HACETTEPE UNIVERSITY INSTITUTE OF POPULATION STUDIES
2013 TURKEY DEMOGRAPHIC AND HEALTH SURVEY
WOMEN'S QUESTIONNAIRE

IDENTIFICATION

CLUSTER NO..

HOUSEHOLD NO ....

5 REGIONS...

12 REGIONS ....

PLACE OF RESIDENCE-URBAN(1)-RURAL(2) ....

PROVINCE_____

DISTRICT_____

SUB-DISTRICT _____

VILLAGE _____

QUARTER_____

STREET_____ NO_____

NAME-SURNAME OF WOMAN_____   LINE NUMBER OF WOMAN.........................

IF CURRENTLY MARRIED
NAME SURNAME OF HUSBAND_____   LINE NUMBER OF HUSBAND....................

INTERVIEWER VISITS

	1	2	3	LAST VISIT
DATE (DAY-MONTH)	___ ___	___ ___	___ ___	
INTERVIEWER'S NAME-SURNAME	_____	_____	_____	
RESULT (*)	___	___	___	
NEXT VISIT DATE	___ ___	___ ___		TOTAL NUMBER OF VISITS
NEXT VISIT TIME	___ ___	___ ___		

(*)RESULT CODES

01 COMPLETED
02 WOMAN IS NOT AT HOME DURING VISITS
03 WOMAN IS NOT AT HOME DURING SURVEY DATE
04 POSTPONED

05 REFUSED
09 PARTLY COMPLETED

96 OTHER _____
                    (SPECIFY)

SUPERVISOR	FIELD EDITOR	FIRST KEYER	SECOND KEYER
_____	_____	_____	_____
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 and Ministry of Development on population and health. I want to talk to you and ask you some questions about these subjects.

All your answers are confidential. Participation in the survey is completely voluntary but attending to this survey and sharing your experiences with us are 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 INTERVIEWED 1	RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.......2
ASK THE SELECTED PERSON TO INTERVIEW WHETHER SHE HAS QUESTIONS ABOUT THE SURVEY. MAKE THE NECESSARY EXPLANATIONS AND START THE INTERVIEW.	*THANK THE SELECTED PERSON TO WHOM YOU TALK FOR SPENDING HER TIME AND FINISH THE INTERVIEW.*

Signature of the interviewer:.......................................

Date: _ _ / _ _ / 2013

SECTION 1A. RESPONDENT'S BACKGROUND

101S	*RECORD THE TIME*	HOUR-MINUTE....................... ☐☐ ☐☐

105	First I would like to ask some questions about your age and educational status. In what year and month were you born?	MONTH... ☐☐ DOESN'T KNOW MONTH...................................... 98 YEAR .... **1 9** ☐☐ DOESN'T KNOW YEAR 9998
106	How old are you exactly? What age have you completed? *CHECK ANSWERS TO 105 AND 106 USING AGE-YEAR OF BIRTH TABLE. IF INCONSISTENT PROBE AND CORRECT.* *AGE MUST BE DETERMINED!*	AGE IN COMPLETED YEARS .... ☐☐
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 GENERAL HIGH SCHOOL .... 14 VOCATIONAL HIGH SCHOOL.. 15 UNIVERSITY .... 16 MASTER'S DEGREE .... 17 Ph.D. 18
109A	What is the highest level you have completed at that level? *RECORD "00" IF THE RESPONDENT COMPLETED PREPARATORY CLASS OR SHE DID NOT COMPLETE ANY GRADE.*	GRADE .... ☐☐
109B	Did you graduate (receive diploma) from this school?	YES .... 1 NO 2
109C	*WRITE HIGHEST GRADE COMPLETED IN PRIMARY SCHOOL, SECONDARY SCHOOL, HIGH SCHOOL,UNDERGRADUATE AND GRADUATE SCHOOL .* *RECORD TOTAL COMPLETED GRADE.*	PRI SEC HIGH UNI MA PHD ☐ + ☐ + ☐ + ☐ + ☐ + ☐ = TOTAL COMPLETED GRADE .... ☐☐
113	*CHECK 109C:* ATTENDED SCHOOL FOR ☐ ATTENDED SCHOOL FOR ☐ → 115B 5 OR LESS YEARS 6 OR MORE YEARS ↓	
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;		YES	NO	
	Have you ever attended a literacy course?	LITERACY.......................... 1		2	
	Have you ever attended Koran course?	KORAN.............................. 1		2	
	Have you ever attended any foreign language course?	FOREIGN LANGUAGE............................1		2	
	Have you ever attended computer course?	COMPUTER........................ 1		2	
	Have you ever attended any occupation/skill training course?	OTHER.......................... 1		2	

116	What is your mother tongue?	TURKISH... 1 KURDISH .... 2 ARABIC .... 3 OTHER _____ 7 (SPECIFY)	

117	In addition to your mother tongue, are there any languages can you speak? (IF YES) Which language(s)? *RECORD ALL MENTIONED.*	TURKISH...A KURDISH ....B ARABIC ....C OTHER _____ U (SPECIFY) NO OTHER LANGUAGE ....Y	

119	What is (was) your mother's mother tongue? What is (was) your father's mother tongue? *USE THE CODES IN 116.*	MOTHER .... ☐ _____ (SPECIFY IF OTHER) FATHER... ☐ _____ (SPECIFY IF OTHER)	

120	Is (was) your mother literate?	YES .... 1 NO 2	

121	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 UNIVERSITY UNDERGRADUATE/GRADUATE.................... 5 DON'T KNOW.. 8	

122	How many children born to your mother are alive today, including yourself? How many of them are female; how many of them are male?	ALIVE MALE CHILDREN.. ☐☐ ALIVE FEMALE CHILDREN....................................... ☐☐ TOTAL NUMBER OF CHILDREN ALIVE .... ☐☐	

123	Does your mother have any female or male children who died after birth? *(IF NO)* This may be an infant who died in a short periof of time after birth.	YES .... 1 NO 2	→ 125
124	How many children born to your mother have died? How many of them are female and how many of them are male?	DK .... 98 DEAD MALE CHILDREN... ☐☐ DEAD FEMALE CHILDREN. .... ☐☐ UNKNOWN SEX.............................. .... ☐☐	
125	Is (was) your father literate?	YES .... 1 NO 2	
126	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 UNIVERSITY UNDERGRADUATE/GRADUATE.................. 5 DON'T KNOW... 8	
127	Are (were) your parents related?	YES .... 1 NO 2	→ 130A
128	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

130A	Now I would like to talk to you about your place of birth and migrations. Where were you born?_____ (NAME OF PLACE) 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	
130B	Which province did this place belong to? *RECORD THE NAME AND CODE OF THE PROVINCE.*	NAME OF PROVINCE PROVINCE CODE _____ ☐☐	

130C	Until you were 12 years old, where did you live for most of the time?
	
	    _____
	               (NAME OF PLACE)
	
	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	

130D	Which province did this place belong to? *RECORD THE NAME AND CODE OF THE PROVINCE.*	NAME OF PROVINCE PROVINCE CODE _____ ☐☐	
130E	After you have completed age 12, have you ever changed your place of residence at least for 6 months?	YES .... 1 NO .... 2 ⟶ 200S	

130F	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 MIGRATIONS TO THE BOX BELOW.

ASK ONLY 130G AND 130H FOR CURRENT PLACE OF RESIDENCE.

WARNING: USE ADDITIONAL QUESTIONNAIRE IF THERE ARE MORE THAN 5 MIGRATIONS.
CONTINUE THE INTERVIEW IN THE ADDITIONAL QUESTIONNAIRE.

TOTAL NO. OF LINES

130G Where were you living? When you were living there was this place a province centre, a district centre, a sub-district or village? Or was it abroad? Next? *RECODE THE NAME OF THE PLACE OF RESİDENCE (PROVINCE, DISTRICT, SUB-DISTRICT, VILLAGE).* PROVINCE CENTER................................. 1 DISTRICT CENTER.................................. 2 SUBDISTRICT/VILLAGE........................ 3 ABROAD.. 4	130H Which province does this place belong to?	130I For how long did you live in ......? *RECORD IN MONTHS IF LESS THAN 2 YEARS.*	130J At which month and year did you migrate from .... to .... ?	130K What was the main reason of migration from ......?
01 _____ (PLACE OF RESİDENCE)	PROVINCE CODE	MONTH..1 YEAR.....2	MONTH.............. YEAR.	(SPECIFY IF OTHER)
02 _____ (PLACE OF RESİDENCE)	PROVINCE CODE	MONTH..1 YEAR.....2	MONTH.............. YEAR.	(SPECIFY IF OTHER)
03 _____ (PLACE OF RESİDENCE)	PROVINCE CODE	MONTH..1 YEAR.....2	MONTH.............. YEAR.	(SPECIFY IF OTHER)
04 _____ (PLACE OF RESİDENCE)	PROVİNCE CODE	MONTH..1 YEAR.....2	MONTH.............. YEAR.	(SPECIFY IF OTHER)
05 _____ (PLACE OF RESİDENCE)	PROVINCE CODE	MONTH..1 YEAR.....2	MONTH.............. YEAR.	(SPECIFY IF OTHER)
06 _____ (PLACE OF RESİDENCE)	PROVINCE CODE	MONTH..1 YEAR.....2	MONTH.............. YEAR.	(SPECIFY IF OTHER)

ADD. QUES.

(130K) REASONS OF MIGRATION			
PERSONAL REASONS	**HUSBAND RELATED REASONS**	**FAMILY RELATED REASONS**	
11 MARRIAGE	21 MOVE TO A PLACE WHERE HUSBAND LIVES	31 MOVE TO A PLACE WHERE PARENTS LIVE	41 HEALTH RELATED REASONS
12 EDUCATION	22 HSB'S JOB CHANGE	32 PARENTS' JOB CHANGE	
13 LOOKING FOR A JOB	23 HSB'S ASSIGNMENT	33 PARENTS' ASSIGNMENT	51 SECURITY REASONS
14 FIND A NEW JOB	24 HSB LOOKING FOR A JOB	34 PARENTS LOOKING FOR A JOB	
15 ASSIGNMENT	25 HSB DIED/DIVORCE	35 MOVE TO A PLACE NEAR CHILDREN	96 OTHER
16 RETURNING TO HOMETOWN	26 OTHER	36 PARENTS DIED/DIVORCE	
17 OTHER		37 OTHER	

SECTION 2. PREGNANCY AND FERTILITY

200S	*RECORD THE TIME.*	HOUR – MINUTE......................... ☐☐ ☐☐
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? *IF NONE, RECORD "00".*	SONS... ☐☐ DAUGHTERS................................. ☐☐
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? *IF NONE, RECORD "00".*	SONS ELSEWHERE .... ☐☐ DAUGHTERS ELSEWHERE .... ☐☐
206	Have you ever given birth to a boy or a girl who was born alive but died later? *IF NO, PROBE BEFORE RECORDING:* 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? *IF NONE, RECORD "00".*	BOYS DECEASED........................ ☐☐ GIRLS DECEASED........................ ☐☐
208	*SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL* *IF NONE, RECORD "00".*	TOTAL.. ☐☐
209	*CHECK 208:* Just to make sure that I have this right: You have had in TOTAL _____ live births during your life. Is this true? YES ☐ NO ☐ → *PROBE AND CORRECT 201-208.*	
210	*CHECK 208.* HAS AT LEAST ONE LIVE BIRTH ☐ HAS NO LIVE BIRTHS ☐ → 227 ↓ 211	

211	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.

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.

212 What name was given to your (first/next) baby? *WRITE "BABY" IF THE BABY DIED BEFORE A NAME GIVEN.*	213 *RECORD SINGLE OR MULTIPLE BIRTH STATUS*	214 Is ..... a boy or a girl?	215 In what month and year..... born? *PROBE: In what season was s/he born? ATTENTION: FOR ALL CHILDREN, THE YEAR OF BIRTH; FOR CHILDREN BORN AFTER 2008, THE MONTH OF THE YEAR OF BIRTH MUST BE DETERMINED.*	216 Is ...... still alive?	217 How old was .... at his/her last birthday? *RECORD AGE IN COMPLETED YEARS. MAKE CALCULATIONS FOR CONSISTENCY.*
01 _____ (NAME)	SINGLE...............1 MULTIPLE..........2	MALE........1 FEMALE....2	MONTH...................... YEAR.........	YES...............1 NO.................2 219 ←	AGE (IN YEARS)
02 _____ (NAME)	SINGLE...............1 MULTIPLE..........2	MALE........1 FEMALE....2	MONTH...................... YEAR.........	YES...............1 NO.................2 219 ←	AGE (IN YEARS)
03 _____ (NAME)	SINGLE...............1 MULTIPLE..........2	MALE........1 FEMALE....2	MONTH...................... YEAR.........	YES...............1 NO.................2 219 ←	AGE (IN YEARS)
04 _____ (NAME)	SINGLE...............1 MULTIPLE..........2	MALE........1 FEMALE....2	MONTH...................... YEAR.........	YES...............1 NO.................2 219 ←	AGE (IN YEARS)
05 _____ (NAME)	SINGLE...............1 MULTIPLE..........2	MALE........1 FEMALE....2	MONTH...................... YEAR.........	YES...............1 NO.................2 219 ←	AGE (IN YEARS)
06 _____ (NAME)	SINGLE...............1 MULTIPLE..........2	MALE........1 FEMALE....2	MONTH...................... YEAR.........	YES...............1 NO.................2 219 ←	AGE (IN YEARS)

