

HACETTEPE UNIVERSITY INSTITUTE OF POPULATION STUDIES
2008 TURKEY DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

IDENTIFICATION	
CLUSTER NO..... <div style="display: inline-block; width: 100px; height: 20px; border: 1px solid black; position: relative;"> </div>	PROVINCE..... <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>
HOUSEHOLD NO..... <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>	DISTRICT..... <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>
5 REGIONS..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; position: relative;"> </div>	SUB-DISTRICT..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; position: relative;"> </div>
12 REGIONS..... <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>	VILLAGE..... <div style="display: inline-block; width: 90px; height: 20px; border: 1px solid black; position: relative;"> </div>
PLACE OF RESIDENCE-URBAN(1)-RURAL(2)..... <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; position: relative;"> </div>	QUARTER.....
STREET..... NO.....	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE (DAY-MONTH)	__ __	__ __	__ __	<div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>
NAME-SURNAME OF INTERVIEWER	_____	_____	_____	<div style="display: inline-block; width: 90px; height: 20px; border: 1px solid black; position: relative;"> </div>
RESULT (*)	__	__	__	<div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>
<div style="display: flex; justify-content: space-between;"> NEXT VISIT DATE TIME </div>	<div style="display: flex; justify-content: space-between;"> __ __ __ __ </div>	<div style="display: flex; justify-content: space-between;"> __ __ __ __ </div>		TOTAL NUMBER OF VISITS <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; position: relative;"> </div>

(*) RESULT CODES	NUMBER OF PERSONS
01 COMPLETED	
02 NONE OF THE HOUSEHOLD MEMBERS OR NO ELIGIBLE MEMBER PRESENT AT HOME DURING VISITS	TOTAL NO. OF PERSONS IN HOUSEHOLD LIST..... <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>
03 NONE OF THE HOUSEHOLD MEMBERS PRESENT AT HOME DURING THE SURVEY PERIOD	
04 POSTPONED	TOTAL USUAL RESIDENTS OF HOUSEHOLD..... <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>
05 REFUSED	
06 DWELLING VACANT/ADDRESS NOT A DWELLING	
07 DWELLING DESTROYED	TOTAL EVER MARRIED 15-49 WOMEN..... <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>
08 DWELLING NOT FOUND	
09 PARTLY COMPLETED	
96 OTHER _____ (SPECIFY)	

SUPERVISOR	FIELD EDITOR	KEYER - 1	KEYER - 2
<div style="display: flex; justify-content: space-between;"> _____ <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div> </div>	<div style="display: flex; justify-content: space-between;"> _____ <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div> </div>	<div style="display: flex; justify-content: space-between;"> _____ <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div> </div>	<div style="display: flex; justify-content: space-between;"> _____ <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div> </div>
DAY-MONTH <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>	DAY-MONTH <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>	DAY-MONTH <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>	DAY-MONTH <div style="display: inline-block; width: 60px; height: 20px; border: 1px solid black; position: relative;"> </div>

CONSENT PAGE

Hello, my name is _____. I am coming from Ankara, Hacettepe University Institute of Population Studies. We are conducting a survey with Ministry of Health on population and health. I want to talk to you and ask you some questions about these subjects.

You are selected to this survey randomly. All your answers are confidential. Participation in the survey is completely voluntary but attending to this survey and sharing your experiences with us is going to be helpful for the other women in Turkey, and contribute to the planning and development of the services for mother and child health.

First of all, I am going to ask questions about your household. Interview will take about 15 minutes to complete.

Do you agree to interview?

RESPONDENT AGREES TO BE INTERVIEWED1	RESPONDENT DOES NOT AGREE TO BE INTERVIEWED....2
<i>ASK THE PERSON WHO IS GOING TO ANSWER THE HOUSEHOLD QUESTIONNAIRE WHETHER HE/SHE HAS QUESTIONS ABOUT THE SURVEY. MAKE THE NECESSARY EXPLANATIONS AND START THE INTERVIEW.</i>	<i>THANK TO THE PERSON WHOM YOU TALKED TO FOR SPENDING HIS/HER TIME AND FINISH THE INTERVIEW.</i>

Signature of the interviewer:.....

Date: __/__/____

HOUR	<input type="text"/>	<input type="text"/>	MINUTE	<input type="text"/>	<input type="text"/>
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SECTION 1 – HOUSEHOLD LIST

Now I would like to get some information about people in this household, such as age and education.

HH LINE NO	HOUSEHOLD LIST <i>CONTINUE BY ASKING A-B-C-D-E.</i>	RELATIONSHIP TO HEAD OF HH	HOUSEHOLD MEMBERSHIP		SEX	AGE
	A. Would you please tell me the names of the persons living in this household beginning with the household head? B. Is there anyone who usually lives in this house but is absent at present? C. Additionally, are there persons who do not live here but who have stayed here last night? D. Are there any other persons such as small children or infants? E. Are there any others who are not members of your family but live here, such as lodgers, friends, or servants?	What is the relationship of to the household head? <i>USE CODE LIST.</i>	Does usually live here? YES.....1 NO.....2	Did sleep here last night? YES.....1 NO.....2	Is male or female? MALE.....1 FEMALE...2	How old is? (what age has completed?) <i>OBTAIN AGE IN COMPLETED YEARS. IF OLDER THAN 95, WRITE "95".</i>
(1)	(2)	(3)	(4)	(5)	(6)	(7)
01		<input type="text" value="0"/> <input type="text" value="1"/>	1 2	1 2	1 2	<input type="text"/>
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>

TICK HERE IF AN ADDITIONAL QUESTIONNAIRE IS USED AND PROCEED WITH THE REST OF THE INTERVIEW ON THE ADDITIONAL QUESTIONNAIRE. ☐

(3) CODES FOR RELATIONSHIP TO HOUSEHOLD HEAD			
01 HEAD	08 SIBLING	15 GRAND PARENT	22 SECOND WIFE
02 WIFE/HUSBAND	09 SIBLING'S PARTNER	16 GRAND PARENT –IN- LAW	23 HUSBAND'S SECOND WIFE
03 SON/DAUGHTER	10 SIBLING'S CHILD	17 SIBLING –IN- LAW	24 STEP MOTHER/FATHER
04 SON/DAUGHTER -IN -LAW	11 FATHER'S SIBLING	18 SIBLING –IN- LAW'S PARTNER	25 ADOPTED CHILD
05 GRANDCHILD	12 MOTHER'S SIBLING	19 SIBLING -IN-LAW'S CHILD	88 NOT RELATED
06 PARENT	13 STEP CHILD	20 FATHER –IN-LAW'S SIBLING	96 OTHER RELATIVE
07 PARENT -IN -LAW	14 COUSIN	21 MOTHER-IN-LAW'S SIBLING	

HH LINE NO	PLACE OF BIRTH	PLACE OF RESIDENCE FOR VISITORS	MATERNAL SURVIVAL		PATERNAL SURVIVAL			
	In which province was born? Was it then a province centre, district centre, sub-district or village, or was it abroad? <i>RECORD THE PRESENT PROVINCE OF PLACE OF BIRTH. PROVINCE TRAFFIC CODES. RECORD "90" FOR ABROAD.</i>	<i>CHECK QUESTION 4. IF USUALLY LIVES IN THIS HOUSEHOLD, SKIP TO 10. IF NOT, ASK.</i> Where does live currently? Is this a province centre, district centre, sub-district or village, or is it abroad?	Is.....'s natural mother alive? ALIVE.....1 DEAD2 DK.....8	 <i>RECORD LINE NO. IF LISTED IN THE HOUSE. RECORD "96" IF LIVING ELSEWHERE.</i>	Is.....'s natural father alive? ALIVE.....1 DEAD2 DK.....8	 <i>RECORD LINE NO. IF LISTED IN THE HOUSE. RECORD "96" IF LIVING ELSEWHERE.</i>		
(1)	(8A) PROVINCE	(8B) P.O.R.	(9A) PROVINCE	(9B) P.O.R.	(10)	(11)	(12)	(13)
01	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 └─┬─┐ 12	<input type="text"/>	1 2 8 └─┬─┐ 14	<input type="text"/>
02	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 └─┬─┐ 12	<input type="text"/>	1 2 8 └─┬─┐ 14	<input type="text"/>
03	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 └─┬─┐ 12	<input type="text"/>	1 2 8 └─┬─┐ 14	<input type="text"/>
04	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 └─┬─┐ 12	<input type="text"/>	1 2 8 └─┬─┐ 14	<input type="text"/>
05	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 └─┬─┐ 12	<input type="text"/>	1 2 8 └─┬─┐ 14	<input type="text"/>
06	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 └─┬─┐ 12	<input type="text"/>	1 2 8 └─┬─┐ 14	<input type="text"/>
07	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 └─┬─┐ 12	<input type="text"/>	1 2 8 └─┬─┐ 14	<input type="text"/>
08	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 └─┬─┐ 12	<input type="text"/>	1 2 8 └─┬─┐ 14	<input type="text"/>
09	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 └─┬─┐ 12	<input type="text"/>	1 2 8 └─┬─┐ 14	<input type="text"/>
10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1 2 8 └─┬─┐ 12	<input type="text"/>	1 2 8 └─┬─┐ 14	<input type="text"/>

(8B-9B) CODES FOR TYPE OF PLACE OF RESIDENCE

- 1 PROVINCE CENTER
- 2 DISTRICT CENTER
- 3 SUB-DISTRICT/VILLAGE
- 4 ABROAD

HH LINE NO	LITERACY AND EDUCATION STATUS				SCHOOL ATTENDANCE	
	AGES 6 AND OVER				AGE 6-24	
	Is literate?	Has ever attended school?	What is the highest level of school attended? What is the highest grade completed at that level?	Did graduate from this school? (Did receive a diploma?)	Is attending school this educational year?	Which level of school and grade is attending?
	YES1 NO2 DK8	YES1 NO2 DK8	USE CODE LIST. LEVEL GRADE	YES1 NO2 DK8	YES1 NO2 DK8	USE CODE LIST. LEVEL GRADE
(1)	(14)	(15)	(16A) (16B)	(17)	(18)	(19A) (19B)
01	1 2 8	1 2 8 └─┐→ 22	<input type="text"/> <input type="text"/>	1 2 8	1 2 8 └─┐→ 20	<input type="text"/> <input type="text"/>
02	1 2 8	1 2 8 └─┐→ 22	<input type="text"/> <input type="text"/>	1 2 8	1 2 8 └─┐→ 20	<input type="text"/> <input type="text"/>
03	1 2 8	1 2 8 └─┐→ 22	<input type="text"/> <input type="text"/>	1 2 8	1 2 8 └─┐→ 20	<input type="text"/> <input type="text"/>
04	1 2 8	1 2 8 └─┐→ 22	<input type="text"/> <input type="text"/>	1 2 8	1 2 8 └─┐→ 20	<input type="text"/> <input type="text"/>
05	1 2 8	1 2 8 └─┐→ 22	<input type="text"/> <input type="text"/>	1 2 8	1 2 8 └─┐→ 20	<input type="text"/> <input type="text"/>
06	1 2 8	1 2 8 └─┐→ 22	<input type="text"/> <input type="text"/>	1 2 8	1 2 8 └─┐→ 20	<input type="text"/> <input type="text"/>
07	1 2 8	1 2 8 └─┐→ 22	<input type="text"/> <input type="text"/>	1 2 8	1 2 8 └─┐→ 20	<input type="text"/> <input type="text"/>
08	1 2 8	1 2 8 └─┐→ 22	<input type="text"/> <input type="text"/>	1 2 8	1 2 8 └─┐→ 20	<input type="text"/> <input type="text"/>
09	1 2 8	1 2 8 └─┐→ 22	<input type="text"/> <input type="text"/>	1 2 8	1 2 8 └─┐→ 20	<input type="text"/> <input type="text"/>
10	1 2 8	1 2 8 └─┐→ 22	<input type="text"/> <input type="text"/>	1 2 8	1 2 8 └─┐→ 20	<input type="text"/> <input type="text"/>

(16A-19A-21A) LEVEL CODES
1 PRIMARY SCHOOL
2 SECONDARY SCHOOL
3 PRIMARY EDUCATION
4 HIGH SCHOOL
5 UNIVERSITY
6 MASTER'S DEGREE
7 Ph.D.
8 DK

(16B-19B-21B) GRADE CODES
00 LESS THAN ONE YEAR/PREPARATORY LEVEL
66 MASTER'S/Ph.D.
98 DK

HH LINE NO	SCHOOL ATTENDANCE		MARITAL STATUS		
	AGE 6-24		AGE 12 AND OVER		
	Did attend school last year? (2007-2008)	Which level of school and grade did..... attend?	Has ever married?	What is.....'s marital status?	<i>RECORD HH LINE NO OF HUSBAND AND SKIP TO 25.</i> <i>IF HUSBAND IS NOT IN THE HOUSEHOLD LIST, RECORD "96".</i>
	YES..... 1 NO..... 2 DK..... 8	<i>USE CODE LIST.</i> LEVEL GRADE	YES.....1 NO.....2	CURRENTLY MARRIED..... 1 WIDOWED..... 2 DIVORCED..... 3 SEPARATED..... 4 DK..... 8	
(1)	(20)	(21A) (21B)	(22)	(23)	(24)
01	1 2 8 └───┐→ 22	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>	1 2 └───┐→ 26	1 2 3 4 8 └───┐→ 25	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>
02	1 2 8 └───┐→ 22	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>	1 2 └───┐→ 26	1 2 3 4 8 └───┐→ 25	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>
03	1 2 8 └───┐→ 22	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>	1 2 └───┐→ 26	1 2 3 4 8 └───┐→ 25	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>
04	1 2 8 └───┐→ 22	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>	1 2 └───┐→ 26	1 2 3 4 8 └───┐→ 25	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>
05	1 2 8 └───┐→ 22	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>	1 2 └───┐→ 26	1 2 3 4 8 └───┐→ 25	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>
06	1 2 8 └───┐→ 22	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>	1 2 └───┐→ 26	1 2 3 4 8 └───┐→ 25	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>
07	1 2 8 └───┐→ 22	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>	1 2 └───┐→ 26	1 2 3 4 8 └───┐→ 25	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>
08	1 2 8 └───┐→ 22	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>	1 2 └───┐→ 26	1 2 3 4 8 └───┐→ 25	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>
09	1 2 8 └───┐→ 22	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>	1 2 └───┐→ 26	1 2 3 4 8 └───┐→ 25	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>
10	1 2 8 └───┐→ 22	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>	1 2 └───┐→ 26	1 2 3 4 8 └───┐→ 25	<div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 30px; height: 30px; border: 1px solid black;"></div>

HH LINE NO	ELIGIBILITY FOR INDIVIDUAL INTERVIEW WOMEN AGED 15-49	ELIGIBILITY FOR NEVER MARRIED WOMEN MODULE WOMEN AGED 15-49	ELIGIBILITY TO THE WELFARE OF THE ELDERLY MODULE AGES 60 AND OVER
	<i>CIRCLE LINE NUMBER IF EVER MARRIED WOMAN AGE 15-49 AND SKIP TO NEXT PERSON. IF NOT, SKIP TO 27.</i>	<i>CIRCLE LINE NUMBER IF NEVER MARRIED WOMAN AGE 15-49 AND SKIP TO NEXT PERSON. IF NOT, SKIP TO 27.</i>	<i>CIRCLE LINE NUMBER IF PERSON AGE 60 AND OVER AND SKIP TO NEXT PERSON.</i>
(1)	(25)	(26)	(27)
01	01	01	01
02	02	02	02
03	03	03	03
04	04	04	04
05	05	05	05
06	06	06	06
07	07	07	07
08	08	08	08
09	09	09	09
10	10	10	10

***AFTER DETERMINING THE ELIGIBLE
PERSONS, GO BACK TO THE COVER PAGE
AND COMPLETE THE NUMBER OF
PERSONS SECTION.***

SECTION 2. NEVER MARRIED WOMAN INFORMATION FORM

50	<p><i>CHECK 26 IN THE HOUSEHOLD LIST:</i></p> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <p>AT LEAST ONE PERSON WAS RECORDED</p> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> <div style="text-align: center;"> <p>NOBODY WAS RECORDED</p> <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-between; align-items: center; margin-top: 10px;"> <div style="text-align: center;"> <p>↓</p> </div> <div style="text-align: center;"> <p>→ 70</p> </div> </div>	
51	<p>TOTAL NUMBER OF NEVER MARRIED WOMEN.....</p> <div style="border: 1px solid black; width: 30px; height: 20px; margin-left: 10px;"></div>	

RECORD THE NAMES AND THE LINE NUMBERS OF NEVER MARRIED WOMEN FROM THE HOUSEHOLD LIST. ASK THE QUESTIONS SEPARATELY FOR EACH RECORDED WOMAN. IF THERE ARE MORE THAN ONE NEVER MARRIED WOMAN, BEGIN WITH THE WOMAN AT THE TOP OF LIST. IF THERE ARE MORE THAN TWO NEVER MARREID WOMEN, USE AN ADDITIONAL QUESTIONNAIRE.

	<p>FROM 2</p> <p>FROM 1</p>	<p>NAME</p> <p>LINE NO <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></p>		<p>NAME</p> <p>LINE NO <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></p>	
53	<p>For most of the time until was 12 years old, in which province did she live?</p> <p><i>RECORD THE NAME AND CODE OF THE PROVINCE.</i></p>	<p>PROVINCE NAME PROVINCE CODE</p> <p>..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></p>		<p>PROVINCE NAME PROVINCE CODE</p> <p>..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></p>	
53A	<p>Was this place then a province centre, a district centre, a sub- district or a village ? Or was it abroad?</p>	<p>PROVINCE CENTER 1 DISTRICT CENTER 2 SUBDSITRICT/VILLAGE 3 ABROAD 4 DON'T KNOW 8</p>		<p>PROVINCE CENTER 1 DISTRICT CENTER 2 SUBDSITRICT/VILLAGE 3 ABROAD 4 DON'T KNOW 8</p>	
54	<p>How long has she been living continuously in (NAME OF CURRENT PLACE OF INTERVIEW OR USUAL RESIDENCE)?</p>	<p>YEAR <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></p> <p>SINCE SHE WAS BORN.....95 → 57 DON'T KNOW.....98</p>		<p>YEAR <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></p> <p>SINCE SHE WAS BORN.....95 → 57 DON'T KNOW.....98</p>	
55	<p>Where did she live before she moved here (there)?</p> <p><i>RECORD THE NAME AND CODE OF THE PROVINCE.</i></p>	<p>PROVINCE NAME PROVINCE CODE</p> <p>..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></p>		<p>PROVINCE NAME PROVINCE CODE</p> <p>..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div></p>	
56	<p>Was this place then a province centre, a district centre, a sub- district or a village ? Or was it abroad?</p>	<p>PROVINCE CENTER 1 DISTRICT CENTER 2 SUBDSITRICT/VILLAGE 3 ABROAD 4 DON'T KNOW 8</p>		<p>PROVINCE CENTER 1 DISTRICT CENTER 2 SUBDSITRICT/VILLAGE 3 ABROAD 4 DON'T KNOW 8</p>	

	FROM 2	NAME _____		NAME _____	
	FROM 1	LINE NO <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>		LINE NO <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
57	What is 's mother tongue? <i>RECORD ONE LANGUAGE ONLY.</i>	TURKISH1 KURDISH2 ARABIC3 OTHER7 (SPECIFY) DON'T KNOW8 → 59		TURKISH1 KURDISH2 ARABIC3 OTHER7 (SPECIFY) DON'T KNOW8 → 59	
57A	Which languages besides her mother tongue can speak? <i>RECORD ALL LANGUAGES MENTIONED.</i>	TURKISHA KURDISHB ARABICC OTHERU (SPECIFY) NO OTHER LANGUAGE..... Y DON'T KNOW..... X		TURKISHA KURDISHB ARABICC OTHERU (SPECIFY) NO OTHER LANGUAGE..... Y DON'T KNOW..... X	
59	Is currently engaged or promised, or does she have a boyfriend whom she plans to marry?	YES1 NO.....2		YES1 NO.....2	
60	Did work in a regular or an irregular job whether paid or unpaid in the past week?	YES1 → 63 NO.....2 DON'T KNOW.....8		YES1 → 63 NO.....2 DON'T KNOW.....8	
61	As you know some women sell small things, sell goods at the market place, work on the family farm or business paid or unpaid, look after children, work as housemaids etc. Did do any of these or any other work of similar nature in the last week?	YES.....1 → 63 NO.....2 DON'T KNOW.....8		YES.....1 → 63 NO.....2 DON'T KNOW.....8	
62	Does have a job she normally works at?	YES1 NO.....2 → 67 DON'T KNOW.....8 → 67		YES1 NO.....2 → 67 DON'T KNOW.....8 → 67	

	FROM 2	NAME		NAME	
	FROM 1	LINE NO.		LINE NO.	
63	What is’s occupation? What kind of job does she have? <i>RECORD THE JOB IN DETAIL AND CIRCLE THE APPROPRIATE SECTOR IN THE NEXT COLUMN</i> <i>(1st WOMAN)</i> <i>(2nd WOMAN)</i>	AGRICULTURE..... 1 INDUSTRY..... 2 SERVICES..... 3 DON’T KNOW..... 8		AGRICULTURE..... 1 INDUSTRY..... 2 SERVICES..... 3 DON’T KNOW..... 8	
64	Does work for public or private sector?	PUBLIC..... 1 PRIVATE..... 2 DON’T KNOW..... 8		PUBLIC..... 1 PRIVATE..... 2 DON’T KNOW..... 8	
65	What is’s status/position in her job?	EMPLOYER..... 01 WAGED, WORKER (REGULAR)..... 02 SALARIED, GOVERNMENT OFFICAL..... 03 DAILY WAGED (SEASONAL/TEMPORAL)..... 04 SELF EMPLOYED (REGULAR)..... 05 SELF EMPLOYED (IRREGULAR)..... 06 UNPAID FAMILY WORKER..... 07 OTHER 96 (SPECIFY) DON’T KNOW..... 98		EMPLOYER..... 01 WAGED, WORKER (REGULAR)..... 02 SALARIED, GOVERNMENT OFFICAL..... 03 DAILY WAGED (SEASONAL/TEMPORAL)..... 04 SELF EMPLOYED (REGULAR)..... 05 SELF EMPLOYED (IRREGULAR)..... 06 UNPAID FAMILY WORKER..... 07 OTHER 96 (SPECIFY) DON’T KNOW..... 98	
66	Does pay social security when doing this job? (IF YES) According to which schedule?	NO..... 0 SSK 1 EMEKLİ SANDIĞI 2 BAĞ-KUR 3 PRIVATE..... 4 YEŞİL KART 5 OTHER 7 (SPECIFY) DON’T KNOW..... 8		NO..... 0 SSK 1 EMEKLİ SANDIĞI 2 BAĞ-KUR 3 PRIVATE..... 4 YEŞİL KART 5 OTHER 7 (SPECIFY) DON’T KNOW..... 8	
67	Is covered by any health insurance? (IF YES) According to which schedule?	NO..... 0 SSK 1 EMEKLİ SANDIĞI 2 BAĞ-KUR 3 PRIVATE HEALTH INSURANCE..... 4 YEŞİL KART 5 OTHER 7 (SPECIFY) DON’T KNOW..... 8		NO..... 0 SSK 1 EMEKLİ SANDIĞI 2 BAĞ-KUR 3 PRIVATE HEALTH INSURANCE..... 4 YEŞİL KART 5 OTHER 7 (SPECIFY) DON’T KNOW..... 8	
68		IF THERE IS ANOTHER NEVER MARRIED WOMAN IN THE HOUSEHOLD, RETURN TO 53. SKIP TO NEXT SECTION OTHERWISE.		IF THERE IS ANOTHER NEVER MARRIED WOMAN IN THE HOUSEHOLD, RETURN TO 53 IN THE 1 ST COLUMN IN THE ADDITIONAL QUESTIONNAIRE. SKIP TO NEXT SECTION OTHERWISE.	

