

**APPENDIX E**

**QUESTIONNAIRES**

REPUBLIC OF YEMEN  
MINISTRY OF PLANNING AND DEVELOPMENT  
CENTRAL STATISTICAL ORGANIZATION  
YEMEN DEMOGRAPHIC AND MATERNAL AND CHILD HEALTH SURVEY

1. HOUSEHOLD AND HOUSING QUESTIONNAIRE

Second Round 1997

With the cooperation of  
Ministry of Public Health, Central Statistical Organization,  
and the Demographic and Health Survey Project (DHS), and USAID

1. HOUSEHOLD ROSTER

LINE NUMBER	NAME		SEX	RELATIONSHIP	RESIDENCE		AGE		ORPHANHOOD AND FOSTERING					LINE NUMBER			
	101	Please give me the names of the persons who usually live in your household starting with the head of the household?	102	Is (NAME) male or female?	103	What is the relationship of (NAME) to the head of household?	104	Does (NAME) usually live here?	105	How old is (NAME) now?	106	Is (NAME's) father still alive?	107		IF (NAME) LESS THAN 15, ASK: Does (NAME's) father live in this household?	108	Is (NAME's) mother still alive?
			M A L E	F E M A L E			Y E S	N O	M O N T H S	Y E A R S	Y E S	N O	WRITE LINE NUMBER*	Y E S	N O	WRITE LINE NUMBER*	
01			1	2	HEAD OF HH	<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	01
02			1	2		<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	02
03			1	2		<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	03
04			1	2		<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	04
05			1	2		<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	05
06			1	2		<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	06
07			1	2		<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	07
08			1	2		<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	08
09			1	2		<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	09
10			1	2		<input type="checkbox"/>	1	2	<input type="checkbox"/>	<input type="checkbox"/>	1	2	<input type="checkbox"/>	1	2	<input type="checkbox"/>	10

JUST TO MAKE SURE I HAVE A COMPLETE LISTING:

1. Are there any other persons, such as small children or infants that we have not listed?  
 YES  NO

2. In addition, are there any other people who may not be members of your family, such as domestic servants or friends or lodgers who usually live here?  
 YES  NO

- CODES 103:
- 01 = HEAD
  - 02 = WIFE OR HUSBAND
  - 03 = SON OR DAUGHTER
  - 04 = SON/DAUGHTER-IN-LAW
  - 05 = GRAND SON/DAUGHTER
  - 06 = PARENTS
  - 07 = PARENT-IN-LAW
  - 08 = BROTHER OR SISTER
  - 09 = CO-WIFE
  - 10 = OTHER RELATIVE
  - 11 = ADOPTED CHILD
  - 12 = STEP CHILD
  - 13 = BROTHER/SISTER-IN-LAW
  - 14 = NEPHEW
  - 15 = NOT RELATED
  - 98 = DON'T KNOW

IF ANSWER IS 'YES' ENTER EACH IN TABLE

\* IF FATHER MOTHER NOT A MEMBER OF HOUSEHOLD WRITE "00"

		EDUCATION			MARITAL STATUS			ECONOMIC ACTIVITY																		
		PERSONS AGE 6 AND OVER			PERSONS AGE 10 & OVER			PERSONS AGE 10 YEARS OR MORE			PERSONS AGE 10 YEARS OR MORE															
L I N E	N U M B E R	110 Is (NAME) currently attending school, or has he/she ever attended school?  1. YES CURRENTLY 2. YES, NOT CURRENTLY 3. NOT ATTENDED			111 What is the highest grade (NAME) completed?  GRADE/LEVEL			112 What is the educational status of (NAME)? CODES: 01= ILLITERATE 02= READ+ WRITE 03= PRIMARY 04= UNIFIED 05= PREPARATORY 06= BASIC 07= PRE-SECOND. DIPLOMA 08= SECONDARY 09= POST SECON. 10= COLLEGE+ 98= DON'T KNOW			113 What is the marital status of (NAME)? CODES: 1. Single 2.Only contract 3.Married 4.Divorced 5.Widowed			114 Is first spouse of (NAME) alive?  YES NO DK			115 What is the work status of (NAME)?  SEE CODES BELOW			116 What is his/her status in employment? CODES:			117 IF CURRENTLY WORKING Q115=1,3,OR 4 ASK: What is (was) his/her main occupation?  OCCUPATION			118 CIRCL THE LINE NUMBER OF ELIGIBLE WOMEN
		YC	YNC	NO																						
	01	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	01							
	02	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	02							
	03	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	03							
	04	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	04							
	05	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	05							
	06	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	06							
	07	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	07							
	08	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	08							
	09	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	09							
	10	1	2	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1	2	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10							

MARK AN X IN THE BOX IF ADDITIONAL QUESTIONNAIRES USED.

IF 113 = 1 OR 2, SKIP TO 115

CODES FOR QUESTION 115  
 01 = WORKING  
 02 = UNEMPLOYED  
 03 = HOUSEWIFE AND WORKING  
 04 = STUDENT AND WORKING  
 05 = SEEKING WORK FOR FIRST TIME  
 06 = HOME MAKER  
 07 = STUDENT  
 08 = INCOME RECIPIENT  
 09 = PENSIONIST  
 10 = INCAPCITATED  
 98 = DON'T KNOW

CODES FOR QUESTION 116  
 1. SALARIED EMPLOYEE  
 2. OWN BUSINESS  
 3. EMPLOYER  
 4. UNPAID FAMILY WORKER  
 5. UNPAID NONFAMILY WORKER

FERTILITY AND CHILD SURVIVAL (For ever married women 15-49)									
201	Name and line number in Household Roster	Children Ever Born						205	Births during the year preceding the survey (1st Oct. 1996 to 30 Sept '97)
		202		203		204			
		Male	Female	Male	Female	Male	Female		
	<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"/>	<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"/>	<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"/>
	<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* CHECK TOTAL 203 AND 204 = 202

3. GENERAL MORTALITY											
301 During the past 24 months, has any of the usual members of this household died?											
YES <input type="text"/> 1 NO <input type="text"/> 2											
IF 'NO' GO TO HOUSING CHARACTERISTIC SECTION, 401											
302	Name	303	Relationship to the head of household	304		305		306		307	
				SEX		Age at death		Date of death		FOR WOMEN 15-49, ASK; Was death of (NAME) due to delivery or pregnancy or puerperium?	
				M	F	Month	Year	Month	Year	Yes	No
1		<input type="text"/>		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2
2		<input type="text"/>		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2
3		<input type="text"/>		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2
4		<input type="text"/>		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2
5		<input type="text"/>		1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2

HOUSING SECTION

Section 4 : Housing

QUESTIONS		CODING CATEGORIES		SKIP TO
401	What type of dwelling unit does your household occupy?	Independent house/Villa ----- Apartment in building ----- Hut ----- Sandika ----- Other (specify) _____	1  2  3  4  8	406
402	Is your (NAME OF THE DWELLING) owned or is it rented?	Owned ----- Rented ----- Other (specify) _____	1  2  6	
403	What kind of material is the floor made from?  RECORD MAIN TYPE	Earth ----- Cement ----- Stone/Mud ----- Gypsum ----- Tile ----- Wood ----- Marble ----- Other (specify) _____	11  12  13  14  15  16  17  96	
404	How many rooms are there in this dwelling for the exclusive use of this household?	Number of rooms	<input type="text"/> <input type="text"/>	

QUESTIONS		CODING CATEGORIES		SKIP TO
405	Of this number how many are bedrooms or used for sleeping?	Number of rooms	<input type="text"/>	
406	Do you keep any animals in any part of the dwelling?	Yes, inside dwelling	1	
		-----	-----	
		Yes, outside dwelling	2	
		No	3	

Section 2 : COOKING

QUESTIONS		CODING CATEGORIES		SKIP TO
407	Is there a special room used for cooking inside or outside your dwelling?	Yes: Inside dwelling	1	
		-----	-----	
		Yes: Outside dwelling	2	
		-----	-----	
		No	3	409
408	What fuel is used for cooking?  RECORD ALL ANSWERS	Gas	A	
		-----	-----	
		Wood	B	
		-----	-----	
		Kerosene	C	
		-----	-----	
		Coal/Charcoal	D	
		-----	-----	
		Electricity	E	
		-----	-----	
		Other (specify) _____	X	

Section 3 : WATER

QUESTIONS		CODING CATEGORIES		SKIP TO
409	What is the major source of drinking water for members of household?	Piped inside the dwelling	11	
		-----	-----	-----
		Pipe outside the dwelling	12	
		-----	-----	-----
		Well with pump	13	
		-----	-----	-----
		Regular well	14	
		-----	-----	-----
		Stream	15	
		-----	-----	-----
410	How do you treat drinking water to purify it in your house?	Covered pool	16	
		-----	-----	-----
		Uncovered pool	17	
		-----	-----	-----
		Bottled water	18	
		-----	-----	-----
		Tanker truck	19	
		-----	-----	-----
		Other (specify) _____	96	
		-----	-----	-----
410	How do you treat drinking water to purify it in your house?	Boiling	1	
		-----	-----	-----
		Distillation	2	
		-----	-----	-----
		Chlorination	3	
		-----	-----	-----
		Filteration	4	
-----	-----	-----		
410	How do you treat drinking water to purify it in your house?	Treated at the source	5	
		-----	-----	-----
		Other (specify) _____	6	
		-----	-----	-----
410	How do you treat drinking water to purify it in your house?	No treatment	7	
		-----	-----	-----

QUESTIONS		CODING CATEGORIES		SKIP TO
411	Where is this source of drinking water located?	Within dwelling -----	1	414
		Outside dwelling	2	
412	How long does it take you to go to the source from household and come back?	Time (Minutes)	<input type="text"/>	
413	Who usually brings the water?  IF THE ANSWER IS "SAKKA" MENTION THE WAY SAKKA BRINGS WATER	Children -----	11	
		Adult women -----	12	
		Adult men -----	13	
		'Sakka' on his back -----	14	
		'Sakka' (truck with tank) -----	15	
		'Sakka' using animals -----	16	
		'Sakka' with other means	96	
414	Do you buy this water?	Yes -----	1	
		No	2	
415	What kind of container do you use to store water in your home?	Concrete/zinc water tank -----	1	
		Plastic container -----	2	
		Earthern pots -----	3	
		Tin -----	4	
		Bottles -----	5	
		Other (specify) _____ -----	6	
		No storage	7	

Section 4 : LIGHTING

QUESTIONS		CODING CATEGORIES		SKIP TO
416	What kind of lighting does this unit have?	Government electricity	11	
		-----	-----	-----
		Cooperative electricity	12	
		-----	-----	-----
		Private electricity	13	
		-----	-----	-----
		Own generator	14	
		-----	-----	-----
Gas	15			
-----	-----	-----		
Kerosene/Oil lamps/Candle	16			
-----	-----	-----		
Other (specify) _____	96			
-----	-----	-----		
None	17			

Section 5 : SANITATION

QUESTIONS		CODING CATEGORIES		SKIP TO
417	What type of toilet facilities are available for this household?	Flush toilet connected to sewer	11	
		-----	-----	-----
		Flush toilet not connected to sewer	12	
		-----	-----	-----
		Bucket	13	
		-----	-----	-----
		Pit	14	
		-----	-----	-----
Toilet connected to an open drainage	15			
-----	-----	-----		
Open air	16	419		
-----	-----	-----		
Other (specify) _____	96			

