

2000 ARMENIA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE

REPUBLIC OF ARMENIA
NATIONAL STATISTICAL SERVICE
MINISTRY OF HEALTH

IDENTIFICATION:																						
PLACE NAME _____	<table border="1" style="border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
NAME OF HOUSEHOLD HEAD _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
REGION																						
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
HOUSEHOLD ELIGIBLE FOR MEN'S QUESTIONNAIRE? (YES = 1, NO = 2)																						

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY MONTH YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT:	DATE			TOTAL NO. OF VISITS
	TIME			
*RESULT CODES:				
1	COMPLETED			TOTAL PERSONS IN HOUSEHOLD
2	NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT			
3	ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME			TOTAL ELIGIBLE WOMEN
4	POSTPONED			
5	REFUSED			TOTAL ELIGIBLE MEN
6	DWELLING VACANT OR ADDRESS NOT A DWELLING			
7	DWELLING DESTROYED			LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE
8	DWELLING NOT FOUND			
9	OTHER _____ (SPECIFY)			

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

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX		RESIDENCE				AGE	ELIGIBILITY						
			M	F	Does (NAME) usually live here?	Did (NAME) stay here last night?	For how long has (NAME) been absent from the household?	When do you expect (NAME) to return to the household?		Where is name currently staying?*	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54			
(1)	(2)	(3)	(4)	(5)	(6)	(6A)	(6B)	(6C)	(7)	(8)	(9)					
1	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	1	2	YES	NO	YES	NO	DAYS 1 MONTHS . . 2 GO TO 7	DAYS 1 MONTHS . . 2 DON'T KNOW 998		IN YEARS				
2			1	2	1	2	1	2	DAYS 1 MONTHS . . 2 GO TO 7	DAYS 1 MONTHS . . 2 DON'T KNOW 998			2	2		
3			1	2	1	2	1	2	DAYS 1 MONTHS . . 2 GO TO 7	DAYS 1 MONTHS . . 2 DON'T KNOW 998			3	3		
4			1	2	1	2	1	2	DAYS 1 MONTHS . . 2 GO TO 7	DAYS 1 MONTHS . . 2 DON'T KNOW 998			4	4		
5			1	2	1	2	1	2	DAYS 1 MONTHS . . 2 GO TO 7	DAYS 1 MONTHS . . 2 DON'T KNOW 998			5	5		
6			1	2	1	2	1	2	DAYS 1 MONTHS . . 2 GO TO 7	DAYS 1 MONTHS . . 2 DON'T KNOW 998			6	6		
7			1	2	1	2	1	2	DAYS 1 MONTHS . . 2 GO TO 7	DAYS 1 MONTHS . . 2 DON'T KNOW 998			7	7		
8			1	2	1	2	1	2	DAYS 1 MONTHS . . 2 GO TO 7	DAYS 1 MONTHS . . 2 DON'T KNOW 998			8	8		
9			1	2	1	2	1	2	DAYS 1 MONTHS . . 2 GO TO 7	DAYS 1 MONTHS . . 2 DON'T KNOW 998			9	9		
10			1	2	1	2	1	2	DAYS 1 MONTHS . . 2 GO TO 7	DAYS 1 MONTHS . . 2 DON'T KNOW 998			10	10		

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD

06 = PARENT
07 = PARENT-IN-LAW
08 = BROTHER OR SISTER
10 = OTHER RELATIVE
11 = ADOPTED/FOSTER/STEPCHILD
12 = NOT RELATED
98 = DON'T KNOW

**CODES FOR Q6C
WHERE CURRENTLY STAYING:
1=ARMENIA
2=RUSSIA
3=OTHER NIS
4=EUROPE
5=USA/CANADA
6=OTHER
8=DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION							
	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	IF AGE 6 YEARS OR OLDER		IF AGE 6-29 YEARS					
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK 1 2 8 ↓ G O T O 12		YES NO DK 1 2 8 ↓ G O T O 14		YES NO 1 2 NEXT ↙ ↘ LINE	LEVEL GRADE	YES NO 1 2 ↓ G O T O 18	YES NO 1 2 ↓ G O T O 19	LEVEL GRADE	YES NO 1 2 NEXT ↙ ↘ LINE	LEVEL GRADE	
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												

** Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD SCHEDULE.

***CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
1 = PRIMARY
2 = SECONDARY
3 = SECONDARY SPECIAL
4 = UNDERGRADUATE
5 = GRADUATE SCHOOL
8 = DON'T KNOW

EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE				AGE	ELIGIBILITY		
				Does (NAME) usually live here?	Did (NAME) stay here last night?	For how long has (NAME) been absent from the household?	When do you expect (NAME) to return to the household?		Where is name currently staying?*	How old is (NAME)?	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49
(1)	(2)	(3)	(4)	(5)	(6)	(6A)	(6B)	(6C)	(7)	(8)	(9)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?*	Is (NAME) male or female?	YES NO	YES NO	DAYS ... 1 MONTHS ... 2	DAYS 1 MONTHS ... 2 DON'T KNOW 998		IN YEARS		
11			M F	YES NO	YES NO	DAYS ... 1 MONTHS ... 2	DAYS 1 MONTHS ... 2 DON'T KNOW 998			11	11
12						DAYS ... 1 MONTHS ... 2	DAYS 1 MONTHS ... 2 DON'T KNOW 998			12	12
13						DAYS ... 1 MONTHS ... 2	DAYS 1 MONTHS ... 2 DON'T KNOW 998			13	13
14						DAYS ... 1 MONTHS ... 2	DAYS 1 MONTHS ... 2 DON'T KNOW 998			14	14
15						DAYS ... 1 MONTHS ... 2	DAYS 1 MONTHS ... 2 DON'T KNOW 998			15	15
16						DAYS ... 1 MONTHS ... 2	DAYS 1 MONTHS ... 2 DON'T KNOW 998			16	16
17						DAYS ... 1 MONTHS ... 2	DAYS 1 MONTHS ... 2 DON'T KNOW 998			17	17
18						DAYS ... 1 MONTHS ... 2	DAYS 1 MONTHS ... 2 DON'T KNOW 998			18	18
19						DAYS ... 1 MONTHS ... 2	DAYS 1 MONTHS ... 2 DON'T KNOW 998			19	19
20						DAYS ... 1 MONTHS ... 2	DAYS 1 MONTHS ... 2 DON'T KNOW 998			20	20

* CODES FOR Q.3
RELATIONSHIP TO HEAD OF HOUSEHOLD:
01 = HEAD
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07 = PARENT-IN-LAW
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12 = NOT RELATED
98 = DON'T KNOW

**CODES FOR Q6C
WHERE CURRENTLY STAYING:
1=ARMENIA
2=RUSSIA
3=OTHER NIS
4=EUROPE
5=USA/CANADA
6=OTHER
8=DON'T KNOW

LINE NO.	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				EDUCATION							
	Is (NAME)'s natural mother alive?		Is (NAME)'s natural father alive?		IF AGE 6 YEARS OR OLDER		IF AGE 6-29 YEARS					
	IF ALIVE	IF ALIVE	IF ALIVE	IF ALIVE	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended?*** What is the highest grade (NAME) completed at that level?***	Is (NAME) currently attending school?	During the current school year, did (NAME) attend school at any time?	During the current school year, what level and grade [is/was] (NAME) attending?	During the previous school year, did (NAME) attend school at any time?	During that school year, what level and grade did (NAME) attend?	
	Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER										
	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
	YES NO DK	YES NO DK	YES NO DK	YES NO	LEVEL GRADE	YES NO	YES NO	LEVEL GRADE	YES NO	LEVEL GRADE		
11	1 2 8	1 2 8	1 2 8	1 2	1 2 NEXT LINE		1 2 GO TO 18	1 2 GO TO 19		1 2 NEXT LINE		
12	1 2 8	1 2 8	1 2 8	1 2	1 2 NEXT LINE		1 2 GO TO 18	1 2 GO TO 19		1 2 NEXT LINE		
13	1 2 8	1 2 8	1 2 8	1 2	1 2 NEXT LINE		1 2 GO TO 18	1 2 GO TO 19		1 2 NEXT LINE		
14	1 2 8	1 2 8	1 2 8	1 2	1 2 NEXT LINE		1 2 GO TO 18	1 2 GO TO 19		1 2 NEXT LINE		
15	1 2 8	1 2 8	1 2 8	1 2	1 2 NEXT LINE		1 2 GO TO 18	1 2 GO TO 19		1 2 NEXT LINE		
16	1 2 8	1 2 8	1 2 8	1 2	1 2 NEXT LINE		1 2 GO TO 18	1 2 GO TO 19		1 2 NEXT LINE		
17	1 2 8	1 2 8	1 2 8	1 2	1 2 NEXT LINE		1 2 GO TO 18	1 2 GO TO 19		1 2 NEXT LINE		
18	1 2 8	1 2 8	1 2 8	1 2	1 2 NEXT LINE		1 2 GO TO 18	1 2 GO TO 19		1 2 NEXT LINE		
19	1 2 8	1 2 8	1 2 8	1 2	1 2 NEXT LINE		1 2 GO TO 18	1 2 GO TO 19		1 2 NEXT LINE		
20	1 2 8	1 2 8	1 2 8	1 2	1 2 NEXT LINE		1 2 GO TO 18	1 2 GO TO 19		1 2 NEXT LINE		

** Q.10 THROUGH Q.13
THESE QUESTIONS REFER TO THE BIOLOGICAL PARENTS OF THE CHILD.
IN Q.11 AND Q.13, RECORD '00' IF PARENT NOT LISTED IN HOUSEHOLD
SCHEDULE.

