QUESTIONNAIRES *Appendix F*

2002-2003 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

Confidential

I. IDENTIFICATION	CODE
1. PROVINCE _____	
2. REGENCY/MUNICIPALITY _____	
3. SUB DISTRICT _____	
4. VILLAGE *) _____	
5. URBAN/RURAL **) URBAN - 1 RURAL - 2	
6. CENSUS BLOCK NUMBER _____	
7. 2002 IDHS SAMPLE CODE	
8. HOUSEHOLD NUMBER	
9. NAME OF HOUSEHOLD HEAD _____	
10. SELECTED FOR MALE SURVEY? **) YES - 1 NO - 2	

II. INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE OF INTERVIEW	_____	_____	_____	DATE	
				MONTH	
				YEAR	
INTERVIEWER'S NAME	_____	_____	_____	INTERVIEWER	
RESULT VISIT ***)	_____	_____	_____	FINAL RESULT	
NEXT VISIT DATE	_____	_____		TOTAL NUMBER OF VISITS	
TIME	_____	_____			

***) RESULT CODES

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME OR COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4 POSTPONED
5 REFUSED
6 DWELLING VACANT OR ADDRESS NOT A DWELLING
7 DWELLING DESTROYED
8 DWELLING NOT FOUND
9 OTHER _____
                (SPECIFY)

TOTAL PERSONS IN HOUSEHOLD	
TOTAL MARRIED MEN 15-54	
TOTAL EVER-MARR. WOMEN 15-49	
TOTAL UNMARRIED MEN/WOMEN 15-24	
LINE NO. OF RESP. TO HOUSEHOLD QUEST.	

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

*) Cross out category not used   ***) Choose suitable code   **) Circle selected category

III. HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now

NO	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	AGE 15 AND ABOVE	ELIGIBILITY		
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household? *	Is (NAME) male or female?		Does (NAME) usually live here?		Did (NAME) stay here last night?		How old is (NAME)?	What is (NAME)'s marital status? **	CIRCLE LINE NUMBER OF ALL MARRIED MEN AGE 15-54 YEARS	CIRCLE LINE NUMBER OF ALL EVER MARRIED WOMEN AGE 15-49 YEARS	CIRCLE LINE NUMBER OF UN-MARRIED WOMEN AND MEN AGE 15-24 YEARS
(1)	(2)	(3)	(4)		(5)		(6)		(7)	(8)	(9)	(10)	(10A)
			M	F	YES	NO	YES	NO	YEARS				
01			1	2	1	2	1	2			01	01	01
02			1	2	1	2	1	2			02	02	02
03			1	2	1	2	1	2			03	03	03
04			1	2	1	2	1	2			04	04	04
05			1	2	1	2	1	2			05	05	05
06			1	2	1	2	1	2			06	06	06
07			1	2	1	2	1	2			07	07	07
08			1	2	1	2	1	2			08	08	08
09			1	2	1	2	1	2			09	09	09
10			1	2	1	2	1	2			10	10	10
11			1	2	1	2	1	2			11	11	11
12			1	2	1	2	1	2			12	12	12
13			1	2	1	2	1	2			13	13	13
14			1	2	1	2	1	2			14	14	14
15			1	2	1	2	1	2			15	15	15

*) CODES FOR COLUMN (3):
RELATIONSHIP TO HEAD OF HOUSEHOLD

01 = HEAD OF HOUSEHOLD
02 = WIFE OR HUSBAND
03 = CHILD
04 = SON OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
09 = OTHER RELATIVE
10 = ADOPTED CHILD
11 = STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

**) CODES FOR COLUMN (8):
MARITAL STATUS

1 = SINGLE
2 = MARRIED
3 = DIVORCED
4 = WIDOWED

***) COLUMNS (11) TO COLUMN (14):
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD

COLUMN (12) AND COLUMN (14):
RECORD '00' IF NATURAL MOTHER OR FATHER DOES NOT LIVE IN HOUSEHOLD

****) CODES FOR COLUMN (16):
LEVEL OF EDUCATION

1 = PRIMARY
2 = JUNIOR HIGH SCHOOL
3 = SENIOR HIGH SCHOOL
4 = ACADEMY
5 = UNIVERSITY
8 = DON'T KNOW

CLASS
7 = COMPLETED
8 = DON'T KNOW

PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD ***				EDUCATION		
	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	IF AGE 5 YEARS OR OLDER		
Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN HH SCHEDULE.		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. RECORD '00' IF NOT LISTED IN HH SCHEDULE.	Has (NAME) ever been to school?	What is highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? ****	IF AGE 5-24YEARS Is (NAME) still in school?
(11)	(12)	(13)	(14)	(15)	(16)	(17)
YES NO DK		YES NO DK		YES NO	LEVEL GRADE	YES NO
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2
1 2 8	☐☐	1 2 8	☐☐	1 2 NEXT LINE←	☐ ☐	1 2

TICK HERE IF CONTINUATION SHEET USED ☐

Just to make sure that I have a complete listing:

1) Are there other persons such as small children or infants that we have not listed? YES ☐ ENTER EACH IN TABLE NO ☐

2) Are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ☐ ENTER EACH IN TABLE NO ☐

3) Are there any guests or temporary visitors staying here, or anyone else who slept here for six months or more, who have not been listed? YES ☐ ENTER EACH IN TABLE NO ☐

4) Are there any other people who usually live here, but have been away for less than 6 months? YES ☐ ENTER EACH IN TABLE NO ☐

5) Are there any people who have been listed as members of household have been away for less than 6 months but intended to move? YES ☐ ENTER EACH IN TABLE NO ☐

IV. HOUSING CONDITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

18	What is the main source of drinking water for members of your household?	PIPED WATER
		    PIPED INTO DWELLING 11
		    PIPED INTO YARD/PLOT 12
		    PUBLIC TAP 13
		OPEN WELL
		  OPEN WELL IN DWELLING 21
		  OPEN WELL IN YARD/PLOT 22
		  OPEN PUBLIC WELL 23
		PROTECTED WELL
		  PROTECTED WELL IN DWELLING . . 31
		  PROTECTED WELL IN YARD/PLOT . 32
		  PROTECTED PUBLIC WELL 33
		SPRING 41
		RIVER/STREAM 42
		POND/LAKE 43
		DAM 44
		RAIN WATER 51
		TANKER TRUCK 61
		BOTTLED WATER 71
		OTHER 96
			→ 20
			
			→ 20
			
			→ 20
			
			→ 20
			→ 20

19	How long does it take you to go there, get water, and come back?	MINUTES . . . . ☐☐☐ ON PREMISES 996	

20	What kind of toilet facilities does your household have?	PRIVATE
		  WITH SEPTIC TANK 11
		  WITH NO SEPTIC TANK 12
		SHARED/PUBLIC 21
		RIVER/STREAM/CREEK 31
		PIT 41
		YARD/BUSH/FOREST 51
		
		OTHER_____ 96
		                (SPECIFY)	

21	CHECK 18:
	    WELL ☐ OTHER THAN CODES ☐
	  CODES 21, 22, 23, 31, 32, 33 21, 22, 23, 31, 32, 33
	    ▼
			→ 23

22	How far is the distance between the well and the nearest septic tank? (ROUNDED UP IN METER).	METERS . . . . ☐☐ DON'T KNOW 98	
23	MAIN MATERIAL OF THE FLOOR. (RECORD OBSERVATION).	DIRT/EARTH . . . . 11 BAMBOO . . . . 21 WOOD . . . . 22 BRICK/CONCRETE . . . . 31 TILE . . . . 32 CERAMIC/MARBLE/GRANITE . . . . 33 OTHER_____ 96 (SPECIFY)	
24	What is the floor area of this house? (IN SQUARE METERS).	SQUARE METERS . . . . ☐☐☐ DON'T KNOW 998	
25	What is the primary construction material of the outer walls of this house?	BRICK . . . . 1 WOOD . . . . 2 BAMBOO . . . . 3 OTHER_____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
26	What is the primary construction material of the roof?	BRICK/CONCRETE . . . . 1 WOOD . . . . 2 TILE . . . . 3 ASBESTOS/ZINC . . . . 4 LEAVES . . . . 5 OTHER_____ 6 (SPECIFY)	
27	Does your household have: Electricity? Radio? Television? Telephone? Refrigerator?	YES NO ELECTRICITY . . . . 1 2 RADIO . . . . 1 2 TELEVISION . . . . 1 2 TELEPHONE . . . . 1 2 REFRIGERATOR 1 2	
28	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . 01 GAS . . . . 02 KEROSENE . . . . 03 COAL . . . . 04 CHARCOAL . . . . 05 FIREWOOD . . . . 06 OTHER 96	
29	Does any member of your household own: a. A bicycle/rowboat? b. A motorcycle or motorboat? c. A car/truck?	YES NO a. BICYCLE/ROWBOAT . . . . . . 1 2 b. MOTORCYCLE /MOTOR BOAT . . . . 1 2 c. CAR/TRUCK 1 2	

2002-2003 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE

Confidential

I. IDENTIFICATION	CODE

1. PROVINCE _____

2. REGENCY/MUNICIPALITY *) _____

3. SUB-DISTRICT _____

4. VILLAGE _____

5. URBAN/RURAL **)   URBAN - 1   RURAL - 2

6. CENSUS BLOCK NUMBER _____

7. 2002 IDHS SAMPLE CODE . . . .

8. HOUSEHOLD NUMBER . . . .

9. NAME OF HOUSEHOLD HEAD _____

10. NAME OF RESPONDENT _____

11. RESPONDENT'S LINE NUMBER . . . .

II. INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE OF INTERVIEW INTERVIEWER'S NAME RESULT ***)	_____	_____	_____	DATE MONTH YEAR NAME RESULT
NEXT VISIT DATE TIME	_____ _____	_____ _____		TOTAL NO. OF VISIT

***) RESULT CODES

1 COMPLETED
2 HOUSEHOLD MEMBER NOT AT HOME
3 POSTPONED
4 REFUSED
5 PARTLY COMPLETED
6 INCAPACITATED
7 OTHER _____ (SPECIFY)

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

*) Cross out category not used
**) Circle selected category

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is .... and I am working with (BPS). We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 30 and 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: ————————————————— Date: —————————————————

RESPONDENT AGREES TO BE INTERVIEWED .. 1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.... 2 ⇨ END

⇓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME	HOUR . . . . ☐☐ MINUTE . . . . ☐☐	
105	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. IF LESS THEN 15 OR OLDER THAN 49 END INTERVIEW. CORRECT 02IDHS-HH BLOCK III COLUMN (7).	AGE IN COMPLETED YEAR . . . . ☐☐	
106A	Are you now married, divorced or widowed ?	MARRIED . . . . 1 DIVORCED . . . . 2 WIDOWED 3	
107	Have you ever attended school?	YES . . . . 1 NO 2	→ 111
108	What is the highest level of school you attended: primary, junior high, senior high, academy or university?	PRIMARY . . . . 1 JUNIOR HIGH SCHOOL . . . . 2 SENIOR HIGH SCHOOL . . . . 3 ACADEMY . . . . 4 UNIVERSITY 5	
109	What is the highest (grade/year) you completed at that level? COMPLETED = 7	GRADE . . . . ☐	
110	CHECK 108: PRIMARY ☐ JUNIOR HIGH SCHOOL OR HIGHER ☐ ▼		→ 114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

111	Now I would like you to read this sentence to me:
	
	SHOW CARD TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read only part of the sentence to me?
		CAN NOT READ AT ALL 1
		ABLE TO READ ONLY PARTS
		   OF SENTENCE 2
		ABLE TO READ WHOLE
		   SENTENCE 3	

112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES . . . . 1 NO 2	

113	CHECK 111:
	     CODE '2' OR '3' ☐ CODE '1' ☐
	      CIRCLED CIRCLED
			→ 115

114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
117	What is your religion?	ISLAM . . . . 01 PROTESTANT . . . . 02 CATHOLIC . . . . 03 HINDU . . . . 04 BUDDHA . . . . 05 CONFUCIAN . . . . 06 OTHER 96	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES .... 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES .... 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME .... ☐☐ DAUGHTERS AT HOME ...... ☐☐	
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 .. ☐☐	
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 did not survive?	YES .... 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD .... ☐☐ GIRLS DEAD .... ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL .... ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ..... births during your life. Is that correct? YES ☐ NO ☐→ PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐		→ 226

4

211	Now I would like to record he names of all your births, whether still alive or not. Starting with the first one you had.
	RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

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

212	213	214	215	216	217 IF ALIVE	218 IF ALIVE	219 IF ALIVE	220 IF DEAD	221
What name was given to your (first/next) baby?	Were any of this births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE AT COM-PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF LESS THAN 1 DAY, RECORD '00' IN DAYS.	Were there any other live birth between (NAME OF PREVIOUS BIRTH) and (NAME)?
08 ____ (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . 1 NO .. 2 → 220	AGE IN YEARS	YES .. 1 NO ... 2	LINE NUMBER → (GO TO 221)	DAYS .. 1 MONTHS 2 YEARS . 3	YES ..... 1 NO 2
09 ____ (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . 1 NO .. 2 → 220	AGE IN YEARS	YES .. 1 NO ... 2	LINE NUMBER → (GO TO 221)	DAYS .. 1 MONTHS 2 YEARS . 3	YES ..... 1 NO 2
10 ____ (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . 1 NO .. 2 → 220	AGE IN YEARS	YES .. 1 NO ... 2	LINE NUMBER → (GO TO 221)	DAYS .. 1 MONTHS 2 YEARS . 3	YES ..... 1 NO 2
11 ____ (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . 1 NO .. 2 → 220	AGE IN YEARS	YES .. 1 NO ... 2	LINE NUMBER → (GO TO 221)	DAYS .. 1 MONTHS 2 YEARS . 3	YES ..... 1 NO 2
12 ____ (NAME)	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH YEAR	YES . 1 NO .. 2 → 220	AGE IN YEARS	YES .. 1 NO ... 2	LINE NUMBER → (GO TO 221)	DAYS .. 1 MONTHS 2 YEARS . 3	YES ..... 1 NO 2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES .... 1 NO 2

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐ NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH (Q 215): YEAR OF BIRTH IS RECORDED FOR EACH LIVING CHILD (Q 217): CURRENT AGE IS RECORDED FOR EACH DEAD CHILD (Q 220): AGE AT DEATH IS RECORDED FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.	☐ ☐ ☐ ☐	
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN JANUARY 1997 OR LATER. IF NONE, RECORD '0'.	☐	
225	FOR EACH BIRTH SINCE JANUARY 1997, ENTER 'L' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'H' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'H's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED). WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'L' CODE.		
226	Are you pregnant now? BE CAREFUL WHEN ASKING THIS QUESTION TO A DIVORCED OR WIDOWED WOMAN.	YES .... 1 NO .... 2 UNSURE 8	⌐→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'H'S IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS .... ☐☐	
228	At the time you became pregnant did you want became pregnant then, did you want to want to wait until later, or did you not want to have any (more) children at all?	THEN .... 1 LATER .... 2 NOT AT ALL 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES .... 1 NO 2	→ 237
230	When did the last such pregnancy end?	MONTH .... ☐☐ YEAR .... ☐☐☐☐	
231	CHECK 230: LAST PREGNANCY ENDED IN JANUARY 1997 ☐ LAST PREGNANCY ENDED BEFORE ☐ OR LATER ▾ JANUARY 1997		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'K' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS .... ☐☐	
233	Have you ever had any other pregnancies which did not result in a live birth?	YES .... 1 NO 2	→ 237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1997. ENTER 'K' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATION AND 'H' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that terminated before January 1997 that did not result in a live birth?	YES .... 1 NO 2	→ 237

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
236	When did the last such pregnancy that terminated before 1997 end?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
237	When did your last menstrual period start? <u> </u> (DATE, IF GIVEN)	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐ IF MENOPAUSE/HYSTERECTOMY . . . 994 BEFORE LAST BIRTH/LAST MISCARRIAGE . . . . 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→239A

239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD
		  BEGINS 1
		DURING HER PERIOD 2
		RIGHT AFTER HER PERIOD
		  HAS ENDED 3
		HALFWAY BETWEEN
		  TWO PERIODS 4
		
		OTHER<u> </u> 6
		           (SPECIFY)
		DON'T KNOW 8	

239A	CHECK 106A:
	
	           MARRIED ☐ DIVORCED/
	                         WIDOWED ☐
	               ▼
			→
			239G

239B	Did your husband know when you had your last menstrual period?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→239D

239C	Did your husband ask about your condition regarding your last menstrual period, such as:
	
	   Whether you had excessive bleeding?
	
	   Whether the period was on time?
	
	   The duration of the period?
	
	   Whether you had excessive pain?
	