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.	2003 AND AFTER 219A Where did ……. die?
YES ....1 NO 2	SKIP TO 219B	DAY .... 1 MONTH .... 2 YEAR 3	
YES ....1 NO 2	SKIP TO 219B	DAY .... 1 MONTH .... 2 YEAR 3	
YES ....1 NO 2	SKIP TO 219B	DAY .... 1 MONTH............................. 2 YEAR 3	
YES ....1 NO 2	SKIP TO 219B	DAY .... 1 MONTH............................. 2 YEAR 3	
YES ....1 NO 2	SKIP TO 219B	DAY .... 1 MONTH .... 2 YEAR 3	
YES ....1 NO 2	SKIP TO 219B	DAY .... 1 MONTH .... 2 YEAR 3	

(219A) DEATH PLACE

01 HER/HIS OWN HOUSE
02 SOMEONE ELSE'S HOUSE

PUBLIC SECTOR
11 STATE HOSPITAL
12 MATERNITY HOSPİTAL
14 COTTAGE HOSPITAL
15 HEALTH HOUSE
16 SSK HOSPITAL

PRIVATE SECTOR
21 PRIVATE HOSPITAL
22 PRIVATE POLICLINIC
23 PRIVATE PRACTICE

31 UNIVERSITY HOSPITAL

96 OTHER _____
(SPECIFY)

219B		220 Is .... recorded in the population registry?	220A How much. time elapsed between ......'s birth and registration? *RECORD IN MONTHS IF LESS THAN 1 YEAR,"00" IF LESS THAN 1 MONTH*	221 Were there any other live births between previous birth and ....'s birth? *GO BACK AND CORRECT IF YES.*
		BORN IN 2003 VE AFTER		
	RECORD NAMES OF CHILDREN IN 212. WRITE "BABY" IF THE BABY DIED BEFORE A NAME GIVEN.			
07 (NAME)		YES...................1 NO............ ......2 221 ←	MONTH ..1 ☐☐ YEAR ....2 ☐☐	
08 (NAME)		YES...................1 NO............ ......2 221 ←	MONTH ..1 ☐☐ YEAR ....2 ☐☐	YES ....1 NO 2
09 (NAME)		YES...................1 NO............ ......2 221 ←	MONTH ..1 ☐☐ YEAR ....2 ☐☐	YES ....1 NO 2
10 (NAME)		YES...................1 NO............ ......2 221 ←	MONTH ..1 ☐☐ YEAR .....2 ☐☐	YES ....1 NO 2
11 (NAME)		YES...................1 NO............ ......2 221 ←	MONTH ..1 ☐☐ YEAR ....2 ☐☐	YES ....1 NO 2
12 (NAME)		YES...................1 NO............ ......2 221 ←	MONTH ..1 ☐☐ YEAR ....2 ☐☐	YES ....1 NO 2

212 What name was given to your (first/next) baby? WRITE "BABY" IF THE BABY DIED BEFORE A NAME GIVEN.	213 RECORD SINGLE OR MULTIPLE BIRTH STATUS	214 Is ….. a boy or a girl?	215 In what month and year..... born? PROBE: In what season was s/he born? NOTE: FOR ALL CHILDREN, THE YEAR OF BIRTH; FOR CHILDREN BORN AFTER 2003, THE MONTH OF THE YEAR OF BIRTH MUST BE DETERMINED.	216 Is …… still alive?	217 How old was .... at his/her last birthday? RECORD AGE IN COMPLETED YEARS. MAKE CALCULATIONS FOR CONSISTENCY.
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.*	**2003 AND AFTER** **219A** *IF DEAD:* Where did …... die?
YES ....1 NO 2	☐☐ *SKIP TO 219B*	DAY .... 1 MONTH .... 2 YEAR 3	☐☐
YES ....1 NO 2	☐☐ *SKIP TO 219B*	DAY .... 1 MONTH .... 2 YEAR 3	☐☐
YES ....1 NO 2	☐☐ *SKIP TO 219B*	DAY .... 1 MONTH............................... 2 YEAR 3	☐☐
YES ....1 NO 2	☐☐ *SKIP TO 219B*	DAY .... 1 MONTH............................... 2 YEAR 3	☐☐
YES ....1 NO 2	☐☐ *SKIP TO 219B*	DAY .... 1 MONTH .... 2 YEAR 3	☐☐
YES ....1 NO 2	☐☐ *SKIP TO 219B*	DAY .... 1 MONTH .... 2 YEAR 3	☐☐

(219A) DEATH PLACE

01 HER/HIS OWN HOUSE
02 SOMEONE ELSE'S HOUSE

PUBLIC SECTOR

11 STATE HOSPITAL

12 MATERNITY HOSPİTAL
14 COTTAGE HOSPITAL
15 HEALTH HOUSE
16 SSK HOSPITAL

PRIVATE SECTOR
21 PRIVATE HOSPITAL
22 PRIVATE POLICLINIC
23 PRIVATE PRACTICE

31 UNIVERSITY HOSPITAL

96 OTHER _____
       (SPECIFY)

219B RECORD NAMES OF CHILDREN IN 212. WRITE "BABY" IF THE BABY DIED BEFORE A NAME GIVEN.	BORN IN 2003 VE AFTER		
	220 Is .... recorded in the population registry?	**220A** How much. time elapsed between ......'s birth and registration? *RECORD IN MONTHS IF LESS THAN 1 YEAR,"00" IF LESS THAN 1 MONTH*	**221** Were there any other live births between previous birth and ....'s birth? *GO BACK AND CORRECT IF YES.*
07 _____ (NAME)	YES..................1 NO........... ......2 221 ←	MONTH ...1 ☐☐ YEAR ....2 ☐☐	YES ....1 NO 2
08 _____ (NAME)	YES..................1 NO........... ......2 221 ←	MONTH ...1 ☐☐ YEAR ....2 ☐☐	YES ....1 NO 2
09 _____ (NAME)	YES..................1 NO........... ......2 221 ←	MONTH ...1 ☐☐ YEAR ....2 ☐☐	YES ....1 NO 2
10 _____ (NAME)	YES..................1 NO........... ......2 221 ←	MONTH ...1 ☐☐ YEAR ....2 ☐☐	YES ....1 NO 2
11 _____ (NAME)	YES..................1 NO........... ......2 221 ←	MONTH ...1 ☐☐ YEAR ....2 ☐☐	YES ....1 NO 2
12 _____ (NAME)	YES..................1 NO........... ......2 221 ←	MONTH ...1 ☐☐ YEAR ....2 ☐☐	YES ....1 NO 2

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	*COMPARE THE NUMBER IN 208 WITH NUMBER OF BIRTHS IN BIRTH HISTORY ABOVE:*	

NUMBERS ARE THE SAME ☐ NUMBERS ARE DIFFERENT ☐ → *PROBE, RECONCILE AND MAKE NECESSARY CORRECTIONS*

CHECK AND TICK:

YEAR OF BIRTH IS RECORDED FOR EACH BIRTH (215).. ☐

MONTH OF BIRTH IS RECORDED FOR EACH BIRTH AFTER 2008 (215).. ☐

(IF ANY) CURRENT AGE IS RECORDED FOR EACH LIVING CHILD (217)... ☐

(IF ANY) FOR EACH DEAD CHILD:

AGE AT DEATH IS RECORDED (219).. ☐

FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBED TO DETERMINE EXACT AGE IN MONTHS (219).......... ☐

FOR THOSE BORN IN AND AFTER 2003: POPULATION REGISTRY QUESTIONS ARE ASKED (220-220A)......... ☐

225	*CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 2008* *IF NONE, RECORD "0".*	☐

226	**C** *FOR EACH BIRTH SINCE JANUARY 2008 ENTER "D" IN THE MONTH OF BIRTH IN THE 1ST 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 NUMBER OFPREGNANCY MONTHS MINUS 1) WRITE NAME OF CHILD TO THE LEFT OF THE "D" CODE.*

227	Are you currently pregnant?	YES .... 1 NO ....2 UNSURE ....8 →	230A
228	How many months pregnant are you? **C** *RECORD NUMBER OF COMPLETED MONTHS. ENTER "H"s IN COLUMN 1 OF THE CALENDAR BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS.*	MONTHS... ☐☐	

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 AT ALL……….......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 AT ALL……….......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........................... ☐☐	
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 ... ☐☐	
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 STILLBIRTHS .... ☐☐	
230G	*CALCULATE THE TOTAL NUMBER OF COMPLETED PREGNANCIES.* *TOTAL NUMBER OF PREGNANCIES ENDING IN MISCARRIAGES, INDUCED ABORTIONS OR STILL BIRTHS:* *SUM THE ANSWERS TO 230B, 230D AND 230F* _____ *TOTAL NUMBER OF PREGNANCIES ENDING IN LIVE BIRTHS:* *SUM THE NUMBER OF SINGLE BIRTHS IN THE BIRTH HISTORY* + _____ *ADD TO THAT SUM THE NUMBER OF MULTIPLE BIRTHS* + _____ TOTAL NUMBER OF COMPLETED PREGNANCIES: = _____	TOTAL NUMBER OF COMPLETED PREGNANCIES..... ☐☐	

230H	CHECK 230G: Just to make sure that I have this right. You have had in total _____ completed pregnancies. Is that correct? YES ☐ NO ☐ → *PROBE AND CORRECT 201-230G AS NECESSARY.*	
230I	CHECK 230B, 230D AND 230F: HAD AT LEAST ONE INDUCED ABORTION, MISCARRIAGE OR STILLBIRTH ☐ HAD NO INDUCED ABORTIONS MISCARRIAGES OR STILLBIRTHS ☐ → 234	
231A	Now I would like to ask about your recent induced abortions, miscarriages or stillbirths. When did the last such pregnancy end?	MONTH ....☐☐ YEAR.............................☐☐☐☐
231B	Was this an induced abortion, a miscarriage or a stillbirth?	INDUCED ABORTION...............................1 MISCARRIAGE………….................……2 STILLBIRTH...3

232	CHECK 231A:
	    LAST INDUCED ABORTION/MISCARRIAGE/
	    STILLBIRTH ENDED
	       AFTER JANUARY 2008 ☐ LAST INDUCED ABORTION/MISCARRIAGE/
	STILLBIRTH ENDED
	BEFORE JANUARY 2008 ☐ → 234	

233	How many months pregnant were you when the last pregnancy ended?	MONTHS ....☐☐

C *RECORD ALL INDUCED ABORTIONS, MISCARRIAGES AND STILLBIRTHS SINCE JANUARY 2008 IN COLUMN 1.*

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.)

RECORD THE APPROPRIATE CODE AT THE MONTH AND YEAR WHERE THE PREGNANCY ENDED IN COLUMN 1.

THEN ASK FOR DATES OF ANY OTHER PREGNANCIES BACK TO JANUARY 2008. REPEAT THE PROCEDURES AS DESCRIBED ABOVE FOR THESE PREGNANCIES.

LEARN THE DURATION OF EACH PREGNANCY AND RECORD "H" FOR THE MONTHS BEFORE THE RESULTING CODE, AS MUCH TO FILL THIS DURATION.
- What was the total duration of this pregnancy? How many months pregnant were you?

233A	CHECK 231A, 231B AND CALENDAR: HAD AT LEAST ONE INDUCED ABORTION AFTER 2008 HAD NO INDUCED ABORTION AFTER 2008 □ ──────────────▶ 234	
233B	Who decided to end your pregnancy with an induced abortion?	DOCTOR.. 01 HERSELF... 02 HUSBAND.. 03 HERSELF AND HUSBAND TOGETHER.. 04 OTHER _____ 96 (SPECIFY)	
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?	DESIRED…………....................................... 1 DESIRED IT LATER.................................. 2 NOT AT ALL…………….......................... 3	

233D	Where did the operation of induced abortion take place?	**PUBLIC SECTOR**
		   GOVT./SAMPLE HOSPITAL 11
		   MATERNITY HOUSE........................ 12
		   MCHFP CENTER 13
		   SSK HOSPITAL/DISPANSERY 16
		
		   OTHER _____ 19
		             (SPECIFY)
		
		PRIVATE SECTOR
		   PRIVATE HOSPITAL 21
		   PRIVATE POLYCLINIC 22
		   PRIVATE DOCTOR 23
		
		   OTHER _____ 29
		             (SPECIFY)
		
		UNIVERSITY HOSPITAL 31
		
		OTHER_____ 96
		             (SPECIFY)	

233E	Did you receive any counseling about contraception usage after induced abortion at the health facility where the (last) induced abortion was performed?	YES.. 1 NO.. 2	
234	Did you ever make use of assisted reproductive techniques such as conventional invitro fertilization, intrauterine insemination or intracytoplasmic sperm injection to get pregnant?	YES.. 1 NO.. 2 ──▶ 235	
234A	Did you ever get pregnant with the assistance of these techniques?	YES.. 1 NO.. 2 ──▶ 235	

235	How old were you when you had your first menstrual period?	AGE .... ☐☐
236	When did your last menstrual period start?	DAYS AGO ....1 ☐☐ WEEKS AGO ....2 ☐☐ MONTHS AGO ....3 ☐☐ YEARS AGO ....4 ☐☐ CURRENTLY PREGNANT ....991 IN MENAPAUSE..992 HYSTEROCTOMY ....993 BEFORE LAST BIRTH.. ....994 NEVER MENSTRUATED.. ....995 → 239S
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?	YES .... 1 NO .... 2 DON'T KNOW ....8 → 239S
238	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS .....1 DURING HER PERIOD .... 2 RIGHT AFTER HER PERIOD HAS ENDED .... 3 HALF WAY BETWEEN TWO PERIODS .... 4 OTHER _____7 (SPECIFY) DON'T KNOW 8
239S	*RECORD THE TIME.*	HOUR – MINUTE.................. ☐☐ ☐☐

SECTION 3A. CONTRACEPTION

301	Now I would like to talk about contraception. There are various methods to avoid pregnancy. *READ THE NAME AND DESCRIPTION OF EACH METHOD IN Q 302 AND ASK WHETHER SHE HAS HEARD THE METHOD. IN Q302 CODE 1, IF SHE SAYS THAT SHE HAS HEARD THE METHOD; CODE 0 IF SHE SAYS SHE HASN'T. THEN FOR EACH METHOD WITH CODE '1 IN Q 302, ASK 303. AFTER ASKING ABOUT ALL METHODS PROCEED TO 304.*

