

NAMIBIA DEMOGRAPHIC AND HEALTH SURVEY

IDENTIFICATION																									
PLACE NAME _____				<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																					
NAME OF HOUSEHOLD HEAD _____																									
P.S.U. NUMBER.....																									
HOUSEHOLD NUMBER.....																									
REGION (Northwest=1, Northeast=2, Central=3, South=4).....																									
URBAN/RURAL (urban=1, rural=2).....																									
NAME AND LINE NUMBER OF WOMAN _____																									
INTERVIEWER VISITS																									
	1	2	3	FINAL VISIT																					
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																					
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																					
RESULT*	_____	_____	_____	YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																					
	_____	_____	_____	NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																					
	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																					
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>																					
<p>*RESULT CODES: 1 COMPLETED      3 POSTPONED      5 PARTLY COMPLETED                  2 NOT AT HOME      4 REFUSED      6 OTHER _____                  (SPECIFY)</p>																									
LANGUAGE OF THE QUESTIONNAIRE.....				<table border="1"><tr><td> </td></tr></table>																					
1 ENGLISH      3 OSHIVAMBO      5 KWANGALI 2 AFRIKAANS      4 HERERO      6 LOZI																									
TRANSLATOR USED (yes = 1, no = 2).....				<table border="1"><tr><td> </td></tr></table>																					
NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																					

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
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 CURRENT PLACE OF RESIDENCE)?	YEARS..... <input type="text"/> <input type="text"/> 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="text"/> <input type="text"/> DK MONTH......98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR......98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES.....1 NO.....2	111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	What is the highest grade you completed at that level?	GRADE..... <input type="text"/> <input type="text"/>	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		112
111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	113
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
113	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
114	Do you usually watch television at least once a week?	YES.....1 NO.....2	
115	What is your religion?	ROMAN CATHOLIC.....1 PROTESTANT.....2 NO RELIGION.....3 OTHER.....4 (SPECIFY)	
116	What is the main language spoken in your home?	ENGLISH.....1 AFRIKAANS.....2 OSHVAMBO.....3 DAMARA / NAMA.....4 HERERO.....5 KWANGALI.....6 LOZI.....7 TSWANA.....8 SAN.....9 GERMAN.....10 OTHER.....11 (SPECIFY)	
117	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> ↓	THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/> →	129
118	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a town, or in the countryside? IF CITY: In which city do you live?	CITY.....1 OTHER TOWN.....2 COUNTRYSIDE.....3	
119	In which region is that located?	NORTHWEST.....1 NORTHEAST.....2 CENTRAL.....3 SOUTH.....4	
120	Now I would like to ask about the household in which you usually live. What is the source of water your household uses for handwashing and dishwashing?	PIPED INTO RESIDENCE/YARD/PLOT.....11 → 122 PUBLIC TAP.....12 WELL IN RESIDENCE/YARD/PLOT.....21 → 122 PUBLIC WELL.....22 SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 → 122 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)	
121	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996	
122	Does your household get drinking water from this same source?	YES.....1 → 124 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES															
123	What is the source of drinking water for members of your household?	PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL IN RESIDENCE/YARD/PLOT.....21 PUBLIC WELL.....22 SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)															
124	What kind of toilet facility does your household have?	FLUSH TOILET.....11 TRADITIONAL PIT LATRINE.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 BUCKET.....23 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)															
125	Does your household have:  Electricity? A radio? A television? A refrigerator?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>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															
126	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>															
127	Could you describe the main material of the floor of your home? Is it: Earth or sand? Dung? Wood planks? Palms or bamboo? Parquet or polished wood? Vinyl or asphalt strips? Ceramic tiles?	EARTH/SAND.....11 DUNG.....12 WOOD PLANKS.....21 PALMS/BAMBOO.....22 PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER.....41 (SPECIFY)															
128	Does any member of your household own: A donkeycart/horse? A bicycle? A motorcycle? A car?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>DONKEYCART/HORSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	DONKEYCART/HORSE.....	1	2	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2
	YES	NO															
DONKEYCART/HORSE.....	1	2															
BICYCLE.....	1	2															
MOTORCYCLE.....	1	2															
CAR.....	1	2															
129	What is the name of the nearest health facility that provides health services to this (LOCALITY)?  _____ (NAME)	<input type="text"/>															
130	How far is it from here (in Km)? (RECORD '000' IF LESS THAN 1 KM. IF UNKNOWN RECORD '998')	KILOMETERS..... <input type="text"/> <input type="text"/> <input type="text"/>															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
131	How do you get from here to (HEALTH FACILITY NAME)?	CAR / MOTORCYCLE.....1 PUBLIC TRANSPORT (BUS, TAXI).....2 ANIMAL / ANIMAL CART.....3 WALKING.....4 OTHER.....5 (SPECIFY)	→132 →132
131A	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to you to go to the facility? (RECORD '00' IF LESS THAN ONCE PER WEEK IF UNKNOWN RECORD '98')	NO. OF TIMES PER WEEK....	
132	How long does it take you to get from here to (HEALTH FACILITY NAME)?  (RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE)	MINUTES.....1  HOURS.....2	
133	Does (HEALTH FACILITY NAME) provide:  antenatal care? delivery care? child immunization? family planning services?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 CHILD IMMUNIZATION.....1 2 8 FAMILY PLANNING.....1 2 8	
134	CHECK 129:  IS THE NEAREST FACILITY A HOSPITAL? NO YES		→140
135	What is the name of the nearest hospital that provides health services to this locality?  _____ (NAME)		
136	How far is it from here (in Km)? (RECORD '000' IF LESS THAN 1 KM. IF UNKNOWN RECORD '98')	KILOMETERS.....	
137	How do you get from here to (HOSPITAL NAME)?	CAR / MOTORCYCLE.....1 PUBLIC TRANSPORT (BUS, TAXI).....2 ANIMAL (CART).....3 WALKING.....4 OTHER.....5 (SPECIFY)	→138 →138
137A	FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to go to the hospital? (RECORD '00' IF LESS THAN ONCE PER WEEK IF UNKNOWN RECORD '98')	NO. OF TIMES PER WEEK....	
138	How long does it take you to get from here to (HOSPITAL NAME)?  (RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE)	MINUTES.....1  HOURS.....2	
139	Does (HOSPITAL NAME) provide:  antenatal care? delivery care? child immunization? family planning services?	YES NO DK ANTENATAL CARE.....1 2 8 DELIVERY CARE.....1 2 8 CHILD IMMUNIZATION.....1 2 8 FAMILY PLANNING.....1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																
140	<p>Is (THIS LOCALITY) served by a PHC clinic (Mobile outreach)?            IF YES, what is the name of the outreach point?            IF NO, RECORD '000'.</p> <p>_____</p> <p>(NAME)</p>	<div style="text-align: right;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <p>NO USE OF MOBILE CLINIC .....000</p>	END																
141	<p>How far is it from here (in Km)?            (RECORD '000' IF LESS THAN 1 KM.            IF UNKNOWN RECORD '998')</p>	<p>KILOMETERS.....</p> <div style="text-align: right;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>																	
142	<p>How do you get from here to (OUTREACH POINT)?</p>	<p>CAR / MOTORCYCLE.....1 → 143            PUBLIC TRANSPORT (BUS, TAXI)....2            ANIMAL (CART).....3            WALKING.....4            OTHER.....5 → 143</p> <p>(SPECIFY)</p>																	
142A	<p>FOR RURAL CLUSTERS ONLY: How often per week is motorized transport available to go to the outreach point?            (RECORD '00' OF LESS THAN ONCE PER WEEK)            IF UNKNOWN RECORD '98')</p>	<p>NO. OF TIMES PER WEEK....</p> <div style="text-align: right;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>																	
143	<p>How long does it take you to get from here to (OUTREACH POINT)?            (RECORD IN MINUTES IF LESS THAN 2 HOURS AND IN HOURS IF 2 HOURS OR MORE)</p>	<p>MINUTES.....1</p> <div style="text-align: right;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div> <p>HOURS.....2</p> <div style="text-align: right;"> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/> </div>																	
144	<p>Does (OUTREACH POINT NAME) provide:</p> <p>antenatal care?            child immunization?            family planning services?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>CHILD IMMUNIZATION.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">8</td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td style="text-align: center;">2</td> <td></td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2		8	CHILD IMMUNIZATION.....1	2		8	FAMILY PLANNING.....1	2		8	
	YES	NO	DK																
ANTENATAL CARE.....1	2		8																
CHILD IMMUNIZATION.....1	2		8																
FAMILY PLANNING.....1	2		8																