	   Other concerns?
		YES NO DON'T
		                            KNOW
		BLEEDING 1 2 8
		
		ON TIME 1 2 8
		
		DURATION 1 2 8
		
		EXCESSIVE PAIN 1 2 8
		
		OTHER 1 2 8	

239D	CHECK 214:
	
	   HAS AT LEAST
	   ONE DAUGHTER ☐ NO DAUGHTER ☐
	                 ▼
			→
			239G

239E	CHECK 217:
	
	   HAS DAUGHTER(S)
	   AGE 10 OR OLDER ☐ HAS NO DAUGHTER
	                      AGE 10 OR OLDER ☐
	                 ▼
			→
			239G

8

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
239F	Did your husband know when (any of) your teenage daughter(s) had her first menstrual period?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
239G	Do you know the signs of danger during pregnancy?	YES . . . . 1 NO 2	→ 242
240	What kind of health problems can a woman have when she is pregnant? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	PROLONGED LABOR . . . . A VAGINAL BLEEDING . . . . B FEVER . . . . C CONVULSIONS . . . . D BABY IN WRONG POSITION . . . . E SWOLLEN LIMBS . . . . F FAINT . . . . G BREATHLESSNESS . . . . H TIREDNESS . . . . I OTHER X	
241	What should she do, if she experienced this problem? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING . . . . A REST . . . . B TAKE MEDICATION . . . . C TAKE HERBS . . . . D SEE TBA . . . . E SEE MIDWIFE . . . . F SEE DOCTOR . . . . G GO TO A HEALTH FACILITY . . . . H OTHER . . . . X DON'T KNOW . . . . Z	
242	Can you tell me what kind of problems can happen to a woman during labor and delivery? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	WATER BREAKS TOO EARLY . . . . A EXCESSIVE BLEEDING DURING AND AFTER DELIVERY . . . . B FEVER . . . . C LONG LABOR . . . . D FAINT . . . . E CONVULSIONS . . . . F PLACENTA DOES NOT COME OUT . . . . G STILLBIRTH . . . . H OTHER . . . . X DON'T KNOW . . . . Z	→ 244
243	What should she do if she experienced this problem? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING . . . . A REST . . . . B TAKE MEDICATION . . . . C TAKE HERBS . . . . D SEE TRADITIONAL BIRTH ATTENDANT . . . . E SEE MIDWIFE . . . . F SEE DOCTOR . . . . G GO TO A HEALTH FACILITY . . . . H OTHER . . . . X DON'T KNOW . . . . Z	
244	Can you tell me what kind of problems can happen to the mother during the time after birth/during seclusion? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	EXCESSIVE BLEEDING . . . . A FAINT . . . . B CONVULSIONS . . . . C FEVER . . . . D FOUL-SMELLING DISCHARGE . . . . E SORE BREAST . . . . F SADNESS/DEPRESSION . . . . G OTHER . . . . X DON'T KNOW . . . . Z	→ 301

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
245	What should she do, if she experienced this problem? Any other problems? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING . . . . A REST . . . . B TAKE MEDICATION . . . . C TAKE HERBS . . . . D SEE TBA . . . . E SEE MIDWIFE . . . . F SEE DOCTOR . . . . G GO TO A HEALTH FACILITY . . . . H OTHER . . . . X DON'T KNOW . . . . Z	

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid of a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

	301 Which ways or methods have you ever heard about?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION. Women can have an operation to avoid having any more children.	YES . . . . 1 NO . . . . 2 ¬	Have you ever had an operation to avoid having any more children? YES . . . . 1 NO 2
02	MALE STERILIZATION. Men can have an operation to avoid having any more children.	YES . . . . 1 NO . . . . 2 ¬	Have you ever had a husband who had an operation to avoid having any more children? YES . . . . 1 NO 2
03	PILL. Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
04	IUD. Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
05	INJECTABLES. Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
06	IMPLANTS. Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
07	CONDOM. Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
08	DIAPHRAGM. Women can place a contraceptive tissue or a thin flexible disk in their vagina before intercourse.	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM). Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned.	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
10	RHYTHM OR PERIODIC ABSTINENCE. Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
11	WITHDRAWAL. Men can be careful and pull out before climax.	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
12	OTHERS. Other methods that can prevent pregnancy.	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO . . . . 2 ¬	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2

303	CHECK 302:
	NOT A SINGLE 'YES' (NEVER USED) ▢ AT LEAST ONE 'YES' (EVER USED) ▢ —————————————————→307 ▼

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
304	Have you ever used anything or tried in a way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 306
305	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH		→ 329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant? How many living children did you have at that time, if any? IF NONE, ENTER '00'.	NUMBER OF CHILDREN . . . . [ ][ ]	
308	CHECK 302 (01): WOMAN NOT STERILIZED [ ] WOMAN STERILIZED [ ] ▼		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE [ ] PREGNANT [ ] ▼		→ 318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 318
311 311A	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. IF INJECTABLES, ASK FOR HOW MANY MONTHS. IF IMPLANTS, ASK FOR HOW MANY YEARS. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B PILL . . . . C IUD . . . . D INJECTION 1 MONTH . . . . E INJECTION 3 MONTHS . . . . F IMPLANT 3 YEARS . . . . G IMPLANT 5 YEARS . . . . H CONDOM . . . . I INTRAVAG/DIAPHRAGM . . . . J LACT. AMEN. METHOD . . . . K PERIODIC ABSTINENCE . . . . L WITHDRAWAL . . . . M OTHER _____ X (SPECIFY)	→ 313 → 316A → 312H → 312K → 316A → 316B → 318
312	Do you have a package of pills in the house?	YES . . . . 1 NO 2	→ 312B

312A	Please show me the package of pills you are now using.
	
	(RECORD TYPE OF PILLS).
	
	COMBINATION: SINGLE:
	  GRACIAL 28 EXCLUTON
	  GYNERA
	  LYNDIOL
	  MARVELON 28
	  MERCILON 28
	  MICROGYNON
	  MIKRODIOL
	  NORDETTE 28
	  OVOSTAT 28
	  LIVODIOL 28
	  TRINORDIOL 21/TRINORDIOL28
		PACKAGE SEEN
		
		  COMBINATION 1
		
		  SINGLE 2
		
		  OTHER 6
		
		PACKAGE NOT SEEN 8
			→ 312C

312B	Why don't you have a/can not show the package of pills?	RAN OUT . . . . 1 COST TOO MUCH . . . . 2 HUSBAND AWAY . . . . 3 MENSTRUATING . . . . 4 OTHER 6	→ 312E

12

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
312C	CHECK THE PACKET FOR PILL USE AND CIRCLE THE CORRECT CODE.	PILLS MISSING IN ORDER . . . . 1 PILLS MISSING OUT OF ORDER . . . . . 2 NO PILLS MISSING 3	→ 312E
312D	Why is it that you have not taken the pill (in order)?	DOESN'T KNOW WHAT TO DO . . . . . . 1 HEALTH REASONS . . . . 2 FIELDWORKER'S INSTRUCTION . . . . 3 NEW PACKET . . . . 4 MENSTRUATING . . . . 5 OTHER 6	
312E	When was the last time you took a pill?	DAYS AGO: . . . . ☐☐ MORE THAN ONE MONTH AGO 97	

312F	CHECK 312E:
	  MORE THAN TWO ☐ TWO DAYS AGO ☐
	  DAYS AGO OR LESS
	          ▼
			→ 316A

312G	Why aren't you taking the pills these days?	HUSBAND AWAY . . . . 01 FORGOT . . . . 02 HEALTH REASON . . . . 03 COST TOO MUCH . . . . 04 NO NEED TO TAKE DAILY . . . . 05 RAN OUT . . . . 06 MENSTRUATING . . . . 07 OTHER 96	→ 316A
312H	How many weeks ago did you have an injection?	WEEKS AGO: . . . . ☐☐	

312I	CHECK 311/311A:
	
	  CODE 'E' ☐ CODE 'F' ☐
	  CIRCLED CIRCLED
	      ▼ ▼		

312IA	CHECK 312H:
	
	  MORE THAN ☐ 4 WEEKS ☐ MORE THAN ☐ 4 WEEKS ☐
	  4 WEEKS AGO OR LESS 13 WEEKS AGO OR LESS
	      ▼ ▼ ▼ ▼
	               316A 316A		

312J	Why haven't you had an injection recently?	HUSBAND AWAY . . . . 1 FORGOT . . . . 2 HEALTH REASONS . . . . 3 COST TOO MUCH . . . . 4 OTHER 6	→ 316A
312K	When did you start using implant?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	

13

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
312L	CHECK 312K: COMPUTE DURATION OF IMPLANT USE	DURATION IN MONTHS . ☐☐	
312M	CHECK 311/311A: CODE 'G' CIRCLED ☐ ▼	CODE 'H' CIRCLED ☐ ▼	
312N	CHECK 312M: MORE THAN 36 MONTHS AGO ☐ WITHIN 36 MONTHS ☐ ▼ ▼ 316B	MORE THAN 60 MONTHS AGO ☐ WITHIN 60 MONTHS ☐ ▼ ▼ 316B	
312O	Why haven't you had the implant taken out?	HUSBAND AWAY . . . . 1 FORGOT . . . . 2 HEALTH REASON . . . . 3 COST TOO MUCH . . . . 4 OTHER 6	→ 316B

313	In what facility did the sterilization take place?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	IF BOTH CODE 'A' AND 'B' CIRCLE IN 311, ASK 313-317 ABOUT FEMALE STERILIZATION.
		PUBLIC SECTOR
		  HOSPITAL 11
		  HEALTH CENTER 12
		  CLINIC 13
		  MOBILE UNIT 14
		  OTHER _____ 16
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 21
		  CLINIC 22
		  DOCTOR 23
		  MOBILE UNIT 24
		  OTHER _____ 26
		            (SPECIFY)
		
		OTHER _____ 96
		            (SPECIFY)
		DON'T KNOW 98	

314	CHECK 311: CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐ ▼ ▼ Before the sterilization operation, were you told that you would not able to have any (more) children because of the operation? Before the sterilization operation, was your husband told that he would not able to have any (more) children because of the operation?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
314A	Have you ever heard about recanalisation, that is an operation to reverse sterilization?	YES . . . . 1 NO 2	→ 316
314B	Do you know where a person can have an operation to reverse sterilization?	YES . . . . 1 NO 2	
316	In what month and year was the sterilization performed?		
316A	For how long have you been using (CURRENT METHOD) now without stopping? PROBE: In what month and year did you start using (CURRENT METHOD) continuously?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
316B	What was the cost to get the sterilization/method?	COST Rp. ☐,☐☐☐,☐☐☐	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
317	CHECK 316/316A: YEAR IS 1997 OR LATER YEAR IS 1996 OR EARLIER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO THE DATE STARTED USING. ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1997 THEN SKIP TO ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH STARTED USING. THEN CONTINUE WITH 318.		→ 327

318	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.
	
	USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1997.
	USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
	
	IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.
	    ILLUSTRATIVE QUESTIONS:
	    COLUMN 1: • When was the last time you used a method? Which method was that?
	               • When did you start using that method? How long after the birth of (NAME)?
	               • How long did you use the method then?
	
	IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.
	    ILLUSTRATIVE QUESTIONS:
	    COLUMN 2: • Where did you obtain the method when you start using it?
	               • Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]
	
	IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.
	
	ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.
	
	    ILLUSTRATIVE QUESTIONS:
	    COLUMN 3: • Why did you stop using the (METHOD)?
	             • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?
	
	IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:
	             • How many months did it take you to get pregnant after you stopped using (METHOD)?
	             AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		

321	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . 00 FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 PILL . . . . 03 IUD . . . . 04 INJECTION 1 MONTH . . . . 05 INJECTION 3 MONTHS . . . . 06 IMPLANT 3 YEARS . . . . 07 IMPLANT 5 YEARS . . . . 08 CONDOM . . . . 09 INTRAVAG/DIAPHRAGM . . . . 10 LAM . . . . 11 PERIODIC ABSTINENCE . . . . 12 WITHDRAWAL . . . . 13 OTHER 96	→ 329 → 327 → 327
322	You obtained (CURRENT METHOD) from (SOURCE OF METHOD) FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→ 324

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . 1 NO 2	→ 324A
323A	Did you ask a health or family planning worker about side effects or problems you might have with the method?	YES . . . . 1 NO 2	
324	Were you told what to do if you experienced side effects or problems?	YES . . . . 1 NO 2	
324A	Do you have any health problems in using (CURRENT METHOD IN 321) ?	YES . . . . 1 NO 2	→ 325
324B	CHECK 311/311A : PILL, IUD, INJECTABLES OR IMPLANTS ☐ OTHER METHODS ☐_____		→ 325
324C	What is the main health problem?	WEIGHT GAIN . . . . 01 WEIGHT LOSS . . . . 02 BLEEDING . . . . 03 HYPERTENSION . . . . 04 HEADACHE . . . . 05 NAUSEA . . . . 06 NO MENSTRUATION . . . . 07 WEAK/TIRED . . . . 08 OTHER . . . . 96 DON'T KNOW 98	
325	CHECK 322: CODE '1' CIRCLED ☐ CODE '1' NOT CIRCLED ☐ At that time, were you told about other methods of family planning which you could use? When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning which you could use?	YES . . . . 1 NO 2	→ 327
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . 1 NO 2	
327	CHECK 311/311A: CIRCLE METHOD CODE.	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 PILL . . . . 03 IUD//SPIRAL . . . . 04 INJECTION I MONTH . . . . 05 INJECTION 3 MONTHS . . . . 06 IMPLANT 3 YEARS . . . . 07 IMPLANT 5 YEARS . . . . 08 CONDOM . . . . 09 INTRAVAG/DIAPHRAGM . . . . 10 LAM . . . . 11 PERIODIC ABSTINENCE . . . . 12 WITHDRAWAL . . . . 13 OTHER 96	→ 331 → 331

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO

328	Where did you obtain (CURRENT METHOD) the last time?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  HOSPITAL 11
		  HEALTH CENTER 12
		  CLINIC 13
		  FP FIELDWORKER 14
		  FP MOBILE UNIT 15
		  OTHER _____16
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 21
		  CLINIC 22
		  DOCTOR 23
		  NURSE/MIDWIFE 24
		  VILLAGE MIDWIFE 25
		  PHARMACY/DRUG STORE 26
		  OTHER _____ 27
		        (SPECIFY)
		OTHER
		  DELIVERY POST 31
		  HEALTH POST 32
		  FP POST 33
		  FRIENDS/RELATIVES 34
		  SHOP 35
		  OTHER _____ 36
		        (SPECIFY)
			→331

329	Do you know of a place where you can obtain a method of family planning?	YES .... 1 NO 2	→331

330	Where is that?
	
	IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	Any other place?
	
	RECORD ALL PLACES MENTIONED.
	
	DO NOT READ OUT RESPONSES.
		PUBLIC SECTOR
		  HOSPITAL .... A
		  HEALTH CENTER .... B
		  CLINIC C
		  FP FIELDWORKER .... D
		  FP MOBILE UNIT .... E
		  OTHER _____ F
		        (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  HOSPITAL .... G
		  CLINIC .... H
		  DOCTOR I
		  NURSE/MIDWIFE .... J
		  VILLAGE MIDWIFE .... K
		  PHARMACY/DRUG STORE L
		  OTHER _____ M
		        (SPECIFY)
		
		OTHER
		  DELIVERY POST .... N
		  HEALTH POST .... O
		  FP POST .... P
		  FRIENDS/RELATIVES .... Q
		  SHOP .... R
		  OTHER _____ X
		        (SPECIFY)	

331	In the last 6 months, were you visited by a fieldworker who talked to you about family planning?	YES .... 1 NO 2	
332	In the last 6 months, have you visited by a health facility for care for yourself (or your children)?	YES .... 1 NO 2	→401
333	Did any staff member at the health facility speak to you about family planning methods?	YES .... 1 NO 2	

401	CHECK 224:		
	ONE OR MORE BIRTHS IN 1997 OR LATER ☐	NO BIRTHS IN 1997 OR LATER ☐	→487

402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately).

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	LINE NUMBER FROM 212	LINE NUMBER . . . . ☐☐	LINE NUMBER . . . . ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐	NAME _____ LIVING ☐ DEAD ☐
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u> or did you <u>not want</u> to have any (more) children at all?	THEN . . . . 1 (SKIP TO 406A)◄ LATER . . . . 2 NOT AT ALL . . . . 3 (SKIP TO 406A)◄	THEN . . . . 1 (SKIP TO 406A)◄ LATER . . . . 2 NOT AT ALL . . . . 3 (SKIP TO 406A)◄
406	How much longer would you like to have waited?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ DON'T KNOW 998	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ DON'T KNOW 998
406A	Has (NAME)'s birth been registered?	YES . . . . 1 NO . . . . 2 (SKIP TO 406D)◄ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 406D)◄ DON'T KNOW 8
406B	May I see the document? CHECK THE DOCUMENT PRODUCED BY THE RESPONDENT.	NOT SEEN . . . . 1 HOSPITAL RECORD . . . . 2 VILLAGE RECORD . . . . 3 PROOF OF BIRTH . . . . 4 (SKIP TO 407)◄ BIRTH CERTIFICATE 5	NOT SEEN . . . . 1 HOSPITAL RECORD . . . . 2 VILLAGE RECORD . . . . 3 PROOF OF BIRTH . . . . 4 (SKIP TO 423)◄ BIRTH CERTIFICATE 5
406C	How old was (NAME) when you registered his/her birth?	DAYS . . . . 1 ☐☐ WEEKS . . . . 2 ☐☐ MONTHS . . . . 3 ☐☐ YEARS . . . . 4 ☐☐ DON'T KNOW . . . . 998 (SKIP TO 407)◄	DAYS . . . . 1 ☐☐ WEEKS . . . . 2 ☐☐ MONTHS . . . . 3 ☐☐ YEARS . . . . 4 ☐☐ DON'T KNOW . . . . 998 (SKIP TO 423)◄

406D	Why was (NAME) not registered?	COST TOO MUCH 1
		 TOO FAR 2
		 DID NOT KNOW IT SHOULD BE
		   REGISTERED 3
		 LATE, DID NOT WANT TO PAY FINE . . . 4
		 DO NOT KNOW WHERE
		   TO REGISTER 5
		 OTHER 6
			COST TOO MUCH 1
			 TOO FAR 2
			 DID NOT KNOW IT SHOULD BE
			   REGISTERED 3
			 LATE, DID NOT WANT TO PAY FINE . . 4
			 DO NOT KNOW WHERE
			   TO REGISTER 5
			 OTHER 6

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

407	Did you see anyone for antenatal care for this pregnancy?
	
	Anyone else?
	