Section 6 : WASTE DISPOSAL

QUESTIONS		CODING CATEGORIES		SKIP TO
418	Do you use soap when you wash your hands after going to bathroom?	Yes	1	
		-----	-----	-----
		No	2	

Section 6 : WASTE DISPOSAL

QUESTIONS		CODING CATEGORIES		SKIP TO
419	How do you dispose of the garbage?	Garbage collector	1	
		-----	-----	-----
		Dumping in special place	2	
		-----	-----	-----
		Burning	3	
		-----	-----	-----
		Thrown in street	4	
		-----	-----	-----
		Other (specify) : _____	6	



Section 8 : SALT

QUESTIONS		CODING CATEGORIES		SKIP TO
421	What type of salt is usually used for cooking in your household? ASK TO SEE THE SALT.	Powder salt -----	1	
		Powder rock salt -----	2	
		Powder sea salt -----	3	
		Don't use salt -----	4	
		Other (specify) : _____	6	
422	SALT TEST RESULT	SALT HAS IODINE -----	1	
		SALT WITH NO IODINE -----	2	
		SALT NOT TESTED	3	

Section 9 : SURROUNDINGS

QUESTIONS		CODING CATEGORIES		SKIP TO
423	INTERVIEWER: Observe around the dwelling and circle appropriate response.	Clean -----	1	
		Dirty -----	2	
		Stagnant water -----	3	
		Sewage overflow	4	

REPUBLIC OF YEMEN  
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2. MATERNAL AND CHILD HEALTH QUESTIONNAIRE  
SECOND ROUND--1997

With the cooperation of  
Ministry of Public Health, Central Statistical Organization,  
and the Demographic and Health Survey Project (DHS), and USAID

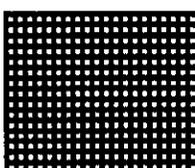
**2-MATERNAL AND CHILD HEALTH QUESTIONNAIRE**

(For All Ever-Married Women 15-49)

<b>IDENTIFICATION</b>	
Governorate : _____	
District: _____	
Urban = 1	Rural = 2
Cluster Name: _____ Cluster No. _____	
Household Number : _____	
Name and Line Number of women in Household Question. _____	

2

Governo.   
 District   
 Urban/rur.   
 C. No.   
 H. No   
 L.of W.

INTERVIEWER VISITS	1	2	3
TEAM NUMBER	.....	.....	.....
Date of visit	/ /199	/ /199	/ /199
Name of interviewer	.....	.....	.....
Result Code*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Next visit			
Date	../ /199..	../ /199..	
Time	.....	.....	

Team   
 D.  M.   
 1 9 9  
 Year

Inter.   
 Result

# Visits

**\* Result codes:**

1. Completed
2. Not at home
3. Postponed
4. Refused
5. Partly completed
6. Incapacitated
7. Other (specify) \_\_\_\_\_

	Supervisor	Field Editing	Office Editing	Coding	Data Entry
Name					
Signature					
Date	/ /199	/ /199	/ /199	/ /199	/ /199

**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	In what month and year were you born?	MONTH...(Don't know = 98).. <input type="text"/> <input type="text"/> YEAR...(Don't know = 98)... <input type="text"/> <input type="text"/>	
103	How old were you at your last birthday?  COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT. IF RESPONDENT IS OVER 50 YEARS, TERMINATE INTERVIEW. IF AGE NOT KNOWN, PROBE WITH AGE AT FIRST MARRIAGE AND/OR AGE AT FIRST BIRTH	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
104	Have you always lived in (NAME OF THE CURRENT PLACE OF RESIDENCE)?	YES.....1 NO.....2	→110
105	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... <input type="text"/> <input type="text"/>	
106	Why did you move to (NAME OF THE CURRENT PLACE OF RESIDENCE)?	MARRIAGE.....11 WORK.....12 STUDY.....13 HUSBAND MOVED.....14 PARENTS MOVED.....15 CHILDREN MOVED.....16 OTHER.....96 (SPECIFY)	→108 →108
107	Was the move before your marriage (first) or after?	BEFORE.....1 AFTER.....2 AT THE TIME OF MARRIAGE.....3	
108	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
109	For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
110	Have you ever attended school?	YES, currently in school.....1 YES, attended in past.....2 NO.....3	→112 →115
111	What was the main reason you stopped attending school?	GOT MARRIED.....11 GOT PREGNANT.....12 TO CARE FOR YOUNGER CHILDREN...13 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....14 COULD NOT PAY SCHOOL FEES.....15 NEEDED TO EARN MONEY.....16 GRADUATED/HAD ENOUGH SCHOOLING.17 DID NOT LIKE SCHOOL.....18 SCHOOL NOT ACCESSIBLE/TOO FAR..19  OTHER.....96 (SPECIFY) DON'T KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What is the highest level of school you attended?	UNIFIED (1-8 YEARS).....12 PRIMARY.....13 PREPARATORY (7-9).....14 BASIC (1-9).....15 PRE-SECONDARY DIPLOMA.....16 SECONDARY.....17 POST SECONDARY DIPLOMA.....18 COLLEGE.....19	
113	What is the highest grade or year you completed at that level?	GRADE/YEAR..... <input type="text"/>	
114	CHECK 112 AND 113: EQUIVALENT OR LESS THAN FOUR YEARS <input type="checkbox"/> MORE THAN FOUR YEARS OF SCHOOLING <input type="checkbox"/>		→117
115	Can you read a letter or newspaper easily, with difficulty or you cannot?	YES, EASILY.....1 YES, WITH DIFFICULTY.....2 NO.....3	→118
116	Can you write for example a letter?	YES.....1 NO.....2	→118
117	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
118	Do you usually watch local television at least once a week?	YES.....1 NO.....2	→120
119	What is the time most suitable for you to watch television?  MARK ALL RESPONSES MENTIONED	FROM MORNING TO NOON.....A FROM NOON TO EVENING.....B FROM EVENING TO 9 P.M.....C AFTER 9 P.M.....D	
120	Do you usually listen to local radio at least once a week?	YES.....1 NO.....2	→201
121	What is the time most suitable for you to listen to radio?  MARK ALL RESPONSES MENTIONED	FROM MORNING TO NOON.....A FROM NOON TO EVENING.....B FROM EVENING TO 9 P.M.....C AFTER 9 P.M.....D	

**Section 2: REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	Are you now married, divorced, widowed or separated?	MARRIED.....1 DIVORCED.....2 WIDOWED.....3 SEPARATED.....4					
202	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	→207				
203	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→205				
204	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
205	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	→207				
206	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
207	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	→209				
208	How many boys have died? And how many girls have died? IF NONE, RECORD '00'	BOYS DEAD..... GIRLS DEAD.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
209	SUM ANSWERS TO 204, 206, AND 208, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>				
210	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 202-209 AS NECESSARY.						
211	CHECK 209: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→228				
212	Now I would like to talk to you about births, whether still alive or not, starting with the first one you had. INTERVIEWER: > Record names of all births in 214. If no name was given, put x . > Record twins on separate lines and mark with a bracket. > Ask 214-222 as appropriate for each birth. After recording all births woman has had, go to 319.						

LIVE BIRTHS TABLE

213	214	What Name was given?	215	Is (NAME) a boy or girl?	216	Source of date of birth:	217	In what month (NAME) born? IF D.K. ASK: In what season?	218	And in what year?	219	Is (NAME) still living?	219A	How old is (NAME)? INETERVIEWER: IF AGE NOT KNOWN, ASK: How many years ago (NAME) was born? RECORD IN COMPLETED YEARS.	220	If DEAD: How old was (NAME) when he/she died? IF '1' YEAR, PROBE: How many months old was (NAME)? (RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN 2 YEARS; OR YEARS)	221	INTERVIEWER: FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH (218) IS THE DIFFERENCE 4 OR MORE YEARS	222	Were there any live births between (NAME OF PREVIOUS BIRTH) And (NAME)? IF NOT MENTIONED
01		S-1	Boy	1	[ ]	Month	[ ]	[ ]	[ ]	[ ]	Yes	1	Year	[ ]	Days	1 [ ]	Yes	1	Yes	1
			M-2	Girl			2				Season	[ ]	No (to 220)	2	Years ago	[ ]	Months	2 [ ]	No (NEXT)	2
02		S-1	Boy	1	[ ]	Month	[ ]	[ ]	[ ]	[ ]	Yes	1	Year	[ ]	Days	1 [ ]	Yes	1	Yes	1
			M-2	Girl			2				Season	[ ]	No (to 220)	2	Years ago	[ ]	Months	2 [ ]	No (NEXT)	2
03		S-1	Boy	1	[ ]	Month	[ ]	[ ]	[ ]	[ ]	Yes	1	Year	[ ]	Days	1 [ ]	Yes	1	Yes	1
			M-2	Girl			2				Season	[ ]	No (to 220)	2	Years ago	[ ]	Months	2 [ ]	No (NEXT)	2
04		S-1	Boy	1	[ ]	Month	[ ]	[ ]	[ ]	[ ]	Yes	1	Year	[ ]	Days	1 [ ]	Yes	1	Yes	1
			M-2	Girl			2				Season	[ ]	No (to 220)	2	Years ago	[ ]	Months	2 [ ]	No (NEXT)	2
05		S-1	Boy	1	[ ]	Month	[ ]	[ ]	[ ]	[ ]	Yes	1	Year	[ ]	Days	1 [ ]	Yes	1	Yes	1
			M-2	Girl			2				Season	[ ]	No (to 220)	2	Years ago	[ ]	Months	2 [ ]	No (NEXT)	2
06		S-1	Boy	1	[ ]	Month	[ ]	[ ]	[ ]	[ ]	Yes	1	Year	[ ]	Days	1 [ ]	Yes	1	Yes	1
			M-2	Girl			2				Season	[ ]	No (to 220)	2	Years ago	[ ]	Months	2 [ ]	No (NEXT)	2

SEASONS: 13 = WINTER 14 = SPRING 15 = SUMMER 16 = AUTUMN  
 IF BIRTHDAY IS GIVEN IN ISLAMIC CALENDER CHANGE THE DATE TO CHRISTIAN DATE.