302 Have you ever heard the ways or methods of contraception I will mention?	NO	YES	**303** Have you ever used this method?
01 TUBAL LIGATION Women can have an operation of tubal ligation to avoid having any more children.	0	1	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.	0	1	Has (had) your (former) partner ever had such an operation? YES .... 1 NO 2
03 PILL Women can avoid a pregnancy by taking a pill every day.	0	1	YES .... 1 NO 2
04 IUD Women can have the so called spiral or IUD placed in them by a doctor or a nurse.	0	1	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.	0	1	YES .... 1 NO 2
06 IMPLANT Women can have small rods placed in their arm and this can prevent pregnancy for several years.	0	1	YES .... 1 NO 2
07 CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	0	1	YES .... 1 NO 2
08 FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	0	1	YES .... 1 NO 2
09 DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside themselves before intercourse.	0	1	YES .... 1 NO 2
10 VAGINAL RING (NUVARING) Women can place a sticky, colorless ring inside themselves for three weeks.	0	1	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.	0	1	YES .... 1 NO 2
13 WITHDRAWAL Some men pull out during sexual intercourse before climax.	0	1	YES .... 1 NO 2
14 EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	0	1	YES .... 1 NO 2
15 Have you heard of any other method that women or men can use to avoid pregnancy?	0	1	
_____ (SPECIFY)			YES .... 1 NO 2
_____ (SPECIFY)			YES .... 1 NO 2

304	*CHECK 303:*		
	NOT A SINGLE "YES" (NEVER USED) ☐	AT LEAST ONE "YES" (EVER USED) ☐ ──────────────────►	308

305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES .... 1 ──►	307
		NO 2	

306	**C** *RECORD "0" IN ALL EMPTY MONTHS IN COLUMN 1.* ☐ ──────────────────►	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 VAGINAL RING.. 10 LACTATIONAL AMEN. METHOD........................11 RHYTHM..12 WITHDRAWAL..13 OTHER _____ 96 (SPECIFY)	

308A	How old were you when you first used this method?	AGE...☐☐

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...............................☐☐

310	*CHECK 303:*		
	NOT HAD TUBAL LIGITATION ☐	HAD TUBAL LIGITATION ☐ ──────────────────►	314A

311	*CHECK 227:*		
	NOT PREGNANT OR UNSURE ☐	PREGNANT ☐ ──────────────────►	315A

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?

CIRCLE ALL MENTIONED.

314A   *CIRCLE "A" FOR TUBAL LIGATION.* | TUBAL LIGATION...A
MALE STERILIZATION.. B
PILL C
IUD ....D
INJECTABLES...E
IMPLANT.............. ....F
CONDOM... G
FEMALE CONDOM..H
DIAPHRAGM/FOAM/JELLY.................................. I
VAGINAL RING.. J
LACTATIONAL AMEN. METHOD.........................K
RHYTHM...L
WITHDRAWAL...M

OTHER _____ U
                 (SPECIFY) | |

| 314B | *CHECK 314 AND 314A:*

HAD TUBAL ☐   NOT HAD ☐
LIGITATION   TUBAL LIGITATION | → 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

NO...2 | |

| 315 | **C** *ENTER METHOD CODE FROM 314 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD. ENTER METHOD CODE IN EACH MONTH OF USE.*

ILLUSTRATIVE QUESTIONS:
    When did you start using this method continuously?
    How long have you been using this method continuously?

CHECK COLUMN 1 OF CALENDAR:

THERE ARE ☐   ALL BOXES ☐
EMPTY BOXES   ARE FILLED | → 316 |

| 315A | *START WITH THE MOST RECENT USE. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE BACK TO JANUARY 2008. USE NAMES OF CHILDREN, DATES OF BIRTH, AND STARTING AND ENDING DATES OF PREGNANCIES AS REFERENCE POINTS.*

IN COLUMN 1, ENTER CODE IN EACH MONTH OF METHOD USE OR "0" FOR NONUSE.
ILLUSTRATIVE QUESTIONS FOR COLUMN1:
    - *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?*

IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. TO DO THIS, DETERMINE THE LAST MONTH OF METHOD USE FROM COLUMN 1. IN COLUMN 2, ENTER THE CODE FOR DISCONTINUATION.

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.
ILLUSTRATIVE QUESTIONS FOR COLUMN 2:
    - *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?*

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 1. | |

316	CHECK 314 AND 314A: CIRCLE THE CODE OF CURRENTLY USED METHOD. IF MORE THAN ONE METHOD WAS CIRCLED IN 314, CIRCLE CODE OF METHOD PLACED ABOVE IN THE LIST.	NOT ASKED ....00 → 331 TUBAL LIGATION...01 MALE STERLIZATION .... 02 → 324A PILL ....03 IUD .... 04 INJECTABLES... 05 IMPLANT .... 06 CONDOM .... 07 FEMALE CONDOM ....08 DIAPHRAM/FOAM/JELLY .... 09 VAGINAL RING... 10 LACTATIONAL AMEN. METHOD ....11 RHYTM .... 12 WITHDRAWAL ....13 → 326 OTHER………….. 96

324	Where did you obtain ...... you are currently using?
	
	_____
	(WRITE NAME OF THE PLACE)
	
	324A Where did tubal ligation (or vasectomy) take place?
	
	_____
	(WRITE NAME OF THE PLACE)
		PUBLIC SECTOR
		  GOVERNMENT/SAMPLE HOSPITAL...................11
		  MATERNITY HOUSE...12
		  MCHFP CENTRE.. 13
		  HEALTH CENTRE..14
		  HEALTH HOUSE...15
		  SSK HOSPITAL/DISPENSARY............................ 16
		  TRAINING AND RESEARCH HOSPITAL............ 17
		  FAMILY HEALTH CENTRE/FAMILY
		      DOCTOR..18
		
		  OTHER _____ 19
		                (SPECIFY)
		PRIVATE SECTOR
		  PRIVATE HOSPITAL...21
		  PRIVATE POLYCLINIC..22
		  PRIVATE DOCTOR... 23
		  PRIVATE MIDWIFE/NURSE..................................24
		  PHARMACY/MEDICAL STORE...........................25
		
		  OTHER _____ 29
		                (SPECIFY)
		
		UNIVERSITY HOSPITAL....................................... 31
		
		VOLUNTARY ORGANIZATION/
		    ASSOCIATION/FOUNDATION.................... 41
		
		MARKET/SHOP.. 52
		RELATIVE/FRIEND/NEIGHBOUR........................53
		TRAD. MIDWIFE/MIDWIFE GRAN......................54
		
		OTHER _____ 96
		              (SPECIFY)

326	Would you like to use a different method of contraception than the one you are currently using?	YES .... 1 NO .... 2 → 332A

326A	Which method would you prefer to use?	TUBAL LIGATION..01 MALE STERILIZATION.. 02 PILL..03 IUD..04 INJECTABLES... 05 IMPLANT.. 06 CONDOM.. 07 FEMALE CONDOM...08 DIAPHRAGM/FOAM/JELLY.................................. 09 VAGINAL RING.. 10 LACTATIONAL AMEN. METHOD..........................11 RHYTHM... 12 WITHDRAWAL...13 ANY METHOD.. 77 NOT SURE.. 88 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 OBJECTS ……………………………07 RELIGIOUS REASONS ……………………...... 08 HEALTH CONCERNS……………………………09 SIDE EFFECTS …………………………………10 OTHER _____ 96 (SPECIFY)	
326C	*SKIP TO 332A.*		

331	CHECK 227:	
	NOT PREGNANT OR UNSURE ☐⬇ CURRENTLY PREGNANT ☐	→ 332B

| 331B | What is the main reason you are not using a method of contraception to avoid pregnancy? | **FERTILITY-RELATED REASONS**
NOT HAVING SEX...11
INFREQUENT SEX... 12
MENOPAUSAL/HYSTERECTOMY......................13
SUBFECUND/INFECUND..................................... 14
HUSBAND IS INFECUND.....................................15
POSTPARTUM/BREASTFEEDING...................... 16
WANTS (MORE) CHILDREN................................17

LACK OF KNOWLEDGE
KNOWS NO METHOD 21
KNOWS NO SOURCE 22

METHOD-RELATED REASONS
HEALTH CONCERNS 31
SIDE EFFECTS 32
LACK OF ACCESS/TOO FAR 33
COST TOO MUCH 34
INCONVENIENT TO USE 35

HUSBAND OPPOSED 41
RELIGIOUS REASONS 51
FATALISTIC...61
EMBARRASSED 71

OTHER _____ 96
              (SPECIFY) |

331C	SKIP TO 332B.	

| 332A | CHECK 316.

CIRCLE THE CODE OF METHOD CURRENTLY USED. | TUBAL LIGATION..01
MALE STERILIZATION... 02
PILL 03
IUD 04
INJECTABLES... 05
IMPLANT................. 06
CONDOM... 07
FEMALE CONDOM...08
DIAPHRAGM/FOAM/JELLY................................. 09
VAGINAL RING..10
LACTATIONAL AMEN. METHOD.........................11
RHYTHM... 12
WITHDRAWAL...13

ANOTHER METHOD...96 | → 356C |

| 332B | Do you know of a place where you can obtain a method of contraception? | YES 1
NO .... 2 | → 351A |

332C	Where is that? Any other place? *CIRCLE ALL MENTOINED.* _____ (WRITE NAME OF THE PLACE) _____ (WRITE NAME OF THE PLACE) _____ (WRITE NAME OF THE PLACE)	**PUBLIC SECTOR** GOVERNMENT/SAMPLE HOSPITAL ....A MATERNITY HOUSE ....B MCHFP CENTRE.. C HEALTH CENTRE ....D HEALTH HOUSE ....E SSK HOSPITAL/DISPENSARY ....F FAMILY HEALTH CENTRE/FAMILY DOCTOR...G OTHER _____ H (SPECIFY) **PRIVATE SECTOR** PRIVATE HOSPITAL ....I PRIVATE POLYCLINIC ....J PRIVATE DOCTOR ....K PHARMACY/MEDICAL STORE ....L OTHER _____ M (SPECIFY) UNIVERSITY HOSPITAL .... N MARKET/SHOP.. O OTHER _____ U (SPECIFY)	

<table>
<tr><td>351A</td><td>CHECK 316:
    CURRENTLY NOT   CURRENTLY USING
    USING ANY   A METHOD ☐   → 356C
    METHOD ☐
    ↓</td></tr>
</table>

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 KNOW 8	
353	Are you planning to use any contraceptive method to postpone or avoid pregnancy anytime in the future?	YES .... 1 NO .... 2 DON'T KNOW ....8 → 355	
354	Which method do you prefer?	TUBAL LIGATION ....01 MALE STERILIZATION ....02 PILL ....03 IUD .... 04 INJECTABLES ...…………..............................05 IMPLANT/..06 CONDOM .... 07 FEMALE CONDOM ....08 DIAPHRAGM/FOAM/JELLY ....09 VAGINAL RING ....10 LACTATIONAL AMEN. METHOD ....11 RHYTHM .... 12 WITHDRAWAL ....13 NOT SURE... 88 OTHER _____ 96 (SPECIFY)	
354A	*SKIP TO 356C.*		

| 355 | What is the main reason you don't want to use a method of contraception to avoid pregnancy ? | **FERTILITY-RELATED REASONS**
  NOT HAVING SEX 11
  INFREQUENT SEX 12
  MENOPAUSAL/HYSTERECTOMY 13
  SUBFECUND/INFECUND 14
  HUSBAND IS INFECUND 15

LACK OF KNOWLEDGE
  KNOWS NO METHOD 21
  KNOWS NO SOURCE 22

METHOD-RELATED REASONS
  HEALTH CONCERNS 31
  SIDE EFFECTS 32
  LACK OF ACCESS/TOO FAR 33
  COST TOO MUCH 34
  INCONVENIENT TO USE 35

HUSBAND OPPOSED 41
RELIGIOUS REASONS 51
FATALISTIC 61
EMBARRASSED 71

OTHER _____ 96
                            (SPECIFY)
DON'T KNOW ....98 | |

SECTION 3B. FERTILITY PREFERENCES

356C	*CHECK 304, 314 AND 314A::*		
	NEVER USED A METHOD WOMAN NOT HAD TUBAL LIGATION OR PARTNER NOT STERILIZED ☐	WOMAN HAD TUBAL LIGATION OR PARTNER STERILIZED ☐ ────────────→	359

357	*CHECK 227:*		
	NOT PREGNANT OR UNSURE ☐ ↓	CURRENTLY PREGNANT ☐ ↓	
	Now I have some questions about the future. Would you like to have(a/another) child or would you prefer not to have any (more) children?	Now I have some questions about the future. After the child you are expecting would you like to have another child or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD............................1 ⌉ NO MORE/NONE ....2 SAYS SHE CAN'T GET PREGNANT .... 3 UNDECIDED/DON'T KNOW............................ 8 ⌋ ──→ 359

357A	*CHECK 227:*		
	NOT PREGNANT OR UNSURE ☐ ↓	CURRENTLY PREGNANT ☐ ↓	
	How many more children would you like to have in the future?	How many more children would you like to have in the future not counting the one you are currently pregnant with?	NUMBER...☐☐ OTHER ANSWERS _____ 96 (SPECIFY)

358	*CHECK 227:*		
	NOT PREGNANT OR UNSURE ☐ ↓	CURRENTLY PREGNANT ☐ ↓	

	How long would you like to wait from now, before the birth of (a/another) child?	After the child you are expecting now, how long would you like to wait before the birth of another child?	MONTH ....1 ☐☐
			
