

UNITED REPUBLIC OF TANZANIA
 BUREAU OF STATISTICS, PLANNING COMMISSION
 TANZANIA DEMOGRAPHIC AND HEALTH SURVEY
 INDIVIDUAL QUESTIONNAIRE
 FEMALE

IDENTIFICATION							
NAME OF HOUSEHOLD HEAD _____							
TDHS CLUSTER ID.....	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						
HOUSEHOLD NO.....	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						
REGION _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>						
DISTRICT _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>						
WARD _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						
ENUMERATION AREA _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td><td></td></tr> </table>						
URBAN/RURAL (urban=1, rural=2).....	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>						
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE..... (large city=1, small city=2, town=3, countryside=4)	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td></tr> </table>						
NAME AND LINE NUMBER OF FEMALE RESPONDENT _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>						
NAME AND LINE NUMBER OF HUSBAND _____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>						
INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY MONTH YEAR			
INTERVIEWER'S NAME	_____	_____	_____	<table border="1" style="width: 100%; height: 20px;"> <tr><td></td><td></td></tr> </table>			
RESULT*	_____	_____	_____	ID NO. RESULT			
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS			
<table style="width: 100%;"> <tr> <td style="width: 50%;"> *RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </td> <td style="width: 50%;"> 4 REFUSED 5 PARTLY COMPLETED 6 OTHER _____ </td> </tr> </table>					*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED	4 REFUSED 5 PARTLY COMPLETED 6 OTHER _____	
*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED	4 REFUSED 5 PARTLY COMPLETED 6 OTHER _____						
(SPECIFY)							
NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY			
DATE	_____	_____	_____	<table border="1" style="width: 100%; height: 20px;"> <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 your background. For most of the time until you were 12 years old, did you live in Dar es Salaam city, another urban area, or in the rural area?	CITY (DAR ES SALAAM).....1 OTHER URBAN AREA.....2 RURAL AREA/VILLAGE.....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 Dar es Salaam city, another urban area, or in the rural area?	CITY (DAR ES SALAAM).....1 OTHER URBAN AREA.....2 RURAL AREA/VILLAGE.....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	Can you read and write kiswahili easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	109
108	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
109	Have you ever attended school?	YES.....1 NO.....2	111
110	What is the highest formal school you completed?	LESS THAN 1 YEAR.....00 STANDARD 1.....01 STANDARD 2.....02 STANDARD 3.....03 STANDARD 4.....04 STANDARD 5.....05 STANDARD 6.....06 STANDARD 7.....07 STANDARD 8.....08 FORM 1.....09 FORM 2.....10 FORM 3.....11 FORM 4.....12 FORM 5.....13 FORM 6.....14 UNIVERSITY.....15 OTHER.....16 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
111	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
112	Do you usually watch television at least once a week?	YES.....1 NO.....2	
113	What is your religion?	MOSLEM.....1 CATHOLIC.....2 PROTESTANT.....3 NONE.....4 OTHER.....5 (SPECIFY)	
114	To which tribe do you belong? IF NOT A TANZANIAN CITIZEN, RECORD COUNTRY OF CITIZENSHIP.	<input type="text"/> <input type="text"/> <input type="text"/>	
115	CHECK Q.5 IN THE HOUSEHOLD SCHEDULE: THE RESPONDENT IS NOT A USUAL RESIDENT OF THE HH <input type="checkbox"/> THE RESPONDENT IS A USUAL RESIDENT OF THE HH <input type="checkbox"/>		→201
116	Now I would like to ask about the place in which you usually live. Do you usually live in Dar es Salaam city, another urban area, or in the rural area? IF OTHER URBAN AREA: In which town do you live?*	CITY (DAR ES SALAAM).....1 LARGE URBAN AREA.....2 SMALL URBAN AREA.....3 RURAL AREA/VILLAGE.....4	
117	In which region is that located? IF USUAL RESIDENCE IS OUTSIDE OF TANZANIA, RECORD COUNTRY OF RESIDENCE.	REGION <input type="text"/> <input type="text"/>	
118	Now I would like to ask you about the household in which you usually live? What is the source of water your household uses for handwashing and dishwashing?	PIPED INTO HOUSE/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 RAIN WATER.....41 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)	→120 →120 →120
119	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	
120	Does your household get drinking water from this same source?	YES.....1 NO.....2	→123

* Q.116 LARGE URBAN AREAS ARE MWANZA, ARUSHA, MOROGORO, DOONA, MOSHI, TANGA, IRINGA, MBEYA, TABORA AND ZANZIBAR. SMALL URBAN AREAS ARE ALL OTHER TOWNS.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
121	What is the source of drinking water for members of your household?	PIPED INTO HOUSE/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 RAIN WATER.....41 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)	123 123 123															
122	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																
123	What kind of toilet facility does your household have?	OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 TRADITIONAL PIT TOILET.....21 VENTILATED PIT LATRINE.....22 NO FACILITY/BUSH/FIELD.....31																
124	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																
125	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
126	Could you describe the main material of the floor of your home?	EARTH/SAND.....11 WOOD PLANKS.....21 PARQUET OR POLISHED WOOD.....31 CERAMIC TILES.....32 CEMENT.....33 OTHER.....41 (SPECIFY)																
127	Does any member of your household own: A bicycle? A motorcycle? A car?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2				
	YES	NO																
BICYCLE.....	1	2																
MOTORCYCLE.....	1	2																
CAR.....	1	2																

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	How 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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
204	Do you have any sons or daughters 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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) 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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND RECORD TOTAL. IF NONE RECORD '00'.	TOTAL.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 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?	IF 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.