SECTION 3. WELFARE OF ELDERLY

70	<p><i>CHECK 27; IN HOUSEHOLD LIST:</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p>THERE IS AT LEAST ONE PERSON AGE 60 AND OVER RECORDED <input style="width: 30px; height: 20px;" type="checkbox"/></p> </div> <div style="width: 45%;"> <p>NOBODY IS RECORDED <input style="width: 30px; height: 20px;" type="checkbox"/> → 123</p> </div> </div>			
71	<p>TOTAL NUMBER OF ELDERLY PERSONS IN THE HOUSEHOLD LIST <input style="width: 30px; height: 20px;" type="text"/></p>			
<p><i>ENTER THE NAME AND LINE NUMBER OF EACH PERSON 60 AND OVER LISTED IN THE HOUSEHOLD SCHEDULE. ASK QUESTIONS ABOUT EACH OF THE LISTED PERSONS SEPARATELY. BEGIN WITH THE FIRST ELDERLY ON THE HOUSEHOLD LIST. IF THERE ARE MORE THAN 2 ELDERLY, USE ADDITIONAL QUESTIONNAIRE.</i></p>				
	<p>FROM 2</p> <p>FROM 1</p>	<p>NAME</p> <p>LINE NO <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	<p>NAME</p> <p>LINE NO <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>	
72	<p>Does have any living own children?</p> <p>(IF YES) How many?</p>	<p>NO LIVING CHILD.....00 → 74</p> <p>NO. OF OWN CHILDREN <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>		<p>NO LIVING CHILD.....00 → 74</p> <p>NO. OF OWN CHILDREN <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
73	<p>Where do 's own children live of his/her own?</p> <p><i>FOR ALL CHILDREN, CIRCLE MORE THAN ONE IF NECESSARY.</i></p>	<p>SAME HOUSE.....A SAME BUILDING/STREET OR QUARTER.....B SAME CITY/VILLAGE.....C CLOSE CITY/VILLAGE.....D DISTANT CITY/VILLAGE.....E OTHER COUNTRY.....F DK.....X</p>		<p>SAME HOUSE.....A SAME BUILDING/STREET OR QUARTER.....B SAME CITY/VILLAGE.....C CLOSE CITY/VILLAGE.....D DISTANT CITY/VILLAGE.....E OTHER COUNTRY.....F DK.....X</p>
74	<p>Does have any living step children?</p> <p>IF YES: How many?</p>	<p>NO LIVING STEP CHILD.....00 → 76</p> <p>NO. OF STEP CHILDREN <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>		<p>NO LIVING STEP CHILD.....00 → 76</p> <p>NO. OF STEP CHILDREN <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/></p>
75	<p>Where do 's step children live?</p> <p><i>FOR ALL CHILDREN, CIRCLE MORE THAN ONE IF NECESSARY.</i></p>	<p>SAME HOUSE.....A SAME BUILDING/STREET OR QUARTER.....B SAME CITY/VILLAGE.....C CLOSE CITY/VILLAGE.....D DISTANT CITY/VILLAGE.....E OTHER COUNTRY.....F DK.....X</p>		<p>SAME HOUSE.....A SAME BUILDING/STREET OR QUARTER.....B SAME CITY/VILLAGE.....C CLOSE CITY/VILLAGE.....D DISTANT CITY/VILLAGE.....E OTHER COUNTRY.....F DK.....X</p>

	FROM 2	NAME _____		NAME _____	
	FROM 1	LINE NO <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>		LINE NO <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div>	
76	Who takes the main responsibility for’s needs, health and welfare?	HIMSELF/HERSELF.....01 HUSBAND/WIFE.....02 OWN DAUGHTER.....03 OWN SON.....04 STEP DAUGHTER.....05 STEP SON.....06 CHILDREN IN LAW.....07 SIBLING.....08 GRANDCHILD.....09 SIBLING’S CHILD.....10 OTHER CLOSE RELATIVE.....11 DISTANT RELATIVE.....12 NEIGHBOUR.....13 PAID CARETAKER.....14 OTHER96 (SPECIFY)		HIMSELF/HERSELF.....01 HUSBAND/WIFE.....02 OWN DAUGHTER.....03 OWN SON.....04 STEP DAUGHTER.....05 STEP SON.....06 CHILDREN IN LAW.....07 SIBLING.....08 GRANDCHILD.....09 SIBLING’S CHILD.....10 OTHER CLOSE RELATIVE.....11 DISTANT RELATIVE.....12 NEIGHBOUR.....13 PAID CARETAKER.....14 OTHER96 (SPECIFY)	
77	Does have any income?	YES1 NO2 → 79		YES1 NO2 → 79	
78	What are the source(s) of this income? <i>RECORD ALL MENTIONED.</i>	PENSION (SELF).....A PENSION (INDIRECT).....B OLD AGE PENSION.....C RENT/INTEREST.....D FROM RELATIVE IN TURKEY.....E FROM RELATIVE ABROAD.....F SALARY/WAGE.....G OTHERU (SPECIFY)		PENSION (SELF).....A PENSION (INDIRECT).....B OLD AGE PENSION.....C RENT/INTEREST.....D FROM RELATIVE HERE.....E FROM RELATIVE ABROAD.....F SALARY/WAGE.....G OTHERU (SPECIFY)	
79	Is he/she covered by any health insurance? <i>(IF YES) According to which schedule?</i>	NO0 SSK1 EMEKLİ SANDIĞI2 BAĞ-KUR3 PRIVATE HEALTH INSURANCE.....4 YEŞİL CARD5 OTHER7 (SPECIFY) DK8		NO0 SSK1 EMEKLİ SANDIĞI2 BAĞ-KUR3 PRIVATE HEALTH INSURANCE.....4 YEŞİL CARD5 OTHER7 (SPECIFY) DK8	
80	Does have a continuous health problem or disability that handicaps her/his daily life activities?	YES.....1 NO.....2 → 82		YES.....1 NO.....2 → 82	
81	For how long has this health problem handicapped ...’s daily activities?	SINCE BIRTH000 MONTH.....1 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> YEAR2 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON’T KNOW998		SINCE BIRTH000 MONTH.....1 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> YEAR2 <div style="display: inline-block; width: 40px; height: 20px; border: 1px solid black; vertical-align: middle;"></div> DON’T KNOW998	

	FROM 2 FROM 1	NAME _____ LINE NO <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>				NAME _____ LINE NO <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>																																																																																							
82	Is..... continuously confined to bed?	YES1 NO2	→ 85	YES1 NO2	→ 85																																																																																								
83	Is confined to chair/armchair all day long?	YES1 NO2		YES1 NO2																																																																																									
84	Is’s daily life limited to house/flat or garden?	YES1 NO2		YES1 NO2																																																																																									
85	Does do the things I will list now easily, with difficulty or only with the assistance of another person?	<table border="1"> <thead> <tr> <th>EASY</th> <th>WITH DIFF.</th> <th>WITH ASSISTANCE</th> <th>IMPOSSIB LE</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> </tbody> </table>	EASY	WITH DIFF.	WITH ASSISTANCE	IMPOSSIB LE	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4		<table border="1"> <thead> <tr> <th>EASY</th> <th>WITH DIFF.</th> <th>WITH ASSISTANCE</th> <th>IMPOSSIB LE</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>4</td></tr> </tbody> </table>	EASY	WITH DIFF.	WITH ASSISTANCE	IMPOSSIB LE	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	
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86		IF THERE IS ANOTHER ELDERLY IN THE HOUSE RETURN TO QUESTION 72; OTHERWISE, SKIP TO NEXT SECTION		IF THERE IS ANOTHER ELDERLY RETURN TO QUESTION 72 IN FIRST COLUMN IN ADDITIONAL QUESTIONNAIRE; OTHERWISE, SKIP TO NEXT SECTION																																																																																									

SECTION 4. HOUSING CHARACTERISTICS

123	<p>Now I will ask some questions about the dwelling that you usually live in.</p> <p>Does the house you live in belong to a household member, is it rented from someone else, is it a lodging, or do you just live here without having to pay anything?</p>	<p>OWNED BY A HOUSEHOLD MEMBER.....1</p> <p>RENTED2</p> <p>LODGING3</p> <p>NO RENT PAID.....4</p> <p>OTHER _____ 7</p> <p style="text-align: center;">(SPECIFY)</p>			
125	<p>Does anyone from this household own a house other than this one elsewhere?</p>	<p>YES1</p> <p>NO2</p>			
129	<p>What is the source of drinking water for members of your household?</p>	<p>PIPED WATER</p> <p style="padding-left: 20px;">PIPED WATER IN HOUSE/GARDEN.....11 → 133</p> <p style="padding-left: 20px;">PUB. PIPED WATER OUTSIDE HOUSE/GARDEN .12</p> <p>WELL WATER</p> <p style="padding-left: 20px;">WELL IN HOUSE/GARDEN21 → 133</p> <p style="padding-left: 20px;">PUBLIC WELL22</p> <p>SURFACE WATER</p> <p style="padding-left: 20px;">PIPED SURFACE WATER IN HOUSE/GARDEN31 → 133</p> <p style="padding-left: 20px;">SPRING/PUBLIC FOUNTAIN32</p> <p style="padding-left: 20px;">RIVER/STREAM/POND/LAKE/DAM.....33</p> <p>RAINWATER41 → 133</p> <p>TANKER TRUCK51</p> <p>BOTTLED WATER/DEMI JOHN/PET WATER.....61 → 133</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>			
130	<p>How long does it take you go there, get water, and come back?</p>	<p>MINUTE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td><td style="width: 10px; height: 15px;"></td></tr></table></p> <p>ON PREMISES996</p>			

133	What is the source of daily use water for hand washing, dishwashing, and laundry in this house?	PIPED WATER PIPED WATER IN HOUSE/GARDEN.....11 PUB. PIPED WATER OUTSIDE HOUSE/GARDEN .12 WELL WATER WELL IN HOUSE/GARDEN21 PUBLIC WELL22 SURFACE WATER PIPED SURFACE WATER IN HOUSE/GARDEN31 SPRING/PUBLIC FOUNTAIN32 RIVER/STREAM/POND/LAKE/DAM.....33 RAIN WATER41 TANKER TRUCK51 BOTTLED WATER/DEMI JOHN/PET WATER.....61 WATER STATION.....71 OTHER _____96 (SPECIFY)	
137	Is the toilet inside the house or outside? 	NO FACILITY/BUSH/FIELD/PUBLIC TOILET0 → INSIDE.....1 OUTSIDE2 INSIDE AND OUTSIDE.....3 OTHER _____7 (SPECIFY)	141
138	Is your toilet connected to the sewerage system? <i>IF MORE THAN ONE TOILET IS USED, RECORD ACCORDING TO THE ONE INSIDE OR CLOSEST TO THE HOUSE.</i> (If NO) Is your toilet connected to open pit or closed pit?	CONNECTED TO SEWERAGE1 OPEN PIT2 CLOSED PIT3 OTHER _____7 (SPECIFY)	
139	Do only the members of your household use the toilet or is it shared with other household(s)?	ONLY HOUSEHOLD MEMBERS1 WITH OTHER HOSEHOLD(S).....2	
141	How is your house heated in the winter?	CENTRAL HEATING NATURAL GAS.....11 DIESEL OIL/GASOIL12 WOOD/COAL13 OTHER14 FLAT HEATING/COMBI BOILER NATURAL GAS.....21 DIESEL OIL/GASOIL22 OTHER23 STOVE NATURAL GAS.....31 DIESEL OIL/GASOIL32 WOOD/COAL33 DRIED COW DUNG34 OTHER35 ELECTRIC HEATER.....40 OTHER _____96 (SPECIFY)	

142A	How many rooms are there in your house? Would you please include bedrooms, living rooms, sitting rooms and studying rooms?	NO OF ROOMS	<div><div></div><div></div></div>	
142B	From all you listed, how many rooms in your house are generally used for sleeping?	ROOMS USED FOR SLEEPING	<div><div></div><div></div></div>	
142C	Is there a separate kitchen?	NO0 YES1		
142D	Is there a separate bathroom?	NO0 YES1		
143	What is the main material of the floor?	NATURAL FLOOR EARTH11 RUDIMENTARY WOOD BLANKS21 FINISHED FLOOR PARQUET/POLISHED WOOD/LAMINA.....31 KARO32 CEMENT34 CARPET/WALL-TO-WALL CARPETS35 MARLEY36 MOZAIC37 LAMINATED38 OTHER96 (SPECIFY)		
144	In order to get information about your household wealth, I want to learn whether you have some of the household assets. Do you have the following in the household? Refrigerator Gas or Electric oven Microwave oven Food processor/Mixer/Blender Dishwasher Garbage dispenser Washing machine Drying machine Iron Vacuum Cleaner LCD/Plasma TV Television Paid TV services Satellite TV Video camera DVD/VCD Player Camera Cell phone (IF YES) How many members have cell phones? Telephone Laptop computer Desktop computer Internet connection Indoors sporting equipment (Treadmill, stationary bicycle, etc.) Air conditioner Private car (IF YES) How many? Taxi/Minibus/Bus/other commercial vehicles Tractor Motorcycle	NO YES REFRIGATOR0 1 GAS/ELECTRIC OVEN0 1 MICROWAVE OVEN.....0 1 FOOD PROCESSOR/MIXER/BLENDER0 1 DISHWASHER0 1 GARBAGE DISPENSER0 1 WASHING MACHINE0 1 DRYING MACHINE.....0 1 IRON0 1 VACUUM CLEANER.....0 1 LCD - PLASMA TELEVISION0 1 TELEVISION0 1 PAID TV SERVICES0 1 SATELLITE TV.....0 1 VIDEO CAMERA0 1 DVD/VCD PLAYER0 1 CAMERA0 1 CELL PHONE0 <div><div></div></div> TELEPHONE0 1 LAPTOP COMPUTER.....0 1 DESKTOP COMPUTER.....0 1 INTERNET CONNECTION.....0 1 INDOORS SPORTS EQUIPMENT0 1 AIR CONDITIONER.....0 1 PRIVATE CAR0 <div><div></div></div> TAXI/MINIBUS/BUS0 1 TRACTOR0 1 MOTOCYCLE0 1		

146	<p>Has there been any difficulty in covering the following expenditures in the last 12 months in your household?</p> <p>Food expenditures?</p> <p>Health expenditures?</p> <p>Education expenditures?</p> <p>Rent?</p> <p>Bills (Electricity, water, etc.)?</p> <p>Mortgage payments?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>FOOD</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HEALTH</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>EDUCATION</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>RENT</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>BILLS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>MORTGAGE</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES	NO	NOT APPLICABLE	FOOD	1	2	3	HEALTH	1	2	3	EDUCATION	1	2	3	RENT	1	2	3	BILLS	1	2	3	MORTGAGE	1	2	3	
	YES	NO	NOT APPLICABLE																												
FOOD	1	2	3																												
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EDUCATION	1	2	3																												
RENT	1	2	3																												
BILLS	1	2	3																												
MORTGAGE	1	2	3																												
160	<p><i>CHECK COVER PAGE:</i></p> <p>CLUSTER NO EVEN AND HH NO EVEN <input type="checkbox"/> CLUSTER NO ODD AND HH NO ODD <input type="checkbox"/></p> <p>CLUSTER NO EVEN , HH NO ODD OR CLUSTER NO ODD, HH NO EVEN <input type="checkbox"/></p>			161																											
160A	<p>Now I want to test whether the salt that you use in your house is iodized or not.</p> <p>Can you please bring me a sample of the salt you use in your house?</p> <p><i>IF BOTH PRESERVING POT AND PACKAGE ARE AVAILABLE, APPLY POTASSIUM IODIDE TEST BY TAKING A SAMPLE FROM PRESERVING POT AND RECORD THE RESULT.</i></p>	<p>POTASSIUM IODIDE TEST</p> <p>NOT IODIZED - 0 PPM (NO COLOUR).....11</p> <p>LESS THAN 15 PPM (LIGHT COLOUR).....12</p> <p>15 PPM OR MORE (DARK COLOUR).....13</p> <p>NOT TESTED _____ 00 (SPECIFY)</p>	161																												
160B	<p><i>APPLY POTASSIUM IODURE TEST AND RECORD THE RESULT.</i></p>	<p>POTASSIUM IODURE TEST</p> <p>NOT IODIZED - 0 PPM (NO COLOUR).....21</p> <p>IODIZED (HAS COLOUR).....22</p> <p>NOT TESTED _____ 00 (SPECIFY)</p>																													
161	LINE NO. OF THE RESPONDENT IN THE HOUSEHOLD SCHEDULE	HOUSEHOLD LINE NO <input type="text"/>																													
162	LANGUAGE USED FOR CONDUCTING THE HOUSEHOLD QUESTIONNAIRE	<p>TURKISH1</p> <p>KURDISH2</p> <p>ARABIC3</p> <p>OTHER _____ 7 (SPECIFY)</p>	164S																												
163	WAS AN INTERPRETER USED?	<p>YES.....1</p> <p>NO2</p>																													
164S	RECORD THE TIME	HOUR-MINUTE..... <input type="text"/>																													

AGE – YEAR OF BIRTH TABLE

AGE	YEAR OF BIRTH	
	HAS NOT CELEBRATED BIRTHDAY IN 2008	CELEBRATED BIRTHDAY IN 2008
	DOES NOT KNOW	
0	2007	--
1	2006	2007
2	2005	2006
3	2004	2005
4	2003	2004
5	2002	2003
6	2001	2002
7	2000	2001
8	1999	2000
9	1998	1999
10	1997	1998
11	1996	1997
12	1995	1996
13	1994	1995
14	1993	1994
15	1992	1993
16	1991	1992
17	1990	1991
18	1989	1990
19	1988	1989
20	1987	1988
21	1986	1987
22	1985	1986
23	1984	1985
24	1983	1984
25	1982	1983
26	1981	1982
27	1980	1981
28	1979	1980
29	1978	1979
30	1977	1978
31	1976	1977
32	1975	1976
33	1974	1975
34	1973	1974
35	1972	1973
36	1971	1972
37	1970	1971
38	1969	1970
39	1968	1969
40	1967	1968
41	1966	1967
42	1965	1966
43	1964	1965
44	1963	1964
45	1962	1963
46	1961	1962
47	1960	1961
48	1959	1960
49	1958	1959

AGE	YEAR OF BIRTH	
	HAS NOT CELEBRATED BIRTHDAY IN 2008	CELEBRATED BIRTHDAY IN 2008
	DOES NOT KNOW	
50	1957	1958
51	1956	1957
52	1955	1956
53	1954	1955
54	1953	1954
55	1952	1953
56	1951	1952
57	1950	1951
58	1949	1950
59	1948	1949
60	1947	1948
61	1946	1947
62	1945	1946
63	1944	1945
64	1943	1944
65	1942	1943
66	1941	1942
67	1940	1941
68	1939	1940
69	1938	1939
70	1937	1938
71	1936	1937
72	1935	1936
73	1934	1935
74	1933	1934
75	1932	1933
76	1931	1932
77	1930	1931
78	1929	1930
79	1928	1929
80	1927	1928
81	1926	1927
82	1925	1926
83	1924	1925
84	1923	1924
85	1922	1923
86	1921	1922
87	1920	1921
88	1919	1920
89	1918	1919
90	1917	1918
91	1916	1917
92	1915	1916
93	1914	1915
94	1913	1914

PROVINCE TRAFFIC CODES			
01 ADANA	21 DİYARBAKIR	41 KOCAELİ	61 TRABZON
02 ADIYAMAN	22 EDİRNE	42 KONYA	62 TUNCELİ
03 AFYON	23 ELAZIĞ	43 KÜTAHYA	63 ŞANLIURFA
04 AĞRI	24 ERZİNCAN	44 MALATYA	64 UŞAK
05 AMASYA	25 ERZURUM	45 MANİSA	65 VAN
06 ANKARA	26 ESKİŞEHİR	46 K.MARAŞ	66 YOZGAT
07 ANTALYA	27 GAZİANTEP	47 MARDİN	67 ZONGULDAK
08 ARTVİN	28 GİRESUN	48 MUĞLA	68 AKSARAY
09 AYDIN	29 GÜMÜŞHANE	49 MUŞ	69 BAYBURT
10 BALIKESİR	30 HAKKARİ	50 NEVŞEHİR	70 KARAMAN
11 BİLECİK	31 HATAY	51 NİĞDE	71 KIRIKKALE
12 BİNGÖL	32 ISPARTA	52 ORDU	72 BATMAN
13 BİTLİS	33 İÇEL	53 RİZE	73 ŞIRNAK
14 BOLU	34 İSTANBUL	54 SAKARYA	74 BARTIN
15 BURDUR	35 İZMİR	55 SAMSUN	75 ARDAHAN
16 BURSA	36 KARS	56 SİİRT	76 IĞDIR
17 ÇANAKKALE	37 KASTAMONU	57 SİNOP	77 YALOVA
18 ÇANKIRI	38 KAYSERİ	58 SİVAS	78 KARABÜK
19 ÇORUM	39 KIRKLARELİ	59 TEKİRDAĞ	79 KİLİS
20 DENİZLİ	40 KIRŞEHİR	60 TOKAT	80 OSMANİYE
90 ABROAD			81 DÜZCE

CONVERSION OF YEARS OF BIRTH FROM RUMI
CALENDAR TO GREGORIAN CALENDAR YEARS

$$\text{RUMI YEARS} + 584 = \text{GREGORIAN YEAR}$$

IDENTIFICATION	
CLUSTER NO.....	<div><div></div><div></div><div></div><div></div></div>
HOUSEHOLD NO	<div><div></div><div></div></div>
5 REGIONS.....	<div><div></div></div>
12 REGIONS	<div><div></div><div></div></div>
PLACE OF RESIDENCE-URBAN(1)-RURAL(2)	<div><div></div></div>
PROVINCE	<div><div></div><div></div></div>
DISTRICT	<div><div></div><div></div></div>
SUB-DISTRICT	<div><div></div></div>
VILLAGE	<div><div></div><div></div><div></div></div>
QUARTER	
STREET	NO.....