*** CODES FOR Qs. 15, 18 AND 20
EDUCATION LEVEL:
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EDUCATION GRADE:
00 = LESS THAN 1 YEAR COMPLETED
98 = DON'T KNOW

TICK HERE IF CONTINUATION SHEET USED

Just to make sure that I have a complete listing:

- Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO
- In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO
- Are there any guests or temporary visitors staying here, or anyone else who slept here last night, who have not been listed? YES ENTER EACH IN TABLE NO

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
21	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING 11 PIPED INTO YARD/PLOT 12 PUBLIC TAP 13 WATER FROM OPEN WELL OPEN WELL IN DWELLING 21 OPEN WELL IN YARD/PLOT 22 OPEN PUBLIC WELL 23 WATER FROM COVERED WELL OR PROTECTED BOREHOLE PROTECTED WELL IN DWELLING .. 31 PROTECTED WELL IN YARD/PLOT .. 32 PROTECTED PUBLIC WELL 33 SURFACE WATER SPRING 41 RIVER/STREAM 42 POND/LAKE 43 DAM 44 RAINWATER 51 TANKER TRUCK 61 BOTTLED WATER 71 OTHER _____ 96 (SPECIFY)	 → 23 → 23 → 23 → 23 → 23 → 23 → 23 → 23																		
22	How long does it take you to go there, get water, and come back?	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES 996																			
23	What kind of toilet facilities does your household have?	FLUSH TOILET 11 PIT TOILET/LATRINE TRADITIONAL PIT TOILET 21 VENTILATED IMPROVED PIT (VIP) LATRINE 22 NO FACILITY/BUSH/FIELD 31 OTHER _____ 96 (SPECIFY)	 → 25																		
24	Do you share this facility with other households?	YES 1 NO 2																			
25	Does your household have the following working items:	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	
	YES	NO																			
ELECTRICITY	1	2																			
RADIO	1	2																			
TELEVISION	1	2																			
TELEPHONE	1	2																			
REFRIGERATOR	1	2																			
26	What type of fuel does your household mainly use for cooking?	ELECTRICITY 01 LPG/NATURAL GAS 02 LIQUID GAS 03 KEROSENE 04 COAL, LIGNITE 05 CHARCOAL 06 FIREWOOD, STRAW 07 TEZEK 08 OTHER _____ 96 (SPECIFY)																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
27	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND 11 RUDIMENTARY FLOOR WOOD PLANKS 21 FINISHED FLOOR PARQUET OR POLISHED WOOD 31 LYNOLEUM 32 CEMENT 34 CARPET 35 OTHER _____ 96 (SPECIFY)	
28	Does any member of your household own: A bicycle? A motorcycle or motor scooter? A car or truck?	YES NO BICYCLE 1 2 MOTORCYCLE/SCOOTER 1 2 CAR/TRUCK 1 2	
29	How many drams did the household spend last month on all its expenditures?	DRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
30	How many drams did the household spend last month on food?	DRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 999998	
33	Where do you usually wash your hands?	IN DWELLING/YARD/PLOT 1 SOMEWHERE ELSE 2 NOWHERE 3	→ 35 → 35
34	ASK TO SEE THE PLACE USED MOST OFTEN AND OBSERVE IF THE FOLLOWING ITEMS ARE PRESENT.	YES NO WATER/TAP 1 2 SOAP OR OTHER CLEANSING AGENT 1 2 BASIN 1 2	
35	ASK RESPONDENT FOR A TEASPOONFUL OF SALT. TEST SALT FOR IODINE. RECORD PPM (PARTS PER MILLION).	0 PPM (NO IODINE) 1 7 PPM 2 15 PPM 3	
35A	Where do you usually keep your salt?	IN THE CLOSED PACKAGE/AWAY FROM PLACE OF COOKING/ IN DARK PLACE 1 IN THE OPENED PACKAGE/NEAR TO PLACE OF COOKING/ IN THE LIGHT 2	
35B	Do you know that you can use iodized salt in food to prevent some diseases?	YES 1 NO 2	
36	Does anybody in your household own a dacha, or have access to a garden from which you obtain fruits and vegetables during the growing season?	YES 1 NO 2 OTHER 6 (SPECIFY)	
37	Does anybody in your household have livestock or poultry?	YES 1 NO 2 OTHER 6 (SPECIFY)	

2000 ARMENIA DEMOGRAPHIC AND HEALTH SURVEY
INDIVIDUAL WOMAN'S QUESTIONNAIRE

REPUBLIC OF ARMENIA
NATIONAL STATISTICAL SERVICE

REPUBLIC OF ARMENIA
MINISTRY OF HEALTH

IDENTIFICATION																						
PLACE NAME	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																					
NAME OF HOUSEHOLD HEAD																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
REGION																						
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE (LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
NAME AND LINE NUMBER OF WOMAN _____																						

INTERVIEWER VISITS											
	1	2	3	FINAL VISIT							
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>0</td></tr></table>					2	0	0
2	0	0									
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>							
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>							
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>							
TIME	_____	_____									
* RESULT CODES:											
1 COMPLETED		5 PARTLY COMPLETED									
2 NOT AT HOME		6 INCAPACITATED									
3 POSTPONED		7 OTHER _____									
4 REFUSED		(SPECIFY)									

1. LANGUAGE OF INTERVIEW	ARMENIAN 1	RUSSIAN 2	OTHER 3
2. NATIVE LANGUAGE OF RESPONDENT	1	2	3
	YES	NO	
3. WHETHER TRANSLATOR USED	1	2	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>		
DATE _____	DATE _____										

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Statistical Service and the Ministry of Health of the Republic of Armenia. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government of Armenia to plan health services. The survey usually takes between 30 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other people.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____ 2000

RESPONDENT AGREES TO BE INTERVIEWED.....1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 →END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3									
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ALWAYS 95 VISITOR 96			↳105						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday?	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→110
108	What is the highest level of school you attended: primary, secondary, secondary-special, undergraduate, or graduate?	SCHOOL (PRIMARY/SECOND) 1 SECONDARY-SPECIAL 2 UNDERGRADUATE 3 GRADUATE 4	
109	What is the highest (class/course) that you completed at that level?	CLASS/COURSE <input type="text"/> <input type="text"/>	
110	Do you read a newspaper or magazine almost every day, at least once a week, occasionally, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NOT AT ALL 4	
111	Do you listen to the radio almost every day, at least once a week, occasionally, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NOT AT ALL 4	
112	Do you watch television almost every day, at least once a week, occasionally, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NOT AT ALL 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What is your religion?	CHRISTIAN 1 MUSLIM 2 OTHER _____ 6 (SPECIFY) NOT RELIGIOUS 7 DON'T KNOW 8	
114	What is your nationality?	ARMENIAN 1 RUSSIAN 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
120	During the last 12 months did you need to see a doctor for a personal medical problem?	YES 1 NO 2	→125
121	Did you visit a medical professional for the last such problem?	YES 1 NO 2	→125
122	What is the reason you did not see a medical professional?	LACK OF MONEY 01 LACK OF TRANSPORTATION . 02 TOO FAR 03 LACK OF TIME 04 RELIGIOUS OPPOSITION 05 FAMILY OBJECTIONS 06 DOESN'T TRUST DOCTORS ... 07 OTHER _____ 96 (SPECIFY)	
125	During the past 12 months, about how many drams did you spend for your own medical care?	DRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
128	Now I would like to ask you a few questions about your health. Have you ever had . . . Anaemia?	YES 1 NO 2 DON'T KNOW 8	→130
129	When were you first told that you had anaemia?	LESS THAN 12 MOS. AGO. 1 MORE THAN 12 MOS AGO 2	

130	High blood pressure?	YES 1 NO 2 DON'T KNOW 8	→131A
131	When were you first told that you had high blood pressure?	LESS THAN 12 MOS. AGO. 1 MORE THAN 12 MOS AGO 2	
131 A	A heart problem?	YES 1 NO 2 DON'T KNOW 8	→131C
131 B	When were you first told that you had a heart problem?	LESS THAN 12 MOS. AGO. 1 MORE THAN 12 MOS AGO 2	
131 C	Goiter? IF YES, PROBE: Were you told you had goiter or some other kind of thyroid gland problem?	YES 1 NO 2 DON'T KNOW 8	→132
131 D	When were you first told that you had goiter?	LESS THAN 12 MOS. AGO. 1 MORE THAN 12 MOS AGO 2	
132	Diabetes?	YES 1 NO 2 DON'T KNOW 8	→134
133	When were you first told that you had sugar diabetes?	LESS THAN 12 MOS. AGO. 1 MORE THAN 12 MOS AGO 2	
134	Kidney disease?	YES 1 NO 2 DON'T KNOW 8	→136
135	When were you first told that you had kidney disease?	LESS THAN 12 MOS. AGO. 1 MORE THAN 12 MOS AGO 2	
136	Hepatitis or Botkin's disease?	YES 1 NO 2 DON'T KNOW 8	→145A
137	When were you first told that you had hepatitis?	LESS THAN 12 MOS. AGO. 1 MORE THAN 12 MOS AGO 2	

145 A	Do you know how to give yourself a breast exam?	YES 1 NO 2	→145C
145 B	Have you ever given yourself a breast exam? IF YES: When was the last time that you gave yourself a breast exam?	MONTHS AGO <input type="text"/> <input type="text"/> NEVER GAVE EXAM 95	
145 C	Has a health care provider ever given you a breast exam? IF YES: When was the last time a health care provider gave you a breast exam?	MONTHS AGO <input type="text"/> <input type="text"/> NEVER RECEIVED EXAM 95	
145 D	Have you ever visited a gynecologist?	YES 1 NO 2	→146
145 E	When was the last time you visited the gynecologist?	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	
145 F	CHECK 145E FIVE YEARS OR LESS <input type="text"/>	MORE THAN FIVE YEARS <input type="text"/>	→146

<p>145 G</p>	<p>Why did you visit the gynecologist?</p>	<p>ROUTINE VISITS ROUTINE EXAMINATION A FAMILY PLANNING B PRENATAL CARE C POSTNATAL CARE D DELIVERY E OTHER ROUTINE _____ F (SPECIFY)</p> <p>MEDICAL PROBLEMS GENITAL DISCHARGES G GENITAL SORES/ULCERS . . . H GENITAL WARTS I OPERATIONS J STERILITY K OTHER PROBLEM _____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>DOESN'T REMEMBER Z</p>	
<p>146</p>	<p>Have you heard of illness called tuberculosis?</p>	<p>YES 1 NO 2</p>	<p>→201</p>
<p>147</p>	<p>Did you know that tuberculosis can be completely cured with proper medication?</p>	<p>YES 1 NO 2</p>	
<p>148</p>	<p>Have you or anyone in your family ever had tuberculosis?</p>	<p>YES 1 NO 2</p>	
<p>149</p>	<p>Other than your family, is there anyone with whom you have frequent contact (neighbors, colleagues, or close friends) who has ever had tuberculosis?</p>	<p>YES 1 NO 2</p>	

150	What signs or symptoms would lead you think that a person has tuberculosis?	COUGHING A COUGHING WITH SPUTUM ... B COUGHING MORE THAN 3 WEEKS FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS K LETHARGY L OTHER _____ X (SPECIFY) DON'T KNOW Z	152
151	What are the symptoms of tuberculosis which would convince you to seek medical assistance?	COUGHING A COUGHING WITH SPUTUM ... B COUGHING MORE THAN 3 WEEKS FEVER D BLOOD IN SPUTUM E LOSS OF APPETITE F NIGHTSWEATING G PAIN IN CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS K LETHARGY L OTHER _____ X (SPECIFY) DON'T KNOW Z	
152	When a person first discovers that he or she has tuberculosis, how should that person be treated initially: hospitalized, treated at home, or both?	HOSPITALIZED 1 TREATED AT HOME 2 INITIALLY HOSPITALIZED FOLLOWED BY HOME TREATMENT 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
153	How does tuberculosis spread from one person to another?	THROUGH THE AIR WHEN COUGHING 1 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

154	Where would you go for help if you thought you or your child had tuberculosis?	PUBLIC SECTOR HOSPITAL 11 POLYCLINIC 12 REPUBLICAN ANTI-TB DISPENSARY 13 YEREVAN CITY ANTI-TB DISPENSARY 14 FAP 15 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PRIVATE DOCTOR 22 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
155	After a family member has completed the hospital treatment for tuberculosis, would you be willing to accept him or her into your home during further treatment?	YES 1 NO 2 DON'T KNOW/DEPENDS 8	

SECTION 2: REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DAUGHTERS AT HOME <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> DAUGHTERS ELSEWHERE ... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but died soon after childbirth?	YES 1 NO 2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> GIRLS DEAD <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct? YES <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NO <input style="width: 20px; height: 20px;" type="text"/> → PROBE AND CORRECT 201-208 AS NECESSARY.		