01 _____ (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"/>
02 _____ (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"/>
03 _____ (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"/>
04 _____ (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"/>
05 _____ (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"/>
06 _____ (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"/>
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"/>

212 What name was given to your (first,next) baby?	213 RECORD SINGLE OR MULTIPLE BIRTH STATUS	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS	218 IF ALIVE: Is (NAME) living with you?	219 IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH	220 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.
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08 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <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"/>
09 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <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"/>
10 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <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"/>
11 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <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"/>
12 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <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"/>

221	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: FOR EACH LIVE 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	<input type="text"/> <input type="text"/> <input type="text"/>
222	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1986 IF NONE, ENTER 0.	<input type="text"/>

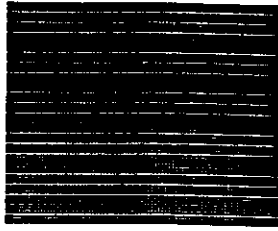
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
223	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	226
224	How many months pregnant are you?	MONTHS..... <input type="text"/>	
225	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
226	How long ago 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 next 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 How 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 to avoid pregnancy. The rubber sheath is also used to prevent transmission of diseases such as AIDS and for cleanliness.	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 CALENDAR Couples can have sexual intercourse only during the safe period of the monthly cycle, that is the times during the monthly cycle when the woman is least 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 the calendar method? YES.....1 NO.....2
09 MUCUS METHOD A woman can observe daily the state of the mucus and avoid sexual intercourse at the time when the mucus is colorless and extremely elastic.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to observe changes in the mucus? YES.....1 NO.....2
10 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	

11] ANY OTHER METHODS	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	Have you ever used (METHOD)?	
	1 _____ (SPECIFY)	YES.....1 NO.....2	
2 _____ (SPECIFY)	NO.....3	YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED) → SKIP TO 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
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	When you first did something or used a method to avoid getting pregnant, how many living children did you have at that time? IF NONE RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/> <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 CALENDAR.....08 MUCUS METHOD.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY)	→318 →323
312A	CIRCLE '06' FOR FEMALE STERILIZATION.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
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 pack of pills you are using now? (RECORD NAME OF BRAND.)	PACK SEEN.....1 BRAND NAME _____ <input type="text"/> <input type="text"/> →317 PACK NOT SEEN.....2	
316	What is the brand name of the pills you are now using? (RECORD NAME OF BRAND.)	BRAND NAME _____ <input type="text"/> <input type="text"/> DK.....98	
317	How much does one pack of pills cost you?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DK.....998	
318	CHECK 312: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/> V Where did the sterilization take place? _____ (NAME OF PLACE) V Where did you obtain (METHOD) the last time? _____	GOVERNMENT AND PARASTATAL CONSULTANT HOSPITAL.....11 REGIONAL HOSPITAL.....12 DISTRICT HOSPITAL.....13 HEALTH CENTRE.....14 DISPENSARY.....15 PARASTATAL HEALTH FACILITY.....16 VILLAGE HEALTH POST/WORKER.....17 →321 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV. DOCTOR/CLINIC/HOSPITAL..22 PHARMACY/MEDICAL STORE.....23 UMATI CBD WORKER.....24 →321 OTHER PRIVATE SECTOR SHOP.....31 NEIGHBORS/RELATIVES.....32 OTHER.....41 →321 (SPECIFY) DK.....98	
319	How long does it take to travel from your home to this place? IF LESS THAN TWO HOURS, RECORD TRAVEL TIME IN MINUTES. OTHERWISE, RECORD TRAVEL TIME IN HOURS.	MINUTES.....1 <input type="text"/> <input type="text"/> <input type="text"/> HOURS.....2 0 <input type="text"/> <input type="text"/> DK.....9998	
320	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
321	CHECK 312: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/>		→323
322	In what month and year was the sterilization operation performed?	DATE MONTH..... YEAR.....	→334
323	For how many months have you been using (CURRENT METHOD) continuously? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS..... 8 YEARS OR LONGER.....96	→329
324	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	→326 →330
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 ILL HEALTH/HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 THINKS SHE CANNOT GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY.....14 INCONVENIENT.....15 NOT MARRIED.....16 OTHER (SPECIFY).....17 DK.....96	→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 CALENDAR.....08 MUCUS METHOD.....09 WITHDRAWAL.....10 OTHER (SPECIFY).....11 UNSURE.....96	→330

