

**APPENDIX E**  
**QUESTIONNAIRES**



ERITREA DEMOGRAPHIC AND HEALTH SURVEY  
HOUSEHOLD SCHEDULE

IDENTIFICATION							
AWRAJA .....	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr> </table>						
WEREDA .....	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr> </table>						
VILLAGE/TOWN NAME _____							
ASMARA=1, OTHER TOWN=2, RURAL=3.....	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr> </table>						
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HOUSEHOLD NUMBER .....	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr> </table>						
NAME OF HOUSEHOLD HEAD _____							
HOUSEHOLD SELECTED FOR MALE SURVEY? (YES=1, NO=2).....	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr> </table>						

INTERVIEWER VISITS																		
	1	2	3	FINAL VISIT														
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TEAM	<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td><td style="width: 25px;"> </td></tr> </table>					MONTH <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>														
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>														
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>														
TIME	_____	_____																

\*RESULT CODES:

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

LANGUAGE:** QUESTIONNAIRE <table border="1" style="display: inline-table; width: 30px; height: 15px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> LANGUAGE OF INTERVIEW <table border="1" style="display: inline-table; width: 30px; height: 15px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> NATIVE LANGUAGE OF RESPONDENT <table border="1" style="display: inline-table; width: 30px; height: 15px; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>							TOTAL IN HOUSEHOLD <table border="1" style="display: inline-table; width: 40px; height: 15px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; width: 40px; height: 15px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> TOTAL ELIGIBLE MEN <table border="1" style="display: inline-table; width: 40px; height: 15px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table> LINE NO. OF RESPONDENT TO HOUSEHOLD SCHEDULE <table border="1" style="display: inline-table; width: 40px; height: 15px; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
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HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATION TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				IF AGE >=15	ASK FOR THOSE AGE 10 YEARS OR MORE				ELIGIBILITY WOMEN	ELIGIBILITY MEN				
			Does (NAME) usually live here?	Did (NAME) stay here last night?			Is (NAME) male or female?	How old is (NAME)?	IF AGE 6 YEARS OR OLDER		Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (12)	Is (NAME)'s natural father alive?		IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER (14)	What is (NAME)'s current marital status? SEE CODES BELOW a	Did (NAME) worked during last month?	IF YES IN QUESTION 148: ASK QUESTIONS 14C AND 14D			CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-59 (IF HOUSEHOLD FALLS IN MEN'S SAMPLE).		
									Has (NAME) ever been to school? IF YES, ASK: Was under the old or the new system?	IF ATTENDED SCHOOL What is the highest level of school (NAME) attended? What is the highest grade (NAME) completed at that level?***								IF AGE LESS THAN 25 YEARS Is (NAME) still in school?					Is (NAME) paid in cash or kind for the work he/she does?	What is the main work that (NAME) does?
(1)	(2)	(3)	YES NO	YES NO	M F	IN YEARS	OLD NEW NO	LEVEL GRADE	YES NO	YES NO DK	YES NO DK	YES NO DK	(14A)	YES NO	1 2 3 4	(14D)	(14E)	(15)	(15A)					
01			1 2	1 2	1 2		1 2 3		1 2	1 2 8		1 2 8		1 2	1 2 3 4			01	01					
02			1 2	1 2	1 2		1 2 3		1 2	1 2 8		1 2 8		1 2	1 2 3 4			02	02					
03			1 2	1 2	1 2		1 2 3		1 2	1 2 8		1 2 8		1 2	1 2 3 4			03	03					
04			1 2	1 2	1 2		1 2 3		1 2	1 2 8		1 2 8		1 2	1 2 3 4			04	04					
05			1 2	1 2	1 2		1 2 3		1 2	1 2 8		1 2 8		1 2	1 2 3 4			05	05					
06			1 2	1 2	1 2		1 2 3		1 2	1 2 8		1 2 8		1 2	1 2 3 4			06	06					
07			1 2	1 2	1 2		1 2 3		1 2	1 2 8		1 2 8		1 2	1 2 3 4			07	07					



Q15B During the past two years, that is 24 months, has any of the usual members of this household died?

YES  NO  → SKIP TO 16

Now we would like some information about all of the deaths that occurred in this household to usual residents during the last 24 months.

	NAME OF PERSON	SEX	AGE AT DEATH	DATE OF DEATH		MOTHER OF THE DECEASED	
				MONTH	YEAR		
	Please give me the names of all the persons who were usual residents of this household and died during the last 24 months, that is, since (MONTH OF INTERVIEW) 1993.	Was (NAME) male or female ?	How old was (NAME) when he/she died?	In what month did (NAME) die?	In what year did (NAME) die?	Does NAME's mother live in the household?	IF YES IN 15H, NOTE THE LINE NUMBER OF THE MOTHER.
	(15C)	(15D)	(15E)	(15F)	(15G)	(15H)	(15I)
		M F	YEARS	MONTH	YEAR	Y N	L. No.
1		1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
2		1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
3		1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
4		1 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2	<input type="text"/>
TOTAL DEATHS IN HOUSEHOLD							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
16	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT..21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....96 (SPECIFY)	→18 →18 →18 →18 →18
17	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996	
17A	How long is the normal wait to take your turn to get water at the (NAME OF THE WATER SOURCE)?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> NO WAIT.....996	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
18	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31  OTHER _____ 96 (SPECIFY)																			
19	Does your household have:  Electricity? A radio? A television? A telephone? A refrigerator?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	TELEPHONE.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																			
ELECTRICITY.....	1	2																			
RADIO.....	1	2																			
TELEVISION.....	1	2																			
TELEPHONE.....	1	2																			
REFRIGERATOR.....	1	2																			
20A	How many rooms excluding kitchen and toilet in this dwelling are for the exclusive use for the members of this household?	ROOMS..... <input type="text"/> <input type="text"/>																			
20B	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																			
20C	Are any farm animals kept within the living area of the household?	YES.....1 NO.....2																			
21	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND.....11 DUNG.....12 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35  OTHER _____ 96 (SPECIFY)																			
22	Does any member of your household own:  A donkey cart? A bicycle? A motorcycle? A car?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>DONKEY CART.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	DONKEY CART.....	1	2	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2				
	YES	NO																			
DONKEY CART.....	1	2																			
BICYCLE.....	1	2																			
MOTORCYCLE.....	1	2																			
CAR.....	1	2																			
22A	What fuel is used for cooking in your household?	GAS.....01 ELECTRICITY.....02 KEROSENE.....03 COAL/CHARCOAL.....04 WOOD.....05 ANIMAL DUNG CAKES.....06  OTHER _____ 96 (SPECIFY)																			
23	What type of salt is usually used for cooking in your household?  (ASK TO SEE SALT PACKAGE).	LOCAL SALT.....01 PACKAGED SALT (IODIZED).....02 PACKAGED SALT (NOT IODIZED).....03 SALT FOR ANIMALS.....04  OTHER _____ 96 (SPECIFY)																			



ERITREA DEMOGRAPHIC AND HEALTH SURVEY  
WOMEN'S QUESTIONNAIRE

IDENTIFICATION	
AWRAJA .....	[ ] [ ]
WEREDA .....	[ ] [ ] [ ]
VILLAGE/TOWN NAME _____	
ASMARA=1, OTHER TOWN=2, RURAL=3.....	[ ] [ ]
CLUSTER NUMBER .....	[ ] [ ] [ ]
BUILDING NUMBER .....	[ ] [ ] [ ] [ ]
HOUSEHOLD NUMBER .....	[ ] [ ] [ ]
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF WOMAN _____	[ ] [ ]
IS SELECTED WOMAN A USUAL RESIDENT? (YES= 1, NO=2) .....	[ ] [ ]

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [ ] [ ]
				MONTH [ ] [ ]
TEAM	[ ] [ ]	[ ] [ ]	[ ] [ ]	YEAR [ ] [ ]
INTERVIEWER'S NAME	_____	_____	_____	TEAM [ ] [ ]
RESULT*	_____	_____	_____	NAME [ ] [ ]
				RESULT [ ] [ ]
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS [ ]
TIME	_____	_____		

\*RESULT CODES:

- |               |                    |               |
|---------------|--------------------|---------------|
| 1 COMPLETED   | 4 REFUSED          | 7 OTHER _____ |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | (specify)     |
| 3 POSTPONED   | 6 INCAPACITATED    |               |

LANGUAGE:\*\*

QUESTIONNAIRE [ ] [ ] LANGUAGE OF INTERVIEW [ ] [ ] NATIVE LANGUAGE RESPONDENT [ ] [ ]

\*\*LANGUAGE CODES: 01=AFAR    02=BILEN    03=HEDARIB (TOBEDAWI)    04=KUNAMA    05=NARA  
06=RASHAIDA (ARABIC)    07=SAHO    08=TIGRE    09=TIGRIGNA    10=OTHER

TRANSLATOR USED? (NOT AT ALL=1, SOMETIMES=2, ALL THE TIME=3)..... [ ]

