




General statistics office

Questionnaire of population change and family planning survey, 1/4/2007

IDENTIFICATION		NOTES	SIGNATURE
PROVINCE/ CITY: _____ <input type="text"/> <input type="text"/>		<div>CONFIDENTIAL</div> <div>DIGITS USED TO FILL IN CODE BOX</div> <div> <input type="text"/>0<input type="text"/>1<input type="text"/>2<input type="text"/>3<input type="text"/>4<input type="text"/>5<input type="text"/>6<input type="text"/>7<input type="text"/>8<input type="text"/>9 </div> <div>  DO NOT WRITE THE UNNECESSARY MARKS/COMMENTS ON THE FORM </div> <div>  DO NOT MAKE UNNECESSARY FOLDS AND CREASES ON THE FORM </div> <div>  COMPLETE ALL NECESSARY INFORMATION TO MAINTAIN DATA ACCURACY AND CONSISTENCY </div> <div> <input type="text"/>8 WRITE THE DIGITS IN THE DESIGNATED BOXES </div> <div> <input checked="" type="checkbox"/> CROSS INTO THE APPROPRIATE BOX TO INDICATE THE RESPECTIVE ANSWER </div>	_____, DATE 4 2007
DISTRICT/ QUARTER: _____			INTERVIEWEE IN PART 1 AND 2
COMMUNE/WARD: _____			(Signature and printed name)
EA NUMBER:..... <input type="text"/> <input type="text"/>			
NAME OF EA: _____			
NAME OF HOUSEHOLD HEAD: _____			
HOUSEHOLD NUMBER:..... <input type="text"/> <input type="text"/> <input type="text"/>			INTERVIEWER
			(Signature and printed name)
TOTAL OF MEMBERS : <input type="text"/> <input type="text"/> MALES:..... <input type="text"/> <input type="text"/> BIRTHS:..... <input type="text"/> <input type="text"/> FEMALES:..... <input type="text"/> <input type="text"/> DEATHS:..... <input type="text"/> <input type="text"/>			
THIS IS SET:..... <input type="text"/>IN TOTAL OF..... <input type="text"/> SETS			