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
328	Where can you get (METHOD MENTIONED IN 327)? <hr/> <p>(NAME OF PLACE)</p>	GOVERNMENT AND PARASTATAL CONSULTANT HOSPITAL.....11 REGIONAL HOSPITAL.....12 DISTRICT HOSPITAL.....13 HEALTH CENTRE.....14 DISPENSARY.....15 PARASTATAL HEALTH FACILITY.....16 VILLAGE HEALTH POST/WORKER.....17 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV. DOCTOR/CLINIC/HOSPITAL..22 PHARMACY/MEDICAL STORE.....23 UMATI CBD WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 NEIGHBORS/RELATIVES.....32 OTHER.....41 (SPECIFY) DON'T KNOW.....98	 } → 332 } → 334 } → 332 } → 334 } → 332 } → 334 } → 330						
329	CHECK 312: USING CALENDER, MUCUS METHOD WITHDRAWAL OR 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? <hr/> <p>(NAME OF PLACE)</p>	GOVERNMENT AND PARASTATAL CONSULTANT HOSPITAL.....11 REGIONAL HOSPITAL.....12 REGIONAL HOSPITAL.....12 DISTRICT HOSPITAL.....13 HEALTH CENTRE.....14 DISPENSARY.....15 PARASTATAL HEALTH FACILITY.....16 VILLAGE HEALTH POST/WORKER.....17 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV. DOCTOR/CLINIC/HOSPITAL..22 PHARMACY/MEDICAL STORE.....23 UMATI CBD WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 NEIGHBORS/RELATIVES.....32 OTHER.....41 (SPECIFY)	} → 334 } → 334 } → 334						
332	How long does it take to travel from your home to this place? IF LESS THAN TWO HOURS, RECORD TRAVEL TIME IN MINUTES. OTHERWISE, RECORD TRAVEL TIME IN HOURS.	MINUTES.....1 HOURS.....2 DK.....9998	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> </table>				0		
0									
333	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2							
334	In the last month, have you heard or seen a message about family planning on the radio? on television? from MCH aide? from neighbors/relatives? on posters?	YES NO RADIO.....1 2 TELEVISION.....1 2 MCH AIDE.....1 2 NEIGHBORS/RELATIVES.....1 2 POSTER.....1 2							
335	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 LIVE BIRTHS SINCE JAN. 1986 <input type="checkbox"/>	NO LIVE BIRTHS SINCE JAN. 1986 <input type="checkbox"/>	(SKIP TO 501)
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1986 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 children you had 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 _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
		SECOND-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	
403	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later or did you want no more children at all?	THEN.....1 (SKIP TO 405) <-----1 LATER.....2 NO MORE.....3 (SKIP TO 405) <-----3	THEN.....1 (SKIP TO 405) <-----1 LATER.....2 NO MORE.....3 (SKIP TO 405) <-----3
		MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DK.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DK.....998
405	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	YES.....1 NO.....2 (SKIP TO 411) <-----2	YES.....1 NO.....2 (SKIP TO 411) <-----2
406	Whom did you see for antenatal care? Anyone else? RECORD ALL PERSONS MENTIONED.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G OTHER.....H (SPECIFY)	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G OTHER.....H (SPECIFY)
		HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G OTHER.....H (SPECIFY)	
407	Where did you go for this antenatal care? RECORD ALL PLACES VISITED.	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C HEALTH POST.....D PARASTATAL HOSP/CLINIC...E PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN..F PRIVATE HOSPITAL/CLINIC..G HOME.....H	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C HEALTH POST.....D PARASTATAL HOSP/CLINIC...E PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN..F PRIVATE HOSPITAL/CLINIC..G HOME.....H
		GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C HEALTH POST.....D PARASTATAL HOSP/CLINIC...E PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN..F PRIVATE HOSPITAL/CLINIC..G HOME.....H	
408	Were you given an antenatal card for this pregnancy?	YES.....1 NO.....2	YES.....1 NO.....2
409	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98
410	How many antenatal visits did you have during that pregnancy?	NO. OF VISITS..... <input type="text"/> DK.....98	NO. OF VISITS..... <input type="text"/> DK.....98