			YEAR ....2 ☐☐
			
			SOON/NOW... 993
			SAYS SHE CAN'T GET
			    PREGNANT..994
			
			WHEN SHE MARRY 995
			
			OTHER _____ 996
			                    (SPECIFY)
			
			DON'T KNOW 998

359	*CHECK 216:*		
	HAS LIVING CHILDREN ☐ ↓	NO LIVING CHILDREN ☐ ↓	NONE.………….....................................00 ──→ 361
	If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?	If you could choose exactly the number of children to have in your whole life, how many would that be?	NUMBER ....☐☐ OTHER _____ 96 ──→ 361 (SPECIFY)

360	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	BOYS

NUMBER.. ☐☐

OTHER _____ 96
　　　　　(SPECIFY)

GIRLS

NUMBER.. ☐☐

OTHER _____ 96
　　　　　(SPECIFY)

EITHER

NUMBER.. ☐☐

OTHER _____ 96
　　　　　(SPECIFY)

361	*CHECK 356C AND 357:*

DO NOT WANT TO
HAVE (ANOTHER)
A CHILD/　　　　　　　　　　☐
UNDECIDED OR
DON'T KNOW

WANT TO HAVE
(ANOTHER)
CHILD OR　　　　　　☐　───────────────────→ 400
IMPOSSIBLE
TO HAVE A CHILD

362	Now, I will mention some situation. In which condition, do you change your mind about having a (another) child?

	YES	NO
If you are provided with kindergarten service, free kindergarten or if you are provided with financial support for child care services?	1	2
If there is a family member for taking care of children?	1	2
If you are given nutrition support for the child and adequate material for childcare?	1	2
If the housework and childcare responsibilities are shared with the partner?	1	2
If the family has better economic conditions than now?	1	2
If you are given child allowance?	1	2
If the daily working hours of women who have little children are shortened?	1	2
If breastfeeding leave is expanded?	1	2
If paid maternity leave is expanded?	1	2
If paid paternity leave is given?	1	2
If women are provided with assurance for returning to work after maternal leave?	1	2
If there is an opportunity for early retirement?	1	2

SECTION 4. MOTHER AND CHILD HEALTH

400	*CHECK 210 AND 225:*		
	ONE OR MORE LIVE BIRTHS SINCE JANUARY 2008 ☐	NO LIVE BIRTHS SINCE JANUARY 2008. ☐ → 709	

401S	*RECORD THE TIME.*	HOUR – MINUTE......................... ☐☐ ☐☐

402	*ENTER THE LINE NUMBER AND NAME SINCE JANUARY 2008 IN THE TABLE, BEGINNING WITH THE LAST BIRTH. ASK THE QUESTIONS FOR ALL THESE BIRTHS.* *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 "THE ONE BEFORE LAST BIRTH" COLUMN AFTER CHANGING IT AS "SECOND ONE BEFORE THE LAST BIRTH").* 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 health of one child at a time

		LAST BIRTH	THE ONE BEFORE LAST BIRTH
403	LINE NUMBER FROM Q212.	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐
404	CHECK 212 CHECK 216	NAME _____ ALIVE ☐ DEAD ☐	NAME_____ ALIVE ☐ DEAD ☐

405	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?	NOT AT ALL................................... 0 ┐
		                                    407A ◄┘
		THEN 1
		LATER 2
			NOT AT ALL................................... 0 ┐
			                                    410 ◄┘
			THEN 1
			LATER 2
			                                              .

406	How much longer would you like to have waited?	MONTH ....1 ☐☐ YEAR ....2 ☐☐ DON`T KNOW 998	MONTH................................1 ☐☐ YEAR ....2 ☐☐ DON`T KNOW...................................... 998 *SKIP TO 410*

407A	When you were pregnant with ....did you see anyone for antenatal care for this pregnancy?
	
	(IF YES) Whom did you see?
	
	            Anyone else?
	
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL MENTIONED.
		HEALTH PROFESSIONAL
		    DOCTOR...A
		    NURSE..B
		    MIDWIFE.. C
		
		OTHER _____ U
		                    (SPECIFY)
		
		NO ONE…………………….. ....Y ┐
		                      409G ◄┘	

		LAST BIRTH NAME_____	THE ONE BEFORE LAST BIRTH NAME_____
407B	Where did you go for antenatal care? *RECORD ALL MENTIONED.* _____ (NAME OF PLACE) _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT./SAMPLE HOSPITAL .... A MATERNITY HOUSE .... B MCHFP CENTER................................ C HEALTH CENTER .... D HEALTH HOUSE .... E SSK HOSPITAL/DISPANSERY .... F TRAINING AND RESEARCH HOSP.. G FAMILY AND HEALTH CENTER/ FAMILY DOCTOR...................... H OTHER _____ I (SPECIFY) **PRIVATE SECTOR** PRIVATE HOSPITAL.......................... J PRIVATE POLYCLINIC .... K PRIVATE DOCTOR`S CLINIC .... L PRIVATE NURSE/MIDWIFE (HEALTH CABIN)...................... M OTHER_____N (SFECIFY) UNIVERSITY HOSPITAL........................ O VOLUNTARY ORGANIZATION/ FOUNDATION HOSPITAL/CLINIC ... P OTHER_____ U (SFECIFY)	
408	How many months pregnant were you with .... when you first received antenatal care?	MONTH.....................................◻◻	
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 a regular check-up?	THERE WAS A PROBLEM.................... 1 REGULAR CONTROL............................ 2 OTHER _____ 7 (SPECIFY)	
409A	How many times did you receive antenatal care during your pregnancy with ....?	NO. OF TIMES...........................◻◻	
409B	How many months pregnant were you with .... when you received antenatal care for the last time?	MONTH.....................................◻◻	
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? Had a tetanus vaccine?	YES NO WEIGHED.................................1 2 BLOOD PRESSURE..................1 2 BLOOD TEST...........................1 2 URINE TEST.......................1 2 ULTRASOUND.........................1 2 ABDOMINAL EXAM. ....1 2 TETANUS VACCINE...............1 2	

		LAST BIRTH NAME_____	THE ONE BEFORE LAST BIRTH NAME_____
409F	During one of your antenatal checks, have you ever been informed about the emergency situations (bleeding, high blood pressure, edema, fever, etc.) at which you have to seek health care ?	YES……………….….......................… 1 NO……………….….......................... 2	
409G	Have you taken iron tablets during your pregnancy to ……?	YES...1 NO .... 2 DON'T KNOW 8	
410	Where did you give birth to ....? _____ (NAME OF THE PLACE) _____ (NAME OF THE PLACE)	**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 OTHER _____ 19 (SPECIFY) **PRIVATE SECTOR** PRIVATE HOSPITAL.…………......... 21 PRIVATE POLYCLINIC…….............. 22 PRIVATE DOCTOR`S CLINIC…….. 23 OTHER _____ 29 (SPECIFY) UNIVERSITY HOSPITAL........................ 31 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 OTHER _____ 19 (SPECIFY) **PRIVATE SECTOR** PRIVATE HOSPITAL.…………......... 21 PRIVATE POLYCLINIC…….............. 22 PRIVATE DOCTOR`S CLINIC…….. 23 OTHER _____ 29 (SPECIFY) UNIVERSITY HOSPITAL........................ 31 OTHER _____96 (SPECIFY)
413	Who delivered/ assisted with the delivery of ....? Anyone else? *RECORD ALL MENTIONED.*	**HEALTH PROFESSIONAL** DOCTOR…………………….......... A NURSE…………………………… B MIDWIFE…………….................... C **OTHER PERSON** TRADITIONAL MIDWIFE…............. D RELATIVE/FRIENDS…………........E OTHER_____ U (SPECIFY) NO ONE .... Y	**HEALTH PROFESSIONAL** DOCTOR…………………….......... A NURSE…………………………… B MIDWIFE…………….................... C **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 *SKIP TO 428*

		LAST BIRTH NAME_____	THE ONE BEFORE LAST BIRTH NAME_____
417	*CHECK 410:* DID THE BIRTH TAKE PLACE AT A HEALTH FACILITY?	YES ☐ NO ☐ 422	
418	How long did you stay at the health facility after ....'s birth? *RECORD "00" IF LESS THAN ONE DAY. RECORD AS DAY IF LESS THAN ONE WEEK.*	DAY ....1 ☐☐ WEEK ....2 ☐☐ DON`T KNOW 998	
419	How much time elapsed between birth and your first examination? *RECORD AS HOUR IF LESS THAN 1 DAY AND AS DAY IF LESS THAN 1 WEEK.*	NOT EXAMINATED..................... 000 421 HOUR ....1 ☐☐ DAY ....2 ☐☐ WEEK ....3 ☐☐ DON'T KNOW 998	
420	Who examined you? Who else?	DOCTOR ....A NURSE ....B MIDWIFE..C OTHER _____ U (SPECIFY)	
420A		*SKIP TO 427*	

421	Were you examined by a health professional within two months following your departure from ......? (THE PLACE MENTIONED AT 410)	YES 1
		     424
		NO..2
		     427	

422	What was the main reason for not having done ....'s birth in a health institution?	NO REASON………………...............00 ACESSIBILITY PROBLEMS………........01 DISTRUST OF HEALTH FACILITY/PERSONNEL...........…........02 HAPPENED SUDDENLY………...…......03 PROBLEMS IN USING HEALTH INSTUTION...........................…........04 EXPENSIVE………………................ 05 TRADITIONS/CUSTOMS………...........06 NO PROBLEM...........…………...........07 FEAR..08 SHAME...09 OTHER _____ 96 (SPECIFY) DON`T KNOW 98	
423	Were you examined by a health professional within two months after the birth of ……..?	YES ....1 NO..2 427	

		LAST BIRTH NAME_____	THE ONE BEFORE LAST BIRTH NAME_____
424	How long after delivery of ….. did the first check take place? *RECORD IN HOURS IF LESS THAN 1 DAY, RECORD IN DAYS IF LESS THAN 1 WEEK.*	HOUR ....1 ☐☐ DAY ....2 ☐☐ WEEK ....3 ☐☐ DON`T KNOW................................998	
425	Who checked on your health at that time? Who else?	DOCTOR ....A NURSE..B MIDWIFE..C OTHER _____ U 　　　　　　(SPECIFY)	
426	Where did this first check take place? _____ (NAME OF THE PLACE)	**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 　OTHER _____19 　　　　　　　(SPECIFY) **PRIVATE SECTOR** 　PRIVATE HOSPITAL.…………........... 21 　PRIVATE POLYCLINIC……….......... 22 　PRIVATE DOCTOR`S CLINC............. 23 　OTHER _____ 29 　　　　　　　(SPECIFY) UNIVERSITY HOSPITAL.......................31 OTHER _____96 　　　　　　(SPECIFY)	
427	Has your period returned since the birth of ……?	YES ....1 ⌐ 　　　　　　　　　　　429 ◄ NO...2 ⌐ 　　　　　　　　　　　430 ◄	
428	Did your period return between the birth of …… and your next pregnancy?		YES…………………………........... 1 NO…………………………….......... 2 ⌐ 　　　　　　　　　432 ◄

		LAST BIRTH NAME_____	THE ONE BEFORE LAST BIRTH NAME_____
429	For how many months after birth of …… did you not have your period?	MONTH ....[ ][ ] DON`T KNOW 98	MONTH......................................[ ][ ] DON`T KNOW.. 98 *SKIP TO 432*
430	*CHECK 227:* RESPONDENT CURRENTLY PREGNANT?	NOT [ ] PREGNANT [ ] PREGNANT OR UNSURE ↓ 432	
431	Have you resumed sexual intercourse since the birth of ……?	YES ....1 NO...2 ⌐ 433 ←	
432	For how many months after the birth of …… did you not have sexual relations?	MONTH ....[ ][ ] DON`T KNOW 98	MONTH.......................................[ ][ ] DON`T KNOW..98 *SKIP TO 437*
433	Now I would like to ask you about the health checks (NAME OF CHILD) attended after he/she was born. In the two months after ..... was born, did any health care provider check her/his health?	YES .... 1 NO...2 ⌐ 437 ←	
434	How long after delivery did the first check of .... take place? *RECORD IN HOURS IF LESS THAN ONE DAY, RECORD IN DAYS IF LESS THAN ONE WEEK.*	HOUR ....1 [ ][ ] DAY ....2 [ ][ ] WEEK ....3 [ ][ ] DONT`T KNOW................................ 998	
435	Who did ....`s first health check? Who else?	DOCTOR ....A NURSE..B MIDWIFE...C OTHER _____ U (SPECIFY)	

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		LAST BIRTH NAME_____	THE ONE BEFORE LAST BIRTH NAME_____

436	Where did this first check of .... take place?
	
	_____
	(NAME OF THE PLACE)
		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
		
		   OTHER _____ 19
		             (SPECIFY)
		PRIVATE SECTOR
		   PRIVATE HOSPITAL…………........ 21
		   PRIVATE POLYCLINIC………......... 22
		   PRIVATE DOCTOR…..........................23
		
		   OTHER _____ 29
		             (SPECIFY)
		
		   UNIVERSITY HOSPITAL 31
		
		   OTHER _____ 96
		             (SPECIFY)	

437	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

438	Was ……weighed at birth?	YES 1
		NO...2 ⌐
		                   439A ←
			YES.. 1
			NO .... 2 ⌐
			                   439A ←

439	How much did …… weigh? *RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.*	GRAMS FROM CARD ....1 ▢▢▢▢ FROM RECALL.....2 ▢▢▢▢ DON`T KNOW 99998	GRAMS FROM CARD .... 1 ▢▢▢▢ FROM RECALL..... 2 ▢▢▢▢ DON`T KNOW 99998
439A	Has …… been through a test for phenylketonuria?	YES ....1 NO...2 DON`T KNOW 8	YES.. 1 NO .... 2 DON`T KNOW 8
439B	Has …'s hearing been tested?	YES ....1 NO...2 DON`T KNOW 8	YES.. 1 NO .... 2 DON`T KNOW 8

