QUESTIONNAIRE NUMBER QUESTNO ___ ___

1991 FAMILY HEALTH SURVEY - BELIZE

INDIVIDUAL QUESTIONNAIRE

(For women aged 15-44 years)

Identification No.

GEO. CODE		HH SCHED NO.		
EDNO		HHNO		

Interview Calls	1	2	3	Final Visit
INTMO Month of interview				
Time started				
Time ended				
Duration				
STATUS Interview Status *				
INTRVWR Interviewer's Name				
Supervisor's Name				
Next Visit: Date				
Time				

* Interview status codes:

1 Completed individual interview   5 Total Refusal
2 No eligible respondent   6 Partial refusal
3 Residents not at home   7 Vacant Household
4 Respondent not at home   8 Other (specify) _____

FOR OFFICE USE ONLY

Reviewed by: _____   Date: _____

Edited by: _____   Date: _____

H100. What is the primary source of drinking water for members of this household?
H100
   1 Piped into residence
   2 Piped into yard or plot
   3 Public tap
   4 Well with handpump
   5 Well without handpump
   6 River, spring, surface water
   7 Tanker truck, other vendor
   8 Vat, drum
   9 Other (specify) _____

H101. What kind of toilet facility does this household have?
H101
   1 Flush
   2 Bucket
   3 Pit latrine
   4 No facilities
   8 Other (specify) _____

H102. Does this house have:

		YES	NO
H102EL	A Electricity?	1	2
H102RAD	A radio?	1	2
H102TV	A television?	1	2
H102FRIG	A refrigerator?	1	2
H102PHON	A telephone?	1	2
H102CAR	A personal vehicle?	1	2

H103. What is the floor of this house made of?
H103
   1 Wood
   2 Concrete
   3 Dirt
   4 Tile
   8 Other (specify) _____

H104. How many rooms does this house have (excluding the kitchen, bathroom, and those used for commercial purposes)?
H104

No. of Rooms __ __

H105. What fuel is generally used for cooking?
H105
   1 Electricity
   2 Propane gas
   3 Kerosene
   4 Wood
   5 Charcoal
   8 Other (specify) _____
   9 Doesn't cook

H106. Mow many people (including children) usually live in this household? This should include all who usually eat and sleep here.

H106TOT	Total	__ __
H106MEN	No. of Men	__ __
H106WMEN	Mo. of Women	__ __

H107. How many women 15 to 44 years of age usually live in this household?

H107   Number __

INTERVIEWS: IF '0' TERMINATE THE INTERVIEW.

H108. NAME

Please give me the names of the women 15-44 who usually live in this household.

YOU SHOULD START WITH THE OLDEST

H109. AGE How old is she? (years)

H110. Marital Status what is her marital status7 (see 0801)

H111. Education Level What is her highest level of education attained? (see 010")

#	Name	H109 AGE	H110 MS	H111 ED
1	_____	H109AGE1 ___	H110MS1 __	H111ED1 __ __
2	_____	H109AGE2 ___	H110MS2 __	H111ED2 __ __
3	_____	H109AGE3 ___	H110MS3 __	H111ED3 __ __
4	_____	H109AGE4 ___	H110MS4 __	H111ED4 __ __
5	_____	H109AGE5 ___	H110MS5 __	H111ED5 __ __
6	_____	H109AGE6 ___	H110MS6 __	H111ED6 __ __
7	_____	H109AGE7 ___	H110MS7 __	H111ED7 __ __
8	_____	H109AGE8 ___	H110MS8 __	H111ED8 __ __

H112. Line Number of the Eligible Woman Selected   H112

SELECTION OF RESPONDENT

LAST DIGIT OF QUESTIONNAIRE NUMBER	NO. OF WOMEN 15-44 IN HOUSEHOLD							
	1	2	3	4	5	6	7	8
0	1	1	1	3	4	3	3	1
1	1	2	2	4	5	4	4	2
2	1	1	3	1	1	5	5	3
3	1	2	1	2	2	6	6	4
4	1	1	2	3	3	1	7	5
5	1	2	3	4	4	2	1	6
6	1	1	1	1	5	3	2	7
7	1	2	2	2	1	4	3	8
8	1	1	3	3	2	5	4	1
9	1	2	1	4	3	6	5	2

SECTION I - RESPONDENT'S CHARACTERISTICS

101. In what month and year were you born?

Q101MO   Q101YR

__ __ Month __ __ Year

98 Don't know

102. How old were you on your last birthday?

Q102

__ __   Age

98 Don't know

INTERVIEWER: COMPARE 101 WITH 102 AND CORRECT Q 101 IF INCONSISTENT.
TERMINATE INTERVIEW IF THE RESPONDENT IS NOT BETWEEN
THE AGES OF 15 AND 4 4

103. In what country were you born?

Q103

1 Belize
2 Mexico
3 Guatemala
4 El Salvador
5 Honduras
6 Nicaragua
7 United States
8 Other (specify) _____
9 Don't know

104. In what country did you live mostly when you were growing up,
say up to age 15?

Q104

1 Belize
2 Mexico
3 Guatemala
4 El Salvador
5 Honduras
6 Nicaragua
7 United States
8 Other (specify) _____
9 Don't know

105. To which ethnic group do you belong?

Q105

1 Creole   6 East Indian
2 Mestizo   7 Asian
3 Garifuna   8 Other (specify)
4 Maya/Ketchi   _____
5 Caucasian   9 No response

---

106. What language is usually spoken in your home?

Q106

1	English	5	Maya
2	Spanish	6	Ketchi
3	Creole	7	German
4	Garifuna	8	Other (specify) _____

---

107. What is the highest level of education you have attained at school, college, or university?

Q107   Q107YR   YEARS   NOT SPECIFIED

LEVEL

0	None	0	
1	Primary	1 2 3 4 5 6 7 8	9
2	High School	1 2 3 4	9
3	Sixth Form	1 2	9
4	University	1 2 3 4+	9
5	Teachers College	1 2 3	9
6	Nursing School	1 2 3 4	9
9	Refused		9

---

108. What is your religion?

Q108

0 No religion **(SKIP TO 110)**
1 Anglican
2 Mennonite
3 Methodist
4 Pentecostal
5 Roman Catholic
6 Seventh Day Adventist
7 Nazarene
8 Other (specify) _____
9 No response **(SKIP TO 110)**

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109. About how often do you usually attend religious services?

Q109

1 Never
2 Less than once a month
3 Once or twice per month
4 Three to four times per month
5 Five or more times per month
9 No response

---

110. Now, I would like to ask you some questions about working. As you know, many women work - I mean aside from doing their own housework. Some take 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.

     Have you ever worked?
     Q110

                                          1 Yes
                                          2 No **(SKIP TO 201)**

111. How old were you when you first began to work?   __ __ Age
      Q111

                                          98 Don't know

112. Are you currently working?
      Q112

                                          1 Yes
                                          2 No **(SKIP TO 201)**

113. Do you work full or part time?
      Q113

                                          1 Full time
                                          2 Part time

		Yes	No	NR
114.	Do you work outside the home? Q114	1	2	9
115.	Do you primarily work in agriculture? Q115	1	2	9
116.	Are you self-employed? Q116	1	2	9

SECTION II. FERTILITY

201. Are you currently pregnant?

Q201

    1 Yes **(SKIP TO Q203)**
    0 No
    9 Not sure

202. Have you ever been pregnant?

Q202

    1 Yes **(SKIP TO Q205)**
    2 No **(SKIP TO Q219)**

203. When do you expect to give birth?   Month

Q203MO ___   Q203YR ___ Year

98 = DK

204. Is this your first pregnancy?

Q204

    1 Yes **(SKIP TO Q215)**
    2 No

205. Do you have any sons or daughters to whom you have given birth who are now living with you?

Q205

    1 Yes
    2 No **(SKIP TO Q207)**

206. How many sons live with you?

Q206A   Sons at home: ___ ___

INTERVIEWER: IF NONE, ENTER '00'.

And how many daughters live with you?

Q206B   Daughters at home: ___ ___

INTERVIEWER: IF NOME, ENTER '00',

207. Do you have any sons or daughters to whom you have given birth who are alive, but do not live with you?

Q207

    1 Yes
    2 No **(SKIP TO Q209)**

208. How many sons are alive, but do not live with you?

Q208A   Sons elsewhere:___ ___

INTERVIEWER: IF NONE, ENTER '00'

And how many daughters are alive, but do not live with you?

Q208B   Daughters elsewhere:___ ___

INTERVIEWER: IF NONE, ENTER '00'.

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209. Have you ever given birth to a son or daughter who was born alive, but later died? IF NO, PROBE: Any (other) baby who cried or showed any sign of life, but only survived a few hours or days?

Q209
1 Yes
2 No   **(SKIP TO Q211)**

---

210. In all, how many sons have died?

Q210A   Sons dead: ___ ___

INTERVIEWER: IF NONE, ENTER '00'.

And how many daughters have died?

Q210B   Daughters dead: ___ ___

INTERVIEWER: IF NONE, ENTER '00'.

---

211. Have you ever given birth to a boy or girl that was born dead after completing the sixth month of pregnancy?

Q211
1 Yes
2 No   **(SKIP TO Q213)**

---

212. How many of your pregnancies terminated in stillbirths?

Q212
Number of stillbirths ___ ___

---

213. Have you ever had a miscarriage or an abortion before completing your sixth month of pregnancy?

Q213
1 Yes
2 No   **(SKIP TO Q215)**
9 No Response   **(SKIP TO Q215)**

---

214. How many miscarriages or abortions have you had before completing your sixth month of pregnancy?

Q214
Number of abortions ___ ___

215. INTERVIEWER: RECORD THE TOTALS OF QUESTIONS 201, 206, 208, 210, 212
     AND 214.

     Q215

     201 CURRENTLY PREGNANT   ___
     206 TOTAL BOYS AND GIRLS AT HOME   ___ ___
     208 TOTAL BOYS AND GIRLS LIVING ELSEWHERE   ___ ___
     210 TOTAL CHILDREN BORN ALIVE THAT DIED   ___ ___
     212 TOTAL STILLBIRTHS   ___ ___
     214 TOTAL ABORTIONS   ___ ___

                         TOTAL NUMBER OP PREGNANCES   ___ ___

       ASK: In total, you have had ___ ___ pregnancies, is that
             correct?