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
411	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DK.....8 (SKIP TO 413)←	YES.....1 NO.....2 DK.....8 (SKIP TO 413)←	YES.....1 NO.....2 DK.....8 (SKIP TO 413)←
412	How many times did you get this injection?	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8
413	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT AND PARASTATAL HOSPITAL.....21 HEALTH CENTRE.....22 DISPENSARY.....23 PARASTATAL HOSP/CLINIC..24 PRIVATE SECTOR RELIGIOUS ORG HOSP/CLIN.31 PRIVATE HOSPITAL/CLINIC.32 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT AND PARASTATAL HOSPITAL.....21 HEALTH CENTRE.....22 DISPENSARY.....23 PARASTATAL HOSP/CLINIC..24 PRIVATE SECTOR RELIGIOUS ORG HOSP/CLIN.31 PRIVATE HOSPITAL/CLINIC.32 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT AND PARASTATAL HOSPITAL.....21 HEALTH CENTRE.....22 DISPENSARY.....23 PARASTATAL HOSP/CLINIC..24 PRIVATE SECTOR RELIGIOUS ORG HOSP/CLIN.31 PRIVATE HOSPITAL/CLINIC.32 OTHER.....41 (SPECIFY)
414	Who assisted with the delivery of (NAME)? Anyone else? RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G NEIGHBORS/RELATIVES.....H OTHER.....I (SPECIFY) NO ONE.....J	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G NEIGHBORS/RELATIVES.....H OTHER.....I (SPECIFY) NO ONE.....J	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G NEIGHBORS/RELATIVES.....H OTHER.....I (SPECIFY) NO ONE.....J
415	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
416	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
417	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
418	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 420)←	YES.....1 NO.....2 (SKIP TO 421)←	YES.....1 NO.....2 (SKIP TO 421)←
419	How much did (NAME) weigh? RECORD FROM MCH CARD IF AVAILABLE.	KILOGRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> DK.....998	KILOGRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> DK.....998	KILOGRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> DK.....998

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
420	Has your period returned since the birth of (NAME)? YES1 (SKIP TO 422)← NO.....2 (SKIP TO 423)←		
421	Did your period return between the birth of (NAME) and your next pregnancy? YES.....1 NO.....2 (SKIP TO 425)←		
422	For how many months after the birth of (NAME) did you not have a period? MONTHS..... DK.....98	MONTHS..... DK.....98	MONTHS..... DK.....98
423	CHECK 223: WOMAN PREGNANT? NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 425)		
424	Have you resumed sexual relations since the birth of (NAME)? YES.....1 NO.....2 (SKIP TO 426)←		
425	For how many months after the birth of (NAME) did you not have sexual relations? MONTHS..... DK.....98	MONTHS..... DK.....98	MONTHS..... DK.....98
426	Did you ever breastfeed (NAME)? YES.....1 (SKIP TO 428)← NO.....2	YES.....1 (SKIP TO 435)← NO.....2	YES.....1 (SKIP TO 435)← NO.....2
427	Why did you not breastfeed (NAME)? MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM.....4 INSUFFICIENT MILK.....5 MOTHER WORKING.....6 CHILD REFUSED.....7 OTHER.....8 (SPECIFY) (SKIP TO 437)←	MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM.....4 INSUFFICIENT MILK.....5 MOTHER WORKING.....6 CHILD REFUSED.....7 OTHER.....8 (SPECIFY) (SKIP TO 437)←	MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM.....4 INSUFFICIENT MILK.....5 MOTHER WORKING.....6 CHILD REFUSED.....7 OTHER.....8 (SPECIFY) (SKIP TO 437)←
428	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. IMMEDIATELY.....000 HOURS.....1 DAYS.....2		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____																																																																		
429	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 435)																																																																				
430	Are you still breastfeeding (NAME)?	YES.....1 NO.....2 (SKIP TO 435)←																																																																				
431	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/>																																																																				
432	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>																																																																				
433	At any time yesterday or last night was (NAME) given any of the following?: Plain water? Sugar water? Juice? Baby formula? Cow's milk? Tinned or powdered milk? Other liquids? Any solid or mushy food?	<table border="0"> <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>BABY FORMULA.....</td><td>1</td><td>2</td></tr> <tr><td>FRESH 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	BABY FORMULA.....	1	2	FRESH MILK.....	1	2	TINNED/POWDERED MILK..	1	2	OTHER LIQUIDS.....	1	2	SOLID/MUSHY FOOD.....	1	2																																									
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434	CHECK 433 : FOOD OR LIQUID GIVEN YESTERDAY?	YES TO ONE OR MORE <input type="checkbox"/> NO TO ALL <input type="checkbox"/> ↓ (SKIP TO 439)																																																																				
435	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> UNTIL DIED.....96 (SKIP TO 438)←	MONTHS..... <input type="text"/> UNTIL DIED.....96 (SKIP TO 438)←	MONTHS..... <input type="text"/> UNTIL DIED.....96 (SKIP TO 438)←																																																																		
436	Why did you stop breastfeeding (NAME)?	<table border="0"> <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 border="0"> <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 border="0"> <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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437	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 439)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 439)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 439)
438	Was (NAME) ever given any water, or something else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 444)←	YES.....1 NO.....2 (SKIP TO 444)←	YES.....1 NO.....2 (SKIP TO 444)←
439	How many months old was (NAME) when you started giving the following on a regular basis? Formula or milk other than breastmilk? Plain water? Other liquids? Any solid or mushy food? IF LESS THAN ONE MONTH, RECORD '00'.	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
440	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 444)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 444)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 444)
441	How many meals did (NAME) eat yesterday?	NUMBER OF MEALS..... <input type="text"/> DK.....8	NUMBER OF MEALS..... <input type="text"/> DK.....8	NUMBER OF MEALS..... <input type="text"/> DK.....8
442	Did (NAME) eat any other food such as ground nuts, sweet bananas, buns or other things or drink any soda yesterday?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
443	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DK.....8		
444	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 445.			