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 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..... DAUGHTERS AT HOME.....	<table border="1" style="display: inline-table; vertical-align: middle;"><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..... DAUGHTERS ELSEWHERE.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </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 baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208				
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1" style="display: inline-table; vertical-align: middle;"><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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>				
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL ___ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-209 AS NECESSARY						
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →223						

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 AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	219	220
What name was given to your (first,next) baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE:  With whom does he/she live?  IF 15+: GO TO NEXT BIRTH.	IF DEAD:  How old was he/she 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.
01   _____ (NAME)	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 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
02   _____ (NAME)	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 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
03   _____ (NAME)	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 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
04   _____ (NAME)	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 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
05   _____ (NAME)	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 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>
06   _____ (NAME)	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 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/>



212	213	214	215	216	217	218	219	220
What name was given to your next baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live?  IF 15+: GO TO NEXT BIRTH.	IF DEAD: How old was he/she 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.

07 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
08 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
09 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
10 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
11 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RFLATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
12 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

212	213	214	215	216	217	218	219	220
What name was given to your next baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE:  With whom does he/she live?  IF 15+: GO TO NEXT BIRTH.	IF DEAD:  How old was he/she 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.

13 _____ (NAME)	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 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/>
14 _____ (NAME)	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 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/>

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

NUMBERS ARE SAME       NUMBERS ARE DIFFERENT  (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: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

222 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1987. IF NONE, RECORD 0.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
223	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	226
224	How many months pregnant are you?	MONTHS..... <input type="text"/>	
225	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</u> want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
226	When did your last menstrual period start?	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
227	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DK.....8	301
228	During which times of the monthly cycle does a woman have 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 OTHER.....5 (SPECIFY) DK.....8	

SECTION 3. CONTRACEPTION

301 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. Which 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 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01] PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
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	YES.....1 NO.....2
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	YES.....1 NO.....2
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	YES.....1 NO.....2
05] CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06] FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
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	YES.....1 NO.....2
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	Do you know where a person can obtain advice on how to use periodic abstinence? YES.....1 NO.....2
09] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
10] Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2  YES.....1 NO.....2  YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
305	CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/>	AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>	SKIP TO 308
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	324
307	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
308	Now I would like to ask you about the time when you first 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"/>	
309	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	324
310	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/>	WOMAN STERILIZED <input type="checkbox"/>	312A
311	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	324
312	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	318
312A	CIRCLE '06' FOR FEMALE STERILIZATION.		323
313	At the time you first started using the pill, did you consult a doctor or a nurse ?	YES.....1 NO.....2 DK.....8	
314	At the time you last got pills, did you consult a doctor or a nurse?	YES.....1 NO.....2	
315	May I see the package of pills you are using now? RECORD NAME OF BRAND.	TRIPHASIT.....1 OVRAL.....2 MICROVAL.....3 NORDETTE.....4 OTHER.....5 (SPECIFY) PACKAGE NOT SEEN.....6	317



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
325	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY.....14 INCONVENIENT.....15 NOT MARRIED.....16 OTHER _____ 17 (SPECIFY) DK.....98	330
326	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DK.....8	
327	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER _____ 10 (SPECIFY) UNSURE.....98	330
328	Where can you get (METHOD MENTIONED IN 327)?  _____ (NAME OF PLACE)	GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER / GOVERNMENT CLINIC.....12 PHC CLINIC (MOBILE).....13 FIELD WORKER.....14 PRIVATE DOCTOR.....21 PRIVATE HOSPITAL OR CLINIC.....22 PHARMACY.....23 SHOP.....31 FRIENDS/RELATIVES.....32 OTHER _____ 41 (SPECIFY) DK.....98	332 334 332 332 334 330

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
329	CHECK 312: USING PERIODIC ABSTINENCE, WITHDRAWAL, OTHER TRADITIONAL METHOD <input type="checkbox"/>	USING A MODERN METHOD <input type="checkbox"/>	334
330	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	334
331	Where is that?  _____ (NAME OF PLACE)	GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER / GOVERNMENT CLINIC.....12 PHC CLINIC (MOBILE).....13 FIELD WORKER.....14 PRIVATE DOCTOR.....21 PRIVATE HOSPITAL OR CLINIC.....22 PHARMACY.....23 SHOP.....31 FRIENDS/RELATIVES.....32 OTHER _____ 41 (SPECIFY)	334
332	How long does it take to travel from your home to this place?  IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 <input type="text"/> <input type="text"/> <input type="text"/> HOURS.....2 0 <input type="text"/> <input type="text"/> DK.....9998	
333	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
334	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8	



SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 222: ONE OR MORE BIRTHS SINCE JAN. 1987 <input type="checkbox"/>	NO BIRTHS SINCE JAN. 1987 <input type="checkbox"/>	(SKIP TO 501)	
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1987 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).  Now I would like to ask you some more questions about the health of all your children born in the past five years. (We will talk about one child at a time.)			
	LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	
	FROM Q. 212 AND Q. 216	LAST BIRTH NAME <input type="text"/>	NEXT-TO-LAST BIRTH NAME <input type="text"/>	
		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	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 want <u>no more</u> children at all?	THEN.....1 (SKIP TO 405) ←	THEN.....1 (SKIP TO 405) ←	THEN.....1 (SKIP TO 405) ←
		LATER.....2	LATER.....2	LATER.....2
		NO MORE.....3 (SKIP TO 405) ←	NO MORE.....3 (SKIP TO 405) ←	NO MORE.....3 (SKIP TO 405) ←
404	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>
		YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>
		DK.....998	DK.....998	DK.....998
405	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?  IF YES, Whom did you see? Anyone else? RECORD ALL PERSONS SEEN.	DOCTOR.....A NURSE/MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C OTHER.....D (SPECIFY) NO ONE.....E (SKIP TO 409) ←	DOCTOR.....A NURSE/MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C OTHER.....D (SPECIFY) NO ONE.....E (SKIP TO 409) ←	DOCTOR.....A NURSE/MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C OTHER.....D (SPECIFY) NO ONE.....E (SKIP TO 409) ←
406	Were you given an antenatal card for this pregnancy?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
407	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>
		DK.....98	DK.....98	DK.....98
408	How many antenatal visits did you have during this pregnancy?	NO. OF VISITS..... <input type="text"/>	NO. OF VISITS..... <input type="text"/>	NO. OF VISITS..... <input type="text"/>
		DK.....98	DK.....98	DK.....98
409	When you were pregnant with (NAME) were you given an injection in the upper arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 411) ← DK.....8	YES.....1 NO.....2 (SKIP TO 411) ← DK.....8	YES.....1 NO.....2 (SKIP TO 411) ← DK.....8
410	During this pregnancy how many times did you get this injection?	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>
		DK.....8	DK.....8	DK.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
411	Where did you give birth to (NAME)?	YOUR HOME.....11 OTHER HOME.....12 GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 GVT. HEALTH CLINIC.....23 PRIVATE HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	YOUR HOME.....11 OTHER HOME.....12 GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 GVT. HEALTH CLINIC.....23 PRIVATE HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	YOUR HOME.....11 OTHER HOME.....12 GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 GVT. HEALTH CLINIC.....23 PRIVATE HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)
412A	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	DOCTOR.....A NURSE/MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....E (SPECIFY) NO ONE.....F	DOCTOR.....A NURSE/MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....E (SPECIFY) NO ONE.....F	DOCTOR.....A NURSE/MIDWIFE.....B TRADITIONAL BIRTH ATTENDANT.....C RELATIVE.....D OTHER.....E (SPECIFY) NO ONE.....F
412B	Did you experience any complications during labor and/or delivery of (NAME)?  If Yes, What kind of problem(s) did you have?  RECORD ALL PROBLEMS LISTED.	LABOR MORE THAN 24 HOURS..A EXCESSIVE BLEEDING.....B CONVULSIONS.....C MALPRESENTATION.....D (Breech, transverse) MULTIPLE PREGNANCY.....E HIGH FEVER.....F OTHER.....G (SPECIFY) NONE.....H	LABOR MORE THAN 24 HOURS..A EXCESSIVE BLEEDING.....B CONVULSIONS.....C MALPRESENTATION.....D (Breech, transverse) MULTIPLE PREGNANCY.....E HIGH FEVER.....F OTHER.....G (SPECIFY) NONE.....H	LABOR MORE THAN 24 HOURS..A EXCESSIVE BLEEDING.....B CONVULSIONS.....C MALPRESENTATION.....D (Breech, transverse) MULTIPLE PREGNANCY.....E HIGH FEVER.....F OTHER.....G (SPECIFY) NONE.....H
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8
414	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
415	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 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8
416	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 418) ←	YES.....1 NO.....2 (SKIP TO 419) ←	YES.....1 NO.....2 (SKIP TO 419) ←
417	How much did (NAME) weigh?	GRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....98	GRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....98	GRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DK.....98
418	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 420) ← NO.....2 (SKIP TO 421) ←		
419	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 423) ←	YES.....1 NO.....2 (SKIP TO 423) ←
420	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> DK.....98	MONTHS..... <input type="text"/> <input type="text"/> DK.....98