LIVE BIRTHS TABLE

213	214	What Name was given (first,...) baby? S=Single and M=Multiple	215	Is (NAME) a boy or girl?	216	Source of birth: 1. B. cert 2. V. card 3. Other 4. None	217	In what month (NAME) born? IF D.K. ASK: In what season?	218	And in what year?	219	Is (NAME) still living?	219A	How old (NAME) is (NAME)? INTERVIEWER: IF AGE NOT KNOWN, ASK: How many years ago (NAME) was born? RECORD IN COMPLETED YEARS.	220	If DEAD: How old was (NAME) when he/she died? IF '1' YEAR, PROBE: How many months old was (NAME)? (RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN 2 YEARS; OR YEARS)	221	INTERVIEWER: FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH (218) IS THE DIFFERENCE 4 OR MORE YEARS	222	Were there any live births between (NAME OF PREVIOUS BIRTH) (NAME)? IF NOT MENTIONED CORRECT.
07	_____	S-1	Boy	1	[ ]	Month	[ ]	[ ]	Yes	1	Year	[ ]	Days	1	[ ]	Yes	1	Yes	1	
		M-2	Girl	2		Season	[ ]							No (to 220)						2
08	_____	S-1	Boy	1	[ ]	Month	[ ]	[ ]	Yes	1	Year	[ ]	Days	1	[ ]	Yes	1	Yes	1	
		M-2	Girl	2		Season	[ ]							No (to 220)						2
09	_____	S-1	Boy	1	[ ]	Month	[ ]	[ ]	Yes	1	Year	[ ]	Days	1	[ ]	Yes	1	Yes	1	
		M-2	Girl	2		Season	[ ]							No (to 220)						2
10	_____	S-1	Boy	1	[ ]	Month	[ ]	[ ]	Yes	1	Year	[ ]	Days	1	[ ]	Yes	1	Yes	1	
		M-2	Girl	2		Season	[ ]							No (to 220)						2
11	_____	S-1	Boy	1	[ ]	Month	[ ]	[ ]	Yes	1	Year	[ ]	Days	1	[ ]	Yes	1	Yes	1	
		M-2	Girl	2		Season	[ ]							No (to 220)						2

THERE WAS ROOM FOR LISTING 14 CHILDREN IN THE QUESTIONNAIRE  
IF THE NUMBER OF CHILDREN IS MORE THAN 14, PUT A / IN THE SQUARE BELOW THE BIRTH ORDER AND CONTINUE WITH ADDITIONAL [ ] QUESTIONNAIR

SEASONS: 13 = WINTER 14 = SPRING 15 = SUMMER 16 = AUTUMN  
IF BIRTHDAY IS GIVEN IN ISLAMIC CALENDER CHANGE THE DATE TO CHRISTIAN DATE.

223	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE?	YES.....1 NO.....2 →GO TO 225
224	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF THE ANSWER IS YES, CORRECT BIRTH HISTORY TABLE.	YES.....1 NO.....2
225	COMPARE 209 WITH NUMBER OF BIRTHS IN TABLE ABOVE AND MARK:	
	NUMBERS ARE SAME <input type="checkbox"/> ↓	NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)
	CHECK AND MARK: 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.	
226	CHECK 217, 218, AND 219A AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1992. IF NONE, RECORD '0'.	<input type="checkbox"/>

227	In addition to the pregnancies which ended in live births, have you had any other pregnancies which ended in a miscarriage, still birth or an abortion?  PROBE: Any other pregnancy which lasted only a few weeks or months	YES.....1 NO.....2	1 2	→229 →231
228	Have you had any pregnancy which ended in miscarriage, still birth or abortion?  PROBE: Any other pregnancy which lasted only a few weeks or months	YES.....1 NO.....2	1 2	→231
229	How many pregnancies ended in still births?  IF NONE, ENTER '00'	STILL BIRTHS.....	<input type="text"/>	
230	How many pregnancies ended in miscarriages and abortions?  IF NONE, ENTER '00'	MISCARRIAGE OR ABORTIONS...	<input type="text"/>	
231	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	1 2 8	→234
232	For how many months have you been pregnant?	MONTHS.....	<input type="text"/>	
233	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 have any more pregnancies?	THEN.....1 LATER.....2 NOT MORE PREGNANCIES.....3	1 2 3	
234	When did your last menstrual period start?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....995 BEFORE LAST BIRTH.....996 NEVER MENSTRUATED.....997	1 2 3 4 995 996 997	→236
235	At what age did you have your first menstrual period?	AGE..... DON'T KNOW.....98	<input type="text"/> 98	
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	1 2 8	→301
238	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	RIGHT AFTER HER PERIOD HAS ENDED.....1 IN THE MIDDLE OF THE CYCLE.....2 JUST BEFORE HER PERIOD BEGINS...3 DURING HER PERIOD.....4 OTHER.....6 (SPECIFY) DON'T KNOW.....8	1 2 3 4 6 8	

Section 3 : FAMILY PLANNING

Now I would like to talk about a different topic. There are various methods that a couple can use to delay or avoid a pregnancy, known as family planning methods. I would like to know which of these methods or ways have you heard about?

INTERVIEWER: Circle code 1 in 301A for each method mentioned spontaneously. Then ask 301A for each method or way not mentioned spontaneously. Circle code 2 if the method is recognized, and code 3 if not recognized. Then for each method with code 1 or 2 circled in 301A, ask 302 and 303 as appropriate. IF THE ANSWER IS NO TO 301A, GO TO THE NEXT METHOD.

301 METHOD	301A Have you ever heard Of (METHOD) ?	302 Do you know a source of (METHOD) ?	303 Have you ever used (METHOD) ?
01 CONTRACEPTIVE PILL Women take a pill every day.	Yes: Spontaneously 1 ----- Yes: Probed 2 ----- No 3	Yes 1 ----- No 2	Yes 1 ----- No 2
02 IUD Women can have a loop or coil placed inside them by a doctor or nurse	Yes: Spontaneously 1 ----- Yes: Probed 2 ----- No 3	Yes 1 ----- No 2	Yes 1 ----- No 2
03 INJECTABLES Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	Yes: Spontaneously 1 ----- Yes: Probed 2 ----- No 3	Yes 1 ----- No 2	Yes 1 ----- No 2
04 IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	Yes: Spontaneously 1 ----- Yes: Probed 2 ----- No 3	Yes 1 ----- No 2	Yes 1 ----- No 2
05 DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository diaphragm, jelly, or cream inside themselves before intercourse.	Yes: Spontaneously 1 ----- Yes: Probed 2 ----- No 3	Yes 1 ----- No 2	Yes 1 ----- No 2
06 CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	Yes: Spontaneously 1 ----- Yes: Probed 2 ----- No 3	Yes 1 ----- No 2	Yes 1 ----- No 2
07 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	Yes: Spontaneously 1 ----- Yes: Probed 2 ----- No 3	Do you know where such an operation can be performed? Yes 1 ----- No 2	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.	Yes: Spontaneously 1 ----- Yes: Probed 2 ----- No 3	Do you know where such an operation can be performed? Yes 1 ----- No 2	Have you ever had a partner who had an operation to avoid having children? Yes 1 ----- No 2

METHOD	302 Have you ever heard of (METHOD)?	303 Have you ever used (METHOD)?
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.	Yes: Spontaneously	1
	Yes: Probed	2
	No	3
10 WITHDRAWAL Men can be careful and pull out before climax.	Yes: Spontaneously	1
	Yes: Probed	2
	No	3
11 BREASTFEEDING Women can prolong breastfeeding to postpone the next pregnancy.	Yes: Spontaneously	1
	Yes: Probed	2
	No	3
12 Have you heard of any other ways or methods that women or men can use to avoid pregnancy? SPECIFY:  1. _____  2. _____  3. _____	Yes	1
	No	3
	Yes	1
	No	2
	Yes	1
	No	2
	Yes	1
	No	2

QUESTIONS		CODING CATEGORIES		SKIP TO
304	INTERVIEWER: Check 303	Ever used a method -----	1	305
		Never used a method	2	
304 A	Have you ever used any method or operation to delay or avoid getting pregnant?	Yes -----	1	
		No	2	330
304 B	What have you used or done? CORRECT 303 AND 304 IF NECESSARY	[REDACTED]		
305	When you first used a family planning method, how many sons and how many daughters did you have?	Number of sons -----	<input type="text"/>	
		Number of daughters	<input type="text"/>	
306	When you first began to use family planning, did you want to have another child but at a later time or did you want to stop childbearing?	Wanted child later -----	1	
		Wanted to stop childbearing	2	
		Other (specify) : _____	6	
307	INTERVIEWER: Check 303 Method 07 WOMAN STERILIZED?	Woman sterilized -----	1	311A
		Woman not sterilized	2	
308	INTERVIEWER: Check 201	Currently married -----	1	
		Not currently married	2	328
309	INTERVIEWER: Check 231	Currently pregnant -----	1	328
		Not pregnant/not sure	2	
310	Are you currently using any method of family planning?	Yes -----	1	
		No	2	328

QUESTIONS		CODING CATEGORIES		SKIP TO
311	Which method are you using? IF THE RESPONDENT IS USING FEMALE STERILIZATION, CIRCLE CODE 07.	Pill	01	
		-----	-----	-----
		IUD	02	315
		-----	-----	-----
		Injectables	03	319C
		-----	-----	-----
		Implants	04	319E
		-----	-----	-----
		Diaphragm/Foam/Jelly	05	319C
		-----	-----	-----
		Condom	06	
		-----	-----	-----
312	Did you consult some one before starting to use the method for the first time? IF YES, Who did you consult?	Female sterilization	07	318
		-----	-----	-----
		Male sterilization	08	
		-----	-----	-----
		Safe period	09	
		-----	-----	-----
		Withdrawal	10	322
		-----	-----	-----
		Breastfeeding	11	
		-----	-----	-----
		Other (specify) : _____	12	
		-----	-----	-----
313	How much does one strip (cycle) of pills cost you?	Doctor	11	
		-----	-----	-----
		Nurse/midwife	12	
		-----	-----	-----
		Pharmacy	13	
		-----	-----	-----
		Daya/Jidda	14	
-----	-----	-----		
314	Who obtained the strip (cycle) of the pill the last time?	Neighbor/friend	15	
		-----	-----	-----
		No one	16	
		-----	-----	-----
313	How much does one strip (cycle) of pills cost you?	Other (specify) : _____	98	
		-----	-----	-----
		Cost (in Rials)	<input type="text"/> <input type="text"/> <input type="text"/>	
313	How much does one strip (cycle) of pills cost you?	Free	996	
		-----	-----	-----
		Don't know	998	
314	Who obtained the strip (cycle) of the pill the last time?	Respondent	1	
		-----	-----	-----
		Husband	2	319A
		-----	-----	-----
		Home delivered	3	
-----	-----	-----		
314	Who obtained the strip (cycle) of the pill the last time?	Other (specify) : _____	6	
		-----	-----	-----

QUESTIONS		CODING CATEGORIES		SKIP TO
315	How much did it cost to have the IUD inserted?	Cost (in Rials)	<input type="text"/>	
		Free	9996	
		Don't know	9998	
316	Did you get the IUD at the place where you had it inserted or did you get it somewhere else?	Yes : Same place	1	319B
		No : Somewhere else	2	
317	How much did it cost to get the IUD at place where IUD was bought?	Cost (in Rials)	<input type="text"/>	
		Free	996	319B
		Don't know	998	
318	In what month and year did you (your husband) have the operation?	Month	<input type="text"/>	319D
		Year	<input type="text"/>	
319	A) Where did you (your husband) obtain the pill the last time? B) Where was the IUD which you are using now inserted? C) Where did you obtain the (METHOD)? D) Where did the sterilization take place? E) Where did you get implant?	General hospital	11	
		Health center	12	
		Primary Health care cnt	13	
		MCH center	14	
		Primary Health unit	15	
		Cooperative Health Inst	16	
		Private clinic	17	
		Private hospital	18	
			19	
		Private doctor/clinic	20	
		Mobile clinic/	21	
		Pharmacy	22	
		Other (specify) : _____	96	
		Don't know	98	321