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

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**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
102A	What was the name of the village/town in which you lived as a child?  RECORD NAME OF VILLAGE/TOWN, AND AWRAJA, IF PLACE WAS OUTSIDE OF ERITREA, NAME OF THE COUNTRY.	VILLAGE/TOWN _____ AWRAJA NAME _____ <input type="text"/> <input type="text"/> COUNTRY _____	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR.....96	→ 105
104	Just before you moved here, did you live in a city, in a town or a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
104A	What was the name of the Awraja in which you lived just before you moved here?  RECORD NAME OF AWRAJA, IF PLACE WAS OUTSIDE OF ERITREA, NAME OF THE COUNTRY.	AWRAJA NAME _____ <input type="text"/> <input type="text"/> COUNTRY _____	
104B	What was the main reason for your move?	LIBERATION.....01 WAR.....02 DROUGHT/DEFORESTATION.....03 FAMINE.....04 EMPLOYMENT.....05 EDUCATION.....06 SECURITY.....07 MARRIAGE.....08 OWN OR BETTER HOME.....09 OTHER.....96 (Specify)	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
106	How old were you at your last birthday?  COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
107	Have you ever attended school? IF YES, ASK: Was it under the old or the new system?	YES, OLD SYSTEM.....1 YES, NEW SYSTEM.....2 NO.....3	→ 114
108	What is the highest level of school you attended: primary, middle, secondary, or higher?	PRIMARY.....1 MIDDLE.....2 SECONDARY.....3 HIGHER.....4	
109	What is the highest grade you completed at that level?	GRADE..... <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		113
111	Are you currently attending school?	YES.....1 NO.....2	113
112	What was the main reason you stopped attending school?	GOT PREGNANT.....01 GOT MARRIED.....02 TO CARE FOR YOUNGER CHILDREN...03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING.07 DID NOT PASS ENTRANCE EXAMS....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR..10  OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
113	CHECK 108: PRIMARY <input type="checkbox"/> MIDDLE SCHOOL OR HIGHER <input type="checkbox"/>		115
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	116
115	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
117	Do you usually watch television at least once a week?	YES.....1 NO.....2	
118	What is your religion?	ORTHODOX.....1 CATHOLIC.....2 PROTESTANT.....3 MUSLIM.....4 TRADITIONAL BELIEVER.....5 OTHER _____ 6 (Specify)	
119	To which ethnic group do you belong?	AFAR.....01 BILEN.....02 HEDARIB.....03 KUNAMA.....04 NARA.....05 RASHAIDA.....06 SAHO.....07 TIGRE.....08 TIGRIGNA.....09 OTHER _____ 96 (Specify)	
120	CHECK COVER PAGE: THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>		201
121	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live?  _____ (NAME OF PLACE)  Is that a city, a town or a village?	CITY.....1 TOWN.....2 VILLAGE.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
122	In which Awraja is that located? IF OUTSIDE ERITREA, WRITE '96'	AWRAJA NAME..... <input type="text"/>																			
123	Now I would like to ask about the household in which you usually live.  What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 →125 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT..21 →125 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 →125 TANKER TRUCK.....51 BOTTLED WATER.....61 →125 OTHER _____ 96 (SPECIFY)																			
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	YES	NO																			
ELECTRICITY.....	1	2																			
RADIO.....	1	2																			
TELEVISION.....	1	2																			
TELEPHONE.....	1	2																			
REFRIGERATOR.....	1	2																			
127	Could you describe the main material of the floor in your dwelling?	NATURAL FLOOR EARTH/SAND.....11 DUNG.....12 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER _____ 96 (SPECIFY)																			
127A	How many rooms excluding kitchen and bathroom in your dwelling are for exclusive use of the members of your household?	ROOMS..... <input type="text"/>																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
127B	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																	
127C	Are any farm animals kept within the living area of your household?	YES.....1 NO.....2																	
128	Does any member of your household own:  A donkey cart? A bicycle? A motorcycle? A car?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>DONKEY CART.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	DONKEY CART.....	1	2	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2		
	YES	NO																	
DONKEY CART.....	1	2																	
BICYCLE.....	1	2																	
MOTORCYCLE.....	1	2																	
CAR.....	1	2																	
129	What fuel is used for cooking in your household?	<table border="0"> <tbody> <tr> <td>GAS.....</td> <td>.01</td> </tr> <tr> <td>ELECTRICITY.....</td> <td>.02</td> </tr> <tr> <td>KEROSENE.....</td> <td>.03</td> </tr> <tr> <td>COAL/CHARCOAL.....</td> <td>.04</td> </tr> <tr> <td>WOOD.....</td> <td>.05</td> </tr> <tr> <td>ANIMAL DUNG CAKES.....</td> <td>.06</td> </tr> <tr> <td>OTHER _____</td> <td>96</td> </tr> <tr> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	GAS.....	.01	ELECTRICITY.....	.02	KEROSENE.....	.03	COAL/CHARCOAL.....	.04	WOOD.....	.05	ANIMAL DUNG CAKES.....	.06	OTHER _____	96	(SPECIFY)		
GAS.....	.01																		
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COAL/CHARCOAL.....	.04																		
WOOD.....	.05																		
ANIMAL DUNG CAKES.....	.06																		
OTHER _____	96																		
(SPECIFY)																			

**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	 →206
202	Do you have any sons or daughters to whom you have given birth who are 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.....	 <input type="text"/> <input type="text"/>
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	 →206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	 <input type="text"/> <input type="text"/>
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	 →208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	 <input type="text"/> <input type="text"/>
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL.....	 <input type="text"/> <input type="text"/>
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ___ births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		 →226A

211 How I would like to record the 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 DEAD:	220	221
What name was given to your (first/next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died?  IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH.  IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) OF PREVIOUS BIRTH) and (NAME)?
01   (NAME)	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/>	<input type="text"/>
02	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/>	YES...1 NO...2 (NEXT BIRTH)
03	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/>	YES...1 NO...2 (NEXT BIRTH)
04	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/>	YES...1 NO...2 (NEXT BIRTH)
05	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/>	YES...1 NO...2 (NEXT BIRTH)
06	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/>	YES...1 NO...2 (NEXT BIRTH)
07	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/>	YES...1 NO...2 (NEXT BIRTH)

212	213	214	215	216	217	218	219	220	221
What name was given to your next baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died?  IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH.  IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?

08	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT ← BIRTH)	YES..1 NO...2
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09	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT ← BIRTH)	YES..1 NO...2
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10	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT ← BIRTH)	YES..1 NO...2
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11	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT ← BIRTH)	YES..1 NO...2
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222	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE?	YES.....1 NO.....2 → GO TO 224
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223	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES.....1 NO.....2
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224	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:  NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)  CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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225	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1992. IF NONE, RECORD '0'.	<input type="text"/>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226A	(In addition to the pregnancies which ended in live births,) have you had any other pregnancy which ended in a stillbirth, miscarriage, or an abortion?	YES.....1 NO.....2	→227
226B	How many pregnancies ended in still births? IF NONE, ENTER "00".	STILLBIRTHS..... <input type="text"/>	
226C	How many pregnancies ended in miscarriages or abortions? IF NONE, ENTER "00".	MISCARRIAGES OR ABORTIONS..... <input type="text"/>	
227	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→236
228	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS..... <input type="text"/>	
229	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
236	When did your last menstrual period start?  _____ (DATE, IF GIVEN)	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
237	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DON'T KNOW.....8	→301
238	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....01 RIGHT AFTER HER PERIOD HAS ENDED.....02 IN THE MIDDLE OF THE CYCLE.....03 JUST BEFORE HER PERIOD BEGINS..04  OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	

**SECTION 3. CONTRACEPTION**

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

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you heard about?	302 Have you ever heard of (METHOD)?		303 Have you ever used (METHOD)?
	SPONTANEOUS YES	PROBED YES NO	
01] PILL Women can take a pill every day.	1	2 3	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2 3	YES.....1 NO.....2
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2 3	YES.....1 NO.....2
05] DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2 3	YES.....1 NO.....2
06] CONDOM Men can use a rubber sheath during sexual intercourse.	1	2 3	YES.....1 NO.....2
07] FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2 3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08] MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2 3	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
09] RHYTHM,PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2 3	YES.....1 NO.....2
10] WITHDRAWAL Men can be careful and pull out before climax.	1	2 3	YES.....1 NO.....2
11] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3	YES.....1 NO.....2
	_____ (SPECIFY)		YES.....1 NO.....2
	_____ (SPECIFY)		YES.....1 NO.....2

304 CHECK 303:

NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED)

→ SKIP TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→331
307	What have you used or done?  CORRECT 303 AND 304 (AND 302 IF NECESSARY).	_____	
309	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, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
310	When you first began to use family planning, did you want to have another child but at a later time, or did you not want to have another child at all?	WANTED CHILD LATER.....1 DID NOT WANT ANOTHER CHILD.....2 OTHER _____ 6 (SPECIFY)	
311	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/>	WOMAN STERILIZED <input type="checkbox"/>	→314A
312	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→332
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→331
314	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY)	→326 →318 →323 →326
314A	CIRCLE '07' FOR FEMALE STERILIZATION.		
317	How much does one packet (cycle) of pills cost you?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DON'T KNOW.....998	→326
318	Where did the sterilization take place?  IF SOURCE IS HOSPITAL WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11  OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)  OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
319	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	→321

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
320	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD.01 PARTNER WANTS ANOTHER CHILD....02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER _____ 96 (SPECIFY)									
321	In what month and year was the sterilization performed?	MONTH..... <table border="1" data-bbox="1239 378 1313 430"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> YEAR..... <table border="1" data-bbox="1239 430 1313 483"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									→ 335
323	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR.....01 BASED ON BODY TEMPERATURE.....02 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04 NO SPECIFIC SYSTEM.....05 OTHER _____ 96 (SPECIFY)									
326	For how many months have you been using (METHOD) continuously?  IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... <table border="1" data-bbox="1239 787 1313 840"> <tr><td> </td><td> </td></tr> </table> 8 YEARS OR LONGER.....96									
327	CHECK 314:  CIRCLE METHOD CODE:	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER METHOD.....96	→ 335 → 332								
328	Where did you obtain (METHOD) the last time?  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)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13  OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 FRIENDS/RELATIVES.....33  OTHER _____ 96 (SPECIFY)	→ 335								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
331	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED.....11 FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS (MORE) CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
332	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→ 335
333	Where is that?  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)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13  OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33  OTHER _____ 96 (SPECIFY)	
335	Have you visited a health facility for any reason in the last 12 months?	YES.....1 NO.....2	→ 337
336	Did any staff member at the health facility speak to you about family planning methods?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
337	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	YES.....1 NO.....2 DON'T KNOW.....8	→401
338	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED.....1 DECREASED.....2 DEPENDS.....3 DON'T KNOW.....8	→401
339	CHECK 210:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→401
340	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	YES.....1 NO.....2	→401
341	CHECK 312 AND 314:  PREGNANT OR CURRENTLY USING: <input type="checkbox"/> FEMALE OR MALE STERILIZATION  ALL OTHERS <input type="checkbox"/>		→401
342	Are you currently relying on breastfeeding to avoid getting pregnant?	YES.....1 NO.....2	

**SECTION 4A. PREGNANCY AND BREASTFEEDING**

<b>401</b>	<b>CHECK 225:</b>	ONE OR MORE BIRTHS SINCE JAN. 1992 <input type="checkbox"/>	NO BIRTHS SINCE JAN. 1992 <input type="checkbox"/>	(SKIP TO 467)
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**402** ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1992 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL FORMS).

Now I would like to ask you some more questions about the health of all your children born in the past three years. (We will talk about one child at a time.)

<b>403</b>	LINE NUMBER FROM Q212	LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/> <input type="text"/>	
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<b>404</b>	FROM Q212  AND Q216	NAME _____  ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____  ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	
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<b>405</b>	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children at all?	THEN.....1 (SKIP TO 407) ←	THEN.....1 (SKIP TO 407) ←	
		LATER.....2	LATER.....2	
		NO MORE.....3 (SKIP TO 407) ←	NO MORE.....3 (SKIP TO 407) ←	

<b>406</b>	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	
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<b>407</b>	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D  OTHER _____ X (SPECIFY) NO ONE.....Y (SKIP TO 410) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D  OTHER _____ X (SPECIFY) NO ONE.....Y (SKIP TO 410) ←	
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<b>408</b>	How many months pregnant were you when you first received antenatal care?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	
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<b>409</b>	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	NO. OF TIMES..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	
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<b>410</b>	When you were pregnant with (NAME) were you given an injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 411A) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 411A) ← DON'T KNOW.....8	
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<b>411</b>	During this pregnancy, how many times did you get this injection?	TIMES..... <input type="text"/> DON'T KNOW.....8	TIMES..... <input type="text"/> DON'T KNOW.....8	
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		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
411A	During this pregnancy, did you receive iron tablets?	YES .....1 NO.....2	YES.....1 NO.....2
411B	During this pregnancy, did you receive multiple vitamin tablets?	YES .....1 NO.....2	YES.....1 NO.....2
412	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. HEALTH STATION..23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER_____ 96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. HEALTH STATION..23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER_____ 96 (SPECIFY)
413	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E  OTHER_____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E  OTHER_____ X (SPECIFY) NO ONE.....Y
414	At the time of the birth of (NAME), did you have any of the following problems:	YES NO	YES NO
	Long labor, that is, did your regular contractions last more than 12 hours?	LABOR MORE THAN 12 HOURS....1 2	LABOR MORE THAN 12 HOURS....1 2
	Excessive bleeding that was so much that you feared it was life threatening?	EXCESSIVE BLEEDING.....1 2	EXCESSIVE BLEEDING.....1 2
	A high fever with bad smelling vaginal discharge?	FEVER/BAD SMELLING VAG. DISCHARGE.....1 2	FEVER/BAD SMELLING VAG. DISCHARGE.....1 2
	Convulsions not caused by fever?	CONVULSIONS.....1 2	CONVULSIONS.....1 2
415	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2
416	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