209A	In total how many induced abortions have you had?	TOTAL ABORTIONS <input type="text"/>	
209B	How many miscarriages?	TOTAL MISCARRIAGES <input type="text"/>	
209C	How many stillbirths?	TOTAL STILLBIRTHS <input type="text"/>	
209D	SUM ANSWERS TO 208, 209A, 209B,209C, AND ENTER TOTAL. IF NO PREGNANCIES, RECORD '00'	TOTAL <input type="text"/>	
209E	CHECK 209A, 209B, 209C: ONE OR MORE PREGNANCY TERMINATIONS <input type="checkbox"/> IF ZERO PREGNANCY TERMINATIONS <input type="checkbox"/>		→210
209F	How many of your pregnancies were terminated by a self-induced abortion? (This is an abortion which you performed yourself, without the help of a medical professional.)	SELF-INDUCED ABORTIONS . <input type="text"/>	
210	CHECK 209D: ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/>		→228

211 Now I want to talk to you about each of your pregnancies, including those which ended in a live birth, an induced abortion, a self-induced abortion, a miscarriage, and a stillbirth. Starting with your last pregnancy, please tell me the following information

212 When did your (last/next-to-last/etc.) pregnancy end? In what month and year?	213 Did this pregnancy end in a live birth, an induced abortion, a self-induced abortion, a miscarriage, or a stillbirth?	213A At the time this pregnancy ended, how long had you been pregnant?	214 WAS THERE ANY OTHER PREGNANCY BETWEEN THIS AND THE PREVIOUSLY MENTIONED PREGNANCY ?	215 CHECK 213: RECORD SAME RESPONSE	216 Was this a single or a multiple birth?	217 What name was given to this child?	218 Is (NAME) a boy or girl?	219 Is (NAME) still alive?	220 How old was (NAME) on his/her last birthday? RECORD AGE IN COMPLETED YEARS	221 Is (NAME) living with you?	222 RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD	222A In what month and year did (NAME) die?	223 How old was (NAME) when he/she died? If '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS.
01 MONTH ... <input type="text"/> YEAR ... <input type="text"/>	LIVE BIRTH 1 INDUCED ABORT ... 2 SELF-INDUC ABORT 3 MISCARRIAGE 4 STILLBIRTH 5	WEEKS ... <input type="text"/>		LIVE BIRTH 1 ABORTION 2 SELF-IND ABORT 3 MISCARRIAGE ... 4 STILLBIRTH 5 NEXT PREGNANCY ←	SING ... 1 MULT ... 2	NAME _____	BOY ... 1 GIRL ... 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/>	YES . 1 NO .. 2	LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY	MONTH <input type="text"/> YEAR <input type="text"/>	DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY
02 MONTH ... <input type="text"/> YEAR ... <input type="text"/>	LIVE BIRTH 1 INDUCED ABORT ... 2 SELF-INDUC ABORT 3 MISCARRIAGE 4 STILLBIRTH 5	WEEKS ... <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 SELF-IND ABORT 3 MISCARRIAGE ... 4 STILLBIRTH 5 NEXT PREGNANCY ←	SING ... 1 MULT ... 2	NAME _____	BOY ... 1 GIRL ... 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/>	YES . 1 NO .. 2	LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY	MONTH <input type="text"/> YEAR <input type="text"/>	DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY
03 MONTH ... <input type="text"/> YEAR ... <input type="text"/>	LIVE BIRTH 1 INDUCED ABORT ... 2 SELF-INDUC ABORT 3 MISCARRIAGE 4 STILLBIRTH 5	WEEKS ... <input type="text"/>	YES 1 NO 2	LIVE BIRTH 1 ABORTION 2 SELF-IND ABORT 3 MISCARRIAGE ... 4 STILLBIRTH 5 NEXT PREGNANCY ←	SING ... 1 MULT ... 2	NAME _____	BOY ... 1 GIRL ... 2	YES ... 1 NO ... 2 ↓ 222A	AGE IN YEARS <input type="text"/>	YES . 1 NO .. 2	LINE NUMBER <input type="text"/> ↓ NEXT PREGNANCY	MONTH <input type="text"/> YEAR <input type="text"/>	DAYS 1 MONTHS 2 YEARS 3 ↓ NEXT PREGNANCY

<p>04</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>
<p>05</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>
<p>06</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>
<p>07</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>

<p>08</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>
<p>09</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>
<p>10</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>
<p>11</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>

<p>12</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>
<p>13</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>
<p>14</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>
<p>15</p> <p>MONTH ... <input type="text"/></p> <p>YEAR ... <input type="text"/></p>	<p>LIVE BIRTH 1</p> <p>INDUCED ABORT ... 2</p> <p>SELF-INDUC ABORT 3</p> <p>MISCARRIAGE 4</p> <p>STILLBIRTH 5</p>	<p>WEEKS ... <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p>	<p>LIVE BIRTH 1</p> <p>ABORTION 2</p> <p>SELF-IND ABORT 3</p> <p>MISCARRIAGE ... 4</p> <p>STILLBIRTH 5</p> <p>NEXT PREGNANCY ←</p>	<p>SING ... 1</p> <p>MULT ... 2</p>	<p>NAME</p> <p>_____</p>	<p>BOY ... 1</p> <p>GIRL ... 2</p>	<p>YES ... 1</p> <p>NO ... 2</p> <p>↓</p> <p>222A</p>	<p>AGE IN YEARS</p> <p><input type="text"/></p>	<p>YES . 1</p> <p>NO .. 2</p>	<p>LINE NUMBER</p> <p><input type="text"/></p> <p>↓</p> <p>NEXT PREGNANCY</p>	<p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>DAYS 1</p> <p>MONTHS 2</p> <p>YEARS 3</p> <p>↓</p> <p>NEXT PREGNANCY</p>

225	<p>COMPARE 209D WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)</p> <p>↓</p> <p>CHECK: FOR EACH PREGNANCY: YEAR OF PREGNANCY ENDED IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
226	<p>CHECK 212 AND 213, AND ENTER THE NUMBER OF PREGNANCIES IN JANUARY 1995 OR LATER. IF NONE, RECORD '0'.</p>	<input type="checkbox"/>
227	<p>FOR EACH PREGNANCY THAT ENDED IN JANUARY 1995 OR LATER IN COLUMN 1 OF THE CALENDAR ENTER THE CODE OF THE PREGNANCY OUTCOME IN THE MONTH OF PREGNANCY ENDED:</p> <ul style="list-style-type: none"> • 'B' FOR LIVE BIRTHS, • 'S' FOR STILLBIRTH , • 'M' FOR MISCARRIAGE, • 'D' FOR INDUCED ABORTION • 'R' FOR SELF-INDUCED ABORTION <p>THEN ASK THE NUMBER OF MONTHS THAT EACH PREGNANCY LASTED. RECORD "P" IN EACH OF THE PRECEDING MONTHS OF CALENDAR ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) FINALLY, FOR EACH BIRTH WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE..</p> <p>FOR EACH ABORTION ASK: WHERE ABORTION WAS PERFORMED AND IN COLUMN 5 ENTER THE CODE FOR THE FACILITY.</p>	<input type="checkbox"/>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
228	Are you pregnant now?	YES 1 NO 2 UNSURE 8	↳231
229	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/>	
230	At the time you became pregnant did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
231	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/> IN MENOPAUSE 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
232	From one menstrual period to the next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	↳301
233	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 PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	



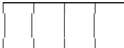


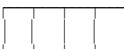
SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302	Have you ever used (METHOD)?
01	<u>Female Sterilization</u> Women can have an operation to avoid becoming pregnant.	YES 1 NO 2 ▾	Have you ever had an operation to avoid having any more children? YES 1 NO 2
02	<u>Male Sterilization</u> Men can have an operation to avoid becoming pregnant.	YES 1 NO 2 ▾	Have you ever had a partner who had an operation to avoid having children? YES 1 NO 2
03	<u>Pill</u> Women can take a pill every day to avoid pregnancy.	YES 1 NO 2 ▾	YES 1 NO 2
04	<u>IUD</u> Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ▾	YES 1 NO 2
05	<u>Injections</u> Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES 1 NO 2 ▾	YES 1 NO 2
06	<u>Implants</u> Women can have several small rods placed under the skin in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	YES 1 NO 2 ▾	YES 1 NO 2
07	<u>Condom</u> Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
08	<u>Female Condom</u> Women can place a rubber sheath in their vagina before intercourse	YES 1 NO 2 ▾	YES 1 NO 2
09	<u>Diaphragm</u> Women can place a rubber cap in their vagina before intercourse.	YES 1 NO 2 ▾	YES 1 NO 2

10	<u>Foam/Jelly/Cream</u> Women can place a suppository, jelly or cream in their vagina before intercourse.	YES 1 NO 2 ▾	YES 1 NO 2
11	<u>Lactational Amenorrhea Method (LAM)</u> Women can use a specially taught method of pregnancy avoidance to delay the return of the menstrual period by feeding their child nothing but breast milk for up to six months after a birth.	YES 1 NO 2 ▾	YES 1 NO 2
12	<u>Calendar Method or Periodic Abstinence</u> Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
13	<u>Withdrawal</u> Men can be careful and pull out before climax.	YES 1 NO 2 ▾	YES 1 NO 2
14	<u>Emergency Contraception</u> Women can take pills the day after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ▾	YES 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ _____ (SPECIFY) _____ _____ (SPECIFY) NO 2 ▾	YES 1 NO 2 YES 1 NO 2
303	CHECK 302: NOT A SINGLE "YES"(NEVER USED) <input type="checkbox"/>	AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/>	→307
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. _____		→327
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		