QUESTIONS		CODING CATEGORIES		SKIP TO
320	How much time does it take to go to this place?	Minutes	<input type="text"/>	
321	Was there anything you particularly disliked about the services you (your husband) received from that source?  IF 'YES' : What?  INTERVIEWER: Record main reason	Staff discourteous ----- Costs too much ----- Desired method unavailable ----- No complaints ----- Other (specify) : _____	1  2  3  5  6	
322	INTERVIEWER: Check 311 Methods 07, 08	Neither sterilized ----- He/She sterilized	1  2	325
323	Do you regret that you/your husband had the operation not to have any more children?	Yes ----- No	1  2	326
324	Why do you regret the operation?	Respondent wants anothe child ----- Husband wants another child ----- Side effects ----- A child died ----- Other (specify) : _____	1  2  3  4  6	326
325	For how long have you been using (CURRENT METHOD) continuously?	Duration: Months ----- Years	<input type="text"/>  <input type="text"/>	
326	Have you experienced any problem from using (CURRENT METHOD)?	Yes ----- No	1  2	332

QUESTIONS		CODING CATEGORIES		SKIP TO
327	What is the main problem you experienced?	Health concerns	11	G O  T O  332
		-----	-----	
		Method failed	12	
		-----	-----	
		Husband disapproved	13	
		-----	-----	
		Difficult to obtain	14	
		-----	-----	
		Costs too much	15	
-----	-----			
Inconvenient to use	16			
-----	-----			
Other (specify) : _____	96	332		
-----	-----	-----		
Don't know	98			
328	Which was the last method of family planning you used?	Pill	01	
		-----	-----	
		IUD	02	
		-----	-----	
		Injectables	03	
		-----	-----	
		Implants	04	
		-----	-----	
		Diaphragm/Foam/Jelly	05	
		-----	-----	
		Condom	06	
		-----	-----	
		Female sterilization	07	
		-----	-----	
Male sterilization	08			
-----	-----			
Safe period	09			
-----	-----			
Withdrawal	10			
-----	-----			
Breastfeeding	11			
-----	-----			
Other (specify) : _____	12			
-----	-----			
Don't remember	98			

QUESTIONS		CODING CATEGORIES		SKIP TO
329	Did you consult some one before starting to use the method for the first time? IF YES, Who did you consult?	Physician	11	
		-----	-----	-----
		Nurse/midwife	12	
		-----	-----	-----
		Pharmacy	13	
		-----	-----	-----
		Daya/Jidda	14	
		-----	-----	-----
330	INTERVIEWER: CHECK 201	Currently married	1	
		-----	-----	-----
	INTERVIEWER: CHECK 231	Not currently married	2	332
		-----	-----	-----
331	What is the main reason that you do not want to use a method of family planning?	Currently pregnant	1	
		-----	-----	-----
		Not pregnant/unsure	2	332
		-----	-----	-----
		Religious prohibitions	11	
		-----	-----	-----
		Opposed to FP	12	
		-----	-----	-----
		Husband disapproves	13	
		-----	-----	-----
		Other relatives disapprove	14	
		-----	-----	-----
		Side effects	15	
		-----	-----	-----
Lack of Knowledge	16			
-----	-----	-----		
Difficult to obtain	17			
-----	-----	-----		
Costs too much	18			
-----	-----	-----		
Inconvenient to use	19			
-----	-----	-----		
Fatalistic	20			
-----	-----	-----		
Menopausal/Subfecond	21			
-----	-----	-----		
Other (specify): _____	96			
-----	-----	-----		
Unsure/Don't know	98			
-----	-----	-----		

QUESTIONS		CODING CATEGORIES		SKIP TO
332	Have you visited a health facility or a physician for any reason in last 12 months?	Yes -----	1	334
		No -----	2	
		Other (specify) : _____	96	
333	Did any staff member at the health facility speak to you about family planning methods?	Yes -----	1	
		No -----	2	
334	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	Yes -----	1	401
		No -----	2	
		Don't know -----	8	
335	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	

Section 4 :PREGNANCY AND BREASTFEEDING

Questions		Coding Categories	Codes	Skip to								
401	INTERVIEWER: CHECK 217 AND 218 FOR BIRTH SINCE JANUARY 1992 TILL INTERVIEW DAY	One or more births ----- No births	1 ----- 2									539
402	INTERVIEWER: CHECK BIRTH HISTORY TABLE AND ENTER NAMES OF ALL CHILDREN BORN FROM JANUARY 1992 TILL THE DATE OF THE SURVEY. BEGIN WITH THE LAST BIRTH AND THEN THE ONE BEFORE THE LAST AND SO ON..		Name (Youngest) -----		Name (Next to Youngest) -----		Name (Second to Youngest) -----		Name (Third to Youngest) -----			
403	LINE NUMBER OF CHILD IN 'BIRTH HISTORY TABLE' FROM Q213		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>			
404	INTERVIEWER CHECK 219 (IN BIRTH HISTORY TABLE)		Alive 1 ----- Dead 2		Alive 1 ----- Dead 2		Alive 1 ----- Dead 2		Alive 1 ----- Dead 2			
Questions		Coding Categories	Codes	Skip to	Codes	Skip to						
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	Then ----- Later ----- No more	1 ----- 2 ----- 3	407	1 ----- 2 ----- 3	407	1 ----- 2 ----- 3	407	1 ----- 2 ----- 3	407		
406	How much longer would you like to have waited?	Months ----- Years ----- Don't know	1 <input type="text"/> ----- 2 <input type="text"/> ----- 998									
407	When you were pregnat with (NAME) did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone, else?  RECORD ALL PERSONS SEEN.	Doctor ----- Trained nurse/Midwife ----- Daya/Jidda ----- Other(specify): ----- No one	A ----- B ----- C ----- X ----- Y	GO ----- TO ----- 409	A ----- B ----- C ----- X ----- Y	GO ----- TO ----- 409	A ----- B ----- C ----- X ----- Y	GO ----- TO ----- 409	A ----- B ----- C ----- X ----- Y	GO ----- TO ----- 409		
408	What was the main reason for not having a check-up on the pregnancy?	Had no complaints ----- Had previous experience ----- Costs too much ----- Sevice not available ----- Sevices too far ----- Other(specify):	1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6		1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6		1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6		1 ----- 2 ----- 3 ----- 4 ----- 5 ----- 6			GO ----- TO ----- 412

		Name		Name		Name		Name	
LINE NUMBER OF CHILD IN 'BIRTH HISTORY TABLE' FROM Q213		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
Questions	Coding Categories	Codes	Skip to						
409 Where did you usually have the check-up(s)?	General hospital	11		11		11		11	
	-----								
	Health center	12		12		12		12	
	-----								
	Primary Health Care Unit	13		13		13		13	
	-----								
	MCH Center	14		14		14		14	
	-----								
	Yemeni Family Care Assoc.	15		15		15		15	
	-----								
	Cooperative Health Center	16		16		16		16	
-----									
Private Health Center	17		17		17		17		
-----									
Private Hospital	18		18		18		18		
-----									
Private doctor	19		19		19		19		
-----									
At home	20		20		20		20		
-----									
Other(specify): _____	96		96		96		96		96
410 How long were you pregnant with (NAME) when you had the first check-up?	Months	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
	-----								
	Don't know	9 8		9 8		9 8		9 8	
411 How many check-ups did you have during the pregnancy of (NAME)?	Number	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
	-----								
	Cannot remember	9 8		9 8		9 8		9 8	
412 When you were pregnant with (NAME), were you given any injection to prevent the baby from getting convulsions after birth, i.e. an anti-tetanus shot?	Yes	1		1		1		1	
	-----								
	No	2	414	2	414	2	414	2	414
-----									
	Don't know	8	414	8	414	8	414	8	414
413 How many shots?	Number	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
	-----								
	Don't remember	8		8		8		8	

LINE NUMBER OF CHILD IN 'BIRTH HISTORY TABLE' FROM Q213		Name		Name		Name		Name	
		□□		□□		□□		□□	
Questions	Coding Categories	Codes	Skip to						
414 When you were pregnant with (NAME) did you take any of vitamins or minerals? Iron Pills?	Yes	1		1		1		1	
	-----								
	No	2		2		2		2	
	-----								
Folic Acid Pills?	Yes	1		1		1		1	
	-----								
No	2			2		2		2	
	-----								
Multiple vitamins?	Yes	1		1		1		1	
	-----								
No	2			2		2		2	
	-----								
415 Where was (NAME) delivered?	At home	11		11		11		11	
	-----								
	At another home	12		12		12		12	
	-----								
	General hospital	13		13		13		13	
	-----								
	Health center	14		14		14		14	
	-----								
	Primary Health Care Unit	15	419	15	419	15	419	15	419
	-----								
Cooperative health center	16		16		16		16		
-----									
Private clinic	17		17		17		17		
-----									
Private Hospital	18		18		18		18		
-----									
Private doctor	19		19		19		19		
-----									
Other(specify): _____	96		96		96		96		
416 Why did you not have the delivery of (NAME) at a hospital or a clinic?  INTERVIEWER: Circle main reason	Service not available	1		1		1		1	
	-----								
	Services too far	2		2		2		2	
	-----								
	Costs too much	3		3		3		3	
	-----								
	Premature/Sudden delivery	4		4		4		4	
-----									
Home is better	5		5		5		5		
-----									
Other(specify): _____	6		6		6		6		

		Name		Name		Name		Name				
LINE NUMBER OF CHILD IN 'BIRTH HISTORY TABLE' FROM Q213												
		Codes	Skip to	Codes	Skip to	Codes	Skip to	Codes	Skip to			
417	How was the umbilical cord cut?	Medical instruments	1		1		1		1			
		-----										
		Ordinary scissors	2		2		2		2			
		-----										
		New Razor	3		3		3		3			
		-----										
		Used razor	4		4		4		4			
		-----										
418	How the cord stump was treated?	Knife	5		5		5		5			
		-----										
		Other(specify):-----	6		6		6		6			
		-----										
		Don't know	8		8		8		8			
		-----										
		419	Who assisted with the delivery of (NAME)?  INTERVIEWER: RECORD ALL MENTIONED	Sterilized dressing	11		11		11		11	
				-----								
Covered with ground coffee	12				12		12		12			
-----												
Covered with flour	13				13		13		13			
-----												
Covered with earth	14				14		14		14			
-----												
Covered with cauterizing	15				15		15		15			
-----												
Covered with boiled oil	16				16		16		16			
-----												
419	Who assisted with the delivery of (NAME)?  INTERVIEWER: RECORD ALL MENTIONED	Covered with egg	17		17		17		17			
		-----										
		Covered with kohl	18		18		18		18			
		-----										
		Thread	19		19		19		19			
		-----										
		Other(specify):-----	96		96		96		96			
-----												
419	Who assisted with the delivery of (NAME)?  INTERVIEWER: RECORD ALL MENTIONED	Don't know	98		98		98		98			
		-----										
		Doctor	A		A		A		A			
		-----										
		Trained nurse/Midwife	B		B		B		B			
		-----										
		Daya/Jidda	C		C		C		C			
-----												
419	Who assisted with the delivery of (NAME)?  INTERVIEWER: RECORD ALL MENTIONED	Relative/Friend	D		D		D		D			
		-----										
		Other(specify):-----	X		X		X		X			
		-----										
		No one	Y		Y		Y		Y			