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
417	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 419)←	YES.....1 NO.....2 (SKIP TO 420)←
418	How much did (NAME) weigh?  RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	GRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998
419	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 421)← NO.....2 (SKIP TO 422)←	
420	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 424)←
421	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
422	CHECK 227: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 424)	
423	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 425)←	
424	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
425	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 431)←	YES.....1 NO.....2 (SKIP TO 431)←
426	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>
427	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 429)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 429)
428	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 432)← NO.....2	YES.....1 (SKIP TO 432)← NO.....2
429	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
430	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10  OTHER_____ 96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10  OTHER_____ 96 (SPECIFY)
431	CHECK 404:  CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓                    ↓ (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 442)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓                    ↓ (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 442)
432	How many times did you breastfeed last night between sunset and sunrise?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>
433	How many times did you breastfeed yesterday during the daylight hours?  IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>
434	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
435	At any time yesterday or last night, was (NAME) given any of the following:	YES NO DK PLAIN WATER.....1 2 8 SUGAR WATER.....1 2 8 JUICE.....1 2 8 HERBAL TEA.....1 2 8 BABY FORMULA.....1 2 8 TINNED/POWDR'D MLK..1 2 8 FRESH MILK.....1 2 8 OTHER LIQUIDS.....1 2 8 INJIRA, GAT, SEBKO, AJJA, OR BISCUITS...1 2 8  EGGS/FISH/POULTRY...1 2 8 MEAT.....1 2 8 OTHER SOLID/ SEMI-SOLID FOODS..1 2 8	YES NO DK PLAIN WATER.....1 2 8 SUGAR WATER.....1 2 8 JUICE.....1 2 8 HERBAL TEA.....1 2 8 BABY FORMULA.....1 2 8 TINNED/POWDR'D MLK..1 2 8 FRESH MILK.....1 2 8 OTHER LIQUIDS.....1 2 8 INJIRA, GAT, SEBKO, AJJA, OR BISCUITS...1 2 8  EGGS/FISH/POULTRY...1 2 8 MEAT.....1 2 8 OTHER SOLID/ SEMI-SOLID FOODS..1 2 8

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
436	CHECK 435: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/>	"NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 440)	"YES" TO ONE OR MORE <input type="checkbox"/>	"NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 440)
439	(Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks?  IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES..... <input type="checkbox"/>  DON'T KNOW.....8		NUMBER OF TIMES..... <input type="checkbox"/>  DON'T KNOW.....8	
440	On how many days during the last seven days was (NAME) given any of the following:  Plain water?  Any kind of milk (other than breast milk)?  Liquids other than plain water or milk?  Injira, gaat, sebko ajja, or biscuits  Eggs, fish, or poultry?  Meat?  Any other solid or semi-solid foods?  IF DON'T KNOW, RECORD '8'	RECORD THE NUMBER OF DAYS.  PLAIN WATER..... <input type="checkbox"/>  MILK..... <input type="checkbox"/>  OTHER LIQUIDS..... <input type="checkbox"/>  INJIRA, GAAT, SEBKO, AJJA, OR BISCUITS..... <input type="checkbox"/>  EGGS/FISH/POULTRY..... <input type="checkbox"/>  MEAT..... <input type="checkbox"/>  OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/>		RECORD THE NUMBER OF DAYS.  PLAIN WATER..... <input type="checkbox"/>  MILK..... <input type="checkbox"/>  OTHER LIQUIDS..... <input type="checkbox"/>  INJIRA, GAAT, SEBKO, AJJA, OR BISCUITS..... <input type="checkbox"/>  EGGS/FISH/POULTRY..... <input type="checkbox"/>  MEAT..... <input type="checkbox"/>  OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/>	
441		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 442.		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 442.	

SECTION 4B. IMMUNIZATION AND HEALTH

442	ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1992 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL FORMS.)																																																																																																																
443	LAST BIRTH	NEXT-TO-LAST BIRTH																																																																																																															
	LINE..... <input type="text"/> <input type="text"/>	LINE..... <input type="text"/> <input type="text"/>																																																																																																															
444	FROM Q212  AND Q216	NAME _____  ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>  (GO TO 444 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 467.)	NAME _____  ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>  (GO TO 444 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 467.)																																																																																																														
445	Do you have a card where (NAME'S) vaccinations are written down?  IF YES: May I see it please?	YES, SEEN.....1 (SKIP TO 447)← YES, NOT SEEN.....2 (SKIP TO 449)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 447)← YES, NOT SEEN.....2 (SKIP TO 449)← NO CARD.....3																																																																																																														
446	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 449)← NO.....2	YES.....1 (SKIP TO 449)← NO.....2																																																																																																														
447	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.  (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MO YR	DAY MO YR																																																																																																														
	BCG....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																																																								<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table>																																																							
	Polio 0 (at birth)	P0.....	P0.....																																																																																																														
	Polio 1	P1.....	P1.....																																																																																																														
	Polio 2	P2.....	P2.....																																																																																																														
	Polio 3	P3.....	P3.....																																																																																																														
	DPT 1	D1.....	D1.....																																																																																																														
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	DPT 3	D3.....	D3.....																																																																																																														
	Measles	MEA....	MEA....																																																																																																														
447A	CHECK 447: CHILD RECEIVED ALL VACCINATIONS?	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 451)	NO <input type="checkbox"/> YES <input type="checkbox"/> (SKIP TO 451)																																																																																																														
448	Has (NAME) received any vaccinations, that are not recorded on this card?  RECORD "YES" ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 447)← NO.....2 DON'T KNOW.....8 (SKIP TO 451)←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 447)← NO.....2 DON'T KNOW.....8 (SKIP TO 451)←																																																																																																														

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
449	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 451)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 451)← DON'T KNOW.....8
450	Please tell me if (NAME) received any of the following vaccinations:		
450A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that left a scar?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
450B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 450E)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 450E)← DON'T KNOW.....8
450C	How many times were polio drops given?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
450D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
450E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES.....1 NO.....2 (SKIP TO 450G)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 450G)← DON'T KNOW.....8
450F	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
450G	An injection to prevent measles?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
451	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
452	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 456)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 456)← DON'T KNOW.....8
453	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
454	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 456)←	YES.....1 NO.....2 (SKIP TO 456)←

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
455	Where did you seek advice or treatment? Anywhere else?  RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. HEALTH STATION...C OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER....N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. HEALTH STATION...C OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER....N OTHER _____ X (SPECIFY)
456	Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (SKIP TO 466) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 466) ← DON'T KNOW.....8
457	Was there any blood in the stools?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
458	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
459	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
460	Was he/she given the same amount of food to eat as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
461	Was (NAME) given a fluid made from a special packet called maichow to drink?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
462	Was anything (else) given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 464) ← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 464) ← DON'T KNOW.....8
463	What was given to treat the diarrhea? Anything else?  RECORD ALL MENTIONED.	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER _____ X (SPECIFY)	RECOMMENDED HOME FLUID...A PILL OR SYRUP.....B INJECTION.....C (I.V.) INTRAVENOUS.....D HOME REMEDIES/ HERBAL MEDICINES.....E OTHER _____ X (SPECIFY)
464	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 466) ←	YES.....1 NO.....2 (SKIP TO 466) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
465	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER....B GOVT. HEALTH STATION...C OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER....N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER....B GOVT. HEALTH STATION...C OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M TRAD. PRACTITIONER....N OTHER _____ X (SPECIFY)
466		GO BACK TO 444 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 467	GO BACK TO 444 IN NEXT COLUMN; OR, IF NO MORE BIRTHS GO TO 467

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
467	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK.....1 ABOUT SAME AMOUNT TO DRINK.....2 MORE TO DRINK.....3 DON'T KNOW.....8	
468	When a child has diarrhea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DON'T KNOW.....8	
469	When a child is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility or health worker?  RECORD ALL MENTIONED.	REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/NOT DRINKING WELL....H GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J  OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
470	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker?  RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H  OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
471	CHECK 461, ALL COLUMNS:  NO CHILD RECEIVED ORS <input type="checkbox"/> OR 461 NOT ASKED <input type="checkbox"/>  ANY CHILD RECEIVED ORS <input type="checkbox"/>		501
472	Have you ever heard of a special product called maichow you can get for the treatment of diarrhea?	YES.....1 NO.....2	