SECTION 4B. IMMUNIZATION AND HEALTH

445 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1966 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"/>
-------------------------	----------------------	----------------------	----------------------

FROM Q. 212 AND Q. 216	LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
------------------------	--	--	--

446 Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 448)←	YES, SEEN.....1 (SKIP TO 448)←	YES, SEEN.....1 (SKIP TO 448)←
	YES, NOT SEEN.....2 (SKIP TO 450)←	YES, NOT SEEN.....2 (SKIP TO 450)←	YES, NOT SEEN.....2 (SKIP TO 450)←
	NO CARD.....3	NO CARD.....3	NO CARD.....3

447 Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 450)←	YES.....1 (SKIP TO 450)←	YES.....1 (SKIP TO 450)←
	NO.....2	NO.....2	NO.....2

448 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '66' IN 'DAY' COLUMN, IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.	DAY MO YR BCG D1 D2 D3 P1 P2 P3 MEA	DAY MO YR BCG D1 D2 D3 P1 P2 P3 MEA	DAY MO YR BCG D1 D2 D3 P1 P2 P3 MEA
	<input type="text"/>	<input type="text"/>	<input type="text"/>

449 Was (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO AND/OR MEASLES VACCINATIONS.	YES.....1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448←	YES.....1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448←	YES.....1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448←
	NO.....2 DK.....8	NO.....2 DK.....8	NO.....2 DK.....8
	(SKIP TO 452)←	(SKIP TO 452)←	(SKIP TO 452)←

450 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1	YES.....1	YES.....1
	NO.....2 (SKIP TO 452)←	NO.....2 (SKIP TO 452)←	NO.....2 (SKIP TO 452)←
	DK.....8	DK.....8	DK.....8

	NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST BIRTH
451	Please tell me if (NAME) (has) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the right shoulder that left 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..... <input type="text"/> An injection against measles? YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> YES.....1 NO.....2 DK.....8
452	Was (NAME) ever ill with measles? YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
453	CHECK 216: CHILD ALIVE? ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 455)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 455)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 455)
454	GO BACK TO 446 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 485.		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
455	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
456	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 460)← DK.....8	YES.....1 NO.....2 (SKIP TO 460)← DK.....8	YES.....1 NO.....2 (SKIP TO 460)← DK.....8
457	Has (NAME) been ill with a cough at any time in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
458	How long (has the cough lasted/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"/>
459	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	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
460	CHECK 455 AND 456: FEVER OR COUGH?	"YES" IN EITHER 455 OR 456 <input type="checkbox"/> OTHER ↓ (SKIP TO 465)	"YES" IN EITHER 455 OR 456 <input type="checkbox"/> OTHER ↓ (SKIP TO 465)	"YES" IN EITHER 455 OR 456 <input type="checkbox"/> OTHER ↓ (SKIP TO 465)
461	Was anything given to treat the fever/cough?	YES.....1 NO.....2 (SKIP TO 463)← DK.....8	YES.....1 NO.....2 (SKIP TO 463)← DK.....8	YES.....1 NO.....2 (SKIP TO 463)← DK.....8
462	What was given to treat the fever/cough? Anything else? RECORD ALL TREATMENTS 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 (SPECIFY).....H	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 (SPECIFY).....H	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 (SPECIFY).....H
463	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 465)←	YES.....1 NO.....2 (SKIP TO 465)←	YES.....1 NO.....2 (SKIP TO 465)←
464	From whom or where did you seek advice or treatment? Anyone else? CIRCLE ALL PERSONS SEEN AND PLACES VISITED.	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER (SPECIFY).....K	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER (SPECIFY).....K	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER (SPECIFY).....K

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
465	Has (NAME) had diarrhea (three or more watery stools) in the last two weeks?	YES.....1 (SKIP TO 467)←.....2 NO.....2 DK.....8	YES.....1 (SKIP TO 467)←.....2 NO.....2 DK.....8	YES.....1 (SKIP TO 467)←.....2 NO.....2 DK.....8
466	GO BACK TO 466 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 485.			
467	Has (NAME) had diarrhea (three or more watery stools) in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
468	How long has the diarrhea lasted/did the diarrhea 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"/>
469	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 (SKIP TO 473)	YES.....1 NO.....2 DK.....8 (SKIP TO 473)
470	CHECK 425: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (SKIP TO 473)		
471	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 473)←.....2		
472	Did you increase the number of feeds or reduce them, or did you stop completely?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		
473	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhea, 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
474	Was anything given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 476)←.....2 DK.....8	YES.....1 NO.....2 (SKIP TO 476)←.....2 DK.....8	YES.....1 NO.....2 (SKIP TO 476)←.....2 DK.....8
475	What was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS MENTIONED.	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID*...B ANTIBIOTIC PILL OR SYRUP...C OTHER PILL OR SYRUP...D INJECTION...E DRIP...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 DRIP...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 DRIP...F HOME REMEDIES/HERBAL MEDICINES...G OTHER...H (SPECIFY)