307	<p>Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant.</p> <p>How many living children did you have at that time, if any?</p> <p>IF NONE, RECORD '00'.</p>	<p>NUMBER OF CHILDREN <input type="text"/></p>	
308	<p>CHECK 302 (01):</p> <p>WOMAN STERILIZED <input type="checkbox"/></p> <p>WOMAN NOT STERILIZED <input type="checkbox"/></p>		→309
308A	<p>Was the sterilization done with the purpose of medical indications or family planning ?</p>	<p>MEDICAL INDICATIONS 1</p> <p>FAMILY PLANNING 2</p> <p>DON'T KNOW 8</p>	→311A
309	<p>CHECK 228:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>PREGNANT <input type="checkbox"/></p>		→319
310	<p>Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	→319
311	<p>Which method are you using?</p> <p>IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>PILL C</p> <p>IUD D</p> <p>INJECTIONS E</p> <p>IMPLANTS F</p> <p>CONDOM G</p> <p>FEMALE CONDOM H</p> <p>DIAPHRAGM I</p> <p>FOAM/JELLY/CREAM/SUPPOSITORY J</p> <p>LACT. AMEN. METHOD K</p> <p>CALENDAR METHOD/PERIODIC ABSTINENCE L</p> <p>WITHDRAWAL M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>→313</p> <p>→312</p> <p>→318</p> <p>→312C</p> <p>→318</p>
311A	<p>CIRCLE 'A' FOR FEMALE STERILIZATION.</p>		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	May I see the package of pills you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN	PACKAGE SEEN 1 BRAND NAME _____  PACKAGE NOT SEEN 2	→312B
312A	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND.	BRAND NAME _____  DON'T KNOW 98	
312B	How much does one packet of pills cost you?	COST IN DRAMS  FREE 9996 DON'T KNOW 9998	→318
312C	May I see the package of condoms you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN	PACKAGE SEEN 1 BRAND NAME _____  PACKAGE NOT SEEN 2	→312E
312D	Do you know the brand name of the condoms you are now using? RECORD NAME OF BRAND.	BRAND NAME _____  DON'T KNOW 98	
312E	How much does one packet of condoms cost you?	COST IN DRAMS  FREE 9996 DON'T KNOW 9998	→318



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
313	<p>Where did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL OR POLYCLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/DELIVERY HOUSE 11</p> <p>POLYCLINIC 12</p> <p>WOMEN'S CONSULTATION CLINIC 14</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRV. HOSPITAL/CLINIC 21</p> <p>PRV. DOCTOR 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>									
314	<p>Before the sterilization operation, were (you/your husband/your partner) told that you would not be able to have any (more) children?</p>	<p>YES 1</p> <p>NO 2</p>									
316	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" data-bbox="1758 778 1886 826"><tr><td></td><td></td><td></td><td></td></tr></table></p> <p>YEAR <table border="1" data-bbox="1758 831 1886 879"><tr><td></td><td></td><td></td><td></td></tr></table></p>									
317	<p>CHECK 316:</p> <p>STERILIZED BEFORE JANUARY 1995</p> <p>_____ <table border="1" data-bbox="943 1002 981 1029"><tr><td></td></tr></table></p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1995</p> <p>THEN SKIP TO →320</p>		<p>STERILIZED IN JANUARY 1995 OR LATER</p> <p>_____ <table border="1" data-bbox="1886 1002 1924 1029"><tr><td></td></tr></table></p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH OF DATE OF OPERATION.</p> <p>THEN SKIP TO →319</p>								


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	<p>ENTER CONTRACEPTIVE METHOD CODE FROM 311 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. IF CURRENT METHOD STARTED IN JANUARY 1995 OR LATER, ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN THE SAME MONTH THAT USE OF CURRENT METHOD BEGAN.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> • When did you start using this method continuously? • How long have you been using this method continuously? • When you started using this method, where did you obtain it? 		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	<p>I would like to ask you some questions about the times you or your partner may have used a contraceptive method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1995. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 1: • When was the last time you used a contraceptive method? Which method was that? • When did you start using that method? How long after the birth of (NAME)? • How long did you use the method then?</p> <p>IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 2: • Where did you obtain the method when you started using it? • Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]?</p> <p>IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS: COLUMN 3: • Why did you stop using the (METHOD)? • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> • 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. 		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	CHECK 311/311A: CIRCLE METHOD CODE:	NOT ASKED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY/CREAM/SUPPOSITORY 10 LACTATIONAL AMEN. METHOD 11 CALENDAR METHOD/PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER METHOD 96	→327 →325 →325 →324 →324 →324 →324 →324 →325 →325 →325
321	CHECK COLUMN 1 OF CALENDAR FOR LENGTH OF USE OF CURRENT METHOD: STARTED USING AFTER JANUARY 1995 <input type="checkbox"/>	STARTED USING IN JANUARY 1995 OR BEFORE <input type="checkbox"/>	→325
322	You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) on (DATE). At that time, were you told about side effects or problems you might have with the method?	YES 1 NO 2	→324
323	Were you told what to do if you experienced side effects?	YES 1 NO 2	
324	When you were given the (CURRENT METHOD), were you told about other methods of family planning which you could use?	YES 1 NO 2	
325	CHECK 311/311A: CIRCLE METHOD CODE:	NOT ASKED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY/CREAM/SUPPOSITORY 10 LACTATIONAL AMEN. METHOD 11 CALENDAR METHOD/PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER METHOD 96	→327 →401 →401 →329 →329 →329 →329

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
326	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, POLYCLINIC, FGP, OR WOMEN'S CONSULTING CENTER, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/DELIVERY HOUSE 11</p> <p>POLYCLINIC 12</p> <p>FGP 13</p> <p>WOMEN'S CONSULTING CENTER 14</p> <p>PHARMACY 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRV. HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRV. DOCTOR 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→329</p>
327	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→329</p>
328	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, POLYCLINIC, FGP, OR WOMEN'S CONSULTING CENTER, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL/DELIVERY HOUSE 11</p> <p>POLYCLINIC 12</p> <p>FGP 13</p> <p>WOMEN'S CONSULTING CENTER 14</p> <p>PHARMACY 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRV. HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRV. DOCTOR 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	In the last 12 months, were you visited by a field worker who talked to you about family planning?	YES 1 NO 2	
330	In the last 12 months, have you attended a health facility for care for yourself (or your children)?	YES 1 NO 2	→333
331	Did any staff member at the health facility speak to you about family planning methods?	YES 1 NO 2	
333	CHECK 301 '1' CIRCLED IN AT LEAST ONE ROW 	CODE '2' CIRCLED IN ALL ROWS 	→346
334	In your opinion, are some methods of contraception more reliable than other methods?	YES 1 NO 2	→336
335	In your opinion, which method of contraception is the most reliable?	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY/CREAM/SUPPOSITORY J LACT. AMEN. METHOD K CALENDAR METHOD/ PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	
336	In your opinion, are some methods of contraception safer for health than other methods?	YES 1 NO 2	→346

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
337	In your opinion, which method of contraception is the safest for health?	FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY/CREAM/SUPPOSITORY J LACT. AMEN. METHOD K CALENDAR METHOD/ PERIODIC ABSTINENCE L WITHDRAWAL M OTHER _____ X (SPECIFY)	
346	Now let's talk about induced abortion, which as you know is one of the methods of controlling fertility. If a woman decided to have an abortion, how easy would it be for her to get one? Would it be easy or difficult?	DIFFICULT 1 EASY 2 DON'T KNOW 8	} → 348
347	What would be the main difficulty?	_____ _____ _____ _____	
348	Do you think that there are health problems or side effects with induced abortions which would prevent you from having an abortion?	YES 1 NO 2 DON'T KNOW 8	
349	Is there any monetary cost to having an abortion that would be a problem?	YES 1 NO 2 DON'T KNOW 8	
350	Do you approve or disapprove of a woman having an abortion?	APPROVE 1 DISAPPROVE 2 DEPENDS ON SITUATION 3 DON'T KNOW 8	
351	Would you have an abortion if you unintentionally become pregnant sometime in the future?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
352	Would you prefer to use a contraceptive method in the future or rely on abortion, or do neither ?	PREFER TO USE A METHOD 1 RELY ON ABORTION 2 PREFER TO DO NEITHER 3 DON'T KNOW 8	

SECTION 4: PLANNING STATUS OF PREGNANCIES

401	CHECK 226: ONE OR MORE PREGNANCIES IN JAN. 1995 OR LATER	NO PREGNANCY IN JAN. 1995 OR LATER	<input type="checkbox"/> _____ →487	
402	ENTER THE LINE NUMBER OF EACH PREGNANCY SINCE JANUARY 1995 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE PREGNANCIES. BEGIN WITH THE LAST PREGNANCY. Now I would like to ask you some questions about the pregnancies you have had in the last five years. (We will talk about each separately)			
403	LAST PREGNANCY LINE NUMBER FROM 212	NEXT--TO-LAST PREGNANCY LINE NUMBER	NEXT-TO-NEXT-TO-LASTPREGNANCY LINE NUMBER	
403A	FROM 213 AND 217 OUTCOME OF PREGNANCY OR THE NAME OF THE CHILD	OUTCOME OR NAME	OUTCOME OR NAME	
404	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children at all?	THEN 1 (SKIP TO NEXT COLUMN; IF NO ← MORE PREGNANCIES SKIP TO406A) LATER 2 NO MORE 3 (SKIP TO NEXT COLUMN; IF NO ← MORE PREGNANCIES SKIP TO406A)	THEN 1 (SKIP TO NEXT COLUMN; IF NO ← MORE PREGNANCIES SKIP TO406A) LATER 2 NO MORE 3 (SKIP TO NEXT COLUMN; IF NO ← MORE PREGNANCIES SKIP TO406A)	THEN 1 (SKIP TO NEXT COLUMN; IF NO ← MORE PREGNANCIES SKIP TO406A) LATER 2 NO MORE 3 (SKIP TO NEXT COLUMN; IF NO ← MORE PREGNANCIES SKIP TO406A)
404A	How much longer would you like to have waited?	MONTHS 1 YEARS 2 DON'T KNOW 998	MONTHS 1 YEARS 2 DON'T KNOW 998	MONTHS 1 YEARS 2 DON'T KNOW 998
405	At the time you became pregnant, were you using a method of contraception? IF YES: Which method? AFTER RECORDING THE RESPONSE, COMPARE TO CALENDAR. IF INCONSISTENT, PROBE AND RECONCILE	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
405A		GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE PREGNANCIES, GO TO 406A.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE PREGNANCIES, GO TO 406A.	GO BACK TO 403 IN NEXT COLUMN; OR, IF NO MORE PREGNANCIES, GO TO 406A.