**SECTION 5. MARRIAGE**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
501	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OTHER MALES.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td align="center">1</td> <td align="center">2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND/PARTNER.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																
502	Are you currently married or living with a man?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td align="center">1</td> </tr> <tr> <td>YES, LIVING WITH A MAN.....</td> <td align="center">2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td align="center">3</td> </tr> </table>	YES, CURRENTLY MARRIED.....	1	YES, LIVING WITH A MAN.....	2	NO, NOT IN UNION.....	3	→507									
YES, CURRENTLY MARRIED.....	1																	
YES, LIVING WITH A MAN.....	2																	
NO, NOT IN UNION.....	3																	
503	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	<table border="0"> <tr> <td>REGULAR SEXUAL PARTNER.....</td> <td align="center">1</td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER.....</td> <td align="center">2</td> </tr> <tr> <td>NO SEXUAL PARTNER.....</td> <td align="center">3</td> </tr> </table>	REGULAR SEXUAL PARTNER.....	1	OCCASIONAL SEXUAL PARTNER.....	2	NO SEXUAL PARTNER.....	3										
REGULAR SEXUAL PARTNER.....	1																	
OCCASIONAL SEXUAL PARTNER.....	2																	
NO SEXUAL PARTNER.....	3																	
504	Have you ever been married or lived with a man?	<table border="0"> <tr> <td>YES, FORMERLY MARRIED.....</td> <td align="center">1</td> </tr> <tr> <td>YES, LIVED WITH A MAN.....</td> <td align="center">2</td> </tr> <tr> <td>NO.....</td> <td align="center">3</td> </tr> </table>	YES, FORMERLY MARRIED.....	1	YES, LIVED WITH A MAN.....	2	NO.....	3	→511 →515									
YES, FORMERLY MARRIED.....	1																	
YES, LIVED WITH A MAN.....	2																	
NO.....	3																	
506	What is your marital status now: are you widowed, divorced, or separated?	<table border="0"> <tr> <td>WIDOWED.....</td> <td align="center">1</td> </tr> <tr> <td>DIVORCED.....</td> <td align="center">2</td> </tr> <tr> <td>SEPARATED.....</td> <td align="center">3</td> </tr> </table>	WIDOWED.....	1	DIVORCED.....	2	SEPARATED.....	3	→511									
WIDOWED.....	1																	
DIVORCED.....	2																	
SEPARATED.....	3																	
507	Is your husband/partner living with you now or is he staying elsewhere?	<table border="0"> <tr> <td>LIVES WITH HER.....</td> <td align="center">1</td> </tr> <tr> <td>STAYING ELSEWHERE.....</td> <td align="center">2</td> </tr> </table>	LIVES WITH HER.....	1	STAYING ELSEWHERE.....	2												
LIVES WITH HER.....	1																	
STAYING ELSEWHERE.....	2																	
508	Does your husband/partner have any other wives besides yourself?	<table border="0"> <tr> <td>YES.....</td> <td align="center">1</td> </tr> <tr> <td>NO.....</td> <td align="center">2</td> </tr> </table>	YES.....	1	NO.....	2	→511											
YES.....	1																	
NO.....	2																	
509	How many other wives does he have?	<table border="0"> <tr> <td>NUMBER.....</td> <td align="center">□ □</td> </tr> <tr> <td>DON'T KNOW.....</td> <td align="center">98</td> </tr> </table>	NUMBER.....	□ □	DON'T KNOW.....	98	→511											
NUMBER.....	□ □																	
DON'T KNOW.....	98																	
510	Are you the first, second,.....wife?	<table border="0"> <tr> <td>RANK.....</td> <td align="center">□ □</td> </tr> </table>	RANK.....	□ □														
RANK.....	□ □																	
511	Have you been married or lived with a man only once, or more than once?	<table border="0"> <tr> <td>ONCE.....</td> <td align="center">1</td> </tr> <tr> <td>MORE THAN ONCE.....</td> <td align="center">2</td> </tr> </table>	ONCE.....	1	MORE THAN ONCE.....	2												
ONCE.....	1																	
MORE THAN ONCE.....	2																	
512	<p><b>CHECK 511:</b></p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </td> <td style="vertical-align: top;"> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p> </td> </tr> </table>	<p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p>	<p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p>	<table border="0"> <tr> <td>MONTH.....</td> <td align="center">□ □</td> </tr> <tr> <td>DK MONTH.....</td> <td align="center">98</td> </tr> <tr> <td>YEAR.....</td> <td align="center">□ □</td> </tr> <tr> <td>DK YEAR.....</td> <td align="center">98</td> </tr> </table>	MONTH.....	□ □	DK MONTH.....	98	YEAR.....	□ □	DK YEAR.....	98	→515					
<p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p>	<p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p>																	
MONTH.....	□ □																	
DK MONTH.....	98																	
YEAR.....	□ □																	
DK YEAR.....	98																	
513	How old were you when you started living with him?	<table border="0"> <tr> <td>AGE.....</td> <td align="center">□ □</td> </tr> </table>	AGE.....	□ □														
AGE.....	□ □																	
515	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.</p> <p>When was the last time you had sexual intercourse (if ever)?</p>	<table border="0"> <tr> <td>NEVER.....</td> <td align="center">000</td> </tr> <tr> <td>DAYS AGO.....</td> <td align="center">1 □ □</td> </tr> <tr> <td>WEEKS AGO.....</td> <td align="center">2 □ □</td> </tr> <tr> <td>MONTHS AGO.....</td> <td align="center">3 □ □</td> </tr> <tr> <td>YEARS AGO.....</td> <td align="center">4 □ □</td> </tr> <tr> <td>BEFORE LAST BIRTH.....</td> <td align="center">996</td> </tr> </table>	NEVER.....	000	DAYS AGO.....	1 □ □	WEEKS AGO.....	2 □ □	MONTHS AGO.....	3 □ □	YEARS AGO.....	4 □ □	BEFORE LAST BIRTH.....	996	→608			
NEVER.....	000																	
DAYS AGO.....	1 □ □																	
WEEKS AGO.....	2 □ □																	
MONTHS AGO.....	3 □ □																	
YEARS AGO.....	4 □ □																	
BEFORE LAST BIRTH.....	996																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	<p>CHECK 301 AND 302:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, was a condom used?</p> </div> <div style="text-align: center;"> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>↓</p> <p>Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p> </div> </div>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>	
517	Do you know where you can get condoms?	<p>YES.....1 NO.....2</p>	→519
518	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13</p> <p>OTHER PUBLIC _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 96 (SPECIFY)</p>	
519	How old were you when you first had sexual intercourse?	<p>AGE..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN MARRIED.....96</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 314:</p> <p>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p>		612
602	<p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD.....1</p> <p>NO MORE/NONE.....2</p> <p>SAYS SHE CAN'T GET PREGNANT.....3</p> <p>UNDECIDED/DON'T KNOW.....8</p>	606 604
603	<p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS.....1</p> <p>YEARS.....2</p> <p>SOON/NOW.....993</p> <p>SAYS SHE CAN'T GET PREGNANT...994</p> <p>AFTER MARRIAGE.....995</p> <p>OTHER _____ 996</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....998</p>	606
604	<p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p>		607
605	<p>If you became pregnant in the next few weeks, would you be <u>happy</u>, <u>unhappy</u>, or would it not matter very much?</p>	<p>HAPPY.....1</p> <p>UNHAPPY.....2</p> <p>WOULD NOT MATTER.....3</p>	
606	<p>CHECK 313: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/></p>		612
607	<p>Do you think you will use a method to delay or avoid pregnancy within the next 12 months?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	609
608	<p>Do you think you will use a method at any time in the future to delay or avoid pregnancy?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	610
609	<p>Which method would you prefer to use?</p>	<p>PILL.....01</p> <p>IUD.....02</p> <p>INJECTIONS.....03</p> <p>DIAPHRAGM/FOAM/JELLY.....05</p> <p>CONDOM.....06</p> <p>FEMALE STERILIZATION.....07</p> <p>MALE STERILIZATION.....08</p> <p>PERIODIC ABSTINENCE.....09</p> <p>WITHDRAWAL.....10</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>UNSURE.....98</p>	612

610	What is the main reason that you think you will never use a method?	NOT MARRIED.....11 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26  OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34  LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 → 612  METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
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611	Would you ever use a method if you were married?	YES.....1 NO.....2 DON'T KNOW.....8	
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612	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? 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.	NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) → 613A	
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613	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	BOYS NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) GIRLS NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) EITHER NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
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613A	What do you think is the best number of months or years between the birth of one child and the birth of the next child?	YEARS..... <input type="text"/> <input type="text"/> MONTHS..... <input type="text"/> <input type="text"/> OTHER _____ 9996 (Specify) DON'T KNOW.....9998	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613B	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS..... <input type="checkbox"/> <input type="checkbox"/> OTHER _____ 96 (Specify) DON'T KNOW.....98	
613C	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or it doesn't matter?	WAIT.....1 DOESN'T MATTER.....2	
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3	
615	Is it acceptable or not acceptable to you for information on family planning to be provided:  On the radio? On the television?	ACCEPT- NOT ABLE ACCEPT- ABLE DK RADIO.....1 2 8 TELEVISION.....1 2 8	
616	In the last few months have you heard about family planning:  On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2	
618	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	→620
619	With whom?  Anyone else?  RECORD ALL MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS/NEIGHBORS.....H  OTHER _____ X (SPECIFY)	
620	CHECK 502:  YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→637
621	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning.  Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DON'T KNOW.....8	
622	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
623	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8	
637	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10.....1 2 HUSBAND/PARTNER.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	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.....2 SELF-EMPLOYED.....3	
716	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	→718 →719
717	During the last 12 months, how many months did you work?	NUMBER OF MONTHS..... <input type="text"/>	
718	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS..... <input type="text"/>	→720
719	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS..... <input type="text"/>	
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2	→723
721	How much do you usually earn for this work?  PROBE: Is this by the day, by the week, or by the month?	PER HOUR.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER DAY.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER WEEK.....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER MONTH.....4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER YEAR.....5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 999996 (SPECIFY)	
722	CHECK 502:  YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else?  NO, NOT IN UNION <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
723	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	
724	CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS?  YES <input type="checkbox"/> NO <input type="checkbox"/>		→726
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER _____ 96 (SPECIFY)	

**SECTION 7B FEMALE CIRCUMCISION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	Have you ever been circumcised?	YES.....1 NO.....2	→730
727	What type of circumcision did you have? Did you have clitoridectomy, excision, or infibulation?	CLITORIDECTOMY.....1 EXCISION.....2 INFIBULATION.....3 OTHER.....6 (Specify)	
728	How old were you when you were circumcised?	AGE                    DAYS...1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> DON'T KNOW.....998	
729	Who performed the circumcision?	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL MIDWIFE.....3 CIRCUMCISION PRACTITIONER.....4 OTHER.....6 (Specify) DON'T KNOW.....8	
730	CHECK 214 AND 217  HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→735
731	Has (NAME OF ELDEST DAUGHTER) been circumcised?	YES.....1 NO.....2	→736
732	How old was she when she was circumcised?	AGE                    DAYS...1 <input type="text"/> <input type="text"/> MONTHS..2 <input type="text"/> <input type="text"/> YEARS...3 <input type="text"/> <input type="text"/> DON'T KNOW.....998	
733	Who performed the circumcision?	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL MIDWIFE.....3 CIRCUMCISION PRACTITIONER.....4 OTHER.....6 (Specify) DON'T KNOW.....8	
734	Did any one object to your eldest daughter being circumcised? Any one else?  RECORD ALL PERSONS MENTIONED	RESPONDENT.....A RESPONDENT'S HUSBAND.....B RESPONDENT'S MOTHER.....C RESPONDENT'S MOTHER-IN-LAW.....D OTHER RELATIVE OF RESPONDENT.....E OTHER RELATIVE OF HUSBAND.....F OTHER.....X (Specify) NO ONE .....Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
735	CHECK 515: HAD SEX <input type="checkbox"/> NEVER HAD SEX <input type="checkbox"/>		→739
736	CHECK 726: CIRCUMCISED <input type="checkbox"/> NOT CIRCUMCISED <input type="checkbox"/>		→739
737	Did you have any health problems or other complications during sexual relations or delivery because of your circumcision? IF YES, PROBE: Complications during sexual relations or delivery?	YES, DURING SEXUAL RELATIONS...1 YES, DURING DELIVERY.....2 YES, DURING BOTH.....3 NO.....4	→739
738	What did you do in case of health problems and complications during sexual relation and delivery?	WENT TO HEALTH INSTITUTION.....1 WENT TO TRADITIONAL HEALER.....2 NOTHING.....3	
739	Do you think female circumcision should be continued, or should it be discontinued?	CONTINUED.....1 DISCONTINUED.....2 DON'T KNOW.....8	→742 →743
740	What type of female circumcision do you think should be continued: clitoridectomy, excision, or infibulation?	CLITORIDECTOMY.....1 EXCISION.....2 INFIBULATION.....3 OTHER.....6 (Specify)	
741	Why do you think female circumcision should be continued? RECORD ALL REASONS MENTIONED	GOOD TRADITION.....A CUSTOM AND TRADITION.....B RELIGIOUS DEMAND.....C CLEANLINESS.....D BETTER MARRIAGE PROSPECTS.....E GREATER PLEASURE OF HUSBAND.....F PRESERVATION OF VIRGINITY/ PREVENTION OF IMMORALITY.....G OTHER.....X (Specify) DON'T KNOW.....Z	→743
742	Why do you think female circumcision should be discontinued? Any other reasons? RECORD ALL REASONS MENTIONED	BAD TRADITION.....A AGAINST RELIGION.....B MEDICAL COMPLICATION.....C PAINFUL PERSONAL EXPERIENCE.....D AGAINST DIGNITY OF WOMEN.....E PREVENTS SEXUAL SATISFACTION.....F OTHER.....X (Specify) DON'T KNOW.....Z	
743	CHECK 502: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→801
744	Does your husband/partner think female circumcision should be continued or discontinued?	CONTINUED.....1 DISCONTINUED.....2 DON'T KNOW.....8	
745	Has there been any activities against female circumcision arranged in this area?	YES.....1 NO.....2 DON'T KNOW.....3	→801
746	Please describe the activities.	DESCRIPTION OF THE ACTIVITIES _____ _____	