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
421	CHECK 223: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/>	PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 423)	
422	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 424)←		
423	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98
424	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 426)←	YES.....1 NO.....2 (SKIP TO 433)←	YES.....1 NO.....2 (SKIP TO 433)←
425	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435)←
426	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"/> DAYS.....2 <input type="text"/>		
427	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/>	DEAD <input type="checkbox"/> (SKIP TO 433)	
428	Are you still breast-feeding (NAME)?	YES.....1 NO.....2 (SKIP TO 433)←		
429	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NO.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/>		
430	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NO.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																																																		
431	At any time yesterday or last night was (NAME) given any of the following?  Plain water? Sugar water? Juice? Herbal tea? Baby formula? Fresh /sour milk? Tinned or powdered milk? Other liquids? Any solid or mushy food?	<table> <tr><td></td><td>YES</td><td>NO</td></tr> <tr><td>PLAIN WATER.....</td><td>1</td><td>2</td></tr> <tr><td>SUGAR WATER.....</td><td>1</td><td>2</td></tr> <tr><td>JUICE.....</td><td>1</td><td>2</td></tr> <tr><td>HERBAL TEA.....</td><td>1</td><td>2</td></tr> <tr><td>BABY FORMULA.....</td><td>1</td><td>2</td></tr> <tr><td>FRESH/SOUR MILK.....</td><td>1</td><td>2</td></tr> <tr><td>TINNED/POWDERED MILK.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER LIQUIDS.....</td><td>1</td><td>2</td></tr> <tr><td>SOLID/MUSHY FOOD.....</td><td>1</td><td>2</td></tr> </table>		YES	NO	PLAIN WATER.....	1	2	SUGAR WATER.....	1	2	JUICE.....	1	2	HERBAL TEA.....	1	2	BABY FORMULA.....	1	2	FRESH/SOUR MILK.....	1	2	TINNED/POWDERED MILK.....	1	2	OTHER LIQUIDS.....	1	2	SOLID/MUSHY FOOD.....	1	2																																						
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TINNED/POWDERED MILK.....	1	2																																																																				
OTHER LIQUIDS.....	1	2																																																																				
SOLID/MUSHY FOOD.....	1	2																																																																				
432	CHECK 431. FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 437)	"NO" TO ALL <input type="checkbox"/> ↓ (SKIP TO 436)																																																																			
433	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....96 (SKIP TO 436)←	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....96 (SKIP TO 436)←	MONTHS..... <input type="text"/> <input type="text"/> UNTIL DIED.....96 (SKIP TO 436)←																																																																		
434	Why did you stop breastfeeding (NAME)?	<table> <tr><td>MOTHER ILL/WEAK.....</td><td>01</td></tr> <tr><td>CHILD ILL/WEAK.....</td><td>02</td></tr> <tr><td>CHILD DIED.....</td><td>03</td></tr> <tr><td>NIPPLE/BREAST PROBLEM.....</td><td>04</td></tr> <tr><td>INSUFFICIENT MILK.....</td><td>05</td></tr> <tr><td>MOTHER WORKING.....</td><td>06</td></tr> <tr><td>CHILD REFUSED.....</td><td>07</td></tr> <tr><td>WEANING AGE.....</td><td>08</td></tr> <tr><td>BECAME PREGNANT.....</td><td>09</td></tr> <tr><td>STARTED USING CONTRACEPTION.....</td><td>10</td></tr> <tr><td>OTHER.....</td><td>11</td></tr> </table> (SPECIFY)	MOTHER ILL/WEAK.....	01	CHILD ILL/WEAK.....	02	CHILD DIED.....	03	NIPPLE/BREAST PROBLEM.....	04	INSUFFICIENT MILK.....	05	MOTHER WORKING.....	06	CHILD REFUSED.....	07	WEANING AGE.....	08	BECAME PREGNANT.....	09	STARTED USING CONTRACEPTION.....	10	OTHER.....	11	<table> <tr><td>MOTHER ILL/WEAK.....</td><td>01</td></tr> <tr><td>CHILD ILL/WEAK.....</td><td>02</td></tr> <tr><td>CHILD DIED.....</td><td>03</td></tr> <tr><td>NIPPLE/BREAST PROBLEM.....</td><td>04</td></tr> <tr><td>INSUFFICIENT MILK.....</td><td>05</td></tr> <tr><td>MOTHER WORKING.....</td><td>06</td></tr> <tr><td>CHILD REFUSED.....</td><td>07</td></tr> <tr><td>WEANING AGE.....</td><td>08</td></tr> <tr><td>BECAME PREGNANT.....</td><td>09</td></tr> <tr><td>STARTED USING CONTRACEPTION.....</td><td>10</td></tr> <tr><td>OTHER.....</td><td>11</td></tr> </table> (SPECIFY)	MOTHER ILL/WEAK.....	01	CHILD ILL/WEAK.....	02	CHILD DIED.....	03	NIPPLE/BREAST PROBLEM.....	04	INSUFFICIENT MILK.....	05	MOTHER WORKING.....	06	CHILD REFUSED.....	07	WEANING AGE.....	08	BECAME PREGNANT.....	09	STARTED USING CONTRACEPTION.....	10	OTHER.....	11	<table> <tr><td>MOTHER ILL/WEAK.....</td><td>01</td></tr> <tr><td>CHILD ILL/WEAK.....</td><td>02</td></tr> <tr><td>CHILD DIED.....</td><td>03</td></tr> <tr><td>NIPPLE/BREAST PROBLEM.....</td><td>04</td></tr> <tr><td>INSUFFICIENT MILK.....</td><td>05</td></tr> <tr><td>MOTHER WORKING.....</td><td>06</td></tr> <tr><td>CHILD REFUSED.....</td><td>07</td></tr> <tr><td>WEANING AGE.....</td><td>08</td></tr> <tr><td>BECAME PREGNANT.....</td><td>09</td></tr> <tr><td>STARTED USING CONTRACEPTION.....</td><td>10</td></tr> <tr><td>OTHER.....</td><td>11</td></tr> </table> (SPECIFY)	MOTHER ILL/WEAK.....	01	CHILD ILL/WEAK.....	02	CHILD DIED.....	03	NIPPLE/BREAST PROBLEM.....	04	INSUFFICIENT MILK.....	05	MOTHER WORKING.....	06	CHILD REFUSED.....	07	WEANING AGE.....	08	BECAME PREGNANT.....	09	STARTED USING CONTRACEPTION.....	10	OTHER.....	11
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435	CHECK 216 CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 437)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 437)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 437)																																																																		
436	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 440)←	YES.....1 NO.....2 (SKIP TO 440)←	YES.....1 NO.....2 (SKIP TO 440)←																																																																		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
437	How many months old was (NAME) when you started giving the following on a regular basis?:			
	Formula or milk other than breastmilk?	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96
	Plain water?	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96
	Other liquids?	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96
	Any solid or mushy food?	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96
	IF LESS THAN 1 MONTH, RECORD '00'.		(SKIP TO 440)	(SKIP TO 440)
438	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ (SKIP TO 440)	DEAD <input type="checkbox"/> ↓ (SKIP TO 440)	
439	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DK.....8		
440	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO FIRST COLUMN OF 441			

SECTION 4B. IMMUNIZATION AND HEALTH

441 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1987 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

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

442 Do you have a health passport or card where (NAME'S) vaccinations are written down?  IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 444)←	YES, SEEN.....1 (SKIP TO 444)←	YES, SEEN.....1 (SKIP TO 444)←
	YES, NOT SEEN.....2 (SKIP TO 446)←	YES, NOT SEEN.....2 (SKIP TO 446)←	YES, NOT SEEN.....2 (SKIP TO 446)←
	NO CARD.....3	NO CARD.....3	NO CARD.....3

443 Did you ever have a health passport or vaccination card for (NAME)?	YES.....1 (SKIP TO 446)←	YES.....1 (SKIP TO 446)←	YES.....1 (SKIP TO 446)←
	NO.....2	NO.....2	NO.....2

444 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.  (2) WRITE '44' IN 'DAY' COLUMN, IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.	DAY MO YR	DAY MO YR	DAY MO YR																																																																																																																																						
	<table border="1"> <tr><td>P0</td><td></td><td></td><td></td><td></td></tr> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> </table>	P0					BCG					P1					D1					P2					D2					P3					D3					MEA					<table border="1"> <tr><td>P0</td><td></td><td></td><td></td><td></td></tr> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> </table>	P0					BCG					P1					D1					P2					D2					P3					D3					MEA					<table border="1"> <tr><td>P0</td><td></td><td></td><td></td><td></td></tr> <tr><td>BCG</td><td></td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td><td></td></tr> </table>	P0					BCG					P1					D1					P2					D2					P3					D3					MEA			
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MEASLES	MEA	MEA	MEA																																																																																																																																						

445 Has (NAME) received any vaccinations that are not recorded on this card?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3 AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444)←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444)←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444)←
	NO.....2	NO.....2	NO.....2
	DK.....8 (SKIP TO 447A)←	DK.....8 (SKIP TO 447A)←	DK.....8 (SKIP TO 447A)←

446 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1	YES.....1	YES.....1
	NO.....2 (SKIP TO 447A)←	NO.....2 (SKIP TO 447A)←	NO.....2 (SKIP TO 447A)←
	DK.....8	DK.....8	DK.....8

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	NAME _____	NAME _____	NAME _____

447 Please tell me if (NAME) (has) received any of the following vaccinations:

A BCG vaccination against tuberculosis, that is, an injection in the left upper arm that caused a scar?  
 YES.....1  
 NO.....2  
 DK.....8

Polio vaccine, that is, drops in the mouth?  
 YES.....1  
 NO.....2  
 DK.....8

IF YES:  
 How many times?  
 NUMBER OF TIMES.....