216. Have you had multiple births?

      Q216N

          Number of multiple births ___ ___

**INTERVIEWER: IF THE TOTAL NUMBER OF PREGNANCIES IS INCORRECT AND
THIS IS NOT DUE TO MULTIPLE BIRTHS, RETURN TO QUESTIONS 201 THRU 214
AND PROBE AND RECONCILE.**

217. When you became pregnant (the last time), did you want to
      become
      pregnant?

      Q217

          1 Yes   **(SKIP TO Q219)**
          2 No
          3 God's will, fate, didn't think about it **(SKIP TO Q219)**
          9 Don't now, not sure **(SKIP TO Q219)**

218. Was lit that you wanted no more children, or that you just wanted
      to wait longer before another pregnancy?

      Q218

          1 Wanted no more children
          2 Wanted to wait longer
          9 Don't know, not sure, don't remember

219. Do *you* currently desire to become pregnant?

      Q219

          1 Yes
          2 No
          3 **CURRENTLY PREGNANT (SEE Q201)**
          9 Don't know

220. **INTERVIEWER: SEE Q215**

Q220

1 RESPONDENT HAS ONE OR MORE LIVE BIRTHS (CONTINUE WITH Q221)
2 RESPONDENT HAS NEVER BEEN PREGNANT (SKIP TO Q280)
3 RESPONDENT PREGNANT FOR FIRST TIME (SKIP TO Q280)
4 RESPONDENT HAS ONLY HAD STILLBIRTHS AND/OR
  ABORTIONS (SKIP TO Q280)

Now I would like to talk to you about all of your births, whether still alive or not, starting with the last one you had.

RECORD NAMES'OF ALL THE BIRTHS IN Q221. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

221. What name was given to your (last, next to last, etc.) baby?	222. Is (name) a boy or girl?	223. In what month and year was (name) born? (ASK AGE IF MONTH AND/OR YEAR UNKNOWN)	224. Is (name) still alive?	225. IF DEAD: How old was he/she when he/she died? If "1 Yr ' PROBE: How many months old was (name)? Record Days if less than 1 month; months if less than 2 Yrs or Yrs.
	Q222SX	Q223MO / Q223YR / Q223AG	Q224AL	Q225DE / Q225DEN
01 ———— (name)	1 Boy 2 Girl Q222SX1	Month Q223MO1 Year Q223YR1 DK = 98 Age Q223AG1	1 Yes 2 No Q224AL1	1 Days —— Q225DE1 2 Months —— Q225DE1N 3 Years —— —— DK 98
02 ———— (name)	1 Boy 2 Girl Q222SX2	Month Q223MO2 Year Q223YR2 DK = 98 Age Q223AG2	1 Yes 2 No Q224AL2	1 Days —— Q225DE2 2 Months —— Q225DE2N 3 Years —— —— DK 98
03 ———— (name)	1 Boy 2 Girl Q222SX3	Month Q223MO3 Year Q223YR3 DK = 98 Age Q223AG3	1 Yes 2 No Q224AL3	1 Days —— Q225DE3 2 Months —— Q225DE3N 3 Years —— —— DK 98
04 ———— (name)	1 Boy 2 Girl Q222SX4	Month Q223MO4 Year Q223YR4 DK = 98 Age Q223AG4	1 Yes 2 No Q224AL4	1 Days —— Q225DE4 2 Months —— Q225DE4N 3 Years —— —— DK 98
05 ———— (name)	1 Boy 2 Girl Q222SX5	Month Q223MO5 Year Q223YR5 DK = 98 Age Q223AG5	1 Yes 2 No Q224AL5	1 Days —— Q225DE5 2 Months —— Q225DE5N 3 Years —— —— DK 98
06 ———— (name)	1 Boy 2 Girl Q222SX6	Month Q223MO6 Year Q223YR6 DK = 98 Age Q223AG6	1 Yes 2 No Q224AL6	1 Days —— Q225DE6 2 Months —— Q225DE6N 3 Years —— —— DK 98
07 ———— (name)	1 Boy 2 Girl Q222SX7	Month Q223MO7 Year Q223YR7 DK = 98 Age Q223AG7	1 Yes 2 No Q224AL7	1 Days —— Q225DE7 2 Months —— Q225DE7N 3 Years —— —— DK 98
08 ———— (name)	1 Boy 2 Girl Q222SX8	Month Q223MO8 Year Q223YR8 DK = 98 Age Q223AG8	1 Yes 2 No Q224AL8	1 Days —— Q225DE8 2 Months —— Q225DE8N 3 Years —— —— DK 98

09 _____ (name)	1 Boy 2 Girl	Month Year DK = 98 Age	Q223MO9 Q223YR9 Q223AG9	1 Yes 2 No	Q224AL9	1 Days 2 Months 3 Years DK 98	____ ____	Q225DE9 Q225DE9N
			Q222SX9					
10 _____ (name)	1 Boy 2 Girl	Month Year DK = 98 Age	Q223MO10 Q223YR10 Q223AG10	1 Yes 2 No	Q224AL10	1 Days 2 Months 3 Years DK 98	____ ____	Q225DE10 Q225DE10N
	Q222SX10							
11 _____ (name)	1 Boy 2 Girl	Month Year DK = 98 Age	Q223MO11 Q223YR11 Q223AG11	1 Yes 2 No	Q224AL11	1 Days 2 Months 3 Years DK 98	____ ____	Q225DE11 Q225DE11N
	Q222SX11							
12 _____ (name)	1 Boy 2 Girl	Month Year DK = 98 Age	Q223MO12 Q223YR12 Q223AG12	1 Yes 2 No	Q224AL12	1 Days 2 Months 3 Years DK 98	____ ____	Q225DE12 Q225DE12N
	Q222SX12							
13 _____ (name)	1 Boy 2 Girl	Month Year DK = 98 Age	Q223MO13 Q223YR13 Q223AG13	1 Yes 2 No	Q224AL13	1 Days 2 Months 3 Years DK 98	____ ____	Q225DE13 Q225DE13N
	Q222SX13							
14 _____ (name)	1 Boy 2 Girl	Month Year DK = 98 Age	Q223MO14 Q223YR14 Q223AG14	1 Yes 2 No	Q224AL14	1 Days 2 Months 3 Years DK 98	____ ____	Q225DE14 Q225DE14N
	Q222SX14							

INTERVIEWER: COMPARE THE SUM OP Q2 06, Q2 08 AND Q210 WITH NUMBER OP BIRTHS RECORDED IN HISTORY ABOVE. IF THE NUMBER ARE DIFFERENT, PROBE AND RECONCILE.

MAKE SURE THAT FOR EACH LIVE BIRTH, MONTH AND YEAR OF BIRTH IS RECORDED. SIMILARLY, FOR EACH CHILD THAT HAS DIED THAT THE AGE AT DEATH IS RECORDED.

226. INTERVIEWER: CHECK Q223 AND ENTER THE NUMBER OF LIVE BIRTHS SINCE JANUARY, 1986 ___ ___

Q226

IF '00', SKIP TO Q280

Now, I would like to make a list of all the live births that you've had since January, 1986 whether they are still alive or not. We will start with your last live birth.

INTERVIEWER:

- **RECORD THE NAME OF EACH LIVE BIRTH AT THE TOP OP EACH COLUMN BEGINNING WITH THE LAST LIVE BIRTH IN COLUMN 1 AND CONTINUE IN ORDER OF BIRTH FROM YOUNGEST TO OLDEST.**

- **IF THERE ARE MORE THAN FIVE BIRTHS, TERMINATE THE LIST IN COLUMN 5.**

- **IF THERE ARE MULTIPLE BIRTHS (TWINS, TRIPLETS) REGISTER THESE LIVEBIRTHS IN SEPARATE COLUMNS. DRAW A LINE CONNECTING LIVEBIRTHS FROM THE SAME PREGNANCIES.**

	(1) Last Birth	(2) Next to Last Birth	(3) Second From Last Birth	(4) Third From Last Birth	(5) Fourth From Last
RECORO MAME	_____	_____	_____	_____	_____
CHECK 224. CHILD ALIVE OR DEAD?	1 Alive 2 Dead **Q2DEAD1**	1 Alive 2 Dead **Q2DEAD2**	1 Alive 2 Dead **Q2DEAD3**	1 Alive 2 Dead **Q2DEAD4**	1 Alive 2 Dead **Q2DEAD5**
227. How many pounds and ounces did the baby weigh at birth? **Q227LBA** **Q227OZA** [Q227]	Lbs. ___ ___ Ozs. ___ ___ 98 Don't know	Lbs. **Q227LBB** Ozs. **Q227OZB** 98 Don't know	Lbs. **Q227LBC** Ozs. **Q227OZC** 98 Don't know	Lbs. **Q227LBD** Ozs. **Q227OZD** 98 Don't know	Lbs. **Q227LBE** Ozs. **Q227OZE** 98 Don't know

IF WEIGHT IS GIVEN, SKIP TO Q229, OTHERWISE CONTINUE

	(1) Last Birth	(2) Next to Last Birth	(3) Second From Last Birth	(4) Third From Last Birth	(5) Fourth From Last
228. Did (s/he) weigh more or less than five and one half pounds? [Q228]	1 More 2 $5 \frac{1}{2}$ or less **Q228A**	1 More 2 $5 \frac{1}{2}$ or less **Q228B**	1 More 2 $5 \frac{1}{2}$ or less **Q228C**	1 More 2 $5 \frac{1}{2}$ or less **Q228D**	1 More 2 $5 \frac{1}{2}$ or less **Q228E**
229. When you were pregnant with (NAME) did you see anyone for a check on this pregnancy? [Q229]	1 Yes 2 No (SKIP TO 235) **Q229A**	1 Yes 2 No (SKIP TO 235) **Q229B**	1 Yes 2 No (SKIP TO 235) **Q229C**	1 Yes 2 No (SKIP TO 235) **Q229D**	1 Yes 2 No (SKIP TO 235) **Q229E**
230. Where did you go for most of this care? [Q230]	1 Gov't Health Centre/Clinic 2 Gov't Hospital 3 Private hospital 4 Pyt. Doctor/Clinic 5 Midwife/TBA 8 Other **Q230A**	1 Gov't Health Centre/Clinic 2 Gov't Hospital 3 Private hospital 4 Pyt. Doctor/Clinic 5 Midwife/TBA 8 Other **Q230B**	1 Gov't Health Centre/Clinic 2 Gov't Hospital 3 Private hospital 4 Pyt. Doctor/Clinic 5 Midwife/TBA 8 Other **Q230C**	1 Gov't Health Centre/Clinic 2 Gov't Hospital 3 Private hospital 4 Pyt. Doctor/Clinic 5 Midwife/TBA 8 Other **Q230D**	1 Gov't Health Centre/Clinic 2 Gov't Hospital 3 Private hospital 4 Pyt. Doctor/Clinic 5 Midwife/TBA 8 Other **Q230E**
231. How many months were you pregnant when you made your first visit? [Q231]	Number of months pregnant ___ ___ DK 98 **Q231A**	Number of months pregnant ___ ___ DK 98 **Q231B**	Number of months pregnant ___ ___ DK 98 **Q231C**	Number of months pregnant ___ ___ DK 98 **Q231D**	Number of months pregnant ___ ___ DK 98 **Q231E**
232. How many times did you go? [Q232]	**Q232A** ___ ___ Times	**Q232B** ___ ___ Times	**Q232C** ___ ___ Times	**Q232D** ___ ___ Times	**Q232E** ___ ___ Times
233. (FOR THE LAST TWO CHILDREN ONLY) How much, in total, did you spend on these visits when you were pregnant with (NAME)? [Q233]	Amount for visits; $ ___ ___ ___ ___ FREE = 7777 DK = 9999 **Q233A**	Amount for visits; $ ___ ___ ___ ___ FREE = 7777 DK = 9999 **Q233B**			
234. (FOR THE LAST TWO CHILDREN ONLY) How much, in total, did you spend on drugs or vitamins required for your pregnancy when you were pregnant with (NAME)? [Q234]	Amount for drugs or vitamins: $ ___ ___ ___ ___ FREE = 777 DK = 999 **Q234A**	Amount for drugs or vitamins: $ ___ ___ ___ ___ FREE = 777 DK = 999 **Q234B**			