SECTION 8A. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you heard about an illness called AIDS?	YES.....1 NO.....2	M801
802	From which sources of information have you learned most about AIDS?  Any other sources?  RECORD ALL MENTIONED	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J  OTHER.....X (SPECIFY)	
803	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	807
804	What can a person do?  Any other ways?  RECORD ALL MENTIONED	ABSTAIN FROM SEX.....B USE CONDOMS.....C AVOID MULTIPLE SEX PARTNERS.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....K  OTHER.....W (SPECIFY)  OTHER.....X (SPECIFY) DON'T KNOW.....Z	
807	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DON'T KNOW.....8	
808	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER.....1 SOMETIMES.....2 ALMOST ALWAYS.....3 DON'T KNOW.....8	
809	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 HAS AIDS.....5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>Since you heard of AIDS, have you changed your behavior to prevent getting AIDS?</p> <p>IF YES, what did you do?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED</p>	<p>DIDN'T START SEX.....A</p> <p>STOPPED ALL SEX.....B</p> <p>STARTED USING CONDOMS.....C</p> <p>RESTRICTED SEX TO ONE PARTNER...D</p> <p>REDUCED NUMBER OF PARTNERS.....E</p> <p>ASK SPOUSE TO BE FAITHFUL.....F</p> <p>NO MORE HOMOSEXUAL CONTACTS.....G</p> <p>STOPPED INJECTIONS.....I</p> <p>OTHER _____ W</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO BEHAVIOR CHANGE.....Y</p> <p>DON'T KNOW.....Z</p>	

SECTION 8B. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M801	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	<p>NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/></p>	
M802	<p>CHECK M801: TWO OR MORE BIRTHS <input type="checkbox"/></p>	<p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>	<p>→ M816</p>
M803	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS..... <input type="text"/> <input type="text"/></p>	

	[1]	[2]	[3]	[4]	[5]	[6]
M804 What was the name given to your oldest (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----
M805 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
M806 Is (NAME) still alive?	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [2]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [3]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [4]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [5]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [6]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [7]
M807 How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]	<input type="text"/> <input type="text"/> GO TO [7]
M808 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98					
M809 How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>					
M810 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]
M811 Was (NAME) pregnant when she died?	YES.....1 GO TO M814 NO.....2					
M812 Did (NAME) die during childbirth?	YES.....1 GO TO M815 NO.....2					
M813 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO M815					
M814 Was her death due to complications of pregnancy or 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
M815 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]	<input type="text"/> <input type="text"/> GO TO [7]

IF NO MORE BROTHERS OR SISTERS, GO TO M816

M804 What was the name given to (next oldest) brother or sister?	[7]	[8]	[9]	[10]	[11]	[12]
M805 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
M806 Is (NAME) still alive?	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [8]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [9]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [10]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [11]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [12]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [13]
M807 How old is (NAME)?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]
M808 In what year did (NAME) die?	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> GO TO M810 DK.....98
M809 How many years ago did (NAME) die?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M810 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
M811 Was (NAME) pregnant when she died?	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2
M812 Did (NAME) die during childbirth?	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2
M813 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815
M814 Was her death due to complications of pregnancy or 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
M815 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]

IF NO MORE BROTHERS OR SISTERS, GO TO M816

M816	RECORD THE TIME.	HOUR..... MINUTES.....	<input type="text"/> <input type="text"/>
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**SECTION 9. HEIGHT AND WEIGHT**

<b>901</b>	<b>CHECK 215:</b>	ONE OR MORE BIRTHS SINCE JAN. 1992 <input type="checkbox"/>	NO BIRTHS SINCE JAN. 1992 <input type="checkbox"/>	END <input type="checkbox"/>
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IN 902 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1992 AND STILL ALIVE. IN 903 AND 904 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1992. IN 906 AND 908 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1992 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1992, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD	4 SECOND-TO- YOUNGEST LIVING CHILD
<b>902</b> LINE NO. FROM Q.212		□□	□□	□□
<b>903</b> NAME FROM Q.212 FOR CHILDREN		(NAME) _____	(NAME) _____	(NAME) _____
<b>904</b> DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH		DAY..... □□ MONTH.... □□ YEAR..... □□	DAY..... □□ MONTH.... □□ YEAR..... □□	DAY..... □□ MONTH.... □□ YEAR..... □□
<b>905</b> BCG SCAR ON TOP OF LEFT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
<b>906</b> HEIGHT (in centimeters)	□□□□.□	□□□□.□	□□□□.□	□□□□.□
<b>907</b> WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
<b>908</b> WEIGHT (in kilograms)	□□□□.□	0 □□□□.□	0 □□□□.□	0 □□□□.□
<b>909</b> DATE WEIGHED AND MEASURED	DAY..... □□ MONTH.... □□ YEAR..... □□	DAY..... □□ MONTH.... □□ YEAR..... □□	DAY..... □□ MONTH.... □□ YEAR..... □□	DAY..... □□ MONTH.... □□ YEAR..... □□
<b>910</b> RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)

<b>911</b> NAME OF MEASURER: _____ □□		NAME OF ASSISTANT: _____ □□
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INTERVIEWER'S OBSERVATIONS  
To be filled in after completing interview

Comments  
about Respondent:

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Comments on  
Specific Questions:

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Any Other Comments:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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Name of Editor: \_\_\_\_\_ Date: \_\_\_\_\_



ERITREA DEMOGRAPHIC AND HEALTH SURVEY  
MEN'S QUESTIONNAIRE

IDENTIFICATION	
AWRAJA .....	[ ][ ]
WEREDA .....	[ ][ ]
VILLAGE/TOWN NAME .....	
ASMARA=1, OTHER TOWN=2, RURAL=3.....	[ ]
CLUSTER NUMBER .....	[ ][ ]
BUILDING NUMBER _____ [ ][ ][ ][ ]	
HOUSEHOLD NUMBER .....	[ ][ ]
NAME OF HOUSEHOLD HEAD .....	
NAME AND LINE NUMBER OF MAN.....	[ ][ ]

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY [ ][ ] MONTH [ ][ ] YEAR [ ][ ]
TEAM	[ ][ ]	[ ][ ]	[ ][ ]	TEAM [ ][ ]
INTERVIEWER'S NAME				NAME [ ][ ]
RESULT*				RESULT [ ]
NEXT VISIT: DATE				TOTAL NO. OF VISITS [ ]
TIME				

\*RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED 7 OTHER \_\_\_\_\_ (specify)

LANGUAGE:\*\* QUESTIONNAIRE [ ][ ] LANGUAGE OF INTERVIEW [ ][ ] NATIVE LANGUAGE RESPONDENT [ ][ ]

\*\*LANGUAGE CODES: 01=AFAR 02=BILEN 03=HEDARIB (TOBEDAWI) 04=KUNAMA 05=NARA 06=RASHAIDA (ARABIC) 07=SAHO 08=TIGRE 09=TIGRIGNA 10=OTHER

TRANSLATOR USED (NOT AT ALL=1, SOMETIMES=2, ALL THE TIME=3)..... [ ]

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

ALL INFORMATION COLLECTED IS CONFIDENTIAL AND IS ONLY FOR STATISTICAL USE.

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?	ASMARA.....1 TOWN.....2 RURAL.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR.....96	→105
104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
107	Have you ever attended school? IF YES, ASK: Was it under the old or the new system?	YES, OLD SYSTEM.....1 YES, NEW SYSTEM.....2 NO.....3	→111
108	What is the highest level of school you attended: primary, middle, secondary or higher?	PRIMARY.....1 MIDDLE.....2 SECONDARY.....3 HIGHER.....4	
109	What is the highest grade you completed at that level?	GRADE..... <input type="text"/> <input type="text"/>	
110	CHECK 108:    PRIMARY <input type="checkbox"/> MIDDLE SCHOOL OR HIGHER <input type="checkbox"/>	→112	
111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→113
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
113	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
114	Do you usually watch television at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Are you currently working?	YES.....1 NO.....2	→ 117
116	Have you done any work in the last 12 months?	YES.....1 NO.....2	→ 124
117	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100%; height: 100%; padding: 5px;"> <div style="text-align: right; margin-bottom: 5px;"><input type="text"/></div> <hr/> <hr/> <hr/> </div>	
118	CHECK 117: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">             WORKS IN AGRICULTURE <input type="checkbox"/> </div> <div style="text-align: center;">             DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> </div> </div>		→ 120
119	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	
120	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.....2 SELF-EMPLOYED.....3	
121	Do you usually work at this job 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	→ 123
122	During the last 12 months, how many months did you work at this job?	NUMBER OF MONTHS..... <input type="text"/>	
123	How much do you earn for this work?  PROBE: Is this by the hour, by the day, by the week, by the month or by the year?	PER HOUR.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER DAY.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER WEEK.....3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER MONTH.....4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER YEAR.....5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 999996 (SPECIFY)	
124	What is your religion?	ORTHODOX.....1 CATHOLIC.....2 PROTESTANT.....3 MUSLIM.....4 TRADITIONAL BELIEVER.....5 OTHER _____ 6 (SPECIFY)	
125	What is your ethnic group?	AFAR.....01 BILEN.....02 HEDARIB.....03 KUNAMA.....04 NARA.....05 RASHAIDA.....06 SAHO.....07 TIGRE.....08 TIGRIGNA.....09 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES.....1 NO.....2	→206
202	Do you have any 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.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
204	Do you have any 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.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
206	Have you ever had a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL.....	<input type="text"/> <input type="text"/>
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ___ children during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: HAS CHILDREN <input type="checkbox"/> HAS NO CHILDREN <input type="checkbox"/>		→301
211	When you were expecting your last born child, did you want to have the child <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 LATER.....2 NOT AT ALL.....3	

**SECTION 3. CONTRACEPTION**

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

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY.  
 THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.  
 CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.  
 THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you heard about?	302 Have you ever heard of (METHOD)?		303 Have you ever used (METHOD)?
	SPONTANEOUS YES	PROBED YES NO	
01] <input type="checkbox"/> PILL Women can take a pill every day.	1	2 3- ↓	YES.....1 NO, DOES NOT KNOW.....2
02] <input type="checkbox"/> IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2 3- ↓	YES.....1 NO, DOES NOT KNOW.....2
03] <input type="checkbox"/> INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2 3- ↓	YES.....1 NO, DOES NOT KNOW.....2
05] <input type="checkbox"/> DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2 3- ↓	YES.....1 NO, DOES NOT KNOW.....2
06] <input type="checkbox"/> CONDOM Men can use a rubber sheath during sexual intercourse.	1	2 3- ↓	YES.....1 NO.....2
07] <input type="checkbox"/> FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2 3- ↓	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO, DOES NOT KNOW.....2
08] <input type="checkbox"/> MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2 3- ↓	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
09] <input type="checkbox"/> RHYTHM, PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2 3- ↓	YES.....1 NO, DOES NOT KNOW.....2
10] <input type="checkbox"/> WITHDRAWAL Men can be careful and pull out before climax.	1	2 3- ↓	YES.....1 NO.....2
11] <input type="checkbox"/> Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1  _____ (SPECIFY)  _____ (SPECIFY)	3	YES.....1 NO.....2  YES.....1 NO.....2