NAME-SURNAME OF WOMAN _____	LINE NUMBER OF WOMAN <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"></table>
IF CURRENTLY MARRIED	
NAME SURNAME OF HUSBAND _____	LINE NUMBER OF HUSBAND <table border="1" style="display: inline-table; width: 40px; height: 30px; vertical-align: middle;"></table>

INTERVIEWER VISITS						
		1	2	3	FINAL VISIT	
DATE (DAY-MONTH)		____	____	____	<div> <div></div> <div></div> </div> <div> <div></div> <div></div> </div>	
INTERVIEWER'S NAME-SURNAME		_____	_____	_____	<div> <div></div> <div></div> <div></div> </div>	
RESULT (*)		____	____	____	<div> <div></div> <div></div> </div>	
NEXT VISIT	DAY-MONTH HOUR	____	____		TOTAL NO OF VISITS	<div></div>

(*) RESULT CODES	
01 COMPLETED	05 REFUSED
02 WOMAN IS NOT AT HOME DURING VISITS	09 PARTLY COMPLETED
03 WOMAN IS NOT AT HOME DURING SURVEY DATE	
04 POSTPONED	96 OTHER _____
	(SPECIFY)

SUPERVISOR				FIELD EDITOR				KEYER - 1				KEYER - 2			
DAY-MONTH				DAY-MONTH				DAY-MONTH				DAY-MONTH			

CONSENT PAGE

Hello, my name is _____. I am coming from Ankara, Hacettepe University Institute of Population Studies. We are conducting a survey with Ministry of Health on population and health. I want to talk to you and ask you some questions about these subjects.

You are selected to this survey randomly. All your answers are confidential. Participation in the survey is completely voluntary but attending to this survey and sharing your experiences with us is going to be helpful for the other women in Turkey, and contribute to the planning and development of the services for mother and child health.

Now I am going to ask questions about health and daily life. Interview will take about 40 minutes to complete.

Do you agree to interview?

RESPONDENT AGREES TO BE INTERVIEWED1	RESPONDENT DOES NOT AGREE TO BE INTERVIEWED....2
<i>ASK THE SELECTED PERSON TO INTERVIEW WHETHER HE/SHE HAS QUESTIONS ABOUT THE SURVEY. MAKE THE NECESSARY EXPLANATIONS AND START THE INTERVIEW.</i>	<i>THANK THE SELECTED PERSON TO INTERVIEW FOR SPENDING HIS/HER TIME AND FINISH THE INTERVIEW.</i>

Signature of the interviewer:.....

Date: __/__/----

SECTION 1A. RESPONDENT'S BACKGROUND

101S	<i>RECORD THE TIME</i>	HOUR-MINUTE..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div>		
105	First I would like to ask some questions about your age and educational status. In what year and month were you born?	MONTH <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> DOESN'T KNOW MONTH.....98 YEAR <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px; text-align: center;">1</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px; text-align: center;">9</div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div> DOESN'T KNOW YEAR9998		
106	How old are you exactly? What age have you completed? <i>CHECK ANSWERS TO 105 AND 106 USING AGE-YEAR OF BIRTH TABLE. IF INCONSISTENT PROBE AND CORRECT.</i> <i>AGE MUST BE DETERMINED!</i>	AGE IN COMPLETED YEARS..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>		
107	Have you ever attended school?	YES.....1 NO.....2	→ 114	
108	What is the highest level you attended?	PRIMARY SCHOOL.....11 GENERAL SECONDARY SCHOOL.....12 VOCATIONAL SECONDARY SCHOOL.....13 PRIMARY EDUCATION.....14 GENERAL HIGH SCHOOL.....15 VOCATIONAL HIGH SCHOOL.....16 UNIVERSITY.....17 MASTER'S DEGREE.....18 Ph.D.....19		
109A	What is the highest level you have completed at that level? <i>RECORD "00" IF THE RESPONDENT COMPLETED PREPARATORY CLASS OR SHE DID NOT COMPLETE ANY GRADE, AND "66" FOR MASTER'S/Ph. D.</i>	GRADE <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>		
109B	Did you graduate (receive diploma) from this school?	YES.....1 NO.....2		
113	<i>CHECK 108 AND 109A:</i> <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ATTENDED SCHOOL FOR 5 OR LESS YEARS <div style="width: 20px; height: 20px; border: 1px solid black; margin: 10px auto;"></div> <div style="width: 10px; height: 10px; border: 1px solid black; margin: 0 auto;"></div> </div> <div style="text-align: center;"> ATTENDED SCHOOL FOR 6 OR MORE YEARS <div style="width: 20px; height: 20px; border: 1px solid black; margin: 10px auto;"></div> </div> </div>			→ 115B
114	Can you read a letter or newspaper easily, with difficulty, or not at all?	NOT AT ALL.....0 WITH DIFFICULTY.....1 EASILY.....2		

115B	Aside from formal education; Have you ever attended a literacy course? Have you ever attended Koran course? Have you ever attended any foreign language course? Have you ever attended computer course? Have you ever attended any occupation/skill training course?	<div style="text-align: right;">YES NO</div> LITERACY..... 1 2 KORAN..... 1 2 FOREIGN LANGUAGE..... 1 2 COMPUTER..... 1 2 OTHER..... 1 2	
115C	Have you ever smoked cigarettes regularly?	YES 1 NO 2	→ 115G
115D	How old were you when you started to smoke regularly?	AGE STARTED TO SMOKE <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	
115E	Do you currently smoke?	YES 1 NO 2	
115E	What is the average number of cigarettes you smoke/smoked?	DAY 1 <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> WEEK 2 <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> MONTH 3 <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	
115G	Does anybody smoke in the kitchen, lounge or rooms in your house?	YES 1 NO 2	
116A	What is your mother tongue?	TURKISH 1 KURDISH 2 ARABIC 3 OTHER 7 <div style="text-align: center;">(SPECIFY)</div>	
116B	In addition to your mother tongue, which language(s) can you speak? (IF YES) Which language(s)? RECORD ALL MENTIONED.	TURKISH A KURDIS B ARABIC C OTHER U <div style="text-align: center;">(SPECIFY)</div> NO OTHER LANGUAGE Y	
116C	What is (was) your mother's mother tongue? What is (was) your father's mother tongue? USE THE CODES IN 116A.	MOTHER <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> FATHER <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	

117A	Is (was) your mother literate?	YES 1 NO 2							
117B	Did your mother ever attend to school? (IF YES) Which school did she complete?	DID NOT ATTEND SCHOOL 0 ATTENDED PRIMARY SCHOOL, DID NOT FINISH 1 PRIMARY SCHOOL GRADUATE 2 SECONDARY SCHOOL GRADUATE 3 HIGH SCHOOL GRADUATE 4 COLLEGE UNIVERSITY GRADUATE / GRADUATE EDUCATION 5 DON'T KNOW 8							
117C	How many children born to your mother are alive today, including yourself? How many of them are male, how many of them are female?	NUMBER OF MALE CHILDREN ALIVE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NUMBER OF FEMALE CHILDREN ALIVE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> TOTAL NUMBER OF LIVING CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
117D	Did she have any other male or female children, who died later? (IF NO) He/she could die just after the birth or when he/she was a young baby.	YES 1 NO 2	→ 118A						
117E	How many children born to your mother have died? How many of them were female and how many male?	NUMBER OF DECEASED MALE CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> NUMBER OF DECEASED FEMALE CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> SEX UNKNOWN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>							
118A	Is (was) your father literate?	YES 1 NO 2							
118B	Did your father ever attend school? (IF YES) Which school did he complete?	DID NOT ATTEND SCHOOL 0 ATTENDED PRIMARY SCHOOL, DID NOT FINISH 1 PRIMARY SCHOOL GRADUATE 2 SECONDARY SCHOOL GRADUATE 3 HIGH SCHOOL GRADUATE 4 COLLEGE UNIVERSITY GRADUATE / GRADUATE EDUCATION 5 DON'T KNOW 8							
118C	Are (were) your parents related?	YES 1 NO 2	→ 119A						
118D	In what way is (was) your father related to your mother?	SON OF FATHER'S BROTHER 1 SON OF FATHER'S SISTER 2 SON OF MOTHER'S SISTER 3 SON OF MOTHER'S BROTHER 4 OTHER PATERNAL BLOOD RELATIVE 5 OTHER MATERNAL BLOOD RELATIVE 6 OTHER 7 (SPECIFY) DON'T KNOW 8							

SECTION 1B. MIGRATION HISTORY

119A	<p>Now I would like to talk to you about your place of birth and migrations.</p> <p>In which province were you born?</p> <p><i>RECORD THE NAME AND CODE OF THE PROVINCE.</i></p>	<p>NAME OF PROVINCE _____</p> <p style="text-align: right;">PROVINCE CODE</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto; margin-right: 0; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div>	
119B	<p>Was this place then a province centre, a district centre, a sub-district or a village ? Or was it abroad?</p>	<p>PROVINCE CENTRE..... 1</p> <p>DISTRICT CENTRE..... 2</p> <p>SUBDISTRICT OR VILLAGE..... 3</p> <p>ABROAD 4</p>	
119C	<p>For most of the time until you were 12 years old, where did you live?</p> <p><i>RECORD THE NAME AND CODE OF THE PROVINCE.</i></p>	<p>NAME OF PROVINCE _____</p> <p style="text-align: right;">PROVINCE CODE</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto; margin-right: 0; display: flex; align-items: center; justify-content: center;"> <div style="border-right: 1px solid black; width: 15px; height: 15px;"></div> <div style="width: 15px; height: 15px;"></div> </div>	
119D	<p>Was this place then a province centre, a district centre, a sub-district or a village ? Or was it abroad?</p>	<p>PROVINCE CENTRE..... 1</p> <p>DISTRICT CENTRE..... 2</p> <p>SUBDISTRICT OR VILLAGE..... 3</p> <p>ABROAD 4</p>	
119E	<p>After you have completed age 12, have you ever changed your place of residence at least for 6 months?</p>	<p>YES..... 1</p> <p>NO..... 2</p>	<p>→ 160</p>

119F

Now I wish to talk about all the different places of residences you have lived in for at least 6 months after you have completed age 12. Can you tell me the places you have lived in since then, starting from the one you were living at the age of 12?

RECORD THE PLACE OF RESIDENCE AT AGE 12 ON THE FIRST LINE IN THE LIST, AND RECORD ALL MIGRATION MOVES IN ORDER. ASK THE QUESTIONS FOR EACH MOVEMENT SEPERATELY AND WRITE THE TOTAL NUMBER OF LINES TO THE BOX BELOW.

ASK ONLY 119G AND 119H FOR CURRENT PLACE OF RESIDENCE.

--	--

WARNING: USE ADDITIONAL QUESTIONNAIRE IF THERE ARE MORE THAN 6 MIGRATIONS.
CONTINUE THE INTERVIEW IN THE ADDITIONAL QUESTIONNAIRE.

TOTAL NO. OF LINES

	119G In which province were you living? Next? RECORD THE NAME AND PROVINCE CODE OF THE PLACE OF RESIDENCE (PROVINCE, DISTRICT, SUB-DISTRICT, VILLAGE).	119H When you were living there was this place a province centre, a district centre, a sub-district or village? Or was it abroad?	119I For how long did you live in? RECORD IN MONTHS IF LESS THAN 2 YEARS.	119J At which month and year did you migrate from to ?	119K What was the main reason of migration from?														
01	PROVINCE CODE (PLACE OF RESIDENCE) <table border="1"><tr><td></td><td></td></tr></table>			PROVINCE CENTRE1 DISTRICT CENTRE2 SUBDISTRICT/VILLAGE .3 ABROAD.....4	MONTH...1 <table border="1"><tr><td></td><td></td></tr></table> YEAR.....2 <table border="1"><tr><td></td><td></td></tr></table>					MONTH..... <table border="1"><tr><td></td><td></td></tr></table> YEAR.. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr></table> (SPECIFY IF OTHER)		
02	PROVINCE CODE (PLACE OF RESIDENCE) <table border="1"><tr><td></td><td></td></tr></table>			PROVINCE CENTRE1 DISTRICT CENTRE2 SUBDISTRICT/VILLAGE .3 ABROAD.....4	MONTH...1 <table border="1"><tr><td></td><td></td></tr></table> YEAR.....2 <table border="1"><tr><td></td><td></td></tr></table>					MONTH..... <table border="1"><tr><td></td><td></td></tr></table> YEAR.. <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>							<table border="1"><tr><td></td><td></td></tr></table> (SPECIFY IF OTHER)		
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ADD.
QUES.

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(119K) REASONS OF MIGRATION

PERSONAL REASONS

- 11 MARRIAGE
12 EDUCATION
13 LOOKING FOR A JOB
14 CHANGE OF JOB
15 APPOINTMENT

- 16 RETURNING HOMELAND
17 OTHER

HUSBAND RELATED REASONS

- 21 MOVING TO WHERE
HUSBAND LIVES
22 HUSBAND'S JOB CHANGE
23 APPOINTMENT OF HUSBAND
24 HUSBAND'S LOOKING FOR
A JOB
25 HUSBAND DEAD
/DIVORCED
26 OTHER

FAMILY RELATED REASONS

- 31 MOVING TO WHERE PARENTS LIVE
32 PARENT'S JOB CHANGE
33 APPOINTMENT OF PARENTS
34 PARENTS' LOOKING FOR A JOB
35 GOING NEAR CHILDREN
36 PARENT DEAD/DIVORCE
37 OTHER

- 41 HEALTH RELATED
REASONS
51 SECURITY REASONS
96 OTHER

SECTION 1C. MARRIAGE HISTORY

160	Now I want to ask some questions about your marriage(s). Are you currently married? <i>ACCEPT THOSE LIVING TOGETHER AS BEING MARRIED.</i>	YES, CURRENTLY MARRIED.....1 NO, CURRENTLY NOT MARRIED.....2
160A	Did you marry only once or more than once in your lifetime? <i>(IF MORE THAN ONCE) How many times?</i> <i>IF MARRIED ONLY ONCE, USE COLUMN 1.</i> <i>IF MARRIED MORE THAN ONCE, USE COLUMN 1 FOR FIRST HUSBAND, USE THE OTHER COLUMNS FOR RESPECTIVE HUSBANDS.</i>	NO. OF MARRIAGES..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>

161 What was your (first, second) husband's name? <i>RECORD THE NAMES OF HUSBAND(S) BY STARTING WITH THE FIRST HUSBAND.</i>	162 In which month and year did you start living with ?	163 How old was your husband when you started to live together?	164 Did you have a civil marriage ceremony with? Did you have a religious ceremony with?	165 Which marriage ceremony took place earlier?	166 How much time elapsed between two ceremonies? <i>RECORD "00" DAYS IF BOTH TOOK PLACE ON THE SAME DAY.</i> <i>RECORD IN DAYS IF LESS THAN ONE MONTH, RECORD IN MONTHS IF LESS THAN TWO YEARS, RECORD IN YEARS. OTHERWISE.</i>
<div style="border: 1px solid black; width: 100px; height: 30px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%;"></div> <div style="text-align: center;">(NAME)</div>	MONTH..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> YEAR <div style="border: 1px solid black; width: 60px; height: 20px; display: inline-block; vertical-align: middle;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>	CIVIL AND RELI..1 CIVIL ONLY.....2 RELI. ONLY.....3 <div style="text-align: center;">167 ←</div> NO CEREMONY...4	CIVIL.....1 RELIGIOUS...2	DAY.....1 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> MONTH...2 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div> YEAR.....3 <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; vertical-align: middle;"></div>
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167 How was your marriage with arranged? Did you decide together or was it arranged by your families?	168 Did you family take your consent when your marriage with was arranged?	169 Did or his family pays bridesmoney? <i>(IF YES)</i> Was it given in cash or in kind?	170 When you first started to live with was there anyone else living with you in your household at that time?	171 Are (were) you related to? <i>(IF YES)</i> What is (was) his relationship to you?	172 IS THIS MARRIAGE STILL GOING ON?
BY FAMILIES.....1 BY OURSELVES.....2 ELOPED.....3 ABDUCTED.....4 169 ← OTHER.....7	YES.....1 NO.....2	NO.....1 IN CASH/GOLD.....2 IN KIND.....3 BOTH.....4 OTHER.....7 (SPECIFY)	YES.....1 NO.....2	NO.....0 SON.OF.FATHER'S BRO.....1 SON.OF.FATHER'S SIS.....2 SON.OF.MOTHER'S SIS.....3 SON.OF.MOTHER'S BRO.....4 OTHER PAR. BL. REL.....5 OTHER MAT. BL. REL.....6 OTHER.....7 (SPECIFY)	YES.....1 177 ← NO.....2
BY FAMILIES.....1 BY OURSELVES.....2 ELOPED.....3 ABDUCTED.....4 169 ← OTHER.....7	YES.....1 NO.....2	NO.....1 IN CASH/GOLD.....2 IN KIND.....3 BOTH.....4 OTHER.....7 (SPECIFY)	YES.....1 NO.....2	NO.....0 SON.OF.FATHER'S BRO.....1 SON.OF.FATHER'S SIS.....2 SON.OF.MOTHER'S SIS.....3 SON.OF.MOTHER'S BRO.....4 OTHER PAR. BL. REL.....5 OTHER MAT. BL. REL.....6 OTHER.....7 (SPECIFY)	YES.....1 177 ← NO.....2
BY FAMILIES.....1 BY OURSELVES.....2 ELOPED.....3 ABDUCTED.....4 169 ← OTHER.....7	YES.....1 NO.....2	NO.....1 IN CASH/GOLD.....2 IN KIND.....3 BOTH.....4 OTHER.....7 (SPECIFY)	YES.....1 NO.....2	NO.....0 SON.OF.FATHER'S BRO.....1 SON.OF.FATHER'S SIS.....2 SON.OF.MOTHER'S SIS.....3 SON.OF.MOTHER'S BRO.....4 OTHER PAR. BL. REL.....5 OTHER MAT. BL. REL.....6 OTHER.....7 (SPECIFY)	YES.....1 177 ← NO.....2
BY FAMILIES.....1 BY OURSELVES.....2 ELOPED.....3 ABDUCTED.....4 169 ← OTHER.....7	YES.....1 NO.....2	NO.....1 IN CASH/GOLD.....2 IN KIND.....3 BOTH.....4 OTHER.....7 (SPECIFY)	YES.....1 NO.....2	NO.....0 SON.OF.FATHER'S BRO.....1 SON.OF.FATHER'S SIS.....2 SON.OF.MOTHER'S SIS.....3 SON.OF.MOTHER'S BRO.....4 OTHER PAR. BL. REL.....5 OTHER MAT. BL. REL.....6 OTHER.....7 (SPECIFY)	YES.....1 177 ← NO.....2

173	174 In which month and year did your marriage with end?	175 How did your marriage with end? Did you get divorced, did die or did you start to live separated?	176 Was it your decision to get divorced/live separated or was it your husband's, or did you decide on it together?	177
CHECK 161: RECORD THE NAMES OF HUSBAND(S) BY STARTING WITH THE FIRST HUSBAND.				DOES THE WOMAN HAVE ANOTHER MARRIAGE?