PART 1: INFORMATION ON POPULATION

QUESTION/FILTER	SERIAL N:.....01	SERIAL N:02	SERIAL N:.....03	SERIAL N:04	SERIAL N:05	SERIAL N:06
1. Please let me know the name of each person usually residing in the household, starting with the head of household?						
2. What is [NAME]'s relationship to the head of household? L	HH.HEAD.....1 <input type="checkbox"/>	SPOUSE.....2 <input type="checkbox"/> CHILD.....3 <input type="checkbox"/> PARENTS.....4 <input type="checkbox"/> OTHERS.....5 <input type="checkbox"/>	SPOUSE.....2 <input type="checkbox"/> CHILD.....3 <input type="checkbox"/> PARENTS.....4 <input type="checkbox"/> OTHERS.....5 <input type="checkbox"/>	SPOUSE.....2 <input type="checkbox"/> CHILD.....3 <input type="checkbox"/> PARENTS.....4 <input type="checkbox"/> OTHERS.....5 <input type="checkbox"/>	SPOUSE.....2 <input type="checkbox"/> CHILD.....3 <input type="checkbox"/> PARENTS.....4 <input type="checkbox"/> OTHERS.....5 <input type="checkbox"/>	SPOUSE.....2 <input type="checkbox"/> CHILD.....3 <input type="checkbox"/> PARENTS.....4 <input type="checkbox"/> OTHERS.....5 <input type="checkbox"/>
3. Is [NAME] male or female?	MALE.1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE.1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE.1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE.1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE.1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>	MALE.1 <input type="checkbox"/> FEMALE..2 <input type="checkbox"/>
4. In which solar month and year was [NAME] born?	MONTH..... YEAR....	MONTH..... YEAR....	MONTH..... YEAR....	MONTH..... YEAR....	MONTH..... YEAR....	MONTH..... YEAR....
5. Has [NAME] just moved to the household in the duration from 1 st Lunar New Year of “Binh Tuất” (29/1/2006) to date of 31/3/2007?	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> Q9 ←	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> Q9 ←	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> Q9 ←	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> Q9 ←	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> Q9 ←	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> Q9 ←
6. In which solar month and year did [NAME] move to the household?	MONTH..... YEAR.....200	MONTH..... YEAR.....200	MONTH..... YEAR.....200	MONTH..... YEAR.....200	MONTH..... YEAR.....200	MONTH..... YEAR.....200
7. What province did [NAME] come from?	PROVINCE	TỈNH	TỈNH	TỈNH	TỈNH	TỈNH
8. Is the previous place of residence of [NAME] the commune or ward/town?	COMMUNE.....1 <input type="checkbox"/> WARD/TOWN.....2 <input type="checkbox"/>	COMMUNE.....1 <input type="checkbox"/> WARD/TOWN.....2 <input type="checkbox"/>	COMMUNE.....1 <input type="checkbox"/> WARD/TOWN.....2 <input type="checkbox"/>	COMMUNE.....1 <input type="checkbox"/> WARD/TOWN.....2 <input type="checkbox"/>	COMMUNE.....1 <input type="checkbox"/> WARD/TOWN.....2 <input type="checkbox"/>	COMMUNE.....1 <input type="checkbox"/> WARD/TOWN.....2 <input type="checkbox"/>
9. ASK RESPONDENT AGED 5 AND OVER (BORN BEFORE APRIL 2002). CHECK Q.4: IF BORN BEFORE APRIL 2002 → Q10, IF BORN IN THE DURATION FROM APRIL 2002 TO MARCH 2007 → Q. 21.						
10. Has [NAME] been attending, ever attended or never attended school?	ATTENDING NOW .1 <input type="checkbox"/> EVER ATTENDED .2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←	ATTENDING NOW .1 <input type="checkbox"/> EVER ATTENDED .2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←	ATTENDING NOW .1 <input type="checkbox"/> EVER ATTENDED .2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←	ATTENDING NOW .1 <input type="checkbox"/> EVER ATTENDED .2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←	ATTENDING NOW .1 <input type="checkbox"/> EVER ATTENDED .2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←	ATTENDING NOW .1 <input type="checkbox"/> EVER ATTENDED .2 <input type="checkbox"/> NEVER ATTENDED 3 <input type="checkbox"/> Q16 ←
11. What is the highest grade of general school that [NAME] completed?	GRADE.....	GRADE.....	GRADE.....	GRADE.....	GRADE.....	GRADE.....
12. Has [NAME] ever undergone any technical and/or vocational training school?	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> →Q15	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> →Q15	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> →Q15	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> →Q15	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> →Q15	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/> →Q15
13. Which qualification did [NAME] achieve among the following ones: Technical worker? Primary level? Middle vocational level? College? University? Post-graduate?	YES NO T.WORKER 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> PRIMARY.. 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> SECONDA. 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> COLLEGE.. 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> UNIVER.... 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> POST GRA . 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/>	YES NO T.WORKER 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> PRIMARY ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> SECONDA..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> COLLEGE ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> UNIVER....1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> POST GRA ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/>	YES NO T.WORKER 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> PRIMARY ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> SECONDA..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> COLLEGE ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> UNIVER....1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> POST GRA ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/>	YES NO T.WORKER 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> PRIMARY ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> SECONDA. 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> COLLEGE ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> UNIVER.... 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> POST GRA..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/>	YES NO T.WORKER 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> PRIMARY ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> SECONDA. 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> COLLEGE ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> UNIVER.... 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> POST GRA ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/>	YES NO T.WORKER 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> PRIMARY ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> SECONDA. 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> COLLEGE ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> UNIVER.... 1.. <input type="checkbox"/> ...2.. <input type="checkbox"/> POST GRA ..1.. <input type="checkbox"/> ...2.. <input type="checkbox"/>
14. How many years of schooling did [NAME] spend studying for these above mentioned schools?	YEARS.....	YEARS.....	YEARS.....	YEARS.....	YEARS.....	YEARS.....
15. CHECK Q. 11: Q.11 ≤ 5 → Q.16, Q.11 > 5 → Q.17.						
16. Is [NAME] currently able to read and write?	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>	YES.....1 <input type="checkbox"/> NO.....2 <input type="checkbox"/>
17. ASK RESPONDENT AGED 15 AND OVER (BORN BEFORE APRIL 1992). CHECK Q.4: IF BORN BEFORE APRIL 1992 → Q. 18, IF BORN IN THE DURATION FROM APRIL 1992 TO MARCH 2007 → Q. 21.						
18. What is the current marital status of [NAME]? L	SINGLE.....1 <input type="checkbox"/> Q21← MARRIED.....2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>	SINGLE.....1 <input type="checkbox"/> Q21← MARRIED.....2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>	SINGLE.....1 <input type="checkbox"/> Q21← MARRIED.....2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>	SINGLE.....1 <input type="checkbox"/> Q21← MARRIED.....2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>	SINGLE.....1 <input type="checkbox"/> Q21← MARRIED.....2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>	SINGLE.....1 <input type="checkbox"/> Q21← MARRIED.....2 <input type="checkbox"/> WIDOWED.....3 <input type="checkbox"/> DIVORCED.....4 <input type="checkbox"/> SEPARATED.....5 <input type="checkbox"/>
19. Is the year that the above-mentioned marital event occurred before 2005 or in the duration from 2005 to now?	BEFORE 2005.1 <input type="checkbox"/> →Q21 FROM 20052 <input type="checkbox"/>	BEFORE 2005.1 <input type="checkbox"/> →Q21 FROM 20052 <input type="checkbox"/>	BEFORE 2005.1 <input type="checkbox"/> →Q21 FROM 20052 <input type="checkbox"/>	BEFORE 2005.1 <input type="checkbox"/> →Q21 FROM 20052 <input type="checkbox"/>	BEFORE 2005.1 <input type="checkbox"/> →Q21 FROM 20052 <input type="checkbox"/>	BEFORE 2005.1 <input type="checkbox"/> →Q21 FROM 20052 <input type="checkbox"/>
20. In what solar month and year is it?	MONTH..... YEAR.....200	MONTH..... YEAR.....200	MONTH..... YEAR.....			