An injection against measles?  
 YES.....1  
 NO.....2  
 DK.....8

447A Did (NAME) ever have measles?  
 YES.....1  
 NO.....2  
 (SKIP TO 448)←  
 DK.....8

447B How old was (NAME) when he/she had measles?  
 RECORD IN MONTHS IF LESS THAN 2 YEARS. OTHERWISE RECORD IN YEARS.

MONTHS.....1   
 YEARS.....2   
 DK.....998

448 CHECK 216:  
 CHILD ALIVE?

ALIVE  DEAD   
 (SKIP TO 450) ↓

449 GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 477.

450 Has (NAME) been ill with a fever at any time in the last 2 weeks?  
 YES.....1  
 NO.....2  
 DK.....8

451 Has (NAME) been ill with a cough at any time in the last 2 weeks?  
 YES.....1  
 NO.....2  
 (SKIP TO 455)←  
 DK.....8

452 Has (NAME) been ill with a cough in the last 24 hours?  
 YES.....1  
 NO.....2  
 DK.....8

453 For how many days (has the cough lasted/did the cough last)?  
 IF LESS THAN 1 DAY, RECORD '00'.  
 DAYS.....

454 When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?  
 YES.....1  
 NO.....2  
 DK.....8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
455	CHECK 450 AND 451: FEVER OR COUGH?	"YES" IN EITHER 450 OR 451 <input type="checkbox"/> OTHER (SKIP TO 460)	"YES" IN EITHER 450 OR 451 <input type="checkbox"/> OTHER (SKIP TO 460)	"YES" IN EITHER 450 OR 451 <input type="checkbox"/> OTHER (SKIP TO 460)
456	Was anything given to treat the fever/cough?	YES.....1 NO.....2 (SKIP TO 458) DK.....8	YES.....1 NO.....2 (SKIP TO 458) DK.....8	YES.....1 NO.....2 (SKIP TO 458) DK.....8
457	What was given to treat the fever/cough?  Anything else?  RECORD ALL MENTIONED.	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)
458	Did you seek advice or consultation for the fever/cough?	YES.....1 NO.....2 (SKIP TO 460)	YES.....1 NO.....2 (SKIP TO 460)	YES.....1 NO.....2 (SKIP TO 460)
459	Where did you seek advice or consultation?  Anywhere else?  RECORD ALL MENTIONED.	GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. CLINIC.....C PHC CLINIC (MOBILE).....D COMMUNITY HEALTH WORKER.....E PVT. HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H SHOP.....J TRADITIONAL PRACTITIONER.....K OTHER.....L (SPECIFY)	GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. CLINIC.....C PHC CLINIC (MOBILE).....D COMMUNITY HEALTH WORKER.....E PVT. HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H SHOP.....J TRADITIONAL PRACTITIONER.....K OTHER.....L (SPECIFY)	GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. CLINIC.....C PHC CLINIC (MOBILE).....D COMMUNITY HEALTH WORKER.....E PVT. HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H SHOP.....J TRADITIONAL PRACTITIONER.....K OTHER.....L (SPECIFY)
460	Has (NAME) had diarrhoea in the last two weeks?	YES.....1 (SKIP TO 461A) NO.....2 DK.....8	YES.....1 (SKIP TO 461A) NO.....2 DK.....8	YES.....1 (SKIP TO 461A) NO.....2 DK.....8
461	GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 477.			
461A	How many stools did (NAME) have on the worst day of the episode?	NUMBER OF STOOLS... <input type="text"/> <input type="text"/> DK.....98	NUMBER OF STOOLS... <input type="text"/> <input type="text"/> DK.....98	NUMBER OF STOOLS... <input type="text"/> <input type="text"/> DK.....98
461B	Was the diarrhoea episode of (NAME) mild or severe?	Mild.....1 Severe.....2 DK.....8	Mild.....1 Severe.....2 DK.....8	Mild.....1 Severe.....2 DK.....8
462	Has (NAME) had diarrhoea in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
463	For how many days (has the diarrhoea lasted/did the diarrhoea last)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
464	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 (SKIP TO 468)	YES.....1 NO.....2 DK.....8 (SKIP TO 466,



		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
465	CHECK 424/428: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/>	NO <input type="checkbox"/> V (SKIP TO 468)	
466	During (NAME)'s diarrhoea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 468)←		
467	Did you <u>increase</u> the number of breastfeeds or <u>reduce</u> them, or did you <u>stop completely</u> ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		
468	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhoea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
469	Was anything given to treat the diarrhoea?	YES.....1 NO.....2 (SKIP TO 471)← DK.....8	YES.....1 NO.....2 (SKIP TO 471)← DK.....8	YES.....1 NO.....2 (SKIP TO 471)← DK.....8
470	What was given to treat the diarrhoea?  Anything else?  RECORD ALL MENTIONED.	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC PILL OR SYRUP.....C OTHER PILL OR SYRUP.....D UNKNOWN PILL OR SYRUP.....E INJECTION.....F (I.V.) INTRAVENOUS.....G HOME REMEDIES/ HERBAL MEDICINES.....H OTHER.....I (SPECIFY)	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC PILL OR SYRUP.....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC PILL OR SYRUP.....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)
471	Did you seek advice or consultation for the diarrhoea?	YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←
472	Where did you seek advice or consultation?  Anywhere else?  RECORD ALL MENTIONED.	GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. CLINIC.....C PHC CLINIC (MOBILE).....D COMMUNITY HEALTH WORKER...E PVT. HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H SHOP.....J TRADITIONAL PRACTITIONER.....K OTHER.....L (SPECIFY)	GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. CLINIC.....C PHC CLINIC (MOBILE).....D COMMUNITY HEALTH WORKER...E PVT. HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H SHOP.....J TRADITIONAL PRACTITIONER.....K OTHER.....L (SPECIFY)	GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. CLINIC.....C PHC CLINIC (MOBILE).....D COMMUNITY HEALTH WORKER...E PVT. HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H SHOP.....J TRADITIONAL PRACTITIONER.....K OTHER.....L (SPECIFY)