* RECOMMENDED HOME FLUID MADE FROM SUGAR, SALT AND WATER AND/OR CEREAL OR THIN PORRIDGE.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____					
476	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 478)←	YES.....1 NO.....2 (SKIP TO 478)←	YES.....1 NO.....2 (SKIP TO 478)←					
477	From whom or where did you seek advice or treatment? Anyone else? CIRCLE ALL PERSONS SEEN AND PLACES VISITED.	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/ WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER.....K (SPECIFY)	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/ WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER.....K (SPECIFY)	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/ WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER.....K (SPECIFY)					
478	CHECK 475: FLUID FROM ORS PACKET MENTIONED?	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, ORS FLUID MENTIONED <input type="checkbox"/> ↓	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, ORS FLUID MENTIONED <input type="checkbox"/> ↓	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, ORS FLUID MENTIONED <input type="checkbox"/> ↓	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, ORS FLUID MENTIONED <input type="checkbox"/> ↓
479	Was (NAME) given fluid from ORS packet when he/she had the diarrhea?	YES.....1 NO.....2 (SKIP TO 481)← DK.....8	YES.....1 NO.....2 (SKIP TO 481)← DK.....8	YES.....1 NO.....2 (SKIP TO 481)← DK.....8					
480	For how many days was (NAME) given fluid from the ORS packet? 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					
481	CHECK 475: RECOMMENDED HOME FLUID* MENTIONED?	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓		
482	Was (NAME) given a recommended home fluid made from sugar, salt and water and/or cereal or thin porridge when he/she had the diarrhea?	YES.....1 NO.....2 (SKIP TO 484)← DK.....8	YES.....1 NO.....2 (SKIP TO 484)← DK.....8	YES.....1 NO.....2 (SKIP TO 484)← DK.....8					
483	For how many days was (NAME) given the fluid made from sugar, salt, and water and/or cereal or thin porridge? 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					
484	GO BACK TO 446 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 485								

* RECOMMENDED HOME FLUID MADE FROM SUGAR, SALT AND WATER AND/OR CEREAL OR THIN PORRIDGE.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
485	CHECK 475 and 479: ORS FLUID FROM PACKET GIVEN TO ANY CHILD <input type="checkbox"/> →489 ORS FLUID FROM PACKET NOT GIVEN TO ANY CHILD OR 475 AND 479 NOT ASKED <input type="checkbox"/>		
486	Have you ever heard of a special product called (LOCAL NAME) you can get for the treatment of diarrhea?	YES.....1 →488 NO.....2	
487	Have you ever seen a packet like this before? (SHOW PACKET)	YES.....1 NO.....2 →492	
488	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 →491	
489	The last time you prepared the fluid from the ORS packet, did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2 →491	
490	How much water did you use to prepare (LOCAL NAME OF ORS PACKET) the last time you made it?	1½ LITER.....1 1 LITER.....2 1 1½ LITERS.....3 2 LITERS.....4 FOLLOWED PACKAGE INSTRUCTIONS...5 OTHER.....6 (SPECIFY) DK.....8	
491	Where can you get the (LOCAL NAME) packet? PROBE: Anywhere else? CIRCLE ALL PLACES MENTIONED.	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC.....D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLINIC.....F PRIVATE DOCTOR/HOSP/CLINIC.....G PHARMACY/MEDICAL STORE.....M OTHER PRIVATE SECTOR SHOP.....I TRADITIONAL PRACTITIONER.....J NEIGHBORS/RELATIVES.....K OTHER.....L (SPECIFY)	
492	CHECK 475 and 482: RECOMMENDED HOME MADE FLUID GIVEN TO ANY CHILD <input type="checkbox"/> →501 RECOMMENDED HOME FLUID NOT GIVEN TO ANY CHILD OR 475 AND 482 NOT ASKED <input type="checkbox"/>		
493	Where did you learn to prepare the recommended home fluid made from sugar, salt, and water and/or cereal or porridge given to (NAME) when he/she had diarrhea?	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC.....D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLINIC.....F PRIVATE DOCTOR/HOSP/CLINIC.....G PHARMACY/MEDICAL STORE.....M OTHER PRIVATE SECTOR SHOP.....I TRADITIONAL PRACTITIONER.....J NEIGHBORS/RELATIVES.....K OTHER.....L (SPECIFY)	