PART 2: INFORMATION ON THE DECEASED OF THE HOUSEHOLD

22. Were there any deaths of your household occurred in the duration from the 1 st of Lunar New Year of “Binh Tuất” to date of 31/3/2007?	YES.....1 <input type="checkbox"/> How many? <input style="width:30px;" type="text"/> → Q23 NO.....2 <input type="checkbox"/> → Q32
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	THE FIRST DECEASED	THE SECOND DECEASED
23. What is the name of the deceased?	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>
24. Is [NAME] male or female?	MALE1 <input type="checkbox"/> FEMALE.....2 <input type="checkbox"/>	MALE1 <input type="checkbox"/> FEMALE2 <input type="checkbox"/>
25. In which solar month and year was [NAME] born?	MONTH..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> YEAR..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	MONTH..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> YEAR..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
26. In which solar month and year did [NAME] die?	MONTH..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> YEAR.....200 <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	MONTH..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> YEAR.....200 <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
27. How old was [NAME] when he/she died? (AGE IN COMPLETED YEAR)	AGE <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	AGE..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>

28. Of what cause did [NAME] die? IF YES: SELECT A RESPECTIVE CODE	DISEASES.....1 <input type="checkbox"/> WORK. ACCIDENT ...2 <input type="checkbox"/> TRAFF. ACCIDENT ...3 <input type="checkbox"/> OTHER ACCIDENT ...4 <input type="checkbox"/> OTHER REASON5 <input type="checkbox"/>	DISEASES.....1 <input type="checkbox"/> WORK. ACCIDENT ...2 <input type="checkbox"/> TRAFF. ACCIDENT ...3 <input type="checkbox"/> OTHER ACCIDENT ...4 <input type="checkbox"/> OTHER REASON5 <input type="checkbox"/>
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29. CHECK Q.24, 25, 26, 27 AND 28: WOMAN WAS BORN FROM APRIL 1957 TO MARCH 1992 AND DID NOT DIE OF ACCIDENT → Q.30, OTHERWISE → Q. 31