LINE NUMBER OF CHILD IN 'BIRTH HISTORY TABLE' FROM Q213		Name	Name	Name	Name				
		Codes	Skip to						
420	Around the time of the birth of (NAME), did you have any of the following problems:								
	A. Long labor, that is, did your regular contractions last more than 12 hours?	1		1		1		1	
		2		2		2		2	
	B. Excessive bleeding that was so much that you feared it was life threatening?	1		1		1		1	
		2		2		2		2	
	C. A high fever with bad smelling vaginal discharge?	1		1		1		1	
		2		2		2		2	
	D. Convulsions not cause by fever?	1		1		1		1	
		2		2		2		2	
421	Was (NAME) delivered by caesarean section?	1		1		1		1	
		2		2		2		2	
422	When (NAME) was born, was he/she: very large, larger than average average smaller than average or very small?	1		1		1		1	
		2		2		2		2	
		3		3		3		3	
		4		4		4		4	
		5		5		5		5	
		8		8		8		8	
423	Was (NAME) weighed at birth?	1		1		1		1	
		2	425	2	425	2	425	2	425
424	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	1		1		1		1	
		2		2		2		2	
		99998		99998		99998		99998	
425	Did you chew "QAT" when you were pregnant with (NAME)?	1		1		1		1	
		2	427	2	427	2	427	2	427

		Name		Name		Name		Name	
LINE NUMBER OF CHILD IN 'BIRTH HISTORY TABLE' FROM Q213		□□		□□		□□		□□	
Questions		Coding Categories		Codes	Skip to	Codes	Skip to	Codes	Skip to
426	Usually how many days per week did you chew "QAT"?	Number of days ----- Don't know		□		□		□	
		8		8		8		8	
427	When you pregnant with (NAME) did you smoke hubble bubble?	Yes ----- No		1		1		1	
		2		2		2		2	
428	When you were pregnant with (NAME) did you smoke cigarettes?	Yes ----- No		1		1	430	1	430
		2		2		2	430	2	430
429	Has your period returned after the birth of (NAME OF LAST CHILD)?	Yes ----- No		1	431				
		2	433						
430	Has your period returned after the birth of (NAME) and next pregnancy?	Yes ----- No				1		1	
				2	434	2	434	2	434
431	How many months after the birth of (NAME), did your period return?	Months		□□		□□		□□	
432	INTERVIEWER: BE SURE TO CIRCLE 98 IF MOTHER CANNOT GIVE THE NUMBER OF MONTHS.	Don't know		98		98		98	
433	For how after the birth of (NAME) did you not have sexual relations?	Days ----- Month ----- Haven't started as yet ----- Don't know		1 □□ 2 □□ 997 998					

LINE NUMBER OF CHILD IN 'BIRTH HISTORY TABLE', Q213		Name (Youngest)	Name (Next to Youngest)	Name (Second to Youngest)	Name (Third to Youngest)					
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>					
Questions	Coding Categories	Codes	Skip to	Codes	Skip to	Codes	Skip to	Codes	Skip to	
434	Did you ever feed (NAME) at the breast?	Yes	1		1		1		1	
		No	2	441	2	441	2	441	2	441
435	How soon after the birth of (NAME) did you start breastfeeding?	Less than 1 hour/ immediately	000		000		000		000	
		Number of hours	1 <input type="text"/>		1 <input type="text"/>		1 <input type="text"/>		1 <input type="text"/>	
		Number of days	2 <input type="text"/>		2 <input type="text"/>		2 <input type="text"/>		2 <input type="text"/>	
436	Did you give colostrum to (NAME)?	Yes	1		1		1		1	
		No	2		2		2		2	
437	SURVIVAL STATUS: CHECK 404	Child Alive	1		1	439	1	439	1	439
		Child Dead	2	439	2	439	2	439	2	439
438	Are you still breastfeeding (NAME)?	Yes	1	443						
		No	2							
439	How many months did you breastfeed (NAME)?	Number of months	<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
		Don't remember	98		98		98		98	
440	Why did you stop breastfeeding (NAME)?	Mother ill/weak	11		11		11		11	
		Child ill/weak	12		12		12		12	
		Child died	13		13		13		13	
		Nipple/breast problem	14	GO	14	GO	14	GO	14	GO
		Not enough milk	15	TO	15	TO	15	TO	15	TO
		Mother working	16	442	16	442	16	442	16	442
		Child refused	17		17		17		17	
		Weaning age/age to stop	18		18		18		18	
		Became pregnant	19		19		19		19	
		Started using contraception	20		20		20		20	
		Other(specify):	96		96		96		96	

		Name		Name		Name		Name	
LINE NUMBER OF CHILD IN 'BIRTH HISTORY TABLE' FROM Q213		<input type="text"/>		<input type="text"/>		<input type="text"/>		<input type="text"/>	
441 INTERVIEWER: CHECK 434, IF RESPONDENT DID NOT BREASTFEED (NAME), ASK: Why did you never breastfeed (NAME)?	Mother ill/weak	11		11		11		11	
	Child ill/weak	12		12		12		12	
	Child died	13		13		13		13	
	Nipple/breast problem	14		14		14		14	
	Not enough milk	15		15		15		15	
	Mother working	16		16		16		16	
	Child refused	17		17		17		17	
	Other(specify): _____	96		96		96		96	
	442 SURVIVAL STATUS: CHECK 404 THE "NAME" IS ALIVE OR DEAD?	Child Alive	1	445	1	445	1	445	1
Child Dead		2	NEXT CHILD						
443 How many times did you breastfeed (NAME) last night between sunset and sunrise?	Number of times	<input type="text"/>							
444 How many times did you breastfeed (NAME) yesterday during the daylight hours?	Number of times	<input type="text"/>							
445 Did you (NAME) drink anything from a bottle with a nipple yesterday or last night?	Yes	1		1		1		1	
	No	2		2		2		2	
	Don't know	8		8		8		8	



Section 5 : IMMUNIZATION AND HEALTH

501	INTERVIEWER: Go back to Q217 and Q218 and write down names of births since January 1992, beginning with last birth.	Name (Youngest child)	Name (Next to youngest)	Name (Second to youngest)	Name (Third to youngest)					
502	Line number of child in 'Birth History,' Q213									
	Questions	Coding Categories	Codes	Skip	Codes	Skip	Codes	Skip	Codes	Skip
503	CHECK 219:	Alive-----1 Not alive-----2	----- 1 ---- ----- 2 ----	537	----- 1 ---- ----- 2 ----	537	----- 1 ---- ----- 2 ----	537	----- 1 ---- ----- 2 ----	537
504	Is there an immunization card, for (NAME)? IF 'YES' : Can I see it?	Yes : Seen-----1 Yes : Not seen--2 No-----3	----- 1 ---- ----- 2 ---- ----- 3 ----	506 508	----- 1 ---- ----- 2 ---- ----- 3 ----	506 508	----- 1 ---- ----- 2 ---- ----- 3 ----	506 508	----- 1 ---- ----- 2 ---- ----- 3 ----	506 508
505	Was there an immunization card for (NAME)?	Yes-----1 No-----2 Don't Know-----8	----- 1 ---- ----- 2 ---- ----- 8 ----	508	----- 1 ---- ----- 2 ---- ----- 8 ----	508	----- 1 ---- ----- 2 ---- ----- 8 ----	508	----- 1 ---- ----- 2 ---- ----- 8 ----	508
506	INTERVIEWER: COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.  WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	BCG POLIO 0 (At birth) POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES	DAY MONTH YEAR ____ _ 1 9 9 ____ _ 1 9 9	DAY MONTH YEAR ____ _ 1 9 9 ____ _ 1 9 9	DAY MONTH YEAR ____ _ 1 9 9 ____ _ 1 9 9	DAY MONTH YEAR ____ _ 1 9 9 ____ _ 1 9 9				

250

		Name (Youngest)	Name (Next to youngest)	Name (Second to youngest)	Name (Third to youngest)				
Line number of child in 'Birth History,' Q213		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
QUESTIONS	CODING CATEGORIES	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO
507 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 (PROBE FOR VACCINATION AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506)	1		1		1		1	
	No	2	510	2	510	2	510	2	510
	Don't Know	8		8		8		8	
508 Did (NAME) ever receive any vaccinations to prevent him from getting diseases?	Yes	1		1		1		1	
	No	2	510	2	510	2	510	2	510
	Don't Know	3	510	3	510	3	510	3	510
509 Please tell me if (NAME) received any of the following vaccinations:	Yes	1		1		1		1	
	No	2		2		2		2	
	Don't Know	8		8		8		8	
A) A BCG vaccination against tuberculosis, that is, an injection in the left arm or or should that caused a scar?	Yes	1		1		1		1	
	No	2	E	2	E	2	E	2	E
	Don't Know	8	E	8	E	8	E	8	E
B) Polio vacine that is drops in the mouth?	Yes	1		1		1		1	
	No	2	E	2	E	2	E	2	E
	Don't Know	8	E	8	E	8	E	8	E
C) How many times?	Number	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
D) When was the first polio vaccine given, just after birth or later?	Just after birth	1		1		1		1	
	Later	2		2		2		2	
E) DPT vaccination, that is, an injection usually given at the same time as polio drops?	Yes	1		1		1		1	
	No	2	G	2	G	2	G	2	G
	Don't Know	8	G	8	G	8	G	8	G
F) How many times?	Number	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
G) An injection to prevent measles given at the age of 9 months?	Yes	1		1		1		1	
	No	2		2		2		2	
	Don't Know	8		8		8		8	

		Name (Youngest)		Name (Next to youngest)		Name (Second to youngest)		Name (Third to youngest)	
Line number of child in 'Birth History' Q213		□□		□□		□□		□□	
QUESTIONS	CODING CATEGORIES	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO
510 Has (NAME) been ill with fever at any time in the last 2 weeks?	Yes	1		1		1		1	
	No	2		2		2		2	
	Don't Know	8		8		8		8	
511 Has (NAME) been ill with a cough at any time in the last 2 weeks?	Yes	1		1		1		1	
	No	2	515	2	515	2	515	2	515
	Don't Know	8		8		8		8	
512 When (NAME) was ill with a cough did he/she breathe more rapidly than usual with short, rapid breaths?	Yes	1		1		1		1	
	No	2		2		2		2	
	Don't Know	8		8		8		8	
513 Did you seek advice or treatment for the cough?	Yes	1		1		1		1	
	No	2	515	2	515	2	515	2	515
514 Where did you seek advice or treatment?	General Hospital	A		A		A		A	
	Health Center	B		B		B		B	
	Primary Health Care Cntr.	C		C		C		C	
	Cooperative Health Inst.	D		D		D		D	
	Private Clinic	E		E		E		E	
	Private Hospital	F		F		F		F	
	Private Doctor	G		G		G		G	
	Pharmacy	H		H		H		H	
	TBA/Jiddah	I		I		I		I	
	Herbalist	J		J		J		J	
	Traditional Healer	K		K		K		K	
	Relative/Friend	L		L		L		L	
Other(specify): _____	X		X		X		X		
515 Has (NAME) had diarrhea in the last two weeks?	Yes	1		1		1		1	
	No	2	525	2	525	2	525	2	525
	Don't know	8	525	8	525	8	525	8	525