		LAST BIRTH NAME_____	THE ONE BEFORE LAST BIRTH NAME_____
440	Did you ever breastfeed …..?	YES ....1 NO...2 ⌐ 447 ◄─┘	YES .... 1 NO .... 2 *SKIP TO 447*
441	How long after birth did you first put …… to the breast? *RECORD "00" IF LESS THAN 1 HOUR. RECORD AS HOUR IF LESS THAN 24 HOURS, AS DAY IF MORE.*	IMMEDIATELY.....................................000 HOUR ....1 ☐☐ DAY ....2 ☐☐	
442	In the first three days after delivery, was .... given anything to drink other than breast milk?	YES ....1 NO...2 ⌐ 444 ◄─┘	
443	What was given to ……? Anything else? *RECORD ALL MENTIONED.*	MILK (OTHER THAN BREAST MILK).. A WATER .... B SUGAR WATER ....C SALT-SUGAR-WATER SOLUTION ....D FRUIT JUICE...E BABY FORMULA .... F TEA .... G JUICE OF COOKED MEAL .... H HONEY .... I OTHER _____U (SPECIFY)	

444	*CHECK 404:*
	
	CHILD ALIVE?
		ALIVE ☐ DEAD ☐
		                               ↓
		                              446	

445	Are you still breastfeeding ……?	YES .... 1 ⌐ 448 ◄─┘ NO.. 2	
446	For how many months did you breastfeed ……?	MONTH ....☐☐ DON`T KNOW 98	

447	*CHECK 404:*
	
	CHILD ALIVE?
		ALIVE ☐ DEAD ☐
		                               ↓
		                              452
			ALIVE ☐ DEAD ☐
			                               ↓
			                              452

448	Was …… drunk 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

		LAST BIRTH NAME_____	THE ONE BEFORE LAST BIRTH NAME_____
449	At any time in the last 24 hours was …… given any of the following?	Y N DK	Y N DK
	Water?	WATER 1 2 8	WATER....................................1 2 8
	Bottled/Boxed milk / Milk sold outside?	MILK 1 2 8	MILK..1 2 8
	Yoghurt?	YOGHURT 1 2 8	YOGHURT................................1 2 8
	Cheese?	CHEESE...................................... 1 2 8	CHEESE...................................1 2 8
	Eggs?	EGG 1 2 8	EGG...1 2 8
	Red meat?	RED MEAT 1 2 8	RED MEAT 1 2 8
	Chicken?	CHICKEN 1 2 8	CHICKEN 1 2 8
	Fish?	FISH 1 2 8	FISH 1 2 8
	Dry Legumes (chickpea, lentil, dry bean etc.)?	DRY LEGUMES......................... 1 2 8	BAKLAGİL...............................1 2 8
	Fresh vegetables/fruits?	FRESH VEGETABLES/FRUITS 1 2 8	FRESH VEGETABLES/FRUIT 1 2 8
	Bread?	BREAD 1 2 8	BREAD.......................................1 2 8
	Cereals or grains(rice, cracked wheat, pasta, noddles etc.)?	CEREALS OR GRAINS 1 2 8	CEREALS OR GRAINS 1 2 8
	Baby formula?	BABY FORMULA 1 2 8	BABY FORMULA....................1 2 8
	Juice of cooked meal?	JUICE OF COOKED MEAL 1 2 8	JUICE OF COOKED MEAL.....1 2 8
	Soup?	SOUP 1 2 8	SOUP...1 2 8
	Junk foods(biscuit,cake,chocolate etc.)?	JUNK FOODS.............................. 1 2 8	FAST FOODS 1 2 8
	Beverages (fruit juice, fizzy drink etc.)?	BEVERAGES 1 2 8	BEVERAGES............................1 2 8
450	Is .... currently attending daycare or kindergarten?	NOT ATTENDING.................................... 0 DAYCARE CENTRE .... 1 KINDERGARTEN...................................... 2	NOT ATTENDING ....0 DAYCARE CENTRE............................. 1 KINDERGARTEN 2
452		*IF THERE IS ANOTHER BIRTH, SKIP TO NEXT COULUMN TO 405* *IF NOT, SKIP TO 452S*	*IF THERE IS ANOTHER BIRTH,SKIP TO ADDITIONAL QUESTIONARE TO 405* *IF NOT SKIP TO 452S*
452S	*RECORD THE TIME*	HOUR – MINUTE........................ ☐☐ ☐☐	

SECTION 5. IMMUNIZATION

501	ENTER LINE NUMBER, NAME SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 2010 IN THE TABLE. ASK QUESTIONS ABOUT ALL OF THESE BIRTHS.
	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 " THE ONE BEFORE LAST BIRTH" CLOUMN AFTER CHANGING IT AS "SECOND ONE BEFORE THE LAST BIRTH")

501A	LINE NUMBER FROM 212.	LAST BIRTH	THE ONE BEFORE LAST BIRTH
		LINE NO ....☐☐	LINE NO ....☐☐

502	CHECK 212:	NAME_____	NAME_____
	CHECK 216:	ALIVE ☐ DEAD ☐	ALIVE ☐ DEAD ☐
		↓ IF NO MORE BIRTHS SKIP TO 709.IF THERE IS MORE BIRTHS GO TO 502 IN NEXT COLUMN.	↓ IF NO MORE BIRTHS SKIP TO 709.IF THERE IS MORE BIRTHS GO TO 502 IN ADDITIONAL QUESTIONNAIRE.

503	Do you have a card where ……'s vaccination are written down? (IF YES) May I see it please?	YES, SEEN .... 1 YES, NOT SEEN .... 2 ⟶ 506 NO CARD 3	YES, SEEN ....1 YES, NOT SEEN ....2 ⟶ 506 NO CARD 3

504	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. PAY ATTENTION TO APPOINTMENT DAYS AND THE CONSISTENCY OF VACCINATION DATES. (2) WRITE '44' IN THE DAY COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN BUT NO DATE IS RECORDED.		
		DAY MONTH YEAR	DAY MONTH YEAR
	HEPATITIS B1	HB1.	HB1.
	HEPATITIS B 2	HB2.	HB2.
	HEPATITIS B 3	HB3.	HB3.
	BCG TUBERCULOSIS	BCG	BCG
	TDAP 1 (Combination Vaccine)	TDAP 1	TDAP 1
	TDAP 2 (Combination Vaccine)	TDAP 2	TDAP 2
	TDAP 3 (Combination Vaccine)	TDAP 3	TDAP 3
	MEASLES, MUMBS AND RUBELLA	MMR	MMR
	OPA 1 (ORAL POLIO)	OP1.	OP1.
	OPA 2 (ORAL POLIO)	OP2.	OP2.
	CPV 1 (PNEUMOCOCCUS 1)	CPV1	CPV1
	CPV 2 (PNEUMOCOCCUS 2)	CPV2	CPV2
	CPV 3 (PNEUMOCOCCUS 3)	CPV3	CPV3

		LAST BIRTH NAME_____	THE ONE BEFORE LAST BIRTH NAME_____

505	Has …… received any vaccination that are not recorded on this card?
	
	RECORD 'YES' IF ONLY RESPONDENT MENTIONS BCG, POLIO 1 – 3, DPT 1 – 3, MEASLES AND/OR HEPATITUES B 1 - 3 .
		YES.. 1
		NO .... 2 ⌐
		              509 ◄
		DON`T KNOW... 8 ⌐
			YES.. 1
			NO .... 2 ⌐
			              509 ◄
			DON`T KNOW... 8 ⌐

505A		*PROBE THE VACCINES, RECORD "66" TO DAY SECTION OF THAT VACCINATION AT 504* *SKIP TO 509*	*PROBE THE VACCINES, RECORD "66" TO DAY SECTION OF THAT VACCINATION AT 504* *SKIP TO 509*

506	Did…… ever receive any vaccinations to prevent him/her from getting infectious diseases?	YES.. 1
		NO .... 2 ⌐
		              509 ◄
		DON`T KNOW... 8 ⌐
			YES.. 1
			NO .... 2 ⌐
			              509 ◄
			DON`T KNOW... 8 ⌐

508A	Please tell me if ……received any of the following vaccinations?
	
	Hepatitis B?
		YES.. 1
		NO .... 2 ⌐
		           508C ◄
		DON`T KNOW... 8 ⌐
			YES.. 1
			NO .... 2 ⌐
			           508C ◄
			DON`T KNOW... 8 ⌐

508B	How many times?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
508C	BCG: A vaccination against tuberculosis, that is an injection in the left arm or shoulder that caused a scar?	YES.. 1 NO .... 2 DON`T KNOW... 8	YES.. 1 NO .... 2 DON`T KNOW... 8

508D	Combination Vaccine:
	
	This vaccination is the combination of five-antigens that are diphtheria, pertussis tetanus, menengitis and polio.
	
	It is usually done at the same time with pneumococcal vaccine
		YES.. 1
		NO .... 2 ⌐
		           508F ◄
		DON`T KNOW... 8 ⌐
			YES.. 1
			NO .... 2 ⌐
			           508F ◄
			DON`T KNOW... 8 ⌐

508E	How many times?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
508F	MMR vaccine that protects from measles, mumbs and rubella and given by an injection into the arm?	YES.. 1 NO .... 2 DON`T KNOW... 8	YES.. 1 NO .... 2 DON`T KNOW... 8

508G	Polio vaccination:
	That is dropped in the mouth?
		YES.. 1
		NO .... 2 ⌐
		           508I ◄
		DON`T KNOW... 8 ⌐
			YES.. 1
			NO .... 2 ⌐
			           508I ◄
			DON`T KNOW... 8 ⌐

508H	How many times?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐

		LAST BIRTH NAME_____	THE ONE BEFORE LAST BIRTH NAME_____
508I	Pneumococcus vaccination?	YES... 1 NO .... 2 ⌐ 709 ← DON`T KNOW.. 8 ⌐	YES... 1 NO .... 2 ⌐ 709 ← DON`T KNOW.. 8 ⌐
508J	How many times?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
509		*RETURN TO 502 IN THE NEXT COLUMN IF THERE IS ANOTHER BIRTH.* *IF NOT, SKIP TO 709.*	*RETURN TO 502 IN THE ADDITIONAL QUESTIONNAIRE IF THERE IS ANOTHER BIRTH.* *IF NOT, SKIP TO 709.*

SECTION 7A. MARRIAGE HISTORY

709	Now I want to ask some questions about your marriage(s). Have you ever been married?	YES..1 NO.. 2 → 727
709A	Are you currently married?	YES, CURRENTLY MARRIED....................................1 NO, CURRENTLY NOT MARRIED............................2
709B	Did you marry only once or more than once in your lifetime? *(IF MORE THAN ONCE)* How many times? *IF MARRIED MORE THAN ONCE, USE COLUMN 1 FOR THE FIRST HUSBAND, RECORD ALL MARRIAGES IN ORDER.*	NO. OF MARRIAGES.. ☐

710 What was your (first, second) husband's name? *RECORD THE NAMES OF HUSBAND(S) BY STARTING WITH THE FIRST HUSBAND.*	711 In which month and year did you start living with .... ?	712 How old was your husband when you started to live together?	713 Did you have a civil marriage ceremony with ....? Did you have a religious ceremony with ....?	714 Which ceremony took place earlier?	715 How much time elapsed between two ceremonies? *RECORD "00" DAYS IF BOTH TOOK PLACE ON THE SAME DAY. RECORD IN DAYS IF LESS THAN ONE MONTH, RECORD IN MONTHS IF LESS THAN TWO YEARS, RECORD IN YEARS. OTHERWISE.*
01 _____ (NAME)	MONTH............. ☐☐ YEAR.. ☐☐☐☐	☐☐	CIVIL AND RELI...1 CIVIL ONLY ..2 RELI. ONLY.......... 3 716 ← NO CEREMONY..........4	CIVIL..............1 RELIGIOUS....2	DAY...........1 ☐☐ MONTH....2 ☐☐ YEAR........3 ☐☐
02 _____ (NAME)	MONTH............. ☐☐ YEAR.. ☐☐☐☐	☐☐	CIVIL AND RELI...1 CIVIL ONLY ..2 RELI. ONLY.......... 3 716 ← NO CEREMONY..........4	CIVIL..............1 RELIGIOUS....2	DAY...........1 ☐☐ MONTH....2 ☐☐ YEAR........3 ☐☐
03 _____ (NAME)	MONTH............. ☐☐ YEAR.. ☐☐☐☐	☐☐	CIVIL AND RELI...1 CIVIL ONLY ..2 RELI. ONLY.......... 3 716 ← NO CEREMONY..........4	CIVIL..............1 RELIGIOUS....2	DAY...........1 ☐☐ MONTH....2 ☐☐ YEAR........3 ☐☐

716 How was your marriage with .... arranged? Did you decide together or was it arranged by your families?	717 Did your family take your consent when your marriage with .... was arranged?	718 Did .... or his family pays bridesmoney? *(IF YES)* Was it given in cash or in kind?	719 When you first started to live with .... was there anyone else living with you at that time? *(IF YES)* Who were they? Anyone else?	720 Are (were) you related to ....? *(IF YES)* What is (was) his relationship to you?	721 IS THIS MARRIAGE STILL GOING ON?

