



**SOUTH AFRICAN DEMOGRAPHIC AND HEALTH SURVEY
WOMEN QUESTIONNAIRE**



15/1/98

IDENTIFICATION	
PROVINCE _____ DISTRICT _____ EA NUMBER EA TYPE SADHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME AND LINE NUMBER OF WOMAN _____ NAME OF HOUSEHOLD HEAD _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY MONTH YEAR
INTERVIEWER'S NAME	_____	_____	_____	NAME
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ (SPECIFY) 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED				

LANGUAGE	
LANGUAGE OF QUESTIONNAIRE LANGUAGE OF INTERVIEW HOME LANGUAGE OF RESPONDENT TRANSLATOR USED (YES = 1, NO = 2) LANGUAGE CODES 01 ENGLISH 04 isi ZULU 07 SePEDI 10 ZITSONGA 02 AFRIKAANS 05 SeSOTHO 08 SiSWATI 11 isiNDEBELA 03 isiXHOSA 06 SeTSWANA 09 TshiVENDA	

SUPERVISOR NAME _____ 	FIELD EDITOR NAME _____ 	OFFICE EDITOR 	KEYED BY
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SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	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 large town, on a farm or in rural areas?	CITY 1 TOWN 2 RURAL/FARM 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN 1 YEAR, WRITE '00'	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 rural area /farm?	CITY 1 TOWN 2 RURAL/FARM 3	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
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	→114
109	What is the highest (standard/year) you completed ?	LESS THAN ONE YEAR COMPLETED 00 SUB A/CLASS 1 71 SUB B/CLASS 2 72 STANDARD 1 01 STANDARD 2 02 STANDARD 3 03 STANDARD 4 04 STANDARD 5 05 STANDARD 6 06 STANDARD 7 07 STANDARD 8 08 STANDARD 9 09 STANDARD 10 10 FURTHER STUDIES INCOMPLETE . 11 DIPLOMA/OTHER POSTSCHOOL COMPLETE 12 FURTHER DEGREE COMPLETE .. 13	
110	CHECK 106: AGE 24 OR BELOW <input type="text"/> AGE 25 OR ABOVE <input type="text"/>		→114
111	Are you currently attending school?	YES 1 NO 2	→114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What was the main reason you stopped attending school?	GOT PREGNANT 01 GOT MARRIED 02 TO CARE FOR YOUNGER CHILDREN 03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS 04 COULD NOT PAY SCHOOL FEES . . . 05 NEEDED TO EARN MONEY 06 GRADUATED/HAD ENOUGH SCHOOLING 07 DID NOT PASS ENTRANCE EXAMS 08 DID NOT LIKE SCHOOL 09 SCHOOL NOT ACCESSIBLE/ TOO FAR 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
114	Can you read and understand a letter or newspaper in your home language easily, with difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→116
115	Have you read a newspaper or magazine in the last week?	YES 1 NO 2	
116	Do you usually listen to a radio every day?	YES 1 NO 2	
117	Do you usually watch television at least once a week?	YES 1 NO 2	
119	Which race group do you consider yourself?	BLACK/AFRICAN 1 COLOURED 2 WHITE 3 ASIAN/INDIAN 4	
120	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"/>		→201
121	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? _____ (NAME OF PLACE) Is that a large city, town, or rural area /farm?	CITY 1 TOWN 2 RURAL/FARM 3	
122	In which PROVINCE is that located?	EASTERN CAPE 01 FREE STATE 02 GAUTENG 03 KWAZULU/NATAL 04 MPUMALANGA 05 NORTHERN CAPE 06 NORTHERN PROVINCE 07 NORTH WEST 08 WESTERN CAPE 09 OTHER COUNTRY 10	
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER (tap), IN DWELLING 11 PIPED WATER (tap), IN SITE/YARD 12 PUBLIC TAP 13 WATER CARRIER/ TANKER 21 BOREHOLE/WELL 31 DAM /RIVER/STREAM/SPRING 32 RAIN-WATER TANK 41 BOTTLED WATER 51 OTHER _____ 96 (SPECIFY)	
125	What kind of toilet facility does your household have?	FLUSH TOILET (OWN) 11 FLUSH TOILET (SHARED) 12 BUCKET LATRINE 21 PIT LATRINE 22 NO FACILITY/BUSH/FIELD 31 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
126	Does your household have:	YES	NO	
	Electricity? A radio? A television? A telephone? A refrigerator? A personal computer (PC)? A washing machine?	ELECTRICITY 1 RADIO 1 TELEVISION 1 TELEPHONE 1 REFRIGERATOR 1 PERSONAL COMPUTER 1 WASHING MACHINE 1	2 2 2 2 2 2 2	
127	Could you describe the main material of the walls of your home?	PLASTIC/CARDBOARD 11 MUD 12 MUD AND CEMENT 13 CORRUGATED IRON/ZINC 21 PREFAB 22 BARE BRICK/CEMENT BLOCK 23 PLASTER/FINISHED 31 OTHER _____ 96 (SPECIFY)		

SECTION 2. REPRODUCTION

	Now I would like to ask you about all the pregnancies that you have had in your lifetime. By this I mean all the children born to you, whether they were born alive or dead, whether still living or not, whether living with you or elsewhere, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that have terminated before full term, but it is extremely important that you tell us about <u>all</u> of them, so that we can develop programs that will help the Government of South Africa improve children's health in the future.		
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→206
202	Do you have any sons or daughters to whom you have given birth who are living with you?	YES 1 NO 2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> DAUGHTERS AT HOME .. <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> DAUGHTERS ELSEWHERE .. <input type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES 1 NO 2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> GIRLS DEAD <input type="text"/>	
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end very early, in a miscarriage or an abortion or the child can be born dead. Have you had any such pregnancy that did not result in a live birth?	YES 1 NO 2	→210
209	In all, how many such pregnancies have there been?	PREGNANCY LOSSES ... <input type="text"/>	
210	SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/>	
212	CHECK 210: ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/>		→234

213 Now I would like to ask you about all of your pregnancies, whether born alive, born dead, or lost before full term, starting with the first one you had.
 RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

214	215	216	217	218	219	220	221								
Think back to the time of your (first/next) pregnancy.	Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before full term?	Did that baby cry, move, or breathe when it was born?	What was the name given to that child?	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?								
01	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . 1 NO . . . 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR . 19 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									YES 1 NO . . 2 ↓ 224
02	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . 1 NO . . . 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR . 19 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									YES 1 NO . . 2 ↓ 224
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06	SINGLE . . . 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES . . 1 NO . . . 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH . . . <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR . 19 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									YES 1 NO . . 2 ↓ 224
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IF BORN ALIVE AND STILL LIVING:		IF BORN ALIVE BUT NOW DEAD:		IF BORN ALIVE BUT NOW DEAD:		IF BORN DEAD OR LOST BEFORE FULL TERM:	
222	223	224	224A	225	226	228	229
How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Did (NAME) die from diarrhoea?	In what year and month did this pregnancy end?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 2 OR MORE YEARS?	Were there any other pregnancies between the previous pregnancy mentioned and this pregnancy?
01 AGE IN YEARS <input type="text"/>	YES 1 NO . 2 (NEXT PREG.)	DAYS .. 1 <input type="text"/> MONTHS 2 <input type="text"/> YEARS . 3 <input type="text"/>	YES 1 NO 2 DK 8 (NEXT PREG.)	MONTH <input type="text"/> YEAR 19 <input type="text"/>	MONTHS <input type="text"/> (next preg.)		
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14	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES ... 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR 19 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									YES 1 NO .. 2 ↓ 224
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16	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES ... 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR 19 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									YES 1 NO .. 2 ↓ 224

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222	223	224	224A	225	226	228	229
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14 AGE IN YEARS 	YES 1 NO .2 (GO TO 228)	DAYS 1 MONTHS ... 2 YEARS 3	YES 1 NO 2 DK 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
15 AGE IN YEARS 	YES 1 NO .2 (GO TO 228)	DAYS 1 MONTHS ... 2 YEARS 3	YES 1 NO 2 DK 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
16 AGE IN YEARS 	YES 1 NO .2 (GO TO 228)	DAYS 1 MONTHS ... 2 YEARS 3	YES 1 NO 2 DK 8 (GO TO 228)	MONTH YEAR 19	MONTHS	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2

SECTION 3. CONTRACEPTION

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

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, 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 301 OR 302, ASK 303.