Line number of child in 'Birth History' Q213		Name (Youngest)	Name (Next to youngest)	Name (Second to youngest)	Name (Third to youngest)					
		CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	
516	Was there blood and/or mucus in the stools?	Yes ----- No ----- Don't know	1 ----- 2 ----- 8		1 ----- 2 ----- 8		1 ----- 2 ----- 8		1 ----- 2 ----- 8	
517	On the worst day of the diarrhea, how many bowel movements did (NAME) HAVE?	Number of times ----- Don't know	<input type="text"/> ----- 98		<input type="text"/> ----- 98		<input type="text"/> ----- 98		<input type="text"/> ----- 98	
518	Was he/she given the same amount of fluids to drink, as before the diarrhea or more or less?	Same ----- More ----- Less ----- Don't know	1 ----- 2 ----- 3 ----- 8		1 ----- 2 ----- 3 ----- 8		1 ----- 2 ----- 3 ----- 8		1 ----- 2 ----- 3 ----- 8	
519	Was he/she given the same amount of food to eat as before the diarrhea, or more, or less?	Same ----- More ----- Less ----- Haven't started food ----- Don't know	1 ----- 2 ----- 3 ----- 4 ----- 8		1 ----- 2 ----- 3 ----- 4 ----- 8		1 ----- 2 ----- 3 ----- 4 ----- 8		1 ----- 2 ----- 3 ----- 4 ----- 8	
520	When (NAME) had diarrhea was he/she given any of the following to drink:  RECORD ALL MENTIONED	Fluid from ORS packet ----- Home made sugar and salt solution ----- Milk for children ----- Yogurt ----- Rice water ----- Water ----- Meat water (Maraq) ----- Soup ----- Other liquids	Y N DK 1 2 8 ----- 1 2 8		Y N DK 1 2 8 ----- 1 2 8		Y N DK 1 2 8 ----- 1 2 8 ----- 1 2 8 ----- 1 2 8 ----- 1 2 8 ----- 1 2 8 ----- 1 2 8		Y N DK 1 2 8 ----- 1 2 8 ----- 1 2 8 ----- 1 2 8 ----- 1 2 8 ----- 1 2 8 ----- 1 2 8	
521	Was anything (else) given to treat the diarrhea?	Yes ----- No ----- Don't Know	1 ----- 2 ----- 8	523	1 ----- 2 ----- 8	523	1 ----- 2 ----- 8	523	1 ----- 2 ----- 8	523

Line number of child in 'Birth History' Q213		Name (Youngest)	Name (Next to youngest)	Name (Second to youngest)	Name (Third to youngest)					
		CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	
522	What was given to treat the diarrhea?	Pill or syrup ----- Injection ----- Intervenous (IV) ----- Home remedies ----- Herbal remedis ----- Other (specify)_____	A ----- B ----- C ----- D ----- E ----- X		A ----- B ----- C ----- D ----- E ----- X		A ----- B ----- C ----- D ----- E ----- X		A ----- B ----- C ----- D ----- E ----- X	
523	Did you seek advice or treatment for the diarrhea?	Yes ----- No	1 ----- 2	525	1 ----- 2	525	1 ----- 2	525	1 ----- 2	525
524	Where did you seek advice or treatment?	General Hospital ----- Health Center ----- Primary Health Care Cntr. ----- Cooperative Health Inst. ----- Private Clinic ----- Private Hospital ----- Private Doctor ----- Pharmacy ----- TBA/Jiddah ----- Herbalist ----- Traditional Healer ----- Relative/Friend ----- Other(specify):_____	A ----- B ----- C ----- D ----- E ----- F ----- G ----- H ----- I ----- J ----- K ----- L ----- X		A ----- B ----- C ----- D ----- E ----- F ----- G ----- H ----- I ----- J ----- K ----- L ----- X		A ----- B ----- C ----- D ----- E ----- F ----- G ----- H ----- I ----- J ----- K ----- L ----- X		A ----- B ----- C ----- D ----- E ----- F ----- G ----- H ----- I ----- J ----- K ----- L ----- X	
525	Did he/she have pus coming from his/her ears during the last two weeks?	Yes ----- No ----- Don't Know	1 ----- 2 ----- 3		1 ----- 2 ----- 3		1 ----- 2 ----- 3		1 ----- 2 ----- 3	
526	Did he/she have pus coming from his/her eyes during the last two weeks?	Yes ----- No ----- Don't Know	1 ----- 2 ----- 3		1 ----- 2 ----- 3		1 ----- 2 ----- 3		1 ----- 2 ----- 3	

Line number of child in 'Birth History' Q213		Name (Youngest)	Name (Next to youngest)	Name (Second to youngest)	Name (Third to youngest)
		CODES	SKIP TO	CODES	SKIP TO
527	Did (NAME) have any (other) illness during the last two weeks?	Yes ----- No ----- Don't Know	1 ----- 2 529 ----- 3 529	1 ----- 2 529 ----- 3 529	1 ----- 2 529 ----- 3 529
528	What was this illness?	Illness/symptoms Youngest child _____ Next to youngest _____ Second to youngest _____ Third to youngest _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
529	Did (NAME) ever have the measles?	Yes ----- No ----- Don't Know	1 ----- 2 531 ----- 3 531	1 ----- 2 531 ----- 3 531	1 ----- 2 531 ----- 3 531
530	How old was (NAME) when he/she had the measles?	Age (in years) (Don't Know = 98)	_____ 98	_____ 98	_____ 98
531	Has (NAME) ever been involved in a serious accident?	Yes ----- No	1 ----- 2 NEXT CHILD OR 539	1 ----- 2 NEXT CHILD OR 539	1 ----- 2 NEXT CHILD OR 539
532	What was this accident?	Wound ----- Burn ----- Fracture/Sprain ----- Poisoning ----- Other(specify): _____	1 ----- 2 ----- 3 ----- 4 ----- 6	1 ----- 2 ----- 3 ----- 4 ----- 5	1 ----- 2 ----- 3 ----- 4 ----- 5
533	What was the external cause of this accident?	Youngest child _____ Next to youngest _____ Second to youngest _____ Third to youngest _____	_____ _____ _____ _____	_____ _____ _____ _____	_____ _____ _____ _____
534	Where did this accident happen to (NAME)?	Inside the house ----- Just outside the house ----- Other(specify): _____	1 ----- 2 ----- 6	1 ----- 2 ----- 3	1 ----- 2 ----- 3
535	Was there any long-term implication resulting from the accident?	Yes ----- No	1 ----- 2 NEXT CHILD OR 539	1 ----- 2 NEXT CHILD OR 539	1 ----- 2 NEXT CHILD OR 539
536	What was it?	Youngest child _____ Next to youngest _____ Second to youngest _____ Third to youngest _____	_____ NEXT CHILD OR 539 _____ _____	_____ NEXT CHILD OR 539 _____ _____	_____ NEXT CHILD OR 539 _____ _____

Line number of child in 'Birth History' Q213		Name (Youngest)	Name (Next to youngest)	Name (Second to youngest)	Name (Third to youngest)						
QUESTIONS		CODING CATEGORIES	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	CODES	SKIP TO	
537	During the two weeks before (NAME) died.. did he/she have any of the following symptoms?	A) Diarrhea	Yes:less than 2 days ago	1		1		1		1	
			Yes:2 days or more ago	2		2		2		2	
			No	3		3		3		3	
		B) Vomiting	Yes:less than 2 days ago	1		1		1		1	
			Yes:2 days or more ago	2		2		2		2	
			No	3		3		3		3	
		C) Cough or Difficulty Breathing	Yes:less than 2 days ago	1		1		1		1	
			Yes:2 days or more ago	2		2		2		2	
			No	3		3		3		3	
		D) Fever	Yes:less than 2 days ago	1		1		1		1	
			Yes:2 days or more ago	2		2		2		2	
			No	3		3		3		3	
		E) Rash	Yes:less than 2 days ago	1		1		1		1	
			Yes:2 days or more ago	2		2		2		2	
			No	3		3		3		3	
		F) Convulsions	Yes:less than 2 days ago	1		1		1		1	
			Yes:2 days or more ago	2		2		2		2	
			No	3		3		3		3	
		G) Other illness	Yes(specify):_____	1		1		1		1	
			No	3		2		2		2	
		538	What was the main cause of his/her death?	Reason	REASON:		REASON:		REASON:		REASON:
			<input type="checkbox"/>	NEXT CHILD OR 539	<input type="checkbox"/>	NEXT CHILD OR 539	<input type="checkbox"/>	NEXT CHILD OR 539	<input type="checkbox"/>	NEXT CHILD OR 539	

QUESTIONS		CODING CATEGORIES		SKIP TO
539	When a child is sick with cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker?	Rapid breathing	A	
		Difficult breathing	B	
		Noisy breathing	C	
		recurrent hard cough	D	
		Fever	E	
		Unable to drink	F	
		Not eating/not drinking well	G	
		Getting sicker/very sick	H	
		Not sleeping	I	
		Not getting better	J	
		Other(specify): _____	X	
		Don't know	Z	
		540	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
About same amount to drink	2			
More to drink	3			
Don't know	8			
541	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	
542	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.	Any watery stool	A	
		Repeated watery stool	B	
		Any vomiting	C	
		Repeated vomiting	D	
		Blood in stools	E	
		Fever	F	
		Dehydration/yellow skin	G	
		Marked thirst	H	
		Not eating/not drinking well	I	
		Getting sicker/very sick	J	
		Not getting better	K	
		Not sleeping	L	
		Other(specify): _____	X	
Don't know	Z			

QUESTIONS		CODING CATEGORIES		SKIP TO
543	INTERVIEWER: CHECK 520 ALL COLUMNS	No child received ORS or question was not asked	1	
		-----	-----	-----
		One or more children received ORS	2	601
544	Have you heard of a special product whose name is ORS or Rehydration salt for the treatment of diarrhea?	Yes	1	
		-----	-----	-----
		No	2	

Section 6 : FERTILITY PREFERENCES

QUESTIONS		CODING CATEGORIES		SKIP TO
601	INTERVIEWER: CHECK 201	Currently married -----	1	
		Currently not married	2	614
602	INTERVIEWER: CHECK 307	Husband/wife sterilized -----	1	614
		Couple not sterilized	2	
603	INTERVIEWER: CHECK 231	Pregnant -----	1	
		Not pregnant/Unsure	2	605
604	After the child you are expecting, would you like to have another child or would you prefer not to have any more children?	Have another -----	1	606
		No more	2	609
		Undecided/D.K.	3	608
605	Would you like to have a (another) child or would you prefer not to have any (more) children?	Have another -----	1	
		No more	2	609
		Cannot get pregnant -----	3	
		Undecided/D.K.	4	608
606	[PREGNANT] After the child you expecting now, how long would you like to wait before the birth of another child?  [NOT PREGNANT OR UNSURE] How long would you like to wait from now before the birth of (another) child?	Months -----	1 <input type="text"/> <input type="text"/>	
		Years -----	2 <input type="text"/> <input type="text"/>	
		Soon/now -----	993	
		Can't get pregnant -----	994	609
		Other Specify _____ -----	996	
		Don't know	998	
607	Would you prefer your next child to be a boy or a girl?	Boy -----	1	
		Girl -----	2	609
		Either -----	3	
		Other (specify) : _____ -----	6	

QUESTIONS		CODING CATEGORIES		SKIP TO
608	INTERVIEWER: CHECK 603. IF PREGNANT, SKIP TO 609. OTHERWISE ASK: If you became pregnant in the next few weeks would you be happy, unhappy, or would it not matter?	Happy -----	1	
		Unhappy -----	2	
		Would not matter	3	
609	INTERVIEWER: CHECK 310 CURRENTLY USING CONTRACEPTIVE?	Not asked -----	1	
		Not using -----	2	
		Using	3	614
610	Do you intend to use a method of family planning at any time in the future?	Yes -----	1	
		No -----	2	613
		Don't know	8	613
611	Which method would you prefer to use?	Pill -----	01	
		IUD -----	02	
		Injectables -----	03	
		Implants -----	04	
		Diaphragm/Foam/Jelly -----	05	
		Condom -----	06	
		Female sterilization -----	07	
		Male sterilization -----	08	
		Safe period -----	09	
		Withdrawal -----	10	
		Breastfeeding -----	11	
		Other (specify) : _____ -----	12	
		Don't know	98	
612	When do you plan to begin using (METHOD)?	Within 12 months -----	1	
		From 1 to 2 years -----	2	
		Three years or more -----	3	614
		Undecided	4	