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you or any of your partners ever used anything or tried in any way to delay or avoid pregnancy?	YES.....1 NO.....2	→310
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
308	Are you or your partner doing something or using a method to delay or avoid a pregnancy?	YES.....1 NO.....2	→310
309	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10  OTHER _____ 96 (SPECIFY)	→401
310	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED.....11  FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 WIFE MENOPAUSAL/HYSTERECTOMY.23 WIFE SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS (MORE) CHILDREN.....26  OPPOSITION TO USE RESPONDENT OPPOSED.....31 WIFE/PARTNER OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34  LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42  METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56  UP TO THE WOMAN TO USE.....61  OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A WOMAN.....2 NO, NOT IN UNION.....3	→402A →404								
402	How many wives do you have?	NUMBER OF WIVES..... <input type="text"/>									
402A	How many women are you living with as if you are married?										
403	WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR HIS WIFE/WIVES. IF A WIFE DOES NOT LIVE IN THE HOUSEHOLD, WRITE '00'. THE NUMBER OF BOXES FILLED MUST EQUAL THE NUMBER OF WIVES.	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	<input type="text"/>	→407							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>								
404	Do you currently have a regular sexual partner, an occasional sexual partner or no sexual partner at all?	REGULAR SEXUAL PARTNER.....1 OCCASIONAL SEXUAL PARTNER.....2 NO SEXUAL PARTNER.....3									
405	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED.....1 YES, LIVED WITH A WOMAN.....2 NO.....3	→407 →410F								
406	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED.....3									
407	Have you been married or lived with a woman only once, or more than one?	ONCE.....1 MORE THAN ONCE.....2									
408	CHECK 407:  MARRIED/LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your wife/woman?  MARRIED/LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your first wife/woman you lived with. In what month and year did you start living with her?	MONTH..... <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> DOES NOT KNOW YEAR.....98	→409A								
409	How old were you when you started living with her?	AGE..... <input type="text"/>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
409A	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	410F								
410	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.  When was the last time you had sexual intercourse with (your wife/the woman you are living with)?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
410A	CHECK 301 AND 302:  KNOWS CONDOM <input type="checkbox"/> ↓ The last time you had sex with (your wife/the woman you are living with), did you use a condom?  DOES NOT KNOW CONDOM <input type="checkbox"/> ↓ Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your wife/the woman you are living with) did you use a condom?	YES.....1 NO.....2 DK.....8									
410B	Have you had sex with anyone other than (your wife/the woman you are living with) in the last 12 months?	YES.....1 NO.....2	410J								
410C	When was the last time you had sexual intercourse with someone other than (your wife/the woman you are living with)?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
410D	Did you used a condom that time?	YES.....1 NO.....2 DK.....8									
410E	In the last 12 months, how many different persons other than (your wife/the woman you are living with) have you had sex with?	NUMBER OF PERSONS..... DK.....98	410J								
410F	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.  When was the last time you had sexual intercourse (if ever)?	NEVER......000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4	501								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410G	<p>CHECK 301 AND 302:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</p> <p>✓ The last time you had sex, did you use a condom?</p> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>↓</p> <p>✓ Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, did you use a condom?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	
410H	<p>CHECK 410F:</p> <p>LESS THAN 12 MONTHS SINCE LAST SEX <input type="checkbox"/></p> <p>↓</p>	<p>12 MONTHS OR LONGER SINCE LAST SEX <input type="checkbox"/></p> <p>→</p>	410J
410I	<p>In the last 12 months, how many different persons have you had sex with?</p>	<p>NUMBER OF PERSONS..... <input type="text"/> <input type="text"/></p> <p>DK.....98</p>	
410J	<p>CHECK 401:</p> <p>CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/></p> <p>↓</p> <p>✓ The last time you had sex, was it with your (wife/the woman you live with), a regular partner, an acquaintance, someone you paid for sex, or someone else?</p> <p>NOT CURRENTLY MARRIED AND NOT LIVING WITH A WOMAN <input type="checkbox"/></p> <p>↓</p> <p>✓ The last time you had sex, was it with a regular partner, an acquaintance, someone you paid for sex, or someone else?</p>	<p>WIFE/WOMAN LIVES WITH.....1</p> <p>REGULAR PARTNER.....2</p> <p>ACQUAINTANCE.....3</p> <p>SOMEONE HE PAID FOR SEX.....4</p> <p>SOMEONE ELSE.....5</p>	
413	<p>Do you know where you can get condoms?</p>	<p>YES.....1</p> <p>NO.....2</p>	→ 501
414	<p>Where is the most convenient place to get condoms?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC HOSPITAL</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>FAMILY PLANNING CLINIC.....13</p> <p>MOBILE CLINIC.....14</p> <p>FIELD WORKER.....15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PHARMACY.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>FIELD WORKER.....25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
416	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE..... <input type="text"/> <input type="text"/></p>	

SECTION 5A. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: NOT IN UNION <input type="checkbox"/> CURRENTLY MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/>		503
502	CHECK 404: REGULAR SEXUAL PARTNER <input type="checkbox"/> OCCASIONAL SEXUAL PARTNER <input type="checkbox"/> NO SEXUAL PARTNER <input type="checkbox"/>		505A
503	Is your wife (or one of your wives)/partner pregnant now?	YES.....1 NO.....2 UNSURE.....8	505A
504	When she became pregnant, did you want her to become pregnant <u>then</u> , did you want her to wait until <u>later</u> , or did you <u>not want</u> this pregnancy at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	505B
505	A) WIFE/PARTNER NOT PREGNANT OR UNSURE OR NO WIFE/PARTNER <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? B) WIFE/PARTNER PREGNANT <input type="checkbox"/> Now I have some questions about the future. After the child your wife/partner is 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 SAYS WIFE CAN'T GET PREGNANT....3 SAYS HE CAN'T HAVE ONE ANY MORE.4 UNDECIDED/DOES NOT KNOW.....8	507
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR UNSURE OR NO WIFE/PARTNER <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? WIFE/PARTNER PREGNANT <input type="checkbox"/> After the child your wife/partner is expecting, how long would you like to wait before the birth of another child?	MONTHS.....1 YEARS.....2 SOON/NOW.....993 SAYS WIFE CAN'T GET PREGNANT..994 AFTER MARRIAGE.....995 OTHER _____ 996 (SPECIFY) DOES NOT KNOW.....998	
507	CHECK 308: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		512
508	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	510
509	Do you think you will use a method at any time in the future?	YES.....1 NO.....2 DOES NOT KNOW.....8	511

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
510	Which method would you or your partner prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER _____ 96 (SPECIFY) UNSURE.....98	→512
511	What is the main reason that you think you will never use a method?	FERTILITY-RELATED REASONS INFREQUENT SEX.....22 WIFE MENOPAUSAL/HYSTERECTOMY..23 WIFE SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26  OPPOSITION TO USE RESPONDENT OPPOSED.....31 WIFE OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34  LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42  METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56  OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
512	CHECK 202 AND 204:  <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p style="text-align: center;">PROBE FOR A NUMERIC RESPONSE.</p>	NUMBER..... <input type="text"/> <input type="text"/>  OTHER _____ 96 (SPECIFY)	→514
513	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	<div style="text-align: right; margin-bottom: 10px;">BOYS</div> NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) <div style="text-align: right; margin-top: 10px;">GIRLS</div> NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) <div style="text-align: right; margin-top: 10px;">EITHER</div> NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
514	Would you say that you approve or disapprove of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 NO OPINION.....3																			
515	Is it acceptable or not acceptable to you for information on family planning to be provided:  On the radio? On the television?	<table border="1"> <thead> <tr> <th></th> <th>ACCEPT- ABLE</th> <th>NOT ACCEPT- ABLE</th> <th>DOES NOT KNOW</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DOES NOT KNOW	RADIO.....	1	2	8	TELEVISION.....	1	2	8							
	ACCEPT- ABLE	NOT ACCEPT- ABLE	DOES NOT KNOW																		
RADIO.....	1	2	8																		
TELEVISION.....	1	2	8																		
516	In the last few months have you heard about family planning:  On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	NEWSPAPER OR MAGAZINE.....	1	2	POSTER.....	1	2	LEAFLETS OR BROCHURES.....	1	2	
	YES	NO																			
RADIO.....	1	2																			
TELEVISION.....	1	2																			
NEWSPAPER OR MAGAZINE.....	1	2																			
POSTER.....	1	2																			
LEAFLETS OR BROCHURES.....	1	2																			
518	In the last few months have you discussed about family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	→520																		
519	With whom?  Anyone else?  RECORD ALL MENTIONED.	WIFE/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS/NEIGHBORS.....H  OTHER _____ X (SPECIFY)																			
520	CHECK 401:  CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A WOMAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→524																		
521	Spouses do not always agree on everything. Now I want to ask you about views on family planning of your wife/the woman you live/with whom you spend most time. Does she approve or disapprove of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOES NOT KNOW.....8																			
522	How often have you talked to her about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3																			
523	Do you think she wants the same number of children that you want, or does she want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DOES NOT KNOW.....8																			

SECTION 5B. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
524	Do you think female circumcision should be continued, or should it be discontinued?	CONTINUED.....1 DISCONTINUED.....2 DK.....8	→527 →528
525	What type of female circumcision do you think should be continued: clitoridectomy, excision, or infibulation?	CLITORIDECTOMY.....1 EXCISION.....2 INFIBULATION.....3 OTHER.....6 (Specify)	
526	Why do you think female circumcision should be continued?	GOOD TRADITION.....A CUSTOM AND TRADITION.....B RELIGIOUS DEMAND.....C CLEANLINESS.....D BETTER MARRIAGE PROSPECTS.....E GREATER PLEASURE OF HUSBAND.....F PRESERVATION OF VIRGINITY/ PREVENTION OF IMMORALITY.....G OTHER.....X (Specify) DK.....Z	→528
527	Why do you think female circumcision should be discontinued?  Any other reasons?  RECORD ALL REASONS MENTIONED	BAD TRADITION.....A AGAINST RELIGION.....B MEDICAL COMPLICATION.....C PAINFUL PERSONAL EXPERIENCE.....D AGAINST DIGNITY OF WOMEN.....E PREVENTS SEXUAL SATISFACTION.....F OTHER.....X (Specify) DK.....Z	
528	CHECK 401:  CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/>  NO, NOT IN UNION <input type="checkbox"/>		→601A
529	Does your wife/partner think female circumcision should be continued or discontinued?	CONTINUED.....1 DISCONTINUED.....2 DK.....8	