30. Did [NAME] die when she was pregnant, child birth, after miscarriage/abortion or die during of 1.5 months after childbirth/lost pregnancy?	BEING PREGNANT1 <input type="checkbox"/> DURING CHILDBIRTH2 <input type="checkbox"/> AFTER ABORTION/ LOST PREGNANCY ...3 <input type="checkbox"/> DURING OF 1.5 MOths <input type="checkbox"/> AFTER CHILDBIRTH.4 <input type="checkbox"/> OTHERS5 <input type="checkbox"/>	BEING PREGNANT1 <input type="checkbox"/> DURING CHILDBIRTH2 <input type="checkbox"/> AFTER ABORTION/ LOST PREGNANCY .3 <input type="checkbox"/> DURING OF 1.5 MOths <input type="checkbox"/> AFTER CHILDBIRTH.4 <input type="checkbox"/> OTHERS5 <input type="checkbox"/>
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31. IF THERE IS ANY MORE DECEASED → Q.23, OTHERWISE → Q.32

PART 3: INFORMATION ON REPRODUCTIVE HEALTH

32. CHECK Q.3 AND Q.4 TO KNOW WHETHER THERE WAS ANY WOMAN AGED 15-49 OR NOT (BORN IN THE DURATION FROM 4/1957 TO 3/1992)	YES.....1 <input type="checkbox"/> N ^o OF WOMEN <input style="width:30px;" type="text"/> → Q33 NO.....2 <input type="checkbox"/> → FINISH THE INTERVIEW
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33. NAME AND SERIAL N ^o AS IN PART 1		
34. Have you ever given birth?	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.37	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.37
35. How many sons and daughters to whom you have ever given birth, are living with you?	SON..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTER <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	SON..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTER <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
36. How many sons and daughters to whom you have ever given birth, are living elsewhere?	SON..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTER <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	SON..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTER <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
37. Have you ever given birth to a boy or girl who was born alive but later died? If yes, how many?	SON..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTER <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	SON..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTER <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
38. How many children have you ever given birth in total? COMPARE TO THE RESULTS OF Qs. 35, 36 AND 37.	SON..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTER <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	SON..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTER <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>

39. CHECK Q.34: IF CODE 1 WAS CHOSEN → Q.40, OTHERWISE → Q.51.

40. What is the solar month and year of the last child birth?	MONTH..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> YEAR..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	MONTH..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> YEAR..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
41. How many sons and daughters have you ever given birth in the last child birth?	SONS..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTERS..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	SONS <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTERS..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
42. How many sons and daughters to whom you have ever given birth in the last child birth, are still alive?	SONS..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTERS..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	SONS <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> DAUGHTERS..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>

43. CHECK Q.40: BORN IN THE DURATION FROM APRIL 2004 TO MARCH /2007 → Q.44, OTHERWISE → Q.50.

44. For the last child birth, did you go to pregnancy check? IF YES: How many times?	YES1 <input type="checkbox"/> <input style="width:30px;" type="text"/> NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> <input style="width:30px;" type="text"/> NO2 <input type="checkbox"/>
45. For the last child birth, did you give birth at health center/at home or elsewhere?	HEALTH CENTRE ...1 <input type="checkbox"/> AT HOME2 <input type="checkbox"/> ELSEWHERE3 <input type="checkbox"/>	HEALTH CENTRE ...1 <input type="checkbox"/> AT HOME2 <input type="checkbox"/> ELSEWHERE3 <input type="checkbox"/>
46. For the last child birth, who was your birth attendant?	MEDICAL WORKE.1 <input type="checkbox"/> TRADI. MIDWIFE ...2 <input type="checkbox"/> HUSBAND/MOTHE.3 <input type="checkbox"/> OTHER4 <input type="checkbox"/> NOBODY5 <input type="checkbox"/>	MEDICAL WORKE.1 <input type="checkbox"/> TRADI. MIDWIFE ...2 <input type="checkbox"/> HUSBAND/MOTHE.3 <input type="checkbox"/> OTHER4 <input type="checkbox"/> NOBODY5 <input type="checkbox"/>
47. For the last child birth, did you know about the sex of the baby before delivery?	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.50	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.50
48. How many weeks of pregnancy were you in when you knew about the sex of the baby?	WEEKS..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	WEEKS..... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
49. By which way did you know about the sex of the baby?	ULTRA SOUND1 <input type="checkbox"/> FEEL PULSE2 <input type="checkbox"/> SELF-KNOW/GUESS3 <input type="checkbox"/> OTHER4 <input type="checkbox"/>	ULTRA SOUND1 <input type="checkbox"/> FEEL PULSE2 <input type="checkbox"/> SELF-KNOW/GUESS3 <input type="checkbox"/> OTHER4 <input type="checkbox"/>