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, or divorced or no longer living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED/NO LONGER LIVING TOGETHER.....4	→507		
503	Does your husband/partner usually sleep in this house or does he usually sleep somewhere else?	USUALLY SLEEPS IN HER HOUSE.....1 USUALLY SLEEPS ELSEWHERE.....2			
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→507		
505	How many other wives does he have?	NUMBER..... <input 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 or 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 your (first) husband or partner?	AGE..... <input type="text"/> <input type="text"/> DK AGE.....98			
510	CHECK 508 AND 509: YEAR AND AGE GIVEN? YES NO	<input type="checkbox"/> <input type="checkbox"/>	→513		
511	CHECK CONSISTENCY OF 508 AND 509:	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>YEAR OF BIRTH (105) <input type="text"/> <input type="text"/></p> <p>PLUS +</p> <p>AGE AT MARRIAGE (509) <input type="text"/> <input type="text"/></p> <p> =</p> <p>CALCULATED YEAR OF MARRIAGE <input type="text"/> <input type="text"/></p> </td> <td style="width: 50%; vertical-align: top;"> <p>IF NECESSARY, CALCULATE YEAR OF BIRTH:</p> <p>CURRENT YEAR <input type="text"/> <input type="text"/> 9 1</p> <p>MINUS -</p> <p>CURRENT AGE (106) <input type="text"/> <input type="text"/></p> <p> =</p> <p>CALCULATED YEAR OF BIRTH <input type="text"/> <input type="text"/></p> </td> </tr> </table> <p>IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (508)?</p> <p>YES NO</p> <p><input type="checkbox"/> <input type="checkbox"/> → PROBE AND CORRECT 508 AND 509.</p> <p> ↓</p> <p> SKIP TO 513</p>		<p>YEAR OF BIRTH (105) <input type="text"/> <input type="text"/></p> <p>PLUS +</p> <p>AGE AT MARRIAGE (509) <input type="text"/> <input type="text"/></p> <p> =</p> <p>CALCULATED YEAR OF MARRIAGE <input type="text"/> <input type="text"/></p>	<p>IF NECESSARY, CALCULATE YEAR OF BIRTH:</p> <p>CURRENT YEAR <input type="text"/> <input type="text"/> 9 1</p> <p>MINUS -</p> <p>CURRENT AGE (106) <input type="text"/> <input type="text"/></p> <p> =</p> <p>CALCULATED YEAR OF BIRTH <input type="text"/> <input type="text"/></p>
<p>YEAR OF BIRTH (105) <input type="text"/> <input type="text"/></p> <p>PLUS +</p> <p>AGE AT MARRIAGE (509) <input type="text"/> <input type="text"/></p> <p> =</p> <p>CALCULATED YEAR OF MARRIAGE <input type="text"/> <input type="text"/></p>	<p>IF NECESSARY, CALCULATE YEAR OF BIRTH:</p> <p>CURRENT YEAR <input type="text"/> <input type="text"/> 9 1</p> <p>MINUS -</p> <p>CURRENT AGE (106) <input type="text"/> <input type="text"/></p> <p> =</p> <p>CALCULATED YEAR OF BIRTH <input type="text"/> <input type="text"/></p>				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
512	IF NEVER MARRIED OR LIVED WITH A MAN: Have you ever had sexual intercourse?	YES.....1 NO.....2	→520															
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"/> <input type="text"/>																
514	How many times in a month do you usually have sexual intercourse?	TIMES..... <input type="text"/> <input type="text"/>																
515	CHECK 513: HAD SEXUAL INTERCOURSE ONE OR MORE TIMES IN LAST FOUR WEEKS <input type="checkbox"/> ZERO TIMES <input type="checkbox"/>		→518															
516	With how many different men did you have sex in the last four weeks?	NUMBER OF MEN..... <input type="text"/> <input type="text"/>																
517	Did you use a condom with any of these men?	YES.....1 NO.....2																
518	When was the last time you had sexual intercourse?	DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO.....2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO.....4 <input type="text"/> <input type="text"/> BEFORE LAST BIRTH.....996																
519	How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> <input type="text"/> FIRST TIME WHEN MARRIED.....96																
520	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																
521	Now I have a few questions about a very important topic. Have you heard of an illness called AIDS?	YES.....1 NO.....2	→601															
522	From which sources of information or persons have you heard about AIDS in the last month? RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS.....C HEALTH WORKERS.....D MOSQUES/CHURCHES.....E FRIENDS/RELATIVES.....F SCHOOLS/QURAN TEACHERS.....G SLOGANS/PAMPHLETS/POSTERS.....H COMMUNITY MEETINGS.....I CCN OFFICE.....J OTHER.....K (SPECIFY) NONE.....L																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
523	<p>How is AIDS transmitted?</p> <p>RECORD ALL MENTIONED.</p>	<p>SEXUAL INTERCOURSE.....A NEEDLES/BLADES/SKIN PUNCTURES...B MOTHER TO CHILD.....C TRANSFUSION OF INFECTED BLOOD...D OTHER _____ E (SPECIFY) DON'T KNOW.....F</p>	
524	<p>Do you think that you can get AIDS from</p> <p>shaking hands with someone who has AIDS? hugging someone who has AIDS? kissing someone who has AIDS? wearing the clothes of someone who has AIDS? sharing eating utensils with someone who has AIDS? stepping on the urine or stool of someone who has AIDS? mosquito, flea or bedbug bites?</p>	<p>YES NO</p> <p>HANDSHAKING.....1 2 HUGGING.....1 2 KISSING.....1 2 SHARING CLOTHES.....1 2 SHARING EATING UTENSILS....1 2 STEPPING ON URINE/STOOL....1 2 MOSQUITO/FLEA/BEDBUG BITES.1 2</p>	
525	<p>Is it possible for a healthy looking person to have AIDS?</p>	<p>YES.....1 NO.....2 DK.....8</p>	
526	<p>Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?</p>	<p>YES.....1 NO.....2 DK.....8</p>	
527	<p>What do you suggest is the most important thing the government should do for people who have AIDS?</p>	<p>PROVIDE MEDICAL TREATMENT.....1 HELP RELATIVES PROVIDE CARE.....2 ISOLATE/QUARANTINE/JAIL.....3 NOT BE INVOLVED.....4 OTHER _____ 5 (SPECIFY)</p>	
528	<p>If your relative is suffering with AIDS, who would you prefer to care for him/her?</p>	<p>RELATIVES/FRIENDS.....1 GOVERNMENT.....2 RELIGIOUS ORG./MISSION.....3 NOBODY/ABANDON.....4 OTHER _____ 5 (SPECIFY)</p>	