301	Which ways or methods have you heard about?	302 Have you ever heard of (METHOD)?			303 Have you ever used (METHOD)?
		SPONTANEOUS YES	PROBED YES	NO	
01	PILL Women can take a pill every day.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
02	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3 <input type="checkbox"/>	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.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
04	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
05	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
06	FEMALE STERILIZATION Tie the tubes. Women can have an operation to avoid having any more children.	1	2	3 <input type="checkbox"/>	Have you ever had an operation to avoid having any more children? YES 1 NO 2
07	MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2	3 <input type="checkbox"/>	Have you ever had a partner who had an operation to avoid having children? YES 1 NO 2
08	RHYTHM, CALENDAR METHOD Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
09	WITHDRAWAL Men can be careful and pull out before climax.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
10	HERBS. Women use natural herbs or Dutch remedies to avoid pregnancy	1	2	3 <input type="checkbox"/>	YES 1 NO 2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1		3	YES 1 NO 2 YES 1 NO 2

304	CHECK 303:	NOT A SINGLE "YES" <input type="checkbox"/>	AT LEAST ONE "YES" <input type="checkbox"/>	308 → SKIP TO
		(NEVER USED)	(EVER USED)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→331
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
308	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used?	PILL 01 IUD 02 INJECTIONS 03 DIAPHRAGM/FOAM/JELLY 04 CONDOM 05 FEMALE STERILIZATION 06 MALE STERILIZATION 07 RHYTHM/ CALENDER METHOD ... 08 WITHDRAWAL 09 HERB/REMEDIES 10 OTHER _____ 96 (SPECIFY)	
309	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN .. <input type="text"/>	
309A	How old were you when you first used something to avoid getting pregnant?	AGE <input type="text"/>	
309B	From whom did you first get information about methods to avoid pregnancy?	MOTHER A SISTER B FATHER C OTHER RELATIVE D FRIEND E TEACHER F NURSE G DOCTOR H POSTER/LEAFLET/MAGAZINE I RADIO/TELEVISION J OTHER _____ X (SPECIFY)	
309C	CHECK 309A: AGE LESS THAN 19 YEARS <input type="checkbox"/> AGE 19 YEARS OR OLDER <input type="checkbox"/>		→311
309E	Did your parent(s) or guardian give advice on contraceptives or explain how to use them?	YES 1 NO 2	
311	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→314A
312	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→331
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→331
314	Which method are you using?	PILL 01 IUD 02 INJECTIONS 03 DIAPHRAGM/FOAM/JELLY 04 CONDOM 05	→328
314A	CIRCLE '06' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION 06 MALE STERILIZATION 07 RHYTHM, CALENDER METHOD ... 08 WITHDRAWAL 09 HERB/REMEDIES 10 OTHER _____ 96 (SPECIFY)	→323 →332

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
318	<p>Where did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>DAY HOSPITAL/CLINIC/</p> <p>COMMUNITY HEALTH CENTRE 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>OTHER PUBLIC _____16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . . 21</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____26</p> <p>(SPECIFY)</p> <p>OTHER _____96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>							
319	<p>Do you regret that (you/your partner) had the operation not to have any (more) children?</p>	<p>YES 1</p> <p>NO 2</p>	→321						
320	<p>Why do you regret the operation?</p>	<p>RESPONDENT WANTS ANOTHER</p> <p>CHILD 01</p> <p>PARTNER WANTS ANOTHER CHILD 02</p> <p>SIDE EFFECTS 03</p> <p>CHILD DIED 04</p> <p>OTHER _____96</p> <p>(SPECIFY)</p>							
321	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" data-bbox="1214 831 1318 875" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>YEAR <table border="1" data-bbox="1118 875 1318 920" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>							→335
323	<p>How do you determine which days of your monthly cycle not to have sexual relations?</p>	<p>BASED ON CALENDAR 01</p> <p>BASED ON BODY TEMPERATURE . 02</p> <p>BASED ON CERVICAL MUCUS</p> <p>(BILLINGS METHOD) 03</p> <p>BASED ON BODY TEMPERATURE</p> <p>AND CERVICAL MUCUS 04</p> <p>NO SPECIFIC SYSTEM 05</p> <p>OTHER _____96</p> <p>(SPECIFY)</p>	→332						
328	<p>Where did you obtain (METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>DAY HOSPITAL/CLINIC/</p> <p>COMMUNITY HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC . . . 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER 15</p> <p>OTHER PUBLIC _____16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR/</p> <p>GYNECOLOGIST 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____96</p> <p>(SPECIFY)</p>	→330A						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP										
330	<p>Do you agree with the following statements about the family planning service you use?</p> <p>The staff shout and scold The staff do not explain much about the Family Planning method The staff ignore problems which you report The staff are unfriendly</p>	<table border="0"> <tr> <td>AGREE</td> <td>DISAGREE</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> <tr> <td>1</td> <td>2</td> </tr> </table>	AGREE	DISAGREE	1	2	1	2	1	2	1	2	
AGREE	DISAGREE												
1	2												
1	2												
1	2												
1	2												
330A	<p>People select the place where they get family planning services for various reasons.</p> <p>What were the reasons you went to (NAME OF PLACE IN Q.328) instead of some other place you know about?</p> <p>RECORD ALL RESPONSES AND CIRCLE CODES.</p> <p>What is the Main Reason?</p>	<p>ACCESS-RELATED REASONS</p> <p>CLOSER TO HOME A CLOSER TO MARKET/WORK .. B AVAILABILITY OF TRANSPORT C</p> <p>SERVICE-RELATED REASONS</p> <p>STAFF MORE COMPETENT/ FRIENDLY D CLEANER FACILITY E OFFERS MORE PRIVACY F SHORTER WAITING TIME G LONGER HRS. OF SERVICE ... H USE OTHER SERVICES AT THE FACILITY I</p> <p>LOWER COST/CHEAPER J</p> <p>WANTED ANONYMITY K</p> <p>OTHER _____X (SPECIFY)</p> <p>DON'T KNOW Z</p> <div style="text-align: right;"><input type="checkbox"/></div>											
330B	<p>Over the last 12 months have you had a break in your contraceptive use for any reason?</p>	<p>YES 1 NO 2</p>	→335										
330C	<p>Over the last 12 months, why have you had a break in your contraceptive use?</p>	<p>WAS PREGNANT 01 NO BOYFRIEND/ SEXUALLY INACTIVE 02 WANTED TO SEE MENSTRUATION 03 HEALTH REASONS 04</p> <p>OTHER _____ . 96 (SPECIFY)</p>	} →335										
331	<p>What are the main reasons you are not using a method of contraception to avoid pregnancy?</p> <p>RECORD ALL MENTIONED</p> <p>What is the Main Reason?</p>	<p>NEVER HAD SEX A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B INFREQUENT SEX C MENOPAUSAL/HYSTERECTOMY D INFERTILE E POSTPARTUM/BREASTFEEDING F WANTS (MORE) CHILDREN ... G PREGNANT H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I HUSBAND/PARTNER OPPOSED J OTHERS OPPOSED K RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O FEAR OF SIDE EFFECTS P LACK OF ACCESS/TOO FAR ... Q COST TOO MUCH R INCONVENIENT TO USE S INTERFERES WITH BODY'S NATURAL PROCESSES .. T OUT OF STOCK U</p> <p>OTHER _____X (SPECIFY)</p> <p>DON'T KNOW Z</p> <div style="text-align: right;"><input type="checkbox"/></div>											
332	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1 NO 2</p>	→335										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>DAY HOSPITAL/CLINIC/</p> <p>COMMUNITY HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC . . . 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER 15</p> <p>OTHER PUBLIC _____16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR/</p> <p>GYNCOLOGIST 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____96</p> <p>(SPECIFY)</p>	
335	<p>Have you visited any type of health facility for any reason in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→337</p>
336	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	
337	<p>During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?</p>	<p>DURING HER PERIOD 01</p> <p>RIGHT AFTER HER PERIOD HAS</p> <p>ENDED 02</p> <p>IN THE MIDDLE OF THE CYCLE . . . 03</p> <p>JUST BEFORE HER PERIOD BEGINS 04</p> <p>OTHER _____96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
338	<p>I would like to ask you a question about the law on abortion in South Africa. Does the present law allow a woman in early pregnancy, which is up to 12 weeks, to have an abortion?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 4A. PREGNANCY AND CHILD HEALTH