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.
		HEALTH PROFESSIONAL
		  DOCTOR GENERAL . . . . A
		  OBGYN . . . . B
		  NURSE/MIDWIFE C
		  VILLAGE MIDWIFE . . . . D
		
		OTHER PERSON
		  TRADITIONAL BIRTH ATTENDANT . . E
		
		OTHER _____ X
		         (SPECIFY)
		
		NO ONE . . . . Y
		      (SKIP TO 414A)◄———	

407A	CHECK 407:
	
	    CODE 'A', 'B', 'C' ☐
	    OR 'D' CIRCLED
	    ▼
		CODE 'E' OR 'X' ☐
		       CIRCLED → 407C	

407B	Were you given an antenatal card (KMS) for pregnant mother or MCH book for this pregnancy? IF YES: May I see it, please?	YES, SEEN . . . . 1 YES, NOT SEEN . . . . 2 NO . . . . 3 DON'T KNOW 8	

407C	Where did you go for antenatal care for this pregnancy?	HOME
		  RESPONDENT'S HOME 11
		  OTHER HOME 12
		
		PUBLIC SECTOR
		  HOSPITAL 21
		  HEALTH CENTER 22
		  OTHER _____ 26
		         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 31
		  CLINIC 32
		  DOCTOR GENERAL 33
		  OBGYN 34
		  MIDWIFE 35
		  VILLAGE MIDWIFE 36
		  OTHER _____ 37
		         (SPECIFY)
		OTHER
		  DELIVERY POST 41
		  HEALTH POST 42
		  OTHER_____ 46
		         (SPECIFY)	

407D	Did your husband accompany you in any antenatal care visits during this pregnancy?	YES . . . . 1 NO 2	
408	How many months pregnant were you when you first received antenatal care during this pregnancy?	MONTH . . . . ☐☐ DON'T KNOW 98	
409	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . ☐☐ DON'T KNOW . . . . 98 (SKIP TO 412)◄———	

410	CHECK 409:
	
	NUMBER OF TIMES RECEIVED ANTENATAL CARE.
		ONCE MORE THAN
		            ONCE
		  ☐
		             ☐
		  ▼
		(SKIP TO 412) ▼	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
410A	You made (NUMBER IN 409) ____ antenatal care visits during this pregnancy. How many times did you receive antenatal care in: a. The first 3 months? b. Between the fourth and sixth month? c. Between the seventh month and delivery? SUM IN a, b AND c MUST BE EQUAL TO NUMBER IN 409.	NUMBER OF ANC VISITS 0 - 3 MONTHS . . . . ☐☐ 4 - 6 MONTHS . . . . ☐☐ 7 MONTH-DELIVERY . . . . ☐☐	
411	How many months pregnant were you the last time you received antenatal care?	MONTHS . . . . ☐☐ DON'T KNOW 98	
412	During this pregnancy, were any of the following done at least once: Were you weighted? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? Was your stomach examined ?	YES NO WEIGHT . . . . 1 2 HEIGHT . . . . 1 2 BLOOD PRESSURE . . . . 1 2 URINE SAMPLE . . . . 1 2 BLOOD SAMPLE . . . . 1 2 STOMACH 1 2	
413	Were you told about the signs of pregnancy complications?	YES . . . . 1 NO . . . . 2 (SKIP TO 414A)◄────┐ DON'T KNOW 8	
414	Were you told where to go if you had these complications?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
414A	During your pregnancy with (NAME), did you discuss with anyone about: Where you plan to deliver? Transportation to the place of delivery? Who is going to assist the delivery? Payment for the delivery? Identifying a possible blood donor?	YES NO PLACE TO DELIVER . . . . 1 2 TRANSPORTATION . . . . 1 2 DELIVERY ASSISTANT . . . . 1 2 PAYMENT . . . . 1 2 BLOOD DONOR 1 2	
414B	Did you have any complications during this pregnancy?	YES . . . . 1 NO . . . . 2 (SKIP TO 415)◄────┘	
414C	What are they? Any other complications? RECORD ALL COMPLICATIONS SYMPTOMS MENTIONED. DO NOT READ OUT RESPONSES.	LABOR BEFORE 9 MONTHS . . . . A VAGINAL BLEEDING . . . . B FEVER . . . . C CONVULSIONS AND FAINTING . . . . . . D OTHER _____ X (SPECIFY)	
414D	What did you do to overcome the complication? Anything else? RECORD ALL ACTIONS MENTIONED. DO NOT READ OUT RESPONSES.	NOTHING . . . . A REST . . . . B TAKE MEDICATION . . . . C HERBS . . . . D SEE TBA . . . . E SEE MIDWIFE . . . . F SEE DOCTOR . . . . G GO TO HEALTH FACILITY . . . . H OTHER . . . . X DON'T KNOW . . . . Z	
415	During your pregnancy 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 (SKIP TO 417)◄────┐ DON'T KNOW 8	

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		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
416	During your pregnancy with (NAME), how many times did you get this injection?	TIMES . . . . □ DON'T KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES . . . . 1 NO . . . . 2 (SKIP TO 419)◄———┤ DON'T KNOW 8	
418	For how many days during this pregnancy did you take the iron tablets?	DAYS . . . . □□ DON'T KNOW 998	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
420	During this pregnancy, did you suffer from night blindness (USE LOCAL TERM)?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
423	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . 1 LARGER THAN AVERAGE . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . 4 VERY SMALL . . . . 5 DON'T KNOW 8	VERY LARGE . . . . 1 LARGER THAN AVERAGE . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . 4 VERY SMALL . . . . 5 DON'T KNOW 8
424	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 425A)◄———┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 425A)◄———┤ DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD . . . . 1 □□□□ GRAMS FROM RECALL . . . . 2 □□□□ DON'T KNOW 99998	GRAMS FROM CARD . . . . 1 □□□□ GRAMS FROM RECALL . . . . 2 □□□□ DON'T KNOW 99998
425A	After (NAME) was born, did a health professional or a traditional birth attendant check on his/her health?	YES . . . . 1 NO . . . . 2 (SKIP TO 426)◄———┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 426)◄———┤ DON'T KNOW 8
425B	How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	AFTER DELIVERY DAYS . . . . 1 □□ WEEKS . . . . 2 □□ DON'T KNOW 998	AFTER DELIVERY DAYS . . . . 1 □□ WEEKS . . . . 2 □□ DON'T KNOW 998

425C	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PROFESSIONAL
		  DOCTOR GENERAL 11
		  OBGYN 12
		  PEDIATRICIAN 13
		  NURSE/MIDWIFE 14
		  VILLAGE MIDWIFE 15
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT 21
		
		OTHER _____ 96
		(SPECIFY)
			HEALTH PROFESSIONAL
			  DOCTOR GENERAL 11
			  OBGYN 12
			  PEDIATRICIAN 13
			  NURSE/MIDWIFE 14
			  VILLAGE MIDWIFE 15
			
			OTHER PERSON
			  TRADITIONAL BIRTH
			    ATTENDANT 21
			
			OTHER _____ 96
			(SPECIFY)

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
425D	Where did this first check take place?	HOME	HOME
		RESPONDENT'S HOME 11	RESPONDENT'S HOME 11
		OTHER HOME 12	OTHER HOME 12
	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.	PUBLIC SECTOR	PUBLIC SECTOR
		HOSPITAL 21	HOSPITAL 21
		HEALTH CENTER 22	HEALTH CENTER 22
		OTHER _____ 26	OTHER _____ 26
		(SPECIFY)	(SPECIFY)
		PRIVATE MEDICAL SECTOR	PRIVATE MEDICAL SECTOR
		HOSPITAL 31	HOSPITAL 31
		CLINIC 32	CLINIC 32
		DOCTOR GENERAL 33	DOCTOR GENERAL 33
		OBGYN 34	OBGYN 34
		PEDIATRICIAN 35	PEDIATRICIAN 35
	(NAME OF PLACE)	MIDWIFE 36	MIDWIFE 36
		VILLAGEMIDWIFE 37	VILLAGEMIDWIFE 37
		OTHER _____ 38	OTHER _____ 38
		(SPECIFY)	(SPECIFY)
		OTHER	OTHER
		HEALTH POST 41	HEALTH POST 41
		DELIVERY POST 42	DELIVERY POST 42
		OTHER_____ 46	OTHER_____ 46
		(SPECIFY)	(SPECIFY)
426	Who assisted with the delivery of (NAME)?	HEALTH PROFESSIONAL	HEALTH PROFESSIONAL
		DOCTOR (GENERAL	DOCTOR (GENERAL
	Anyone else?	PRACTITIONER) . . . . A	PRACTITIONER) . . . . A
		OBGYN . . . . B	OBGYN . . . . B
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	NURSE/MIDWIFE C	NURSE/MIDWIFE C
		VILLAGE MIDWIFE . . . . D	VILLAGE MIDWIFE . . . . D
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT DELIVERY.	OTHER PERSON	OTHER PERSON
		TRADITIONAL BIRTH	TRADITIONAL BIRTH
		ATTENDANT . . . . E	ATTENDANT . . . . E
		RELATIVE/FRIEND . . . . F	RELATIVE/FRIEND . . . . F
		OTHER _____ X	OTHER _____ X
		(SPECIFY)	(SPECIFY)
		NO ONE . . . . Y	NO ONE . . . . Y
427	Where did you give birth to (NAME)?	HOME	HOME
		RESPONDENT'S HOME 11	RESPONDENT'S HOME 11
		(SKIP TO 428A)◄——————⎤	(SKIP TO 428A)◄——————⎤
	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.	OTHER HOME 12	OTHER HOME 12
		PUBLIC SECTOR	PUBLIC SECTOR
		HOSPITAL 21	HOSPITAL 21
		HEALTH CENTER 22	HEALTH CENTER 22
		OTHER _____ 26	OTHER _____ 26
		(SPECIFY)	(SPECIFY)
	(NAME OF PLACE)	PRIVATE MEDICAL SECTOR	PRIVATE MEDICAL SECTOR
		HOSPITAL 31	HOSPITAL 31
		CLINIC 32	CLINIC 32
		DOCTOR (GENERAL	DOCTOR GENERAL 33
		PRACTITIONER) 33	OBGYN 34
		OBGYN 34	MIDWIFE 35
		MIDWIFE 35	VILLAGE MIDWIFE 36
		VILLAGE MIDWIFE 36	OTHER _____ 37
		OTHER _____ 37	(SPECIFY)
		(SPECIFY)	OTHER
		OTHER	HEALTH POST 41
		HEALTH POST 41	DELIVERY POST 42
		DELIVERY POST 42	OTHER_____ 46
		OTHER_____ 46	(SPECIFY)
		(SPECIFY)	(SKIP TO 428A)◄——⎤
		(SKIP TO 428A)◄——⎤	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
427A	Was your husband with you when you delivered (NAME)?	YES .... 1 NO 2	YES .... 1 NO 2
428	Was (NAME) delivered by caesarean section?	YES .... 1 NO 2	YES .... 1 NO 2

428A	At the time of the birth of (NAME), did you have:
	
	Labor, that is the strong and regular contractions lasting more than one day and one night?
	
	A lot more vaginal bleeding than normal following childbirth (more than 3 cloths)?
	
	A high fever and foul smelling vaginal discharge?
	
	Convulsions with loss of consciousness?
	
	Any other complications?
	
	IF YES, SPECIFY.
		DON'T
		                 YES NO KNOW
		
		PROLONGED LABOR .. 1 2 8
		
		VAGINAL BLEEDING ... 1 2 8
		
		FEVER/FOUL
		   SMELLING 1 2 8
		
		CONVULSIONS 1 2 8
		
		OTHER 1 2 8
		
		_____
		(SPECIFY)	

429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES .... 1 NO .... 2 (SKIP TO 433)◄———	YES .... 1 NO .... 2 (SKIP TO 433)◄———
429A	How many days or weeks after delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	AFTER DELIVERY DAYS .... 1 [ ][ ] WEEKS .... 2 [ ][ ] DON'T KNOW 998	

431	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PROFESSIONAL
		  DOCTOR GENERAL 11
		  OBGYN 12
		  NURSE/MIDWIFE 13
		  VILLAGE MIDWIFE 14
		
		OTHER PERSON
		  TRADITIONAL BIRTH
		   ATTENDANT 21
		
		OTHER _____ 96
		         (SPECIFY)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

432	Where did this first check take place?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		HOME
		  RESPONDENT'S HOME 11
		  OTHER HOME 12
		
		PUBLIC SECTOR
		  HOSPITAL/CLINIC 21
		  HEALTH CENTER 22
		  OTHER _____ 26
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 31
		  CLINIC 32
		  DOCTOR (GENERAL
		    PRACTITIONER) 33
		  OBGYN 34
		  MIDWIFE 35
		  VILLAGEMIDWIFE 36
		  OTHER _____ 37
		           (SPECIFY)
		OTHER
		  HEALTH POST 41
		  DELIVERY POST 42
		  OTHER_____ 46
		           (SPECIFY)	

433	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW RED CAPSULE.	YES . . . . 1 NO 2	

434	Has your period returned since the birth of (NAME)?	YES 1
		        (SKIP TO 436)◄———┘
		NO 2
		        (SKIP TO 437)◄———┘	

435	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 439)◄———┘
436	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREGNANT ☐ PREGNANT OR UNSURE ☐ ▼ (SKIP TO 439) ◄	
438	Have you resumed sexual relations since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 440)◄———┘	
439	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98

440	Did you ever breastfeed (NAME)?	YES 1
		
		NO 2
		        (SKIP TO 447)◄———┘
			YES 1
			
			NO 2
			        (SKIP TO 447)◄———┘

441	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 ☐☐	IMMEDIATELY . . . . 000 HOURS . . . . 1 ☐☐ DAYS . . . . 2 ☐☐

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO . . . . 2 (SKIP TO 444)◄───┘	YES . . . . 1 NO . . . . 2 (SKIP TO 446)◄───┘
443	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.	INFANT FORMULA . . . . A OTHER MILK . . . . B PLAIN WATER . . . . C SUGAR WATER . . . . D RICE WATER . . . . E FRUIT JUICE . . . . F TEA . . . . G HONEY . . . . H SEMI-SOLID FOOD . . . . I OTHER _____ X (SPECIFY)	INFANT FORMULA . . . . A OTHER MILK . . . . B PLAIN WATER . . . . C SUGAR WATER . . . . D RICE WATER . . . . E FRUIT JUICE . . . . F TEA . . . . G HONEY . . . . H SEMI-SOLID FOOD . . . . I OTHER _____ X (SPECIFY)
444	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ ▼ (SKIP TO 446)◄─	
445	Are you still breastfeeding (NAME)?	YES . . . . 1 (SKIP TO 448)◄─── NO 2	
446	For how many month did you breastfeed (NAME)?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98

447	CHECK 404:
	
	CHILD ALIVE?
		ALIVE DEAD ☐
		☐ ▼
		          (GO TO 405 FOR
		          NEXT BIRTH, IF NO
		          MORE BIRTHS, GO
		          TO 454).
		▼
		(SKIP TO 450)
			ALIVE DEAD ☐
			☐ ▼
			          (GO TO 405 FOR
			          NEXT BIRTH, IF NO
			          MORE BIRTHS, GO
			          TO 454).
			▼
			(SKIP TO 450)

448	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	
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT . . . . ☐☐ FEEDINGS	
450	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES . . . . 1 NO 2	YES . . . . 1 NO 2
452	How many <u>times</u> did (NAME) eat solid, semisolid, or soft foods other than liquids yesterday during the day and at night? IF 7 OR MORE TIMES, RECORD '7.'	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.