01	MONTH..... YEAR.....	WIDOWED.....1 177 ← DIVORCED.....2 STARTED LIVING SEPARATED.....3	HERSELF.....1 HER HUSBAND.....2 TOGETHER.....3 OTHER.....7 (SPECIFY)	YES.....1 GO TO 162 ← NO.....2 178 ←
(NAME)				

02	MONTH..... YEAR.....	WIDOWED.....1 177 ← DIVORCED.....2 STARTED LIVING SEPARATED.....3	HERSELF.....1 HER HUSBAND.....2 TOGETHER.....3 OTHER.....7 (SPECIFY)	YES.....1 GO TO 162 ← NO.....2 178 ←
(NAME)				

03	MONTH..... YEAR.....	WIDOWED.....1 177 ← DIVORCED.....2 STARTED LIVING SEPARATED.....3	HERSELF.....1 HER HUSBAND.....2 TOGETHER.....3 OTHER.....7 (SPECIFY)	YES.....1 GO TO 162 ← NO.....2 178 ←
(NAME)				

04	MONTH..... YEAR.....	WIDOWED.....1 177 ← DIVORCED.....2 STARTED LIVING SEPARATED.....3	HERSELF.....1 HER HUSBAND.....2 TOGETHER.....3 OTHER.....7 (SPECIFY)	YES.....1 GO TO 162 ← NO.....2 178 ←
(NAME)				

178	<p>C ENTER "X" IN THE MONTH OF INTERVIEW IN THE 1ST COLUMN OF CALENDAR. IF CURRENTLY MARRIED THEN, DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 2003. ENTER "X" FOR EACH MONTH MARRIED OR IN UNION, AND ENTER "O" FOR EACH MONTH NOT MARRIED/NOT IN UNION.</p> <p>NOTE: AFTER YOU HAVE COMPLETED THESE, ALL THE BOXES IN THE 1ST COLUMN FROM JANUARY 2003 TO INTERVIEW MONTH SHOULD BE FULL.</p>
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179	For your (first) marriage with which of these following ceremonies did you have ?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Asking family consent?</td> <td>FAMILY CONSENT.....1</td> <td>2</td> </tr> <tr> <td>Promise ceremony to marriage?</td> <td>PROMISE CEREMONY.....1</td> <td>2</td> </tr> <tr> <td>Engagement ceremony?</td> <td>ENGAGEMENT.....1</td> <td>2</td> </tr> <tr> <td>Dower exhibition ceremony?</td> <td>DOWER EXHIBITION.....1</td> <td>2</td> </tr> <tr> <td>Henna night?</td> <td>HENNA NIGHT.....1</td> <td>2</td> </tr> <tr> <td>Marriage ceremony?</td> <td>MARRIAGE CEREMONY.....1</td> <td>2</td> </tr> <tr> <td>Wedding?</td> <td>WEDDING.....1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Asking family consent?	FAMILY CONSENT.....1	2	Promise ceremony to marriage?	PROMISE CEREMONY.....1	2	Engagement ceremony?	ENGAGEMENT.....1	2	Dower exhibition ceremony?	DOWER EXHIBITION.....1	2	Henna night?	HENNA NIGHT.....1	2	Marriage ceremony?	MARRIAGE CEREMONY.....1	2	Wedding?	WEDDING.....1	2
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Wedding?	WEDDING.....1	2																								

SECTION 2. PREGNANCY AND FERTILITY

200S	<i>RECORD THE TIME.</i>	HOUR – MINUTE..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
201	Now I would like to ask about all the births you have had during your life. Have you ever given a live birth?	YES..... 1 NO..... 2 → 206
202	Do you have any sons or daughters to whom you have given birth who are living with you?	YES 1 NO 2 → 204
203	How many sons live with you? How many daughters live with you? <i>IF NONE, RECORD "00".</i>	SONS..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> DAUGHTERS..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
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? How many daughters are alive but do not live with you? <i>IF NONE, RECORD "00".</i>	SONS ELSEWHERE <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> DAUGHTERS ELSEWHERE <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
206	Have you ever given birth to a boy or a girl who was born alive but died later? <i>IF NO, PROBE BEFORE RECORDING:</i> Any baby who cried or showed signs of life but only survived a few hours or days?	YES 1 NO 2 → 208
207	In all, how many boys have died? In all, how many girls have died? <i>IF NONE, RECORD "00".</i>	BOYS DECEASED..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> GIRLS DECEASED..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
208	<i>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL</i> <i>IF NONE, RECORD "00".</i>	TOTAL..... <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div>
209	<i>CHECK 208:</i> Just to make sure that I have this right: You have had in TOTAL _____ live births during your life. Is this true? <div style="display: flex; justify-content: space-around; align-items: center;"> <div> YES <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div> NO <input style="width: 30px; height: 20px;" type="checkbox"/> → <i>PROBE AND CORRECT 201-208.</i> </div> </div>	
210	<i>CHECK 208.</i> <div style="display: flex; justify-content: space-around; align-items: center;"> <div> HAS AT LEAST ONE LIVE BIRTH <input style="width: 30px; height: 20px;" type="checkbox"/> </div> <div> HAS NO LIVE BIRTHS <input style="width: 30px; height: 20px;" type="checkbox"/> → 227 </div> </div>	

211

211	<p>Now I would like to talk to you about all of your births. It is very important to learn about all of your births, whether still alive or not. Please let's start with the first one you had</p> <p><i>RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES MAKE SURE TO RECORD DECEASED CHILDREN FROM MULTIPLE BIRTHS BEFORE THOSE SURVIVING.</i></p>				
212	213	214	215	216	217
<p>What name was given to your (first/next) baby?</p> <p><i>WRITE "BABY" IF THE BABY DIED BEFORE A NAME GIVEN.</i></p>	<p><i>RECORD SINGLE OR MULTIPLE BIRTH STATUS</i></p>	<p>Is a boy or a girl?</p>	<p>In what month and year.... born?</p> <p><i>PROBE: In what season was s/he born?</i></p> <p><i>NOTE: FOR ALL CHILDREN, THE YEAR OF BIRTH; FOR CHILDREN BORN AFTER 2003, THE MONTH OF THE YEAR OF BIRTH MUST BE DETERMINED.</i></p>	<p>Is still alive?</p>	<p>How old was at his/her last birthday?</p> <p><i>RECORD AGE IN COMPLETED YEARS. MAKE CALCULATIONS FOR CONSISTENCY.</i></p>
<p>01</p> <p>_____</p> <p>(NAME)</p>	<p>SINGLE.....1</p> <p>MULTIPLE.....2</p>	<p>MALE.....1</p> <p>FEMALE...2</p>	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES.....1</p> <p>NO.....2</p> <p>219 ←</p>	<p>AGE (IN YEARS)</p> <p><input type="text"/> <input type="text"/></p>
<p>02</p> <p>_____</p> <p>(NAME)</p>	<p>SINGLE.....1</p> <p>MULTIPLE.....2</p>	<p>MALE.....1</p> <p>FEMALE...2</p>	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES.....1</p> <p>NO.....2</p> <p>219 ←</p>	<p>AGE (IN YEARS)</p> <p><input type="text"/> <input type="text"/></p>
<p>03</p> <p>_____</p> <p>(NAME)</p>	<p>SINGLE.....1</p> <p>MULTIPLE.....2</p>	<p>MALE.....1</p> <p>FEMALE...2</p>	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES.....1</p> <p>NO.....2</p> <p>219 ←</p>	<p>AGE (IN YEARS)</p> <p><input type="text"/> <input type="text"/></p>
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<p>06</p> <p>_____</p> <p>(NAME)</p>	<p>SINGLE.....1</p> <p>MULTIPLE.....2</p>	<p>MALE.....1</p> <p>FEMALE...2</p>	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>YES.....1</p> <p>NO.....2</p> <p>219 ←</p>	<p>AGE (IN YEARS)</p> <p><input type="text"/> <input type="text"/></p>

218	Is..... living with you?	218A	RECORD THE LINE NUMBER OF CHILD IN THE HH LIST. IF S/HE WASN'T RECORDED IN HH LIST, RECORD "00".	219	IF DEAD: How old was when he/she died? IF "1" YEAR., PROBE: How many months old was? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN 2 YEARS OR YEARS OTHERWISE.	BORN IN 1998 OR AFTER		221	Were there any other live births between previous birth and's birth? IF YES.GO BACK AND CORRECT.
						220	220A		
YES1 NO2	<div> <div></div> <div></div> </div> GO TO 220	DAY 1 MONTH..... 2 YEAR 3	<div> <div></div> <div></div> <div></div> </div>	YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	<div> <div></div> <div></div> </div>			
YES1 NO2	<div> <div></div> <div></div> </div> GO TO 220	DAY 1 MONTH..... 2 YEAR 3	<div> <div></div> <div></div> <div></div> </div>	YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	<div> <div></div> <div></div> </div>	YES.....1 NO.....2		
YES1 NO2	<div> <div></div> <div></div> </div> GO TO 220	DAY 1 MONTH..... 2 YEAR 3	<div> <div></div> <div></div> <div></div> </div>	YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	<div> <div></div> <div></div> </div>	YES.....1 NO.....2		
YES1 NO2	<div> <div></div> <div></div> </div> GO TO 220	DAY 1 MONTH..... 2 YEAR 3	<div> <div></div> <div></div> <div></div> </div>	YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	<div> <div></div> <div></div> </div>	YES.....1 NO.....2		
YES1 NO2	<div> <div></div> <div></div> </div> GO TO 220	DAY 1 MONTH..... 2 YEAR 3	<div> <div></div> <div></div> <div></div> </div>	YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	<div> <div></div> <div></div> </div>	YES.....1 NO.....2		
YES1 NO2	<div> <div></div> <div></div> </div> GO TO 220	DAY 1 MONTH..... 2 YEAR 3	<div> <div></div> <div></div> <div></div> </div>	YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	<div> <div></div> <div></div> </div>	YES.....1 NO.....2		

212	What name was given to your (first/next) baby?	213		214	Is a boy or a girl?	215	In what month and year.... born? <i>PROBE:</i> In what season was s/he born? <i>NOTE: FOR ALL CHILDREN, THE YEAR OF BIRTH; FOR CHILDREN BORN AFTER 2003, THE MONTH OF THE YEAR OF BIRTH MUST BE DETERMINED.</i>	216	Is still alive?	217	How old was at his/her last birthday? <i>RECORD AGE IN COMPLETED YEARS. MAKE CALCULATIONS FOR CONSISTENCY.</i>
	WRITE "BABY" IF THE BABY DIED BEFORE A NAME GIVEN.		RECORD SINGLE OR MULTIPLE BIRTH STATUS								
07	(NAME)	SINGLE.....1 MULTIPLE.....2		MALE.....1 FEMALE....2 ..		MONTH..... YEAR.....		YES.....1 NO.....2 219 ←		AGE (IN YEARS) 	
08	(NAME)	SINGLE.....1 MULTIPLE.....2		MALE.....1 FEMALE....2 ..		MONTH..... YEAR.....		YES.....1 NO.....2 219 ←		AGE (IN YEARS) 	
09	(NAME)	SINGLE.....1 MULTIPLE.....2		MALE.....1 FEMALE....2 ..		MONTH..... YEAR.....		YES.....1 NO.....2 219 ←		AGE (IN YEARS) 	
10	(NAME)	SINGLE.....1 MULTIPLE.....2		MALE.....1 FEMALE....2 ..		MONTH..... YEAR.....		YES.....1 NO.....2 219 ←		AGE (IN YEARS) 	
11	(NAME)	SINGLE.....1 MULTIPLE.....2		MALE.....1 FEMALE....2 ..		MONTH..... YEAR.....		YES.....1 NO.....2 219 ←		AGE (IN YEARS) 	
12	(NAME)	SINGLE.....1 MULTIPLE.....2		MALE.....1 FEMALE....2 ..		MONTH..... YEAR.....		YES.....1 NO.....2 219 ←		AGE (IN YEARS) 	
TICK HERE IF NUMBER OF LIVE BIRTHS IS MORE THAN 12 AND CONTINUE IN ANOTHER QUESTIONNAIRE FORM											

218	Is..... living with you?	218A	RECORD THE LINE NUMBER OF CHILD IN THE HH LIST. IF S/HE WASN'T RECORDED IN HH LIST, RECORD "00".	219	IF DEAD: How old was when he/she died? IF "1" YEAR., PROBE: How many months old was? RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS OR YEARS OTHERWISE.	BORN IN 1998 OR AFTER		221	Were there any other live births between previous birth and's birth? GO BACK AND CORRECT IF YES.
						220	220A		
YES1 NO2			GO TO 220	DAY 1 MONTH..... 2 YEAR 3		YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	YES.....1 NO.....2	
YES1 NO2			GO TO 220	DAY 1 MONTH..... 2 YEAR 3		YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	YES.....1 NO.....2	
YES1 NO2			GO TO 220	DAY 1 MONTH..... 2 YEAR 3		YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	YES.....1 NO.....2	
YES1 NO2			GO TO 220	DAY 1 MONTH..... 2 YEAR 3		YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	YES.....1 NO.....2	
YES1 NO2			GO TO 220	DAY 1 MONTH..... 2 YEAR 3		YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	YES.....1 NO.....2	
YES1 NO2			GO TO 220	DAY 1 MONTH..... 2 YEAR 3		YES.....1 NO.....2 221 ←	MONTH...1 YEAR2	YES.....1 NO.....2	

GO BACK AND
CORRECT IF YES.

223A	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 NO 2	→ 224
223B	GO BACK AND MAKE THE NECESSARY CORRECTIONS.		
224	<p>COMPARE THE NUMBER IN 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY ABOVE:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE, RECONCILE AND MAKE NECESSARY CORRECTIONS)</p> <p>↓</p> <p>CHECK AND TICK:</p> <p>YEAR OF BIRTH IS RECORDED FOR EACH BIRTH (215)..... <input type="checkbox"/></p> <p>MONTH OF BIRTH IS RECORDED FOR EACH BIRTH AFTER 2003 (215)..... <input type="checkbox"/></p> <p>(IF ANY) CURRENT AGE IS RECORDED FOR EACH LIVING CHILD: (217)..... <input type="checkbox"/></p> <p>(IF ANY) FOR EACH DEAD CHILD:</p> <p>AGE AT DEATH IS RECORDED (219)..... <input type="checkbox"/></p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBED TO DETERMINE EXACT AGE IN MONTHS..... <input type="checkbox"/></p> <p>FOR THOSE BORN IN AND AFTER 1998: POPULATION REGISTRY QUESTIONS ARE ASKED (220-220A)..... <input type="checkbox"/></p>		
225	<p>CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 2003</p> <p>IF NONE, RECORD "0".</p>	<input type="checkbox"/>	
226	<p>C FOR EACH BIRTH SINCE JANUARY 2003 ENTER "D" IN THE MONTH OF BIRTH IN THE 2ND COLUMN OF THE CALENDAR. LEARN THE MONTHS IN PREGNANCIES FOR EACH BIRTHS AND RECORD "H" IN EACH OF THE PRECEDING MONTHS. (NUMBER OF "H" MUST BE LESS THAN PREGNANCY MONTHS) WRITE NAME OF CHILD TO THE LEFT OF THE "D" CODE.</p>		
227	Are you currently pregnant?	YES 1 NO 2 UNSURE 8	→ 230A
228	<p>How many months pregnant are you?</p> <p>C RECORD NUMBER OF COMPLETED MONTHS. ENTER "H"s IN COLUMN 2 OF THE CALENDAR BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS..... <input type="text"/> <input type="text"/>	

229	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children at all?	THEN..... 1 LATER..... 2 DID NOT WANT MORE CHILDREN..... 3	
229A	At the time you became pregnant, did your husband want you to get pregnant then, did he want to wait until later, or did he not want to have any more children at all?	THEN..... 1 LATER..... 2 DID NOT WANT MORE CHILDREN..... 3	
230A	Have you ever had a pregnancy that ended in a miscarriage?	YES 1 NO 2	→ 230C
230B	In all, how many miscarriages have you had?	NUMBER OF MISCARRIAGES..... <input type="text"/> <input type="text"/>	
230C	Have you ever had a pregnancy that ended in an induced abortion?	YES 1 NO 2	→ 230E
230D	In all, how many induced abortions have you had?	NO. OF INDUCED ABORTION ... <input type="text"/> <input type="text"/>	
230E	Have you ever had a pregnancy that ended in a stillbirth?	YES 1 NO 2	→ 230G
230F	In all, how many still births have you had?	NUMBER OF STILL BIRTHS <input type="text"/> <input type="text"/>	
230G	<p><i>CALCULATE THE TOTAL NUMBER OF COMPLETED PREGNANCIES.</i></p> <p><i>TOTAL NUMBER OF PREGNANCIES ENDING IN MISCARRIAGES, INDUCED ABORTIONS OR STILL BIRTHS:</i> SUM THE ANSWERS TO 230B, 230D AND 230F _____</p> <p><i>TOTAL NUMBER OF PREGNANCIES ENDING IN LIVE BIRTHS:</i> SUM THE NUMBER OF SINGLE BIRTHS IN THE BIRTH HISTORY + _____</p> <p><i>ADD TO THAT SUM THE NUMBER OF MULTIPLE BIRTHS</i> + _____</p> <p>TOTAL NUMBER OF COMPLETED PREGNANCIES: = _____</p>	<p>TOTAL NUMBER OF COMPLETED PREGNANCIES..... <input type="text"/> <input type="text"/></p>	

230H	<p>CHECK 230G: Just to make sure that I have this right. You have had in total _____ completed pregnancies. Is that correct?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/> → <i>PROBE AND CORRECT 201-230G IF NECESSARY.</i></p>		
230I	<p>CHECK 230B, 230D AND 230F:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HAD AT LEAST ONE INDUCED ABORTION, MISCARRIAGE OR STILLBIRTH <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>HAD NO INDUCED ABORTIONS MISCARRIAGES OR STILLBIRTHS <input type="checkbox"/> → 234</p> </div> </div>		
231A	<p>Now I would like to ask about your recent induced abortions, miscarriages or stillbirths. When did the last such pregnancy end?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
231B	<p>Was this an induced abortion, a miscarriage or a stillbirth?</p>	<p>INDUCED ABORTION..... 1 MISCARRIAGE..... 2 STILLBIRTH..... 3</p>	
232	<p>CHECK 231A:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>LAST INDUCED ABORTION/MISCARRIAGE/ STILLBIRTH ENDED AFTER JANUARY 2003 <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>LAST INDUCED ABORTION/MISCARRIAGE/ STILLBIRTH ENDED BEFORE JANUARY 2003 <input type="checkbox"/> → 234</p> </div> </div>		
233	<p>How many months pregnant were you when the last pregnancy ended? MONTHS <input type="text"/> <input type="text"/></p> <p>C <i>RECORD ALL INDUCED ABORTIONS, MISCARRIAGES AND STILLBIRTHS SINCE JANUARY 2003 IN COLUMN 2.</i></p> <p><i>PROBE TO DETERMINE HOW THE PREGNANCY ENDED (INDUCED ABORTION, MISCARRIAGE, STILL BIRTH). - How did this pregnancy end? (Was it an induced abortion, miscarriage, or stillbirth etc.)</i></p> <p><i>RECORD THE APPROPRIATE CODE AT THE MONTH AND YEAR WHERE THE PREGNANCY ENDED IN COLUMN 2.</i></p> <p><i>THEN ASK FOR DATES OF ANY OTHER PREGNANCIES BACK TO JANUARY 2003. REPEAT THE PROCEDURES AS DESCRIBED ABOVE FOR THESE PREGNANCIES.</i></p> <p><i>LEARN THE DURATION OF EACH PREGNANCY AND RECORD "H" FOR THE MONTHS BEFORE THE RESULTING CODE, AS MUCH TO FILL THIS DURATION.</i> - What was the total duration of this pregnancy? How many months pregnant were you?</p>		

233A	<p>CHECK 231A, 231B AND CALENDAR:</p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <p>HAD AT LEAST ONE INDUCED ABORTION AFTER 2003</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>HAD NO INDUCED ABORTION AFTER 2003</p> <input type="checkbox"/> </div> </div>		234
233B	Who decided to end your pregnancy with an induced abortion?	<p>DOCTOR..... 01</p> <p>HERSELF..... 02</p> <p>HUSBAND..... 03</p> <p>HERSELF AND HUSBAND TOGETHER.. 04</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	
233C	Did you desire this (last) pregnancy which ended in an induced abortion, did you desire to get pregnant later, or did you not desire it at all?	<p>NOT AT ALL..... 0</p> <p>DESIRED..... 1</p> <p>DESIRED IT LATER..... 2</p>	
233D	Where did the operation of last induced abortion take place?	<p>PUBLIC SECTOR</p> <p>GOVT./SAMPLE HOSPITAL..... 11</p> <p>MATERNITY HOUSE..... 12</p> <p>MCHFP CENTER..... 13</p> <p>SSK HOSPITAL/DISPANSERY 16</p> <p>TRAINING AND RESEARCH HOSP... 17</p> <p>FAMILY HEALTH CENTER/ FAMILY DOCTOR..... 18</p> <p>OTHER _____ 19</p> <p style="text-align: center;">(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE POLYCLINIC..... 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER _____ 29</p> <p style="text-align: center;">(SPECIFY)</p> <p>UNIVERSITY HOSPITAL 31</p> <p>VOLUNTARY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC ... 41</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>	
233E	Did you receive any counseling about contraception usage after induced abortion at the health facility where the (last) induced abortion was performed?	<p>YES..... 1</p> <p>NO..... 2</p>	
234	Did you ever make use of assisted reproductive techniques such as conventional invitro fertilization, intrauterine insemination or intracytoplasmic sperm injection to get pregnant?	<p>YES..... 1</p> <p>NO..... 2</p>	235
234A	Did you ever get pregnant with the assistance of these techniques?	<p>YES..... 1</p> <p>NO..... 2</p>	235
234B	When did the last pregnancy that took place with the assistance of these techniques end?	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>STILL PREGNANT.....0000</p>	

234C	<p>CHECK 234B:</p> <p>PREGNANCY BY ASSISTED REPRODUCTIVE TECHNIQUES ENDED AFTER 2003 OR IS STILL GOING ON <input type="checkbox"/></p> <p>NO PREGNANCY BY ASSISTED REPRODUCTIVE TECHNIQUES AFTER 2003 <input type="checkbox"/></p>	235
234D	<p>C ASK WHETHER IF ASSISTED REPRODUCTIVE TECHNIQUES WERE USED FOR ALL COMPLETED OR CURRENT PREGNANCIES SINCE JANUARY 2003. IF PREGNANCY IS COMPLETED, RECORD THE APPROPRIATE CODE IN THE MONTH IN WHICH THE PREGNANCY IS COMPLETED. RECORD THE MONTH OF INTERVIEW IF STILL PREGNANT IN THE 3RD COLUMN OF THE CALENDAR..</p> <p>ASK FOR ALL PREGNANCIES:</p> <p>- Did you make use of any assisted reproductive techniques for this pregnancy?</p> <p>- Which medical technique was used?</p>	
235	When did your last menstrual period start?	<p>DAYS AGO.....1 <input type="text"/></p> <p>WEEKS AGO.....2 <input type="text"/></p> <p>MONTHS AGO.....3 <input type="text"/></p> <p>YEARS AGO.....4 <input type="text"/></p> <p>CURRENTLY PREGNANT.....991</p> <p>IN MENAPAUSE.....992</p> <p>HYSTERECTOMY993</p> <p>BEFORE LAST BIRTH.....994</p> <p>NEVER MENSTRUATED995</p>
236	How old were you when you had your first menstrual period?	AGE..... <input type="text"/>
237	Think about the time between the beginning of a menstruation period and the beginning of the next menstruation period. Are there certain days when a woman is more likely to become pregnant if she has sexual relations?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>
238	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	<p>JUST BEFORE HER PERIOD BEGINS1</p> <p>DURING HER PERIOD2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED3</p> <p>HALF WAY BETWEEN TWO PERIODS4</p> <p>OTHER7</p> <p>(SPECIFY)</p> <p>DON'T KNOW8</p>
239S	RECORD THE TIME.	<p>HOUR – MINUTE..... <input type="text"/></p>