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

406A	CHECK 226: ONE OR MORE BIRTHS IN JAN. 1995 OR LATER <input type="checkbox"/>	NO BIRTHS IN JAN. 1995 OR LATER <input type="checkbox"/>	→487	
406B	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1995 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)			
406C	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT--TO-LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
406D	FROM 217 AND 219	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 416) ←		
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS <input type="text"/> DON'T KNOW 98		
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> DON'T KNOW 98		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-TO-NEXT-TO-LAST BIRTH NAME _____																					
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> (SKIP TO 412) ↓	MORE THAN ONCE OR DON'T KNOW <input type="checkbox"/> ↓																						
411	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98																							
412	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you have a vaginal examination? Did you give a urine sample? Did you give a blood sample?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>WEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>HEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD PRESSURE</td> <td>1</td> <td>2</td> </tr> <tr> <td>VAGINAL EXAM</td> <td>1</td> <td>2</td> </tr> <tr> <td>URINE SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD SAMPLE</td> <td>1</td> <td>2</td> </tr> </tbody> </table> (SKIP TO 413) ←		YES	NO	WEIGHT	1	2	HEIGHT	1	2	BLOOD PRESSURE	1	2	VAGINAL EXAM	1	2	URINE SAMPLE	1	2	BLOOD SAMPLE	1	2		
	YES	NO																							
WEIGHT	1	2																							
HEIGHT	1	2																							
BLOOD PRESSURE	1	2																							
VAGINAL EXAM	1	2																							
URINE SAMPLE	1	2																							
BLOOD SAMPLE	1	2																							
412A	Do you know why the blood sample was taken?	GENERAL A SYPHILIS B AIDS C OTHER _____ X (SPECIFY) DON'T KNOW Z																							
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 416) ← DON'T KNOW 8																							

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-TO-NEXT-TO-LAST BIRTH NAME _____															
413A	Were you told about the following complications: High blood pressure? Fever? Haemorrhage? Swelling?	<table style="width: 100%; border: none;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>HIGH BLOOD PRESSURE . . .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEVER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HAEMORRHAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SWELLING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	HIGH BLOOD PRESSURE . . .	1	2	FEVER	1	2	HAEMORRHAGE	1	2	SWELLING	1	2		
	YES	NO																	
HIGH BLOOD PRESSURE . . .	1	2																	
FEVER	1	2																	
HAEMORRHAGE	1	2																	
SWELLING	1	2																	
414	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8																	
416	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 418) ←																	
417	During the whole pregnancy, for how many days did you take the tablets?	NUMBER OF DAYS <table style="display: inline-table; border: 1px solid black; width: 40px; height: 20px; vertical-align: middle;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table> DON'T KNOW 998																	
418	During this pregnancy, did you ever smoke cigarettes?	YES 1 NO 2																	
419	During this pregnancy, did you have difficulty with your vision during the daylight?	YES 1 NO 2 DON'T KNOW 8																	
420	During this pregnancy, did you suffer from night blindness?	YES 1 NO 2 DON'T KNOW 8																	
422	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8			VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8													

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-TO-NEXT-TO-LAST BIRTH NAME _____
423	Was (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 425)←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 425)←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 425)←
424	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> DON'T KNOW 99998
425	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE Y

		LAST BIRTH	NEXT-TO-LAST BIRTH	NEXT-TO-NEXT-TO-LAST BIRTH
		NAME _____	NAME _____	NAME _____
426	Where did you give birth to (NAME)?	HOME YOUR HOME 11 (SKIP TO 427A) ← OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 DELIVERY HOSPITAL 22 FAP 23 OTHER PUBLIC _____ 26 (SPECIFY)	HOME YOUR HOME 11 (SKIP TO 427A) ← OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 DELIVERY HOSPITAL 22 FAP 23 OTHER PUBLIC _____ 26 (SPECIFY)	HOME YOUR HOME 11 (SKIP TO 427A) ← OTHER HOME 12 PUBLIC SECTOR HOSPITAL 21 DELIVERY HOSPITAL 22 FAP 23 OTHER PUBLIC _____ 26 (SPECIFY)
		PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY)	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY)	PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY)
		OTHER _____ 96 (SPECIFY) (SKIP TO 428) ←	OTHER _____ 96 (SPECIFY) (SKIP TO 428) ←	OTHER _____ 96 (SPECIFY) (SKIP TO 428) ←
426A	When you delivered (NAME) how many nights did you stay in the hospital?	NIGHTS <input type="text"/>	NIGHTS <input type="text"/>	NIGHTS <input type="text"/>
427	Was (NAME) delivered by caesarian section?	YES 1 (SKIP TO 432C) ← NO 2	YES 1 (SKIP TO 434) ← NO 2	YES 1 (SKIP TO 434) ← NO 2
427A	Why did you give birth to (NAME) at home?	SUDDEN BIRTH A FINANCIAL PROBLEMS B TRANSPORTATION PROBLEMS C FAMILY PROBLEMS D OTHER _____ X (SPECIFY)	SUDDEN BIRTH A FINANCIAL PROBLEMS B TRANSPORTATION PROBLEMS C FAMILY PROBLEMS D OTHER _____ X (SPECIFY)	SUDDEN BIRTH A FINANCIAL PROBLEMS B TRANSPORTATION PROBLEMS C FAMILY PROBLEMS D OTHER _____ X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-TO-NEXT-TO-LAST BIRTH NAME _____
428	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES 1 NO 2 (SKIP TO 432) ←	YES 1 (SKIP TO 434) ← NO 2	YES 1 (SKIP TO 434) ← NO 2
429	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DELIVERY 1 <input type="text"/> WEEKS AFTER DELIVERY 2 <input type="text"/> DON'T KNOW 998		
430	Who checked on your health at that time? Anyone else?	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE C OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY)		

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-TO-NEXT-TO-LAST BIRTH NAME _____					
431	Where did this first check take place?	HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR HOSPITAL/DELIVERY HOSPITAL 21 POLYCLINIC 22 FGP 23 WOMEN'S CONSULTING CENTER 24 FAP 25 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)							
432	Has (NAME'S) birth been registered?	YES 1 NO 2 (SKIP TO 432B) ← _____ DON'T KNOW 8 (SKIP TO 432C) ← _____							
432A	How much time passed between the birth of (NAME) and the registration?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> → 432C MONTHS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> → 432C YEARS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table> → 432C							

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-TO-NEXT-TO-LAST BIRTH NAME _____	
432B	Why is (NAME'S) birth not registered?	COSTS TOO MUCH A MUST TRAVEL TOO FAR B DIDN'T KNOW IT SHOULD BE REGISTERED . C DOESN'T KNOW HOW TO REGISTER D DOESN'T KNOW WHERE TO REGISTER E OTHER _____ X (SPECIFY)			
432C	For the first 40 days of (NAME'S) life, was he/she ever in the same room as someone who smoked?	YES 1 NO 2 (SKIP TO 433) ← _____			
432D	Approximately how many hours per day was (NAME) in the same room as someone who smoked?	HOURS <input type="text"/> <input type="text"/>			
433	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 435) ← _____ NO 2 (SKIP TO 436) ← _____			
434	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 438) ← _____	YES 1 NO 2 (SKIP TO 438) ← _____	
435	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	
436	CHECK 228: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> NANT ▼	PREGNANT <input type="checkbox"/> OR UNSURE (SKIP TO 438) ←		
437	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 439) ← _____			
438	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-TO-NEXT-TO-LAST BIRTH NAME _____
439	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 444) ←	YES 1 NO 2 (SKIP TO 444) ←
440	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>

440A	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 441) ←	YES 1 NO 2 (SKIP TO 441) ←	YES 1 NO 2 (SKIP TO 441) ←
440B	What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER (SPECIFY) X	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER (SPECIFY) X	MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGAR OR GLUCOSE WATER C GRIPE WATER D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS H HONEY I OTHER (SPECIFY) X
441	CHECK 406D: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 443) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 443) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 443) ←
442	Are you still breastfeeding (NAME)?	YES 1 NO 2 (SKIP TO 445) ←	YES 1 NO 2 (SKIP TO 445) ←	YES 1 NO 2 (SKIP TO 445) ←
443	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
444	CHECK 406D: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 406C IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451) ↓ (SKIP TO 447)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 406C IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451) ↓ (SKIP TO 447)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 406C IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451) ↓ (SKIP TO 447)
445	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-TO-NEXT-TO-LAST BIRTH NAME _____
446	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/>
447	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH		NEXT-TO-LAST BIRTH		NEXT-TO-NEXT-TO-LAST BIRTH																																																																																																																																																						
		NAME _____		NAME _____		NAME _____																																																																																																																																																						
448	<p>Now I would like to ask you about the types of foods [NAME] has been fed over the last seven days, including yesterday.</p> <p>How many days during last seven days was [NAME] given each of the following?</p> <p>FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, ASK: How many times yesterday or last night was [NAME] given [ITEM]?</p> <p>Plain water?</p> <p>Tea?</p> <p>Commercially prepared baby formula?</p> <p>Any other milk such as tinned, powdered, or fresh animal milk?</p> <p>Fruit juice?</p> <p>Any other liquids such as sugar water, tea, coffee, or thin soup?</p> <p>Bread, food made of flour?</p> <p>Any food made from grains [e.g. wheat, porridge, rice, millet]?</p> <p>Pumpkin, squash, red or yellow yams, carrots, potatoes, or cabbage?</p> <p>Candies, sweets?</p> <p>Any green leafy vegetables?</p> <p>Any other fruits and vegetables [e.g. apples/sauce, pears, tomatoes]?</p> <p>Meat, poultry, or eggs?</p> <p>Fish, shellfish and other seafood?</p> <p>Any food made from legumes [e.g. lentils, beans, soybeans, pulses, or peanuts]?</p> <p>Cheese, kefir, matzum (narine, curds, yogurt)?</p> <p>IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.</p>	<p>LAST 7 DAYS</p> <p>NUMBER OF DAYS</p> <table border="1" style="width: 100%; height: 150px; border-collapse: collapse;"> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; height: 15px;"></td></tr> <tr><td style="width: 15px; 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449	<p>How many times was (NAME) fed solid or semi-solid (mashed or pureed) food yesterday or last night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input style="width: 20px;" type="text"/></p> <p>DON'T KNOW 8</p>	<p>NUMBER OF TIMES <input style="width: 20px;" type="text"/></p> <p>DON'T KNOW 8</p>	<p>NUMBER OF TIMES <input style="width: 20px;" type="text"/></p> <p>DON'T KNOW 8</p>																																																																																																																																																								

450		GO BACK TO 406D IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.	GO BACK TO 406D IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.	GO BACK TO 406D IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.
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SECTION 4B. IMMUNIZATION AND HEALTH