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SECTION 4B. IMMUNIZATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH IN 1997 OR LATER. ASK QUESTIONS ABOUT ALL LIVING CHILDREN, STARTING FROM LAST BIRTH (IF THERE ARE MORE THAN 3 BIRTHS, USE SECOND COLUMN OF ADDITIONAL QUESTIONNAIRE).		
		LAST BIRTH	**NEXT-TO-LAST BIRTH**
455	LINE NUMBER FROM 212	LINE NUMBER	LINE NUMBER . . . .
456	FROM 212 AND 216	NAME _____ LIVING DEAD (GO TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484)	NAME _____ LIVING DEAD (GO TO 456 IN SAME COLUMN OF ADDITIONAL QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484)
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW CAPSULES.	YES, RED CAPSULE . . . . 1 YES, BLUE CAPSULE . . . . 2 NO . . . . 3 DON'T KNOW 8	YES, RED CAPSULE . . . . 1 YES, BLUE CAPSULE . . . . 2 NO . . . . 3 DON'T KNOW 8

458	Do you have a card where (NAME'S) vaccinations are written down?
	
	IF YES: May I see it please?
		YES, SEEN 1
		      (SKIP TO 460)◄────────
		YES, NOT SEEN 2
		      (SKIP TO 462)◄────────┘
		NO CARD 3
			YES, SEEN 1
			      (SKIP TO 460)◄────────
			YES, NOT SEEN 2
			      (SKIP TO 462)◄────────┘
			NO CARD 3

459	Did you ever have a vaccination card for (NAME)?	YES 1
		      (SKIP TO 462)◄────────┘
		NO 2
			YES 1
			      (SKIP TO 462)◄────────┘
			NO 2

460	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 1 POLIO 2 POLIO 3 POLIO 4 DPT1 DPT2 DPT3 MEASLES HEPATITIS B1 HEPATITIS B2 HEPATITIS B3	DAY MONTH YEAR	DAY MONTH YEAR

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?
	
	RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-4, DPT 1-3, AND/OR MEASLES VACCINE(S).
		YES 1
		(PROBE FOR VACCINATIONS AND ↵
		 WRITE '66' IN THE CORRESPONDING
		DAY COLUMN IN 460)
		     (SKIP TO 464)◀
		NO 2
		     (SKIP TO 464)◀
		DON'T KNOW 8
			YES 1
			(PROBE FOR VACCINATIONS AND ↵
			 WRITE '66' IN THE CORRESPONDING
			DAY COLUMN IN 460)
			     (SKIP TO 464)◀
			NO 2
			     (SKIP TO 464)◀
			DON'T KNOW 8

462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1
		NO 2
		     (SKIP TO 466)◀
		DON'T KNOW 8
			YES 1
			NO 2
			     (SKIP TO 466)◀
			DON'T KNOW 8

463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

463B	Polio vaccine, that is, pink or white drops in the mouth?	YES 1
		NO 2
		   (SKIP TO 463E)◀
		DON'T KNOW 8
			YES 1
			NO 2
			   (SKIP TO 463E)◀
			DON'T KNOW 8

463C	At what age was the first polio vaccine received?	DAYS . . . . 1 ▢▢ WEEKS . . . . 2 ▢▢ MONTHS . . . . 3 ▢▢	DAYS . . . . 1 ▢▢ WEEKS . . . . 2 ▢▢ MONTHS . . . . 3 ▢▢
463D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . ▢	NUMBER OF TIMES . . . . ▢

463E	A DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1
		NO 2
		   (SKIP TO 463G)◀
		DON'T KNOW 8
			YES 1
			NO 2
			   (SKIP TO 463G)◀
			DON'T KNOW 8

463F	How many times?	NUMBER OF TIMES . . . . ▢	NUMBER OF TIMES . . . . ▢
463G	An injection to prevent measles, usually given in the left upper arm and given only once?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

463H	An injection to prevent Hepatitis B, which is usually given on the outside of the thigh?	YES 1
		NO 2
		   (SKIP TO 464)◀
		DON'T KNOW 8
			YES 1
			NO 2
			   (TERUS KE 464)◀
			DON'T KNOW 8

463I	How many times was the Hepatitis B vaccine received?	NUMBER OF TIMES . . . . ▢	NUMBER OF TIMES . . . . ▢

464	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1
		NO 2
		NO VACCINATION IN THE
		 LAST 2 YEARS 3
		DON'T KNOW 8
		    (SKIP TO 466)◀
			YES 1
			NO 2
			NO VACCINATION IN THE
			 LAST 2 YEARS 3
			DON'T KNOW 8
			    (SKIP TO 466)◀

465	At which national immunization day campaigns did (NAME) receive vaccinations?	SEPTEMBER 2002 (POLIO) . . . . A OCTOBER 2002 (MEASLES AND OR POLIO) . . . . B	SEPTEMBER 2002 (POLIO) . . . . A OCTOBER 2002 (MEASLES AND OR POLIO) . . . . B

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 469)◄────────┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 469)◄────────┐ DON'T KNOW 8
468	When (NAME) was ill with a cough, did she/he breaths faster than usual with short, rapid breaths?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
469	CHECK 466 AND 467: FEVER OR COUGH?	'YES' IN EITHER OTHER 466 OR 467 (SKIP TO 475)	'YES' IN EITHER OTHER 466 OR 467 (SKIP TO 475)
470	Did you seek advice or treatment for the fever/cough?	YES . . . . 1 NO . . . . 2 (SKIP TO 472)◄────────┘	YES . . . . 1 NO . . . . 2 (SKIP TO 472)◄────────

471	Where did you seek advice or treatment?
	
	Anywhere else?
	
	RECORD ALL SOURCES MENTIONED.
	
	DO NOT READ OUT RESPONSES.
		PUBLIC SECTOR
		  HOSPITAL . . . . A
		  HEALTH CENTER . . . . B
		  OTHER _____ C
		         (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  HOSPITAL . . . . D
		  CLINIC . . . . E
		  DOCTOR . . . . F
		  OTHER _____ G
		         (SPECIFY)
		
		OTHER
		  DELIVERY POST . . . . H
		  HEALTH POST I
		  HEALTH CADRE . . . . J
		  TRADITIONAL HEALER . . . . K
		  PHARMACY/DRUG STORE L
		  SHOP . . . . M
		  OTHER _____ X
		         (SPECIFY)
			PBULIC SECTOR
			  HOSPITAL . . . . A
			  HEALTH CENTER . . . . B
			  OTHER _____ C
			         (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			  HOSPITAL . . . . D
			  CLINIC . . . . E
			  DOCTOR . . . . F
			  OTHER _____ G
			         (SPECIFY)
			
			OTHER
			  DELIVERY POST . . . . H
			  HEALTH POST I
			  HEALTH CADRE . . . . J
			  TRADITIONAL HEALER . . . . K
			  PHARMACY/DRUG STORE L
			  SHOP . . . . M
			  OTHER _____ X
			         (SPECIFY)

472	CHECK 466: HAD FEVER?	'YES' 'NO'/'DON'T IN 466 KNOW' IN 466 (SKIP TO 475)	'YES' 'NO'/'DON'T IN 466 KNOW' IN 466 (SKIP TO 475)
473	Did (NAME) take any drugs for the fever?	YES . . . . 1 NO . . . . 2 (SKIP TO 475)◄────────┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 475)◄──────── DON'T KNOW 8

474	What drugs did (NAME) take?
	
	ASK TO SEE DRUG(S) IF TYPE OF DRUG IS NOT KNOWN.
	
	RECORD ALL MENTIONED. DO NOT READ OUT RESPONSES.
		FANSIDAR . . . . A
		CHLOROQUINE/NIVAQUINE . . . . B
		ASPIRIN C
		ACETAMINOPHEN/PARACETAMOL . D
		IBUPROFEN . . . . E
		OTHER _____ X
		       (SPECIFY)
		DON'T KNOW . . . . Z
			FANSIDAR . . . . A
			CHLOROQUINE/NIVAQUINE . . . . B
			ASPIRIN C
			ACETAMINOPHEN/PARACETAMOL . D
			IBUPROFEN . . . . E
			OTHER _____ X
			       (SPECIFY)
			DON'T KNOW . . . . Z

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
475	Has (NAME) had diarrhea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 483)◄────┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 483)◄──── DON'T KNOW 8

475A	CHECK 445:
	
	LAST CHILD STILL BREASTFEED?
		YES NO
		☐ ☐
		          ▼
		       (SKIP TO 476)
		▼	

475B	During (NAME)'s diarrhea, did you change the frequency and amount of breastfeeding?	YES . . . . 1 NO . . . . 2 (SKIP TO 476)◄────┤	
475C	Did you <u>reduce</u> the number of feeds or <u>increase</u> them, or did you <u>stop</u> <u>completely</u>?	REDUCED . . . . 1 INCREASED . . . . 2 STOPPED COMPLETELY 3	
476	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 NOTHING TO DRINK . . . . 5 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 NOTHING TO DRINK . . . . 5 DON'T KNOW 8
477	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . . . 6 DON'T KNOW 8	MUCH LESS . . . . 1 SOMEWHAT LESS . . . . 2 ABOUT THE SAME . . . . 3 MORE . . . . 4 STOPPED FOOD . . . . 5 NEVER GAVE FOOD . . . . 6 DON'T KNOW 8
478	Was (NAME) given any of the following to drink: a. A fluid made from a special packet called ORALIT? b. A government recommended homemade fluid?	YES NO DK ORALIT PACKET . . . . 1 2 8 HOMEMADE FLUID 1 2 8	YES NO DK ORALIT PACKET . . . . 1 2 8 HOMEMADE FLUID 1 2 8
479	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 481)◄────┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 481)◄────┤ DON'T KNOW 8

480	What (else) was given to treat the diarrhea?
	
	Anything else?
	
	RECORD ALL TREATMENT MENTIONED.
		PILL/SYRUP . . . . A ┐
		INJECTION . . . . B ┤
		INTRAVENOUS INJECTION . . . . . C ┤
		HOME REMEDIES/
		  HERBAL MEDICINES . . . . D ┘
		(SKIP TO 482)◄────
		
		OTHER _____ X
		(SPECIFY)
			PILL/SYRUP . . . . A ┐
			INJECTION . . . . B ┤
			INTRAVENOUS INJECTION . . . . . . C ┤
			HOME REMEDIES/
			  HERBAL MEDICINES . . . . D ┘
			(SKIP TO 482)◄────
			
			OTHER _____ X
			(SPECIFY)

481	Did you seek advice or treatment for the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 483)◄────┘	YES . . . . 1 NO . . . . 2 (SKIP TO 483)◄────┘

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____

482	Where did you seek advice or treatment?
	
	Anywhere else?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	RECORD ALL SOURCES MENTIONED.
	
	DO NOT READ OUT RESPONSES.
		PUBLIC SECTOR
		  HOSPITAL . . . . A
		  HEALTH CENTER . . . . B
		
		OTHER _____ C
		      (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  HOSPITAL . . . . D
		  CLINIC . . . . E
		  DOCTOR . . . . F
		  VILLAGE MIDWIFE . . . . G
		
		OTHER _____ H
		      (SPECIFY)
		
		OTHER
		  DELIVERY POST I
		  HEALTH POST . . . . J
		  HEALTH CADRE . . . . K
		  TRADITIONAL HEALER L
		  PHARMACY/DRUG STORE . . . . M
		  SHOP . . . . N
		
		OTHER _____ X
		      (SPECIFY)
			PUBLIC SECTOR
			  HOSPITAL . . . . A
			  HEALTH CENTER . . . . B
			
			OTHER _____ C
			      (SPECIFY)
			
			PRIVATE MEDICAL SECTOR
			  HOSPITAL . . . . D
			  CLINIC . . . . E
			  DOCTOR . . . . F
			  VILLAGE MIDWIFE . . . . G
			
			OTHER _____ H
			      (SPECIFY)
			
			OTHER
			  DELIVERY POST I
			  HEALTH POST . . . . J
			  HEALTH CADRE . . . . K
			  TRADITIONAL HEALER L
			  PHARMACY/DRUG STORE . . . . M
			  SHOP . . . . N
			
			OTHER _____ X
			      (SPECIFY)

483		GO BACK TO 457 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 457 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
484	CHECK 215, 216 AND 218: NUMBER OF LIVING CHILDREN BORN SINCE JANUARY 1997 LIVING WITH THE RESPONDENT ONE OR MORE ▢ NONE ▢		→ 487

485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USE
		  TOILET/LATRINE 01
		THROW IN THE TOILET/LATRINE 02
		THROW OUTSIDE THE DWELLING 03
		THROW OUTSIDE THE YARD 04
		BURY IN THE YARD 05
		RINSE AWAY 06
		USE DISPOSABLE DIAPERS 07
		USE WASHABLE DIAPERS 08
		NOT DISPOSED OF 09
		OTHER _____ 96
		               (SPECIFY)	

486	CHECK 478a, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET ▢ ANY CHILD RECEIVED FLUID FROM ORS PACKET/ NOT ASKED ▢		→ 488
487	Have you ever heard of a special product called ORALIT you can get for the treatment of diarrhea?	YES . . . . 1 NO 2	
488	CHECK 218: HAS AT LEAST ONE CHILD LIVING WITH HER ▢ HAS NO CHILD LIVING WITH HER ▢		→ 490
489	When (your child/one of your children) is seriously ill, can you decide by yourself whether or not the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether or not the child should be taken for medical treatment?	YES . . . . 1 NO . . . . 2 DEPENDS 3	
489A	Who makes the final decision on whether or not the child should be taken for medical treatment?	RESPONDENT . . . . 01 HUSBAND . . . . 02 RESPONDENT & HUSBAND JOINTLY . . . 03 SOMEONE ELSE . . . . 04 HUSBAND & SOMEONE ELSE JOINTLY . 05 RESPONDENT & SOMEONE ELSE JOINTLY . . . . 06 OTHER 96	
490	Now I would like to ask you some questions about medical care for yourself: Many different factors can prevent women from getting the medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem?		

	BIG PRO-BLEM	NOT A BIG PRO-BLEM
Knowing where to go. KNOW WHERE TO GO	1	2
Getting permission to go. PERMISSION	1	2
Getting money needed for treatment. MONEY	1	2
The distance to the health facility. DISTANCE	1	2
Having to take transport. TRANSPORTATION	1	2
Not wanting to go alone. NOT WANTING	1	2
Concern that there may not be a female health provider. HEALTH PROV. NOT FEMALE	1	2

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
491	CHECK 215 AND 218: HAS AT LEAST ONE CHILD BORN IN JANUARY 1999 AND LIVING WITH HER □ NO CHILDREN BORN IN JANUARY 1999 AND LIVING WITH HER □ ————————————→ 495 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492) _____ (NAME)		495
492	Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last seven days, including yesterday. How many <u>days</u> during the last seven days did (NAME FROM Q. 491) drink each of the following? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK: In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)? a. Plain water? b. Commercially produced infant formula? c. Any other milk such as condensed sweetened milk, powdered, or fresh animal milk? d. Fruit juice? e. Any other liquids such as sugar water, tea, coffee, carbonated drinks, or soup broth? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.	LAST 7 DAYS NUMBER OF DAYS a ☐ b ☐ c ☐ d ☐ e ☐ YESTERDAY/ LAST NIGHT NUMBER OF TIMES a ☐ b ☐ c ☐ d ☐ e ☐	

NO	QUESTIONS AND FILTERS	CODE		SKIP TO
493	Now I would like to ask you about the types of foods (NAME FROM 491) ate over the last seven days, including yesterday. How many <u>days</u> during the last seven days did (NAME FROM Q.491) eat each of the following foods either separately or combined with other food? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, BEFORE PROCEEDING TO THE NEXT ITEM, ASK: In total, how many <u>times</u> yesterday during the day or at night did (NAME FROM Q. 491) drink (ITEM)? a. Any food made from grains, e.g., maize, rice, sago or other local grains? b. Pumpkin, sweet potatoes or yams or carrots? c. Any other foods made from roots or tubers, e.g., potatoes, white sweet potatoes, cassava, or other local roots/tubers? d. Any green leafy vegetables, such as spinach, cassava leaves? e. Mango, papaya, durian, jackfruit or other yellow and red fruits? f . Any other fruits and vegetables, e.g., bananas, apples, green beans, peas, avocados, tomatoes? g. Meat, poultry, fish, shellfish, or eggs? h. Any food made from legumes, e.g., tofu, tempeh, lentils, beans, soybeans, pulses, or peanuts? i. Cheese or yoghurt? j. Any food made of oil, fat or butter? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.	LAST 7 DAYS NUMBER OF DAYS a ☐ b ☐ c ☐ d ☐ e ☐ f ☐ g ☐ h ☐ i ☐ j ☐	YESTERDAY/ LAST NIGHT NUMBER OF TIMES a ☐ b ☐ c ☐ d ☐ e ☐ f ☐ g ☐ h ☐ i ☐ j ☐	
495	The last time you prepared a meal for your family, before starting did you wash your hands?	YES . . . . 1 NO . . . . 2 NEVER PREPARED MEAL 3		
496	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED. DO NOT READ OUT RESPONSES.	YES, CIGARETTES . . . . A YES, PIPE . . . . B YES, OTHER TOBACCO . . . . C NO . . . . Y		
497	CHECK 496: CODE 'A' CIRCLED ☐ CODE 'A' NOT CIRCLED ☐			→ 501A
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . ☐☐		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501A	CHECK 106A: RESPONDENT'S MARRIAGE STATUS MARRIED ☐ DIVORCED/WIDOWED ☐		→ 510
505	Is your husband living with you now or is he staying elsewhere?	LIVING WITH HER . . . . 1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME_____ LINE NO . . . . ☐☐	
510	Have you been married once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	→ 511
510A	What was the main reason you have been married more than once?	HUSBAND DEAD . . . . 1 DIVORCE . . . . 2 LONG SEPARATION . . . . 3 NO CHILDREN . . . . 4 OTHER _____ 6 (SPECIFY)	
511	CHECK 510: MARRIED ONLY ONCE ☐ MARRIED MORE THAN ONCE ☐ In what month and year did you start living with your husband? Now we will talk about your first husband. In what month and year did you start living with him?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
512	How old were you when you (first) married?	AGE . . . . ☐☐	
512A	Did you receive tetanus toxoid (TT) injection before marriage?	YES . . . . 1 NO 2	→ 513
512B	How many TT injections have you received?	NUMBER OF INJECTIONS . . . . . ☐ DON'T KNOW 8	
513	DETERMINE MONTHS MARRIED SINCE JANUARY 1997. ENTER "X" IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1997. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
514	Now I need to ask you some information about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse?	NEVER . . . . 00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND 95	→ 524
514A	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED ☐ DIVORCED/WIDOWED ☐		→ 524

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO 4	→ 524
516	The last time you had sexual intercourse, was a condom used?	YES . . . . 1 NO 2	
524	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 601

525	Where is that?
	
	IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	Anywhere else?
	