SECTION 3. CONTRACEPTION

301	<p>Now I would like to talk about contraception. There are various methods that a married couple can use to avoid pregnancy.</p> <p><i>CIRCLE CODE '1' IN Q. 301A FOR EACH METHOD MENTIONED SPONTANEOUSLY.</i></p> <p><i>THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY AND ASK WHETHER SHE HAS HEARD THE METHOD.</i></p> <p><i>IN Q 302, CIRCLE CODE '2' IF METHOD IS RECOGNIZED AND CODE '3' IF NOT RECOGNIZED.</i></p> <p><i>THEN FOR EACH METHOD WITH CODE '1' OR '2' CIRCLED IN 301A OR 302, ASK 303. AFTER ASKING ABOUT ALL METHODS PROCEED TO 304.</i></p>			
301A Which ways or methods of contraception have you heard?		SPON- TANEOUS YES	302 Have you ever heard this method? PROBES YES NO	303 Have you ever used this method?
01	TUBAL LIGATION Women can have an operation of tubal ligation to avoid having any more children.	1	2 3	Have you ever had such an operation to avoid having any more children? YES 1 NO 2
02	MALE STERILIZATION Men can have an operation called vasectomy so that their wives would not get pregnant.	1	2 3	Has (had) your (former) husband ever had such an operation? YES 1 NO 2
03	PILL Women can avoid a pregnancy by taking a pill every day.	1	2 3	YES 1 NO 2
04	IUD Women can have the so called spiral or IUD placed in them by a doctor or a nurse.	1	2 3	YES 1 NO 2
05	INJECTABLES Women can have an injection by a doctor or a nurse, which stops them from becoming pregnant for certain period of time.	1	2 3	YES 1 NO 2
06	IMPLANT Women can have small rods placed in their arm and this can prevent pregnancy for several years.	1	2 3	YES 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2 3	YES 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	1	2 3	YES 1 NO 2
09	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside themselves before intercourse.	1	2 3	YES 1 NO 2
12	RHYTHM Some couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	1	2 3	YES 1 NO 2
13	WITHDRAWAL Some men pull out during sexual intercourse before climax.	1	2 3	YES 1 NO 2
14	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	1	2 3	YES 1 NO 2
15	Have you heard of any other method that women or men can use to avoid pregnancy?	1	3	
		_____ (SPECIFY)		YES 1 NO 2
		_____ (SPECIFY)		YES 1 NO 2

304	CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> <div style="float: right;"> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → 308 </div>	
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	EVET 1 → 307 HAYIR 2
306	C IN COLUMN 2 RECORD "N" IN MONTHS IN WHICH WOMAN IS NOT IN A UNION, RECORD "0" IN ALL MONTHS REMAINING. <input type="checkbox"/> → 331	
307	Which method have you used or what have you done? CORRECT 303 AND 304, IF NECESSARY CORRECT 302.	
308	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used?	TUBAL LIGATION.....01 MALE STERILIZATION.....02 PILL.....03 IUD.....04 INJECTABLES.....05 IMPLANT.....06 CONDOM.....07 FEMALE CONDOM.....08 DIAPHRAGM/FOAM/JELLY.....09 LACTATIONAL AMEN. METHOD.....11 RHYTHM.....12 WITHDRAWAL.....13 EMERGENCY CONTRACEPTION.....14 OTHER _____ 96 (SPECIFY)
308A	How old were you when you first used this method?	AGE..... <input type="text"/> <input type="text"/>
309A	Did you have any children at that time? (IF YES) How many living children did you have at that time? IF NONE, RECORD "00.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>
310	CHECK 303: NOT HAD TUBAL LIGATION <input type="checkbox"/> <div style="float: right;"> HAD TUBAL LIGATION <input type="checkbox"/> → 314A </div>	
311	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> <div style="float: right;"> PREGNANT <input type="checkbox"/> → 315A </div>	
312	CHECK 160: CURRENTLY MARRIED <input type="checkbox"/> <div style="float: right;"> NOT MARRIED <input type="checkbox"/> → 315 </div>	
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2 → 315A

314	Which method are you using? <i>CIRCLE ALL MENTIONED.</i>	TUBAL LIGATION.....A MALE STERILIZATION.....B PILL.....C IUD.....D INJECTABLES.....E IMPLANT.....F CONDOM.....G FEMALE CONDOM.....H DIAPHRAGM/FOAM/JELLY.....I LACTATIONAL AMEN. METHOD.....K RHYTHM.....L WITHDRAWAL.....M OTHER _____ U (SPECIFY)	
314A	<i>CIRCLE "A" FOR TUBAL LIGATION.</i>		
314B	<i>CHECK 314 AND 314A:</i> HAD TUBAL LIGATION <input type="checkbox"/> NOT HAD TUBAL LIGATION <input type="checkbox"/>		315
314E	In which month and year was this operation performed?	MONTH..... YEAR	
314F	Before your sterilization operation, were you told that you would not able to have any (more) children because of this operation?	YES.....1 NO2	
315	<p>C ENTER METHOD CODE FROM 314 IN CURRENT MONTH IN COLUMN 2 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD. ENTER METHOD CODE IN EACH MONTH OF USE.</p> <p>ILLUSTRATIVE QUESTIONS: When did you start using this method continuously? How long have you been using this method continuously?</p> <p>CHECK COLUMN 1 OF CALENDAR: IN COLUMN 2 OF CALENDAR ENTER "N" FOR MONTHS WOMAN NOT MARRIED.</p> <p>CHECK COLUMN 2 OF CALANDER: THERE ARE EMPTY BOXES <input type="checkbox"/> ALL BOXES ARE FILLED <input type="checkbox"/></p>		316
315A	<p>START WITH THE MOST RECENT USE. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE BACK TO JANUARY 2003. USE NAMES OF CHILDREN, DATES OF BIRTH, AND STARTING AND ENDING DATES OF PREGNANCIES AS REFERENCE POINTS.</p> <p>IN COLUMN 2, ENTER CODE IN EACH MONTH OF METHOD USE OR "0" FOR NONUSE.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 2:</p> <ul style="list-style-type: none"> When was the last time you used a method? Which method was that? When did you start using that method? How long after the birth of (NAME)? How long did you use the method then? <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. TO DO THIS, DETERMINE THE LAST MONTH OF METHOD USE FROM COLUMN 2. IN COLUMN 3, ENTER THE CODE FOR DISCONTINUATION.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 3:</p> <ul style="list-style-type: none"> Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: "How many months did it take you to get pregnant after you stopped using (METHOD)?" AND ENTER "0" IN EACH SUCH MONTH IN COLUMN 2.</p>		

316	<p>CHECK 314 AND 314A:</p> <p>CIRCLE THE CODE OF CURRENTLY USED METHOD.</p> <p>IF MORE THAN ONE METHOD WAS CIRCLED IN 314, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NOT ASKED00</p> <p>TUBAL LIGATION.....01</p> <p>MALE STERILIZATION02</p> <p>PILL03</p> <p>IUD04</p> <p>INJECTABLES.....05</p> <p>IMPLANT06</p> <p>CONDOM07</p> <p>FEMALE CONDOM08</p> <p>DIAPHRAM/FOAM/JELLY09</p> <p>LACTATIONAL AMEN. METHOD11</p> <p>RHYTM12</p> <p>WITHDRAWAL13</p> <p>OTHER METHOD96</p>	<p>→ 331</p> <p>→ 322</p>
319	Before you started to use the current method you are using, were you told about side effects or problems you might have by an health personnel (doctor/nurse/midwife)?	<p>YES 1</p> <p>NO 2</p>	
320	Were you told by any health personnel (doctor/nurse/midwife) about what to do if you experienced side effects or problems of the method you are currently using?	<p>YES 1</p> <p>NO 2</p>	
321	Before you started to use the current method, were you ever told by a health personnel (doctor/nurse/midwife) about other methods of contraception you could use?	<p>YES 1</p> <p>NO 2</p>	
322	Who decided to use the current method you are using? You, your husband, or together?	<p>HERSELF1</p> <p>PARTNER2</p> <p>TOGETHER3</p>	

323	<p>CHECK 316:</p> <p>CIRCLE THE CODE FOR CURENTLY USED METHOD.</p>	<p>NOT ASKED00</p> <p>TUBAL LIGATION.....01</p> <p>MALE STERLIZATION02</p> <p>PILL03</p> <p>IUD04</p> <p>INJECTABLES.....05</p> <p>IMPLANT06</p> <p>CONDOM07</p> <p>FEMALE CONDOM08</p> <p>DIAPHRAM/FOAM/JELLY09</p> <p>LACTATIONAL AMEN. METHOD11</p> <p>RHYTM12</p> <p>WITHDRAWAL13</p> <p>OTHER METHOD96</p>	<p>→ 331</p> <p>→ 324A</p> <p>→ 326</p>
324	Where did you obtain you are currently using?	<p>PUBLIC SECTOR</p> <p>GOVERNMENT/SAMPLE HOSPITAL.....11</p> <p>MATERNITY HOUSE12</p> <p>MCHFP CENTRE.....13</p> <p>HEALTH CENTRE.....14</p> <p>HEALTH HOUSE.....15</p> <p>SSK HOSPITAL/DISPENSARY.....16</p> <p>TRAINING AND RESEARCH HOSPITAL.....17</p> <p>FAMILY HEALTH CENTRE/FAMILY DOCTOR.....18</p> <p>OTHER19</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL21</p> <p>PRIVATE POLYCLINIC22</p> <p>PRIVATE DOCTOR23</p> <p>PRIVATE MIDWIFE/NURSE24</p> <p>PHARMACY/MEDICAL STORE.....25</p>	
324A	Where did tubal ligation (or vasectomy) take place?	<p>OTHER29</p> <p>(SPECIFY)</p> <p>UNIVERSITY HOSPITAL31</p> <p>VOLUNTARY ORGANIZATION/ ASSOCIATION/FOUNDATION.....41</p> <p>MARKET/SHOP52</p> <p>RELATIVE/FRIEND/NEIGHBOUR.....53</p> <p>TRAD. MIDWIFE/MIDWIFE GRAN.....54</p> <p>OTHER96</p> <p>(SPECIFY)</p>	
325	Do you know another place where you could have obtained (METHOD)?	<p>EVET1</p> <p>HAYIR2</p>	
325A	At the time of tubal ligation operation, did you know another place where you could have the operation?		
326	Would you like to use a different method of contraception than the one you are currently using?	<p>YES1</p> <p>NO2</p>	→ 332A

326A	Which method would you prefer to use?	TUBAL LIGATION01 MALE STERILIZATION02 PILL03 IUD04 INJECTABLES05 IMPLANT.....06 CONDOM07 FEMALE CONDOM08 DIAPHRAGM/FOAM/JELLY09 LACTATIONAL AMEN. METHOD11 RHYTHM12 WITHDRAWAL13 EMERGENCY PILL14 OTHER _____ 96 (SPECIFY)	
326B	What is the reason that you do not use (METHOD MENTIONED IN 326A) currently?	DOCTOR DOES NOT ADVISE.....01 EXPENSIVE.....02 NOT AVAILABLE/ACCESS PROBLEMS.....03 HARD TO FIND HERE.....04 DON'T KNOW HOW TO OBTAIN.....05 DON'T KNOW HOW TO USE IT.....06 HUSBAND OBJECTS07 RELIGIOUS REASONS08 HEALTH CONCERNS.....09 SIDE EFFECTS10 OTHER _____ 96 (SPECIFY)	
326C	SKIP TO 332A.		

331	<p><i>CHECK 227:</i></p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> NOT PREGNANT OR UNSURE ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> CURRENTLY PREGNANT → </div> </div>	332B
331A	<p><i>CHECK 160:</i></p> <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="checkbox"/> CURRENTLY MARRIED ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> CURRENTLY NOT MARRIED → </div> </div>	332B
331B	<p>What is the main reason you are not using a method of contraception to avoid pregnancy?</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX11</p> <p>INFREQUENT SEX12</p> <p>MENOPAUSAL/HYSTERECTOMY13</p> <p>SUBFECUND/INFECOND14</p> <p>HUSBAND IS INFECOND15</p> <p>POSTPARTUM/BREASTFEEDING16</p> <p>WANTS (MORE) CHILDREN17</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD21</p> <p>KNOWS NO SOURCE22</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS31</p> <p>SIDE EFFECTS32</p> <p>LACK OF ACCESS/TOO FAR33</p> <p>COST TOO MUCH34</p> <p>INCONVENIENT TO USE35</p> <p>HUSBAND OPPOSED41</p> <p>RELIGIOUS REASONS51</p> <p>FATALISTIC.....61</p> <p>EMBARRASSED71</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p>
331C	GO TO 332B.	
332A	<p><i>CHECK 316.</i></p> <p><i>CIRCLE THE CODE OF METHOD CURRENTLY USED.</i></p>	<p>TUBAL LIGATION01</p> <p>MALE STERILIZATION02</p> <p>PILL03</p> <p>IUD04</p> <p>INJECTABLES05</p> <p>IMPLANT.....06</p> <p>CONDOM07</p> <p>FEMALE CONDOM08</p> <p>DIAPHRAGM/FOAM/JELLY09</p> <p>LACTATIONAL AMEN. METHOD11</p> <p>RHYTHM12</p> <p>WITHDRAWAL13</p> <p>ANOTHER METHOD96</p>
332B	<p>Do you know of a place where you can obtain a method of contraception?</p>	<p>YES..... 1</p> <p>NO..... 2 → 351</p>

→ 356

332C	Where is that? Any other place? <i>CIRCLE ALL MENTIONED..</i>	PUBLIC SECTOR GOVERNMENT/SAMPLE HOSPITALA MATERNITY HOUSEB MCHFP CENTRE.....C HEALTH CENTRED HEALTH HOUSEE SSK HOSPITAL/DISPENSARYF TRAINING AND RESEARCH HOSPITAL.....G FAMILY HEALTH CENTRE/FAMILY DOCTOR.....H OTHER I (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITALJ PRIVATE POLYCLINICK PRIVATE DOCTORL PRIVATE MIDWIFE/NURSEM PHARMACY/MEDICAL STOREN OTHER O (SPECIFY) UNIVERSITY HOSPITAL P VOLUNTARY ORG./ASSOC./FOUND.....R MARKET/SHOP.....S RELATIVE/FRIEND/NEIGHBOURT TRAD. MIDWIFE/MIDWIFE GRANU OTHER V (SPECIFY)
351	<i>CHECK 160:</i> CURRENTLY MARRIED <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/> → 353	
351A	<i>CHECK 316:</i> CURRENTLY NOT USING ANY METHOD <input type="checkbox"/> CURRENTLY USING A METHOD <input type="checkbox"/> → 356	
352	Are you planning to use any contraceptive method to postpone or avoid pregnancy in the following 12 months? YES 1 → 354 NO 2 DON'T KNOW8	
353	Are you planning to use any contraceptive method to postpone or avoid pregnancy anytime in the future? YES 1 NO 2 → 355 DON'T KNOW8	
354	Which method do you prefer? TUBAL LIGATION01 MALE STERILIZATION02 PILL03 IUD04 INJECTABLES05 IMPLANT/.....06 CONDOM07 FEMALE CONDOM08 DIAPHRAGM/FOAM/JELLY09 LACTATIONAL AMEN. METHOD11 RHYTHM12 WITHDRAWAL13 NOT SURE..... 88 OTHER 96 (SPECIFY)	
354A	GO TO 356.	

<p>358</p>	<p>CHECK 227:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NOT PREGNANT OR UNSURE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>CURRENTLY PREGNANT</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <p>How long would you like to wait from now before the birth of (a/another) child?</p> </div> <div style="text-align: center;"> <p>After the child you are expecting now, how long would you like to wait before the birth of another child?</p> </div> </div>	<p>MONTH.....1 <input style="width: 40px;" type="text"/></p> <p>YEAR.....2 <input style="width: 40px;" type="text"/></p> <p>SOON/NOW..... 993</p> <p>SAYS SHE CAN'T GET PREGNANT..... 994</p> <p>OTHER 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	
<p>359</p>	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN</p> <input type="checkbox"/> </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 20px;"> <div style="text-align: center;"> <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>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div>	<p>NONE.....00</p> <p>NUMBER <input style="width: 40px;" type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	<p>361A</p> <p>361A</p>
<p>360</p>	<p>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?</p>	<p>BOYS</p> <p>NUMBER <input style="width: 40px;" type="text"/></p> <p>OTHER 96 (SPECIFY)</p> <p>GIRLS</p> <p>NUMBER <input style="width: 40px;" type="text"/></p> <p>OTHER 96 (SPECIFY)</p> <p>EITHER</p> <p>NUMBER <input style="width: 40px;" type="text"/></p> <p>OTHER 96 (SPECIFY)</p>	

361A	Did you experience any of the following health problems in the last 12 months?		361B Did you seek any treatment from any health personnel or health institution?	
			YES	NO
	Genital discharge?	YES.....1 →	1	2
		NO.....2		
	Genital itching?	YES.....1 →	1	2
		NO.....2		
	Genital sore/ulcer?	YES.....1 →	1	2
		NO.....2		
	Painful urination (Dysuria)?	YES.....1 →	1	2
		NO.....2		
	Bleeding during intercourse ?	YES.....1 →	1	2
		NO.....2		
	Menstrual disorder?	YES.....1 →	1	2
		NO.....2		
362	CHECK 316A AND 316B:			
	SOUGHT TRETMENT AT LEAST ONCE	<input type="checkbox"/>	NOT SOUGHT TREATMENT OR NOT EXPERIENCED A PROBLEM	<input type="checkbox"/> → 400
363	Did any health personnel inform you about your health problem(s)?	YES..... 1 NO..... 2		

SECTION 4. MOTHER AND CHILD HEALTH

400	<p><i>CHECK 225.</i></p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p>ONE OR MORE LIVE BIRTHS SINCE JANUARY 2003.</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> <div style="width: 45%; text-align: right;"> <p>NO LIVE BIRTHS SINCE JANUARY 2003.</p> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 5px auto;"></div> </div> </div> <div style="text-align: right; margin-top: 10px;">→ 709</div>		
401S	<p><i>RECORD THE TIME.</i></p> <div style="text-align: right; margin-top: 10px;"> HOUR – MINUTE..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </div>		
402	<p><i>ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 2003 IN THE TABLE, BEGINNING WITH THE LAST BIRTH. ASK THE QUESTIONS FOR ALL THESE BIRTHS.</i></p> <p><i>BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES- DO NOT USE THE LAST BIRTH COLUMN IN THE ADDITIONAL QUESTIONNAIRE. USE "NEXT TO LAST BIRTH" COLUMN AFTER CHANGING IT AS "SECOND TO LAST BIRTH").</i></p> <p>I would like to ask you some more questions about the health of all your children born in the past five years. We will talk about one child at a time.</p>		
403	<p>LINE NUMBER FROM Q212.</p>	<p style="text-align: center;">LAST BIRTH</p> <p>LINE NUMBER..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </p>	<p style="text-align: center;">NEXT TO LAST BIRTH</p> <p>LINE NUMBER..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </p>
404	<p>FROM 212</p> <p>FROM 216</p>	<p>NAME _____</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> ALIVE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> </div>	<p>NAME _____</p> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> ALIVE <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> DEAD <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> </div>
405	<p>At the time you became pregnant with did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all ?</p>	<p>NOT AT ALL..... 0</p> <p style="text-align: right;">407A ←</p> <p>THEN..... 1</p> <p>LATER..... 2</p>	<p>NOT AT ALL..... 0</p> <p style="text-align: right;">407A ←</p> <p>THEN..... 1</p> <p>LATER..... 2</p>
406	<p>How much longer would you like to have waited?</p>	<p>MONTHS.....1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </p> <p>YEARS.....2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </p> <p>DON'T KNOW998</p>	<p>MONTHS.....1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </p> <p>YEARS.....2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> </p> <p>DON'T KNOW998</p>
407A	<p>When you were pregnant withdid you see anyone for antenatal care for this pregnancy?</p> <p><i>(IF YES) Whom did you see?</i></p> <p style="text-align: center;">Anyone else?</p> <p><i>PROBE FOR THE TYPE OF PERSON AND RECORD ALL MENTIONED.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTORA</p> <p>NURSE/MIDWIFE B</p> <p>OTHER PERSON</p> <p>TRAD. MIDWIFE/GRAND</p> <p>OTHER U</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO ONE.....Y</p> <p style="text-align: right;">409G ←</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTORA</p> <p>NURSE/MIDWIFE.....B</p> <p>OTHER PERSON</p> <p>TRAD. MIDWIFE/GRAN..... D</p> <p>OTHER U</p> <p style="text-align: center;">(SPECIFY)</p> <p>NO ONE.....Y</p> <p style="text-align: right;">410 ←</p>

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____																					
407B	Where did you go for antenatal care? Anywhere else? <i>RECORD ALL MENTIONED.</i>	PUBLIC SECTOR GOVT./SAMPLE HOSPITALA MATERNITY HOUSEB MCHFP CENTERC HEALTH CENTER.....D HEALTH HOUSEE SSK HOSPITAL/DISPANSERYF TRAINING AND RESEARCH HOSP..G FAMILY AND HEALTH CENTER/ FAMILY DOCTORH OTHER _____ I (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITALJ PRIVATE POLYCLINICK PRIVATE DOCTORL PRIVATE NURSE/MIDWIFE (HEALTH CABIN)M OTHER _____ N (SPECIFY) UNIVERSITY HOSPITALO VOLUNTARY ORGANIZATION/ FOUNDATION HOSPITAL/CLINICP OTHER _____ U (SPECIFY)	PUBLIC SECTOR GOVT./SAMPLE HOSPITALA MATERNITY HOUSEB MCHFP CENTERC HEALTH CENTER.....D HEALTH HOUSEE SSK HOSPITAL/DISPANSERYF TRAINING AND RESEARCH HOSP.G FAMILY AND HEALTH CENTER/ FAMILY DOCTORH OTHER _____ I (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITALJ PRIVATE POLYCLINICK PRIVATE DOCTORL PRIVATE NURSE/MIDWIFE (HEALTH CABIN)M OTHER _____ N (SPECIFY) UNIVERSITY HOSPITALO VOLUNTARY ORGANIZATION/ FOUNDATION HOSPITAL/CLINICP OTHER _____ U (SPECIFY)																					
408	How many months pregnant were you with when you first received antenatal care?	MONTH <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>																					
408A	During your pregnancy with when you went for the first time for antenatal care did you go because there was a problem or was it an ordinary check-up?	THERE WAS A PROBLEM..... 1 ORDINARY CONTROL..... 2 OTHER _____ 7 (SPECIFY)	THERE WAS A PROBLEM..... 1 ORDINARY CONTROL..... 2 OTHER _____ 7 (SPECIFY)																					
409A	How many times did you receive antenatal care during your pregnancy with?	NO. OF TIMES..... <input type="text"/> <input type="text"/>	NO. OF TIMES..... <input type="text"/> <input type="text"/>																					
409B	How many months pregnant were you with when you received antenatal care for the last time?	MONTH <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/>																					
409C	In any of your antenatal checks: Were you weighed? Were you checked for your blood pressure? Had a blood test? Had a urine test? Had ultrasonographic check? Had abdomen control by hand?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHED.....1</td> <td></td> <td>2</td> </tr> <tr> <td>BLOOD PRESSURE.....1</td> <td></td> <td>2</td> </tr> <tr> <td>BLOOD TEST.....1</td> <td></td> <td>2</td> </tr> <tr> <td>URINE TEST.....1</td> <td></td> <td>2</td> </tr> <tr> <td>ULTRASOUND.....1</td> <td></td> <td>2</td> </tr> <tr> <td>ABDOMINAL EXAMINATION.....1</td> <td></td> <td>2</td> </tr> </tbody> </table>		YES	NO	WEIGHED.....1		2	BLOOD PRESSURE.....1		2	BLOOD TEST.....1		2	URINE TEST.....1		2	ULTRASOUND.....1		2	ABDOMINAL EXAMINATION.....1		2	
	YES	NO																						
WEIGHED.....1		2																						
BLOOD PRESSURE.....1		2																						
BLOOD TEST.....1		2																						
URINE TEST.....1		2																						
ULTRASOUND.....1		2																						
ABDOMINAL EXAMINATION.....1		2																						