**SECTION 6. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601A	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	 → 601B
601B	Which diseases do you know?  RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B AIDS.....C GENITAL WARTS / CONDYLOMATA.....D  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DK.....Z	
601C	CHECK 410 AND 410F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	 → 601N
601D	During the last twelve months, did you have any of these diseases?	YES.....1 NO.....2 DK.....8	 → 601N
601E	Which of the diseases did you have?  RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B AIDS.....C GENITAL WARTS / CONDYLOMATA.....D  OTHER _____ W (SPECIFY)  OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
601F	During the last twelve months, did you have a sore or ulcer on your penis?	YES.....1 NO.....2 DK.....8	
601G	During the last twelve months, did you have a discharge from your penis?	YES.....1 NO.....2 DK.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601H	CHECK 601E, 601F AND 601G:  HAD ONE OR MORE DISEASES <input type="checkbox"/>	NONE OF THE DISEASES <input type="checkbox"/>	601N
601I	The last time you had (DISEASE FROM 601E/DISCHARGE/SORE) did you seek advice or treatment?	YES.....1 NO.....2	601K
601J	Where did you seek advice or treatment?  Any other place or person?  RECORD ALL MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL.....A HEALTH CENTER.....B FP CLINIC.....C MOBILE CLINIC.....D DISPENSARY.....E OTHER PUBLIC SECTOR.....F MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J OTHER MED. PRIVATE SECTOR.....K OTHER PRIVATE SECTOR SHOP.....L RELATIVES/FRIENDS.....M TRADITIONAL HEALER.....N  OTHER _____ X (SPECIFY) DK.....Z	
601K	When you had (DISEASE(S) FROM 601E/DISCHARGE/SORE) did you inform your partner(s)?	YES.....1 NO.....2	
601L	When you had (DISEASE(S) FROM 601E/DISCHARGE/SORE) did you do something not to infect your partner(s)?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	601N
601M	What did you do not to infect?  RECORD ALL MENTIONED	NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B TOOK MEDICINES.....C  OTHER _____ X (SPECIFY)	
601N	CHECK 601B:  DID NOT MENTION 'AIDS' <input type="checkbox"/>	MENTIONED 'AIDS' <input type="checkbox"/>	602
601O	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	611C
602	From which <u>sources</u> of information have you learned most about AIDS?  Any other sources?  RECORD ALL MENTIONED	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J  OTHER.....X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
6028	<p>How can a person get AIDS?</p> <p>Any other ways?</p> <p>RECORD ALL MENTIONED</p>	<p>SEXUAL INTERCOURSE.....A</p> <p>SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....B</p> <p>SEX WITH PROSTITUTES.....C</p> <p>NOT USING CONDOM.....D</p> <p>HOMOSEXUAL CONTACT.....E</p> <p>BLOOD TRANSFUSION.....F</p> <p>INJECTIONS.....G</p> <p>KISSING.....H</p> <p>MOSQUITO BITES.....I</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>DK.....Z</p>	
603	<p>Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	<p>607</p>
604	<p>What can a person do?</p> <p>Any other ways?</p> <p>RECORD ALL MENTIONED</p>	<p>ABSTAIN FROM SEX.....B</p> <p>USE CONDOMS.....C</p> <p>AVOID MULTIPLE SEX PARTNERS....D</p> <p>AVOID SEX WITH PROSTITUTES.....E</p> <p>AVOID SEX WITH HOMOSEXUALS.....F</p> <p>AVOID BLOOD TRANSFUSIONS.....G</p> <p>AVOID INJECTIONS.....H</p> <p>AVOID KISSING.....I</p> <p>AVOID MOSQUITO BITES.....J</p> <p>SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....K</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>DK.....Z</p>	
607	<p>Is it possible for a healthy-looking person to have the AIDS virus?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	
608	<p>Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die?</p>	<p>ALMOST NEVER.....1</p> <p>SOMETIMES.....2</p> <p>ALMOST ALWAYS.....3</p>	
608A	<p>Can AIDS be cured?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	
608B	<p>Can AIDS be transmitted from mother to child?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	
608C	<p>Do you personally know someone who has AIDS or has died of AIDS?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	

NO.	QUESTIONS AND FILTERS	CODES	SKIP
609	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 HAS AIDS.....5	→ 609C → 611A
609B	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS?  Any other reasons?  RECORD ALL MENTIONED	ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D LIMITED NUMBER OF SEX PARTNERS.....E AVOID SEX WITH PROSTITUTES.....F SPOUSE HAS NO OTHER PARTNER.....G NO HOMOSEXUAL CONTACT.....H NO BLOOD TRANSFUSIONS.....I NO INJECTIONS.....J OTHER _____ X (SPECIFY)	→ 611A
609C	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS?  Any other reasons?  RECORD ALL MENTIONED	DO NOT USE CONDOMS.....C MORE THAN ONE SEX PARTNER.....D MANY SEX PARTNERS.....E SEX WITH PROSTITUTES.....F SPOUSE HAS OTHER PARTNER(S).....G HOMOSEXUAL CONTACT.....H HAD BLOOD TRANSFUSION.....I HAD INJECTIONS.....J OTHER _____ X (SPECIFY)	
611A	Since you heard of AIDS, have you changed your behavior to prevent getting AIDS?  IF YES, what did you do?  Anything else?  RECORD ALL MENTIONED	DIDN'T START SEX.....A STOPPED ALL SEX.....B STARTED USING CONDOMS.....C RESTRICTED SEX TO ONE PARTNER...D REDUCED NUMBER OF PARTNERS.....E AVOID SEX WITH PROSTITUTES.....F ASK SPOUSE TO BE FAITHFUL.....G NO MORE HOMOSEXUAL CONTACTS....H STOPPED INJECTIONS.....J OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO BEHAVIOR CHANGE.....Y	→ 611C
611B	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior?  IF YES, In what way?  RECORD ALL MENTIONED	DIDN'T START SEX.....A STOPPED ALL SEX.....B STARTED USING CONDOMS.....C RESTRICTED SEX TO ONE PARTNER...D REDUCED NUMBER OF PARTNERS.....E AVOID SEX WITH PROSTITUTES.....F NO MORE HOMOSEXUAL CONTACTS....G OTHER _____ X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR...Y	
611C	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases? Have you ever heard of this?	YES.....1 NO.....2	→ 611F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611D	CHECK 410 AND 410F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	M801
611E	We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	
611F	Have you given or received money, gifts or favors in return for sex at any time in the last 12 months?	YES.....1 NO.....2	

SECTION 8. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
M801	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	<p>NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/></p>	
M802	<p>CHECK M801: TWO OR MORE BIRTHS <input type="checkbox"/></p>	<p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>	<p>→ M816</p>
M803	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS..... <input type="text"/> <input type="text"/></p>	

	[1]	[2]	[3]	[4]	[5]	[6]
M804 What was the name given to your oldest (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----
M805 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
M806 Is (NAME) still alive?	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [2]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [3]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [4]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [5]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [6]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [7]
M807 How old is (NAME)?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]
M808 In what year did (NAME) die?	19 <input type="text"/> GO TO M810 DK.....98					
M809 How many years ago did (NAME) die?	<input type="text"/>					
M810 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]
M811 Was (NAME) pregnant when she died?	YES.....1 GO TO M814 NO.....2					
M812 Did (NAME) die during childbirth?	YES.....1 GO TO M815 NO.....2					
M813 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO M815					
M814 Was her death due to complications of pregnancy or 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
M815 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]

IF NO MORE BROTHERS OR SISTERS, GO TO M816

M804 What was the name given to (next oldest) brother or sister?	[7]	[8]	[9]	[10]	[11]	[12]
M805 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
M806 Is (NAME) still alive?	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [8]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [9]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [10]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [11]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [12]	YES.....1 NO.....2 GO TO M808 DK.....8 GO TO [13]
M807 How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]
M808 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98	19 <input type="text"/> <input type="text"/> GO TO M810 DK.....98
M809 How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
M810 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
M811 Was (NAME) pregnant when she died?	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2	YES.....1 GO TO M814 NO.....2
M812 Did (NAME) die during childbirth?	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2	YES.....1 GO TO M815 NO.....2
M813 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815	YES.....1 NO.....2 GO TO M815
M814 Was her death due to complications of pregnancy or 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
M815 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]

IF NO MORE BROTHERS OR SISTERS, GO TO M816

M816	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/>
		MINUTES..... <input type="text"/> <input type="text"/>

INTERVIEWER'S OBSERVATIONS  
To be filled in after completing interview

Comments  
about Respondent:

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Comments on  
Specific Questions:

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Any Other Comments:

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SUPERVISOR'S OBSERVATIONS

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

EDITOR'S OBSERVATIONS

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Name of Editor: \_\_\_\_\_ Date: \_\_\_\_\_

ERITREA DEMOGRAPHIC AND HEALTH SURVEY  
 SERVICE AVAILABILITY QUESTIONNAIRE

IDENTIFICATION																	
AWRAJA _____	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td></tr> </table>																
WEREDA _____																	
VILLAGE/TOWN NAME _____																	
ASMARA=1, OTHER TOWN=2, RURAL=3.....																	
CLUSTER NUMBER .....																	
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">DATE OF VISIT _____</td> <td style="width: 10%;">DAY</td> <td style="width: 10%;">MONTH</td> <td style="width: 10%;">YEAR</td> </tr> <tr> <td>INTERVIEWER'S NAME _____</td> <td>NAME</td> <td colspan="2" rowspan="2" style="text-align: center;"> <table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </td> </tr> <tr> <td colspan="3"></td> <td>*RESULT</td> </tr> </table>		DATE OF VISIT _____	DAY	MONTH	YEAR	INTERVIEWER'S NAME _____	NAME	<table border="1" style="margin: auto;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>									*RESULT
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			*RESULT														
RESULT CODE* 1= COMPLETE, 2= PARTIALLY COMPLETE, 3= NOT COMPLETED																	
CLUSTER INFORMANTS																	
NAME	POSITION/TITLE/OCCUPATION																
1. _____	_____																
2. _____	_____																
3. _____	_____																
4. _____	_____																
5. _____	_____																
6. _____	_____																
7. _____	_____																
TOTAL NUMBER OF INFORMANTS IN THE CLUSTER..... <table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> </table>																	

TIME STARTED \_\_\_\_\_

TIME ENDED \_\_\_\_\_

SECTION 1. COMMUNITY CHARACTERISTICS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
QUESTIONS 101 IS TO BE ANSWERED BY THE INTERVIEWER UPON ARRIVAL AT THE CLUSTER.			
101	TYPE OF LOCALITY (in which cluster is found)	ASMARA.....1 OTHER TOWN.....2 RURAL.....3	→ 106 → 106

THE REMAINING QUESTIONS IN SECTIONS ONE AND TWO ARE TO BE ANSWERED BY KNOWLEDGEABLE INFORMANTS FROM THE CLUSTER.

102	What is the name of the nearest urban center?	NAME _____ <input type="text"/>	
103	How far is it in kilometers to the nearest urban center?	KM. TO NEAREST URBAN CENTER..... <input type="text"/>	
104	What are the most commonly used types of transportation to go to the nearest urban center? (CIRCLE ALL APPLICABLE)	MOTORIZED.....A ANIMAL.....B WALKING.....C CYCLING.....D OTHER.....E	
105	What is the main access route to this (LOCALITY/ANSWER TO QUESTION 101?)	ALL WEATHER ROAD.....1 SEASONAL ROAD.....2 OTHER (RIVER/RAILWAY).....3 PATH.....4	
106	What are the major economic activities of the (LOCALITY) inhabitants?  RECORD THREE ACTIVITIES	AGRICULTURE.....A LIVESTOCK.....B FISHING.....C TRADING/MARKETING.....D MANUFACTURING.....E MINING.....F OTHER.....G	
107	Is there telephone service in the (LOCALITY ?)	YES.....1 NO.....2	
108	Please tell me if the following things are in the (LOCALITY)	KILOMETERS	
	Is there a primary school here?	PRIMARY SCHOOL..... <input type="text"/>	
	Is there a middle school here?	MIDDLE SCHOOL..... <input type="text"/>	
	Is there a secondary school here?	SECONDARY SCHOOL..... <input type="text"/>	
	Is there a post office here?	POST OFFICE..... <input type="text"/>	
	Is there a local market here?	LOCAL MARKET..... <input type="text"/>	
	Is there a cinema here?	CINEMA..... <input type="text"/>	
	Is there a bank here?	BANK..... <input type="text"/>	
	Is there a public transportation here?	PUBLIC TRANSPORTATION.... <input type="text"/>	
	Is there a women's association here?	WOMEN'S ASSOCIATION..... <input type="text"/>	
	Is there a youth association here?	YOUTH ASSOCIATION..... <input type="text"/>	

NOTE: FOR EACH, IF IN LOCALITY, WRITE "00".