235. When you were pregnant with (NAME) were you given any injection (shot in the arm) to prevent the baby from getting tetanus, that is, lock jaw? Q235	1 Yes 2 No 9 Don't know **Q235A**	1 Yes 2 No 9 Don't know **Q235B**	1 Yes 2 No 9 Don't know **Q235C**	1 Yes 2 No 9 Don't know **Q235D**	1 Yes 2 No 9 Don't know **Q235E**
236. Where did you give birth to (NAME)? Q236	1 Gov't Hospital 2 Pvt. Hospital 3 Own Home 4 Home of a relative or friend 8 Other **Q236A**	1 Gov't Hospital 2 Pvt. Hospital 3 Own Home 4 Home of a relative or friend 8 Other **Q236B**	1 Gov't Hospital 2 Pvt. Hospital 3 Own Home 4 Home of a relative or friend 8 Other **Q236C**	1 Gov't Hospital 2 Pvt. Hospital 3 Own Home 4 Home of a relative or friend 8 Other **Q236D**	1 Gov't Hospital 2 Pvt. Hospital 3 Own Home 4 Home of a relative or friend 8 Other **Q236E**
237. Who assisted with the delivery of (NAME)? Q237	1 Doctor 2 Nurse Midwife 3 Midwife/TBA 5 No one 8 Other **Q237A**	1 Doctor 2 Nurse Midwife 3 Midwife/TBA 5 No one 8 Other **Q237B**	1 Doctor 2 Nurse Midwife 3 Midwife/TBA 5 No one 8 Other **Q237C**	1 Doctor 2 Nurse Midwife 3 Midwife/TBA 5 No one 8 Other **Q237D**	1 Doctor 2 Nurse Midwife 3 Midwife/TBA 5 No one 8 Other **Q237E**
238. Was this a normal delivery (vaginal) or was it a forcep/caesarean delivery? Q238	1 Normal delivery 2 Forceps Delivery 3 Caesarean Section **Q238A**	1 Normal delivery 2 Forceps Delivery 3 Caesarean Section **Q238B**	1 Normal delivery 2 Forceps Delivery 3 Caesarean Section **Q238C**	1 Normal delivery 2 Forceps Delivery 3 Caesarean Section **Q238D**	1 Normal delivery 2 Forceps Delivery 3 Caesarean Section **Q238E**
239. (FOR THE LAST TWO CHILDREN ONLY) Did you make any payments to the facility or birth attendant for the delivery of (NAME)? Q239	1 Yes 2 No (SKIP TO 241) 9 Don't know (SKIP TO 241) **Q239A**	1 Yes 2 No (SKIP TO 241) 9 Don't know (SKIP TO 241) **Q239B**			
240. (FOR THE LAST TWO CHILDREN ONLY) How much did you pay, in total, for the delivery of (NAME)? Q240	Amount for delivery: $ __ . __ __ __ DK = 9999 **Q240A**	Amount for delivery: $ __ . __ __ __ DK = 9999 **Q240B**			
241. After the delivery of (NAME], did you have if of these? (READ EACH ONE) Q241 A. Did you receive a medical checkup, that is **a** postpartum check up, about 5 to 6 weeks after [name] was born?	**Q241AA** 1 Yes 2 No 9 Don't Remember	**Q241AB** 1 Yes 2 No 9 Don't Remember	**Q241AC** 1 Yes 2 No 9 Don't Remember	**Q241AD** 1 Yes 2 No 9 Don't Remember	**Q241AE** 1 Yes 2 No 9 Don't Remember
B. After (name) was born did you take him/her for a newborn medical check up? Q241	1 Yes 2 No 9 Don't Remember **Q241BA**	1 Yes 2 No 9 Don't Remember **Q241BB**	1 Yes 2 No 9 Don't Remember **Q241BC**	1 Yes 2 No 9 Don't Remember **Q241BD**	1 Yes 2 No 9 Don't Remember **Q241BE**
242. When you became pregnant did you want to become pregnant? Q242	1 Yes (SKP TO Q244) 2 No 9 Don't know **Q242A**	1 Yes (SKP TO Q244) 2 No 9 Don't know **Q242B**	1 Yes (SKP TO Q244) 2 No 9 Don't know **Q242C**	1 Yes (SKP TO Q244) 2 No 9 Don't know **Q242D**	1 Yes (SKP TO Q244) 2 No 9 Don't know **Q242E**

243. Was it that you wanted no more children, or that you just wanted to wait longer before another pregnancy? `Q243`	1 Wanted no more children 2 Wanted to wait longer 9 Don't know `Q243A`	1 Wanted no more children 2 Wanted to wait longer 9 Don't know `Q243B`	1 Wanted no more children 2 Wanted to wait longer 9 Don't know `Q243C`	1 Wanted no more children 2 Wanted to wait longer 9 Don't know `Q243D`	1 Wanted no more children 2 Wanted to wait longer 9 Don't know `Q243E`
244. Did you ever breastfeed (NAME)? `Q244`	1 Yes (SKIP TO 246) 2 No `Q244A`	1 Yes (SKIP TO 252) 2 No `Q244B`	1 Yes (SKIP TO 252) 2 No `Q244C`	1 Yes (SKIP TO 252) 2 No `Q244D`	1 Yes (SKIP TO 252) 2 No `Q244E`
245. Why did you not breastfeed (NAME)? `Q245`	1 Mother ill/weak 2 Child ill/weak 3 Child died 4 Nipple/Breast problem 5 No milk 6 Working 7 Child refused 8 Other ____ `Q245A` fy) (SKIP TO Q256)	1 Mother ill/weak 2 Child ill/weak 3 Child died 4 Nipple/Breast problem 5 No milk 6 Working 7 Child refused 8 Other ____ `Q245B` fy) (SKIP TO Q256)	1 Mother ill/weak 2 Child ill/weak 3 Child died 4 Nipple/Breast problem 5 No milk 6 Working 7 Child refused 8 Other ____ `Q245C` fy) (SKIP TO Q256)	1 Mother ill/weak 2 Child ill/weak 3 Child died 4 Nipple/Breast problem 5 No milk 6 Working 7 Child refused 8 Other ____ `Q245D` fy) (SKIP TO Q256)	1 Mother ill/weak 2 Child ill/weak 3 Child died 4 Nipple/Breast problem 5 No milk 6 Working 7 Child refused 8 Other ____ `Q245E` fy) (SKIP TO Q256)

246. How long after birth did you first put (NAME) to the breast? RECORD IN DAYS IF MORE THAN 24 HOURS. `Q246` `Q246UA`	000 Immediately 1 Hours __ __ 2 Days __ __ `Q246A`
247. IF STILL ALIVE: Are you still breastfeeding (NAME)? (IF DEAD, `Q247A`) `Q247`	1 Yes 2 No (SKIP TO Q252)
248. How many times did you breastfeed last night between 6 p.m. and 6 a.m. (IF ANSWER IS HOT NUMERIC, PROBE FOR APROXIMATE NO.) `Q248`	Number of nighttime feedings __ __ `Q248A`
249. How many times did you breastfeed yesterday during the daylight hours? (IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NO.) `Q249`	Number of daylight feedings __ __ `Q249A`

250. At any time yesterday or last night was(NAME) given any of the following?: `Q250`

	Yes	No
Plain water? `Q250PA`	1	2
Sugar water? `Q250SA`	1	2
Juice? `Q250JA`	1	2
Herbal tea? `Q250HA`	1	2
Baby formula? `Q250BA`	1	2
Fresh milk? `Q250FA`	1	2
Tinned or powdered milk? `Q25TPA`	1	2
Other liquids? `Q250OA`	1	2
Any solid or mashed food? `Q250AA`	1	2