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____																		
409F	Have you been informed on the following topics in any of your antenatal checks? Nutrition during pregnancy? Situations that require emergency visits to health facilities? (Bleeding, high blood pressure, edema, fever, etc.)? Type of delivery (Caesarean section/vaginal)? Breastfeeding? Contraception use after birth?	<table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>NUTRITION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>EMERGENCIES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DELIVERY TYPE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BREASTFEEDING.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CONTRACEPTION USE.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	NUTRITION.....	1	2	EMERGENCIES.....	1	2	DELIVERY TYPE.....	1	2	BREASTFEEDING.....	1	2	CONTRACEPTION USE.....	1	2	
	YES	NO																			
NUTRITION.....	1	2																			
EMERGENCIES.....	1	2																			
DELIVERY TYPE.....	1	2																			
BREASTFEEDING.....	1	2																			
CONTRACEPTION USE.....	1	2																			
409G	Have you taken iron tablets during your pregnancy to?	YES 1 NO 2 DON'T KNOW 8																			
409H	<i>CHECK 407A:</i> HAD ANTENATAL CARE?	<table> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td><input type="checkbox"/> → 410</td> <td><input type="checkbox"/> ↓</td> </tr> </table>	YES	NO	<input type="checkbox"/> → 410	<input type="checkbox"/> ↓															
YES	NO																				
<input type="checkbox"/> → 410	<input type="checkbox"/> ↓																				
409I	What was the reason for you not receiving antenatal care during your pregnancy to? <i>RECORD ALL MENTIONED.</i>	THERE WAS NO PROBLEM A ACCESSIBILITY PROBLEMS B DISTRUST OF HEALTH FACILITY/PERSONNEL C PROBLEMS IN USING HEALTH INSTITUTION D TRADITIONS/CUSTOMS E ECONOMIC LIMITATIONS F POOR SERVICES G DOES NOT KNOW WHERE H FEAR I SHAME J HUSBAND DID NOT ALLOW K MOTHER IN LAW DID NOT ALLOW ... L OTHER FAMILY MEMBERS DID NOT ALLOW M OTHER _____ U (SPECIFY)																			

		LAST BIRTH	NEXT TO LAST BIRTH
		NAME_____	NAME_____
410	Where did you give birth to? Anyone else? <i>RECORD ALL MENTIONED.</i>	HOME WOMAN'S HOME..... 01 OTHER HOME..... 02 PUBLIC SECTOR GOVT./SAMPLE HOSPITAL..... 11 MATERNITY HOUSE..... 12 MCHFP CENTER..... 13 HEALTH CENTER..... 14 HEALTH HOUSE..... 15 SSK HOSPITAL/DISPANSERY 16 TRAINING AND RESEARCH HOSP.. 17 FAMILY HEALTH CENTER/ FAMILY DOCTOR 18 OTHER _____ 19 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL..... 21 PRIVATE POLYCLINIC..... 22 PRIVATE DOCTOR..... 23 PRIVATE NURSE/MIDWIFE (HEALTH CABIN)..... 24 OTHER _____ 29 (SPECIFY) UNIVERSITY HOSPITAL..... 31 VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC.... 41 OTHER _____ 96 (SPECIFY)	HOME WOMAN'S HOME..... 01 OTHER HOME..... 02 PUBLIC SECTOR GOVT./SAMPLE HOSPITAL..... 11 MATERNITY HOUSE..... 12 MCHFP CENTER..... 13 HEALTH CENTER..... 14 HEALTH HOUSE..... 15 SSK HOSPITAL/DISPANSERY 16 TRAINING AND RESEARCH HOSP.. 17 FAMILY HEALTH CENTER/ FAMILY DOCTOR 18 OTHER _____ 19 (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITAL..... 21 PRIVATE POLYCLINIC..... 22 PRIVATE DOCTOR..... 23 PRIVATE NURSE/MIDWIFE (HEALTH CABIN)..... 24 OTHER _____ 29 (SPECIFY) UNIVERSITY HOSPITAL..... 31 VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC.... 41 OTHER _____ 96 (SPECIFY)
413	Who assisted with the delivery of? Anyone else? <i>RECORD ALL MENTIONED.</i>	HEALTH PROFESSIONAL DOCTOR..... A NURSE/MIDWIFE..... B OTHER PERSON TRADITIONAL MIDWIFE..... D RELATIVE/FRIENDS..... E OTHER _____ U (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR..... A NURSE/MIDWIFE..... B OTHER PERSON TRADITIONAL MIDWIFE..... D RELATIVE/FRIENDS..... E OTHER _____ U (SPECIFY) NO ONE Y
414	How did’s birth occur? Was it vaginal birth or caesarean section?	NORMAL (VAGINAL) BIRTH 1 CAESAREAN..... 2	NORMAL (VAGINAL) BIRTH 1 CAESAREAN..... 2

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
414B	<i>CHECK 410:</i> DID THE BIRTH TAKE PLACE AT A HEALTH FACILITY?	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ 443	YES <input type="checkbox"/> NO <input type="checkbox"/> ↓ 444
437	How long did you stay at the health facility after's birth? <i>RECORD "00" IF LESS THAN ONE DAY. RECORD AS DAY IF LESS THAN ONE WEEK.</i>	DAY 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	DAY 1 <input type="text"/> <input type="text"/> WEEK 2 <input type="text"/> <input type="text"/> DON'T KNOW 998
439	Were you examined by a health professional before you returned home after birth?	YES 1 NO 2 <input type="checkbox"/> 442	YES 1 NO 2 <input type="checkbox"/> 442
440	How much time elapsed between birth and your first examination? <i>RECORD AS HOUR IF LESS THAN 1 DAY AND AS DAY IF LESS THAN 1 WEEK.</i>	HOUR 1 <input type="text"/> <input type="text"/> DAY 2 <input type="text"/> <input type="text"/> WEEK 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	
441	Who examined you? Who else?	DOCTOR A MIDWIFE/NURSE B OTHER U (SPECIFY)	
441A		GO TO 448A.	GO TO 453.
442	Were you examined by a health professional within two months following your departure from? (THE PLACE MENTIONED AT 410)	YES 1 445 <input type="checkbox"/> NO 2 <input type="checkbox"/> 449	YES 1 453 <input type="checkbox"/> NO 2 <input type="checkbox"/> 453
443	What was the main reason for not having done's birth in a health institution?	NO REASON 00 ACCESSIBILITY PROBLEMS 01 DISTRUST OF HEALTH FACILITY/PERSONNEL 02 HAPPENED SUDDENLY 03 PROBLEMS IN USING HEALTH INSTITUTION 04 EXPENSIVE 05 TRADITIONS/CUSTOMS 06 NO PROBLEM 07 FEAR 08 SHAME 09 OTHER 96 (SPECIFY) DON'T KNOW 98	

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
444	In the two months after was born, did any health care provider check your health?	YES 1 NO 2 <input type="checkbox"/> 449 ←	YES 1 NO 2
445	How long after delivery did the first check take place? <i>RECORD IN HOURS IF LESS THAN 1 DAY, RECORD IN WEEKS IF LESS THAN 1 MONTH.</i>	HOUR 1 <input type="text"/> <input type="text"/> DAY 2 <input type="text"/> <input type="text"/> WEEK 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	
446	Who checked on your health at that time? Who else?	DOCTOR A MIDWIFE/NURSE B OTHER U (SPECIFY)	
447	Where did this first check take place?	HOUSE OWN HOUSE 01 OTHER HOUSE 02 PUBLIC SECTOR GOVT./SAMPLE HOSPITAL 11 MATERNITY HOUSE 12 MCHFP CENTER 13 HEALTH CENTER 14 HEALTH HOUSE 15 SSK HOSPITAL/DISPANSERY 16 TRAINING AND RESEARCH HOSP. 17 FAMILY HEALTH CENTER/ FAMILY DOCTOR 18 OTHER 19 (BELİRTİN) PRIVATE SECTOR PRIVATE HOSPITAL 21 PRIVATE POLYCLINIC 22 PRIVATE DOCTOR 23 PRIVATE NURSE/MIDWIFE (HEALTH CABIN) 24 OTHER 29 (SPECIFY) UNIVERSITY HOSPITAL 31 VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC.... 41 OTHER 96 (SPECIFY)	
448A	In the two months after was born, how many times did health care providers check your health?	NUMBER OF TIMES <input type="text"/> <input type="text"/>	

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
448B	<p>In the health checks within two months after was born, have you been informed on any the following topics?</p> <p>Mother's nutrititon?</p> <p>Baby's nutrition?</p> <p>Breastfeeding?</p> <p>Baby's immunization?</p> <p>Breast care?</p> <p>Postpartum contraception use?</p> <p>Situations that require emergency visits to health facilities?</p> <p>Use of iron tablets?</p>	<p>YES NO</p> <p>MOTHER'S NUTRITITON.....1 2</p> <p>BABY'S NUTRITION.....1 2</p> <p>BREASTFEEDING.....1 2</p> <p>IMMUNIZATION.....1 2</p> <p>BREAST CARE.....1 2</p> <p>CONTRACEPTION.....1 2</p> <p>EMERGENCIES.....1 2</p> <p>IRON TABLETS.....1 2</p>	
448C	<p>In any of the health checks within two months after was born:</p> <p>Were you checked for your blood pressure?</p> <p>Had a blood test?</p> <p>Had a urine test?</p> <p>Checked for body temperature?</p> <p>Checked for bleeding?</p>	<p>YES NO</p> <p>BLOOD PRESSURE.....1 2</p> <p>BLOOD TEST.....1 2</p> <p>URINE TEST.....1 2</p> <p>BODY TEMPERATURE.....1 2</p> <p>BLEEDING.....1 2</p>	
449	<p>Now I would like to ask you about the health checks (NAME OF CHILD) attended within the two months after he/she was born. In the two months after was born, did any health care provider check her/his health?</p>	<p>YES..... 1</p> <p>NO 2 <input type="checkbox"/></p> <p>453 ←</p>	
450	<p>How long after delivery did the first check of take place?</p> <p><i>RECORD IN HOURS IF LESS THAN ONE DAY, RECORD IN WEEKS IF LESS THAN ONE MONTH.</i></p>	<p>HOUR1 <input type="text"/><input type="text"/></p> <p>DAY2 <input type="text"/><input type="text"/></p> <p>WEEK3 <input type="text"/><input type="text"/></p> <p>DON'T KNOW.....998</p>	
451	<p>Who checked on's health at that time?</p> <p>Who else?</p>	<p>DOCTOR..... A</p> <p>MIDWIFE/NURSE..... B</p> <p>OTHER U</p> <p>(SPECIFY)</p>	

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____																
452	Where did this first check of take place?	HOUSE OWN HOUSE 01 OTHER HOUSE 02 PUBLIC SECTOR GOVT./SAMPLE HOSPITAL..... 11 MATERNITY HOUSE..... 12 MCHFP CENTER..... 13 HEALTH CENTER..... 14 HEALTH HOUSE..... 15 SSK HOSPITAL/DISPANSERY 16 TRAINING AND RESEARCH HOSP. 17 FAMILY HEALTH CENTER/ FAMILY DOCTOR 18 OTHR 19 (BELİRTİN) PRIVATE SECTOR PRIVATE HOSPITAL..... 21 PRIVATE POLYCLINIC..... 22 PRIVATE DOCTOR..... 23 PRIVATE NURSE/MIDWIFE (HEALTH CABIN) 24 OTHER 29 (SPECIFY) UNIVERSITY HOSPITAL 31 VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC.... 41 OTHER 96 (SPECIFY)																	
453	When 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																
454	Was weighed at birth?	YES 1 NO 2 <input type="checkbox"/> 455A ←	YES 1 NO 2 <input type="checkbox"/> 455A ←																
455	How much did weigh? <i>RECORD WEIGHT FROM HEALTH CARD, IF AVAILABE.</i>	<p style="text-align: center;">GRAMS</p> FROM CARD.....1 <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> FROM RECALL.....2 <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 99998									<p style="text-align: center;">GRAMS</p> FROM CARD.....1 <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> FROM RECALL.....2 <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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DON'T KNOW 99998								
455A	Has been through a test for phenylketonuria?	YES 1 NO 2 DON'T KNOW 3	YES 1 NO 2 DON'T KNOW 3																

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
455B	Before, during or after the birth of, did you ever pay money for the health services you have taken for yourself or for your child? While taking antenatal care? During delivery? While taking the postnatal checks?	<div style="text-align: right;">YES NO</div> ANC.....1 2 DELIVERY.....1 2 PNC.....1 2	
456	Has your period returned since the birth of??	YES.....1 <input type="checkbox"/> <div style="text-align: right;">458 ←</div> NO.....2 <input type="checkbox"/> <div style="text-align: right;">459 ←</div>	
457	Did your period return between the birth of and your next pregnancy?		YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> <div style="text-align: right;">461 ←</div>
458	For how many months after birth of did you not have your period?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW 98
459	CHECK 227: RESPONDENT CURRENTLY PREGNANT?	NOT PREGNANT <input type="checkbox"/> <div style="text-align: center;">↓</div> PREGNANT OR UNSURE <input type="checkbox"/> <div style="text-align: center;">↓</div> 461	
460	Have you resumed sexual relations since the birth of?	YES.....1 NO.....2 <input type="checkbox"/> <div style="text-align: right;">462 ←</div>	
461	For how many months after the birth of did you not have sexual relations? <i>RECORD AS "DAY" IF LESS THAN 2 MONTHS.</i>	DAY.....1 <input type="text"/> <input type="text"/> MONTH.....2 <input type="text"/> <input type="text"/> DON'T KNOW 98	DAY.....1 <input type="text"/> <input type="text"/> MONTH.....2 <input type="text"/> <input type="text"/> DON'T KNOW 98
462	Did you ever breastfeed?	YES.....1 NO.....2 <input type="checkbox"/> <div style="text-align: right;">470B ←</div>	YES.....1 NO.....2 <input type="checkbox"/> <div style="text-align: right;">470B ←</div>
463	How long after birth did you first put to the breast? <i>RECORD "00" IF LESS THAN 1 HOUR. RECORD AS HOUR IF LESS THAN 24 HOURS, AS DAY IF MORE.</i>	HOUR.....1 <input type="text"/> <input type="text"/> DAY.....2 <input type="text"/> <input type="text"/>	
463A	In the first three days after delivery, was given anything to drink other than breast milk?	YES.....1 NO.....2 <input type="checkbox"/> <div style="text-align: right;">464 ←</div>	

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
463B	What was given to? Anything else? <i>RECORD ALL MENTIONED.</i>	MILK (OTHER THAN BREAST MILK)...A WATERB SUGAR WATERC SALT-SUGAR-WATER SOLUTIOND FRUIT JUICE.....E BABY FORMULAF TEAG JUICE OF COOKED MEALH HONEYI OTHER _____ U (SPECIFY)	
464	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> 466	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> 466
465	Are you still breastfeeding?	YES 1 468 ← NO 2	YES 1 470C ← NO 2
466	For how many months did you breastfeed?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW 98
467		GO TO 470A.	GO TO 470A.
468	How many times did you breastfeed last night between sunset and sunrise? <i>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.</i>	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>	
469	How many times did you breastfeed yesterday during the daylight hours? <i>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.</i>	NUMBER OF DAYTIME FEEDINGS..... <input type="text"/> <input type="text"/>	
469A		GO TO 471.	GO TO 471.

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
470A	CHECK 466:	BREASTFED FOR LESS THAN 6 MONTHS <input type="checkbox"/> BREASTFED FOR 6 MONTHS OR LONGER <input type="checkbox"/> 470C	BREASTFED FOR LESS THAN 6 MONTHS <input type="checkbox"/> BREASTFED FOR 6 MONTHS OR LONGER <input type="checkbox"/> 470C
470B	Why did you not breastfeed/stop breastfeeding?	MOTHER SICK/WEAK 11 CHILD SICK/WEAK 12 CHILD DEAD 13 BREAST PROBLEM 14 INSUFFICIENT MILK 15 MOTHER WORKING 16 BABY DID NOT WANT IT 17 GOT PREGNANT 18 OTHER 96 (SPECIFY)	MOTHER SICK/WEAK 11 CHILD SICK/WEAK 12 CHILD DEAD 13 BREAST PROBLEM 14 INSUFFICIENT MILK 15 MOTHER WORKING 16 BABY DID NOT WANT IT 17 GOT PREGNANT 18 OTHER 96 (SPECIFY)
470C	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> 488	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> 488
471	Did 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
471A	Which supplementary nutrition other than breastmilk did you feed first?	NONE 00 476A ← MILK (OTHER THAN BREASTMILK) ... 01 WATER 02 SUGAR WATER 03 SALT-SUGAR-WATER SOLUTION 04 FRUIT JUICE 05 BABY FORMULA 06 YOGHURT 07 TEA 08 JUICE OF COOKED MEAL 09 HONEY 10 OTHER 96 (SPECIFY).	
471B	How many months old was when you first fed him/her with supplementary food ?	MONTHS <input type="text"/> <input type="text"/>	

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
472	At any time in last 24 hours was given any of the following?	<div style="text-align: right;">Y N DK</div> EGGS 1 2 8 CHEESE 1 2 8 YOGHURT 1 2 8 RED MEAT 1 2 8 CHICKEN 1 2 8 FISH 1 2 8 VEGETABLES/FRUITS 1 2 8 WATER 1 2 8 BABY FORMULA 1 2 8 BOTTLED/BOXED MILK / MILK SOLD OUTSIDE? 1 2 8 CEREALS/GRAINS 1 2 8 SOUP/JUICE OF COOKED MEAL 1 2 8 BREAD 1 2 8	<div style="text-align: right;">Y N DK</div> EGGS 1 2 8 CHEESE 1 2 8 YOGHURT 1 2 8 RED MEAT 1 2 8 CHICKEN 1 2 8 FISH 1 2 8 VEGETABLES/FRUITS 1 2 8 WATER 1 2 8 BABY FORMULA 1 2 8 MILK 1 2 8 CEREALS/GRAINS 1 2 8 SOUP/JUICE OF MEAL 1 2 8 BREAD 1 2 8
476A	Has had diarrhea in the last 15 days?	YES 1 NO 2 <div style="text-align: right;">487 ←</div> DON'T KNOW 8	YES 1 NO 2 <div style="text-align: right;">487 ←</div> DON'T KNOW 8
477	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
478	On the worst day of diarrhea, how many bowel movements did have?	NUMBER OF BOWEL MOVEMENTS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DON'T KNOW 98	NUMBER OF BOWEL MOVEMENTS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> DON'T KNOW 98
478A	CHECK 471A: SUPPLEMENTARY NUTRITION GIVEN?	GIVEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NOT GIVEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="text-align: right;">488</div>	GIVEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NOT GIVEN <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="text-align: right;">488</div>
479	Was given the same amount to drink as before the diarrhea, or more or less when he/she had diarrhea?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
480	Was given the same amount to eat as before the diarrhea, or more or less when he/she had diarrhea?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
481	When had diarrhea was he/she given any of the following to eat or drink?	<div style="text-align: right;">Y N D</div> ORS PKT 1 2 8 HOME MADE ORS 1 2 8 MILK/BABY FORMULA 1 2 8 SOUP 1 2 8 AYRAN (Yoghurt based drink)? 1 2 8 TEA 1 2 8 RICE PUDDING/POTATOES 1 2 8 OTHER LIQUIDS 1 2 8	<div style="text-align: right;">Y N D</div> ORS PKT 1 2 8 HOME MADE ORS 1 2 8 MILK/BABY FORMULA 1 2 8 SOUP 1 2 8 AYRAN 1 2 8 TEA 1 2 8 RICE PUDDING/POTATOES 1 2 8 OTHER LIQUIDS 1 2 8
482	Was anything else given to treat diarrhea?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
484	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 <div style="text-align: right;">486 ←</div> DON'T KNOW 8	YES 1 NO 2 <div style="text-align: right;">486 ←</div> DON'T KNOW 8
485	Where/from whom did you seek advice or treatment? Anywhere else? <i>RECORD ALL MENTIONED.</i>	PUBLIC SECTOR GOVT./SAMPLE HOSPITAL.....A MATERNITY HOUSEB MCHFP CENTREC HEALTH CENTRED HEALTH HOUSEE SSK HOSPITAL/DISPANSERYF TRAINING AND RESEARCH HOSP....G FAMILY HEALTH CENTER/ FAMILY DOCTORH OTHERI (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITALJ PRIVATE POLYCLINIC.....K PRIVATE DOCTOR.....L PRIVATE NURSE/MIDWIFE (HEALTH CABIN)M PHARMACY/MEDICAL STOREN OTHERO (SPECIFY) UNIVERSITY HOSPITALP VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC ...R MARKET/SHOP.....S RELATIVE/FRIENDS/NEIGHBOURS....T TRAD. MIDWIFE/GRAN.....V OTHERU (SPECIFY)	PUBLIC SECTOR GOVT./SAMPLE HOSPITAL.....A MATERNITY HOUSEB MCHFP CENTREC HEALTH CENTRED HEALTH HOUSEE SSK HOSPITAL/DISPANSERYF TRAINING AND RESEARCH HOSP....G FAMILY HEALTH CENTER/ FAMILY DOCTORH OTHERI (SPECIFY) PRIVATE SECTOR PRIVATE HOSPITALJ PRIVATE POLYCLINIC.....K PRIVATE DOCTOR.....L PRIVATE NURSE/MIDWIFE (HEALTH CABIN)M PHARMACY/MEDICAL STOREN OTHERO (SPECIFY) UNIVERSITY HOSPITALP VOLUNATRY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC ...R MARKET/SHOP.....S RELATIVE/FRIENDS/NEIGHBOURS....T TRAD. MIDWIFE/GRAN.....V OTHERU (SPECIFY)