401	CHECK 233: ONE OR MORE BIRTHS SINCE JAN. 1993 <input type="checkbox"/>	NO BIRTHS SINCE JAN. 1993 <input type="checkbox"/>	(SKIP TO 465)
402	<p>ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).</p> <p>Now I would like to ask you some questions about your pregnancies and the health of all your children born in the last five years. (We will talk about one child at a time.)</p>		
403	LINE NUMBER FROM Q214	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
404	FROM Q218 AND Q221	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children at all?	THEN 1 (SKIP TO 407) ← <input type="text"/> LATER 2 NO MORE 3 (SKIP TO 407) ← <input type="text"/>	THEN 1 (SKIP TO 407) ← <input type="text"/> LATER 2 NO MORE 3 (SKIP TO 407) ← <input type="text"/>
406	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998	MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998
407	When you were pregnant with (NAME), did you go for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 410) ← <input type="text"/>	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 410) ← <input type="text"/>
407A	Where did you go the majority of times? PROBE FOR THE ONE PLACE VISITED MOST OFTEN	PUBLIC HOSPITAL 01 PRIVATE HOSPITAL 02 PUBLIC CLINIC 03 PRIVATE CLINIC/SURGERY 04 PRIVATE MIDWIFE'S OFFICE 05 OTHER _____ 96 (SPECIFY)	PUBLIC HOSPITAL 01 PRIVATE HOSPITAL 02 PUBLIC CLINIC 03 PRIVATE CLINIC/SURGERY 04 PRIVATE MIDWIFE'S OFFICE 05 OTHER _____ 96 (SPECIFY)
408	How many months pregnant were you when you first received antenatal care?	MONTHS <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> DON'T KNOW 98
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> DON'T KNOW 98	NO. OF TIMES <input type="text"/> DON'T KNOW 98
410	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 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

412	Where did you give birth to (NAME)? _____ NAME OF PLACE	HOME 11 PUBLIC SECTOR GOVT. HOSPITAL 21 DAY HOSP/CLINIC COMMUNITY HEALTH CENTER 22 GOVT. MOU 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC .. 31 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY)	HOME 11 PUBLIC SECTOR GOVT. HOSPITAL 21 DAY HOSP/CLINIC/ COMMUNITY HEALTH CENTER 22 GOVT. MOU 23 OTHER PUBLIC 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ... 31 OTHER PRIVATE MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY)
413	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y
415	Was (NAME) delivered by caesarian section?	YES 1 NO 2	YES 1 NO 2
417	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 419)←	YES 1 NO 2 (SKIP TO 420)←
418	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD .. 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD .. 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
419	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 421)← NO 2 (SKIP TO 422)←	
420	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 424)←
421	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
422	CHECK 234: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT OR UNSURE (SKIP TO 424)←	
423	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 425)←	
424	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
425	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 431)←	YES 1 NO 2 (SKIP TO 431)←



426	<p>How long after birth did you first put (NAME) to the breast?</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.</p>	<p>IMMEDIATELY 000</p> <p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p>	<p>IMMEDIATELY 000</p> <p>HOURS 1 <input type="text"/><input type="text"/></p> <p>DAYS 2 <input type="text"/><input type="text"/></p>
427	<p>CHECK 404: CHILD ALIVE?</p>	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 429) ←</p>	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 429) ←</p>
428	<p>Are you still breastfeeding (NAME)?</p>	<p>YES 1 (SKIP TO 432) ←</p> <p>NO 2</p>	<p>YES 1 (SKIP TO 432) ←</p> <p>NO 2</p>
429	<p>For how many months did you breastfeed (NAME)?</p>	<p>MONTHS <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS <input type="text"/><input type="text"/></p> <p>DON'T KNOW 98</p>
430	<p>Why did you stop breastfeeding (NAME)?</p>	<p>MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM . 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER 96 (SPECIFY)</p>	<p>MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM . 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER 96 (SPECIFY)</p>
431	<p>CHECK 404: CHILD ALIVE?</p>	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)</p>	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)</p>
432	<p>How many times did you breastfeed last night between sunset and sunrise?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER</p>	<p>NUMBER OF NIGHTTIME FEEDINGS <input type="text"/><input type="text"/></p>	<p>NUMBER OF NIGHTTIME FEEDINGS <input type="text"/><input type="text"/></p>
433	<p>How many times did you breastfeed yesterday during the daylight hours?</p> <p>IF ANSWER IS NOT NUMERIC PROBE FOR APPROXIMATE NUMBER.</p>	<p>NUMBER OF DAYLIGHT FEEDINGS <input type="text"/><input type="text"/></p>	<p>NUMBER OF DAYLIGHT FEEDINGS <input type="text"/><input type="text"/></p>
434	<p>Did (NAME) drink anything from a bottle with a nipple yesterday or last night?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>

435	At any time yesterday or last night, was (NAME) given any of the following: Plain water? Sugar water/Juice Herbal tea/Rooibos? Baby formula? Any kind of milk? Any other liquid? Any food made from [MAIZE or RICE or WHEAT], such as PORRIDGE or BREAD Eggs, fish or poultry? Meat? Fruits or vegetables? Any other solid or semi-solid foods?	<p style="text-align: center;">YES NO DK</p> PLAIN WATER 1 2 8 SUGAR WATER/JUICE 1 2 8 HERBAL/ROOIBOS TEA 2 8 BABY FORMULA 1 2 8 ANY KIND OF MILK .. 1 2 8 OTHER LIQUIDS 1 2 8 FOOD MADE FROM MAIZE/RICE/WHEAT 1 2 8 EGGS/FISH/POULTRY 1 2 8 MEAT 1 2 8 FRUITS OR VEG. 1 2 8 OTHER SOLID/ SEMI-SOLID FOODS . 1 2 8	<p style="text-align: center;">YES NO DK</p> PLAIN WATER 1 2 8 SUGAR WATER/JUICE 1 2 8 HERBAL/ROOIBOS TEA 2 8 BABY FORMULA 1 2 8 ANY KIND OF MILK .. 1 2 8 OTHER LIQUIDS 1 2 8 FOOD MADE FROM MAIZE/RICE/WHEAT 1 2 8 EGGS/FISH/POULTRY 1 2 8 MEAT 1 2 8 FRUITS OR VEG. 1 2 8 OTHER SOLID/ SEMI-SOLID FOODS . 1 2 8
436	CHECK 435: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE MORE <input type="checkbox"/> "NO/DK" TO ALL (SKIP TO 439) <input type="checkbox"/>	"YES" TO ONE MORE <input type="checkbox"/> "NO/DK" TO ALL (SKIP TO 439) <input type="checkbox"/>
437	(Aside from breast-feeding,) how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8
439		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.