BY FAMILIES..............1
BY OURSELVES.........2
ELOPED........................3
ABDUCTED................4
         718
OTHER_____ 7
(SPECIFY)
	YES...................1
	
	NO......................2
		NO.........................1
		IN CASH/GOLD....2
		IN KIND.................3
		BOTH...................4
		
		OTHER_____ 7
		(SPECIFY)
			HUSBAND`S
			  MOTHER/FATHER... ..A
			  BROTHER(S).. ....B
			  CHILDREN...................C
			  OTHER_____ D
			     (SPECIFY)
			WOMAN'S
			  MOTHER/FATHER... ..E
			  BROTHER(S).. ....F
			  CHILDREN...................G
			  OTHER_____ H
			     (SPECIFY)
			
			NO ONE...........................X
				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
					  726
					
					NO.................2

BY FAMILIES..............1
BY OURSELVES.........2
ELOPED........................3
ABDUCTED................4
         718
OTHER_____ 7
(SPECIFY)
	YES...................1
	
	NO................. ..2
		NO.........................1
		IN CASH/GOLD....2
		IN KIND.................3
		BOTH...................4
		
		OTHER_____ 7
		(SPECIFY)
			HUSBAND`S
			  MOTHER/FATHER... ..A
			  BROTHER(S).. ....B
			  CHILDREN...................C
			  OTHER_____ D
			     (SPECIFY)
			WOMAN'S
			  MOTHER/FATHER... ..E
			  BROTHER(S).. ....F
			  CHILDREN...................G
			  OTHER_____ H
			     (SPECIFY)
			
			NO ONE...........................X
				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
					  726
					
					NO.................2

BY FAMILIES..............1
BY OURSELVES.........2
ELOPED........................3
ABDUCTED................4
         718
OTHER_____ 7
(SPECIFY)
	YES...................1
	
	NO................. ..2
		NO.........................1
		IN CASH/GOLD....2
		IN KIND.................3
		BOTH...................4
		
		OTHER_____ 7
		(SPECIFY)
			HUSBAND`S
			  MOTHER/FATHER... ..A
			  BROTHER(S).. ....B
			  CHILDREN...................C
			  OTHER_____ D
			     (SPECIFY)
			WOMAN'S
			  MOTHER/FATHER... ..E
			  BROTHER(S).. ....F
			  CHILDREN...................G
			  OTHER_____ H
			     (SPECIFY)
			
			NO ONE...........................X
				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
					  726
					
					NO.................2

722	723 In which month and year did your marriage with .... end?	724 How did your marriage with .... end? Did you get divorced, did .... die or did you start to live separated?	725 Was it your decision to get divorced/live separated or was it your husband's, or did you both decide that you should separate?	726
CHECK 710: RECORD THE NAMES OF HUSBAND(S) BY STARTING WITH THE FIRST HUSBAND.				DOES THE WOMAN HAVE ANOTHER MARRIAGE?
01 _____ (NAME)	MONTH .... ☐☐ YEAR.... ☐☐☐☐	WIDOWED................. ..1 726 ← DIVORCED.................2 STARTING LIVING SEPARATED.................3 .	HERSELF..................1 HER HUSBAND........2 TOGETHER..............3 OTHER _____7 (SPECIFY)	YES......................................1 GO BACK TO 711 ← NO.......................................2 728A ←
02 _____ (NAME)	MONTH .... ☐☐ YEAR.... ☐☐☐☐	WIDOWED................. ..1 726 ← DIVORCED.................2 STARTING LIVING SEPARATED.................3 .	HERSELF..................1 HER HUSBAND........2 TOGETHER..............3 OTHER _____7 (SPECIFY)	YES......................................1 GO BACK TO 711 ← NO.......................................2 728A ←
03 _____ (NAME)	MONTH .... ☐☐ YEAR.... ☐☐☐☐	WIDOWED................. ..1 726 ← DIVORCED.................2 STARTING LIVING SEPARATED.................3 .	HERSELF..................1 HER HUSBAND........2 TOGETHER..............3 OTHER _____7 (SPECIFY)	YES......................................1 GO BACK TO 711 ← NO.......................................2 728A ←

727	Do you have any plan or preparation for marriage?	NO...0 → 728A
		
		YES
		    ENGAGED..1
		    FIANCE..2
		    IN A RELATIONSHIP INTENDING A
		        MARRIAGE..................................3	

727A	How did you decide it? Did you decide together with your fiance/engaged/boyfriend or was it decided by your families?	BY FAMILIES...1 BY OURSELVES...2 →	728A
728	Did your family take your consent when they decided on marriage?	YES..1 NO... 2	
728A	CHECK 709: NEVER MARRIED ☐ EVER MARRIED ☐ ↓ ↓ At what age do you like to get married? If you could go back to the time you were not married, at what age would You like to get married?	AGE .... ☐☐ DOESN`T WANT TO GET MARRIED/ WOULD NOT GET MARRIED...........................95	

SECTION 7B. WOMEN'S WORK

729	Now I would like to ask you questions about working. Have you worked in a job whether paid or unpaid since you were 12 for at least 6 months? 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.	YES ....1 NO............. 2 → 738A

729A	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? *RECORD ALL JOBS THE WOMEN HAS WORKED FOR <u>AT LEAST 6 MONTHS</u> AT FROM AGE 12 TO SURVEY DATE TO THE LIST WITH DETAILS, STARTING FROM THE FIRST ONE.* *ADD THE CURRENT JOB IN THE LIST REGARDLESS OF ITS DURATION. ASK THE QUESTIONS FOR EACH JOB SEPERATELY.* *CAUTION: IF THE RESPONDENT HAS WORKED AT MORE THAN 10 JOBS, USE AN ADDITIONAL QUESTIONNAIRE. CARRY ON THE INTERVIEW FROM THIS NEW QUESTIONNAIRE.*

730 What was your job? *RECORD THE JOB IN DETAIL*	731 In which year and month did you start working in this job?	732 In which sector were you working?	733 Was your job in public or private sector?	734 *PROBE THE STATUS BY USING CODE LIST*	734A Where did you work?
01 _____ (JOB)	MONTH................. ☐☐ YEAR.... ☐☐☐☐	AGRICULTURE..1 INDUSTRY..........2 SERVICE..............3	PUBLIC…......1 PRIVATE….2	☐☐ _____ (SPECIFY IF OTHER)	AT HOME....................1 AT OTHER'S HOME..2 ELSEWHERE…...........3
02 _____ (JOB)	MONTH................. ☐☐ YEAR.... ☐☐☐☐	AGRICULTURE..1 INDUSTRY..........2 SERVICE..............3	PUBLIC…......1 PRIVATE….2	☐☐ _____ (SPECIFY IF OTHER)	AT HOME....................1 AT OTHER'S HOME..2 ELSEWHERE…...........3
03 _____ (JOB)	MONTH................. ☐☐ YEAR.... ☐☐☐☐	AGRICULTURE..1 INDUSTRY..........2 SERVICE..............3	PUBLIC…......1 PRIVATE….2	☐☐ _____ (SPECIFY IF OTHER)	AT HOME....................1 AT OTHER'S HOME..2 ELSEWHERE…...........3
04 _____ (JOB)	MONTH................. ☐☐ YEAR.... ☐☐☐☐	AGRICULTURE..1 INDUSTRY..........2 SERVICE..............3	PUBLIC…......1 PRIVATE….2	☐☐ _____ (SPECIFY IF OTHER)	AT HOME....................1 AT OTHER'S HOME..2 ELSEWHERE…...........3
05 _____ (JOB)	MONTH................. ☐☐ YEAR.... ☐☐☐☐	AGRICULTURE..1 INDUSTRY..........2 SERVICE..............3	PUBLIC…......1 PRIVATE….2	☐☐ _____ (SPECIFY IF OTHER)	AT HOME....................1 AT OTHER'S HOME..2 ELSEWHERE…...........3

(734) 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)	**96** OTHER

735 Did you have any social security when doing your job? (IF YES) According to which schedule? USE THE CODE LIST	736 Are you currently working at this job?	736A How long have you worked at this job? RECORD IN MONTHS IF LESS THAN 2 YEARS	736B In which month and year did you quit this job?	737 What was the reason of your resignment? USE THE CODE LIST
☐☐ _____ (SPECIFY IF OTHER)	YES......................1 738 ◀ NO........................2	MONTH...1 ☐☐ YEAR......2	MONTH................ ☐☐ YEAR... ☐☐☐☐	☐☐ _____ (SPECIFY IF OTHER)
☐☐ _____ (SPECIFY IF OTHER)	YES............... .....1 738 ◀ NO................... 2	MONTH...1 ☐☐ YEAR......2	MONTH................ ☐☐ YEAR... ☐☐☐☐	☐☐ _____ (SPECIFY IF OTHER)
☐☐ _____ (SPECIFY IF OTHER)	YES............... .....1 738 ◀ NO................... 2	MONTH...1 ☐☐ YEAR......2	MONTH................ ☐☐ YEAR... ☐☐☐☐	☐☐ _____ (SPECIFY IF OTHER)
☐☐ _____ (SPECIFY IF OTHER)	YES............... .....1 738 ◀ NO................... 2	MONTH...1 ☐☐ YEAR......2	MONTH................ ☐☐ YEAR... ☐☐☐☐	☐☐ _____ (SPECIFY IF OTHER)
☐☐ _____ (SPECIFY IF OTHER)	YES............... .....1 738 ◀ NO................... 2	MONTH...1 ☐☐ YEAR......2	MONTH................ ☐☐ YEAR... ☐☐☐☐	☐☐ _____ (SPECIFY IF OTHER)

(735) SOCIAL SECURITY

00 NONE
01 SSK
02 EMEKLİ SANDIĞI
03 BAĞ-KUR
04 SGK
05 PRIVATE INSURANCE
96 OTHER
98 DON'T KNOW

(737) REASON FOR RESIGNMENT

01 MARRIAGE
02 GOT PREGNANT/CHILD CARE
03 JUST MOVED/MIGRATED
04 OPPOSITION OF HUSBAND/ ELDERLY

05 WORKING PLACE CLOSED
06 FIRED
07 TO FIND/FOUND A BETTER JOB
08 PROBLEMS ABOUT WORKPLACE
09 SEASONAL/TEMPORARY JOB

10 SICK/ELDERLY CARE IN FAMILY
11 SICK/DISABLED/HANDICAPPED
12 RETIREMENT
13 DID NOT NEED TO WORK
14 DID NOT WANT TO WORK
96 OTHER

730 What was your job? RECORD THE JOB IN DETAIL	731 In which year and month did you start working in this job?	732 In which sector were you working?	733 Was your job in public or private sector?	734 PROBE THE STATUS BY USING CODE LIST	734A Where did you work?
06 _____ (JOB)	MONTH................. [ ][ ] YEAR.... [ ][ ][ ]	AGRICULTURE..1 INDUSTRY..........2 SERVICE..............3	PUBLIC….....1 PRIVATE….2	[ ][ ] (SPECIFY IF OTHER)	AT HOME....................1 AT OTHER'S HOME..2 ELSEWHERE…...........3
07 _____ (JOB)	MONTH................. [ ][ ] YEAR.... [ ][ ][ ]	AGRICULTURE..1 INDUSTRY..........2 SERVICE..............3	PUBLIC….....1 PRIVATE….2	[ ][ ] (SPECIFY IF OTHER)	AT HOME....................1 AT OTHER'S HOME..2 ELSEWHERE…...........3
08 _____ (JOB)	MONTH................. [ ][ ] YEAR.... [ ][ ][ ]	AGRICULTURE..1 INDUSTRY..........2 SERVICE..............3	PUBLIC….....1 PRIVATE….2	[ ][ ] (SPECIFY IF OTHER)	AT HOME....................1 AT OTHER'S HOME..2 ELSEWHERE…...........3
09 _____ (JOB)	MONTH................. [ ][ ] YEAR.... [ ][ ][ ]	AGRICULTURE..1 INDUSTRY..........2 SERVICE..............3	PUBLIC….....1 PRIVATE….2	[ ][ ] (SPECIFY IF OTHER)	AT HOME....................1 AT OTHER'S HOME..2 ELSEWHERE…...........3
10 _____ (JOB)	MONTH................. [ ][ ] YEAR.... [ ][ ][ ]	AGRICULTURE..1 INDUSTRY..........2 SERVICE..............3	PUBLIC….....1 PRIVATE….2	[ ][ ] (SPECIFY IF OTHER)	AT HOME....................1 AT OTHER'S HOME..2 ELSEWHERE…...........3

(734) 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)	96 OTHER

735 Did you have any social security when doing your job? (IF YES) According to which schedule? USE THE CODE LIST	736 Are you currently working at this job?	736A How long have you worked at this job? RECORD IN MONTHS IF LESS THAN 2 YEARS	736B In which month and year did you quit this job?	737 What was the reason of your resignment? USE THE CODE LIST
☐☐ (SPECIFY IF OTHER)	YES............. .....1 → 738 NO.................. 2	MONTH...1 ☐☐ YEAR......2 ☐☐	MONTH................. ☐☐ YEAR... ☐☐☐☐	☐☐ (SPECIFY IF OTHER)
☐☐ (SPECIFY IF OTHER)	YES............. .....1 → 738 NO.................. 2	MONTH...1 ☐☐ YEAR......2 ☐☐	MONTH................. ☐☐ YEAR... ☐☐☐☐	☐☐ (SPECIFY IF OTHER)
☐☐ (SPECIFY IF OTHER)	YES............. .....1 → 738 NO.................. 2	MONTH...1 ☐☐ YEAR......2 ☐☐	MONTH................. ☐☐ YEAR... ☐☐☐☐	☐☐ (SPECIFY IF OTHER)
☐☐ (SPECIFY IF OTHER)	YES............. .....1 → 738 NO.................. 2	MONTH...1 ☐☐ YEAR......2 ☐☐	MONTH................. ☐☐ YEAR... ☐☐☐☐	☐☐ (SPECIFY IF OTHER)
☐☐ (SPECIFY IF OTHER)	YES............. .....1 → 738 NO.................. 2	MONTH...1 ☐☐ YEAR......2 ☐☐	MONTH................. ☐☐ YEAR... ☐☐☐☐	☐☐ (SPECIFY IF OTHER)