QUESTIONS		CODING CATEGORIES		SKIP TO
613	What is the main reason that you think you will never use a method?	Infrequent sex	22	
		-----	-----	-----
		Menopausal/hysterectomy	23	
		-----	-----	-----
		Subfecund/infecund	24	
		-----	-----	-----
		Want more children	26	
		-----	-----	-----
		Respondent opposed	31	
		-----	-----	-----
		Husband opposed	32	
		-----	-----	-----
		Other relative opposed	33	
		-----	-----	-----
		Religious prohibition	34	
		-----	-----	-----
		Knows no method	41	
-----	-----	-----		
Knows no source	42			
-----	-----	-----		
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 (specify) : _____	96			
-----	-----	-----		
Don't know	98			
614	INTERVIEWER: CHECK 219	Has living children	1	616
		-----	-----	-----
		Has no living children	2	
615	If you could choose exactly the number of children to have in your whole life, how many would that be? IF '00,' SKIP TO 618.	Number	<input type="text"/>	617
		-----	-----	-----
		Other (specify) : _____	9 6	618

QUESTIONS		CODING CATEGORIES		SKIP TO
616	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 '00,' SKIP TO 618	Number	<input type="text"/>	
		Other (specify) : _____	9 6	618
617	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 Other	<input type="text"/> 9 6	
		GIRLS Number Other	<input type="text"/> 9 6	
		EITHER Number Other	<input type="text"/> 9 6	
618	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	Approve	1	
		Disapprove	2	
		No opinion	8	
619	Is it acceptable or not acceptable to you for information on family planning to be provided:  On the radio?.....  On the television?....	Acceptable	Not Acceptable	Don't Know
		1	2	8
		1	2	8
620	In the last few months have you heard about family planning:		YES	NO
		On the radio	1	2
		Television	1	2
		Newspaper or Magazine	1	2
		Poster	1	2
		Leaflets or brochures	1	2
621	In the last few months have you discussed the practice of family planning with your friends, neighbors, or relatives?	Yes	1	
		No	2	623

QUESTIONS		CODING CATEGORIES		SKIP TO
622	With whom did you discuss family planning?  RECORD ALL MENTIONED	Husband ----- Mother ----- Father ----- Sister(s) ----- Brother(s) ----- Daughter(s) ----- Mother-in-law ----- Friends/neighbors ----- Other(specify):-----	A  B  C  D  E  F  G  H  X	
623	INTERVIEWER: CHECK 201	Currently married ----- Currently not married	1  2	  628
624	Do you think that your husband approves or disapproves of couples using a method to avoid pregnancy?	Approves ----- Disapproves ----- Don't know	1  2  8	
625	How often have you talked to your husband about family planning in the past year?	Never ----- Once or twice ----- More often	1  2  3	
626	Have you talked with your husband about the number of children you would like to have?	Yes ----- No	1  2	
627	Do you think that your husband wants the same number of children that you want, or does he want more or fewer than you want?	Same number ----- More children ----- Fewer children ----- Don't know	1  2  3  8	

QUESTIONS		CODING CATEGORIES		SKIP TO
628	In your opinion, what level of education would you like (your daughter/a girl) to obtain?	None	1	
		-----	-----	-----
		Read and write	2	
		-----	-----	-----
		Basic (1-9)	3	
629	In your opinion, What level of education would you like (your son/a boy) to obtain?	-----	-----	-----
		Read and write	2	
		-----	-----	-----
		Primary	3	
		-----	-----	-----
630	In your opinion, what is the most suitable age for (your daughter/a girl) to marry?	Secondary	4	
		-----	-----	-----
		University+	5	
		-----	-----	-----
		Age	<input type="text"/>	
631	In your opinion, how many children should (your daughter/a girl) have?	Other (specify) : _____	9 6	
		-----	-----	-----
		Number	<input type="text"/>	
632	Would you approve or disapprove your daughter(s) (girls) working if a good opportunity for earning cash was available?	Other (specify) : _____	9 6	
		-----	-----	-----
		Approves	1	
		-----	-----	-----
		Conditionally approves	2	
		-----	-----	-----
		Disapproves		

Section 7 : MARRIAGE & HUSBAND'S BACKGROUND & WOMAN'S WORK

QUESTIONS		CODING CATEGORIES		SKIP TO
701	INTERVIEWER: PRESENCE OF OTHERS AT THIS POINT.	Children under 10	1	2
		Husband	1	2
		Other males	1	2
		Other females	1	2
702	INTERVIEWER: CHECK 201	Currently married	1	
		Currently not married	2	704
703	How old is your husband now?	Age	<input type="text"/>	
704	Did your husband ever attend school?	Yes	1	
		No	2	
		Don't know	8	708
705	What was the highest level of education he attended?	Primary	11	
		Unified(1-8)	12	
		Preparatory (7-9)	13	
		Basic (1-9)	14	
		Diploma before Second.	15	
		Secondary	16	
		Diploma after Second.	17	
		University and above	18	
		Don't know	98	708
706	What was the highest class he completed at that level?	Class	<input type="text"/>	
		Don't know	9 8	708

QUESTIONS		CODING CATEGORIES		SKIP TO
707	INTERVIEWER: CHECK 705 & 706	Less than 4 years of primary/unified/basic ----- Four years or more of primary/unified/basic	1  2	 710
708	Can (could) he read a letter or newspaper, for example?	Yes ----- No : ----- Don't know	1  2  8	 710
709	Can(could) he write a letter, for example?	Yes ----- No ----- Don't know	1  2  8	
710	What is (was) his occupation; that is, what kind of work does (did) he mainly do?	_____ ----- Not working ----- Don't know -----	<input type="text"/> <input type="text"/> <input type="text"/>  992  998	 715
711	INTERVIEWER: CHECK 710	Husband in agriculture ----- Not in agriculture	1  2	 714
712	Does (did) your husband work mainly on his or family land, rented land, or on someone else's land?	His/Family land ----- Rented land ----- Someone's land	1  2  3	
713	Does (did) he work mainly for money or does (did) he work for a share of the crops?	Money ----- A share of crops ----- Both ----- Other (specify) : _____	1  2  3  6	
714	Does your husband have any additional or secondary job?  IF YES:  What does he do?	Secondary job: _____ ----- No ----- Don't know	<input type="text"/> <input type="text"/> <input type="text"/>  992  998	

QUESTIONS		CODING CATEGORIES		SKIP TO
715	INTERVIEWER: CHECK 201	Currently married -----	1	
		Not currently married	2	722
716	Has your husband been living with you here continuously during the last three months or has he been away?	Living at home -----	1	720
		Away	2	
717	What is the reason for his absence?	Working elsewhere inside the country -----	1	719
		Working abraod -----	2	
		Other (specify): _____	6	719
718	In which country does he work now?	Country: _____	<input type="text"/>	
719	For how long has he been away?	Months	1 <input type="text"/>	
		Years	2 <input type="text"/>	
720	Does your husband have another wife?  IF 'YES' : How many?	Number of co-wives -----	<input type="text"/>	
		No -----	4	722
		Don't know	8	722
721	Are you the first, second... wife?	Rank _____	<input type="text"/>	
722	Have you been married only once or more than once?	Once -----	1	724
		More than once	2	
723	Is (was) there a blood relation between you and your last husband?	First cousin from Father's side -----	1	
		First cousin from Mother's side -----	2	
		No relation -----	3	
		Other (specify): _____	6	

QUESTIONS		CODING CATEGORIES		SKIP TO
724	<p>Is (was) there a blood relation between you and your (first) husband?</p> <p>.IF 'YES' : What is (was) the type of this relation?</p>	First cousin from Father's side ----- First cousin from Mother's side ----- No relation ----- Other (specify): _____	1 ----- 2 ----- 3 ----- 6	
725	<p>In what month and year did you and your (first) husband begin to live together "Zifaf"?</p>	Month ----- Don't know month ----- Year ----- Don't know year	<input type="text"/> <input type="text"/> ----- 9 8 ----- <input type="text"/> <input type="text"/> ----- 9 8	
726	<p>At what age did you and your (first) husband begin to live together "zifaf"?</p>	Age	<input type="text"/> <input type="text"/>	
727	<p>As you may know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>Before your first marriage... did you work for cash, without money, or you did not work?</p>	Yes: for money ----- Yes: without money ----- Did not work	1 ----- 2 ----- 3	730

QUESTIONS		CODING CATEGORIES		SKIP TO
728	How did you spend the money you earned?	Give it to the family	1	730
		-----	-----	-----
		Kept it	2	
		-----	-----	-----
729	Was the money used mainly to prepare for marriage?	Partly family/partly respondent	3	
		-----	-----	-----
		Other (specify): _____	6	730
		-----	-----	-----
730	Are you now doing any work for cash, not-for-cash, or you are not working?	Yes	1	
		-----	-----	-----
		No	2	
731	Have you done any work in the 12 months for cash, not for cash, or you have not worked?	-----	-----	-----
		Don't know	8	
		-----	-----	-----
732	Are you now doing any work for cash, not-for-cash, or you are not working?	Yes:for cash	1	733
		-----	-----	-----
		Yes:not-for-cash	2	734
733	Who mainly decides(d) how the money you earned will be used?	-----	-----	-----
		Not working	3	
		-----	-----	-----
734	Have you worked after your first marriage for cash, not-for-cash, or you have not worked?	Yes:for cash	1	733
		-----	-----	-----
		Yes:not-for-cash	2	734
735	Have you worked after your first marriage for cash, not-for-cash, or you have not worked?	-----	-----	-----
		Not worked	3	746
		-----	-----	-----
736	Who mainly decides(d) how the money you earned will be used?	Yes: for cash	1	801
		-----	-----	-----
		Yes: not for cash	2	801
		-----	-----	-----
		Not worked	3	746
737	Who mainly decides(d) how the money you earned will be used?	-----	-----	-----
		Respondent	1	
		-----	-----	-----
		Husband	2	
		-----	-----	-----
738	Who mainly decides(d) how the money you earned will be used?	Respondent and Husband	3	
		-----	-----	-----
		Jointly with others	4	
		-----	-----	-----
		Someone else	5	