SECTION 4B: IMMUNIZATION AND HEALTH

440	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).																																																																																																																																				
441	LINE NUMBER FROM Q214	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>																																																																																																																																		
442	FROM Q218 AND Q221	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)																																																																																																																																		
443	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 445) ← YES, NOT SEEN 2 (SKIP TO 447) ← NO CARD 3	YES, SEEN 1 (SKIP TO 445) ← YES, NOT SEEN 2 (SKIP TO 447) ← NO CARD 3																																																																																																																																		
444	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 447) ← NO 2	YES 1 (SKIP TO 447) ← NO 2																																																																																																																																		
445	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED BCG Polio 0 (at birth) Polio 1 Polio 2 Polio 3 DPT 1 DPT 2 DPT 3 Hep. B 1 Hep. B 2 Hep. B 3 Measles	<table border="0"> <tr> <td></td> <td>DAY</td> <td>MO</td> <td>YR</td> <td></td> </tr> <tr> <td>BCG</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19 <input type="checkbox"/></td> </tr> <tr> <td>P0</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19 <input type="checkbox"/></td> </tr> <tr> <td>P1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19 <input type="checkbox"/></td> </tr> <tr> <td>P2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19 <input type="checkbox"/></td> </tr> <tr> <td>P3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19 <input type="checkbox"/></td> </tr> <tr> <td>D1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> 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446	Did (NAME) receive any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS) ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) ← NO 2 DON'T KNOW 8 (SKIP TO 450) ←	YES 1 (PROBE FOR VACCINATIONS) ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) ← NO 2 DON'T KNOW 8 (SKIP TO 450) ←																																																																																																																																		
447	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8																																																																																																																																		





448	Please tell me if (NAME) received any of the following vaccinations:		
448A	A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that caused a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 448E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448E) ← DON'T KNOW 8
448C	How many times?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
448D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
448E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES 1 NO 2 (SKIP TO 448G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448G) ← DON'T KNOW 8
448F	How many times?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
448G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448H	An injection to prevent hepatitis B?	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8
448I	How many times?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
450	Has (NAME) been ill or feverish with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8
451	When (NAME) was ill with a cough, did he/she breathe with difficulty or faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	Did you seek advice or treatment for the illness?	YES 1 NO 2 (SKIP TO 454) ←	YES 1 NO 2 (SKIP TO 454) ←
453	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. _____ NAME OF PLACE	PUBLIC SECTOR GOVT. HOSPITAL A DAY HOSP/CLINIC/ COMMUNITY HEALTH CENTER B MOBILE CLINIC D COMM. HEALTH WORKER .. E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ... G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A DAY HOSP/CLINIC/ COMMUNITY HEALTH CENTER B MOBILE CLINIC D COMM. HEALTH WORKER . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ... G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. HEALER L OTHER _____ X (SPECIFY)

454	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 464)←----- DON'T KNOW 8	YES 1 NO 2 (SKIP TO 464)←----- DON'T KNOW 8
455	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
456	On the worst day of the diarrhoea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS  DON'T KNOW 98	NUMBER OF BOWEL MOVEMENTS  DON'T KNOW 98
457	Was he/she given the same amount to drink as before the diarrhoea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
458	Was he/she given the same amount of food to eat as before the diarrhoea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
459	When (NAME) had diarrhoea, was he/she given any of the following to drink: A fluid, made from a special rehydration packet? Thin watery porridge? Soup? Home-made sugar-salt-water solution? Milk or infant formula? Yoghurt-based drink? Black Tea? Water? Coke? Any other liquid?	YES NO DK FLUID FROM ORS PKT 1 2 8 THIN WATERY PORRIDGE 1 2 8 SOUP 1 2 8 SUG.-SALT-WAT. SOL. 1 2 8 MILK/INFANT FORM. . . 1 2 8 YOGHURT-BASED DR. 1 2 8 BLACK TEA 1 2 8 WATER 1 2 8 COKE 1 2 8 OTHER LIQUID 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 THIN WATERY PORRIDGE 1 2 8 SOUP 1 2 8 SUG.-SALT-WAT. SOL. 1 2 8 MILK/INFANT FORM. . . 1 2 8 YOGHURT-BASED DR. 1 2 8 BLACK TEA 1 2 8 WATER 1 2 8 COKE 1 2 8 OTHER LIQUID 1 2 8
460	Was anything (else) given to treat the diarrhoea?	YES 1 NO 2 (SKIP TO 462)←----- DON'T KNOW 8	YES 1 NO 2 (SKIP TO 462)←----- DON'T KNOW 8
461	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	HOMEMADE SUGAR-SALT-WATER SOLUTION A PILL OR SYRUP B INJECTION C (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER _____X (SPECIFY)	HOMEMADE SUGAR-SALT-WATER SOLUTION A PILL OR SYRUP B INJECTION C (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES ... E OTHER _____X (SPECIFY)
462	Did you seek advice or treatment for the diarrhoea?	YES 1 NO 2 (SKIP TO 464)←-----	YES 1 NO 2 (SKIP TO 464)←-----

463	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL A DAY HOSP/CLINIC/ COMMUNITY HEALTH CENTER B MOBILE CLINIC D COMM. HEALTH WORKER .. E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ... G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. HEALER L OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL A DAY HOSP/CLINIC/ COMMUNITY HEALTH CENTER B MOBILE CLINIC D COMM. HEALTH WORKER . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ... G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. HEALER L OTHER _____ X (SPECIFY)</p>
464		GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.
465	<p>Now I am going to ask you some general questions about caring for children with diarrhoea and cough.</p> <p>When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual?</p>	<p>LESS TO DRINK 1 ABOUT SAME AMOUNT TO DRINK . 2 MORE TO DRINK 3 DON'T KNOW 8</p>	
466	<p>When a child has diarrhoea, should he/she be given less to eat than usual, about the same amount, or more than usual?</p>	<p>LESS TO EAT 1 ABOUT SAME AMOUNT TO EAT ... 2 MORE TO EAT 3 DON'T KNOW 8</p>	
467	<p>When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker?</p> <p>RECORD ALL MENTIONED. DO NOT PROBE</p>	<p>REPEATED WATERY STOOLS A ANY WATERY STOOLS B REPEATED VOMITING C ANY VOMITING D BLOOD IN STOOLS E FEVER F MARKED THIRST G NOT EATING/NOT DRINKING WELL . H GETTING SICKER/VERY SICK I NOT GETTING BETTER J SUNKEN FONTANELLE K OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	
468	<p>CHECK 459, ALL COLUMNS:</p> <p>NO CHILD RECEIVED ORS <input type="checkbox"/> ANY CHILD RECEIVED ORS <input type="checkbox"/></p>		→470
469	<p>Have you ever heard of a special product called ORSOL OR SOROL that you can get for the treatment of diarrhoea?</p>	<p>YES 1 NO 2</p>	
470	<p>When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker?</p> <p>RECORD ALL MENTIONED.</p>	<p>FAST BREATHING A DIFFICULT BREATHING B NOISY BREATHING C FEVER/HIGH TEMPERATURE D UNABLE TO DRINK E NOT EATING/NOT DRINKING WELL . F GETTING SICKER/VERY SICK G NOT GETTING BETTER H COUGHING A LOT I OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	