IF NOT IN LOCALITY, ASK HOW FAR. WRITE IN KILOMETERS. 97 = Not available or far away

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
113	Where do most of the time women give birth?	AT HOME.....1 AT HEALTH FACILITY/INSTITUTION..2	
114	Is there a traditional birth attendant available to women here who regularly assists during delivery?	YES.....1 NO.....2	→115
114a	Does the traditional birth attendant provide iron supplements?	YES.....1 NO.....2	
114b	Does the traditional birth attendant provide multiple vitamin supplements?	YES.....1 NO.....2	
114c	Has the traditional birth attendant had any special training from the government or Ministry of Health or other organization?	YES.....1 NO.....2 DON'T KNOW.....8	
115	Is the area covered by a trained midwife?	YES.....1 NO.....2	→116
115a	Does the trained midwife provide iron supplements?	YES.....1 NO.....2	
115b	Does the trained midwife provide multiple vitamin tablets?	YES.....1 NO.....2	
116	Is the area covered by a community/village health worker?	YES.....1 NO.....2	→117
116a	Does the health worker provide: a: Basic medications?  b: ORT instruction or ORS packets?  c: Vitamin A capsules?  d: Growth promotion/nutrition?  e: Iron tablets?  f: Multiple vitamin tablets?  g: Antenatal care?  h: Immunizations?  i: Family planning services?  j: Training in prevention of malaria?	BASIC MEDICATIONS: YES.....1 NO.....2  ORT/ORS: YES.....1 NO.....2  VITAMIN A: YES.....1 NO.....2  GROWTH PROMOTION: YES.....1 NO.....2  IRON TABLETS: YES.....1 NO.....2  MULTIPLE VITAMIN TABLETS YES.....1 NO.....2  ANTENATAL CARE: YES.....1 NO.....2  IMMUNIZATIONS: YES.....1 NO.....2  FAMILY PLANNING: YES.....1 NO.....2  MALARIA PREVENTION YES.....1 NO.....2	
116b	How often does the health worker visit?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																				
117	Has there been any health campaigns in this (LOCALITY) in last year?	YES.....1 NO.....2	GO TO →SEC.2																																				
117a	What was the health campaign promoting?	<table border="0"> <thead> <tr> <th></th> <th style="text-align: right;">YES</th> <th style="text-align: right;">NO</th> </tr> </thead> <tbody> <tr> <td>BENEFITS OF BREASTFEEDING..</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>IMMUNIZATION.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DIARRHEAL DISEASE CONTROL..</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AIDS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DRUG ABUSE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>GROWTH PROMOTION/NUTRITION.</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>VITAMIN A.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>IODINE DEFICIENCY.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SANITATION.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MALARIA CONTROL.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER (SPECIFY) _____</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </tbody> </table>		YES	NO	BENEFITS OF BREASTFEEDING..	1	2	IMMUNIZATION.....	1	2	DIARRHEAL DISEASE CONTROL..	1	2	AIDS.....	1	2	DRUG ABUSE.....	1	2	GROWTH PROMOTION/NUTRITION.	1	2	VITAMIN A.....	1	2	IODINE DEFICIENCY.....	1	2	SANITATION.....	1	2	MALARIA CONTROL.....	1	2	OTHER (SPECIFY) _____	1	2	
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SECTION 2.

FACILITY IDENTIFICATION SECTION

What is the name of the nearest doctor with a private practice to this community?  
(PROVIDE COUNTRY SPECIFIC DESCRIPTION OF A PRIVATE DOCTOR)

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What is the name of the nearest private pharmacy to this community? (PROVIDE COUNTRY SPECIFIC  
DESCRIPTION OF A PHARMACY)

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What is the name of the nearest health center providing general health services to this community?  
(PROVIDE COUNTRY SPECIFIC DESCRIPTION OF A HEALTH CENTER)

---

What is the name of the nearest clinic providing general health services to this community?  
(PROVIDE COUNTRY SPECIFIC DESCRIPTION OF A CLINIC)

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What is the name of the nearest hospital providing general health services to this community?  
(PROVIDE COUNTRY SPECIFIC DESCRIPTION OF A HOSPITAL)

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A. PRIVATE DOCTOR

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																				
A201	NAME OF PRIVATE DOCTOR (COPY FROM SECTION 2, PAGE 4)	PRIVATE DOCTOR'S NAME _____ _____ NOT APPLICABLE .....97 DON'T KNOW.....98	→B201																				
A202	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																					
A203	What is the most common type of transport to the doctor's practice?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5																					
A204	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																					
A205	Does this private doctor provide :  antenatal care? delivery care? child immunization? family planning services?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		CHILD IMMUNIZATION...1	2	8		FAMILY PLANNING.....1	2	8		→A210
	YES	NO	DK																				
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DELIVERY CARE.....1	2	8																					
CHILD IMMUNIZATION...1	2	8																					
FAMILY PLANNING.....1	2	8																					
A206	Who is the nearest doctor with a private practice who provides family planning services to this community?	PRIVATE DOCTOR'S NAME _____ _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→A210																				
A207	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																					
A208	What is the most common type of transport to the doctor's practice?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5																					
A209	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																					
A210	How many private doctor practices in total are there within 30 kilometers?	NO. PRIVATE DOCTORS WITHIN 30 KM..... <input type="text"/> <input type="text"/>																					

B. PHARMACY

No.	QUESTIONS	CODING CATEGORIES	SKIP TO				
B201	NAME OF PHARMACY (COPY FROM SECTION 2, PAGE 4)	PHARMACY NAME _____ _____ NOT APPLICABLE .....97 DON'T KNOW.....98	→C201				
B202	Is that a government pharmacy or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2					
B203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
B204	What is the most common type of transport to the pharmacy?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5					
B205	How long does it take to get from here to (PHARMACY NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
B206	Does this pharmacy sell family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	→B212				
B207	What is the name of the nearest pharmacy which sells family planning supplies to this community?	PHARMACY NAME _____ _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→B212 →B212				
B208	Is that a government pharmacy or is it operated by a non-government organization ?	GOVERNMENT .....1 NON-GOVERNMENT.....2					
B209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
B210	What is the most common type of transport to the pharmacy?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5					
B211	How long does it take to get from here to (PHARMACY NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					
B212	How many private pharmacies in total are there within 30 kilometers?	NO. PHARMACIES WITHIN 30 KM..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					

C. HEALTH CENTER

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																								
C201	NAME OF HEALTH CENTER (COPY FROM SECTION 2 PAGE 4)	HEALTH CENTER NAME _____  NOT APPLICABLE .....97 DON'T KNOW.....98	→D201																								
C202	Is that a government health center or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																									
C203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																									
C204	What is the most common type of transport to the health center?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5																									
C205	How long does it take to get from here to (HEALTH CENTER NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																									
C206	Does this health center provide :  antenatal care? delivery care? growth promotion? child immunization? family planning services?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		FAMILY PLANNING.....1	2	8		→C213
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C207	What is the name of the nearest health center providing family planning services to this community?	HEALTH CENTER NAME _____ _____																									
C208	Is that a government health center or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																									
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C213	How many health centers in total are there within 30 kilometers?	NO. HEALTH CENTERS WITHIN 30 KM..... <input type="text"/> <input type="text"/>																									

D. CLINIC

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																								
D201	NAME OF CLINIC (COPY FROM SECTION 2, PAGE 4)	CLINIC NAME _____  NOT APPLICABLE .....97 DON'T KNOW.....98	E201																								
D202	Is that a government clinic or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																									
D203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																									
D204	What is the most common type of transport to the clinic?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5																									
D205	How long does it take to get from here to (CLINIC NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																									
D206	Does this clinic provide :  antenatal care? delivery care? growth promotion? child immunization? family planning services?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		FAMILY PLANNING.....1	2	8		D213
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D207	What is the name of the nearest clinic providing family planning services to this community?	CLINIC NAME _____ _____																									
D208	Is that a government clinic or is operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																									
D209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																									
D210	What is the most common type of transport to the clinic?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5																									
D211	How long does it take to get from here to (CLINIC NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																									
D212	Does this clinic provide:  antenatal care? delivery care? growth promotion? child immunization?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8						
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D213	How many clinics in total are there within 30 kilometers?	NO. CLINICS WITHIN 30 KM..... <input type="text"/> <input type="text"/>																									

E. HOSPITAL

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																								
E201	NAME OF HOSPITAL (COPY FROM SECTION 2, PAGE 4)	HOSPITAL NAME _____  NOT APPLICABLE .....97 DON'T KNOW.....98	→F214																								
E202	Is that a government hospital or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																									
E203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																									
E204	What is the most common type of transport to the hospital?	MOTORIZED (FOR EXAMPLE, BUS).....1 CYCLING.....2 ANIMAL.....3 WALKING.....4 OTHER.....5																									
E205	How long does it take to get from here to (HOSPITAL NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																									
E206	Does this hospital provide:  antenatal care? delivery care? growth promotion? child immunization? family planning services?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		FAMILY PLANNING.....1	2	8		→E213
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E207	What is the name of the nearest hospital providing family planning services to this community?	HOSPITAL NAME _____ _____																									
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E212	Does this hospital provide:  antenatal care? delivery care? growth promotion? child immunization?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8						
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E213	How many hospitals in total are there within 30 kilometers?	NO. HOSPITAL WITHIN 30 KM..... <input type="text"/> <input type="text"/>																									

CONTRACEPTIVE METHOD AND HEALTH SERVICES IDENTIFICATION

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
F214	What is the name of the nearest place where birth control pills can be obtained?	NEAREST PILL PROVIDER NAME _____ NOT APPLICABLE .....97 DON'T KNOW.....98	
F215	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F216	What is the name of the nearest place or provider to this community where condoms can be obtained?	NEAREST CONDOM PROVIDER NAME _____	
F217	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F218	What is the name of the nearest place to this community where family planning injection can be obtained?	NEAREST INJECTION PROVIDER NAME _____	
F219	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F220	What is the name of the nearest facility or provider to this community where IUDs can be inserted?	NEAREST IUD PROVIDER NAME _____	
F221	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F222	What is the name of the nearest facility or provider to this community where female sterilization can be obtained?	NEAREST STERILIZATION PROVIDER NAME _____	
F223	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F224	What is name of the nearest place to this community where immunizations for children can be obtained?	NEAREST IMMUNIZATION PROVIDER NAME _____	
F225	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F226	What is the name of the nearest place to this community where oral rehydration solution (ORS) packets can be obtained?	NEAREST ORS PLACE NAME _____	
F227	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
F228	If child is sick with cough (respiratory disease), what is the name of the nearest place where treatment can be obtained?	NEAREST RESP. DISEASE TREATMENT PLACE _____	
F229	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F230	What is the name of the nearest place to this community where antenatal care can be obtained?	NEAREST ANTENATAL PROVIDER NAME _____	
F231	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F232	If a woman has a complication in delivery, what is the name of the nearest place she can be treated?	NEAREST DELIVERY PLACE NAME _____	
F233	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
F234	If a person has malaria, what is the name of the nearest place/person can get medicine?	NAME OF PLACE FOR MALARIA TREATMENT _____	
F235	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	