QUESTIONS		CODING CATEGORIES		SKIP TO
734	What kind of work do you do?  INTERVIEWER: Write response in detail.	_____ _____ _____	<input type="text"/> <input type="text"/> <input type="text"/>	
735	INTERVIEWER: Check 734	Works in Agricultural ----- Doesn't work in Agri.	1 ----- 2	737
736	Do you work mainly on own/family land, do you work on rented land, or do you work on some one's land?	Own/Family land ----- Rented land ----- Someone's land	1 ----- 2 ----- 3	
737	Do you do this work for yourself, for family members, or someone else?	For self ----- for family member ----- Someone else	1 ----- 2 ----- 3	
738	How many hours do you work on a normal day?	Number of hours	<input type="text"/> <input type="text"/>	
739	Do you usually work throughout the year, or do you work seasonally, or only once in while?	Throughout the year ----- Seasonally ----- Once in while	1 ----- 2 ----- 3	741  742
740	During the last 12 months, how many months did you work?	Number of months	<input type="text"/> <input type="text"/>	
741	During these months, how many days a week did you usually work?	Number of days	<input type="checkbox"/>	743
742	During the last 12 months, how many days did you work?	Number of days	<input type="text"/> <input type="text"/> <input type="text"/>	
743	INTERVIEWER: CHECK BIRTH HISTORY TABLE ..Q219, and 219A ANY LIVING CHILDREN <6 YEARS?	Yes (one or more) ----- No (no children)	1 ----- 2	801
744	Do you usually work at home or away from home?	Work at home ----- Work outside home	1 ----- 2	801

QUESTIONS		CODING CATEGORIES		SKIP TO
745	Who usually take care of the children while you are working? RECORD THE MAIN CARETAKER	Respondent ----- Husband ----- Older female child ----- Older male child ----- Other relatives ----- Neighbors ----- friends ----- Servants/hired help ----- Child is in school ----- Institutional childcare ----- Has not worked since last birth ----- Other (specify) : _____	10  11  12  13  14  15  16  17  18  19  95  96	801
746	INTERVIEWER: CHECK 727 & 732 WORKED BEFOFE MARRIAGE AND DID NOT WORK AFTER MARRIAGE?	Yes ----- No	1  2	801
747	Who decided that you do not work after marriage?  RECORD ALL MENTIONED	Respondent ----- Husband ----- Mother-in-law ----- Father-in-law ----- Other relatives ----- Other (specify) : _____	A  B  C  D  E  X	
748	What are the reasons for stop working?  RECORD ALL MENTIONED	Looking after the house ----- Looking after children ----- Social reasons ----- Other (specify) : _____	A  B  C  X	

**Section 8 : MATERNAL MORTALITY**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<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>	
802	<p>CHECK 801: TWO OR MORE BIRTHS <input type="checkbox"/></p>	<p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>	<p>→901</p>
803	<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]
804 What was the name given to your oldest (next oldest) brother or sister?						
805 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
806 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [2]	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [3]	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [4]	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [5]	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [6]	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [7]
807 How old is (NAME)?	<input type="text"/> GO TO NEXT GO TO [2]	<input type="text"/> GO TO NEXT GO TO [3]	<input type="text"/> GO TO NEXT GO TO [4]	<input type="text"/> GO TO NEXT GO TO [5]	<input type="text"/> GO TO NEXT GO TO [6]	<input type="text"/> GO TO NEXT GO TO [7]
808 In what year did (NAME) die?	19 <input type="text"/> GO TO 810 DK.....98					
809 How many years ago did (NAME) die?	<input type="text"/>					
810 How old was (NAME) when she/he died?	<input type="text"/>					
811 INTERVIEWER: CHECK 805, IF MALE GO TO NEXT SIBLING. IF FEMALE AND AGE AT DEATH 10 OR MORE, CONTINUE						
812 Was your sister married or ever-married at the time of her death?	YES.....1 NO.....2 GO TO NEXT					
813 Was (NAME) pregnant when she died?	YES.....1 GO TO 816 NO.....2					
814 Did (NAME) die during childbirth?	YES.....1 GO TO 816 NO.....2					
815 Did (NAME) die within 40 days after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 817					
816 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
817 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO NEXT					
IF NO MORE BROTHERS OR SISTERS,						

	[7]	[8]	[9]	[10]	[11]	[12]
804 What was the name given to (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----
805 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
806 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [8]	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [9]	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [10]	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [11]	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [12]	YES.....1 NO.....2 GO TO 808 DK.....8 GO TO NEXT GO TO [13]
807 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]
808 In what year did (NAME) die?	19 <input type="text"/> GO TO 810 DK.....98	19 <input type="text"/> GO TO 810 DK.....98	19 <input type="text"/> GO TO 810 DK.....98	19 <input type="text"/> GO TO 810 DK.....98	19 <input type="text"/> GO TO 810 DK.....98	19 <input type="text"/> GO TO 810 DK.....98
809 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"/>
810 How old was (NAME) when she/he died?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
811 INTERVIEWER: CHECK 805, IF MALE, OR IF FEMALE AND AGE AT DEATH 10 OR LESS IN 810 GO TO NEXT SIBLING						
812 Was your sister married or ever-married at the time of her death?	YES.....1 NO.....2 GO TO NEXT	YES.....1 NO.....2 GO TO NEXT	YES.....1 NO.....2 GO TO NEXT	YES.....1 NO.....2 GO TO NEXT	YES.....1 NO.....2 GO TO NEXT	YES.....1 NO.....2 GO TO NEXT
813 Was (NAME) pregnant when she died?	YES.....1 GO TO 816 NO.....2	YES.....1 GO TO 816 NO.....2	YES.....1 GO TO 816 NO.....2	YES.....1 GO TO 816 NO.....2	YES.....1 GO TO 816 NO.....2	YES.....1 GO TO 816 NO.....2
814 Did (NAME) die during childbirth?	YES.....1 GO TO 816 NO.....2	YES.....1 GO TO 816 NO.....2	YES.....1 GO TO 816 NO.....2	YES.....1 GO TO 816 NO.....2	YES.....1 GO TO 816 NO.....2	YES.....1 GO TO 816 NO.....2
815 Did (NAME) die within 40 days after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 817	YES.....1 NO.....2 GO TO 817	YES.....1 NO.....2 GO TO 817	YES.....1 NO.....2 GO TO 817	YES.....1 NO.....2 GO TO 817	YES.....1 NO.....2 GO TO 817
816 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
817 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO NEXT	<input type="text"/> GO TO NEXT	<input type="text"/> GO TO NEXT	<input type="text"/> GO TO NEXT	<input type="text"/> GO TO NEXT	<input type="text"/> GO TO NEXT
818	IF THERE ARE NO OTHER SIBLINGS, GO TO 901					

MARK HERE IF MORE THAN 12 SIBLING AND YOU USE ANOTHER QUESTIONNAIRE TO CONTINUE

Section 9 : FEMALE CIRCUMCISION

QUESTIONS		CODING CATEGORIES		SKIP TO
901	Have you heard about the topic of female circumcision?	Yes -----	1	
		No -----	2	1001
902	Have you been circumcised?	Yes -----	1	
		No -----	2	
903	INTERVIEWER: CHECK BIRTH HISTORY SCHEDULE 215 AND 219	At least one living daughter -----	1	
		No living daughter -----	2	912
904	Has any of your daughters been circumcised?	Yes -----	1	
		No -----	2	912
905	How old was she when she was circumcised?	Days -----	1 <input type="text"/> <input type="text"/>	
		Months -----	2 <input type="text"/> <input type="text"/>	
		Years -----	3 <input type="text"/> <input type="text"/>	
906	Do you know what tool was used in the circumcision?	Sharp blade/razor -----	1	
		Scalpel -----	2	
		Scissors -----	3	
		Other (specify): _____ -----	6	
		Don't know -----	8	
907	Who performed the circumcision?	Male doctor -----	11	
		Female doctor -----	12	
		Trained nurse/midwife -----	13	
		Daya/Jidda -----	14	
		Barber -----	15	
		Grandmother/relative -----	16	
		Other (specify): _____ -----	96	

QUESTIONS		CODING CATEGORIES		SKIP TO
908	Where was the circumcision performed?	At home/other place -----	1	
		At health facility	2	
909	Did your daughter have any complications at the time of the circumcision or afterwards?	Yes -----	1	
		No -----	2	912
		Don't know	8	
910	What were the complications?  INTERVIEWER: PROBE FOR OTHER COMPLICATIONS  MARK ALL MENTIONED	Severe pain at wound -----	A	
		Bleeding -----	B	
		Infection/fever -----	C	
		Difficulty in passing urine/urine retention -----	D	
		Swelling -----	E	
		Pus -----	F	
		Other (specify) : _____	X	
911	LOOK AT THE PREVIOUS QUESTION AND ASK: Did you get any medical attention for the (COMPLICATION)?	Yes -----	1	
		No -----	2	
		Don't know	8	
912	Do you think female circumcision should be continued, or should it be discontinued?	Continued -----	1	
		Discontinued -----	2	914
		Don't know	8	915

QUESTIONS		CODING CATEGORIES		SKIP TO
913	<p>Why do you think female circumcision should be continued?</p> <p>MARK ALL MENTIONED</p> <p>INTERVIEWER: PROBE FOR OTHER REASONS</p>	<p>Good tradition ----- A</p> <p>Tradition ----- B</p> <p>Required by religion ----- C</p> <p>Cleanliness ----- D</p> <p>Expect better marriage husband ----- E</p> <p>Preservation of virginity ----- F</p> <p>Other (specify): ----- X</p> <p>Don't know ----- Z</p>		915
914	<p>Why do you think female circumcision should not be continued?</p> <p>PROBE: ASK Anyöother?</p>	<p>Bad tradition ----- A</p> <p>Against religion ----- B</p> <p>Causes many medical complications ----- C</p> <p>Painful personal experience ----- D</p> <p>Against women's dignity ----- E</p> <p>Other (specify): ----- X</p> <p>Don't know ----- Z</p>		
915	<p>INTERVIEWER: CHECK 201</p>	<p>Currently married ----- 1</p> <p>Currently not married ----- 2</p>		1001
916	<p>Have you talked about circumcision with your husband?</p>	<p>Yes ----- 1</p> <p>No ----- 2</p>		
917	<p>What is your husband's opinion about circumcision?</p>	<p>Continue circumcision ----- 1</p> <p>Discontinue circum. ----- 2</p> <p>Not clear about his opinion ----- 3</p> <p>Don't know ----- 8</p>		

SECTION 10. HEIGHT AND WEIGHT

1001	CHECK BIRTH HISTORY: ONE OR MORE BIRTHS SINCE JAN. 1992	<input type="checkbox"/>	NO BIRTHS SINCE JAN. 1992	<input type="checkbox"/>	END
Question		<input type="checkbox"/> 1 RESPONDENT	<input type="checkbox"/> 2 YOUNGEST LIVING CHILD	<input type="checkbox"/> 3 NEXT-TO- YOUNGEST LIVING CHILD	<input type="checkbox"/> 4 SECOND-TO- YOUNGEST LIVING CHILD
1002 LINE NO. FROM Q.213			<input type="text"/>	<input type="text"/>	<input type="text"/>
1003 NAME FROM Q.214 FOR CHILDREN			(NAME)	(NAME)	(NAME)
1004 DATE OF BIRTH  FROM Q.217AND 218, AND ASK FOR DAY OF BIRTH			DAY..... MONTH.... YEAR.....	DAY..... MONTH.... YEAR.....	DAY..... MONTH.... YEAR.....
1005 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
1006 HEIGHT (in centimeters)		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
1007 WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?			LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
1008 WEIGHT (in kilograms)		<input type="text"/>	0 <input type="text"/>	0 <input type="text"/>	0 <input type="text"/>
1009 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)
1010 NAME OF MEASURER:		<input type="text"/>	NAME OF ASSISTANT:	<input type="text"/>	
1011 TIME ENDED INTERVIEW		HOURS <input type="text"/>	MINUTES <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: \_\_\_\_\_