451	ENTER THE NAME AND LINE NUMBER OF EACH LIVING CHILD BORN SINCE JANUARY 01 1995 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE CHILDREN. BEGIN WITH THE YOUNGEST CHILD.			
452	LINE NUMBER FROM 212	<p style="text-align: center;">LAST CHILD</p> LINE NUMBER <input type="text"/> <input type="text"/>	<p style="text-align: center;">NEXT-TO-LAST CHILD</p> LINE NUMBER <input type="text"/> <input type="text"/>	<p style="text-align: center;">NEXT-TO- NEXT-TO-LAST CHILD</p> LINE NUMBER <input type="text"/> <input type="text"/>
453	FROM 217 AND 219	<p style="text-align: center;">NAME _____</p> <p style="text-align: center;">ALIVE DEAD</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> </div> <p style="text-align: center;">(GO TO 453 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)</p>	<p style="text-align: center;">NAME _____</p> <p style="text-align: center;">ALIVE DEAD</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> </div> <p style="text-align: center;">(GO TO 453 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)</p>	<p style="text-align: center;">NAME _____</p> <p style="text-align: center;">ALIVE DEAD</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> <input type="checkbox"/> ↓ </div> </div> <p style="text-align: center;">(GO TO 453 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)</p>
455	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 457) ← <input type="checkbox"/> YES, NOT SEEN 2 (SKIP TO 463) ← <input type="checkbox"/> NO CARD 3	YES, SEEN 1 (SKIP TO 457) ← <input type="checkbox"/> YES, NOT SEEN 2 (SKIP TO 463) ← <input type="checkbox"/> NO CARD 3	YES, SEEN 1 (SKIP TO 457) ← <input type="checkbox"/> YES, NOT SEEN 2 (SKIP TO 463) ← <input type="checkbox"/> NO CARD 3
456	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 463) ← <input type="checkbox"/> NO 2	YES 1 (SKIP TO 463) ← <input type="checkbox"/> NO 2	YES 1 (SKIP TO 463) ← <input type="checkbox"/> NO 2

457 (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
 (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

		DAY MONTH YEAR			DAY MONTH YEAR			DAY MONTH YEAR				
A	BCG	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	BCG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
C	POLIO 1	P1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	POLIO 2	P2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
E	POLIO 3	P3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	P3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
G	DPT 1	D1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
H	DPT 2	D2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I	DPT 3	D3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
K	DPT 4	D4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
L	MEASLES	MEA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	MEA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
M	PARTUSIS	PRT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PRT	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
N	HEPATITIS B (B1) VACCINE	HEP B (B1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	HEP B (B1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
O	HEPATITIS B (B2) VACCINE	HEP B (B2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	HEP B (B2)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
P	HEPATITIS B (B3) VACCINE	HEP B (B3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	HEP B (B3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

458	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS ←) AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ←) AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ←) AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) NO 2 DON'T KNOW 8
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463	Now I would like to ask you about your child's health during the recent period. Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
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		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ NEXT-NEXT-TO-LAST BIRTH
464	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 466) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 466) ← DON'T KNOW 8
465	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
466	CHECK 463 AND 464: FEVER OR COUGH?	"YES" IN 463 OR 464 <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (SKIP TO 472)	"YES" IN 463 OR 464 <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (SKIP TO 472)	"YES" IN 463 OR 464 <input type="checkbox"/> NO OR DK <input type="checkbox"/> ↓ (SKIP TO 472)
467	Did you seek advice or treatment for the illness?	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←	YES 1 NO 2 (SKIP TO 472) ←
467A	What signs or symptoms led you to seek advice or treatment? Anything else?	WHEN HE/SHE: HAS BLOCKED NOSE A HAS TROUBLE SLEEPING/EATING B HAS A FEVER C IS BREATHING FAST D IS ILL FOR A LONG TIME E OTHER _____ X (SPECIFY) DON'T KNOW Z	WHEN HE/SHE: HAS BLOCKED NOSE A HAS TROUBLE SLEEPING/EATING B HAS A FEVER C IS BREATHING FAST D IS ILL FOR A LONG TIME E OTHER _____ X (SPECIFY) DON'T KNOW Z	WHEN HE/SHE: HAS BLOCKED NOSE A HAS TROUBLE SLEEPING/EATING B HAS A FEVER C IS BREATHING FAST D IS ILL FOR A LONG TIME E OTHER _____ X (SPECIFY) DON'T KNOW Z
467B	For how long was (NAME) ill before you sought advice or treatment?	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/>	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/>	DAYS 1 <input type="text"/> WEEKS 2 <input type="text"/>

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-NEXT-TO-LAST BIRTH NAME _____
468	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSPITAL A POLYCLINIC B PHARMACY E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER K OTHER X (SPECIFY)	PUBLIC SECTOR HOSPITAL A POLYCLINIC B PHARMACY E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER K OTHER X (SPECIFY)	PUBLIC SECTOR HOSPITAL A POLYCLINIC B PHARMACY E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER K OTHER X (SPECIFY)
472	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 480) ← 1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 480) ← 1 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 480) ← 1 DON'T KNOW 8
473	Now I would like to know how much (NAME) was offered to drink during the diarrhea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8
474	When (NAME) had diarrhea, was he/she offered less than usual to eat, about the same amount, or more than usual to eat? IF LESS PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
475	Was he/she given any of the following to drink: A fluid, made from a special packed powder called Rehydron? Water?	YES NO DK REHYDRON 1 2 8 WATER 1 2 8	YES NO DK REHYDRON 1 2 8 WATER 1 2 8	YES NO DK REHYDRON 1 2 8 WATER 1 2 8

		NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ NEXT-NEXT-TO-LAST BIRTH
	Milk or Infant formula? Soup? Matzun, Narine? Coca cola/Pepsi Cola/Sprite/Fanta? Other fluids?	MILK/INFANT FORMULA 1 2 8 SOUP 1 2 8 MATZUN/NARINE 1 2 8 SOFT DRINK 1 2 8 OTHER FLUIDS 1 2 8	MILK/INFANT FORMULA 1 2 8 SOUP 1 2 8 MATZUN/NARINE 1 2 8 SOFT DRINK 1 2 8 OTHER FLUIDS 1 2 8	MILK/INFANT FORMULA 1 2 8 SOUP 1 2 8 MATZUN/NARINE 1 2 8 SOFT DRINK 1 2 8 OTHER FLUIDS 1 2 8
476	Was anything (else) given to treat the diarrhea?	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 478) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 478) ←	YES 1 NO 2 DON'T KNOW 8 (SKIP TO 478) ←
477	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/HERBAL MEDICINE D OTHER _____ X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/HERBAL MEDICINE D OTHER _____ X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/HERBAL MEDICINE D OTHER _____ X (SPECIFY)
478	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 (SKIP TO 480) ←	YES 1 NO 2 (SKIP TO 480) ←	YES 1 NO 2 (SKIP TO 480) ←
479	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR HOSPITAL A POLYCLINIC B PHARMACY E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER K OTHER X (SPECIFY)	PUBLIC SECTOR HOSPITAL A POLYCLINIC B PHARMACY E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER K OTHER X (SPECIFY)	PUBLIC SECTOR HOSPITAL A POLYCLINIC B PHARMACY E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G PHARMACY H PVT. DOCTOR I OTHER PVT. MEDICAL J (SPECIFY) OTHER SOURCE TRAD. PRACTITIONER K OTHER X (SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	NEXT-NEXT-TO-LAST BIRTH NAME _____
480		GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.	GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.	GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
481	CHECK 453, ALL COLUMNS: NUMBER OF LIVING CHILDREN BORN SINCE JANUARY 1995 ONE OR MORE <input type="checkbox"/>	NONE <input type="checkbox"/>	→486
484	What usually happens with your child(ren)'s stools when they do not use any toilet facility?	CHILD ALWAYS USES TOILET/LATRINE 01 THROW IN THE TOILET/LATRINE 02 THROW OUTSIDE THE DWELLING 03 THROW OUTSIDE THE YARD 04 BURY IN THE YARD 05 RINSE AWAY 06 USE DISPOSABLE DIAPERS 07 USE WASHABLE DIAPERS 08 NOT DISPOSED OF 09 OTHER _____ 96 (SPECIFY)	
485	CHECK 475, ALL COLUMNS: NO CHILD RECEIVED REHYDRON <input type="checkbox"/>	ANY CHILD RECEIVED REHYDRON <input type="checkbox"/>	→487
486	Have you ever heard of a special product called "Rehydron" which can be taken during diarrhea?	YES 1 NO 2	
487	CHECK 221: HAS ONE OR MORE CHILDREN LIVING WITH HER <input type="checkbox"/>	HAS NO CHILDREN LIVING WITH HER <input type="checkbox"/>	→490
488	When (your child/one of your children) is seriously ill, can you decide by yourself whether the child should be taken for medical treatment? IF SAYS NO CHILD EVER SERIOUSLY ILL, ASK: If (your child/one of your children) became seriously ill, could you decide by yourself whether the child should be taken for medical treatment?	YES 1 NO 2 DEPENDS 3	

490	<p>Now I would like to ask you some questions about medical care for you yourself.</p> <p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>Knowing where to go.</p> <p>Getting permission to go.</p> <p>Getting money needed for treatment.</p> <p>The distance to the health facility.</p> <p>Having to take transport.</p> <p>Not wanting to go alone.</p> <p>Concern that there may not be a female health provider.</p>	<table> <thead> <tr> <th data-bbox="1249 188 1346 236">BIG PROBLEM</th> <th data-bbox="1659 188 1756 236">NOT A BIG PROBLEM</th> </tr> </thead> <tbody> <tr> <td data-bbox="1290 261 1308 277">1</td> <td data-bbox="1700 261 1718 277">2</td> </tr> <tr> <td data-bbox="1290 309 1308 325">1</td> <td data-bbox="1700 309 1718 325">2</td> </tr> <tr> <td data-bbox="1290 357 1308 373">1</td> <td data-bbox="1700 357 1718 373">2</td> </tr> <tr> <td data-bbox="1290 405 1308 421">1</td> <td data-bbox="1700 405 1718 421">2</td> </tr> <tr> <td data-bbox="1290 453 1308 469">1</td> <td data-bbox="1700 453 1718 469">2</td> </tr> <tr> <td data-bbox="1290 501 1308 517">1</td> <td data-bbox="1700 501 1718 517">2</td> </tr> <tr> <td data-bbox="1290 549 1308 564">1</td> <td data-bbox="1700 549 1718 564">2</td> </tr> </tbody> </table>	BIG PROBLEM	NOT A BIG PROBLEM	1	2	1	2	1	2	1	2	1	2	1	2	1	2	
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495	<p>The last time you prepared a meal for your family, before starting did you wash your hands?</p>	<p>YES 1</p> <p>NO 2</p> <p>NEVER PREPARED MEAL 3</p>																	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 504 → 509
503	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1995		→ 516
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 509
505	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	→ 506
505A	Where is he staying?	ARMENIA 1 RUSSIA 2 OTHER NIS COUNTRY 3 EUROPE 4 USA/CANADA 5 OTHER _____ 6 (SPECIFY)	
505B	Do you expect him to return?	YES 1 NO 2	
505C	When do you expect him to return?	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER <input type="text"/>	
509	Have you been married or lived with only one man, or more than one man?	ONCE 1 MORE THAN ONCE 2	
510	CHECK 509: MARRIED/LIVED WITH ONLY ONE MAN <input type="checkbox"/> ↓ In what month and year did you start living with your (husband/partner)?	MARRIED/LIVED WITH MORE THAN ONE MAN <input type="checkbox"/> ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> → 512 DON'T KNOW YEAR 9998
511	How old were you when you started living with him?	AGE <input type="text"/>	
512	DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 1995. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER '0' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1995. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
513	CHECK 501: CURRENTLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> ↓	NOT CURRENTLY MARRIED AND NOT CURRENTLY LIVING WITH A MAN <input type="checkbox"/>	→ 516
514	CHECK 311/311A: ANY CODE CIRCLED <input type="checkbox"/> ↓	NOT ASKED (NO CODE CIRCLED) <input type="checkbox"/>	→ 516