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____
486	CHECK 465: STILL BREASTFEEDING?	YES <input type="checkbox"/> NO <input type="checkbox"/> 487	
486A	Did you make any changes in the breastfeeding frequency of when he/she had diarrhea?	YES 1 NO 2 487	
486B	Did you breastfeed less or more, did you stop breastfeeding?	MORE 1 LESS 2 STOPPED BREASTFEEDING 3	
487	Is currently attending daycare or kindergarten?	NOT ATTENDING 0 DAYCARE CENTRE 1 KINDERGARTEN 2	NOT ATTENDING 0 DAYCARE CENTRE 1 KINDERGARTEN 2
487A		GO TO 489A.	GO TO 489A.
488	Where diddie?	HOUSE OWN HOUSE 01 OTHER HOUSE 02 PUBLIC SECTOR GOVT./SAMPLE HOSPITAL 11 MATERNITY HOUSE 12 MCHFP CENTER 13 HEALTH CENTER 14 HEALTH HOUSE 15 SSK HOSPITAL/DISPANSERY 16 TRAINING AND RESEARCH HOSP. 17 FAMILY HEALTH CENTER/ FAMILY DOCTOR 18 OTHER 19 (BELİRTİN) PRIVATE SECTOR PRIVATE HOSPITAL 21 PRIVATE POLYCLINIC 22 PRIVATE 23 DOCTOR PRIVATE NURSE/MIDWIFE 24 (HEALTH CABIN) 29 OTHER (SPECIFY) 31 UNIVERSITY HOSPITAL 96 OTHER (SPECIFY)	HOUSE OWN HOUSE 01 OTHER HOUSE 02 PUBLIC SECTOR GOVT./SAMPLE HOSPITAL 11 MATERNITY HOUSE 12 MCHFP CENTER 13 HEALTH CENTER 14 HEALTH HOUSE 15 SSK HOSPITAL/DISPANSERY 16 TRAINING AND RESEARCH HOSP. 17 FAMILY HEALTH CENTER/ FAMILY DOCTOR 18 OTHER 19 (BELİRTİN) PRIVATE SECTOR PRIVATE HOSPITAL 21 PRIVATE POLYCLINIC 22 PRIVATE DOCTOR 23 PRIVATE NURSE/MIDWIFE 24 (HEALTH CABIN) 29 OTHER (SPECIFY) UNIVERSITY HOSPITAL 31 OTHER 96 (SPECIFY)
489A		GO BACK TO 405 IN NEXT COLUMN IF THERE IS ANOTHER BIRTH. IF NO MORE BIRTHS, GO TO 490S.	GO TO 405 IN AN EXTRA QUESTIONNAIRE IF THERE IS ANOTHER BIRTH. IF NOT, GO TO 490S.
490S	RECORD THE TIME.	HOUR – MINUTE..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black;"></div>	

SECTION 5. IMMUNIZATION

500	<p>CHECK 225: ONE OR MORE LIVE BIRTHS SINCE JANUARY 2005</p>	<p style="text-align: center;">NO LIVE BIRTHS SINCE JANUARY 2005</p>																																																	
	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 100%; height: 2px; position: relative;"> <div style="position: absolute; right: 0; top: -5px;">→ 709</div> </div>																																																		
501	<p>ENTER LINE NUMBER, NAME SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 2005 IN THE TABLE. ASK QUESTIONS ABOUT ALL OF THESE BIRTHS.</p> <p>BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES – DO NOT USE THE LAST BIRTH COLUMN IN THE ADDITIONAL QUESTIONNAIRE, USE "NEXT TO LAST BIRTH" CLOUMN' AND WRITE "SECOND ONE BEFORE THE LAST BIRTH")</p>																																																		
501A	<p>LINE NUMBER FROM 212.</p>	<p style="text-align: center;">LAST BIRTH</p> <p>LINE NO. <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div></p>	<p style="text-align: center;">NEXT TO LAST BIRTH</p> <p>LINE NO. <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div></p>																																																
502	<p>CHECK 212:</p> <p>CHECK 216:</p>	<p>NAME _____</p> <p>ALIVE <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> DEAD <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div></p> <p style="text-align: center;"> IF NO MORE BIRTHS, GO TO 510S IF THERE IS MORE BIRTHS GO TO 502 IN NEXT COLUMN . </p>	<p>NAME _____</p> <p>ALIVE <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div> DEAD <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; vertical-align: middle;"></div></p> <p style="text-align: center;"> IF NO MORE BIRTHS, GO TO 510S IF THERE IS MORE BIRTHS GO TO 502 IN ADDITIONAL. QUESTIONNAIRE. </p>																																																
503	<p>Do you have a card where’s vaccination are written down?</p> <p>(IF YES) May I see it please?</p>	<p>YES, SEEN 1</p> <p>YES, NOT SEEN 2</p> <p style="text-align: right;">506 ←</p> <p>NO CARD 3</p>	<p>YES, SEEN 1</p> <p>YES, NOT SEEN 2</p> <p style="text-align: right;">506 ←</p> <p>NO CARD 3</p>																																																
504	<p>(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. PAY ATTENTION TO APPOINTMENT DAYS AND THE CONSISTENCY OF VACCINATION DATES.</p> <p>(2) WRITE '44' IN THE DAY CLOUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN BUT NO DATE IS RECORDED.</p>	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th><th>DAY</th><th>MO</th><th>YEAR</th></tr> </thead> <tbody> <tr> <td>BCG</td><td></td><td></td><td></td></tr> <tr> <td>POLIO 1</td><td></td><td></td><td></td></tr> <tr> <td>POLIO 2</td><td></td><td></td><td></td></tr> <tr> <td>POLIO 3</td><td></td><td></td><td></td></tr> <tr> <td>DPT 1</td><td></td><td></td><td></td></tr> <tr> <td>DPT 2</td><td></td><td></td><td></td></tr> <tr> <td>DPT 3</td><td></td><td></td><td></td></tr> <tr> <td>MEASLES</td><td></td><td></td><td></td></tr> <tr> <td>HEPATITUS B 1</td><td></td><td></td><td></td></tr> <tr> <td>HEPATITUS B 2</td><td></td><td></td><td></td></tr> <tr> <td>HEPATITUS B 3</td><td></td><td></td><td></td></tr> </tbody> </table>			DAY	MO	YEAR	BCG				POLIO 1				POLIO 2				POLIO 3				DPT 1				DPT 2				DPT 3				MEASLES				HEPATITUS B 1				HEPATITUS B 2				HEPATITUS B 3			
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		<p>LAST BIRTH</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p>	<p>NEXT TO LAST BIRTH</p> <p>LINE NO..... <input type="text"/> <input type="text"/></p>
505	<p>Has received any vaccination that are not recorded on this card?</p> <p><i>RECORD 'YES' IF ONLY RESPONDENT MENTIONS BCG, POLIO 1 – 3, DPT 1 – 3, MEASLES AND/OR HEPATITUES B 1 - 3 .</i></p>	<p>YES..... 1</p> <p>NO..... 2</p> <p>DON'T KNOW..... 8</p> <p>509 ←</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>509 ←</p>
505A		<p>PROBE VACCINATIONS AT 504, RECORD '66' TO DAY SECTION OF THAT VACCINATION.</p> <p>SKIP TO 509</p>	<p>PROBE VACCINATIONS AT 504, RECORD '66' TO DAY SECTION OF THAT VACCINATION.</p> <p>SKIP TO 509</p>
506	<p>Did..... ever receive any vaccinations to prevent him/her from getting infectious diseases?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>509 ←</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> <p>509 ←</p>
508A	<p>Please tell me if received any of the following vaccinations?</p> <p>BCG: A vaccination against tuberculosis, that is an injection in the left arm or shoulder that caused a scar?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
508B	<p>Polio vaccination: That is dropped in the mouth?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p> <p>508D ←</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p> <p>508D ←</p>
508C	<p>How many times?</p>	<p>NUMBER OF TIMES..... <input type="text"/></p>	<p>NUMBER OF TIMES..... <input type="text"/></p>
508D	<p>DPT vaccination: This vaccination includes diphtheria, whooping-cough and tetanus.and it is usually given at the same time as polio drops.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p> <p>508F ←</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p> <p>508F ←</p>
508E	<p>How many times?</p>	<p>NUMBER OF TIMES..... <input type="text"/></p>	<p>NUMBER OF TIMES..... <input type="text"/></p>
508F	<p>Measles vaccination?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
508G	<p>Hepatitis B vaccination?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p> <p>509 ←</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW..... 8</p> <p>509 ←</p>
508H	<p>How many times?</p>	<p>NUMBER OF TIMES..... <input type="text"/></p>	<p>NUMBER OF TIMES..... <input type="text"/></p>
509		<p>RETURN TO 502 IN THE NEXT COLUMN IF THERE IS ANOTHER BIRTH.</p> <p>SKIP TO 709 IF NOT.</p>	<p>RETURN TO 502 IN THE ADDITIONAL QUESTIONNAIRE IF THERE IS ANOTHER BIRTH.</p> <p>SKIP TO 709 IF NOT.</p>

SECTION 7A. WOMEN'S WORK

709	<p>Now I would like to ask you questions about working.</p> <p>Have you worked in a job whether paid or unpaid since you were 12 for at least 6 months?</p> <p>As you know some women sell small things, sell goods at the market place, work on the family farm or business, look after children, work as housemaids etc. Please include these kinds of jobs as well.</p>	<p>YES1</p> <p>NO 2</p>	→ 718A
709A	<p>Can you list me the jobs you have worked in whether paid or unpaid, for at least 6 months, since you were 12, starting from the first one?</p> <p><i>RECORD ALL JOBS LASTED SIX MONTHS OR LONGER THE WOMEN HAS WORKED AT FROM AGE 12 TO SURVEY DATE TO THE LIST WITH DETAILS, STARTING FROM THE FIRST ONE.</i></p> <p><i>ADD THE CURRENT JOB IN THE LIST REGARDLESS OF ITS DURATION. ASK THE QUESTIONS FOR EACH JOB SEPERATELY.</i></p> <p><i>CAUTION: IF THE RESPONDENT HAS WORKED AT MORE THAN 10 JOBS, USE AN ADDITIONAL QUESTIONNAIRE. CONTINUE THE INTERVIEW FROM THIS NEW QUESTIONNAIRE.</i></p>		

710 What was your job?	711 In which year and month did you start working in this job?	712 In which sector were you working?	713 Was your job in public or private sector?	714 What was your position at work?	715 Did you have any social security when doing your job? (IF YES) According to which schedule?
<i>RECORD THE JOB IN DETAIL.</i>				<i>USE THE CODE LIST.</i>	<i>USE THE CODE LIST.</i>
01 <div style="border-bottom: 1px solid black; height: 20px; margin: 5px 0;"></div> <div style="text-align: center;">(JOB)</div>	MONTH..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> YEAR. <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	AGRICULTURE..1 INDUSTRY.....2 SERVICE.....3	PUBLIC.....1 PRIVATE.....2	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
02 <div style="border-bottom: 1px solid black; height: 20px; margin: 5px 0;"></div> <div style="text-align: center;">(JOB)</div>	MONTH..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> YEAR. <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	AGRICULTURE..1 INDUSTRY.....2 SERVICE.....3	PUBLIC.....1 PRIVATE.....2	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
03 <div style="border-bottom: 1px solid black; height: 20px; margin: 5px 0;"></div> <div style="text-align: center;">(JOB)</div>	MONTH..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> YEAR. <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	AGRICULTURE..1 INDUSTRY.....2 SERVICE.....3	PUBLIC.....1 PRIVATE.....2	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
04 <div style="border-bottom: 1px solid black; height: 20px; margin: 5px 0;"></div> <div style="text-align: center;">(JOB)</div>	MONTH..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> YEAR. <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	AGRICULTURE..1 INDUSTRY.....2 SERVICE.....3	PUBLIC.....1 PRIVATE.....2	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>
05 <div style="border-bottom: 1px solid black; height: 20px; margin: 5px 0;"></div> <div style="text-align: center;">(JOB)</div>	MONTH..... <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> YEAR. <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	AGRICULTURE..1 INDUSTRY.....2 SERVICE.....3	PUBLIC.....1 PRIVATE.....2	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>	<div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 20px; height: 20px; border: 1px solid black; margin: 0 5px;"></div>

(714) STATUS AT JOB	
01 EMPLOYER 02 WAGED, WORKER (REGULAR) 03 SALARIED, GOVERNMENT OFFICER (REGULAR) 04 DAILY WAGED (SEASONAL, TEMPORARY)	05 FOR HER OWN (REGULAR) 06 FOR HER OWN (IRREGULAR) 07 UNPAID FAMILY WORKER 96 OTHER

(715) SOCIAL SECURITY
00 NONE 01 SSK 02 EMEKLİ SANDIĞI 03 BAĞ-KUR 04 PRIVATE INSURANCE 96 OTHER 98 DON'T KNOW

716 Are you currently working at this job?	716A How long have you worked at this job? <i>RECORD IN MONTHS IF LESS THAN 2 YEARS.</i>	716B In which month and year did you quit this job?	717 What was the reason of your resignation? <i>USE THE CODE LIST.</i>
YES.....1 718 ←	MONTH.....1 <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
NO.....2	YEAR.....2 <input type="text"/> <input type="text"/>	YEAR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(SPECIFY IF OTHER)
YES.....1 718 ←	MONTH.....1 <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
NO.....2	YEAR.....2 <input type="text"/> <input type="text"/>	YEAR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(SPECIFY IF OTHER)
YES.....1 718 ←	MONTH.....1 <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
NO.....2	YEAR.....2 <input type="text"/> <input type="text"/>	YEAR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(SPECIFY IF OTHER)
YES.....1 718 ←	MONTH.....1 <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
NO.....2	YEAR.....2 <input type="text"/> <input type="text"/>	YEAR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(SPECIFY IF OTHER)

- (717) REASON FOR RESIGNMENT**
- 01 GOT PREGNANT/CHILD CARE
 - 02 HOUSEWORK
 - 03 SICK/DISABLED/HANDICAPPED
 - 04 APPOINTMENT OF HUSBAND
 - 05 JUST MOVED/MIGRATED
 - 06 OPPOSITION OF HUSBAND/ELDERLY
 - 07 DID NOT NEED TO WORK
 - 08 DID NOT WANT TO WORK
 - 09 WORKED UNPAID
 - 10 DISMISSED
 - 11 SICK/ELDERLY CARE IN FAMILY
 - 12 WORKPLACE CLOSED
 - 13 MARRIAGE
 - 14 RETIREMENT
 - 15 TO FIND/FOUND A BETTER JOB
 - 16 SEASONAL/TEMPORARY
 - 96 OTHER

710 What was your job? <i>RECORD THE JOB IN DETAIL.</i>	711 In which year and month did you start working in this job?	712 In which sector were you working?	713 Was your job in public or private sector?	714 What was your position at work? <i>USE THE CODE LIST.</i>	715 Did you have any social security when doing your job? (IF YES) According to which schedule? <i>USE THE CODE LIST.</i>
06 <hr/> (JOB)	MONTH..... YEAR.....	AGRICULTURE...1 INDUSTRY.....2 SERVICE.....3	PUBLIC.....1 PRIVATE.....2		
07 <hr/> (JOB)	MONTH..... YEAR.....	AGRICULTURE...1 INDUSTRY.....2 SERVICE.....3	PUBLIC.....1 PRIVATE.....2		
08 <hr/> (JOB)	MONTH..... YEAR.....	AGRICULTURE...1 INDUSTRY.....2 SERVICE.....3	PUBLIC.....1 PRIVATE.....2		
09 <hr/> (JOB)	MONTH..... YEAR.....	AGRICULTURE...1 INDUSTRY.....2 SERVICE.....3	PUBLIC.....1 PRIVATE.....2		
10 <hr/> (JOB)	MONTH..... YEAR.....	AGRICULTURE...1 INDUSTRY.....2 SERVICE.....3	PUBLIC.....1 PRIVATE.....2		

(714) STATUS AT JOB	
01 EMPLOYER	05 FOR HER OWN (REGULAR)
02 WAGED, WORKER (REGULAR)	06 FOR HER OWN (IRREGULAR)
03 SALARIED, GOVERNMENT OFFICER (REGULAR)	07 UNPAID FAMILY WORKER
04 DAILY WAGED (SEASONAL, TEMPORARY)	96 OTHER

(715) SOCIAL SECURITY
00 NONE
01 SSK
02 EMEKLİ SANDIĞI
03 BAĞ-KUR
04 PRIVATE INSURANCE
96 OTHER
98 DON'T KNOW

716 Are you currently working at this job?	716A How long have you worked at this job? <i>RECORD IN MONTHS IF LESS THAN 2 YEARS.</i>	716B In which month and year did you quit this job?	717 What was the reason of your resignation? <i>USE THE CODE LIST.</i>
YES.....1 718 ←	MONTH.....1 <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
NO.....2	YEAR.....2 <input type="text"/> <input type="text"/>	YEAR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(SPECIFY IF OTHER)
YES.....1 718 ←	MONTH.....1 <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
NO.....2	YEAR.....2 <input type="text"/> <input type="text"/>	YEAR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(SPECIFY IF OTHER)
YES.....1 718 ←	MONTH.....1 <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
NO.....2	YEAR.....2 <input type="text"/> <input type="text"/>	YEAR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(SPECIFY IF OTHER)
YES.....1 718 ←	MONTH.....1 <input type="text"/> <input type="text"/>	MONTH..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
NO.....2	YEAR.....2 <input type="text"/> <input type="text"/>	YEAR. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(SPECIFY IF OTHER)

- (717) REASON FOR RESIGNMENT**
- 01 GOT PREGNANT/CHILD CARE
 - 02 HOUSEWORK
 - 03 SICK/DISABLED/HANDICAPPED
 - 04 APPOINTMENT OF HUSBAND
 - 05 JUST MOVED/MIGRATED
 - 06 OPPOSITION OF HUSBAND/ELDERLY
 - 07 DID NOT NEED TO WORK
 - 08 DID NOT WANT TO WORK
 - 09 WORKED UNPAID
 - 10 DISMISSED
 - 11 SICK/ELDERLY CARE IN FAMILY
 - 12 WORKPLACE CLOSED
 - 13 MARRIAGE
 - 14 RETIREMENT
 - 15 TO FIND/FOUND A BETTER JOB
 - 16 SEASONAL/TEMPORARY
 - 96 OTHER

718	<p>CHECK 716:</p> <p>NOT CURRENTLY WORKING <input type="checkbox"/> CURRENTLY WORKING <input type="checkbox"/></p> <p style="text-align: right;">730A</p>	
718A	Aside from your own housework, did you work in a job whether paid or unpaid in last one week?	YES.....1 → 720 NO.....2
719	As you know some women sell small things, sell goods at the market place, work on the family farm or business, look after children, work as housemaids etc. Did you do any of these or any other work of similar nature in the last week?	YES.....1 → 720 NO.....2
719A	GO TO 727.	
720	GO BACK AND CORRECT THE QUESTIONS BETWEEN 709-717 (ALSO 718-719 IF NECESSARY).	
727	You told that you did not work last week. Do you have a job that you usually work?	JUST ABOUT TO START WORKING.....01 STUDENT.....02 HOUSEWIFE.....03 RETIRED.....04 INCOME RECIPIENT.....05 FAMILY WORKER.....06 DISABLED/SICK.....07 CARING FOR ELDERLY.....08 CARING FOR CHILDREN.....09 ABOUT TO GET MARRIED.....10 TOO YOUNG.....12 JUST GRADUATED.....13 HUSBAND/FAMILY DOES NOT ALLOW.....14 JUST MIGRATED/LEFT.....15 DOES NOT NEED TO WORK.....16 OTHER _____ 96 (SPECIFY)
728	Are you currently looking for a job?	YES.....1 → 730 NO.....2
729	For how long have you been looking for a job?	MONTH1 <input type="text"/> <input type="text"/> YEAR.....2 <input type="text"/> <input type="text"/> RECORD IN MONTHS IF LESS THAN 2 YEARS.
730	Would you start to work within two weeks if you had a chance to?	YES.....1 NO.....2
730A	Are you covered by any health insurance? (IF YES) According to which schedule?	NO 0 SSK1 EMEKLİ SANDIĞI2 BAĞ-KUR3 PRIVATE HEALTH INSURANCE.....4 YEŞİL KART5 OTHER _____ 7 (SPECIFY)

730A	CHECK 716: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> CURRENTLY WORKING <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT CURRENTLY WORKING <input type="checkbox"/> → </div> </div>		735																								
731	CHECK 217 AND 218: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> HAS A CHILD LIVING WITH HER WHOSE AGE IS 5 OR LESS <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DOES NOT HAVE A CHILD LIVING WITH HER WHOSE AGE IS 5 OR LESS <input type="checkbox"/> → </div> </div>		735																								
732	Who usually takes care of (NAME OF THE YOUNGEST CHILD AT HOME) while you are working?	<table style="width: 100%; border-collapse: collapse;"> <tr><td>WOMAN</td><td style="text-align: right;">01</td></tr> <tr><td>HUSBAND</td><td style="text-align: right;">02</td></tr> <tr><td>FEMALE CHILD</td><td style="text-align: right;">03</td></tr> <tr><td>WOMAN'S MOTHER</td><td style="text-align: right;">05</td></tr> <tr><td>HUSBAND'S MOTHER</td><td style="text-align: right;">06</td></tr> <tr><td>MALE CHILD</td><td style="text-align: right;">07</td></tr> <tr><td>OTHER RELATIVES</td><td style="text-align: right;">08</td></tr> <tr><td>BABYSITTER</td><td style="text-align: right;">09</td></tr> <tr><td>KINDERGARDEN</td><td style="text-align: right;">10</td></tr> <tr><td>HAS NOT WORKED SINCE LAST BIRTH</td><td style="text-align: right;">95</td></tr> <tr><td>OTHER</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </table>	WOMAN	01	HUSBAND	02	FEMALE CHILD	03	WOMAN'S MOTHER	05	HUSBAND'S MOTHER	06	MALE CHILD	07	OTHER RELATIVES	08	BABYSITTER	09	KINDERGARDEN	10	HAS NOT WORKED SINCE LAST BIRTH	95	OTHER	96	(SPECIFY)		
WOMAN	01																										
HUSBAND	02																										
FEMALE CHILD	03																										
WOMAN'S MOTHER	05																										
HUSBAND'S MOTHER	06																										
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BABYSITTER	09																										
KINDERGARDEN	10																										
HAS NOT WORKED SINCE LAST BIRTH	95																										
OTHER	96																										
(SPECIFY)																											