No.	Question	A	B	C	D	E
251.	CHECK Q250 FOOD OR LIQUID GIVEN YESTERDAY? **Q251**	Yes to one or more __ (SKIP TO 256) **Q251A** No to all __ (SKIP TO 255)				
252.	For how many months did you breastfeed (NAME)? **Q252**	Months __ **Q252A** 00 < 1 month 95 Until died (SKIP TO Q255)	Months __ **Q252B** 00 < 1 month 95 Until died (SKIP TO Q255)	Months __ **Q252C** 00 < 1 month 95 Until died (SKIP TO Q255)	Months __ **Q252D** 00 < 1 month 95 Until died (SKIP TO Q255)	Months __ **Q252E** 00 < 1 month 95 Until died (SKIP TO Q255)
253.	Why did you stop breastfeeding (NAME)? **Q253**	01 Mother ill/weak 02 Child ill/weak 03 Child died 04 Nipple/Breast problem 05 No milk 06 Working 07 Child refused 08 Weaning age 09 Became pregnant 10 Other ____ 95 **Q253A** (specify)	01 Mother ill/weak 02 Child ill/weak 03 Child died 04 Nipple/Breast problem 05 No milk 06 Working 07 Child refused 08 Weaning age 09 Became pregnant 10 Other ____ **Q253B** (specify)	01 Mother ill/weak 02 Child ill/weak 03 Child died 04 Nipple/Breast problem 05 No milk 06 Working 07 Child refused 08 Weaning age 09 Became pregnant 10 Other ____ **Q253C** (specify)	01 Mother ill/weak 02 Child ill/weak 03 Child died 04 Nipple/Breast problem 05 No milk 06 Working 07 Child refused 08 Weaning age 09 Became pregnant 10 Other ____ **Q253D** (specify)	01 Mother ill/weak 02 Child ill/weak 03 Child died 04 Nipple/Breast problem 05 No milk 06 Working 07 Child refused 08 Weaning age 09 Became pregnant 10 Other ____ **Q253E** (specify)
254.	INTERVIEWER: REFER TO TOP OF CHART: CHILD ALIVE? **Q254**	1 Alive—(SKIP TO 256) 2 Dead **Q254A**	1 Alive—(SKIP TO 256) 2 Dead **Q254B**	1 Alive—(SKIP TO 256) 2 Dead **Q254C**	1 Alive—(SKIP TO 256) 2 Dead **Q254D**	1 Alive—(SKIP TO 256) 2 Dead **Q254E**
255.	Was (NAME) ever given any water, or something else to drink or eat (other than breastmilk)? **Q255**	1 Yes 2 No (SKP TO 257) **Q255A**	1 Yes 2 No (SKP TO 257) **Q255B**	1 Yes 2 No (SKP TO 257) **Q255C**	1 Yes 2 No (SKP TO 257) **Q255D**	1 Yes 2 No (SKP TO 257) **Q255E**
256.	How many months old was (NAME) when you started giving him/her the following? **Q256** Formula or milk other than breastmilk? Water or other liquids? Any solid or mashed food?	Age in months __ __ 96 Not given **Q256FA** Age in months __ __ 96 Not given **Q256WA** Age in months __ __ 96 Not given **Q256AA** AN ONE MONTH, RECORD '00') (DK = 98)	Age in months __ __ 96 Not given **Q256FB** Age in months __ __ 96 Not given **Q256WB** Age in months __ __ 96 Not given **Q256AB** AN ONE MONTH, RECORD '00') (DK = 98)	Age in months __ __ 96 Not given **Q256FC** Age in months __ __ 96 Not given **Q256WC** Age in months __ __ 96 Not given **Q256AC** AN ONE MONTH, RECORD '00') (DK = 98)	Age in months __ __ 96 Not given **Q256FD** Age in months __ __ 96 Not given **Q256WD** Age in months __ __ 96 Not given **Q256AD** AN ONE MONTH, RECORD '00') (DK = 98)	Age in months __ __ 96 Not given **Q256FE** Age in months __ __ 96 Not given **Q256WE** Age in months __ __ 96 Not given **Q256AE** AN ONE MONTH, RECORD '00') (DK = 98)
257.	How many months after the birth of (NAME) did your menstrual period first return? **Q257**	Months __ __ 96 Hasn't returned 98 Don't remember **Q257A**	Months __ __ 96 Hasn't returned 98 Don't remember **Q257B**	Months __ __ 96 Hasn't returned 98 Don't remember **Q257C**	Months __ __ 96 Hasn't returned 98 Don't remember **Q257D**	Months __ __ 96 Hasn't returned 98 Don't remember **Q257E**
258.	Have you resumed sexual relations since the birth of (NAME)? **Q258**	1 Yes 2 No (SKIP TO Q260) **Q258A**				

259. How many weeks after the birth of (NAME) did you resume sexual relations? `Q259`

Weeks __ __
DK = 98 `Q259A`

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260. INTERVIEWER: CHECK TOP OF CHART ON PAGE 10. IS CHILD ALIVE OR DEAD? `Q260`

1 Alive __ 2 Dead (NEXT CHILD)	1 Alive __ 2 Dead (NEXT CHILD)	1 Alive __ 2 Dead (NEXT CHILD)	1 Alive __ 2 Dead (NEXT CHILD)	1 Alive __ 2 Dead (NEXT CHILD)
`Q260A`	`Q260B`	`Q260C`	`Q260D`	`Q260E`

---

261. In the last two weeks has (NAME) had any of the following symptoms? `Q261`

Symptom		YES NO DR	YES NO DR	YES NO DR	YES NO DR	YES NO DR
Red/teary eyes	`Q261REA`	1 2 9	1 2 9 `Q261REB`	1 2 9 `Q261REC`	1 2 9 `Q261RED`	1 2 9 `Q261REE`
Stuffed/runny nose	`Q261STA`	1 2 9	1 2 9 `Q261STB`	1 2 9 `Q261STC`	1 2 9 `Q261STD`	1 2 9 `Q261STE`
Sneezing	`Q261SNA`	1 2 9	1 2 9 `Q261SNB`	1 2 9 `Q261SNC`	1 2 9 `Q261SND`	1 2 9 `Q261SNE`
Cough	`Q261COA`	1 2 9	1 2 9 `Q261COB`	1 2 9 `Q261COC`	1 2 9 `Q261COD`	1 2 9 `Q261COE`
High fever	`Q261HIA`	1 2 9	1 2 9 `Q261HIB`	1 2 9 `Q261HIC`	1 2 9 `Q261HID`	1 2 9 `Q261HIE`
Sore throat	`Q261SOA`	1 2 9	1 2 9 `Q261SOB`	1 2 9 `Q261SOC`	1 2 9 `Q261SOD`	1 2 9 `Q261SOE`
Hoarseness	`Q261HOA`	1 2 9	1 2 9 `Q261HOB`	1 2 9 `Q261HOC`	1 2 9 `Q261HOD`	1 2 9 `Q261HOE`
Difficulty swallowing	`Q261DIA`	1 2 9	1 2 9 `Q261DIB`	1 2 9 `Q261DIC`	1 2 9 `Q261DID`	1 2 9 `Q261DIE`
Earache (or ear secretions)	`Q261EAA`	1 2 9	1 2 9 `Q261EAB`	1 2 9 `Q261EAC`	1 2 9 `Q261EAD`	1 2 9 `Q261EAE`
Rapid, difficult and loud b	`Q261RAA`	1 2 9	1 2 9 `Q261RAB`	1 2 9 `Q261RAC`	1 2 9 `Q261RAD`	`Q261RAE`
Sunken chest	`Q261SUA`	1 2 9	1 2 9 `Q261SUB`	1 2 9 `Q261SUC`	1 2 9 `Q261SUD`	`Q261SUE`
Blue or purple lips	`Q261BLA`	1 2 9	1 2 9 `Q261BLB`	1 2 9 `Q261BLC`	1 2 9 `Q261BLD`	`Q261BLE`
Periods of not breathing	`Q261PEA`	1 2 9	1 2 9 `Q261PEB`	1 2 9 `Q261PEC`	1 2 9 `Q261PED`	`Q261PEE`
	`Q261IFA`		`Q261IFB`	`Q261IFC`	`Q261IFD`	`Q261IFE`

(IF ALL RESPONSES IN 261 ARE CODE 2 AND/OR 9 THEN GO TO 268)

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262. How many days did the symptoms last? `Q262`

Number of days __ __	Number of days __ __	Number of days __ __	Number of days __ __	Number of days __ __
`Q262A`	`Q262B`	`Q262C`	`Q262D`	`Q262E`
00 Began today	00 Began today	00 Began today	00 Began today	00 Began today
98 DK/DR	98 DK/DR	98 DK/DR	98 DK/DR	98 DK/DR

---

263. Did you do anything to improve (NAME)'s condition? `Q263`

1 Yes 2 No (GO TO 267)	1 Yes 2 No (GO TO 267)	1 Yes 2 No (GO TO 267)	1 Yes 2 No (GO TO 267)	1 Yes 2 No (GO TO 267)
`Q263A`	`Q263B`	`Q263C`	`Q263D`	`Q263E`

264. Did you seek advice or treatment from any of the following? `Q264`

0	None
1	Community Health Worker
2	Govt. Health Ctr/CUnic
3	Govt. Hospital
4	Private or Mission Hospital
5	Private Doctor/Clinic
6	Traditional Healer
7	Private Pharmacy
8	Other (specify)

`Q264A`	`Q264B`	`Q264C`	`Q264D`	`Q264E`
Location: __ __ __ __	Location: __ __ __ __	Location: __ __ __ __	Location: __ __ __ __	Location: __ __ __ __

265. What type of treatment did the chi
   (READ EACH ONE)

	YES	NO		YES	NO		YES	NO		YES	NO		YES	NO
Antibiotics Q265ANA	1	2	Q265ANB	1	2	Q265ANC	1	2	Q265AND	1	2	Q265ANE	1	2
Were these prescribed by the health center or doctor? Q265WEA	1	2	Q265WEB	1	2	Q265WEC	1	2	Q265WED	1	2	Q265WEE	1	2
Aspirin/Anti febril Q265ASA	1	2	Q265ASB	1	2	Q265ASC	1	2	Q265ASD	1	2	Q265ASE	1	2
Expectorant/Antidecongestant Q265EXA	1	2	Q265EXB	1	2	Q265EXC	1	2	Q265EXD	1	2	Q265EXE	1	2
Pills, syrups, other unspecified Treatment Q265PIA	1	2	Q265PIB	1	2	Q265PIC	1	2	Q265PID	1	2	Q265PIE	1	2
Home remedies Q265HOA	1	2	Q265HOB	1	2	Q265HOC	1	2	Q265HOD	1	2	Q265HOE	1	2
Specify														
Hospitalized for more than 24 hours Q265HOSA	1	2	Q265HOSB	1	2	Q265HOSC	1	2	Q265HOSD	1	2	Q265HOSE	1	2
Other (specify) Q265OTHA	1	2	Q265OTHB	1	2	Q265OTHC	1	2	Q265OTHD	1	2	Q265OTHE	1	2

266. During this illness how much was spent for treatment and medicines?

Q266ANA $ ___ ___ ___	Q266ANB $ ___ ___ ___	Q266ANC $ ___ ___ ___	Q266AND $ ___ ___ ___	Q266ANE $ ___ ___ ___
FREE = 777	FREE = 777	FREE = 777	FREE = 777	FREE = 777
DK = 999	DK = 999	DK = 999	DK = 999	DK = 999
(GO TO Q268)		(GO TO Q268)	(GO TO Q268)	(GO TO Q268)

267. Why did you do nothing?

	Q267A	Q267B	Q267C	Q267D	Q267E
Was not necessary, was not serious	1	1	1	1	1
Perhaps should have, but didn't have time	2	2	2	2	2
Didn't know what to do or what to give the child	3	3	3	3	3
Did not have any remedies to give the child	4	4	4	4	4
Unable to go to health center/doctor	5	5	5	5	5
Did not have enough money	6	6	6	6	6
Went to the health center, but they did not see us; it was closed	7	7	7	7	7
The health center is too far away or hard to get to	8	8	8	8	8
Other (specify)	9	9	9	9	9
Don't know/don't remember	98	98	98	98	98