SECTION 5. MARITAL AND SEXUAL RELATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
501	PRESENCE OF OTHERS AT THIS POINT.	<table style="width:100%; border:none;"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN UNDER 10</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER MALES</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER FEMALES</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10	1	2	HUSBAND/PARTNER	1	2	OTHER MALES	1	2	OTHER FEMALES	1	2										
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CHILDREN UNDER 10	1	2																									
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OTHER MALES	1	2																									
OTHER FEMALES	1	2																									
Now I am going to ask you some sensitive questions about your marital and sexual relations. All information you give me is completely confidential.																											
502	Are you currently married or living with a man?	<table style="width:100%; border:none;"> <tr> <td>YES, CURRENTLY MARRIED</td> <td align="right">1</td> </tr> <tr> <td>YES, LIVING WITH A MAN</td> <td align="right">2</td> </tr> <tr> <td>NO, NOT IN UNION</td> <td align="right">3</td> </tr> </table>	YES, CURRENTLY MARRIED	1	YES, LIVING WITH A MAN	2	NO, NOT IN UNION	3	→507																		
YES, CURRENTLY MARRIED	1																										
YES, LIVING WITH A MAN	2																										
NO, NOT IN UNION	3																										
503	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	<table style="width:100%; border:none;"> <tr> <td>REGULAR SEXUAL PARTNER</td> <td align="right">1</td> </tr> <tr> <td>TWO OR MORE REGULAR PARTNERS ...</td> <td align="right">2</td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER</td> <td align="right">3</td> </tr> <tr> <td>NO SEXUAL PARTNER</td> <td align="right">4</td> </tr> </table>	REGULAR SEXUAL PARTNER	1	TWO OR MORE REGULAR PARTNERS ...	2	OCCASIONAL SEXUAL PARTNER	3	NO SEXUAL PARTNER	4																	
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OCCASIONAL SEXUAL PARTNER	3																										
NO SEXUAL PARTNER	4																										
504	Have you ever been married or lived with a man?	<table style="width:100%; border:none;"> <tr> <td>YES, FORMERLY MARRIED</td> <td align="right">1</td> </tr> <tr> <td>YES, LIVED WITH A MAN</td> <td align="right">2</td> </tr> <tr> <td>NO</td> <td align="right">3</td> </tr> </table>	YES, FORMERLY MARRIED	1	YES, LIVED WITH A MAN	2	NO	3	→511 →514																		
YES, FORMERLY MARRIED	1																										
YES, LIVED WITH A MAN	2																										
NO	3																										
506	What is your marital status now: are you widowed, divorced, or separated?	<table style="width:100%; border:none;"> <tr> <td>WIDOWED</td> <td align="right">1</td> </tr> <tr> <td>DIVORCED</td> <td align="right">2</td> </tr> <tr> <td>SEPARATED</td> <td align="right">3</td> </tr> </table>	WIDOWED	1	DIVORCED	2	SEPARATED	3	→511																		
WIDOWED	1																										
DIVORCED	2																										
SEPARATED	3																										
507	Is your husband/partner living with you now or is he staying elsewhere?	<table style="width:100%; border:none;"> <tr> <td>LIVING WITH HER</td> <td align="right">1</td> </tr> <tr> <td>STAYING ELSEWHERE</td> <td align="right">2</td> </tr> </table>	LIVING WITH HER	1	STAYING ELSEWHERE	2																					
LIVING WITH HER	1																										
STAYING ELSEWHERE	2																										
508	Does your husband have any other wives besides yourself?	<table style="width:100%; border:none;"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	→511																		
YES	1																										
NO	2																										
DON'T KNOW	8																										
509	How many other wives does he have?	<table style="width:100%; border:none;"> <tr> <td>NUMBER OF OTHER WIVES</td> <td align="center"> <table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">.98</td> </tr> </table>	NUMBER OF OTHER WIVES	<table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table>			DON'T KNOW98																			
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DON'T KNOW98																										
511	Have you been married or lived with a man only once, or more than once?	<table style="width:100%; border:none;"> <tr> <td>ONCE</td> <td align="right">1</td> </tr> <tr> <td>MORE THAN ONCE</td> <td align="right">2</td> </tr> </table>	ONCE	1	MORE THAN ONCE	2																					
ONCE	1																										
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512	<p>CHECK 511:</p> <table style="width:100%; border:none;"> <tr> <td style="width:50%; vertical-align:top;"> MARRIED/LIVED WITH A MAN ONLY ONCE <input style="width:40px; height:15px;" type="text"/> ↓ In what month and year did you start living with your husband/partner? </td> <td style="width:50%; vertical-align:top;"> MARRIED/LIVED WITH A MAN MORE THAN ONCE <input style="width:40px; height:15px;" type="text"/> ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him? </td> </tr> </table>	MARRIED/LIVED WITH A MAN ONLY ONCE <input style="width:40px; height:15px;" type="text"/> ↓ In what month and year did you start living with your husband/partner?	MARRIED/LIVED WITH A MAN MORE THAN ONCE <input style="width:40px; height:15px;" type="text"/> ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him?	<table style="width:100%; border:none;"> <tr> <td>MONTH</td> <td align="center"> <table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>DON'T KNOW MONTH</td> <td align="right">98</td> </tr> <tr> <td>YEAR</td> <td align="center"> <table border="1" style="display:inline-table; width:80px; height:20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>DON'T KNOW YEAR</td> <td align="right">9998</td> </tr> </table>	MONTH	<table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table>			DON'T KNOW MONTH	98	YEAR	<table border="1" style="display:inline-table; width:80px; height:20px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					DON'T KNOW YEAR	9998	→514								
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DON'T KNOW YEAR	9998																										
513	How old were you when you started living with him?	<table style="width:100%; border:none;"> <tr> <td>AGE</td> <td align="center"> <table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table> </td> </tr> </table>	AGE	<table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table>																							
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514	How old were you when you had your first period?	<table style="width:100%; border:none;"> <tr> <td>AGE</td> <td align="center"> <table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table> </td> </tr> </table>	AGE	<table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table>																							
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515	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some health and family planning issues.</p> <p>When was the last time you had sexual intercourse (if ever)?</p>	<table style="width:100%; border:none;"> <tr> <td>NEVER</td> <td align="right">000</td> </tr> <tr> <td>DAYS AGO</td> <td align="right">1</td> <td align="center"> <table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>WEEKS AGO</td> <td align="right">2</td> <td align="center"> <table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>MONTHS AGO</td> <td align="right">3</td> <td align="center"> <table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>YEARS AGO</td> <td align="right">4</td> <td align="center"> <table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td>BEFORE LAST BIRTH</td> <td align="right">996</td> </tr> </table>	NEVER	000	DAYS AGO	1	<table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table>			WEEKS AGO	2	<table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table>			MONTHS AGO	3	<table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table>			YEARS AGO	4	<table border="1" style="display:inline-table; width:40px; height:20px;"> <tr><td> </td><td> </td></tr> </table>			BEFORE LAST BIRTH	996	→608 →517
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BEFORE LAST BIRTH	996																										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515A	Can you describe your relationship with the person you last had sexual intercourse with?	MARITAL PARTNER 01 OTHER REGULAR PARTNER 02 CASUAL ACQUAINTANCE 03 SOMEONE JUST MET 04 COMMERCIAL SEX WORKER 05 OTHER _____ 96 (SPECIFY)	
516	CHECK 301 AND 302: KNOWS CONDOM  DOES NOT KNOW CONDOM  The last time you had sex, was a condom used? Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?	YES 1 →516B NO 2 →516B DON'T KNOW 8	
516A	If not, what are the reasons why you didn't use one? RECORD ALL MENTIONED What is the Main Reason? 	WANTS CHILDREN A PERCEIVED LOW OR NO RISK OF STD/HIV B RESPONDENT DISLIKE C PARTNER DISLIKE D CULTURAL/RELIGIOUS PROHIBITION E DID NOT KNOW CONDOMS F DID NOT KNOW HOW TO USE CONDOM G BAD PREVIOUS EXPERIENCE WITH CONDOM H INCONVENIENT TO USE I LACK OF SPONTANEITY J DID NOT KNOW SOURCE OF CONDOMS K EMBARRASSED TO GET L INCONVENIENT TO GET M DIDN'T HAVE A CONDOM N COST TOO MUCH O NO/LESS SENSATION WITH CONDOM P SUGGESTS LACK OF TRUST OF PARTNER Q SUGGESTS LACK OF LOVE OF PARTNER R FEAR OF LOSING IT INSIDE S WASTES SPERM T RUBBER SMELL U PARTNER OR SELF HAS BURNING/ DISCOMFORT WHEN USING CONDOM V PREFER SEX 'FLESH TO FLESH' W CONDOM USE NOT COOL/MANLY/ TRENDY Y OTHER _____ X (SPECIFY) DON'T KNOW Z	
516B	In the last 12 months, with how many different men have you had sexual intercourse?	NUMBER 	
517	Do you know of a place where you can get condoms?	YES 1 NO 2	→519