SECTION 7B. HUSBAND'S BACKGROUND

735	CHECK 160: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> CURRENTLY MARRIED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT CURRENTLY MARRIED <input type="checkbox"/> → 737 </div> </div>		
736	How old is your (last) husband?	COMPLETED AGE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/>	
737	Did your (last) husband ever attend school?	YES 1 NO 2 DON'T KNOW 8	→ 740A
738	What was the highest level of school your (last) husband attended?	PRIMARY SCHOOL 11 GENERAL SECONDARY SCHOOL 12 VOCATIONAL SECONDARY SCHOOL 13 PRIMARY EDUCATION 14 GENERAL HIGH SCHOOL 15 VOCATIONAL HIGH SCHOOL 16 UNIVERSITY 17 MASTER'S DEGREE 18 Ph. D. 19 DON'T KNOW 98	→ 740A
739	What is the highest grade your (last) husband completed at that level? <i>RECORD "00" IF HE COMPLETED PREPARATORY CLASS OR HE DID NOT COMPLETE ANY GRADE, AND "66" FOR MASTER'S/Ph. D.</i>	GRADE <input style="width: 40px;" type="text"/> <input style="width: 40px;" type="text"/> DON'T KNOW 96	
739A	Did he graduate (receive diploma) from this school?	YES 1 NO 2 DON'T KNOW 8	
740A	CHECK 160: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> CURRENTLY MARRIED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT CURRENTLY MARRIED <input type="checkbox"/> → 740N </div> </div>		
740B	Did your husband work in a regular or an irregular job whether paid or unpaid in the past week?	YES 1 NO 2	→ 740E
740C	Does your husband have a job he normally works at?	YES 1 NO 2	→ 740J
740E	What is (was) your husband's occupation? What kind of job does (did) he have? <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <i>(RECORD THE JOB IN DETAIL AND CIRCLE THE APPROPRIATE SECTOR IN THE NEXT COLUMN)</i>	AGRICULTURE 1 INDUSTRY 2 SERVICES 3	
740F	Does (did) your husband work for public or private sector?	PUBLIC 1 PRIVATE 2	

740G	What is your husband's status/position in his job?	EMPLOYER.....01 WAGED, WORKER (REGULAR).....02 SALARIED, GOVERNMENT OFFICAL.....03 DAILY WAGED (SEASONAL/TEMPORAL).....04 FOR HIS OWN (REGULAR).....05 FOR HIS OWN (IRREGULAR).....06 UNPAID FAMILY WORKER.....07 OTHER _____ 96 (SPECIFY)					
740H	Does (did) your husband pay social security when doing this job? (IF YES) According to which schedule?	NO..... 0 SSK 1 EMEKLİ SANDIĞI 2 BAĞ-KUR 3 PRIVATE.....4 OTHER _____ 7 (SPECIFY)					
740I	GO TO 740N.						
740J	What is the reason for your husband's not working?	JUST ABOUT TO START WORKING.....01 STUDENT.....02 RETIRED.....04 INCOME RECIPIENT.....05 FAMILY WORKER.....06 DISABLED/SICK.....07 CARING FOR ELDERLY.....08 CARING FOR CHILDREN.....09 ABOUT TO SERVE/SERVING IN THE MILITARY..... 11 LOOKING FOR A JOB/UNEMPLOYED.....12 JUST GRADUATED.....14 JUST MIGRATED/LEFT.....16 DOES NOT NEED TO WORK.....17 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98					
740K	Is your husband looking for a job?	YES..... 1 NO..... 2 DON'T KNOW.....8	→740M				
740L	For how long has your husband been looking for a job? RECORD IN MONTHS IF LESS THAN 2 YEARS.	MONTH.....1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR.....2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>					
740M	Would he start to work within two weeks if he had a chance to?	YES1 NO.....2 DON'T KNOW.....8					
740N	Is (was) your (last) husband covered by any health insurance? (IF YES) According to which schedule?	NO.....0 SSK1 EMEKLİ SANDIĞI2 BAĞ-KUR3 PRIVATE HEALTH INSURANCE.....4 YEŞİL KART.....5 OTHER _____ 7 (SPECIFY)					

741A	What is (was) your (last) husband's mother tongue? <i>RECORD ONE LANGUAGE ONLY.</i>	TURKISH.....1 KURDISH.....2 ARABIC.....3 OTHER _____ 7 (SPECIFY) DON'T KNOW.....8	
741B	Can (could) your (last) husband speak any languages besides his mother tongue? <i>(IF YES) Which language(s)?</i> <i>RECORD ALL MENTIONED.</i>	TURKISH.....A KURDISH.....B ARABIC.....C OTHER _____ U (SPECIFY) NO OTHER LANGUAGES.....Y	
741C	What is (was) your (last) husband's mother's mother tongue? What is (was) your (last) husband's father's mother tongue? <i>USE THE CODES IN 741A.</i>	MOTHER..... FATHER.....	<div><div></div><div></div></div>
741D	Which language do (did) you usually use when talking with your (last) husband?	TURKISH.....1 KURDISH.....2 ARABIC.....3 OTHER _____ 7 (SPECIFY)	
742A	For most of the time until your (last) husband was 12 years old, where did he live? <i>RECORD THE NAME AND CODE OF THE PROVINCE.</i>	NAME OF PROVINCE _____	PROVINCE CODE <div><div></div><div></div></div>
742B	Was this place then a province centre, a district centre, a sub-district or a village ? Or was it abroad?	PROVINCE CENTRE.....1 DISTRICT CENTRE.....2 SUBDISTRICT OR VILLAGE.....3 ABROAD.....4	
742C	Are (were) your husband's parents related?	YES.....1 NO.....2 DON'T KNOW.....8	<div><div></div><div></div></div> 761
742D	In what way is (was) your husband's father related to his mother?	SON OF FATHER'S BROTHER.....1 SON OF FATHER'S SISTER.....2 SON OF MOTHER'S SISTER.....3 SON OF MOTHER'S BROTHER.....4 OTHER PARENTAL BLOOD RELATIVE.....5 OTHER MATERNAL BLOOD RELATIVE.....6 OTHER _____ 7 (SPECIFY) DON'T KNOW.....8	

SECTION 7C. WOMEN'S STATUS

761	<p>Now I would like to get your opinion on some aspects of family life. Can you tell me whether you agree or disagree with each statement?</p> <p>The important decisions in the family should be made only by men of the family.</p> <p>Men should also do the housework like cooking, washing, ironing, and cleaning.</p> <p>A woman shouldn't argue with her husband even if she disagrees with him.</p> <p>A married woman should work outside the home if she wants to.</p> <p>It is better to educate a son than a daughter.</p> <p>A woman may go anywhere she wants without her husband's permission.</p> <p>Men are wiser.</p> <p>Women should be more involved in politics.</p> <p>Women should be virgins when they get married.</p>	<table><thead><tr><th>AGREE</th><th>DISAGREE</th><th>DON'T KNOW/ NO IDEA</th></tr></thead><tbody><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr></tbody></table>	AGREE	DISAGREE	DON'T KNOW/ NO IDEA	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8											
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762	<p>Now I would like to ask you some questions about your daily life.</p> <p><i>IF YES, PROBE WHETHER REGULAR OR IRREGULAR</i></p> <p>Do you exercise?</p> <p>Do you go to places other than your hometown for a holiday?</p> <p>Do you go outside for meal with your family?</p> <p>Do you organize meetings with your friends and/or neighbors?</p> <p>Dou you use the internet?</p> <p>Do you perform the namaz?</p> <p>Do you fast?</p> <p>Do you watch women's programs on TV?</p> <p>Do you wear head scarf when you go outside?</p>	<table><thead><tr><th>NO</th><th>REGULAR</th><th>IRREGULAR</th><th>NOT APPLICABLE</th></tr></thead><tbody><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr><tr><td>0</td><td>1</td><td>2</td><td>3</td></tr></tbody></table>	NO	REGULAR	IRREGULAR	NOT APPLICABLE	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	
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763	<p>Now I will list some situations. Can you tell me whether you agree or disagree with a husband's performance of physical violence to his wife under these situations?</p> <p>If she does not cook?</p> <p>If she burns the food?</p> <p>If she neglects the housework?</p> <p>If she neglects the children?</p> <p>If she answers him back?</p> <p>If she wastes money?</p> <p>If she refuses to have sexual intercourse?</p>	<table><thead><tr><th>AGREES</th><th>DISAGREES</th><th>NO IDEA</th></tr></thead><tbody><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr><tr><td>1</td><td>2</td><td>8</td></tr></tbody></table>	AGREES	DISAGREES	NO IDEA	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8	1	2	8																	
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764	<p>Now I will ask you some questions about housework. Who does the types of housework in your house that I will list now primarily?</p> <p>Cooking?</p> <p>Setting and cleaning the dining table?</p> <p>Cleaning work such as wiping and sweeping?</p> <p>Washing the dishes/placing the dishes in the dishwasher?</p> <p>Doing the laundry?</p> <p>Ironing?</p> <p>Kitchen shopping?</p> <p>Preparing the household budget and accounting?</p> <p>Running errands in public offices, paying the bills?</p> <p>Doing reparations or amendments?</p> <p>Spending time with child(ren) at home (playing games, reading books, watching TV, etc.)?</p> <p>Spending time with child(ren) outside the house (going to the park, movies, etc.)?</p> <p>Helping child(ren) with homework?</p>	<table border="1"> <thead> <tr> <th>HER OWN</th><th>HUSBAND</th><th>FEMALE CHILDREN</th><th>MALE CHILDREN</th><th>PAID SERVANT/ MAID</th><th>OTHER WOMEN</th><th>OTHER MEN</th><th>NO ONE</th><th>NOT APPLICABLE</th></tr> </thead> <tbody> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> <tr><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td><td>17</td><td>18</td><td>00</td></tr> </tbody> </table>	HER OWN	HUSBAND	FEMALE CHILDREN	MALE CHILDREN	PAID SERVANT/ MAID	OTHER WOMEN	OTHER MEN	NO ONE	NOT APPLICABLE	11	12	13	14	15	16	17	18	00	11	12	13	14	15	16	17	18	00	11	12	13	14	15	16	17	18	00	11	12	13	14	15	16	17	18	00	11	12	13	14	15	16	17	18	00	11	12	13	14	15	16	17	18	00	11	12	13	14	15	16	17	18	00	11	12	13	14	15	16	17	18	00	11	12	13	14	15	16	17	18	00	11	12	13	14	15	16	17	18	00	11	12	13	14	15	16	17	18	00	11	12	13	14	15	16	17	18	00
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765	<p>Now I will read you some statements regarding situations some women experience.</p> <p>Can you please tell me how often you experience such situations in your relationship with your (last) husband? Often, sometimes or never?</p> <p>Does (did) your husband:</p> <p>Prevent you from seeing your female friends?</p> <p>Limit your contact with your family?</p> <p>Insist on knowing where you are at all times?</p> <p>Distrust you with money?</p> <p>Accuse you of being unfaithful?</p>	<table border="1"> <thead> <tr> <th>OFTEN</th><th>SOMETIMES</th><th>NEVER</th><th>NOT APPLICABLE</th></tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>3</td><td>0</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>0</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>0</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>0</td></tr> <tr><td>1</td><td>2</td><td>3</td><td>0</td></tr> </tbody> </table>	OFTEN	SOMETIMES	NEVER	NOT APPLICABLE	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3	0																																																																																													
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766S	<p>RECORD THE TIME.</p> <p>HOUR – MINUTE.....<div><div></div><div></div><div></div><div></div></div></p>																																																																																																																						

781	PRESENCE OF OTHERS DURING THE INTERVIEW. CIRCLE ALL APPROPRIATE ALTERNATIVES.	NO ONEA CHILDREN UNDER 10B MOTHER IN LAWC HER MOTHERD OTHER MENE OTHER WOMENF			
782	WAS THE INTERVIEW INTERRUPTED? IF YES, FOR HOW MANY MINUTES APPROXIMATELY?	NO000 MINUTES1 <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>			
783	IN YOUR OPINION, WHAT IS THE RELIABILITY OF THE RESPONSES?	POOR 1 FAIR2 GOOD3 VERY GOOD4			
784	WHAT LANGUAGE WAS USED DURING THE INTERVIEW?	TURKISH.....1 KÜRDISH.....2 ARABIC.....3 OTHER _____ 7 (SPECIFY)	→ 800		
785	WAS AN INTERPRETER USED DURING THE INTERVIEW?	YES1 NO2			

SECTION 8. HEIGHT AND WEIGHT

800	<p><i>RECORD THE NAME OF THE WOMAN AND IF ANY, THE NAME(S) OF THE CHILDREN THAT WAS BORN AFTER JANUARY 2003 AND STILL ALIVE IN 801, BY BEGINNING FROM THE YOUNGEST CHILD.</i></p> <p><i>RECORD THE LINE NO. OF CHILDREN IN 802. IF THERE ARE MORE THAN 2 LIVING CHILDREN THAT WERE BORN AFTER JANUARY 2003, USE AN ADDITIONAL QUESTIONNAIRE.</i></p> <p><i>MEASURE THE WEIGHT AND HEIGHT OF WOMAN AND HER LIVING CHILDREN THAT WERE BORN AFTER JANUARY 2003 AND RECORD IN THE APPROPRIATE FIELD.</i></p>			
	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">1</div> WOMAN	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">2</div> YOUNGEST CHILD ALIVE	<div style="border: 1px solid black; display: inline-block; padding: 2px 5px;">3</div> NEXT – TO - YOUNGEST CHILD ALIVE	
801	NAME CHECK 212 FOR CHILDREN.	(NAME) _____	(NAME) _____	(NAME) _____
802	LINE NO. IN 212.		LINE NO <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>	LINE NO <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>
803	HEIGHT (cm)	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>
804	WAS THE HEIGHT OF THE CHILD MEASURED LYING DOWN OR STANDING UP?		LYING DOWN.....1 STANDING UP.....2	LYING DOWN..... 1 STANDING UP..... 2
805	WEIGHT (Kilograms)	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>	<div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div> . <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px;"></div>
806	DATE OF MEASUREMENT	DAY <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div> MONTH <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>	DAY <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div> MONTH <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>	DAY <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div> MONTH <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>
807	RESULT	MEASURED.....1 NOT AT HOME.....3 REFUSED.....4 OTHER _____ 7 (SPECIFY)	MEASURED.....1 NOT AT HOME.....3 REFUSED.....4 OTHER _____ 7 (SPECIFY)	MEASURED..... 1 NOT AT HOME.....3 REFUSED..... 4 OTHER _____ 7 (SPECIFY)
808	NAME OF MEASURER <div style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></div>			

INTERVIEWER'S OBSERVATIONS

To be filled after completing interview

COMMENTS ABOUT WOMEN

COMMENTS ON SPECIFIC QUESTIONS

OTHER OBSERVATIONS

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR:
DATE:

EDITOR'S OBSERVATIONS

NAME OF THE EDITOR:
DATE:

CALENDAR

COLUMN 1: MARRIAGE

- X** MARRIED
O NOT MARRIED

COLUMN 2: BIRTHS AND PREGNANCIES

- D** BIRTH
H PREGNANCY
K INDUCED ABORTION
F SPONTANEOUS ABORTION
J STILLBIRTH

COLUMN 2: CONTRACEPTIVE USE

- 0** NO METHOD
1 TUBAL LIGATION
2 MALE STERILIZATION
3 PILL
4 IUD
5 INJECTABLES
6 IMPLANT
7 CONDOM
8 FEMALE CONDOM
9 DIAPHRAM/FOAM/JELLY
A EMERGENCY CONTRACEPTION
T RHYTHM
G WITHDRAWAL
U OTHER _____
(SPECIFY)
N MONTHS OF WEDLOCK

COLUMN 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0** INFREQUENT SEX/PARTNER AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 HEALTH CONCERNS
6 SIDE EFFECTS
7 LACK OF ACCESS/TOO FAR
8 EXPENSIVE
9 INCONVENIENT TO USE
Y FATALISTIC
M DIFFICULT TO GET PREGNANT/MENOPAUSE
B MARITAL DISSOLUTION/SEPERATION/WIDOWHOOD
U OTHER _____
(SPECIFY)
X DON'T KNOW

COLUMN 3: ASSISTED REPRODUCTIVE TECHNIQUES

- K** NOT USED
A INTRAUTERINE INSEMINATION (INJECTION)
T CONVENTIONAL INVITRO FERTILIZATION
E INTRACYROPLASMIC SPERM INJECTION
W DOESN'T KNOW TECHNIQUE

				1	2	3			
	12	DEC	01				01	DEC	12
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	09	SEP	04				04	SEP	09
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	09	SEP	16				16	SEP	09
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0	06	JUNE	19				19	JUNE	06
7	05	MAY	20				20	MAY	05
	04	APR	21				21	APR	04
	03	MAR	22				22	MAR	03
	02	FEB	23				23	FEB	02
	01	JAN	24				24	JAN	01
	12	DEC	25				25	DEC	12
	11	NOV	26				26	NOV	11
	10	OCT	27				27	OCT	10
	09	SEP	28				28	SEP	09
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	02	FEB	35				35	FEB	02
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	12	DEC	37				37	DEC	12
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	09	SEP	52				52	SEP	09
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	04	APR	57				57	APR	04
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	12	DEC	61				61	DEC	12
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	09	SEP	64				64	SEP	09
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0	07	JULY	66				66	JULY	07
0	06	JUNE	67				67	JUNE	06
3	05	MAY	68				68	MAY	05
	04	APR	69				69	APR	04
	03	MAR	70				70	MAR	03
	02	FEB	71				71	FEB	02
	01	JAN	72				72	JAN	01

AGE – YEAR OF BIRTH TABLE

AGE	YEAR OF BIRTH	
	HAS NOT CELEBRATED BIRTHDAY IN 2008	CELEBRATED BIRTHDAY IN 2008
	DOES NOT KNOW	
0	2007	--
1	2006	2007
2	2005	2006
3	2004	2005
4	2003	2004
5	2002	2003
6	2001	2002
7	2000	2001
8	1999	2000
9	1998	1999
10	1997	1998
11	1996	1997
12	1995	1996
13	1994	1995
14	1993	1994
15	1992	1993
16	1991	1992
17	1990	1991
18	1989	1990
19	1988	1989
20	1987	1988
21	1986	1987
22	1985	1986
23	1984	1985
24	1983	1984
25	1982	1983
26	1981	1982
27	1980	1981
28	1979	1980
29	1978	1979
30	1977	1978
31	1976	1977
32	1975	1976
33	1974	1975
34	1973	1974
35	1972	1973
36	1971	1972
37	1970	1971
38	1969	1970
39	1968	1969
40	1967	1968
41	1966	1967
42	1965	1966
43	1964	1965
44	1963	1964
45	1962	1963
46	1961	1962
47	1960	1961
48	1959	1960
49	1958	1959

AGE	YEAR OF BIRTH	
	HAS NOT CELEBRATED BIRTHDAY IN 2008	CELEBRATED BIRTHDAY IN 2008
	DOES NOT KNOW	
50	1957	1958
51	1956	1957
52	1955	1956
53	1954	1955
54	1953	1954
55	1952	1953
56	1951	1952
57	1950	1951
58	1949	1950
59	1948	1949
60	1947	1948
61	1946	1947
62	1945	1946
63	1944	1945
64	1943	1944
65	1942	1943
66	1941	1942
67	1940	1941
68	1939	1940
69	1938	1939
70	1937	1938
71	1936	1937
72	1935	1936
73	1934	1935
74	1933	1934
75	1932	1933
76	1931	1932
77	1930	1931
78	1929	1930
79	1928	1929
80	1927	1928
81	1926	1927
82	1925	1926
83	1924	1925
84	1923	1924
85	1922	1923
86	1921	1922
87	1920	1921
88	1919	1920
89	1918	1919
90	1917	1918
91	1916	1917
92	1915	1916
93	1914	1915
94	1913	1914

PROVINCE TRAFFIC CODES			
01 ADANA	21 DİYARBAKIR	41 KOCAELİ	61 TRABZON
02 ADIYAMAN	22 EDİRNE	42 KONYA	62 TUNCELİ
03 AFYON	23 ELAZIĞ	43 KÜTAHYA	63 ŞANLIURFA
04 AĞRI	24 ERZİNCAN	44 MALATYA	64 UŞAK
05 AMASYA	25 ERZURUM	45 MANİSA	65 VAN
06 ANKARA	26 ESKİŞEHİR	46 K.MARAŞ	66 YOZGAT
07 ANTALYA	27 GAZİANTEP	47 MARDİN	67 ZONGULDAK
08 ARTVİN	28 GİRESUN	48 MUĞLA	68 AKSARAY
09 AYDIN	29 GÜMÜŞHANE	49 MUŞ	69 BAYBURT
10 BALIKESİR	30 HAKKARİ	50 NEVŞEHİR	70 KARAMAN
11 BİLECİK	31 HATAY	51 NİĞDE	71 KIRIKKALE
12 BİNGÖL	32 ISPARTA	52 ORDU	72 BATMAN
13 BİTLİS	33 İÇEL	53 RİZE	73 ŞIRNAK
14 BOLU	34 İSTANBUL	54 SAKARYA	74 BARTIN
15 BURDUR	35 İZMİR	55 SAMSUN	75 ARDAHAN
16 BURSA	36 KARS	56 SİİRT	76 IĞDIR
17 ÇANAKKALE	37 KASTAMONU	57 SİNOP	77 YALOVA
18 ÇANKIRI	38 KAYSERİ	58 SİVAS	78 KARABÜK
19 ÇORUM	39 KIRKLARELİ	59 TEKİRDAĞ	79 KİLİS
20 DENİZLİ	40 KIRŞEHİR	60 TOKAT	80 OSMANİYE
90 ABROAD			81 DÜZCE

CONVERSION OF YEARS OF BIRTH FROM RUMI
CALENDAR TO GREGORIAN CALENDAR YEARS

$$\text{RUMI YEARS} + 584 = \text{GREGORIAN YEAR}$$