	RECORD ALL SOURCES
		PUBLIC SECTOR
		   HOSPITAL . . . . A
		   HEALTH CENTER . . . . B
		   CLINIC C
		   FP FIELDWORKER . . . . D
		   FP MOBILE UNIT . . . . E
		   OTHER _____ F
		                (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   HOSPITAL . . . . G
		   CLINIC . . . . H
		   DOCTOR I
		   NURSE/MIDWIFE . . . . J
		   VILLAGE MIDWIFE . . . . K
		   PHARMACY/DRUG STORE L
		   OTHER _____ M
		                (SPECIFY)
		OTHER
		   DELIVERY POST . . . . N
		   HEALTH POST . . . . O
		   FP POST . . . . P
		   FRIENDS/RELATIVES . . . . Q
		   SHOPS . . . . R
		   OTHER _____ X
		                (SPECIFY)	

526	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601A	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED ☐ DIVORCED/ WIDOWED ☐		→ 614
601B	CHECK 311/311A: HUSBAND/RESPONDENT NOT STERILIZED ☐ HUSBAND/ RESPONDENT STERILIZED ☐		→ 614
602	CHECK 226: NOT PREGNANT/ OR UNSURE ☐ PREGNANT ☐ **NOT PREGNANT/OR UNSURE:** 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? **PREGNANT:** 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 UNSURE/DON'T KNOW: PREGNANT . . . . 4 NOT PREGNANT AND UNSURE 5	 → 604 → 614 → 610 → 608
603	CHECK 226: NOT PREGNANT/ OR UNSURE ☐ PREGNANT ☐ **NOT PREGNANT/OR UNSURE:** How long would you like to wait from now before the birth of (a/another) child? **PREGNANT:** After the birth of the child you are expecting, how long would you like to wait before the birth of another child?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ SOON/NOW . . . . 993 SAYS SHE CAN'T GET PREGNANT . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	 → 609 → 614 → 609
604	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 610
605	CHECK 310: NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→ 608
606	CHECK 603: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 00-23 MONTHS OR 00-01 YEAR ☐		→ 610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

607	CHECK 602:
	
	WANT MORE CHILDREN ☐ WANT NO (MORE) CHILDREN ☐
	
	▼ You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?
	
	Any more reason?
	
	▼ You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?
	
	Any more reason?
	
	RECORD EACH ANSWER MENTIONED.
	
	DO NOT READ OUT RESPONSES.
		FERTILITY-RELATED REASON
		   NOT HAVING SEX . . . . A
		   INFREQUENT SEX . . . . B
		   MENOPAUSE/HISTERECTOMY C
		   SUBFECUND/INFECUND . . . . D
		   POSTPARTUM AMEN. . . . . E
		   BREASTFEEDING . . . . F
		   FATALISTIC . . . . G
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED . . . . H
		   HUSBAND OPPOSED I
		   OTHER OPPOSED . . . . J
		   RELIGIOUS PROHIBITION . . . . K
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHODS L
		   KNOWS NO SOURCE . . . . M
		
		METHOD RELATED REASON
		   HEALTH CONCERNS . . . . N
		   FEAR OF SIDE EFFECTS . . . . O
		   TOO FAR . . . . P
		   COST TOO MUCH . . . . Q
		   INCONVENIENT TO USE . . . . R
		   GAIN/LOSS WEIGHT . . . . S
		
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW . . . . Z	

608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM . . . . 1 SMALL PROBLEM . . . . 2 NO PROBLEM . . . . 3 SAYS SHE CAN'T GET PREGNANT/ OR NOT HAVING SEX 4	
609	CHECK 310: NOT ASKED ☐ NO, NOT CURRENTLY USING ☐ YES, CURRENTLY USING ☐ ▼ ▼		→ 614
610	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	→ 612
611	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 PILL . . . . 03 IUD . . . . 04 INJECTABLES . . . . 05 IMPLANT . . . . 06 CONDOM . . . . 07 INTRAVAG/DIAPHRAGM . . . . 08 LACT. AMEN. METHOD . . . . 09 PERIODIC ABSTINENCE . . . . 10 WITHDRAWAL . . . . 11 OTHER _____ 96 (SPECIFY) UNSURE 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO

611A	Where can you get this method?	PUBLIC SECTOR
		  HOSPITAL 11
		  HEALTH CENTER 12
		  CLINIC 13
		  FP FIELDWORKER 14
		  FP MOBILE UNIT 15
		  OTHER _____ 16
		               (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  HOSPITAL 21
		  CLINIC 22
		  DOCTOR 23
		  NURSE/MIDWIFE 24
		  VILLAGE MIDWIFE 25
		  PHARMACY/DRUG STORE 26
		  OTHER _____ 27
		               (SPECIFY)
		OTHER
		  DELIVERY POST 31
		  HEALTH POST 32
		  FP POST 33
		  FRIENDS/RELATIVES 34
		  SHOP 35
		  OTHER _____ 36
		               (SPECIFY)
		DON'T KNOW 98
			→ 614

612	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASON
		  NOT HAVING SEX 11
		  MENOPAUSE/HISTERECTOMY . . . 12
		  SUBFECUND/INFECUND 13
		  WANTS AS MANY CHILDREN AS
		    POSSIBLE 14
		
		OPPOSITION TO USE
		  RESPONDENT OPPOSED 21
		  HUSBAND OPPOSED 22
		  OTHER OPPOSED 23
		  RELIGIOUS PROHIBITION 24
		
		LACK OF KNOWLEDGE
		  KNOWS NO METHODS 31
		  KNOWS NO SOURCE 32
		
		METHOD RELATED REASON
		  HEALTH CONCERNS 41
		  FEAR OF SIDE EFFECTS 42
		  TOO FAR 43
		  COST TOO MUCH 44
		  INCONVENIENT TO USE 45
		  GAIN/LOSS WEIGHT 46
		
		OTHER _____ 96
		              (OTHER)
		DON'T KNOW 98	

614	CHECK 216:
	
	      HAS ☐ NO ☐
	LIVING CHILDREN LIVING CHILDREN
	
	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 children would that be? If you could choose exactly the number of children to have in your whole life. How many children would that be?
	
	PROBE FOR NUMERIC RESPONSE.
		NUMBER . . . . ☐☐
		
		GOD'S WILL 95
		OTHER _____ 96
		              (SPECIFY)
			→ 616

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOY GIRL EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 999996 (SPECIFY)	
616	Would you say that you approve or disapprove of couple using a contraceptive method to avoid getting pregnant?	APPROVE . . . . 1 DISAPPROVE . . . . 2 DON'T KNOW/UNSURE 8	
617	In the last six months have you heard about family planning: On the radio? On the television?	YES NO RADIO . . . . 1 2 TELEVISION 1 2	
618	In the last six months have you read about family planning In a newspaper or magazine? In a poster? In a pamphlet?	YES NO NEWSPAPER OR MAGAZINE . 1 2 POSTER . . . . 1 2 PAMPHLET 1 2	
619	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES . . . . 1 NO 2	→620A
620	With whom? Anyone else? RECORD ALL PERSONS MENTIONED. DO NOT READ OUT RESPONSES.	HUSBAND . . . . A MOTHER . . . . B FATHER . . . . C SISTER(S) . . . . D BROTHER(S) . . . . E DAUGHTER . . . . F SON . . . . G MOTHER-IN-LAW . . . . H FRIENDS/NEIGHBORS . . . . I OTHER _____ X (SPECIFY)	
620A	In the last six months, did you obtain about family planning information from: FP officer? Teacher? Religious leader? Doctor? Nurse or midwife? Village leader? Women's group (PKK)? Pharmacist?	YES NO FP OFFICER . . . . 1 2 TEACHER . . . . 1 2 RELIGIOUS LEADER . . . . 1 2 DOCTOR . . . . 1 2 NURSE/MIDWIFE . . . . 1 2 VILLAGE LEADER . . . . 1 2 WOMEN'S GROUP . . . . 1 2 PHARMACIST 1 2	
620B	In the last six months, did you obtain about family planning information from: Mobile information unit? Traditional art (e.g., shadow puppet, drama, comedy)?	YES NO MOBILE UNIT . . . . 1 2 TRADITIONAL ART 1 2	
621	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED ☐ DIVORCED/ WIDOWED ☐		→ 628
622	CHECK 311/311A: ANY CODE CIRCLED ☐ NO CODE CIRCLED ☐		→ 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
623	You have told me that you are using contraception. Would you say that using contraception is mainly your decision, mainly your husband's decision or did you both decide together?	MAINLY RESPONDENT . . . . 1 MAINLY HUSBAND . . . . 2 JOINT DECISION . . . . 3 OTHER _____ 6 (SPECIFY)	
624	Now I want to ask you about your husband's views on family planning. Do you think that your husband approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES . . . . 1 DISAPPROVES . . . . 2 DON'T KNOW 8	
625	How often did you talk to your husband about family planning in the past year?	NEVER . . . . 1 ONCE OR TWICE . . . . 2 MORE OFTEN 3	

626	CHECK 311/311A:
	
	HUSBAND/RESPONDENT HUSBAND/RESPONDENT
	    NOT STERILIZED [ ] STERILIZED [ ]
	    ▼
			→628

627	Do you think your husband 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	
628	Husband and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when:	YES NO DK	
	She knows her husband has a sexually transmitted disease?	HUSBAND HAS STD 1 2 8	
	She knows her husband has sex with other women?	OTHER WOMEN 1 2 8	
	She has recently given birth?	RECENT BIRTH 1 2 8	
	She is tired or not in the mood?	TIRED/MOOD 1 2 8	

628A	CHECK 214, 217 AND 218:
	
	HAS AT LEAST ONE CHILD HAS NO
	    AGE 10-19 YEARS [ ] CHILD AGE 10-19 YEARS [ ]
	    LIVING WITH HER ▼ LIVING WITH HER
			→701

628B	Have you or your husband discussed the following topics with your teenage children:	YES NO	
	Reproductive age?	REPRODUCTIVE AGE 1 2	
	Sexually transmitted diseases?	STDs 1 2	
	Drugs?	DRUGS 1 2	
	Delay in age at marriage?	DELAY IN AGE AT MARRIAGE 1 2	
	Issues in family planning and reproductive health?	ISUES IN FP AND RH 1 2	
	Puberty?	PUBERTY 1 2	

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

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
701	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED ☐ DIVORCED/ WIDOWED ☐		► 703
702	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
703	Does/did your (last) husband ever attend school?	YES . . . . 1 NO 2	► 705A
704	What was the highest level of school your (last) husband attended: primary, junior high school, senior high school, academy or university?	PRIMARY . . . . 1 JUNIOR HIGH SCHOOL . . . . 2 SENIOR HIGH SCHOOL . . . . 3 ACADEMY . . . . 4 UNIVERSITY . . . . 5 DON'T KNOW 6	► 705A
705	What was the highest (grade/year) your (last) husband completed at that level? COMPLETED = 7	GRADE . . . . ☐ DON'T KNOW 8	
705A	Does/did your (last) husband work?	YES . . . . 1 NO 2	► 707
706	CHECK 701: CURRENTLY ☐ DIVORCED/ ☐ MARRIED WIDOWED What is your husband's occupation? That is, what kind of work does he mainly do? What was your (last) husband's occupation? That is, what kind of work did he mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES. _____ _____ ☐☐ _____	PROFESSIONAL, TECHNICAL . . . . . 01 MANAGERS AND ADMINISTRATION . . . . 02 CLERICAL . . . . 03 SALES . . . . 04 SERVICE . . . . 05 AGRICULTURAL WORKER . . . . 06 INDUSTRIAL WORKER . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
707	Aside from your housework, are you currently working?	YES . . . . 1 NO 2	► 709A
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES . . . . 1 NO 2	► 709A
709	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	► 719
709A	Did/do you work in agriculture or not in agriculture?	AGRICULTURE . . . . 1 NOT AGRICULTURE 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
710	What is your (most recent) occupation, that is, what kind of work (do/did) you mainly do? DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT CIRCLE CODE AND FILL IN BOXES.	PROFESSIONAL, TECHNICAL . . . . . 01 MANAGERS AND ADMINISTRATION . . . . 02 CLERICAL . . . . 03 SALES . . . . 04 SERVICE . . . . 05 AGRICULTURAL WORKER . . . . 06 INDUSTRIAL WORKER . . . . 07 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
711	CHECK 709A: WORK IN ☐ DOES NOT WORK ☐ AGRICULTURE IN AGRICULTURE ▼		→ 713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone, or do you work on someone else's land?	OWN LAND . . . . 1 FAMILY LAND . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND 4	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . . . 1 FOR SOMEONE ELSE/GOVERNMENT 2 SELF-EMPLOYED 3	
714	Do you usually work at home or away from home?	HOME . . . . 1 AWAY 2	→ 715
714A	How long did you leave home to work? RECORD TIME SINCE SHE LEFT HOME UNTIL SHE RETURNED HOME.	HOURS . . . . ☐☐	
714B	CHECK 217 AND 218: HAS CHILD AGE ☐ HAS NO CHILD ☐ UNDER 5 YEARS UNDER 5 YEARS ▼		→ 715
714C	Who takes care of (NAME OF LAST CHILD) when you are working?	RESPONDENT . . . . 01 HUSBAND . . . . 02 OLDER SISTER . . . . 03 OLDER BROTHER . . . . 04 RELATIVE . . . . 05 NEIGHBOR . . . . 06 FRIEND . . . . 07 SERVANT . . . . 08 AT SCHOOL . . . . 09 CHILD CARE . . . . 10 HAS NOT WORKED SINCE LAST BIRTH . . . . 11 OTHER _____ 96 (SPECIFY)	
715	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	
716	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	→ 719

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO

717	CHECK 106A:RESPONDENT'S MARITAL STATUS
	
	MARRIED ☐ DIVORCED/ ☐
	WIDOWED
	
	Who mainly decides how the money you earn will be used: respondent, husband, respondent and husband jointly, someone else or respondent and someone else jointly? Who mainly decides how the money you earn will be used: respondent, someone else, or respondent and someone else jointly?
		RESPONDENT 1
		
		RESPONDENT'S HUSBAND 2
		
		RESPONDENT AND HUSBAND
		  JOINTLY 3
		
		SOMEONE ELSE 4
		
		RESPONDENT AND SOMEONE
		  ELSE 5	

718	On average, how much of your household's expenditure do your earnings pay to: almost none, less than half, about half, more than half, or all?	NONE, HER INCOME IS ALL SAVED. 1 ALMOST NONE . . . . 2 LESS THAN HALF . . . . 3 ABOUT HALF . . . . 4 MORE THAN HALF . . . . 5 ALL 6	

719	Who in your family usually has the final say on the following decisions:
	
	a. Your own health care?
	
	b. Making large household purchases?
	
	c. Making household purchases for daily needs?
	
	d. Visits to family or relatives?
	
	e. What food should be cooked each day?
		RESPONDENT = 1
		HUSBAND = 2
		RESPONDENT& HUSBAND JOINTLY = 3
		SOMEONE ELSE = 4
		RESPONDENT & SOMEONE
		  ELSE JOINTLY = 5
		DECISION NOT MADE/NOTAPPLICABLE = 6
		
		OWN HEALTH CARE
		   1 2 3 4 5 6
		
		LARGE HH PURCHASES
		   1 2 3 4 5 6
		
		DAILY PURCHASES
		   1 2 3 4 5 6
		
		VISIT RELATIVES
		   1 2 3 4 5 6
		
		FOOD TO COOK DAILY
		   1 2 3 4 5 6	

720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN NOT PRES LISTEN CHILDREN < 10 . . . . 1 2 8 HUSBAND . . . . 1 2 8 OTHER MALES . . . . 1 2 8 OTHER FEMALES . . 1 2 8	
721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: a. If she goes out without telling him? b. If she neglects the children? c. If she argues with him? d. If she refuses to have sex with him? e. If she cooks inedible meal?	YES NO DK GOES OUT . . . . 1 2 8 NEGLECT CHILDREN . . 1 2 8 ARGUES . . . . 1 2 8 REFUSES SEX . . . . 1 2 8 INEDIBLE FOOD 1 2 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
801	Now I want to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 817
801A	From which sources of information have you learned about AIDS? Any thing else? CIRCLED ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO . . . . A TELEVISION . . . . B NEWSPAPER/MAGAZINE . . . . C POSTER . . . . D HEALTH PROFESSIONAL . . . . E RELIGIOUS INSTITUTION . . . . F SCHOOL/TEACHER . . . . G COMMUNITY MEETING . . . . H FRIENDS/RELATIVE . . . . I WORK PLACE . . . . J OTHER _____ X (SPECIFY)	
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 809

803	What can a person do?
	
	Anything else?
	