518	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>DAY HOSP/CLINIC</p> <p>COMMUNITY HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER . . 15</p> <p>OTHER PUBLIC 16</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIENDS/RELATIVES 33</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p>	
519	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE <input type="text"/></p> <p>FIRST TIME WHEN MARRIED 96</p>	



SECTION 6. FERTILITY PREFERENCES




NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 314: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→612
602	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT .. 3 UNDECIDED/DON'T KNOW 8	→604 →606 →604
603	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="checkbox"/> YEARS 2 <input type="checkbox"/> SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	→606
604	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→607
605	If you became pregnant in the next few weeks, would you be <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY 1 UNHAPPY 2 WOULD NOT MATTER 3	
606	CHECK 313: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→612
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES 1 NO 2 DON'T KNOW 8	→609
608	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→610
609	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 CALENDER/RHYTHM 08 WITHDRAWAL 09 HERB/REMEDIES 10 OTHER 96 (SPECIFY) UNSURE 98	→612


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
610	<p>What is the main reason that you think you will never use a method?</p>	<p>FERTILITY-RELATED REASONS INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 INFERTILE 24 WANTS MORE CHILDREN 26</p> <p>OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED . 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34</p> <p>LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>																									
612	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NUMBER <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>																									
614	<p>Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?</p>	<p>APPROVE 1 DISAPPROVE 2 NO OPINION 3</p>																									
615	<p>Is it acceptable or not acceptable to you for information on family planning to be provided:</p> <p>On the radio? On the television?</p>	<table border="0"> <tr> <td></td> <td></td> <td>NOT</td> <td></td> </tr> <tr> <td></td> <td>ACCEPT-</td> <td>ACCEPT-</td> <td></td> </tr> <tr> <td></td> <td>ABLE</td> <td>ABLE</td> <td>DK</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>			NOT			ACCEPT-	ACCEPT-			ABLE	ABLE	DK	RADIO	1	2	8	TELEVISION	1	2	8					
		NOT																									
	ACCEPT-	ACCEPT-																									
	ABLE	ABLE	DK																								
RADIO	1	2	8																								
TELEVISION	1	2	8																								
616	<p>In the last few months have you heard about family planning and sterilization:</p> <p>On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?</p>	<table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE .</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER</td> <td>1</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES .</td> <td>1</td> <td>1</td> <td>2</td> </tr> </table>			YES	NO	RADIO	1	1	2	TELEVISION	1	1	2	NEWSPAPER OR MAGAZINE .	1	1	2	POSTER	1	1	2	LEAFLETS OR BROCHURES .	1	1	2	
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POSTER	1	1	2																								
LEAFLETS OR BROCHURES .	1	1	2																								
618	<p>In the last few months have you discussed the practice of family planning with your friends, neighbours, or relatives?</p>	<p>YES 1 NO 2</p>	<p>→620</p>																								
619	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F MOTHER-IN-LAW G FRIENDS/NEIGHBOURS H</p> <p>OTHER _____ X (SPECIFY)</p>																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	CHECK 502: YES, <input type="checkbox"/> YES, <input type="checkbox"/> NO, <input type="checkbox"/> CURRENTLY MARRIED WITH A MAN LIVING WITH A MAN NOT IN UNION		→701
621	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
622	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	
623	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	
624	Who makes the decisions about using methods to avoid pregnancy?	REPENDENT DECIDES 01 HUSBAND/PARTNER DECIDES 02 JOINTLY 03 OTHER _____ 96 (SPECIFY)	

SECTION 7: TREATMENT OF WOMEN IN THE HOUSEHOLD

Now I would like to ask you some difficult questions about how you have been treated in your life by other people.			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502: MARRIED, LIVING WITH A MAN 	NO UNION 	→703
702	Within the last year, has your partner/husband regularly not provided money you need for food, rent or bills but has money for other things?	YES 1 NO 2	
703	Over the last year, has anyone ever kicked, bitten, slapped, hit you with a fist, threaten you with a weapon, such as a knife, a stick, or a gun, or thrown something at you?	YES 1 NO 2 NO ANSWER 3	→705
704	Have any of your boyfriends or husbands ever kicked, bitten, slapped, hit you with a fist, threaten you with a weapon, such as a knife, a stick, or a gun, or thrown something at you?	YES 1 NO 2 NO ANSWER 3	→707 └→712
705	Can you tell me who has done this to you? Anyone else? RECORD ALL MENTIONED PROBE IF NOT MENTIONED	CURRENT HUSBAND/PARTNER A FORMER HUSBAND/PARTNER B BOYFRIEND C FATHER D BROTHER E SON F DAUGHTER G MOTHER H FATHER-IN-LAW I MOTHER-IN-LAW J OTHER MALE RELATIVE K OTHER FEMALE RELATIVE L MANAGER/FOREMAN/EMPLOYER M ASSAILANT N OTHER _____ X (SPECIFY) NO ANSWER Y	
706	Who is the person who did or does beat you most often?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 BOYFRIEND 03 FATHER 04 BROTHER 05 SON 06 DAUGHTER 07 MOTHER 08 FATHER-IN-LAW 09 MOTHER-IN-LAW 10 OTHER MALE RELATIVE 11 OTHER FEMALE RELATIVE 12 MANAGER/FOREMAN/EMPLOYER 13 OTHER _____ 96 (SPECIFY) NO ANSWER 98	
707	Is or was this person always, sometimes or never "on something" (drugs or alcohol) when he/she did this to you?	ALWAYS 1 SOMETIMES 2 NEVER 3 NO ANSWER 8	