(735) SOCIAL SECURITY

00 NONE
01 SSK
02 EMEKLİ SANDIĞI
03 BAĞ-KUR
04 SGK
05 PRIVATE INSURANCE
96 OTHER
98 DON'T KNOW

(737) REASON FOR RESIGNMENT

01 MARRIAGE	05 WORKING PLACE CLOSED	10 SICK/ELDERLY CARE IN FAMILY
02 GOT PREGNANT/CHILD CARE	06 FIRED	11 SICK/DISABLED/HANDICAPPED
03 JUST MOVED/MIGRATED	07 TO FIND/FOUND A BETTER	12 RETIREMENT
04 OPPOSITION OF HUSBAND/ ELDERLY	JOB	13 DID NOT NEED TO WORK
	08 PROBLEMS ABOUT WORKPLACE	14 DID NOT WANT TO WORK
	09 SEASONAL/TEMPORARY JOB	96 OTHER

738	*CHECK 736:*		
	NOT CURRENT WORKING ☐	CURRENTLY WORKING ☐	→ 751

738A	Aside from your own housework, did you work in a job whether paid or unpaid in last one week?	YES .... 1 NO 2	→ 740

739	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 NO 2	→ 740

739A	*SKIP TO 747.*		

740	*GO BACK AND CORRECT THE QUESTIONS BETWEEN 730-737 (ALSO 738-739 IF NECESSARY).*		

747	You said that you didn't work currently. What is the fundamental reason of that?	STUDENT ....01 HOUSEWIFE ....02 RETIRED. ....03 DISABLED/SICK..04 CARING FOR ELDERLY...05 CARING FOR CHILDREN……….............................06 LOOKING FOR A JOB/UNEMPLOYED...................07 HUSBAND/FAMILY DOES NOT ALLOW..............08 JUST MIGRATED/LEFT..09 DOES NOT NEED TO WORK....................................10 PREGNANT/JUST DELIVERED A BABY .... 11 OTHER _____ 96 (SPECIFY)	

748	Are you currently looking for a job?	YES ....1 NO..2	→ 750

749	For how long have you been looking for a job? *RECORD IN MONTHS IF LESS THAN 2 YEARS*	MONTH...1 ☐☐ YEAR..2 ☐☐	

750	Would you start to work within two weeks if you had a chance to?	YES ....1 NO..2	

| 751 | Are you covered by any health insurance?

(IF YES) According to which schedule? | NO 0
SSK 1
EMEKLİ SANDIĞI 2
BAĞ-KUR 3
SGK 4
PRIVATE HEALTH INSURANCE 5
GENERAL HEALTH INSURANCE 6

OTHER _____ 7
(SPECIFY) | |

| 752 | *CHECK 736:*

CURRENTLY ☐   NOT CURRENTLY ☐ → 755S
WORKING   WORKING |

| 753 | *CHECK 217AND 218:*

HAS A CHILD LIVING WITH HER   DOES NOT HAVE A CHILD
WHOSE AGE IS   LIVING WITH HER
5 OR LESS ☐   WHOSE AGE IS 5 ☐ → 755S
                                OR LESS |

| 754 | Who usually takes care of …… (NAME OF THE YOUNGEST CHILD AT HOME) while you are working? | 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) | |

| 755S | *RECORD THE TIME.* | HOUR – MINUTE..................................... ☐☐ ☐☐ |

SECTION 7C. HUSBAND'S BACKGROUND

760	*CHECK 709:* EVER MARRIED ☐	NEVER MARRIED ☐ ——————→ 787A
760A	*CHECK 709A:* CURRENTLY MARRIED ☐	NOT CURRENTLY MARRIED ☐ ——————→ 762A
761	How old is your (last) husband?	COMPLETED AGE .... ☐☐
762A	For most of the time until he was 12 years old, where did he live? _____ (NAME OF PLACE) Was this place then a province centre, a district centre, a sub-district or a village ? Or was it abroad?	PROVINCE CENTER .... 1 DISTRICT CENTER .... 2 SUBDISTRICT OR VILLAGE .... 3 ABROAD 4
762B	Which province does it belong to? *RECORD THE NAME AND CODE OF THE PROVINCE*	NAME OF PROVINCE PROVINCE CODE _____ ☐☐
763	Did your (last) husband ever attend school?	YES ....1 NO ....2 DON'T KNOW ....8 ——→ 766
764	What was the highest level of school your (last) husband attended?	PRIMARY SCHOOL...11 GENERAL SECONDARY SCHOOL ....12 VOCATIONAL SECONDARY SCHOOL.................13 GENERAL HIGH SCHOOL ....14 VOCATIONAL HIGH SCHOOL ....15 UNIVERSITY...16 MASTER'S DEGREE ....17 Ph. D. ....18 DON'T KNOW...98 ——→ 766
765	What is the highest grade your (last) husband completed at that level? *RECORD "0". IF HE COMPLETED PREPARATORY CLASS OR HE DID NOT COMPLETE ANY GRADE*	GRADE .... ☐ DON'T KNOW 96
765A	Did he graduate (receive diploma) from this school?	YES ....1 NO ....2 DON'T KNOW..8
765B	*WRITE HIGHEST GRADE COMPLETED IN PRIMARY SCHOOL, SECONDARY SCHOOL, HIGH SCHOOL AND/OR UNIVERSITY* *RECORD TOTAL COMPLETED GRADE.*	PRI SEC HIGH UNI MA PHD ☐ + ☐ + ☐ + ☐ + ☐ + ☐ = TOTAL COMPLETED GRADE .... ☐☐

766	*CHECK 709A:*	
	CURRENTLY MARRIED ☐ NOT CURRENTLY MARRIED ☐ ──────────────► 776	

767	Did your husband work in a regular or an irregular job whether paid or unpaid in the past week?	YES ....1 ──► 769 NO 2
768	Does your husband have a job he normally works?	YES ....1 NO ....2 ──► 774
769	What is (was) your husband's occupation? What kind of job does (did) he have? _____ *(RECORD THE JOB IN DETAIL AND CIRCLE THE APPROPRIATE SECTOR IN THE NEXT COLUMN)*	AGRICULTURE..1 INDUSTRY ....2 SERVICES..3
770	Does (did) your husband work for public or private sector?	PUBLIC ....1 PRIVATE...2
771	What is your husband's status/position in his job?	EMPLOYER...01 WAGED, WORKER (REGULAR)..................................02 SALARIED, GOVERNMENT OFFICIAL(REGULAR)...............03 DAILY WAGED (SEASONAL/TEMPORAL)............................04 FOR HIS OWN (REGULAR)...05 FOR HIS OWN (IRREGULAR).....................................06 UNPAID FAMILY WORKER.......................................07 OTHER _____ 96 (SPECIFY)
772	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 SGK ....4 PRIVITE INSURANCE ....5 OTHER _____ 7 (SPECIFY)
773	*SKIP TO 776.*	
774	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/HANDICAPPED/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

775	Is your husband looking for a job?	YES ....1 NO...2 DON`T KNOW 8	
776	Is (was) your (last) husband covered by any health insurance? *(IF YES)* According to which schedule?	NO ....0 SSK ....1 EMEKLİ SANDIĞI ....2 BAĞ-KUR ....3 SGK ....4 PRIVITE HEALTH INSURANCE ....5 GENERAL HEALTH INSURANCE/GREEN CARD ....6 OTHER _____ 7 (SPECIFY)	
777A	What (was) is your (last) husband's mother tongue? *RECORD ONE LANGUAGE ONLY.*	TURKISH .... 1 KURDISH.. 2 ARABIC .... 3 OTHER _____ 7 (SPECIFY) DON`T KNOW.. 8	
777B	Can (could) your (last) husband speak any other languages other than his mother tongue? *(IF YES)* Which languages? *RECORD ALL MENTIONED.*	TURKISH .... A KURDISH.. B ARABIC .... C OTHER _____U (SPECIFY) CAN NOT TALK OTHER LANGUAGES .... Y	
778	Which language do (did) you usually use when talking with your (last) husband?	TURKISH .... 1 KURDISH.. 2 ARABIC .... 3 OTHER _____ 7 (SPECIFY)	

780	What is (was) the mother tongue of your (last) husband's mother?
	
	What is (was) the mother tongue of your (last) husband's father?
	USE CODES IN 777A.
		MOTHER.. ☐
		
		_____
		        (SPECIFY IF OTHER)
		FATHER... ☐
		
		_____
		        (SPECIFY IF OTHER)	

781	Are (were) your (last) husband's parents related?	YES ....1 NO...2 DON`T KNOW...8	→ 787A

| 782 | In what way is (was) his 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 PATERNAL BLOOD RELATIVE 5
 OTHER MATERNAL BLOOD RELATIVE............................. 6

 OTHER _____ 7
 (SPECIFY)
 DON'T KNOW .... 8 | |

787A	Now I would like to ask you some questions about financial issues.				787B If you want to sell ....., can you sell it without getting permission from anyone?	
	Do you own any of the followings either by yourself or with some else	DON`T HAVE	JOINT OWNERSHIP	SINGLE OWNRSHIP BY HERSELF	YES	NO
	Land/estate/field?	1	2	3 ⟶	1	2
	House?	1	2	3 ⟶	1	2
	Car?	1	2	3 ⟶	1	2

788	Do you have money which you can spend by yourself?	YES 1
		NO.. 2

791	Now I would like to get your opinion on some aspects. Can you tell me whether you agree or disagree with each statement?			
		AGREE	DISAGREE	DON'T KNOW/ NO IDEA
	The important decisions in the family should be made only by men of the family.	1	2	8
	Men should also do the housework like cooking, washing, ironing, and cleaning.	1	2	8
	It is better to educate a son than a daughter.	1	2	8
	Women should not work, if they have small children.	1	2	8
	Women should be more involved in politics.	1	2	8
	Women should be virgins when they get married.	1	2	8

792	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?			
		AGREE	DISAGREE	NO IDEA
	If she goes out without telling him?	1	2	8
	If she neglects the children?	1	2	8
	If she answers him back?	1	2	8
	If she refuses to have sex with him?	1	2	8
	If she burns the food?	1	2	8

793	Now, I would like to ask you some questions about your daily life.				
	IF YES, PROBE WHETHER REGULAR OR IRREGULAR	NO	REGULARLY	IRREGULARLY	NOT APPLICABLE
	Do you exercise?	0	1	2	3
	Do you go to places other than your hometown for a holiday?	0	1	2	3
	Do you go outside for meal with your family?	0	1	2	3
	Do you organize meetings with your friends and/or neighbours?	0	1	2	3
	Do you use the internet?	0	1	2	3
	Do you perform the namaz?	0	1	2	3
	Do you fast?	0	1	2	3
	Do you watch women's programs on TV?	0	1	2	3
	Do you wear head scarf when you go outside?	0	1	2	3
	Do you smoke?	0	1	2	3
	Do you consume alcoholic drinks?	0	1	2	3
	Do you vote in elections?	0	1	2	3

793A	*CHECK 709 AND 727:*		
	EVER MARRIED OR HAVE PLAN FOR MARRIAGE ☐	NEVER MARRIED OR DO NOT HAVE PLAN FOR MARRIAGE ☐	→ 795

794	Now I will read you some statements regarding situations some women experience.			
	Can you please tell me how often you experience such situations in your relationship with your (last) husband (fiancé/engaged/boyfriend) ? Often, sometimes or never? Does(did) he:	OFTEN	SOMETIMES	NEVER
	Prevent you from seeing your female friends?	1	2	3
	Limit your contact with your family?	1	2	3
	Insist on knowing where you are at all times?	1	2	3
	Distrust you with money?	1	2	3
	Accuse you of being unfaithful?	1	2	3

795	Now I will ask you some questions about housework. Who does the types of housework in your house that I will list now primarily?	HER OWN	HUSBAND	TOGETHER WITH HER HUSBAND	HER MOTHER	HER FATHER	FEMALE CHILDREN	MALE CHILDREN	PAID SERVANT/ MAID	OTHER WOMEN	OTHER MEN	NO ONE
	Cooking?	10	11	12	13	14	15	16	17	18	19	20
	Setting and cleaning the dining table?	10	11	12	13	14	15	16	17	18	19	20
	Cleaning work such as wiping and sweeping?	10	11	12	13	14	15	16	17	18	19	20
	Washing the dishes/placing the dishes in the dishwasher?	10	11	12	13	14	15	16	17	18	19	20
	Doing the laundry?	10	11	12	13	14	15	16	17	18	19	20
	Ironing?	10	11	12	13	14	15	16	17	18	19	20
	Kitchen shopping?	10	11	12	13	14	15	16	17	18	19	20
	Preparing the household budget and accounting?	10	11	12	13	14	15	16	17	18	19	20
	Running errands in public offices, paying the bills?	10	11	12	13	14	15	16	17	18	19	20
	Doing reparations or amendments?	10	11	12	13	14	15	16	17	18	19	20
	Spending time with child(ren) at home (playing games, reading books, watching TV, etc.)?	10	11	12	13	14	15	16	17	18	19	20
	Spending time with child(ren) outside the house (going to the park, movies, etc.)?	10	11	12	13	14	15	16	17	18	19	20
	Helping child(ren) with homework?	10	11	12	13	14	15	16	17	18	19	20

795S	*RECORD THE TIME.*	HOUR-MINUTE..................... ☐☐ ☐☐

796A	PRESENCE OF OTHERS DURING THE INTERVIEW. CIRCLE ALL APPROPRIATE ALTERNATIVES.	NO ONE .... A CHILDREN UNDER 10 ....B MOTHER IN LAW ....C HER MOTHER ....D OTHER MEN .... E OTHER WOMEN ....F	
796B	WAS THE INTERVIEW INTERRUPTED? IF YES, FOR HOW MANY MINUTES APPROXIMATELY?	NO .... 000 MINUTES ....1 ☐☐	
796C	IN YOUR OPINION, WHAT IS THE RELIABILITY OF THE RESPONSES?	POOR .... 1 FAIR .... 2 GOOD .... 3 VERY GOOD 4	
796D	WHAT LANGUAGE WAS USED DURING THE INTERVIEW?	TURKISH..1 → 800 KURDISH..2 ARABIC..3 OTHER _____ 7 (SPECIFY)	
796E	WAS AN INTERPRETER USED DURING THE INTERVIEW?	YES ....1 NO 2	

SECTION 8. HEIGHT AND WEIGHT

800	*RECORD THE NAME OF THE WOMAN AND IF ANY, THE NAME(S) OF THE CHILDREN THAT WAS BORN AFTER JANUARY 2008 AND STILL ALIVE IN 801, BY BEGINNING FROM THE YOUNGEST CHILD.*
	RECORD THE LINE NO. OF CHILDREN IN 802. IF THERE ARE MORE THAN 2 LIVING CHILDREN THAT WERE BORN AFTER JANUARY 2008, USE AN ADDITIONAL QUESTIONNAIRE.
	MEAUSURE THE WEIGHT AND HEIGHT OF WOMAN AND HER LIVING CHILDREN THAT WERE BORN AFTER JANUARY 2008 AND RECORD IN THE APPROPRIATE FIELD.