	RECORD ALL MENTIONED.
	
	DO NOT READ OUT RESPONSES.
		ABSTAIN FROM SEX . . . . A
		USE CONDOMS . . . . B
		LIMIT SEX TO ONE PARTNER/STAY
		   FAITHFUL TO ONE PARTNER C
		LIMIT NUMBER OF SEXUAL PARTNERS
		   . . . . D
		AVOID SEX WITH PROSTITUTES . . . E
		AVOID SEX WITH PERSONS WHO
		   HAVE MANY PARTNERS . . . . F
		AVOID SEX WITH HOMOSEXUALS . . G
		AVOID SEX WITH PERSONS WHO
		   INJECT DRUGS INTRAVENOUSLY H
		AVOID BLOOD TRANSFUSIONS I
		AVOID INJECTIONS . . . . J
		AVOID SHARING RAZORS/BLADES . K
		AVOID KISSING L
		AVOID MOSQUITO BITES . . . . M
		SEEK PROTECTION FROM
		   TRADITIONAL PRACTITIONER . . . . N
		
		OTHER _____ W
		                (SPECIFY)
		
		OTHER _____ X
		                (SPECIFY)
		DON'T KNOW . . . . Z	

804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
805	Can a person get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
808	Can people reduce the chance of getting the AIDS virus by taking herbal medicine or antibiotic before they have sexual intercourse?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
810	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES . . . . 1 NO 2	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 813
812	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY . 1 2 8 DURING DELIVERY . . . . 1 2 8 BY BREASTFEEDING . . 1 2 8	
813	CHECK 106A: RESPONDENT'S MARITAL STATUS MARRIED ☐ DIVORCED/WIDOWED ☐		→ 815
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with your husband?	YES . . . . 1 NO 2	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE/DEPENDS . . 8	
816A	Do you know that a person can be tested for AIDS?	YES . . . . 1 NO 2	→ 817
816B	Do you know a place where you can go to get an AIDS test?	YES . . . . 1 NO 2	
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	→ 901
817A	From which sources of information have you learned about sexually transmitted diseases (STDs)? CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO . . . . A TELEVISION . . . . B NEWS PAPER/MAGAZINE . . . . C POSTER . . . . D HEALTH PROFESSIONAL . . . . E RELIGIOUS INSTITUTION . . . . F SCHOOL/TEACHER . . . . G COMMUNITY MEETING . . . . H FRIENDS/RELATIVE . . . . I WORK PLACE . . . . J OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO

818	If a man has a sexually transmitted disease, what symptoms might he have?
	
	Any others?
	
	RECORD ALL SYMPTOMS MENTIONED.
	
	DO NOT READ OUT RESPONSES.
		ABDOMINAL PAIN . . . . A
		GENITAL DISCHARGE/DRIPPING . . B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION . . . . D
		REDNESS/INFLAMMATION IN
		  GENITAL AREA . . . . E
		SWELLING IN GENITAL AREA . . . . . . F
		GENITAL SORES/ULCERS . . . . G
		GENITAL WARTS . . . . H
		GENITAL ITCHING I
		BLOOD IN URINE . . . . J
		LOSS OF WEIGHT . . . . K
		IMPOTENCE L
		OTHER _____ W
		               (SPECIFY)
		
		OTHER_____ X
		               (SPECIFY)
		
		NO SYMPTOMS . . . . Y
		DON'T KNOW . . . . Z	

819	If a woman has a sexually transmitted disease, what symptoms might she have?
	
	Any other?
	
	RECORD ALL SYMPTOMS MENTIONED.
	
	DO NOT READ OUT RESPONSES.
		ABDOMINAL PAIN . . . . A
		GENITAL DISCHARGE/DRIPPING . . B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION . . . . D
		REDNESS/INFLAMMATION IN
		  GENITAL AREA . . . . E
		SWELLING IN GENITAL AREA . . . . . . F
		GENITAL SORES/ULCERS . . . . G
		GENITAL WARTS . . . . H
		GENITAL ITCHING I
		BLOOD IN URINE . . . . J
		LOSS OF WEIGHT . . . . K
		HARD TO GET PREGNANT/HAVE
		  A CHILD L
		OTHER_____ W
		               (SPECIFY)
		
		OTHER_____ X
		               (SPECIFY)
		
		NO SYMPTOMS . . . . Y
		DON'T KNOW . . . . Z	

. . . .

901. Now I want to ask you some questions about your brothers and sisters, that is, the children who was born to your natural mother, including these who are living with you, those living elsewhere, and those who have died. How many children who were born from your mother, including you?

NUMBER OF BIRTHS TO NATURAL MOTHER ☐☐   IF ANSWER '01' OR ONLY CHILD ☐☐ → 916

902. Of all the births, how many sisters and brothers are older than you?

NUMBER OF OLDER BROTHERS AND SISTERS ☐☐

QUESTIONS AND FILTERS	(1)	(2)	(3)	(4)	(5)	(6)
903. What was the name given to your oldest (next) oldest brothers or sisters?	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
904. Is (NAME) male or female?	MALE . . . . . 1 FEMALE . . . 2	MALE . . . . . 1 FEMALE . . . 2	MALE . . . . . 1 FEMALE . . . 2	MALE . . . . . 1 FEMALE . . . 2	MALE . . . . . 1 FEMALE . . . 2	MALE . . . . . 1 FEMALE . . . 2
905. Is (NAME) still alive?	YES . . . . . 1 NO . . . . . . 2 TO 908 ← DK . . . . 8 TO (2) ←	YES . . . . . 1 NO . . . . . . 2 TO 908 ← DK . . . . 8 TO (3) ←	YES . . . . . 1 NO . . . . . . 2 TO 908 ← DK . . . . 8 TO (4) ←	YES . . . . . 1 NO . . . . . . 2 TO 908 ← DK . . . . 8 TO (5) ←	YES . . . . . 1 NO . . . . . . 2 TO 908 ← DK . . . . 8 TO (6) ←	YES . . . . . 1 NO . . . . . . 2 TO 908 ← DK . . . . 8 TO (7) ←
906. How old is (NAME)?	☐☐ < 10 TO (2)	☐☐ < 10 TO (3)	☐☐ < 10 TO (4)	☐☐ < 10 TO (5)	☐☐ < 10 TO (6)	☐☐ < 10 TO (7)
907. Has (NAME) ever been married?	YES . . . . 1 TO (2) ← NO 2	YES . . . . 1 TO (3) ← NO 2	YES . . . . 1 TO (4) ← NO 2	YES . . . . 1 TO (5) ← NO 2	YES . . . . 1 TO (6) ← NO 2	YES . . . . 1 TO (7) ← NO 2
908. In what year did (NAME) die?	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐	☐☐☐☐
909. How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (2)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (3)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (4)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (5)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (6)	☐☐ IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (7)
911. Was (NAME) pregnant when she died, or did she die during childbirth?	YES . . . . . 1 TO 913 ← NO 2	YES . . . . . 1 TO 913 ← NO 2	YES . . . . . 1 TO 913 ← NO 2	YES . . . . . 1 TO 913 ← NO 2	YES . . . . . 1 TO 913 ← NO 2	YES . . . . . 1 TO 913 ← NO 2
912. Did (NAME) die within 42 days after the end of pregnancy?	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2
913. Did (NAME) die due to complications of pregnancy of childbirth?	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2
914. How many children had (NAME) given birth to (before that pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
915. Has (NAME) ever been married?	YES . . . . . 1 NO . . . . . 2 TO (2) ←	YES . . . . . 1 NO . . . . . 2 TO (3) ←	YES . . . . . 1 NO . . . . . 2 TO (4) ←	YES . . . . . 1 NO . . . . . 2 TO (5) ←	YES . . . . . 1 NO . . . . . 2 TO (6) ←	YES . . . . . 1 NO . . . . . 2 TO (7) ←

QUESTIONS AND FILTERS	(7)	(9)	(9)	(10)	(11)	(12)
903. What was the name given to your oldest (next) oldest brothers or sisters?	. . . .	. . . .	. . . .	. . . .	. . . .	. . . .
904. Is (NAME) male or female?	MALE . . . . . 1 FEMALE . . . 2	MALE . . . . . 1 FEMALE . . . 2	MALE . . . . . 1 FEMALE . . . 2	MALE . . . . . 1 FEMALE . . . 2	MALE . . . . . 1 FEMALE . . . 2	MALE . . . . . 1 FEMALE . . . 2
905. Is (NAME) still alive?	YES . . . . . 1 NO . . . . . . 2 TO 908 ←┘ DK . . . . 8 TO (8) ←┘	YES . . . . . 1 NO . . . . . . 2 TO 908 ←┘ DK . . . . 8 TO (9) ←┘	YES . . . . . 1 NO . . . . . . 2 TO 908 ←┘ DK . . . . 8 TO (10) ←┘	YES . . . . . 1 NO . . . . . . 2 TO 908 ←┘ DK . . . . 8 TO (11) ←┘	YES . . . . . 1 NO . . . . . . 2 TO 908 ←┘ DK . . . . 8 TO (12) ←┘	YES . . . . . 1 NO . . . . . . 2 TO 908 ←┘ DK . . . . 8 TO (13) ←┘
906. How old is (NAME)?	< 10 TO (8)	< 10 TO (9)	< 10 TO (10)	< 10 TO (11)	< 10 TO (12)	< 10 TO (13)
907. Has (NAME) ever been married?	YES . . . . 1 TO (8) ←┘ NO 2	YES . . . . 1 TO (9) ←┘ NO 2	YES . . . . 1 TO (10) ←┘ NO 2	YES . . . . 1 TO (11) ←┘ NO 2	YES . . . . 1 TO (12) ←┘ NO 2	YES . . . . 1 TO (13) ←┘ NO 2
908. In what year did (NAME) die?						
909. How old was (NAME) when he/she died?	IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (8)	IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (9)	IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (10)	IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (11)	IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (12)	IF MALE OR DIED BEFORE 10 YEARS OLD GO TO (13)
911. Was (NAME) pregnant when she died, or did she die during childbirth?	YES . . . . . 1 TO 913 ←┘ NO 2	YES . . . . . 1 TO 913 ←┘ NO 2	YES . . . . . 1 TO 913 ←┘ NO 2	YES . . . . . 1 TO 913 ←┘ NO 2	YES . . . . . 1 TO 913 ←┘ NO 2	YES . . . . . 1 TO 913 ←┘ NO 2
912. Did (NAME) die within 42 days after the end of pregnancy?	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2	YES . . . . . . 1 NO 2
913. Did (NAME) die due to complications of pregnancy of childbirth?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
914. How many children had (NAME) given birth to (before that pregnancy)?						
915. Has (NAME) ever been married?	YES . . . . . 1 NO . . . . . . 2 TO (8) ←┘	YES . . . . . 1 NO . . . . . . 2 TO (9) ←┘	YES . . . . 1 NO . . . . . 2 TO (10) ←┘	YES . . . . . 1 NO . . . . . . 2 TO (11) ←┘	YES . . . . . 1 NO . . . . . . 2 TO (12) ←┘	YES . . . . . 1 NO . . . . . . 2 TO (13) ←┘

916	RECORD THE TIME	HOUR . . . . MINUTES	

48

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

OTHER COMMENTS:

_____

_____

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR:_____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN:

COL. 1: <u>BIRTHS, PREGNANCIES, CONTRACEPTIVE USE</u>

- L BIRTH
- H PREGNANCIES
- K TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTABLES
- 6 IMPLANTS
- 7 CONDOM
- 8 INTRAVAG/DIAPHRAGM
- M LACTATIONAL AMENORRHEA METHOD
- P PERIODIC ABSTINENCE
- T WITHDRAWAL
- X OTHER _____
        (SPECIFY)

KOL. 2: <u>SOURCE OF CONTRACEPTION</u>

- 1 GOVT. HOSPITAL
- 2 GOVT. HEALTH CENTER
- 3 GOVT. CLINIC
- 4 FP FIELDWORKER
- 5 FP MOBILE CLINIC
- 6 PVT. HOSPITAL
- 7 PVT. CLINIC
- 8 PRIVATE DOCTOR
- 9 MIDWIFE
- A VILLAGE MIDWIFE
- B PHARMACY/DRUGSTORE
- C DELIVERY POST
- D HEALTH POST
- E FP POST
- F FRIENDS/RELATIVES
- G SHOP
- X OTHER _____
        (SPECIFY)

COL. 3: <u>DISCONTINUATION OF CONTRACEPTION</u>

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- M MENOPAUSAL
- C MARITAL DISSOLUTION/SEPARATION
- N IUD EXPELLED
- X OTHER _____
        (SPECIFY)
- T DON'T KNOW

COL.4: <u>MARRIAGE/UNION</u>

- X IN UNION
- 0 NOT IN UNION

	Month	#	1	2	3	4	#	Month	
2	APR	01					01	APR	2
0	MAR	02					02	MAR	0
0	FEB	03					03	FEB	0
3	JAN	04					04	JAN	3
	DEC	05					05	DEC	
	NOV	06					06	NOV	
	OCT	07					07	OCT	
	SEP	08					08	SEP	
2	AGT	09					09	AGT	2
0	JUL	10					10	JUL	0
0	JUN	11					11	JUN	0
2	MAY	12					12	MAY	2
	APR	13					13	APR	
	MAR	14					14	MAR	
	FEB	15					15	FEB	
	JAN	16					16	JAN	
	DEC	17					17	DEC	
	NOV	18					18	NOV	
	OCT	19					19	OCT	
	SEP	20					20	SEP	
2	AGT	21					21	AGT	2
0	JUL	22					22	JUL	0
0	JUN	23					23	JUN	0
1	MAY	24					24	MAY	1
	APR	25					25	APR	
	MAR	26					26	MAR	
	FEB	27					27	FEB	
	JAN	28					28	JAN	
	DEC	29					29	DEC	
	NOV	30					30	NOV	
	OCT	31					31	OCT	
	SEP	32					32	SEP	
2	AGT	33					33	AGT	2
0	JUL	34					34	JUL	0
0	JUN	35					35	JUN	0
0	MAY	36					36	MAY	0
	APR	37					37	APR	
	MAR	38					38	MAR	
	FEB	39					39	FEB	
	JAN	40					40	JAN	
	DEC	41					41	DEC	
	NOV	42					42	NOV	
	OCT	43					43	OCT	
	SEP	44					44	SEP	
1	AGT	45					45	AGT	1
9	JUL	46					46	JUL	9
9	JUN	47					47	JUN	9
9	MAY	48					48	MAY	9
	APR	49					49	APR	
	MAR	50					50	MAR	
	FEB	51					51	FEB	
	JAN	52					52	JAN	
	DEC	53					53	DEC	
	NOV	54					54	NOV	
	OCT	55					55	OCT	
	SEP	56					56	SEP	
1	AGT	57					57	AGT	1
9	JUL	58					58	JUL	9
9	JUN	59					59	JUN	9
8	MAY	60					60	MAY	8
	APR	61					61	APR	
	MAR	62					62	MAR	
	FEB	63					63	FEB	
	JAN	64					64	JAN	
	DEC	65					65	DEC	
	NOV	66					66	NOV	
	OCT	67					67	OCT	
	SEP	68					68	SEP	
1	AGT	69					69	AGT	1
9	JUL	70					70	JUL	9
9	JUN	71					71	JUN	9
7	MAY	72					72	MAY	7
	APR	73					73	APR	
	MAR	74					74	MAR	
	FEB	75					75	FEB	
	JAN	76					76	JAN	