	Q268A	Q268B	Q268C	Q268D	Q268E
268. Sometimes, children have diarrhea, that is to say more frequent liquid stools in a day than what is normal. Has (NAME) had diarrhea in the last two weeks? **Q268**	1 Yes (GO TO 269) 2 No (GO TO 279) 9 DK/DR (GO TO 279)	1 Yes (GO TO 269) 2 No (GO TO 279) 9 DK/DR (GO TO 279)	1 Yes (GO TO 269) 2 No (GO TO 279) 9 DK/DR (GO TO 279)	1 Yes (GO TO 269) 2 No (GO TO 279) 9 DK/DR (GO TO 279)	1 Yes (GO TO 269) 2 No (GO TO 279) 9 DK/DR (GO TO 279)
269. How long has the diarrhea lasted/ did the diarrhea last? **Q269**	Days __ __ (IF LESS THAN 1 DAY ENTER '00') 98 = DK **Q269A**	Days __ __ (IF LESS THAN 1 DAY ENTER '00') 98 = DK **Q269B**	Days __ __ (IF LESS THAN 1 DAY ENTER '00') 98 = DK **Q269C**	Days __ __ (IF LESS THAN 1 DAY ENTER '00') 98 = DK **Q269D**	Days __ __ (IF LESS THAN 1 DAY ENTER '00') 98 = DK **Q269E**
270. Was there any blood and/or mucous in in the stools? **Q270**	1 Yes 2 No 9 DK **Q270A**	1 Yes 2 No 9 DK **Q270B**	1 Yes 2 No 9 DK **Q270C**	1 Yes 2 No 9 DK **Q270D**	1 Yes 2 No 9 DK **Q270E**

271. When (NAME) had diarrhea did she/he have? **Q271**

	YES	NO	DK/DR		YES	NO	DK/DR		YES	NO	DK/DR		YES	NO	DK/DR		YES	NO	DK/DR
Dry/wrinkled skin	**Q271DRYA** 1	2	9	**Q271DRYB**			9	**Q271DRYC**			9	**Q271DRYD**			9	**Q271DRYE**			9
Sunken/dry eyes	**Q271EYEA** 1	2	9	**Q271EYEB**			9	**Q271EYEC**			9	**Q271EYED**			9	**Q271EYEE**			9
Sunken fontenal (Mole drop)	**Q271FNTA** 1	2	9	**Q271FNTB**			9	**Q271FNTC**			9	**Q271FNTD**			9	**Q271FNTE**			9
Dry lips	**Q271LIPA** 1	2	9	**Q271LIPB**			9	**Q271LIPC**			9	**Q271LIPD**			9	**Q271LIPE**			9

272. Did you do anything to improve the child's condition? **Q272**	1 Yes 2 No (GO TO 278) **Q272A**	1 Yes 2 No (GO TO 278) **Q272B**	1 Yes 2 No (GO TO 278) **Q272C**	1 Yes 2 No (GO TO 278) **Q272D**	1 Yes 2 No (GO TO 278) **Q272E**

273. Did you seek advice or treatment from any of the following? **Q273**

Q273A	**Q273B**	**Q273C**	**Q273D**	**Q273E**

```
0       None
1       Community Health Worker
2       Govt. Health Ctr/Clinic
3       Govt. Hospital
4       Private or Mission Hospital     Location: __ __ __ __    Location: __ __ __ __    Location: __ __ __ __    Location: __ __ __ __    Location: __ __ __ __
5       Private Doctor/Clinic
6       Traditional Healer
7       Private Pharmacy
8       Other (specify)
```

274. Whet type of treatment did the child receive? (READ EACH ONE)

Q274

	YES	NO		YES	NO	YES	NO	YES	NO	YES	NO
Antibiotics	Q274BIOA	1	2	Q274BIOB		Q274BIOC		Q274BIOD		Q274BIOE	
Were these prescribed by the health center or a doctor?	Q274PR1A	1	2	Q274PR1B		Q274PR1C		Q274PR1D		Q274PR1E	
Antidiarretics	Q274DIAA	1	2	Q274DIAB		Q274DIAC		Q274DIAD		Q274DIAE	
Were these prescribed by the health center or a doctor?	Q274PR2A	1	2	Q274PR2B		Q274PR2C		Q274PR2D		Q274PR2E	
Remedies (over the counter syrup, tablets, etc.)	Q274REMA	1	2	Q274REMB		Q274REMC		Q274REMD		Q274REME	
ORS (Oral Rehydration Salts)	Q274ORLA	1	2	Q274ORLB		Q274ORLC		Q274ORLD		Q274ORLE	
Homemade salt/sugar solution	Q274HOMA	1	2	Q274HOMB		Q274HOMC		Q274HOMD		Q274HOME	
Traditional remedies	Q274TRAA	1	2	Q274TRAB		Q274TRAC		Q274TRAD		Q274TRAE	
IV (Intravenous treatment)	Q274IVA	1	2	Q274IVB		Q274IVC		Q274IVD		Q274IVE	
Hospitalization more than 24 hour	Q274HOSA	1	2	Q274HOSB		Q274HOSC		Q274HOSD		Q274HOSE	
Other treatments (specify):	Q274OTHA	1	2	Q274OTHB		Q274OTHC		Q274OTHD		Q274OTHE	

275. During this illness how much was spent for treatment and medicines?

Q275

Q275A	$ __ __ __ FREE = 777 DK = 999	Q275B FREE = 777 DK = 999	Q275C FREE = 777 DK = 999	Q275D FREE = 777 DK = 999	Q275E FREE = 777 DK = 999

276. During the time of the diarrhea, did you change the child's feeding patterns?

Q276

	YES	NO		YES	NO	YES	NO	YES	NO	YES	NO
Cave normal diet	Q276AA	1	2	Q276AB		Q276AC		Q276AD		Q276AE	
Gave only soft foods	Q276BA	1	2	Q276BB		Q276BC		Q276BD		Q276BE	
Gave less food	Q276CA	1	2	Q276CB		Q276CC		Q276CD		Q276CE	
Gave more frequent feedings	Q276DA	1	2	Q276DB		Q276DC		Q276DD		Q276DE	
Gave other types of food (specify):	Q276EA	1	2	Q276EB		Q276EC		Q276ED		Q276EE	

277. During the time of the diarrhea did you change the amount of liquids you were giving him/her?

Q277

	YES	NO		YES	NO	YES	NO	YES	NO	YES	NO
Decreased liquids	Q277LIDA	1	2	Q277LIDB		Q277LIDC		Q277LIDD		Q277LIDE	
Increased liquids	Q277LIIA	1	2	Q277LIIB		Q277LIIC		Q277LIID		Q277LIIE	
Only breastfed	Q277BREA	1	2	Q277BREB		Q277BREC		Q277BRED		Q277BREE	
Withheld milk	Q277MILA	(GO TO 279)		Q277MILB (79)		Q277MILC (79)		Q277MILD (79)		Q277MILE (79)	

278. Why did you do nothing? Q278	Q278A	Q278B	Q278C	Q278D	Q278E
Was not necessary, was not serious	1	1	1	1	1
Perhaps should have, but didn't think it would make any difference	2	2	2	2	2
Didn't know what to do or what to give the child	3	3	3	3	3
Did not have any remedies to give the child	4	4	4	4	4
Unable to go to health center/doctor	5	5	5	5	5
Did not have enough money	6	6	6	6	6
The health center was too far away	8	8	8	8	8
Other (specify)	9	9	9	9	9
Don't know/don't remember	98	98	98	98	98

_____ _____ _____ _____ _____

279. For your children under five, I'd like to get some information about their vaccinations. Do you have a card where (NAME'S) vaccinations are written down? IF TES, may I please see it?

Q279

INTERVIEWER:
RECORD THE INFORMATION FOR EACH DOSE, MONTH AND YEAR, VERT CAREFULLY. IF THE MOTHER DOES NOT HAVE A VACCINATION CARD FOR THE CHILD, COMPLETE THE TABLE BELOW CONSULTING WITH THE MOTHER

	LAST BIRTH			NEXT TO LAST BIRTH			SECOND TO LAST BIRTH			THIRD TO LAST BIRTH			FOURTH TO LAST BIRTH		
	NAME			NAME			NAME			NAME			NAME		
	CODE	MO	YR	CODE	MO	YR	CODE	MO	YR	CODE	MO	YR	CODE	MO	YR
BCG?	BCG			BCG			BCG			BCG			BCG		
	Q279BCGA	QBCGMOA	QBCGYRA	Q279BCGB	QBCGMOB	QBCGYRB	Q279BCGC	QBCGMOC	QBCGYRC	Q279BCGD	QBCGMOD	QBCGYRD	Q279BCGE	QBCGMOE	QBCGYRE
POLIO 1?	P1			P1			P1			P1			P1		
	Q279P1A	QP1MOA	QP1YRA	Q279P1B	QP1MOB	QP1YRB	Q279P1C	QP1MOC	QP1YRC	Q279P1D	QP1MOD	QP1YRD	Q279P1E	QP1MOE	QP1YRE
POLIO 2?	P2			P2			P2			P2			P2		
	Q279P2A	QP2MOA	QP2YRA	Q279P2B	QP2MOB	QP2YRB	Q279P2C	QP2MOC	QP2YRC	Q279P2D	QP2MOD	QP2YRD	Q279P2E	QP2MOE	QP2YRE
POLIO 3?	P3			P3			P3			P3			P3		
	Q279P3A	QP3MOA	QP3YRA	Q279P3B	QP3MOB	QP3YRB	Q279P3C	QP3MOC	QP3YRC	Q279P3D	QP3MOD	QP3YRD	Q279P3E	QP3MOE	QP3YRE
POLIO B	PB			PB			PB			PB			PB		
	Q279PBA	QPBMOA	QPBYRA	Q279PBB	QPBMOB	QPBYRB	Q279PBC	QPBMOC	QPBYRC	Q279PBD	QPBMOD	QPBYRD	Q279PBE	QPBMOE	QPBYRE
DPT 1?	D1			D1			D1			01			D1		
	Q279D1A	QD1MOA	QD1YRA	Q279D1B	QD1MOB	QD1YRB	Q279D1C	QD1MOC	QD1YRC	Q279D1D	QD1MOD	QD1YRD	Q279D1E	QD1MOE	QD1YRE
DPT 2?	D2			02			02			02			D2		
	Q279D2A	QD2MOA	QD2YRA	Q279D2B	QD2MOB	QD2YRB	Q279D2C	QD2MOC	QD2YRC	Q279D2D	QD2MOD	QD2YRD	Q279D2E	QD2MOE	QD2YRE
DPT 3?	D3			D3			D3			D3			D3		
	Q279D3A	QD3MOA	QD3YRA	Q279D3B	QD3MOB	QD3YRB	Q279D3C	QD3MOC	QD3YRC	Q279D3D	QD3MOD	QD3YRD	Q279D3E	QD3MOE	QD3YRE
DPT B?	DPTB			DPTB			DPTB			DPTI			DPTB		
	Q279DBA	QDBMOA	QDBYRA	Q279DBB	QDBMOB	QDBYRB	Q279DBC	QDBMOC	QDBYRC	Q279DBD	QDBMOD	QDBYRD	Q279DBE	QDBMOE	QDBYRE
MEASLES1	MEA1			MEA1			MEA1			MEA1			MEA1		
	Q279ME1A	QME1MOA	QME1YRA	Q279ME1B	QME1MOB	QME1YRB	Q279ME1C	QME1MOC	QME1YRC	Q279ME1D	QME1MOD	QME1YRD	Q279ME1E	QME1MOE	QME1YRE
MEASLES2	MEA2			MEA2			MEA2			MEA2			MEA2		
	Q279ME2A	QME2MOA	QME2YRA	Q279ME2B	QME2MOB	QME2YRB	Q279ME2C	QME2MOC	QME2YRC	Q279ME2D	QME2MOD	QME2YRD	Q279ME2E	QME2MOE	QME2YRE