708	In the past one year, approximately how many times did this happen to you? IF NONE WRITE '00'	TIMES  NO ANSWER 96	
709	Have you ever left a husband/partner because you were being beaten?	YES 1 NO 2	
710	When you were pregnant, has anyone ever kicked, bitten, slapped, hit you with a fist, threaten you with a weapon, such as a knife, a stick, or a gun, or thrown something at you?	YES 1 NO 2 NEVER BEEN PREGNANT 3	
711	In the past year, have you ever been so seriously hurt during a beating that you needed medical attention even if you did not see a doctor?	YES 1 NO 2 NO ANSWER 3	
712	Has anyone ever forced you to have sexual intercourse against your will by threatening, holding you down or hurting you in some way?	YES 1 NO 2	→715
713	Has anyone ever persuaded you to have sexual intercourse when you did not want to?	YES 1 NO 2	→718
715	Did this happen before you were 15 years old?	YES 1 NO 2 NO ANSWER 3	└→718
716	How old were you when this first happened?	AGE 	
717	Who did this to you?	FATHER 01 OTHER MALE RELATIVE 02 BROTHER 03 FAMILY FRIEND/LODGER 04 LANDLORD/FARMER 05 SCHOOL TEACHER/PRINCIPAL 06 MAN/BOY FROM NEIGHBOURHOOD/ SCHOOL/CHURCH 07 MANAGER/FOREMAN/EMPLOYER . . . 08 STEPFATHER/MOTHER'S BOYFRIEND 09 BOYFRIEND/HUSBAND 10 STRANGER/RECENT ACQUAINTANCE 11 OTHER _____ 96 (SPECIFY)	└→724
718	Before you were 15 years old, did any man touch you against your will in a sexual way, such as unwanted touching, kissing, grabbing or fondling?	YES 1 NO 2 NO ANSWER 3	└→721
719	How old were you when this first happened?	AGE 	
720	Who did this to you?	FATHER 01 OTHER MALE RELATIVE 02 BROTHER 03 FAMILY FRIEND/LODGER 04 LANDLORD/FARMER 05 SCHOOL TEACHER/PRINCIPAL 06 MAN/BOY FROM NEIGHBOURHOOD/ SCHOOL/CHURCH 07 MANAGER/FOREMAN/EMPLOYER . . . 08 STEPFATHER/MOTHER'S BOYFRIEND 09 BOYFRIEND/HUSBAND 10 STRANGER/RECENT ACQUAINTANCE 11 OTHER _____ 96 (SPECIFY)	





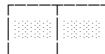

721	Before you were 15 years old, did any man force you to touch his private parts against your will?	YES 1 NO 2 NO ANSWER 8	→724
722	How old were you when this first happened	AGE 	
723	Who did this to you?	FATHER 01 OTHER MALE RELATIVE 02 BROTHER 03 FAMILY FRIEND/LODGER 04 LANDLORD/FARMER 05 SCHOOL TEACHER/PRINCIPAL 06 MAN/BOY FROM NEIGHBOURHOOD/ SCHOOL/CHURCH 07 MANAGER/FOREMAN/EMPLOYER 08 STEPFATHER/MOTHER'S BOYFRIEND 09 BOYFRIEND/HUSBAND 10 STRANGER/RECENT ACQUAINTANCE 11 OTHER _____ 96 (SPECIFY)	
724	Have you tried to get help from services of any kind because of beatings or other bad treatment?	YES 1 NO 2	→726
725	What do or did you use?	SHELTER A COUNSELLING B WOMEN'S CENTRE C SOCIAL WORKER D POLICE E CLINIC/HOSPITAL F OTHER _____ X (SPECIFY)	
726	Would you have liked to have had help from a service that was not available?	YES 1 NO 2	→801
727	What service would have been helpful to you?	SHELTER A COUNSELLING B WOMEN'S CENTRE C SOCIAL WORKER D POLICE E CLINIC/HOSPITAL F OTHER _____ X (SPECIFY)	

SECTION 8: AIDS










NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called AIDS?	YES 1 NO 2	→901
802	How much information about HIV/AIDS did you obtain from each of the following sources: Answer each question with a lot, some or none a) TV? b) Radio? c) Newspaper? d) Pamphlets? e) Health Workers? f) Friends? g) Partner(s)? h) Relatives?	A LOT SOME NONE TV 1 2 3 RADIO 1 2 3 NEWSPAPER 1 2 3 PAMPHLETS 1 2 3 HEALTH WORKERS 1 2 3 FRIENDS 1 2 3 PARTNER(S) 1 2 3 RELATIVES 1 2 3	
803	I am going to read out some statements about protection against HIV/AIDS. For each statement, please tell me whether you think it is true or not. People can protect themselves from HIV/AIDS by: a) having a good diet b) staying with one faithful partner c) avoiding public toilets d) using condoms during sexual intercourse e) avoiding touching a person who has AIDS f) avoiding sharing food with a person who has AIDS g) avoiding being bitten by mosquitos or similar insects h) making sure any injection they have is done with a clean needle l) avoid sharing razor blades	TRUE NOT TRUE DON'T KNOW DIET 1 2 8 FAITHFUL 1 2 8 AVOID TOILETS 1 2 8 CONDOMS 1 2 8 AVOID TOUCH 1 2 8 AVOID SHARED FOOD 1 2 8 AVOID MOSQUITOS 1 2 8 CLEAN INJECTION 1 2 8 AVOID RAZOR 1 2 8	
804	Do you think that a person infected with the AIDS virus always shows symptoms or can such a person look perfectly healthy?	ALWAYS SHOWS SYMPTOMS 1 CAN LOOK HEALTHY 2 DON'T KNOW 8	
804A	I am going to ask you some questions about the need for people to be informed about their HIV/AIDS status: a) should people with AIDS be told about their status? b) should people diagnosed HIV positive be told about their status? c) should HIV/AIDS patients tell their partner(s) about their status? d) should the reporting of AIDS status to health authorities be made mandatory by law? e) should the reporting of HIV status to health authorities be made mandatory by law?	TRUE NOT TRUE DON'T KNOW TOLD ABOUT AIDS 1 2 8 TOLD ABOUT HIV 1 2 8 TELL PARTNERS 1 2 8 REPORT AIDS 1 2 8 REPORT HIV 1 2 8	
805	Do you personally know someone who has been diagnosed with HIV/AIDS or who has died of AIDS?	YES 1 NO 2	→901
805A	How much assistance and support do you think AIDS patients receive from each of the following: Answer the questions with a lot, some or none. a) employers? b) co-workers? c) insurance companies? d) health workers? e) friends? f) partner(s)? g) relatives?	A LOT SOME NONE A) EMPLOYERS 1 2 3 B) CO-WORKERS 1 2 3 C) INSURANCE C. 1 2 3 D) HEALTH WORKERS 1 2 3 E) FRIENDS 1 2 3 F) PARTNER(S) 1 2 3 G) RELATIVES 1 23	

SECTION 9 - MATERNAL MORTALITY

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
901	<p>Now I would like to ask 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.</p> <p>How many children did your mother give birth to, including you?</p>					
	<p>NUMBER OF BIRTHS TO NATURAL MOTHER</p> <div style="text-align: right;"> <input style="width: 40px; height: 20px;" type="text"/> </div>					
902	<p align="center">CHECK 901: TWO OR MORE BIRTHS ONLY ONE BIRTH (RESPONDENT ONLY)</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> ↓ </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px;" type="text"/> → 1001 </div> </div>					
903	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS</p> <div style="text-align: right;"> <input style="width: 40px; height: 20px;" type="text"/> </div>				
904	905	906	907	908	909	910
<p>What was the name given to your eldest (next oldest) brother or sister?</p> <p>[1] _____</p>	<p>Is (NAME) male or female?</p> <p>MALE 1 FEMALE ... 2</p>	<p>Is (NAME) still alive?</p> <p>YES 1 NO 2 GO TO 908 ↵ DK 8 GO TO [2] ↵</p>	<p>How old is (NAME)?</p> <div style="text-align: right;"> <input style="width: 40px; height: 20px;" type="text"/> </div> <p>GO TO [2]</p>	<p>In what year did (NAME) die?</p> <div style="text-align: right;"> <input style="width: 60px; height: 20px;" type="text"/> </div> <p>GO TO 910 ↵ DK 9998</p>	<p>How many years ago did (NAME) die?</p> <div style="text-align: right;"> <input style="width: 40px; height: 20px;" type="text"/> </div>	<p>How old was (NAME) when she/he died?</p> <div style="text-align: right;"> <input style="width: 40px; height: 20px;" type="text"/> </div> <p>IF MALE OR DIED BEFORE AGE 12 GO TO [2]</p>
<p>[2] _____</p>	<p>MALE 1 FEMALE ... 2</p>	<p>YES 1 NO 2 GO TO 908 ↵ DK 8 GO TO [3] ↵</p>	<p>GO TO [3]</p>	<p>GO TO 910 ↵ DK 9998</p>		<p>IF MALE OR DIED BEFORE AGE 12 GO TO [3]</p>
<p>[3] _____</p>	<p>MALE 1 FEMALE ... 2</p>	<p>YES 1 NO 2 GO TO 908 ↵ DK 8 GO TO [4] ↵</p>	<p>GO TO [4]</p>	<p>GO TO 910 ↵ DK 9998</p>		<p>IF MALE OR DIED BEFORE AGE 12 GO TO [4]</p>
<p>[4] _____</p>	<p>MALE 1 FEMALE ... 2</p>	<p>YES 1 NO 2 GO TO 908 ↵ DK 8 GO TO [5] ↵</p>	<p>GO TO [5]</p>	<p>GO TO 910 ↵ DK 9998</p>		<p>IF MALE OR DIED BEFORE AGE 12 GO TO [5]</p>
<p>[5] _____</p>	<p>MALE 1 FEMALE ... 2</p>	<p>YES 1 NO 2 GO TO 908 ↵ DK 8 GO TO [6] ↵</p>	<p>GO TO [6]</p>	<p>GO TO 910 ↵ DK 9998</p>		<p>IF MALE OR DIED BEFORE AGE 12 GO TO [6]</p>
<p>[6] _____</p>	<p>MALE 1 FEMALE ... 2</p>	<p>YES 1 NO 2 GO TO 908 ↵ DK 8 GO TO [7] ↵</p>	<p>GO TO [7]</p>	<p>GO TO 910 ↵ DK 9998</p>		<p>IF MALE OR DIED BEFORE AGE 12 GO TO [7]</p>