2002-2003 INDONESIA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

Confidential

I. IDENTIFICATION	CODE
1. PROVINCE _____	
2. REGENCY/MUNICIPALITY *) _____	
3. SUB-DISTRICT _____	
4. VILLAGE *)_____	
5. URBAN/RURAL **) URBAN - 1 RURAL - 2	
6. CENSUS BLOCK NUMBER _____	
7. 2002 IDHS SAMPLE CODE	
8. HOUSEHOLD NUMBER	
9. NAME OF HOUSEHOLD HEAD _____	
10. NAME OF RESPONDENT _____	
11. RESPONDENT'S LINE NUMBER	

II. INTERVIEWER VISITS

	1	2	3	FINAL VISIT
INTERVIEWER DATE	_____	_____	_____	DATE
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	INTERVIEWER
RESULT ***)	_____	_____	_____	RESULT
NEXT VISIT DATE	_____	_____		TOTAL NO. OF VISIT
TIME	_____	_____		

***) RESULT CODE

1 COMPLETED	4 REFUSED	7 OTHER _____
2 NOT AT HOME	5 PARTLY COMPLETED	(SPECIFY)
3 POSTPONE	6 INCAPACITATED	

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

*) Cross out category not used
**) Circle selected category

INFORMED CONSENT

Hello. My name is .... and I am working with BPS. We are conducting a national survey about the health of women, men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes about 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: ——————————————   Date: ————————————————————

RESPONDENT AGREES TO BE INTERVIEWED .. 1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ....2 → END

NO.	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	
108	In what month and year were you born?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
109	How old were you at your last birthday? COMPARE AND CORRECT 108 AND OR 109 IF INCONSISTENT. IF AGE IS LESS THAN 15 OR OVER 54, END INTERVIEW. CORRECT 02IDHS-HH SECTION III COL (7).	AGE IN COMPLETED YEAR . ☐☐	
109A	Are you currently single married, divorced or widowed?	SINGLE . . . . 1 MARRIED . . . . 2 DIVORCED . . . . 3 WIDOWED 4	
109B	CHECK 109 AND 109A: AGE 15-54 ☐ OTHER ☐——————————— AND MARRIED		→ END
110	Have you ever attended school?	YES . . . . 1 NO 2	→ 114
111	What is the highest level of school you attended: elementary, junior high school, senior high school, academy or university?	PRIMARY SCHOOL . . . . 1 JUNIOR HIGH SCHOOL . . . . 2 SENIOR HIGH SCHOOL . . . . 3 ACADEMY . . . . 4 UNIVERSITY 5	
112	What is the highest (grade/year) you completed at that level? COMPLETED = 7	GRADE . . . . ☐	

NO.	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP TO
113	CHECK 111: PRIMARY ☐ JUNIOR HIGH SCHOOL OR HIGHER ☐ ▼		→ 117

114	Now I would like you to read this sentence.
	
	SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
	Can you read any part of the sentence to me?
		CAN NOT READ AT ALL 1
		ABLE TO READ - ONLY PARTS
		  OF SENTENCE 2
		ABLE TO READ WHOLE
		  SENTENCE 3	

115	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES . . . . 1 NO 2	
116	CHECK 114: CODE '2' OR '3' ☐ CODE '1' ☐ CIRCLED CIRCLED ▼		→ 118
117	Do you read a newspaper or magazine almost everyday, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
118	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
119	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . 2 LESS THAN ONCE A WEEK . . . . 3 NOT AT ALL 4	
119A	What is your religion?	ISLAM . . . . 1 PROTESTANT . . . . 2 CATHOLIC . . . . 3 HINDU . . . . 4 BUDHA . . . . 5 CONFUCIAN . . . . 6 OTHER 7	
120	Are you currently working?	YES . . . . 1 NO 2	→120B
120A	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→201
120B	Do you work in agriculture or not in agriculture?	AGRICULTURE . . . . 1 NOT IN AGRICULTURE 2	

123	What is your occupation?
	
	That is, what kind of work you mainly do?
	
	DESCRIBE AS COMPLETE AS POSSIBLE. DO NOT FILL IN BOXES.
	
	_____ ☐☐
	
	_____
	
	_____
		PROFESSIONAL, TECHNICAL 01
		MANAGER AND
		  ADMINISTRATORS 02
		CLERICAL 03
		SALES 04
		SERVICE 05
		AGRICULTURAL WORKER 06
		INDUSTRIAL WORKER 07
		
		OTHER _____ 96
		        (SPECIFY)
		DON'T KNOW 98	

124	CHECK 120B: WORKS IN ☐ DOES NOT WORK ☐ AGRICULTURE IN AGRICULTURE ▼		→ 201

NO.	QUESTIONS AND FILTER	CODING CATEGORIES	SKIP TO
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . 1 FAMILY LAND . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND 4	

4

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
201	Now I would like to ask about all the births you have had during your life. Do you have biological children?	YES . . . . 1 NO 2	→206
202	Do you have any biological sons or daughters 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 . . . . ☐☐	
204	Do you have any biological sons or daughters 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 ☐☐	
206	do you have any biological son or daughter who was born alive but later died? If "NO" PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO 2	→209
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL . . . . ☐☐	
210	CHECK 209: NUMBER OF CHILDREN IS 0 �—————————————		→301
	NUMBER OF CHILDREN ☐ NUMBER OF CHILDREN IS 1 ☐—————————		→213
	IS 2 OR MORE ▼		
211	Do the children that you have fathered all have the same biological mother?	YES . . . . 1 NO 2	
213	How old were you when your (first) child was born?	AGE IN YEARS . . . . ☐☐	

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

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

301	Have you ever heard of (METHOD)? What ways or methods have you heard about?		302. Have you ever used (METHOD)?
01	FEMALE STERILIZATION/TUBECTOMY "Women can have an operation to avoid having any more children"	YES . . . . 1 NO . . . . 2 ¬	Has your wife ever had an operation to avoid having any more children? YES . . . . 1 NO 2
02	MALE STERILIZATION/VASECTOMY "Men can have an operation to avoid having any more children"	YES . . . . 1 NO . . . . 2 ¬	Have you ever had an operation to avoid having any more children? YES . . . . 1 NO 2
03	PILL "Women can take a pill every day to avoid becoming pregnant"	YES . . . . 1 NO . . . . 2 ¬	
04	IUD "Women can have a loop or coil placed inside them by a doctor or a nurse"	YES . . . . 1 NO . . . . 2 ¬	
05	INJECTABLES "Women can have an injection by a health provider which stops them from becoming pregnant for one, two or three months"	YES . . . . 1 NO . . . . 2 ¬	
06	NORPLANT/IMPLANT "Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years"	YES . . . . 1 NO . . . . 2 ¬	
07	CONDOM "Men can put a rubber sheat on their penis before sexual intercourse'"	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
08	INTRAVAG/DIAPHAGM "Women can place a tissue or a thin flexible disk in the vagina before intercourse'"	YES . . . . 1 NO . . . . 2 ¬	
09	LACTATIONAL AMENORRHEA METHOD (LAM) "Up to 6 months after child birth, a woman can use a method that requires she breastfeeds frequently, day and night, and that her menstrual period has not returned"	YES . . . . 1 NO . . . . 2 ¬	
10	PERIODIC ABSTINENCE OR CALENDAR SYSTEM "Couples can avoid having sexual intercourse on the days of the month she is most likely to get pregnant"	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
11	WITHDRAWAL "Men can be careful and pull out before climax'"	YES . . . . 1 NO . . . . 2 ¬	YES . . . . 1 NO 2
12	ANY OTHER METHOD "Have you heard any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
302A	Are you currently using any method of family planning?	YES . . . . 1 NO 2	→302C
302B	Which method are you using?	MALE STERILIZATION . . . . 1 CONDOM . . . . 2 PERIODIC ABSTINENCE . . . . 3 WITHDRAWAL . . . . 4 OTHER _____ 6 SPECIFY	
302C	Is your wife currently using any method of family planning?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→302F
302D 302E	Which method is your wife using? Any other method? CIRCLE 'A' FOR FEMALE STERILIZATION CIRCLE ALL MENTIONED. DO NOT READ OUT RESPONSES.	FEMALE STERILIZATION . . . . A PILL . . . . C IUD . . . . D INJECTABLES . . . . E IMPLANTS . . . . F CONDOM . . . . G INTRAVAG/DIAPHRAGM . . . . H LACTATIONAL AMENORRHEA METHOD . . . . I PERIODIC ABSTINENCE . . . . J WITHDRAWAL . . . . K OTHER _____ X (SPECIFY)	
302F	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	B

302G	Where is that?
	
	IF THE SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE
	
	_____
	(NAME OF PLACE)
	
	Any other place?
	
	RECORD ALL PLACES MENTIONED.
	
	DO NOT READ OUT RESPONSES.
		PUBLIC SECTOR
		    HOSPITAL . . . . A
		    HEALTH CENTER . . . . B
		    CLINIC C
		    FP FIELDWORKER . . . . D
		    FP MOBILE UNIT . . . . E
		    OTHER _____ F
		                    (SPECIFY)
		PRIVATE MEDICAL SECTOR
		    HOSPITAL . . . . G
		    CLINIC . . . . H
		    DOCTOR I
		    NURSE/MIDWIFE . . . . J
		    VILLAGE MIDWIFE . . . . K
		    PHARMACY/DRUG STORE L
		    OTHER _____ M
		                    (SPECIFY)
		OTHER
		    DELIVERY POST . . . . N
		    HEALTH POST . . . . O
		    FP POST . . . . P
		    FRIENDS/RELATIVES . . . . Q
		    SHOP . . . . R
		    OTHER _____ X
		                    (SPECIFY)	

308	From one menstrual period to the next, are there certain days when a women is more likely to become pregnant if she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 310

309	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER
		    PERIOD BEGINS 1
		DURING HER PERIOD 2
		RIGHT AFTER HER PERIOD ENDS 3
		IN THE MIDDLE OF THE CYCLE 4
		
		OTHER _____ 6
		                SPECIFY
		DON'T KNOW 8	

310	Do you think that a woman who is breastfeeding can become pregnant when she has sexual relations with her husband?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
311	CHECK 301(07) AND 302 (07) : KNOWLEDGE AND USE OF CONDOM HAS HEARD OF AND USED CONDOM ☐ HAS HEARD OF CONDOMS BUT HAS NEVER USED ☐ NEVER HEARD OF CONDOM ☐		→323 →324
314	When you have sex, do you use a condom every time, sometimes, or not at all'?	EVERY TIME . . . . 1 SOMETIMES . . . . 2 NOT AT ALL . . . . 3 NOT HAVING SEX 4	

316	Have you ever experienced any problems with using condoms?
	
	IF YES: What problems did you experience?
	
	PROBE: Any other problems?
	
	RECORD ALL PROBLEMS MENTIONED.
	
	DO NOT READ OUT RESPONSES.
		TOO EXPENSIVE . . . . A
		EMBARRASSING TO BUY/OBTAIN . . . . . B
		DIFFICULT TO DISPOSE OF C
		DIFFICULT TO PUT ON/TAKE OFF . . . . . D
		SPOILS THE MOOD . . . . E
		DIMINISHES PLEASURE . . . . F
		WIFE OBJECTS TO/DOES
		   NOT LIKE . . . . G
		WIFE GOT PREGNANT . . . . H
		INCONVENIENT TO USE/MESSY I
		CONDOM BROKE . . . . J
		
		OTHER _____ X
		                    SPECIFY
		
		NO PROBLEM . . . . Y	

316A	Have you ever paid for sex?	YES . . . . 1 NO 2	→ 317
316B	In the past 12 months, did you ever pay for sex?	YES . . . . 1 NO 2	→ 317
316C	The last time you paid for sex, was a condom used?	YES . . . . 1 NO 2	
317	CHECK 314: CURRENT USE OF CONDOMS EVERY TIME OR SOMETIMES ☐ NOT AT ALL/ NOT HAVING SEX ☐		→ 323

319	From where do you usually obtain the condoms?
	
	IF SOURCE IS HOSPITAL OR CLINIC, WRITE THE NAME OF PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   HOSPITAL 11
		   HEALTH CENTER 12
		   CLINIC 13
		   FP FIELDWORKER 14
		   FP MOBILE UNIT 15
		
		   OTHER _____ 16
		                    (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   HOSPITAL 21
		   CLINIC 22
		   DOCTOR 23
		   NURSE/MIDWIFE 24
		   PHARMACY/DRUG STORE 25
		
		   OTHER _____ 26
		                    (SPECIFY)
		OTHER
		   DELIVERY POST 31
		   HEALTH POST 32
		   FP POST 33
		   FRIENDS/RELATIVES 34
		   SHOP 35
		
		OTHER _____ 36
		                    (SPECIFY)	

320	How much do you usually pay for a packet of condoms?	COST RUPIAH . . . . ☐☐ ☐☐☐ FREE . . . . 99995 DON'T KNOW 99998	→ 323

8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
321	How many condoms are in each packet?	NUMBER . . . . [ ][ ]	
322	Do you think that at this price condoms are inexpensive, just affordable, or too expensive?	INEXPENSIVE . . . . 1 JUST AFFORDABLE . . . . 2 TOO EXPENSIVE 3	

323	I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each.		AGREE	DIS-AGREE	DK	
	Condoms diminish a man's sexual pleasure.	SEXUAL PLEASURE . . .	1	2	8	
	A condom is very inconvenient to use.	INCONVENIENT	1	2	8	
	A condom can be reused.	CAN BE REUSED	1	2	8	
	A condom protects against disease.	PROTECT AGAINST DISEASE	1	2	8	
	A woman has no right to tell a man to use a condom.	WOMAN'S RIGHT	1	2	8	

324	CHECK 301(02) AND 302 (02): KNOWLEDGE AND USE OF MALE STERILIZATION		
	HAS HEARD OF MALE STERILIZATION BUT IS NOT STERILIZED [ ] RESPONDENT IS STERILIZED [ ]		→326
	HAS NOT HEARD OF MALE STERILIZATION [ ]		→328

325	Once you have had all the children you want, would you yourself ever consider getting sterilized?	WOULD CONSIDER . . . . 1 WOULD NOT CONSIDER . . . . 2 UNSURE/DEPENDS . . . . 3 WIFE ALREADY STERILIZED 4	 →327 → 328

326	In your opinion what are some of the advantages of male sterilization? PROBE: Any other advantages? RECORD ALL ADVANTAGES MENTIONED. DO NOT READ OUT RESPONSES.	PUTS MAN IN CONTROL . . . . A EFFECTIVE METHOD . . . . B OPERATION IS SAFE . . . . C SAFER THAN FEMALE STERILIZATION . . . . D OPERATION INEXPENSIVE . . . . E LESS EXPENSIVE THAN FEMALE STERILIZATION . . . . F OPERATION IS SIMPLE . . . . G GIVES MAN FREEDOM . . . . H OTHER _____ X SPECIFY	→328

327	Why would you never consider getting sterilized? PROBE: Any other reasons? RECORD ALL REASONS MENTIONED. DO NOT READ OUT RESPONSES.	AGAINST RELIGION . . . . A BAD FOR MAN'S HEALTH . . . . B OPERATION NOT SAFE . . . . C LESS INTRUSIVE WAYS AVAILABLE . . . . D MAY WANT MORE CHILDREN/ MAY WANT TO REPLACE CHILD WHO DIED . . . . E MAY REMARRY SOME DAY . . . . F COSTS . . . . G LOSS OF SEXUAL FUNCTION . . . . H LOSS OF MANLINESS . . . . I OTHER _____ X SPECIFY	

328	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.		AGREE	DIS-AGREE	DK	
	Contraception is women's business and a man should not have to worry about it.	CONTRACEPTION WO-MEN'S BUSINESS	1	2	8	
	Women who are sterilized may become promiscuous.	STERILIZED WOMEN ARE PROMISCUOUS . . .	1	2	8	
	Being sterilized for a man is equivalent to being castrated.	MALE STERILIZATION IS CASTRATION	1	2	8	
	A woman is the one who gets pregnant, so she should be the one to get sterilized.	WOMAN SHOULD BE THE ONE STERILIZED	1	2	8	