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515	You have told me that you are using contraception. Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision or did you both decide together?	RESPONDENT 1 HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER _____ 6 (SPECIFY)	
516	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 → 526 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN MARRIED 96	
517	When was the last time you had sexual intercourse? IF MORE THAN 11 MONTHS, ENTER NUMBER OF YEARS AND FOLLOW SKIP.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> → 526	
518	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/NOT SURE 8 → 519	
518A	What was the main reason you used a condom on that occasion?	OWN CONCERN, TO PREVENT STD/HIV 1 OWN CONCERN, TO PREVENT PREGNANCY 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS .. 4 PARTNER INSISTED 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
519	<p>What is your relationship to the man with whom you last had sex?</p> <p>IF MAN IS "BOYFRIEND" OR "FIANCÉ," ASK: Was your boyfriend/fiancé living with you when you last had sex with him?</p> <p>IF YES, CIRCLE '01.' IF NO, CIRCLE '02.'</p>	<p>SPOUSE/COHABITING PARTNER 01</p> <p>BOY FRIEND/FIANCE 02</p> <p>OTHER FRIEND 03</p> <p>CASUAL ACQUAINTANCE 04</p> <p>RELATIVE 05</p> <p>COMMERCIAL SEX CUSTOMER 06</p> <p>OTHER _____ 9 6 (SPECIFY)</p>	→521
520	<p>For how long have you had a sexual relationship with this man?</p>	<p>DAYS 1 <input type="text"/></p> <p>WEEKS 2 <input type="text"/></p> <p>MONTHS 3 <input type="text"/></p> <p>YEARS 4 <input type="text"/></p>	
521	<p>Have you had sex with any other man in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→526
522	<p>The last time you had sexual intercourse with this other man, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/NOT SURE 8</p>	→523
522A	<p>What was the main reason you used a condom on that occasion?</p>	<p>OWN CONCERN, TO PREVENT STD/HIV 1</p> <p>OWN CONCERN, TO PREVENT PREGNANCY 2</p> <p>OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY 3</p> <p>DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS .. 4</p> <p>PARTNER INSISTED 5</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
523	What is your relationship to this man? IF MAN IS "BOYFRIEND" OR "FIANCÉ," ASK: Was your boyfriend/fiancé living with you when you last had sex with him? IF YES, CIRCLE '01.' IF NO, CIRCLE '02.'	SPOUSE/COHABITING PARTNER 01 BOY FRIEND/FIANCÉ 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER 06 OTHER _____ 9 6 (SPECIFY)	→525
524	For how long have you had a sexual relationship with this man?	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/>	
525	Altogether, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS <input type="text"/> <input type="text"/>	
526	Do you know of a place where one can get condoms?	YES 1 NO 2	→601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
527	<p>Where is that?</p> <p>IF SOURCE IS POLYCLINIC, FGP, FAP, WOMEN'S CONSULTING CENTER (WCC), WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>HOSPITAL 11</p> <p>POLYCLINIC 12</p> <p>FGP 13</p> <p>WOMEN'S CONSULTING CLINIC 14</p> <p>PHARMACY 15</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/CLINIC 20</p> <p>PHARMACY 21</p> <p>PVT. DOCTOR 22</p> <p>OTHER PVT. MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 30</p> <p>RELIGIOUS ORGANIZATION 31</p> <p>FRIENDS/RELATIVES 32</p> <p>OTHER 36</p> <p>(SPECIFY)</p>	
528	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 311/311A:</p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p style="text-align: center;">HE OR SHE STERILIZED</p> <p style="text-align: right;"><input type="checkbox"/></p>		→ 614
602	<p>CHECK 228:</p> <p style="text-align: center;">NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD 1</p> <p>NO MORE/NONE 2</p> <p>SAYS SHE CAN'T GET PREGNANT 3</p> <p>UNDECIDED/DON'T KNOW AND PREGNANT 4</p> <p>AND NOT PREGNANT/UNSURE ... 5</p>	<p>→ 604</p> <p>→ 614</p> <p>→ 610</p> <p>→ 608</p>
603	<p>CHECK 228:</p> <p style="text-align: center;">NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1 <input style="width: 30px;" type="text"/></p> <p>YEARS 2 <input style="width: 30px;" type="text"/></p> <p>SOON/NOW 993</p> <p>SAYS SHE CAN'T GET PREGNANT 994</p> <p>AFTER MARRIAGE 995</p> <p>OTHER 996</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 998</p>	→ 609
604	<p>CHECK 228:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p style="text-align: center;">PREGNANT</p> <p style="text-align: right;"><input type="checkbox"/></p>		→ 610

605	CHECK 310: USING A METHOD?	CURRENTLY USING
	NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/>	<input type="checkbox"/> _____ → 608

606	CHECK 603:	00-23 MONTHS OR 00-01 YEAR
	NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/>	<input type="checkbox"/> _____ → 610

607	CHECK 602:																																																							
	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;"> WANTS A/ANOTHER CHILD <input type="checkbox"/> You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why? </td> <td style="width: 50%; text-align: center;"> WANTS NO (MORE) CHILDREN <input type="checkbox"/> You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why? </td> </tr> </table>	WANTS A/ANOTHER CHILD <input type="checkbox"/> You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?	WANTS NO (MORE) CHILDREN <input type="checkbox"/> You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?	<table style="width: 100%; border: none;"> <tr><td>NOT MARRIED</td><td>A</td></tr> <tr><td colspan="2">FERTILITY-RELATED REASONS</td></tr> <tr><td> NOT HAVING SEX</td><td>B</td></tr> <tr><td> INFREQUENT SEX</td><td>C</td></tr> <tr><td> MENOPAUSAL/HYSTERECTOMY</td><td>D</td></tr> <tr><td> SUBFECUND/INFECUND</td><td>E</td></tr> <tr><td> POSTPARTUM AMENORRHEIC</td><td>F</td></tr> <tr><td> BREASTFEEDING</td><td>G</td></tr> <tr><td> FATALISTIC</td><td>H</td></tr> <tr><td colspan="2">OPPOSITION TO USE</td></tr> <tr><td> RESPONDENT OPPOSED</td><td>I</td></tr> <tr><td> HUSBAND OPPOSED</td><td>J</td></tr> <tr><td> OTHERS OPPOSED</td><td>K</td></tr> <tr><td> RELIGIOUS PROHIBITION</td><td>L</td></tr> <tr><td colspan="2">LACK OF KNOWLEDGE</td></tr> <tr><td> KNOWS NO METHOD</td><td>M</td></tr> <tr><td> KNOWS NO SOURCE</td><td>N</td></tr> <tr><td colspan="2">METHOD-RELATED REASONS</td></tr> <tr><td> HEALTH CONCERNS</td><td>O</td></tr> <tr><td> FEAR OF SIDE EFFECTS</td><td>P</td></tr> <tr><td> LACK OF ACCESS/TOO FAR</td><td>Q</td></tr> <tr><td> COST TOO MUCH</td><td>R</td></tr> <tr><td> INCONVENIENT TO USE</td><td>S</td></tr> <tr><td> INTERFERES WITH BODY'S NATURAL PROCESSES</td><td>T</td></tr> <tr><td> OTHER _____ (SPECIFY)</td><td>X</td></tr> <tr><td> DONT KNOW</td><td>Z</td></tr> </table>	NOT MARRIED	A	FERTILITY-RELATED REASONS		NOT HAVING SEX	B	INFREQUENT SEX	C	MENOPAUSAL/HYSTERECTOMY	D	SUBFECUND/INFECUND	E	POSTPARTUM AMENORRHEIC	F	BREASTFEEDING	G	FATALISTIC	H	OPPOSITION TO USE		RESPONDENT OPPOSED	I	HUSBAND OPPOSED	J	OTHERS OPPOSED	K	RELIGIOUS PROHIBITION	L	LACK OF KNOWLEDGE		KNOWS NO METHOD	M	KNOWS NO SOURCE	N	METHOD-RELATED REASONS		HEALTH CONCERNS	O	FEAR OF SIDE EFFECTS	P	LACK OF ACCESS/TOO FAR	Q	COST TOO MUCH	R	INCONVENIENT TO USE	S	INTERFERES WITH BODY'S NATURAL PROCESSES	T	OTHER _____ (SPECIFY)	X	DONT KNOW	Z
WANTS A/ANOTHER CHILD <input type="checkbox"/> You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?	WANTS NO (MORE) CHILDREN <input type="checkbox"/> You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?																																																							
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608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 SAYS SHE CAN'T GET PREGNANT 4	
609	CHECK 310: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→614
610	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→612
611	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTIONS 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY/CREAM/SUPPOSITORY 10 LACT. AMEN. METHOD 11 CALENDAR METHOD/PER. ABSTINENCE 12 WITHDRAWAL 13 OTHER _____ (SPECIFY) 96 UNSURE 98	→614

612	<p>What is the main reason that you think you will not use a contraceptive method at any time in the future?</p>	<p>NOT CURRENTLY MARRIED 11</p> <p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX 22</p> <p>MENOPAUSAL/HYSTERECTOMY 23</p> <p>SUBFECUND/INFECUND 24</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>HUSBAND OPPOSED 32</p> <p>OTHERS OPPOSED 33</p> <p>RELIGIOUS PROHIBITION 34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD 41</p> <p>KNOWS NO SOURCE 42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS 51</p> <p>FEAR OF SIDE EFFECTS 52</p> <p>LACK OF ACCESS/TOO FAR 53</p> <p>COST TOO MUCH 54</p> <p>INCONVENIENT TO USE 55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES 56</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→614</p>
613	<p>Would you ever use a method if you were married?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
614	<p>CHECK 219:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NUMBER <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→616</p>