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"/> 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"/> NOT MARRIED/NOT LIVING TOGETHER <input type="checkbox"/></p>		>614
603	<p>CHECK 223:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?</p>	<p>HAVE A (ANOTHER) CHILD.....1</p> <p>NO MORE/NONE.....2</p> <p>SAYS SHE CAN'T GET PREGNANT.....3</p> <p>UNDECIDED OR DK.....8</p>	>610
604	<p>CHECK 223:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>How long would you like to wait after the birth of the child you are expecting before the birth of another child?</p>	<p>MONTHS.....1</p> <p>YEARS.....2</p> <p>SOON/NOW.....994</p> <p>SAYS SHE CAN'T GET PREGNANT...995</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DK.....998</p>	>610
605	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN PREGNANT <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p>		>610
606	<p>CHECK 223:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How old would you like your youngest child to be when you next child is born?</p> <p>How old would you like the child you are expecting to be when your next child is born?</p>	<p>AGE OF YOUNGEST CHILD YEARS.....</p> <p>DK.....98</p>	>610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
607	Given your present circumstances, if you had to do it over again, do you think you would make the same decision to have an operation not to have any more children?	YES.....1 NO.....2					
608	Do you regret that you (your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	→614				
609	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD..1 PARTNER WANTS ANOTHER CHILD....2 SIDE EFFECTS.....3 OTHER REASON.....4 (SPECIFY)	→614				
610	Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8					
611	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3					
612	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2					
613	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8					
614	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS.....1 YEARS.....2 OTHER.....996 (SPECIFY) DON'T KNOW.....998	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
615	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2 DON'T KNOW.....8					
616	Do you think that it is easy or difficult for a woman who is breastfeeding to get pregnant?	EASY.....1 DIFFICULT.....2					
617	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE.....1 DISAPPROVE.....2					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
618	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>V V</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children you would like to have in your whole life how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER ANSWER _____ 96 (SPECIFY)</p>	620
619	<p>Among the children you want to have, how many would you prefer to be boys and how many to be girls?</p>	<p>NUMBER OF SONS..... <input type="text"/> <input type="text"/></p> <p>NUMBER OF DAUGHTERS..... <input type="text"/> <input type="text"/></p> <p>NO SEX PREFERENCE..... 95</p> <p>OTHER ANSWER _____ 96 (SPECIFY)</p>	
620	<p>What do you think is the best number of months or years between the birth of one child and the birth of the next child?</p>	<p>MONTHS.....1 <input type="text"/> <input type="text"/></p> <p>YEARS.....2 <input type="text"/> <input type="text"/></p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW.....998</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	<p>CHECK 501:</p> <p>YES, MARRIED OR LIVED WITH A MAN <input type="checkbox"/> NO, NEVER MARRIED OR LIVED WITH A MAR <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p>		→708
702	Can (could) you husband/partner read and write Kisuahili easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
703	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	→705
704	What was the highest formal school he completed?	LESS THAN 1 YEAR.....00 STANDARD1.....01 STANDARD2.....02 STANDARD3.....03 STANDARD4.....04 STANDARD5.....05 STANDARD6.....06 STANDARD7.....07 STANDARD8.....08 FORM1.....09 FORM2.....10 FORM3.....11 FORM4.....12 FORM5.....13 FORM6.....14 UNIVERSITY.....15 OTHER.....16 (SPECIFY)	
705	What kind of work does (did) your (last) husband/partner mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
706	<p>CHECK 705:</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p> <p style="text-align: center;">↓</p>		→708
707	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 someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
708	Aside from your own housework, are you currently working?	YES.....1 NO.....2	710
709	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	717
710	What is your occupation, that is, what kind of work do you do?	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/>
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. 1986 AND LIVING WITH RESPONDENT?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
715	While you are working, do you usually have (NAME OF YOUNGEST CHILD AT HOME) with you, sometimes have him/her with you, or never 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)	
717	RECORD THE TIME	HOURS..... MINUTES.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>