		1 WOMAN	**2** YOUNGEST CHILD ALIVE	**3** NEXT – TO – YOUNGEST CHILD ALIVE	
801	NAME CHECK 212 FOR CHILDREN.	(NAME) _____	(NAME) _____	(NAME) _____	
802	LINE NO. IN 212.		LINE NO .... ☐☐	LINE NO .... ☐☐	
803	HEIGHT (cm)	☐☐☐ . ☐	☐☐☐ . ☐	☐☐☐ . ☐	
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)	☐☐☐ . ☐	☐☐☐ . ☐	☐☐☐ . ☐	
806	DATE OF MEASUREMENT	DAY .... ☐☐ MONTH .... ☐☐	DAY .... ☐☐ MONTH .... ☐☐	DAY .... ☐☐ MONTH .... ☐☐	
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 _____	☐☐☐			

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:

AGE – YEAR OF BIRTH TABLE

		AGE – YEAR OF BIRTH TABLE			

| AGE | YEAR OF BIRTH | | AGE | YEAR OF BIRTH | |
| | DID NOT CELEBRATE BIRTHDAY IN 2013 | CELEBRATED BIRTHDAY IN 2013 | | DID NOT CELEBRATE BIRTHDAY IN 2013 | CELEBRATED BIRTHDAY IN 2013 |
	DOES NOT KNOW			DOES NOT KNOW	
0	2012	--	50	1962	1963
1	2011	2012	51	1961	1962
2	2010	2011	52	1960	1961
3	2009	2010	53	1959	1960
4	2008	2009	54	1958	1959
5	2007	2008	55	1957	1958
6	2006	2007	56	1956	1957
7	2005	2006	57	1955	1956
8	2004	2005	58	1954	1955
9	2003	2004	59	1953	1954
10	2002	2003	60	1952	1953
11	2001	2002	61	1951	1952
12	2000	2001	62	1950	1951
13	1999	2000	63	1949	1950
14	1998	1999	64	1948	1949
15	1997	1998	65	1947	1948
16	1996	1997	66	1946	1947
17	1995	1996	67	1945	1946
18	1994	1995	68	1944	1945
19	1993	1994	69	1943	1944
20	1992	1993	70	1942	1943
21	1991	1992	71	1941	1942
22	1990	1991	72	1940	1941
23	1989	1990	73	1939	1940
24	1988	1989	74	1938	1939
25	1987	1988	75	1937	1938
26	1986	1987	76	1936	1937
27	1985	1986	77	1935	1936
28	1984	1985	78	1934	1935
29	1983	1984	79	1933	1934
30	1982	1983	80	1932	1933
31	1981	1982	81	1931	1932
32	1980	1981	82	1930	1931
33	1979	1980	83	1929	1930
34	1978	1979	84	1928	1929
35	1977	1978	85	1927	1928
36	1976	1977	86	1926	1927
37	1975	1976	87	1925	1926
38	1974	1975	88	1924	1925
39	1973	1974	89	1923	1924
40	1972	1973	90	1922	1923
41	1971	1972	91	1921	1922
42	1970	1971	92	1920	1921
43	1969	1970	93	1919	1920
44	1968	1969	94	1918	1919
45	1967	1968			
46	1966	1967			
47	1965	1966			
48	1964	1965			
49	1963	1964			

CALENDAR

COLUMN 1: BIRTHS AND PREGNANCIES
  D BIRTH
  H PREGNANCY
  K INDUCED ABORTION
  F SPONTANEOUS ABORTION
  J STILLBIRTH

COLUMN 1: 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
  V VAGINAL RING
  T RHYTIM
  G WITHDRAWAL
  U OTHER _____
                (SPECIFY)

COLUMN 2: 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 INCONVINENT TO USE
  Y FATALISTIC
  M DIFFICULT TO GET PREGNANT/MENOPAUSE
  B MARITAL DISSOLUTION/SEPERATION/WIDOWHOOD
  U OTHER_____
                (SPECIFY)
  X DON'T KNOW

Year	Month	#	1	2	#	Month	Year
	12 DEC	01			01	DEC 12	
	11 NOV	02			02	NOV 11	
	10 OCT	03			03	OCT 10	
	09 SEP	04			04	SEP 09	
2	08 AUG	05			05	AUG 08	2
0	07 JULY	06			06	JULY 07	0
1	06 JUNE	07			07	JUNE 06	1
3	05 MAY	08			08	MAY 05	3
	04 APR	09			09	APR 04	
	03 MAR	10			10	MAR 03	
	02 FEB	11			11	FEB 02	
	01 JAN	12			12	JAN 01	
	12 DEC	13			13	DEC 12	
	11 NOV	14			14	NOV 11	
	10 OCT	15			15	OCT 10	
	09 SEP	16			16	SEP 09	
2	08 AUG	17			17	AUG 08	2
0	07 JULY	18			18	JULY 07	0
1	06 JUNE	19			19	JUNE 06	1
2	05 MAY	20			20	MAY 05	2
	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	
2	08 AUG	29			29	AUG 08	2
0	07 JULY	30			30	JULY 07	0
1	06 JUNE	31			31	JUNE 06	1
1	05 MAY	32			32	MAY 05	1
	04 APR	33			33	APR 04	
	03 MAR	34			34	MAR 03	
	02 FEB	35			35	FEB 02	
	01 JAN	36			36	JAN 01	
	12 DEC	37			37	DEC 12	
	11 NOV	38			38	NOV 11	
	10 OCT	39			39	OCT 10	
	09 SEP	40			40	SEP 09	
2	08 AUG	41			41	AUG 08	2
0	07 JULY	42			42	JULY 07	0
1	06 JUNE	43			43	JUNE 06	1
0	05 MAY	44			44	MAY 05	0
	04 APR	45			45	APR 04	
	03 MAR	46			46	MAR 03	
	02 FEB	47			47	FEB 02	
	01 JAN	48			48	JAN 01	
	12 DEC	49			49	DEC 12	
	11 NOV	50			50	NOV 11	
	10 OCT	51			51	OCT 10	
	09 SEP	52			52	SEP 09	
2	08 AUG	53			53	AUG 08	2
0	07 JULY	54			54	JULY 07	0
0	06 JUNE	55			55	JUNE 06	0
9	05 MAY	56			56	MAY 05	9
	04 APR	57			57	APR 04	
	03 MAR	58			58	MAR 03	
	02 FEB	59			59	FEB 02	
	01 JAN	60			60	JAN 01	
	12 DEC	61			61	DEC 12	
	11 NOV	62			62	NOV 11	
	10 OCT	63			63	OCT 10	
	09 SEP	64			64	SEP 09	
2	08 AUG	65			65	AUG 08	2
0	07 JULY	66			66	JULY 07	0
0	06 JUNE	67			67	JUNE 06	0
8	05 MAY	68			68	MAY 05	8
	04 APR	69			69	APR 04	
	03 MAR	70			70	MAR 03	
	02 FEB	71			71	FEB 02	
	01 JAN	72			72	JAN 01	

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
			81 DÜZCE
90 ABROAD			

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

RUMI YEARS + 584 = GREGORIAN YEAR

Turkey Demographic and Health Surveys, 1993, 1998, 2003, 2008 and 2013

Indicator	1993	1998	2003	2008	2013
Fertility					
Total fertility rate (TFR) 15-49	2.73	2.61	2.22	2.15	2.26
Contraceptive prevalence rate					
Any method	62.6	63.9	71.0	73.0	73.5
Any modern method	34.5	37.7	42.5	46.0	47.4
Pill	4.9	4.4	4.7	5.3	4.6
IUD	18.8	19.8	20.2	16.9	16.8
Injection	0.1	0.5	0.4	0.9	0.6
Condom	6.6	8.2	10.8	14.3	15.8
Female sterilization	2.9	4.2	5.7	8.3	9.4
Male sterilization	0.0	0.0	0.1	0.1	0.0
Implants	-	-	-	0.0	0.0
Any traditional method	28.1	25.5	28.5	27.0	26.0
Contraceptive use among married adolescents					
Percentage of currently married adolescent girls using a modern contraceptive method Age 15-19	9.3	15.7	16.9	17.6	17.6
Unmet need for family planning					
Percentage of currently married women under age 50 with unmet need for family planning	12.0	10.1	6.0	6.2	5.9
Antenatal coverage					
Percentage of last live births in the five years preceding the survey for which women received at least one ANC from a medically trained provider	62.3	67.9	80.9	92.0	97.0
Skilled assistance at delivery					
Percentage of births in the five years preceding the survey attended by medically trained provider	75.9	80.6	82.9	91.3	97.4
Postnatal care					
Percent distribution of the mother's first postnatal check-up for the last live birth by time after delivery					
<4 hours	-	-	-	63.4	73.9
4-23 h	-	-	-	12.2	9.7
2 days	-	-	-	4.6	4.1
3-41 days	-	-	-	2.8	5.5
Total	-	-	-	83.0	93.1
Childhood mortality rates					
Neonatal mortality	29	26	17	13	7
Post-neonatal mortality	23	17	12	4	6
Infant mortality	53	43	29	17	13
Child mortality	9	10	9	6	2
Under-five mortality	61	52	37	24	15
Vaccination coverage					
Percentage of children age 15-26 months who received specific vaccines at any time before the survey					
BCG	89.1	88.5	87.7	95.9	94.4
DaBT-İPA-Hib3[1]	77.1	58.7	64.4	89.3	86.4
MMR[2]	77.9	78.5	79.4	89.3	89.8
All vaccines	64.7	45.7	54.2	80.5	74.1
Birth registration					
Percentage of children under five whose births are registered with the civil authorities	74.2	77.7	84.3	93.7	98.8

Indicator	1993	1998	2003	2008	2013
Nutritional status of children					
Percentage of children under age five considered malnourished according to three anthropometric indices of nutritional status[3]					
Height-for-age (stunting)					
Moderate or severe	18.9	16.0	12.2	10.3	9.5
Severe	5.9	6.1	3.6	3.2	3.2
Weight for-height (wasting)					
Moderate or severe	3.0	1.9	0.7	0.9	1.7
Severe	0.4	0.4	0.3	0.3	0.4
Weight-for-age (underweight)					
Moderate or severe	9.5	8.3	3.9	2.8	1.9
Severe	1.8	1.4	0.6	0.3	0.4
Sanitary excreta disposal					
Percentage of households with flush toilets, pit toilets/latrines	59.4	67.4	75.9	81.1	86.0
Education					
Percentage of females 15-19 with completed primary education[4]	90.4	89.4	85.1	91.3	96.9
Percentage of males 15-19 with completed primary education	96.1	96.0	95.0	96.5	98.7
Percentage of females 20-24 with completed secondary education	27.4	27.7	44.2	57.6	78.8
Percentage of males 20-24 with completed secondary education	46.7	42.4	63.3	79.5	88.3
Breastfeeding					
Percentage of children born in the five years preceding the survey who started breastfeeding within one hour and within one day of birth					
Within 1 hour after birth	19.9	51.8	53.9	39.0	49.9
Within 1 day of birth	75.9	84.8	83.6	73.4	70.2
Percentage of children under 6 months who are exclusively breastfed (based on 24 hour recall)	10.4	10.7	20.8	41.6	30.1
Percentage of children 6-9 months receiving breast milk and complementary food (based on 24 hour recall)	60.5	61.3	37.7	67.5	61.9
Maternal nutrition[5]					
Percentage of women age 15-49 body mass index (BMI) and percentage with specific BMI levels					
<=16 (Thin-Severe)	2.3 (insufficient)	0.1	-	0.0	0.1
16.0-16.9 (Thin-Moderate)		0.2	0.0	0.4	0.6
17.0-18.4 (Thin-Mild)		2.3	1.8	1.3	2.9
18.5-24.9 (Normal)	47.0	45.2	41.2	40.0	41.2
25.0-29.9 (Overweight)	32.0	33.4	34.3	34.4	28.7
>= 30.0 (Obese)	18.7	18.8	22.7	23.9	26.5

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[1] DaBT-İPA-Hib3 vaccine was implemented (3 doses) before TDHS-2013.

[2] The vaccine was implemented as measles before TDHS-2013.

[3] CDC standard was used in previous TDHSs, WHO standards used in 2008 and 2013.

[4] Refers to first four or five years of primary education.

[5] Data collected from all women aged 15-49 in TDHS-2013 is presented in chapter 11, data in these tables are presented in Appendix E.