked in the past or not, do you think it is alright for a mother to work away from home, if her children can be adequately cared for ?	YES.....1 NO.....2 NOT SURE.....3	
720	And how would the members of your family feel about you working away from home ? Would they be against it or wouldn't they mind ?	AGAINST.....1 WOULDN'T MIND.....2 SOME EACH WAY.....3 UNCERTAIN.....4	



721

CHECK 215, 217, 712:

HAS LIVE CHILDREN < AGE 6 LIVING AT HOME AND IS CURRENTLY WORKING

ALL OTHERS

v

→724

722

While you are working, do you usually have your children under age 6 with you, sometimes have them with you, rarely have them with you, or never have them with you ?

USUALLY.....1  
SOMETIMES.....2  
RARELY.....3  
NEVER.....4

→724

723

Who usually takes care of your children under age 6 while you are working ?

HUSBAND.....01  
OTHER CHILD(REN).....02  
OTHER RELATIVES IN OR NEAR HOUSEHOLD.....03  
OTHER RELATIVES FARTHER AWAY.....04  
NEIGHBORS.....05  
FRIENDS/ACQUAINTANCES.....06  
SERVANTS/HIRED HELP.....07  
CHILDREN IN SCHOOL.....08  
INSTITUTIONAL CHILD CARE.....09  
OTHER.....10  
(SPECIFY)

724

CHECK 501:

EVER MARRIED/  
LIVED WITH A MAN

NEVER MARRIED/  
LIVED WITH A MAN

v

→728B

725

What was the age of your (first) husband at the time of your (first) marriage ?

AGE.....  
DK.....98

726

Before you were first married or lived with a man, did you ever work for money other than on a farm or business run by your family ?

YES.....1  
NO.....2

→728B

727

What was your occupation, that is, what kind of work did you do?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

728

Most of the time when you worked for money before marrying/living with a man, did you decide how all the money you earned would be used, how some of it would be used, or did someone else decide how your earnings would be used?

DECIDED ABOUT ALL.....1  
DECIDED ABOUT SOME.....2  
SOMEONE ELSE DECIDED.....3

ONE OR MORE LIVE BIRTHS  
AND CURRENTLY WORKING

v

ONE OR MORE LIVE BIRTHS  
AND NOT CURRENTLY WORKING

→ COL. 1

NO LIVE BIRTHS

→ 730

729 Have you been working continuously since your last birth?

YES.....1 → COL. 2  
NO.....2 → COL. 1

Since the birth of  
NAME \_\_\_\_\_  
(LAST BIRTH)  
(but before the work  
you are currently  
doing).....  
(1)

Before the birth of  
NAME \_\_\_\_\_  
(FIRST BIRTH)  
(but after you were  
first married or lived  
with a partner...)  
(2)

Before the birth of  
NAME \_\_\_\_\_  
(LAST BIRTH)  
but after the birth of  
NAME \_\_\_\_\_  
(NEXT TO LAST BIRTH)  
(3)

Before the birth of  
NAME \_\_\_\_\_  
(NEXT TO LAST BIRTH)  
but after the birth of  
NAME \_\_\_\_\_  
(SECOND TO LAST BIRTH)  
(4)

729A ...did you ever work for money other than on a farm or business run by your family ?

YES.....1  
NO.....2  
(SKIP TO NEXT COL.) <

YES.....1  
NO.....2  
(SKIP TO NEXT COL.) <

YES.....1  
NO.....2  
(SKIP TO NEXT COL.) <

YES.....1  
NO.....2  
(SKIP TO 730) <

729B ...what was your occupation, that is, what kind of work did you do ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

729C ...did you work most of the time, part of the time, seasonally or only irregularly ?

MOST.....1  
PART.....2  
SEASONAL.....3  
IRREGULAR.....4

MOST.....1  
PART.....2  
SEASONAL.....3  
IRREGULAR.....4

MOST.....1  
PART.....2  
SEASONAL.....3  
IRREGULAR.....4

MOST.....1  
PART.....2  
SEASONAL.....3  
IRREGULAR.....4

729D ...on a typical working day, how long did it take you to travel to the place where you worked ?