911 Was (NAME) pregnant when she died?	912 Did (NAME) die during childbirth?	913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	914 Was her death due to complications of pregnancy or childbirth?	915 How many children did (NAME) give birth to during her lifetime?
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [2]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [3]
YES 1] GOT TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [4]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [5]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [6]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [7]

904 What was the name given to your eldest (next oldest) brother or sister?	905 Is (NAME) male or female?	906 Is (NAME) still alive?	907 How old is (NAME)?	908 In what year did (NAME) die?	909 How many years ago did (NAME) die?	910 How old was (NAME) when she/he died?
[7] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 ↙ DK 8 ↘ GO TO [8] ↙	<input type="text"/> GO TO [8]	<input type="text"/> GO TO 910 ↙ DK 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [8]
[8] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 ↙ DK 8 ↘ GO TO [9] ↙	<input type="text"/> GO TO [9]	<input type="text"/> GO TO 910 ↙ DK 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [9]
[9] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 ↙ DK 8 ↘ GO TO [10] ↙	<input type="text"/> GO TO [10]	<input type="text"/> GO TO 910 ↙ DK 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [10]
[10] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 ↙ DK 8 ↘ GO TO [11] ↙	<input type="text"/> GO TO [11]	<input type="text"/> GO TO 910 ↙ DK 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [11]
[11] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 ↙ DK 8 ↘ GO TO [12] ↙	<input type="text"/> GO TO [12]	<input type="text"/> GO TO 910 ↙ DK 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [12]
[12] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 ↙ DK 8 ↘ GO TO [13] ↙	<input type="text"/> GO TO [13]	<input type="text"/> GO TO 910 ↙ DK 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [13]
[13] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 ↙ DK 8 ↘ GO TO [14] ↙	<input type="text"/> GO TO [14]	<input type="text"/> GO TO 910 ↙ DK 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [14]
[14] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 ↙ DK 8 ↘ GO TO [15] ↙	<input type="text"/> GO TO [15]	<input type="text"/> GO TO 910 ↙ DK 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [15]
[15] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 ↙ DK 8 ↘ GO TO [16] ↙	<input type="text"/> GO TO [16]	<input type="text"/> GO TO 910 ↙ DK 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [16]

911 Was (NAME) pregnant when she died?	912 Did (NAME) die during childbirth?	913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	914 Was her death due to complications of pregnancy or childbirth?	915 How many children did (NAME) give birth to during her lifetime?
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [8]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [9]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [10]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [11]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [12]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [13]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [14]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [15]
YES 1] GO TO 914 ↓] NO 2	YES 1] GO TO 915 ↓] NO 2	YES 1 NO 2] GO TO 915 ↓]	YES 1 NO 2	 GO TO [16]

SECTION 10. HUSBAND'S BACKGROUND, WOMAN'S WORK AND RESIDENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	CHECK 502 AND 504: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/>		→1003 →1009
1002	How old was your husband/partner on his last birthday?	AGE <input type="text"/>	
1003	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→1005
1004	What was the highest (standard/year) he completed at school?	LESS THAN 1 YEAR COMPLETED . 00 SUB A/CLASS 1 71 SUB B/CLASS 2 72 STANDARD 1 01 STANDARD 2 02 STANDARD 3 03 STANDARD 4 04 STANDARD 5 05 STANDARD 6 06 STANDARD 7 07 STANDARD 8 08 STANDARD 9 09 STANDARD 10 10 FURTHER STUDIES INCOMPLETE . 11 DIPLOMA/OTHER POSTSCHOOL COMPLETE 12 FURTHER DEGREE COMPLETE . . 13 DON'T KNOW 98	
1005	Does your husband/partner currently work?	YES 1 NO 2 DON'T KNOW 8	
1006	What (is/was) your (last) husband/partner's occupation? That is, what kind of work (does/did) he mainly do?	<input type="text"/> <hr/> <hr/> <hr/>	
1009	Aside from your own housework, are you currently working for money?	YES 1 NO 2	→101 2
1010	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	→101 2
1011	Have you done any work in the last 12 months?	YES 1 NO 2	→102 6
1012	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <hr/> <hr/> <hr/>	
1015	Do you do this work for a family business, are you employed by someone outside the family or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
1016	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	→1018 →1019

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1017	During the last 12 months, how many months did you work?	NUMBER OF MONTHS ... <input type="text"/>	
1018	During the last 12 months, how many days a week did you usually work (in the months that you worked) ?	NUMBER OF DAYS <input type="text"/>	→1020
1019	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS .. <input type="text"/>	
1020	Do you earn cash for your work? PROBE: Do you make money for working?	YES 1 NO 2	→1023
1021	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR 1 <input type="text"/> PER DAY . 2 <input type="text"/> PER WEEK 3 <input type="text"/> PER MONTH4 <input type="text"/> PER YEAR 5 <input type="text"/> OTHER _____ 9999996 (SPECIFY)	
1022	CHECK 502: YES, <input type="checkbox"/> CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? O, NOT IN UNION <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES 1 HUSBAND/PARTNER DECIDES 2 JOINTLY WITH HUSBAND/PARTNER 3 SOMEONE ELSE DECIDES 4 JOINTLY WITH SOMEONE ELSE ... 5	
1023	Do you usually work at home or away from home?	HOME 1 AWAY 2	
1024	CHECK 222 AND 223: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→1026
1025	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT 01 HUSBAND/PARTNER 02 OLDER FEMALE CHILD 03 OLDER MALE CHILD 04 OTHER RELATIVES 05 NEIGHBORS 06 FRIENDS 07 SERVANTS/HIRED HELP 08 CHILD IS IN SCHOOL 09 INSTITUTIONAL CHILD CARE 10 HAS NOT WORKED SINCE LAST BIRTH 95 OTHER _____ 96 (SPECIFY)	
1026	RECORD THE TIME	HOURS <input type="text"/> MINUTES <input type="text"/>	

INTERVIEWERS OBSERVATION

Comments about the respondent/s:

Comments on Specific Questions:

Any other comments:

SUPERVISOR'S OBSERVATION

Name of Supervisor: -----

Date: -----

EDITOR'S OBSERVATIONS

Name of Editor: -----

Date: -----