9

SECTION 4. MARRIAGE AND ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
401	Have you been married once, or more than once?	ONCE . . . . 1 MORE THAN ONCE 2	
402	Does your wife live with you or somewhere else?	IN HOUSEHOLD . . . . 1 ELSEWHERE 2	
403	WRITE WIFE'S NAME AND LINE NUMBER FROM HOUSEHOLD QUESTIONNAIRE. IF WIFE DOES NOT LIVE IN THE HOUSEHOLD, ENTER '00'	NAME_____ LINE NUMBER: . . . . ☐☐	
404	CHECK 401: MARRIED MORE THAN ONCE ☐ MARRIED ONCE ☐ —————		→ 407
405	Do you have other wives who do not live in this household?	YES . . . . 1 NO 2	→ 407
406	What is the name of your wife who does not live in this household?	NAME _____ _____	
407	How old were you when you and your (first) wife married?	AGE . . . . ☐☐	
408	How old were you when you first had sexual intercourse?	AGE . . . . ☐☐	
409	For a man, what is the best age to get married?	AGE . . . . ☐☐	
410	For a woman, what is the best age to get married ?	AGE . . . . ☐☐	
411	What is the best age for a woman to have her first child?	AGE . . . . ☐☐	
412	After what age, should a woman not to deliver anymore child?	AGE . . . . ☐☐	
413	Who in your family usually has the final say on the following decisions:	RESPONDENT . . . . = 1 WIFE OF RESPONDENT . . . . = 2 RESPONDENT & HIS WIFE . . . . = 3 SOMEONE ELSE . . . . = 4 RESPONDENT & SOMEONE ELSE JOINTLY . . . . = 5 NO DECISION . . . . = 6	
	Your own health care?	OWN HEALTH CARE 1 2 3 4 5 6	
	Making large household purchases?	LARGE HH PURCHASES 1 2 3 4 5 6	
	Making household purchases for daily needs?	DAILY PURCHASES 1 2 3 4 5 6	
	Visits to family friends or relatives? What food should be cooked each day?	VISIT RELATIVES 1 2 3 4 5 6 FOOD TO COOK DAILY 1 2 3 4 5 6	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
414	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:	YES NO DK	
	If she goes out without telling him?	GOES OUT WITHOUT TELLING 1 2 8	
	If she neglects the children?	NEGLECT CHILDREN . . . 1 2 8	
	If she argues with him?	ARGUES 1 2 8	
	If she refuses to have sex with him?	REFUSES SEX 1 2 8	
	If she burns the food?	BURNS FOOD 1 2 8	

11

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
502	CHECK 302 (02): RESPONDENT NOT STERILIZED ☐ ▼	RESPONDENT STERILIZED ☐	→ 601A
502A	COPY THE NAME OF RESPONDENT'S WIFE IF MORE THAN 2 WIVES, USE EXTRA QUESTIONNAIRE.	**FIRST WIFE** _____ LINE NUMBER . . ☐☐ **SECOND WIFE** _____ LINE NUMBER . . ☐☐	
503	Is (NAME) pregnant now?	YES . . . . 1 NO . . . . 2 ⌐ DK/UNSURE . . . . 8 ⌐ (SKIP TO 505) ◄——— YES . . . . 1 NO . . . . 2 ⌐ DK/UNSURE . . . . 8 ⌐ (SKIP TO 505) ◄———	
504	When (NAME) became pregnant, did you want her to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not</u> want her to have more children <u>at all</u>?	THEN . . . . 1 ⌐ LATER . . . . 2 ⌐ NOT AT ALL . . . . 8 ⌐ (SKIP TO 506) ◄——— THEN . . . . 1 ⌐ LATER . . . . 2 ⌐ NOT AT ALL . . . . 8 ⌐ (SKIP TO 506) ◄———	

505	In the next few weeks, if you discovered that (NAME) was pregnant, would that be a big problem, a small problem or no problem for you?	BIG PROBLEM 1
		SMALL PROBLEM 2
		NO PROBLEM 3
		STERILIZED/
		   HISTERECTOMY 4
		(SKIP TO 507) ◄——— BIG PROBLEM 1
		SMALL PROBLEM 2
		NO PROBLEM 3
		STERILIZED/
		   HISTERECTOMY 4
		(SKIP TO 507) ◄———	

506	Do you think (NAME) wants the same number of children that you want to have with her, or does she want more of fewer than you want?	SAME NUMBER . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . 3 DON'T KNOW . . . . 8 SAME NUMBER . . . . 1 MORE CHILDREN . . . . . 2 FEWER CHILDREN . . . . 3 DON'T KNOW 8	
507	How often do you talk to (NAME) about family planning in the past year?	NEVER . . . . 1 ONCE OR TWICE . . . . . 2 OFTEN . . . . 3 NEVER . . . . 1 ONCE OR TWICE . . . . . 2 OFTEN 3	
508	Do you think that (NAME) approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES . . . . 1 DISAPPROVES . . . . 2 DON'T KNOW . . . . 8 APPROVES . . . . 1 DISAPPROVES . . . . 2 DON'T KNOW 8	
508A		GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 509. GO TO 503 FOR NEXT WIFE. IF NO MORE WIVES, GO TO 509.	

509	CHECK 503:
	
	NO WIFE PREGNANT /UNSURE ☐ ▼ WIFE PREGNANT ☐ ▼
	
	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, 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
		
		CAN'T GET PREGNANT 3
		
		UNDECIDED
		   PREGNANT 4
		   NOT PREGNANT/DON'T KNOW . . . 5
			
			→516
			
			→521
			
			→516

510	How long would you like to wait from now before the birth if (a/another) child?	MONTHS . . . . 1 ☐☐ YEARS . . . . 2 ☐☐ SOON/NOW . . . . 993 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
516	CHECK 302A: USE CONTRACEPTION METHOD NO, NOT USING ☐ YES, CURRENTLY USING ☐		→ 521
517	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	→ 519
518	Which contraceptive method would you prefer to use?	MALE STERILIZATION . . . . 1 CONDOM . . . . 2 PERIODIC ABSTINENCE . . . . 3 WITHDRAWAL . . . . 4 OTHER _____ 6 (SPECIFY) UNSURE 8	→ 521

519	What is the main reason that you think you will not use a method at any time in the future?	FERTILITY-RELATED REASON
		   NOT HAVING SEX 11
		   MENOPAUSE/HISTERECTOMY . . 12
		   SUBFECUND/INFECUND 13
		   WANTS AS MANY CHILDREN AS
		      POSSIBLE 14
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED 21
		   WIFE OPPOSED 22
		   OTHER OPPOSED 23
		   RELIGIOUS PROHIBITION 24
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHODS 31
		   KNOWS NO SOURCE 32
		
		METHOD RELATED REASON
		   HEALTH CONCERNS 41
		   FEAR OF SIDE EFFECTS 42
		   TOO FAR 43
		   COST TOO MUCH 44
		   INCONVENIENT TO USE 45
		   GAIN/LOSS WEIGHT 46
		   WIFE IS USING 47
		
		OTHER _____ 96
		(OTHER)
		DON'T KNOW 98	

521	CHECK 203 AND 205: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time when you just married and have no children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE, THEN RECORD NUMERIC RESPONSE OR OTHER ANSWER.	NUMBER OF CHILDREN . . . ☐☐ OTHER _____ 96 (SPECIFY)	→ 524
522	How many of these children would you like to be boys and how many would you like to be girls?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 999996 (SPECIFY)	

NO	QUESTIONS AND FILTERS	CODE	SKIP TO
524	In the last six months have you heard about family planning:	YES NO	
	On the radio?	RADIO 1 2	
	On the television?	TELEVISION 1 2	
524a	In the last six months have you read about family planning	YES NO	
	In a newspaper or magazine?	NEWSPAPER OR MAGAZINE . 1 2	
	In a poster?	POSTER 1 2	
	In a pamphlet?	PAMPHLET 1 2	
526	In the last six months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES . . . . 1 NO 2	→ 601A
527	With whom? Anyone else? RECORD ALL PERSONS MENTIONED. DO NOT READ OUT RESPONSES.	WIFE . . . . A MOTHER . . . . B FATHER . . . . C SISTER(S) . . . . D BROTHER(S) . . . . E DAUGHTER . . . . F SON . . . . G MOTHER-IN-LAW . . . . H FRIENDS/NEIGHBORS . . . . I OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
601A	CHECK 209: HAS ONE OR MORE CHILDREN ☐ HAS NOT HAD ANY CHILDREN ☐		▸701
602	Please tell me the name and sex of your child (who was born most recently): _____ (NAME OF CHILD)	BOY . . . . 1 GIRL 2	
603	In what month and year was (NAME OF LAST CHILD) born?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	
607	CHECK 603: CHILD BORN SINCE JANUARY 1997 ☐ CHILD BORN BEFORE JANUARY 1997 ☐		▸ 616

612 — ASK QUESTION 612, FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY, ALL QUESTIONS REFER TO THE LAST BIRTH.

Did (NAME OF CHILD'S MOTHER) receive any advice or care from a doctor or any health care provider during the (pregnancy/delivery/six weeks after delivery)?	PREGNANCY	DELIVERY	6 WEEKS AFTER DELIVERY
	YES . . . . 1 NO . . . . 2 DK . . . . 8 (GO TO 612 NEXT COLUMN)	YES . . . . 1 NO . . . . 2 DK . . . . 8 (GO TO 612 NEXT COLUMN)	YES . . . . 1 NO . . . . 2 DK 8

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
616	Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? RECORD ALL SIGNS AND SYMPTOMS MENTIONED: DO NOT READ OUT RESPONSES.	PROLONGED LABOR . . . . A VAGINAL BLEEDING . . . . B FEVER . . . . C CONVULSIONS . . . . D BABY IN WRONG POSITION . . . . E SWOLLEN LIMBS . . . . F FAINTS . . . . G BREATHLESSNESS . . . . H TIREDNESS . . . . I OTHER _____ X (SPECIFY) DON'T KNOW . . . . Z	
617	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF LAST CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	YES . . . . 1 NO 2	▸618A
618	Did the health provider talk to you about: What food (NAME OF CHILD'S MOTHER) should eat during pregnancy? How much rest she should have during pregnancy? The types of health problems for which she should get immediate medical attention?	DON'T YES NO RECALL FOOD . . . . 1 2 3 REST . . . . 1 2 3 PROBLEMS 1 2 3	
618A	During (NAME OF CHILD'S MOTHER) pregnancy, did anyone discuss with you about: Where (NAME OF CHILD'S MOTHER) plan to deliver? Transportation to the place of delivery? Who is going to assist the delivery? Payment for delivery? Identifying a possible blood donor?	YES NO PLACE TO DELIVER . . . . 1 2 TRANSPORTATION . . . . 1 2 DELIVERY ASSISTANT . . . . . . 1 2 PAYMENT . . . . 1 2 BLOOD DONOR 1 2	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
619A	Is (NAME OF LAST CHILD) still alive?	YES . . . . 1 NO 2	→701
621A	Has (NAME OF LAST CHILD) received (NAME OF VACCINE): BCG? Polio? DPT? Measles? Hepatitis	YES NO DK BCG . . . . 1 2 8 POLIO . . . . 1 2 8 DPT . . . . 1 2 8 MEASLES . . . . 1 2 8 HEPATITIS 1 2 8	

621B	CHECK 621A: ALL VACCINES
	
	      NOT ONE AT LEAST
	        'YES' ☐ ONE 'YES' ☐
		→624

623	What is the main reason why (NAME OF CHILD) has not received any of these vaccinations?	TOO EXPENSIVE 01
		DOES NOT KNOW WHERE TO
		  GET THEM 02
		NOT AVAILABLE 03
		NOT IMPORTANT/NOT NEEDED . . . 04
		NOT GOD FOR CHILD'S HEALTH . . . 05
		CHILD TOO YOUNG 06
		TOO FAR/NO TRANSPORT 07
		OTHER _____ 96
		           SPECIFY
		
		DON'T KNOW ANY VACCINE 97
		DON'T KNOW WHY 98	

624	Does (NAME OF LAST CHILD) live with you in your household?	YES . . . . 1 NO 2	→ 627
625	In your household who usually decides what to do if the (NAME OF LAST CHILD) is ill? Anybody else? CIRCLE ALL MENTIONED: DO NOT READ OUT RESPONSES.	RESPONDENT . . . . A CHILD'S MOTHER . . . . B WIFE/STEPMOTHER . . . . C FEMALE RELATIVE . . . . D MALE RELATIVE . . . . E OTHER _____ X SPECIFY CHILD HAS NEVER BEEN ILL . . . . Y	

627	Please tell me if you would be angry with (NAME OF CHILD's MOTHER) if she ever done the following:
	
	She took (NAME OF LAST CHILD) to be vaccinated without for your permission?
	
	Without asking you, she took (NAME OF LAST CHILD) to a doctor or health worker because she thought the child was ill?
		NO.
		           NOT DON'T
		     YES ANGRY KNOW
		
		VACCINATION 1 2 8
		
		DOCTOR/
		  HEALTH CARE 1 2 8	

16

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→724
701A	From which sources of information have you learned about AIDS? Any thing else? CIRCLED ALL MENTIONED. DO NOT READ OUT RESPONSES.	RADIO . . . . A TELEVISION . . . . B NEWS PAPER/MAGAZINE . . . . C POSTER . . . . D HEALTH PROFESSIONAL . . . . E RELIGIOUS INSTITUTION . . . . F SCHOOL/TEACHER . . . . G COMMUNITY MEETING . . . . H FRIEND/RELATIVE . . . . I WORK PLACE . . . . J OTHER _____ X (SPECIFY)	
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→709

703	What can a person do?
	
	 Anything else?
	
	 RECORD ALL WAYS MENTIONED.
	
	 DO NOT READ OUT RESPONSES.
		ABSTAIN FROM SEX . . . . A
		 USE CONDOMS . . . . B
		 LIMIT SEX TO ONE PARTNER/STAY
		 FAITHFUL TO ONE PARTNER C
		 LIMIT NUMBER OF SEXUAL
		   PARTNERS . . . . D
		 AVOID SEX WITH PROSTITUTES . . . E
		 AVOID SEX WITH PERSONS
		   WHO HAVE MANY PARTNERS . . . . F
		 AVOID SEX WITH HOMOSEXUALS . . G
		 AVOID SEX WITH PERSON WHO
		   INJECT DRUGS INTRAVENOUSLY . H
		 AVOID BLOOD TRANSFUSIONS I
		 AVOID INJECTIONS . . . . J
		 AVOID SHARING RAZORS/BLADES . K
		 AVOID KISSING L
		 AVOID MOSQUITO BITES . . . . M
		 SEEK PROTECTION FROM
		   TRADITIONAL PRACTITIONER . . . . N
		 OTHER _____ W
		 (SPECIFY)
		
		 OTHER _____ X
		 (SPECIFY)
		
		 DON'T KNOW . . . . Z	

704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
705	Can a person get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
706	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
707	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
707A	Can people reduce their chances of getting the AIDS virus by taking herbal medicine or antibiotic before they have sexual intercourse?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO
709	Can you tell from looking at a person if s/he has the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
710	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES . . . . 1 NO 2	
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐▸ 714
712	Can the virus that causes AIDS be transmitted from a mother to a child: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY . 1 2 8 DURING DELIVERY . . . . 1 2 8 BY BREASTFEEDING . . 1 2 8	
714	Have you ever talked about ways to prevent getting the virus that causes AIDS with your wife?	YES . . . . 1 NO 2	
716	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	
717	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE/DEPENDS . . 8	
720	Do you know that a person can be tested for AIDS?	YES . . . . 1 NO 2	▸724
722	Do you know a place where you can go to get an AIDS test?	YES . . . . 1 NO 2	
724	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	▸721
724A	From which sources of information have you learned about sexually transmitted diseases (STDs)? RECORD ALL WAYS MENTIONED. DO NOT READ OUT RESPONSES.	RADIO . . . . A TELEVISION . . . . B NEWS PAPER/MAGAZINE . . . . C POSTER . . . . D HEALTH PROFESSIONAL . . . . E RELIGIOUS INSTITUTION . . . . F SCHOOL/TEACHER . . . . G COMMUNITY MEETING . . . . H FRIEND/RELATIVE . . . . I WORK PLACE . . . . J OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODE	SKIP TO

725	If a man has a sexually transmitted disease, what symptoms might he have?
	
	Any others?
	
	RECORD ALL SYMPTOMS MENTIONED.
	
	DO NOT READ OUT RESPONSES.
		ABDOMINAL PAIN . . . . A
		GENITAL DISCHARGE/DRIPPING . . B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION . . . . D
		REDNESS/INFLAMMATION IN
		  GENITAL AREA . . . . E
		SWELLING IN GENITAL AREA . . . . . . F
		GENITAL SORES/ULCERS . . . . G
		GENITAL WARTS . . . . H
		GENITAL ITCHING I
		BLOOD IN URINE . . . . J
		LOSS OF WEIGHT . . . . K
		IMPOTENCE L
		OTHER _____ W
		             (SPECIFY)
		
		OTHER_____ X
		             (SPECIFY)
		
		NO SYMPTOMS . . . . Y
		DON'T KNOW . . . . Z	

726	If woman has a sexually transmitted disease, what symptoms might she have?
	
	Any other?
	
	RECORD ALL SYMPTOMS MENTIONED.
	
	DO NOT READ OUT RESPONSES.
		ABDOMINAL PAIN . . . . A
		GENITAL DISCHARGE/DRIPPING . . B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION . . . . D
		REDNESS/INFLAMMATION IN
		  GENITAL AREA . . . . E
		SWELLING IN GENITAL AREA . . . . . . F
		GENITAL SORES/ULCERS . . . . G
		GENITAL WARTS . . . . H
		GENITAL ITCHING I
		BLOOD IN URINE . . . . J
		LOSS OF WEIGHT . . . . K
		HARD TO GET PREGNANT/HAVE
		  A CHILD L
		OTHER_____ W
		             (SPECIFY)
		
		OTHER_____ X
		             (SPECIFY)
		
		NO SYMPTOMS . . . . Y
		DON'T KNOW . . . . Z	

727	RECORD THE TIME	HOUR . . . . ☐☐ MINUTES . . . . ☐☐	