CODES:
1 HAS DOSE ACCORDING TO VACCINATION CARD
2 HAS DOSE ACCORDING TO MOTHER
3 DOES NOT HAVE DOSE
9 DOESN'T KNOW/REMEMBER

MONTH/YEAR:
DON'T KNOW/REMEMBER = 98

280. Now I would like to ask about your opinion towards child-bearing. What is the main reason a woman might wish to limit the number of children that she has?

    Q280
        1   Financial
        2   Work Belated
        3   Schooling
        4   Health of Mother
        5   Physical Appearance
        6   Child Care Problems
        7   Health of Child

        88   Other (specify) _____
        98   Don't know
        99   No answer

281. How old do you think a child should be before the mother stops giving only breast milk to him/her?

    Q281

                                        ___ ___ Months
                                        77 As long as possible
                                        98 Don't know

282. How many months old do you think it is best for a child to be before another child is born?

    Q282

                                        ___ ___ Months
                                        98 Don't know

283. Who should decide the number of children a couple wants to have?

    Q283
        1   Husband/Partner
        2   Wife/Woman
        3   Both
        4   Mother-in-law
        5   Fate, Up to God
        8   Other (specify) _____

284. During a woman's menstrual cycle, when is it most likely that she will become pregnant? **[READ]**

    Q284
        1   During her period
        2   Right after her period has ended
        3   In the middle of the cycle
        4   Just before her period begins
        5   At any time
        8   Other (specify) _____
        9   Don't know

INTERVIEWER: CHECK Q215

   1   IF NO LIVE BIRTHS (CONTINUE WITH Q285)
   2   IF ONE OR MORE LIVE BIRTHS (SKIP TO Q286)

---

285.   If you could choose exactly the number of children to have In your whole life, how many would that be?

    Q285

            ___ ___ Number
            77 God's Will
            98 Don't know
            99 No response

(SKIP TO Q301)

---

286.   If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?

    Q286

            ___ ___Number
            77 God's Will
            98 Don't know
            99 No response

(CONTINUE WITH Q301)

SECTION III - FAMILY PLANNING

301. Now, I would like to talk about methods that people use to space or limit the number of children they have.

  a. FIRST ASK: Please tell me all the methods you have heard of to space or limit the number of children a person has. [CIRCLE NUMBER "1" NEXT TO EACH METHOD MENTIONED.]

  b. THEN: READ EACH METHOD NOT MENTIONED AND CIRCLE "2" OR "3", AS APPROPRIATE.

  c. THEN: ASK QUESTIONS ABOUT USE FOR EVERY METHOD KNOWN BY THE RESPONDENT. [CIRCLE "4" OR "5" AS APPROPRIATE.]

Method	Sponta-neous	Have you Ever Heard of (method)?		Have you/your Partner ever used (method)	
		Yes	No	Yes	No
1. Female Sterilization, Tubal Ligation, Tying Off	Q301FSH 1	2	3	Q301FSU 4	5
2. Male Sterilization, Vasectomy	Q301MSH 1	2	3	Q301MSU 4	5
3. Pill, oral contraceptives	Q301PIH 1	2	3	Q301PIU 4	5
4. Injection	Q301INH 1	2	3	Q301INU 4	5
5. Inter-Uterine Device/Coil (IUD)	Q301DEH 1	2	3	Q301DEU 4	5
6. Condoms	Q301COH 1	2	3	Q301COU 4	5
7. Diaphragm	Q301DIH 1	2	3	Q301DIU 4	5
8. Vaginal Foaming Tablets	Q301FOH 1	2	3	Q301FOU 4	5
9. Vaginal Creams/Jellies/Foam	Q301CRH 1	2	3	Q301CRU 4	5
10. Rhythm (Calendar Method)	Q301RHH 1	2	3	Q301RHU 4	5
11. Billings Method	Q301BIH 1	2	3	Q301BIU 4	5
12. Withdrawal	Q301WIH 1	2	3	Q301WIU 4	5

302. INTERVIEWER: RESPONDENT HAS EVER USED AT LEAST ONE METHOD
                      OF CONTRACEPTION (CODE "4" IN QUESTION Q301)?

Q302

                                          1 Yes
                                          2 No **(SKIP TO Q305)**

303. Are you currently using a method of contraception?

Q303

                                          1 Yes
                                          2 No **(SKIP TO Q305)**

304. What is the method you are currently using? **[RECORD ONLY ONE METHOD,
     THE MOST EFFECTIVE]**

Q304

1   Female Sterilization,
    Tubal Ligation, Tie Off   7   Diaphragm
2   Male Sterilization, Vasectomy   8   Foaming Tablets
3   Pill   9   Creams/Jellies
4   Injection   10   Rhythm (Calendar Method)
5   Inter-Uterine Device/Coil/IUD   11   Billings Method
6   Condom   12   withdrawal

305. Who should decide whether a person should use a method of contraception?

Q305

1   Husband/Partner
2   Wife/Woman
3   Both
4   Mother-in-law
5   Nurse
6   Doctor
7   Midwife
8   Doesn't believe in using contraception
88 Other (specify) _____
98 Don't know

INTERVIEWER: **OBSERVE THE FOLLOWING SKIPS:**

              - **IF RESPONDENT HAS NEVER USED CONTRACEPTION
                (Q302 = "NO") SKIP TO Q312.**

              - **IF RESPONDENT IS USING CONTRACEPTION NOW
                (Q303 = "YES" AND Q304 = "METHODS 3 - 12")
                SKIP TO Q320.**

              - **IF RESPONDENT OR HUSBAND IS STERILIZED
                (Q304 = "METHODS 1 OR 2"), SKIP TO Q501.**

              - **IF RESPONDENT HAS USED CONTRACEPTION IN THE PAST, BUT IS NOT
                USING IT NOW (0302 = "YES" AND Q303 = "NO"), CONTINUE.**

306. How old were you when you first used contraception?

Q306

_____ _____ Age
98 Don't know
99 No response

307. How many living children did you have when you first used contraception?

Q307

_____ _____ Number
98 Don't know
99 No response

308. What was the family planning method you used most recently?

Q308

1 Female Sterilization, Ligation, Tie Off
2 Male Sterilization, Vasectomy
3 Pill
4 Injection
5 Inter-Uterine Device/Coil/IUD
6 Condom

7 Diaphragm Tubal
8 Foaming Tablets
9 Creams/Jellies
10 Rhythm (Calendar Method)
11 Billings Method
12 Withdrawal

309. What was the month and year you stopped using this method?

Q309MO   Q309YR

_____ _____ Month_____ _____ Year
98 Don't know

310. Why did you stop using that method?

Q310

1 Desire Pregnancy
2 Not Sexually Active
3 Fears Side Effects
4 Spouse Opposes
5 Religion
6 Had Bad Side Effects
7 Advanced Age
8 Lack of Knowledge
9 Far Distance to Source
10 Doesn't Like or Want to Use
11 Sexual Intercourse Not Satysfying
12 Method Not Effective
13 Method Difficult to Use
14 Lack of Money
15 Health/Medical Reasons
16 Infertile
17 Embarassed to Use
88 Other (specify) _____
98 Don't know

311. Where did you/your partner get your family planning supplies?
    Q311
     1 Clinic
     2 Gov't Hospital
     3 Private Hospital
     4 Private Doctor/Clinic
     5 BFLA
     6 Pharmacy/Drug Store
     7 Guatemala or Mexico
     8 Herself/Partner
     9 Church
    10 Friend/neighbor/family member
    88 Other (specify) _____
    98 DK/DR

INTERVIEWER: IF PREGNANT NOW (CHECK Q201),   SKIP TO Q316

312. Do you think you are able to get pregnant at the present time?
    Q312
        1 Yes **(SKIP TO Q314)**
        2 No
        3 Not sure, don't know **(SKIP TO Q314)**

---

313. why not?
    Q313
     1 Menopause **(SKIP TO Q701)**

     2 Has had an operation for medical reasons which makes pregnancy impossible
        (or husband/partner has had an operation)(SKIP TO Q701)

     3 Has tried to get pregnant for at least 2 years without success (or has
        not gotten pregnant despite at least 2 years of
        non-contraception) (**SKIP TO Q701)**

     4 Not sexually active **(SKIP TO Q316)**

     5 Postpartum/breast-feeding **(SKIP TO Q316)**

     8 Other (specify) _____

---

314. Would you like to become pregnant now?
    Q314
        1 Yes **(SKIP TO Q316)**
        2 No
        3 God's will, Fate
        8 Don't know, not sure

315. Why are you not using a method to prevent pregnancy now?

Q315

    01 esire Pregnancy
    02 Not Sexually Active Now
    03 Fears Side Effects
    04 Spouse Opposes
    05 Religion
    06 Had Bad Side Effects
    07 Advanced Age
    08 Lack of Knowledge
    9   Far Distance to Source
    10 Doesn't Like or Want to Use
    11 Sexual Intercourse Not Satisfying
    12 Method Not Effective
    13 Method Difficult to Use
    14 Lack of Money
    15 Health/Medical Reasons
    16 Infertile
    17 Embarassed to Use
    88 Other (specify) _____
    98 Don't know

316. In the future, do you think you will want to use a method to prevent
      pregnancy?

Q316

        1 Yes
        2 No   **(SKIP TO Q318)**
        3 Not sure **(SKIP TO Q318)**

317. What method would you most like to use?

Q317

    1 Female Sterilization,   7 Diaphragm
       Tubal Ligation, Tie Off   8 Foaming Tablets
    2 Male Sterilization, Vasectomy   9 Creams/Jellies
    3 Pill   10 Rhythm (Calendar Method)
    4 Injection   11 Billings Method
    5 Inter-Uterine Device/Coll/IUD   12 Withdrawal
    6 Condom   88 Other (specify) _____
                                         98 Don't know

318. Do you know where to obtain contraceptive methods for preventing pregnancy
      or information about contraceptive methods?