50. Please let me know about the year of birth and sex of each child, starting with the first child?	CHILD YEAR OF BIRTH SEX	CHILD YEAR OF BIRTH SEX
+ RECORD LAST 02 DIGITS OF BIRTH YEAR + SEX: SON = 1; DAUGHTER = 2 + DO NOT COLLECT INFORMATION FOR THE SIXTH CHILD AND ABOVE.	1.... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> ...1. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> .2. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	1.... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> ...1. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> .2. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
	2.... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> ...1. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> .2. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	2.... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> ...1. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> .2. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
	3.... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> ...1. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> .2. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	3.... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> ...1. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> .2. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
	4.... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> ...1. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> .2. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	4.... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> ...1. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> .2. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>
	5.... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> ...1. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> .2. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>	5.... <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> ...1. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div> .2. <div style="border: 1px solid black; width: 20px; height: 15px; display: inline-block;"></div>

51. CHECK Q.18: IF CODE 2 WAS CHOSEN → Q.52, OTHERWISE → Q..61.	52.NAME AND SERIAL N ^o AS PART 1	53. Are you or your husband currently using any contraceptive method?
54. Which method is being used?	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.55	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.55

55. What is the main reason, you or your husband are not using any contraceptive method?	BEING PREGNANT ...1 <input type="checkbox"/> WANT CHILD.....2 <input type="checkbox"/> LACK OF KNOWLD...3 <input type="checkbox"/> OPPOSED TO USE4 <input type="checkbox"/> COSTLY5 <input type="checkbox"/> HEALTH CONCERNS/ WEAK HEALTH.....6 <input type="checkbox"/> DIFFICULTY IN CONCEPTION/ MENOPAUSAL7 <input type="checkbox"/> OTHER8 <input type="checkbox"/>	BEING PREGNANT ...1 <input type="checkbox"/> WANT CHILD.....2 <input type="checkbox"/> LACK OF KNOWLD...3 <input type="checkbox"/> OPPOSED TO USE4 <input type="checkbox"/> COSTLY5 <input type="checkbox"/> HEALTH CONCERNS/ WEAK HEALTH.....6 <input type="checkbox"/> DIFFICULTY IN CONCEPTION/ MENOPAUSAL7 <input type="checkbox"/> OTHER8 <input type="checkbox"/>
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56. Did you have any menstrual regulation in the last 12 months (1/4/2006 - 31/3/2007)? IF YES: How many times?	YES1 <input type="checkbox"/> <input style="width:30px;" type="text"/> NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> <input style="width:30px;" type="text"/> NO2 <input type="checkbox"/>
57. Did you have any abortion in the last 12 months (1/4/2006 - 31/3/2007)? IF YES: How many times?	YES1 <input type="checkbox"/> <input style="width:30px;" type="text"/> NO2 <input type="checkbox"/>	YES1 <input type="checkbox"/> <input style="width:30px;" type="text"/> NO2 <input type="checkbox"/>

58. CHECK Q.56 AND Q.57: IF AT LEAST 1 TIME OF “YES” → Q.59, OTHERWISE → Q.61.

59. Did you have any complications after abortion or menstrual regulation?	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.61	YES1 <input type="checkbox"/> NO2 <input type="checkbox"/> → Q.61
60. What complication was that?	HYSTERECTOMY1 <input type="checkbox"/> BLEEDING2 <input type="checkbox"/> INFECTION3 <input type="checkbox"/> BLEED VANIGA4 <input type="checkbox"/> OTHER5 <input type="checkbox"/>	HYSTERECTOMY1 <input type="checkbox"/> BLEEDING2 <input type="checkbox"/> INFECTION3 <input type="checkbox"/> BLEED VANIGA4 <input type="checkbox"/> OTHER5 <input type="checkbox"/>

61. IF THERE ARE ANY MORE WOMEN AGED 15-49 → Q.33 (TO THE NEXT RESPONDENT); OTHERWISE → FINISH THE INTERVIEW

DIGITS USED TO FILL IN BOX

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