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH		
473	CHECK 470: ORS FLUID FROM PACKET MENTIONED?		NO, ORS FLUID NOT MENTIONED	YES, ORS FLUID MENTIONED	NO, ORS FLUID NOT MENTIONED	YES, ORS FLUID MENTIONED	NO, ORS FLUID NOT MENTIONED	YES, ORS FLUID MENTIONED
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			(SKIP TO 475)		(SKIP TO 475)		(SKIP TO 475)	
474	Was (NAME) given fluid from ORS packet when he/she had the diarrhoea?		YES.....1 NO.....2 DK.....8	(SKIP TO 476)←	YES.....1 NO.....2 DK.....8	(SKIP TO 476)←	YES.....1 NO.....2 DK.....8	(SKIP TO 476)←
475	For how many days was (NAME) given (LOCAL NAME)?  IF LESS THAN 1 DAY, RECORD '00'.		DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
476	GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 477.							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
477	CHECK 470 AND 474 (ALL COLUMNS):  ORS FLUID FROM PACKET MENTIONED <input type="checkbox"/>	ORS FLUID NOT MENTIONED OR 470 AND 474 NOT ASKED <input type="checkbox"/>	481
478	Have you ever heard of a special product called ORS packet you can get for the treatment of diarrhea?	YES.....1 NO.....2	480
479	Have you ever seen a packet like this before? SHOW PACKET.	YES.....1 NO.....2	501
480	Have you ever prepared a solution with one of these packets to treat diarrhea in yourself or someone else? SHOW PACKET.	YES.....1 NO.....2	483
481	The last time you prepared the ORS packet solution, did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2	483
482	How much water did you use to prepare ORS packet the last time you made it?	LESS THAN 1/4 LITER.....01 1/4 LITER.....02 1/2 LITER.....03 1 LITER.....04 FOLLOWED PACKAGE INSTRUCTIONS..05 OTHER.....06 (SPECIFY) DK.....98	
483	Where can you get the ORS packet?  PROBE: Anywhere else?  RECORD ALL PLACES MENTIONED.	GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C PHC CLINIC (MOBILE).....D COMMUNITY HEALTH WORKER.....E PRIVATE DOCTOR.....F PVT. HOSPITAL/CLINIC.....G PHARMACY.....H SHOP.....I TRADITIONAL PRACTITIONER.....J OTHER.....K (SPECIFY) DK.....L	

SECTION 4C. CAUSE OF DEATH OF CHILDREN BORN AND DYING IN PAST 5 YEARS

484	CHECK 216: ONE OR MORE DEATHS SINCE JAN. 1987 <input type="checkbox"/>	NO DEATHS SINCE JAN. 1987 <input type="checkbox"/> → (SKIP TO 501)	
ENTER IN THE TABLE, THE LINE NUMBER AND NAME OF EACH CHILD BORN SINCE JANUARY 1987 WHO LATER DIED. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST OF THESE BIRTHS. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS). I would now like to ask you some specific questions about the events and symptoms (NAME) had during the time before he/she died. I know it may be difficult to talk about children you have had who died after they were born, but this information is very important in helping to plan health programs to prevent other children from dying.			
	LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>
485	FROM Q. 212	LAST DECEASED CHILD NAME _____	NEXT-TO-LAST DECEASED CHILD NAME _____
486A	What do you think was the cause of (NAME)'s death?	<input type="text"/>	<input type="text"/>
486B	During the illness that led to (NAME)'s death, did you seek advice or treatment from anywhere/anyone?  IF YES, SPECIFY. CIRCLE ALL THAT APPLY.	GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C PHC CLINIC (MOBILE).....D COMMUNITY HEALTH WORKER...E PRIVATE DOCTOR.....F PVT. HOSPITAL/CLINIC.....G PHARMACY.....H SHOP.....I TRADITIONAL PRACTITIONER.....J OTHER _____ K (SPECIFY) NONE.....L	GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C PHC CLINIC (MOBILE).....D COMMUNITY HEALTH WORKER...E PRIVATE DOCTOR.....F PVT. HOSPITAL/CLINIC.....G PHARMACY.....H SHOP.....I TRADITIONAL PRACTITIONER.....J OTHER _____ K (SPECIFY) NONE.....L
486C	Where did (NAME) die?	AT HOME.....1 IN A HEALTH FACILITY....2 ON THE WAY TO FACILITY...3 OTHER _____ 4 (SPECIFY)	AT HOME.....1 IN A HEALTH FACILITY....2 ON THE WAY TO FACILITY...3 OTHER _____ 4 (SPECIFY)
487	CHECK Q. 220 AGE AT DEATH	LESS THAN 1 MONTH <input type="checkbox"/> OR OLDER <input type="checkbox"/> SKIP TO 491A	LESS THAN 1 MONTH <input type="checkbox"/> OR OLDER <input type="checkbox"/> SKIP TO 491A
488A	Was (NAME) born after a difficult delivery?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
488B	Was (NAME) malformed in any way?  IF YES, SPECIFY.	YES.....1 (SPECIFY) _____ NO.....2 DK.....8	YES.....1 (SPECIFY) _____ NO.....2 DK.....8
488C	Did (NAME) suck or drink normally during the first two days of life?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
488D	Did (NAME) have a decrease in sucking or difficulty sucking during the days before death?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
488E	Did (NAME) have convulsions or spasms during the disease that led to death?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8

	FROM Q. 212	LAST DECEASED CHILD NAME _____	NEXT-TO-LAST DECEASED CHILD NAME _____	SECOND-FROM-LAST DECEASED CHILD NAME _____
489A	During the disease that led to death, did (NAME) have a cough?	YES.....1 NO.....2 (SKIP TO 490)← DK.....8	YES.....1 NO.....2 (SKIP TO 490)← DK.....8	YES.....1 NO.....2 (SKIP TO 490)← DK.....8
489B	For how many days did the cough last?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/>   	DAYS..... <input type="text"/> <input type="text"/>   	DAYS..... <input type="text"/> <input type="text"/>   
489C	When (NAME) had the illness with the cough, did he/she have difficult or rapid breathing?	YES.....1 NO.....2 (SKIP TO 490)← DK.....8	YES.....1 NO.....2 (SKIP TO 490)← DK.....8	YES.....1 NO.....2 (SKIP TO 490)← DK.....8
489D	For how many days did the difficult or rapid breathing last?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/>   	DAYS..... <input type="text"/> <input type="text"/>   	DAYS..... <input type="text"/> <input type="text"/>   
490	GO BACK TO 485 FOR NEXT DECEASED CHILD; IF NO MORE DECEASED CHILDREN, GO TO 501.			
491A	During the disease that led to death, did (NAME) have loose or liquid stools, that is diarrhoea?	YES.....1 NO.....2 (SKIP TO 492A)← DK.....8	YES.....1 NO.....2 (SKIP TO 492A)← DK.....8	YES.....1 NO.....2 (SKIP TO 492A)← DK.....8
491B	Was the diarrhoea episode of (NAME) mild or severe?	MILD.....1 SEVERE.....2 DK.....8	MILD.....1 SEVERE.....2 DK.....8	MILD.....1 SEVERE.....2 DK.....8
491C	For how long did the diarrhoea last?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998
491D	Was there any blood in the stool?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
492A	During the disease that led to death, did (NAME) have a cough?	YES.....1 NO.....2 (SKIP TO 493A)← DK.....8	YES.....1 NO.....2 (SKIP TO 493A)← DK.....8	YES.....1 NO.....2 (SKIP TO 493A)← DK.....8
492B	For how long did the cough last?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998
492C	When (NAME) had the illness with the cough, did he/she have difficult/rapid breathing?	YES.....1 NO.....2 (SKIP TO 493A)← DK.....8	YES.....1 NO.....2 (SKIP TO 493A)← DK.....8	YES.....1 NO.....2 (SKIP TO 493A)← DK.....8