Q318

        1 Yes
        2 No   **(SKIP TO Q329)**

319. Where?   **(IF MORE THAN ONE PLACE MENTIONED,**
                   CIRCLE TEE ONE SEE WOULD HOST LIKELY USE)

Q319

 1   Clinic/Heal1th Centre
 2   Gov't Hospital
 3   Private Hospital
 4   Private Doctor/Clinic
 5   BFLA
 6   Pharmacy/Drug store
 7   Guatemala or Mexico (Melcohor or Chetumal)
 8   Church
 9   Herself/partner
10   Friend/neighbor/family member
86   Other (specify) _____
93   DK/DR

(SKIP TO Q329)

**INTERVIEWER: FOR CURRENT USERS OP REVERSIBLE METHODS, IP RESPONDENT OR
PARTNER IS STERILIZED, SKIP TO Q501.**

---

320. Where do you/your partner get, your family planning supplies?

Q320

    1   Clinic/Health Centre
    2   Gov't Hospital
    3   Private Hospital
    4   Private Doctor/Clinic
    5   BFLA
    6   Pharmacy/Drug Store
    7   Guatemala or Mexico
    8   Church
    9   Herself/partner
    10 Friend/neighbor/family member
    88 Other (specify) _____
    98 DK/DR

321,   Are you using a contraceptive method to space pregnancies or
because you do not want anymore children?

Q321

                                    1   Space pregnancies
                                    2   Want no more children

---

322.   In the future do you think you will want to use a different method to prevent
pregnancy?

Q322

                                    1   Yes
                                    2   No   **(SKIP TO Q326)**
                                    3   Don't know, not sure
                                        (SKIP TO Q326)

---

323.   What method would you most like to use?

Q323

    1   Female Sterilization,   7   Diaphragm
        Tubal Ligation, Tie Off   8   Foaming Tablets
    2   Male Sterilization, Vasectomy   9   Creams/Jellies
    3   Pill   10 Rhythm (Calendar Method)
    4   Injection   11 Billings Method
    5   Inter-Uterine Device/Coll/IUD   12 Withdrawal
    6   Condom   88 Other (specify) _____
                                         98 Don't know

---

324. Do you know where to obtain this method or information about this method?

Q324

                                    1   Yes
                                    2   No   **(SKIP TO Q326)**

---

325. Where? **(IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD HOST LIKELY USE)**

Q325

    1   Clinic/Health Centre
    2   Gov't Hospital
    3   Private Hospital
    4   Private Doctor/Clinic
    5   BFLA
    6   Pharmacy/Drug Store
    7   Guatemala or Mexico (Melochor or Chetumal)
    8   Church
    9   Herself/partner
    10 Friend/neighbor/family member
    88 Other (specify) _____
    98 DK/DR

326. How old were you when you first used contraception?

Q326

                                              ___ ___ Age
                                              98 Don't know
                                              99 No response

327. How many living children did you have when you first used contraception?

Q327

                                              ___ ___ Number
                                              98 Don't know
                                              99 No response

328. What was the first method you used?

Q328

    1   Female Sterilization,   7   Diaphragm
        Tubal Ligation, Tie Off   8   Foaming Tablets
    2   Male Sterilization, Vasectomy   9   Creams/Jellies
    3   Pill   10 Rhythm (Calendar Method)
    4   Injection   11 Billings Method
    5   Inter-Uterine Device/Coll/IUD   12 Withdrawal
    6   Condom   88 Other (specify) _____
                                          98 Don't know

329. Would you accept receiving family planning supplies from someone in your local community?

Q329

                                          1   Yes
                                          2   No **(SKIP TO Q401)**
                                          9   Don't know, maybe
                                              (SKIP TO Q401)

330. Who should dispense the family planning supplies?

Q330

   1 Trained Nuree

   2 Trained Midwife

   3 Other (specify) _____

   9 Don't know

SECTION IV.   INTEREST IN STERILIZATION

---

401. **INTERVIEWER: CIRCLE THE CORRECT STATUS. REFER TO Q215.**

   1   RESPONDENT HAS LIVING CHILDREN   (CONTINUE WITH Q402)
   2   RESPONDENT DOES NOT HAVE LIVING CHILDREN   (SKIP TO 408)

---

402. Do you want to have anymore children?

   Q402

          1   Yes **(SKIP TO Q408)**
          2   No
          3   God's will, Fate
             (SKIP TO Q409)
          4   Not sure **(SKIP TO Q409)**

---

403. Would you be interested in an operation that would prevent you from
   having any more children?

   Q403

          1   Yes
          2   No **(SKIP TO Q407)**
          9   Don't know/not sure
             (SKIP TO Q409)

---

404. Do you know where to go for this operation or to get information
   about it?

   Q404

          1   Yes
          2   No **(SKIP TO Q701)**

---

405. **Where?**   **(IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE**

   Q405   **SHE WOULD MOST LIKELY USE.)**

        1   Clinic/Health Centre
        2   Gov't Hospital
        3   Private Hospital
        4   Private Doctor/Clinic
        8   Other (specify) _____

---

406. Since you have all the children you want and you know where to get this operation, why have you not had it?

Q406

        1   Not Sexually Active
        2   Fears Side Effects
        3   Spouse Opposes
        4   Religion
        5   Advanced Age
        6   Lack of Knowledge
        7   Far Distance to Source
        8   Doesn't Like or Want to Use
        9   Fear of Operation
        10   Prefers Using Other Methods
        11   Considers Self Too Young
        12   Needs More Information
        13   Lack of Money
        14   Health/Medical Reasons
        15   Infertile
        88   Other (specify)_____
        98   Don't Know

(SKIP TO Q701)

407. Why are you not interested in this operation?

Q407

        1   Not Sexually Active
        2   Fears Side Effects
        3   Spouse Opposes
        4   Religion
        5   Advanced Age
        6   Lack of Knowledge
        7   Far Distance to Source
        8   Doesn't Like or Want to Use
        9   Fear of Operation
        10   Prefers Using Other Methods
        11   Considers Self Too Young
        12   Needs More Information
        13   Lack of Money
        14   Health/Medical Reasons
        15   Infertile
        88   Other (specify) _____
        98   Don't Know

(SKIP TO Q701)

408. How many (more) children would you like to have?

Q408

_____ children
66 As many as possible
77 As many as God sends, up to Fate
98 Don't know

409. After you have all the children you want, would you be interested in an operation that would prevent you from having any (more) children?

Q409

1   Yes
2   No **(SKIP TO Q412)**
9   Don't know/not sure **(SKIP TO Q412)**

410. Do you know where to get this operation or information about it?

Q410

1   Yes
2   No **(SKIP TO Q701)**

411. Where could you get the operation?

Q411

1   Clinic/Health Centre
2   Gov't Hospital
3   Private Hospital
4   Private Doctor/Clinic
8   Other (specify) _____

(SKIP TO Q701)

412. Why would you not be interested in this operation?

Q412

01   Not Sexually Active
02   Fears Side Effects
03   Spouse Opposes
04   Religion
05   Advanced Age
06   Lack of Knowledge
07   Far Distance to source
08   Doesn't Like *or* Want to Use
09   Fear of Operation
10   Prefers Using Other Methods
11   Considers Self Too Young
12   Needs More Information
13   Lack of Money
14   Health/Medical Reasons
15   Infertile
88   Other (specify) _____
98   Don't Know

(SKIP TO Q701)

SECTION V. STERILIZATION

---

501.   Where was your tubal ligation, tie off (your husband's/partner's vasectomy) done?

Q501

    1   Gov't Hospital
    2   Private Hospital
    3   Private Doctor/clinic
    8   Other (specify) _____

---

502.   In which country?

Q502

    1   Belize   6   Nicaragua
    2   Guatemala   7   United States
    3   Mexico   8   Other (specify) _____
    4   El Salvador   9   Doesn't know
    5   Honduras

---

503.   How old were you when you/he had the operation?

Q503

                                        ___ ___ Age
                                        98 Don't Know

---

504.   Are you satisfied with having had the operation?

Q504

                                        1   Yes
                                        2   No

---

505.   How old were you when you first used contraception?

Q505

                                        ___ ___ Age
                                        98 Don't Know

---

506. How many living children did you have when you first used contraception?

Q506

                                        ___ ___ Number

---

507. What was the first method of contraception that you used?

Q507

1	Female Sterilization, Tubal Ligation, Tie Off	7	Diaphragm
2	Male Sterilization,	8	Foaming Tablets
3	Pill	9	Creams/Jellies
4	Injection	10	Rhythm (Calendar Method)
5	Inter-Uterine	11	Billings Method
6	Condom	12	Withdrawal
		88	Other (specify)
		98	Don't know

(CONTINUE WITH Q701)

SECTION VII - KNOWLEDGE OF AND OPINIONS ON AIDS

701. Have you ever heard of AIDS or the AIDS virus?

Q701

1 Yes
2 No **(GO TO Q801)**

702. In Which of the following ways do you think a person can get the AIDS Virus **[READ]**

		Yes	No	Don't Know
Q7021	1. Shaking, hands or hugging	1	2	9
Q7022	2. Being in the same roam with a person who has the AIDS virus	1	2	9
Q7023	3. Sharing personal items like dishes, toilets, etc.	1	2	9
Q7024	4. Sharing needles used for drugs	1	2	9
Q7025	5. Sexual intercourse between men	1	2	9
Q7026	6. Sexual intercourse between a man and a woman	1	2	9
Q7027	7. Giving a blood donation	1	2	9
Q7028	8. Receiving a blood transfusion	1	2	9
Q7029	9. Being bitten by an insect that has bitten someone with the AIDS virus	1	2	9

703. What risk do you think there is of your getting AIDS?
     Would you say that you have . . . **[READ]**

Q703

1 A great risk
2 Some risk
3 Not much risk, or
4 No risk at all
9 Doesn't know

704. Did you begin to use any of these methods for protection since you first heard about AIDS? [READ]

		Yes	No	Not Sexually Active	Already Using
Q704C	Condom	1	2	3	8
Q704D	Diaphragm	1	2	3	8
Q704J	Spermicidal Jelly, Foam or Cream	1	2	3	8
Q704O	Other _____ (specify)	1	2	3	8

SECTION VIII - CURRENT AND PAST MARITAL STATUS

INTERVIEWER: **NOW I WOULD TO ASK YOU SOME QUESTIONS ABOUT YOUR PERSONAL LIFE. YOU MAY FIND *SOME OF* THE QUESTIONS TOO PERSONAL. REMEMBER, YOU ARE NOT OBLIGATED TO ANSWER THEM.**

---

801. What is your current marital status? Are you married, have a common-law marriage, separated, divorced, widow, have a visiting gentleman, or are you single?