HOURS.....    
MINUTES.....    
TRAVELLING SALES..95  
WORKED AT PLACE RESIDED.....96

HOURS.....    
MINUTES.....    
TRAVELLING SALES..95  
WORKED AT PLACE RESIDED.....96

HOURS.....    
MINUTES.....    
TRAVELLING SALES..95  
WORKED AT PLACE RESIDED.....96

HOURS.....    
MINUTES.....    
TRAVELLING SALES..95  
WORKED AT PLACE RESIDED.....96

729E ...aside from the time you spent traveling to and from work, on a typical day, how many hours did you spend working ?

HOURS.....    
< 1 HOUR.....96

HOURS.....    
< 1 HOUR.....96

HOURS.....    
< 1 HOUR.....96

HOURS.....    
< 1 HOUR.....96

729F ...how many years total did you work in this interval at all jobs combined ?

YEARS.....    
MONTHS.....    
(GO TO NEXT COL.)

YEARS.....    
MONTHS.....    
(GO TO NEXT COL.)

YEARS.....    
MONTHS.....    
(GO TO NEXT COL.)

YEARS.....    
MONTHS.....    
(GO TO 730)

730 RECORD THE TIME.

HOUR.....    
MINUTES.....

SECTION 8. WEIGHT AND LENGTH

INTERVIEWER: IN 801-802, RECORD LINE NUMBERS AND NAMES OF ALL LIVING CHILDREN BORN SINCE JANUARY 1, 1985 STARTING WITH THE YOUNGEST CHILD. RECORD DATE OF BIRTH IN 803 AND CHECK AGE IN 804. RECORD WEIGHT AND LENGTH OF CHILDREN 3-36 MONTHS IN 805 AND 806.

	1 YOUNGEST LIVING CHILD	2 NEXT-TO-YOUNGEST LIVING CHILD	3 SECOND-TO-YOUNGEST LIVING CHILD
801 LINE NO.	□ □	□ □	□ □
802 NAME	(NAME) _____	(NAME) _____	(NAME) _____
803 DATE OF BIRTH	MONTH.... □ □ YEAR..... □ □	MONTH.... □ □ YEAR..... □ □	MONTH.... □ □ YEAR..... □ □
804 CHECK AGE: 3-36 MONTHS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> v GO TO NEXT PAGE.
805 WEIGHT (in kgs)	□ □ . □	□ □ . □	□ □ . □
806 LENGTH (in cms)	□ □ □ . □	□ □ □ . □	□ □ □ . □
807 STATE REASON IF UNABLE TO RECORD	_____ _____	_____ _____	_____ _____

808  
NAME OF MEASURER: \_\_\_\_\_ □ □      NAME OF ASSISTANT: \_\_\_\_\_ □ □

**SECTION 9. LANGUAGE INFORMATION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
901	WHAT IS THE RESPONDENT'S OWN LANGUAGE ?	TWI.....1 GA.....2 EWE.....3 NZEMA.....4 HAUSA.....5 DAGBANI.....6 ENGLISH.....7 OTHER.....8 (SPECIFY)	
902	IN WHAT LANGUAGE DID YOU CONDUCT THE INTERVIEW ?	TWI.....1 GA.....2 EWE.....3 NZEMA.....4 HAUSA.....5 DAGBANI.....6 ENGLISH.....7 OTHER.....8 (SPECIFY)	
903	FOR HOW MUCH OF THE INTERVIEW DID YOU DEPEND ON A THIRD PERSON TO INTERPRET FOR YOU ?	NONE OF THE INTERVIEW.....1 SOME OF THE INTERVIEW.....2 MOST OF THE INTERVIEW.....3 ALL OF THE INTERVIEW.....4 OTHER.....5 (SPECIFY)	

INTERVIEWER'S OBSERVATIONS:

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Name of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERVISOR'S OBSERVATIONS:

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Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

EDITOR'S OBSERVATIONS:

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Name of Editor: \_\_\_\_\_ Date: \_\_\_\_\_



ENGLISH



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