	FROM Q. 212	LAST DECEASED CHILD NAME _____	NEXT-TO-LAST DECEASED CHILD NAME _____	SECOND-FROM-LAST DECEASED CHILD NAME _____
492D	For how long did the difficult/ rapid breathing last?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998
493A	During the disease that led to death, did (NAME) have a fever?	YES.....1 NO.....2 (SKIP TO 494A) ← DK.....8	YES.....1 NO.....2 (SKIP TO 494A) ← DK.....8	YES.....1 NO.....2 (SKIP TO 494A) ← DK.....8
493B	Was the fever of (NAME) mild or severe?	MILD.....1 SEVERE.....2 DK.....8	MILD.....1 SEVERE.....2 DK.....8	MILD.....1 SEVERE.....2 DK.....8
493C	How long did the fever last?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998
493D	During the disease that led to death, was (NAME) unconscious?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
493E	During the disease that led to death, did (NAME) have convulsions?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
494A	During the disease that led to death, did (NAME) have a skin rash all over his/her body and face?	YES.....1 NO.....2 (SKIP TO 495A) ← DK.....8	YES.....1 NO.....2 (SKIP TO 495A) ← DK.....8	YES.....1 NO.....2 (SKIP TO 495A) ← DK.....8
494B	How long did the rash last?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998
495A	During the disease that led to death, was (NAME) very thin?	YES.....1 NO.....2 (SKIP TO 496) ← DK.....8	YES.....1 NO.....2 (SKIP TO 496) ← DK.....8	YES.....1 NO.....2 (SKIP TO 496) ← DK.....8
495B	How long was (NAME) very thin?	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998
495C	During the disease that led to death, did (NAME) have swelling of the feet or legs?	YES.....1 NO.....2 (SKIP TO 496) ← DK.....8	YES.....1 NO.....2 (SKIP TO 496) ← DK.....8	YES.....1 NO.....2 (SKIP TO 496) ← DK.....8
495D	How long was the swelling present?  IF LESS THAN 1 DAY, RECORD '00'.	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998	DAYS.....1 <input type="text"/> <input type="text"/> WEEKS.....2 <input type="text"/> <input type="text"/> MONTHS.....3 <input type="text"/> <input type="text"/> DK.....998
496	GO BACK TO 485 FOR NEXT DECEASED CHILD, IF NO MORE DECEASED CHILDREN, 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	512										
502	Are you now married or living with a man, or are you now widowed, divorced, or no longer living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NO LONGER LIVING TOGETHER.....5	507										
503	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2											
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2 DK.....8	507										
505	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	507										
506	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	In what month and year did you start living with your first husband/partner?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98											
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/> DK AGE.....98											
510	CHECK 508 AND 509: YEAR AND AGE GIVEN?	YES <input type="checkbox"/> NO <input type="checkbox"/>	513										
511	CHECK CONSISTENCY OF 508 AND 509:	<div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p align="center">IF NECESSARY, CALCULATE YEAR OF BIRTH</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CURRENT YEAR</td> <td style="width:50%; text-align: right;"><input type="text" value="9"/><input type="text" value="2"/></td> </tr> <tr> <td style="text-align: center;">MINUS</td> <td style="text-align: center;">-</td> </tr> <tr> <td style="width:50%;">CURRENT AGE (106)</td> <td style="width:50%; text-align: right;"><input type="text"/><input type="text"/></td> </tr> <tr> <td style="text-align: center;">=</td> <td style="text-align: center;">=</td> </tr> <tr> <td style="width:50%;">CALCULATED YEAR OF BIRTH</td> <td style="width:50%; text-align: right;"><input type="text"/><input type="text"/></td> </tr> </table> </div> <p>YEAR OF BIRTH (105) <input type="text"/><input type="text"/>                  PLUS                  AGE AT MARRIAGE (509) <input type="text"/><input type="text"/>                  =                  CALCULATED YEAR OF MARRIAGE <input type="text"/><input type="text"/></p> <p>IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (508)?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 508 AND 509.</p> <p align="center">(SKIP TO 513)</p>	CURRENT YEAR	<input type="text" value="9"/> <input type="text" value="2"/>	MINUS	-	CURRENT AGE (106)	<input type="text"/> <input type="text"/>	=	=	CALCULATED YEAR OF BIRTH	<input type="text"/> <input type="text"/>	
CURRENT YEAR	<input type="text" value="9"/> <input type="text" value="2"/>												
MINUS	-												
CURRENT AGE (106)	<input type="text"/> <input type="text"/>												
=	=												
CALCULATED YEAR OF BIRTH	<input type="text"/> <input type="text"/>												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
512	IF NEVER IN UNION: Have you ever had sexual intercourse?	YES.....1 NO.....2	517															
513	Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility.  How many times did you have sexual intercourse in the last four weeks?	TIMES..... <input type="text"/>																
514	How many times in a month do you <u>usually</u> have sexual intercourse?	TIMES..... <input type="text"/>																
515	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																
516	How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> FIRST TIME WHEN MARRIED.....96																
517	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 312:</p> <p>SHE/HE NOT STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p>		607
602	<p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/></p> <p>NOT MARRIED/NOT LIVING TOGETHER <input type="checkbox"/></p>		614
603	<p>CHECK 223:</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>HAVE A (ANOTHER) CHILD.....1</p> <p>NO MORE/NONE.....2</p> <p>SAYS SHE CAN'T GET PREGNANT.....3</p> <p>UNDECIDED OR DK.....8</p>	610
604	<p>CHECK 223:</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>MONTHS.....1</p> <p>YEARS.....2</p> <p>SOON/NOW.....994</p> <p>SAYS SHE CAN'T GET PREGNANT...995</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DK.....998</p>	510
605	<p>CHECK 216 AND 223:</p> <p>HAS LIVING CHILDREN OR PREGNANT? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		610
606	<p>CHECK 223:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p> <p>How old would you like your youngest child to be when your next child is born?</p>	<p>AGE OF CHILD YEARS.....</p> <p>DK.....98</p>	610
607	<p>Given your present circumstances, if you had to do it over again, do you think you would make the same decision to have a sterilization?</p>	<p>YES.....1</p> <p>NO.....2</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 TOGETHER <input type="checkbox"/></p> <p>NEVER MARRIED/ NEVER LIVED TOGETHER <input type="checkbox"/></p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p>		708
702	<p>Did your (last) husband/partner ever attend school?</p>	<p>YES.....1</p> <p>NO.....2</p>	705
703	<p>What was the highest level of school he attended: primary, secondary, or higher?</p>	<p>PRIMARY .....1</p> <p>SECONDARY.....2</p> <p>HIGHER.....3</p> <p>DK.....8</p>	705
704	<p>What was the highest grade he completed at that level?</p>	<p>GRADE..... <input type="text"/></p> <p>DK.....98</p>	
705	<p>What kind of work does (did) your (last) husband/partner mainly do?</p>	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
706	<p>CHECK 705:</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></p> <p>DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		708
707	<p>(Does/did) your husband/partner work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on communal land, or (does/did) he work on someone else's land?</p>	<p>HIS/FAMILY LAND.....1</p> <p>RENTED LAND.....2</p> <p>COMMUNAL LAND.....3</p> <p>SOMEONE ELSE'S LAND.....4</p>	
708	<p>Aside from your own housework, are you currently working?</p>	<p>YES.....1</p> <p>NO.....2</p>	710
709	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>Are you currently doing any of these things or any other work?</p>	<p>YES.....1</p> <p>NO.....2</p>	717