    Q801

    1 Married **(SKIP TO 804)**
    2 Common-law **(SKIP TO Q804)**
    3 Separated **(SKIP TO Q804)**
    4 Divorced **(SKIP TO Q804)**
    5 Widow **(SKIP TO Q804)**
    6 Visiting gentleman
        (SKIP TO Q804)
    7 *Single*

---

802. Have you ever been married or lived in a common-law marriage?

    Q802

    1 Yes **(SKIP TO Q804)**
    2 No

---

803. Do you currently have a boyfriend?

    Q803

    1 Yes **(SKIP TO Q806)**
    2 No **(SKIP TO Q806)**

---

804. What *was* the month and year of your first marriage/common-law marriage/visiting partnership?   Q804MO   Q804YR

    ___ ___ Month ___ ___ Year
    98 Doesn't remember

---

805. How old were you when you first began to live with your first husband/common-law partner/visiting gentleman?

    Q805

    ___ ___ Age
    98 Doesn't remember

---

806. In what month and year did you first have sexual intercourse?   Q806YR

    Q806MO ___ ___ Month ___ ___ Year
    Never = 2222 **(SKIP TO Q901)**
    Doesn't remember = 9898
    No response = 9999 **(SKIP TO Q901)**

---

807. How old were you when you had your first sexual intercourse?

    Q807

    ___ ___ Age
    98 Doesn't remember
    99 No Response

---

808. Who was your first sexual partner?

Q808

1 Husband
2 visiting partner
3 Fiancee
4 Boyfriend
5 Friend
6 Rape
7 Incest (Relative)
8 Other (specify) _____

809. Have you had sexual relations in the last 4 weeks?

Q809

1 Yes
2 No **(SKIP TO Q901)**
9 No response
   (SKIP TO Q901)

810. How many times?

Q810

___ ___ No. of Times
98 Doesn't remember
99 No response

(CONTINUE WITH 901)

SECTION IX - HEALTH CARE UTILIZATION

---

901. I have asked whether your children have had symptoms or diarrhea during the previous two weeks. I would also like to know if you or anyone else in your household has been ill during the last two weeks. That is, has anyone been sick so that they could not perform their normal routine, such as going to work or school? Please give me the name of each person who was sick so we can identify him or her for other questions.

    (INTERVIEWER: WRITE DOWN ALL NAMES FIRST, THEN ASK QUESTIONS 902 TO 906 FOR EACH ONE. IF NO ONE WAS SICK, RECORD THIS ON THE TABLE, AND SKIP TO Q907). Q901HMANY

---

902. What is (NAME'S) sex?

Q902A   Q902B   Q902C Q902G Q902K   Q902D Q902H   Q902E Q902I   Q902F Q902J

---

903. What is (NAME'S) age in ye

Q903A   Q903B   Q903C Q903G Q903K   Q903D Q903H   Q903E Q903I   Q903F Q903J

---

904. Where was advice or treatment sought for (NAME'S) illness?

    (INTERVIEWER: PROBE FOR UPTO 4 RESPONSES AND WRITE THEM DOWN. 0167, FOR EXAMPLE, WOULD BE INTERPRETED AS 3 VISITS TO PROVIDERS 1,6,AND 7)

Q904A --> Q904B NTERVI ASK EX Q904C RE QUE Q904D ANYWAY Q904E Q904F

PROBING OUT I Q904G ING WA Q904H . THEN Q904I Q904J

RETURN T QUESTION TO VERIFY THE RESPONSE) Q904K

    1 Community Health Worker
    2 Govt. Health Center/Clinic
    3 Govt. Hospital
    4 Private or Mission Hospital
    5 Private Doctor/Clinic
    6 Traditional Healer
    7 Private Pharmacy
    8 Other (specify) _____
    9 Don't know

---

905. How much was spent for treatment or advice for (NAME'S) illness on each of the following: **(INTERVIEWER: IF NOTHING WAS SPENT, WRITE A ZERO)**

			Q905AB Q905AC Q905AD Q905AE Q905AF Q905AG Q905AH Q905AI Q905AJ Q905AK	Q905BB Q905BC Q905BD Q905BE Q905BF Q905BG Q905BH Q905BI Q905BJ Q905BK	Q905CB Q905CC Q905CD Q905CE Q905CF Q905CG Q905CH Q905CI Q905CJ Q905CK	Q905DB Q905DC Q905DD Q905DE Q905DF Q905DG Q905DH Q905DI Q905DJ Q905DK
Q905AA	(a)	Visits				
Q905BA	(b)	Medicines				
Q905CA	(c)	Other treat ated e such				
		X-rays or l y test				
Q905DA	(d)	Transport f isit(s				

---

906. Were any of these expenditures for(NAME) paid by an employer, social security, or other insurance?

Q906A	Q906H
Q906B	Q906I
Q906C	Q906J
Q906D	Q906K
Q906E	
Q906F	
Q906G	

0   No coverage
1   Employer
2   Social Security
3   Private insurance
4   Don't know

| | (901)
Name | (902)
Sex | (903)
Age | (904)
Visit
Location | (905)
Expenditures in $ | | | | (906)
Insurance |
					(a) Visits	(b) Medicine	(c) Other	(d) Transport	
	(Write)	(Circle)	(Years)	(Enter Code)	(Enter Amount)				(Circle)
a		1-M 2-F							0 1 2 3 4
b		1-M 2-F							0 1 2 3 4
c		1-M 2-F							0 1 2 3 4
d		1-M 2-F							0 1 2 3 4
e		1-M 2-F							0 1 2 3 4
f		1-M 2-F							0 1 2 3 4
g		1-M 2-F							0 1 2 3 4
h		1-M 2-F							0 1 2 3 4
i		1-M 2-F							0 1 2 3 4
j		1-M 2-F							0 1 2 3 4
k		1-M 2-F							0 1 2 3 4

Tabla 9- Illnesses and Injuries in the Last Two Weeks   CHECK IF NONE ———

CODES FOR (904) VISIT LOCATION

0   None -—>   (INTERVIEWER: ASK EXPENDITURE QUESTIONS ANYWAY,
     PROBING TO FIND OUT IF ANYTHING WAS SPENT.   THEN
     RETURN TO THIS QUESTION TO VERIFY THE RESPONSE)

1   Community Health Worker
2   Govt. Health Center/Clinic
3   Govt. Hospital
4   Private Mission Hospital
5   Private Doctor/Clinic
6   Traditional Healer
7   Private Pharmacy
8   Other (specify) _____
9   Don't Know

CODES FOR (906) INSURANCE

0 No coverage
1 Employer
2 Social Security
3 Private insurance
4 Don't know

907. Now I will ask you several questions about fees you might be willing to pay for government health services. Suppose you become ill today and visit a government health center or hospital. Would you be willing to pay a $15 fee in total for the visit and any medicines you might receive?

Q907

    1   Yes —> **GO TO Q912**
    2   No —> **GO TO Q908**

908. Would you be willing to pay a $2 fee in total for the visit and any medicines you might receive at the government facility?

Q908

    1   Yes —> **GO TO Q909**
    2   No —> **GO TO Q912**

909. Would you be willing to pay a $10 fee in total for the visit and any medicines you might receive at the government facility?

Q909

    1   Yes —> **GO TO Q912**
    2   No —> **GO TO Q910**

910. Would you be willing to pay a $5 fee in total for the visit and any medicines you might receive at the government facility?

Q910

    1   Yes —> **GO TO Q911**
    2   No —> **GO TO Q912**

911. Would you be willing to pay a $7 fee in total for the visit and any medicines you might receive at the government facility?

Q911

    1   Yes —> **GO TO Q912**
    2   No —> **GO TO Q912**

912. Have you ever used any of the following?

Q912A   a.   Government clinic

        1   Yes
        2   No

Q912B   b.   Government hospital

        1   Yes
        2   No

Q912C   c.   Private doctor/clinic

        1   Yes —> **GO TO Q913**
        2   No —> **GO TO Q914**

913. How much did you pay for your most recent visit to a private doctor or clinic, including any drugs you purchased?

Amount for private visit and drugs: $ ___ ___ ___

Q913

999 Don't Remember

914. Now I would like to ask you several more questions about fees in government facilities, but this time suppose that the facilities are improved, waiting time is rarely more than one hour, waiting rooms are more pleasant, and medicines are always available. Suppose services are improved in this way, and you become ill today. If you visit one of these improved government health centers or hospitals, would you he willing to pay a $15 fee in total for a visit and any medicines?

Q914

1 Yes —> **GO TO Q919**
2 No —> **GO TO Q915**

915. Would you be willing to pay a $2 fee in total for a visit and any medicines at the <u>improved</u> government facility?

Q915

1 Yes --> **GO TO Q916**
2 No —> **GO TO Q919**

916. Would you be willing to pay a $10 fee in total for a visit and any medicines at the <u>improved</u> government facility?

Q916

1 Yes —> **GO TO Q919**
2 No —> **GO TO Q917**

917. Would you he willing to pay a $5 fee in total for a visit and any medicines at the <u>improved</u> government facility?

Q917

1 Yes —> **GO TO Q918**
2 No —> **GO TO Q919**

918. Would you be willing to pay a $7 fee in total for a visit and any medicines at the <u>improved</u> government facility?

Q918

1 Yes
2 No

919. Please estimate the total annual income for the past year for your household- This estimate should include income from wages or salaries, rental property, farm products, business or trade, and any other income-producing activities by members of your household.

Was the total income of your household: **[READ]**

Q919

1. 0
2. 1 < 3000
3. 3000 < 7000
4. 7000 < 10000
5. 10000 < 14000
6. 14000 < 19000
7. 19000 < 26000
8. > 26000
9. Don't Know