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
710	What is your occupation, that is, what kind of work do you do?	<div style="display: flex; align-items: center;"> <div style="flex: 1; border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-left: 5px;"></div> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"></div> <div style="border-bottom: 1px solid black;"></div>	
711	In your current work, do you 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	
712	Do you earn cash for this work? PROBE: Do you make money for working?	YES.....1 NO.....2	
713	Do you do this work at home or away from home?	HOME.....1 AWAY.....2	
714	CHECK 215/216/218: HAS CHILD BORN SINCE JAN. 1987 AND LIVING AT HOME?	YES	NO
	<input type="checkbox"/> ↓		<input type="checkbox"/> → 717
715	While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	→ 717
716	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND/PARTNER.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBORS.....04 FRIENDS.....05 SERVANTS/HIRED HELP.....06 CHILD IS IN SCHOOL.....07 INSTITUTIONAL CHILDCARE.....08 OTHER.....09 (SPECIFY)	

SECTION 8. MATERNAL MORTALITY

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 you, 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.....

802 CHECK 801:  TWO OR MORE BIRTHS  ONLY ONE BIRTH (RESPONDENT ONLY)  SKIP TO END

803 How many of these births did your mother have before you were born? NUMBER OF PRECEDING BIRTHS.....

	[1]	[2]	[3]	[4]	[5]	[6]	[7]
804 What are the names of all your mother's children, starting with the firstborn?							
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	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]<	YES.....1 NO.....2 GO TO 808< DK.....8 GO TO [7]<	YES.....1 NO.....2 GO TO 808< DK.....8 GO TO [8]<
807 How old is (NAME)?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]	<input type="text"/> GO TO [8]
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"/>
809 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [2]	<input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [3]	<input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [4]	<input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [5]	<input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [6]	<input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [7]	<input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [8]
810 Was (NAME) pregnant when she died?	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8
811 Did (NAME) die during childbirth?	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8	YES.....1 GO TO 813< NO.....2 DK.....8
812 Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO [2]< DK.....8	YES.....1 NO.....2 GO TO [3]< DK.....8	YES.....1 NO.....2 GO TO [4]< DK.....8	YES.....1 NO.....2 GO TO [5]< DK.....8	YES.....1 NO.....2 GO TO [6]< DK.....8	YES.....1 NO.....2 GO TO [7]< DK.....8	YES.....1 NO.....2 GO TO [8]< DK.....8
813 How many children had (NAME) given birth to before that pregnancy?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

	[8]	[9]	[10]	[11]	[12]	[13]	[14]
804 What are the names of all your mother's children, starting with the firstborn?	-----	-----	-----	-----	-----	-----	-----
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	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
806 Is (NAME) still alive?	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]<	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 NEXT<
807 How old is (NAME)?	<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]	<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 NEXT SECTION
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"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
809 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [9]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [10]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [11]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [12]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [13]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO [14]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 13 YEARS OF AGE GO TO NEXT
810 Was (NAME) pregnant when she died?	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8
811 Did (NAME) die during childbirth?	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8	YES.....1 GO TO 813<  NO.....2 DK.....8
812 Did (NAME) die within six weeks after the end of a childbirth?	YES.....1 NO.....2 GO TO [9]< DK.....8	YES.....1 NO.....2 GO TO [10]< DK.....8	YES.....1 NO.....2 GO TO [11]< DK.....8	YES.....1 NO.....2 GO TO [12]< DK.....8	YES.....1 NO.....2 GO TO [13]< DK.....8	YES.....1 NO.....2 GO TO [14]< DK.....8	YES.....1 NO.....2 GO TO NEXT< DK.....8
813 How many children had (NAME) given birth to before that 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"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

814 RECORD THE TIME WHEN INTERVIEW COMPLETED.	HOURS.....	<input type="text"/> <input type="text"/>
	MINUTES.....	<input type="text"/> <input type="text"/>

SECTION 9. HEIGHT AND WEIGHT

901	CHECK 222:  ONE OR MORE BIRTHS SINCE JAN. 1987	<input type="checkbox"/>	NO BIRTHS SINCE JAN. 1987	<input type="checkbox"/>	END
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INTERVIEWER: IN 902 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1987 AND STILL ALIVE. IN 903 AND 904 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1987. IN 906 AND 908 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1987 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD	4 SECOND-TO- YOUNGEST LIVING CHILD
902 LINE NO. FROM Q.212	[ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
903 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
904 DATE OF BIRTH  FROM Q.103 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... [ ] [ ] YEAR.... [ ] [ ]	DAY..... [ ] [ ] MONTH.... [ ] [ ] YEAR.... [ ] [ ]	DAY..... [ ] [ ] MONTH.... [ ] [ ] YEAR.... [ ] [ ]	DAY..... [ ] [ ] MONTH.... [ ] [ ] YEAR.... [ ] [ ]
905 BCG SCAR ON TOP OF LEFT UPPER ARM	[ ]	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
906 HEIGHT (in centimeters) IF AGE UNDER 24 MOS, MEASURE LYING, IF 24 MOS OR MORE, MEASURE STANDING.	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]
907 WEIGHT (in kilograms)	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ] [ ]
908 MID-UPPER ARM CIRCUMFERENCE (in millimeters)	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]	[ ] [ ] [ ] [ ]
909 DATE WEIGHED AND MEASURED	DAY..... [ ] [ ] MONTH.... [ ] [ ] YEAR.... [ ] [ ]	DAY..... [ ] [ ] MONTH.... [ ] [ ] YEAR.... [ ] [ ]	DAY..... [ ] [ ] MONTH.... [ ] [ ] YEAR.... [ ] [ ]	DAY..... [ ] [ ] MONTH.... [ ] [ ] YEAR.... [ ] [ ]
910 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6  (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY)
911 NAME OF MEASURER:	[ ] [ ]	NAME OF ASSISTANT:		[ ] [ ]

INTERVIEWER'S OBSERVATIONS  
(To be filled in after completing interview)

Comments About Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments on Specific Questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any Other Comments: \_\_\_\_\_  
\_\_\_\_\_

SUPERVISOR'S OBSERVATIONS

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

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

EDITOR'S OBSERVATIONS

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