615	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?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding-right: 10px;">BOYS</td> <td></td> </tr> <tr> <td>NUMBER</td> <td style="text-align: right;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">GIRLS</td> <td></td> </tr> <tr> <td>NUMBER</td> <td style="text-align: right;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td style="text-align: right; padding-right: 10px;">EITHER</td> <td></td> </tr> <tr> <td>NUMBER</td> <td style="text-align: right;"> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> </td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td></td> <td style="text-align: center;">(SPECIFY)</td> </tr> </table>	BOYS		NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	OTHER _____	96		(SPECIFY)	GIRLS		NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	OTHER _____	96		(SPECIFY)	EITHER		NUMBER	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	OTHER _____	96		(SPECIFY)	
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OTHER _____	96																										
	(SPECIFY)																										
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8																									
617	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right; padding-right: 10px;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2													
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RADIO	1	2																									
TELEVISION	1	2																									
NEWSPAPER OR MAGAZINE	1	2																									
619	In the last few months, have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES 1 NO 2	→621																								
620	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FRIENDS/NEIGHBORS I OTHER _____ X (SPECIFY)																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→625																				
622	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																					
623	How often have you talked to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3																					
623A	CHECK 311/311A: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→625																				
624	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																					
625	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>HAS STD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER WOMEN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RECENT BIRTH</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TIRED/MOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	HAS STD	1	2	8	OTHER WOMEN	1	2	8	RECENT BIRTH	1	2	8	TIRED/MOOD	1	2	8	
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HAS STD	1	2	8																				
OTHER WOMEN	1	2	8																				
RECENT BIRTH	1	2	8																				
TIRED/MOOD	1	2	8																				

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
701	<p>CHECK 501 AND 502:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p style="text-align: center;">▼</p>	<p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <hr style="width: 100%;"/> <p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→703</p> <p>→707</p>	
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS <input style="width: 20px; height: 20px;" type="text"/>		
703	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→706	
704	What was the highest level of school he attended: primary, secondary, secondary-special, undergraduate, or graduate?	SCHOOL (PRIMARY/SECOND) 1 SECONDARY-SPECIAL 2 UNDERGRADUATE 3 GRADUATE 4 DON'T KNOW 8	→706	
705	What was the highest (class/course) he completed at that level?	CLASS/COURSE <input style="width: 20px; height: 20px;" type="text"/> DON'T KNOW 98		
706	<p>CHECK 701:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p style="text-align: center;">▼</p> <p>What is your husband's/partner's occupation? That is, what kind of work does he mainly do?</p>	<p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p style="text-align: center;">▼</p> <p>What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?</p>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <hr/> <hr/> <hr/> <hr/>	
707	Aside from your own housework, are you currently working?	YES 1 NO 2	→710	
708	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.</p> <p>Are you currently doing any of these things or any other work?</p>	YES 1 NO 2	→710	

709	Have you done any regular or temporary work in the last 12 months?	YES 1 NO 2	→719
710	What is your occupation, that is, what kind of work do you mainly do?	<input type="checkbox"/> _____ _____ _____	
710A	Do you have a specialization?	YES 1 NO 2	→711
710B	What is your specialization?	<input type="checkbox"/> _____ _____ _____	
711	CHECK 710: WORKS IN AGRICULTURE <input type="checkbox"/>	DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>	→713
712	Do you work mainly on your own land or on family land, or do you rent land or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
713	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
714	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
715	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→718

716	Who mainly decides how the money you earn will be used?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 RESPONDENT AND SOMEONE ELSE JOINTLY 5	
717	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HER INCOME IS ALL SAVED. 6	
718	Do you usually work at home or away from home?	HOME 1 AWAY 2	
719	Who in your family usually has the final say on the following decisions: Your own health care? Making large household purchases? Making household purchases for daily needs? Visits to family, friends, or relatives? What food should be cooked each day?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESP. & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5 1 2 3 4 5	
720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/ PRES/ NOT LISTEN. NOT PRS LISTEN. CHILDREN <10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES 1 2 3	

721	Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:				
		YES	NO	DK	
	If she goes out without telling him?	GOES OUT	1	2	8
	If she neglects the children?	NEGL. CHILDREN	1	2	8
	If she argues with him?	ARGUES	1	2	8
	If she refuses sex with him?	REFUSES SEX	1	2	8
	If she burns the food?	BURNS FOOD	1	2	8

SECTION 8A: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES


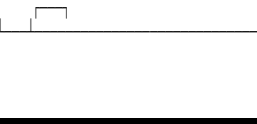
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS or the virus HIV?	YES 1 NO 2	→818
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↳810
803	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS, BLADES ... N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other sexual partners?	YES 1 NO 2 DON'T KNOW 8	
805	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8													
807	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8													
810	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8													
811	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2													
812	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	→814												
813	When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted... During pregnancy? During delivery? By breastfeeding?	<table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>	YES	NO	DK	1	2	8	1	2	8	1	2	8	
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1	2	8													
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814	<p>CHECK 501:</p> <table border="1"> <thead> <tr> <th>CURRENTLY MARRIED/ LIVING WITH A MAN</th> <th>NOT CURRENTLY MARRIED/ NOT LIVING WITH A MAN</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>	CURRENTLY MARRIED/ LIVING WITH A MAN	NOT CURRENTLY MARRIED/ NOT LIVING WITH A MAN	<input type="checkbox"/>	<input type="checkbox"/>		→815A								
CURRENTLY MARRIED/ LIVING WITH A MAN	NOT CURRENTLY MARRIED/ NOT LIVING WITH A MAN														
<input type="checkbox"/>	<input type="checkbox"/>														
815	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES 1 NO 2													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: <div style="text-align: right;"> on the radio? on the TV? In newspapers? </div>	ACCEPT. UNACCEPT. DK/NOT SURE <div style="text-align: right;"> 1 2 8 1 2 8 1 2 8 </div>	
816	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DK/NOT SURE 8	
817	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
817b	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DK/NOT SURE/DEPENDS 8	
817c	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES 1 NO 2 DK/NOT SURE/DEPENDS 8	
817d	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	->817gx
817e	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
817f	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→818
817g	Where can you go for the test?	PUBLIC SECTOR HOSPITAL 11 POLYCLINIC 12 FGP CLINIC 13 DIAGNOSTIC CENTER 14 VENERIC DISEASE CLINIC 15 OTHER PUBLIC 16	
817gx	Where did you go for the test?	_____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL 26 (SPECIFY) OTHER SOURCE SHOP 31 RELIGIOUS ORGANIZATIONS 32 FRIENDS/RELATIVES 33 OTHER 96 (SPECIFY)	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)		
818	Apart from AIDS, have you heard about (other) infections that can be transmitted through sexual contact?	YES 1 NO 2	→823
818A	Which venereal or sexually transmitted infections have you heard of?	SYPHLIS A GONORRHEA B CLAMYDIA C HERPES D OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819	<p>If a man has a venereal or sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J IMPOTENCE K NO SYMPTOMS L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
820	<p>If a woman has a venereal or sexually transmitted disease, what symptoms might she have?</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J NO SYMPTOMS L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
822	<p>During the last 12 months, have you had a venereal or sexually-transmitted disease?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	
823	<p>Now I would like to ask you some questions about your health in the last 12 months. Sometimes, women experience a genital discharge.</p> <p>During the last 12 months, have you had a genital discharge?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
824	Sometimes, women experience a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8																
825	CHECK 822, 823, and 824: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <p>HAS HAD AN INFECTION (AT LEAST ONE "YES")</p>  </div> <div style="text-align: center;"> <p>HAS NOT HAD AN INFECTION (OTHER)</p>  </div> </div>		→835															
826	The last time you had (INFECTION FROM 822/823/824), did you seek any kind of advice or treatment?	YES 1 NO 2	→828															
827	The last time you had (INFECTION FROM 822/823/824) did you do any of the following? Did you.... <div style="margin-left: 100px;"> <p>Seek advice from a health worker in a clinic or hospital?</p> <p>Seek advice or medicine from a traditional healer?</p> <p>Seek advice or buy medicines in a shop or pharmacy?</p> <p>Ask for advice from friends or relatives?</p> </div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">YES</th> <th style="width: 25%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	1	1	2	1	1	2	1	1	2	1	1	2	
	YES	NO																
1	1	2																
1	1	2																
1	1	2																
1	1	2																
828	When you had (INFECTION FROM 822/823/824), did you inform the persons with whom you were having sex?	YES 1 NO 2 SOME/ NOT ALL 3																
829	When you had (INFECTION FROM 822/823/824) did you do something to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER ALREADY INFECTED 3	→835															
830	What did you do to avoid infecting your partner? Did you.... <div style="margin-left: 100px;"> <p>Stop having sex?</p> <p>Use a condom when having sex?</p> <p>Take medicine?</p> </div>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="width: 25%; text-align: center;">YES</th> <th style="width: 25%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	1	1	2	1	1	2	1	1	2				
	YES	NO																
1	1	2																
1	1	2																
1	1	2																

SECTION 8B: LIFESTYLE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
835	Have you ever smoked cigarettes, pipes, or another kind of tobacco?	YES 1 NO 2	→844
836	Over the course of your entire life, have you smoked at least 100 cigarettes or other tobacco products?	YES 1 NO 2	
837	At the present time, do you smoke daily, from time to time, or never?	DAILY 1 TIME TO TIME 2 NEVER 3	→840
838	Was there ever a time when you smoked daily?	YES 1 NO 2	→844
839	How long ago did you smoke on a daily basis?	SMOKE AT THE PRESENT 100 MONTHS AGO 2 <input type="text"/> <input type="text"/> YEARS AGO 3 <input type="text"/> <input type="text"/> DON'TREMEMBER 898	
840	For how many years (have you smoked/did you smoke) on a daily basis?	YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
841	How many cigarettes or other tobacco products do (did) you smoke each day?	NO. OF CIGARETTES <input type="text"/> <input type="text"/> DON'T KNOW 98	
842	How old were you when you started smoking daily?	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	
843	Have you tried to quit smoking?	YES 1 NO 2	
844	Do you live in a household in which other people smoke on a daily basis?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
845	Do people smoke daily in your place of work?	YES 1 NO 2 DOESN'T WORK 3	
846	Have you ever consumed alcoholic beverages?	YES 1 NO 2	→854
847	Do you presently drink alcoholic beverages?	YES 1 NO 2	→854
848	On average, how many grams of alcoholic drinks do you have in a week?	NO. OF GRAMS <input type="text"/> <input type="text"/> DON'T KNOW 98	
849	On average, how many grams of alcoholic drinks do you have on weekends?	NO. OF GRAMS <input type="text"/> <input type="text"/> DON'T KNOW 98	
854	Have you had any injections in the past 3 months?	YES 1 NO 2	→858
855	How many time have you had injections in the past 3 months?	TIMES <input type="text"/> <input type="text"/> EVERY DAY 95	
856	Who administered the last injection that you had?	HEALTH WORKER 1 PHARMACIST 2 TRADITIONAL HEALER 3 FRIEND/RELATIVE 4 SELF 5 OTHER _____ 6 (SPECIFY)	
858	RECORD THE TIME OF THE END OF THE INTERVIEW	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

SECTION 9. HEIGHT AND WEIGHT

IN 901 AND 902, RECORD THE HEIGHT AND WEIGHT OF THE RESPONDENT.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
901	RESPONDENT'S HEIGHT (IN CENTIMETERS)	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
902	RESPONDENT'S WEIGHT (IN KILOGRAMS)	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div>
903	RESULT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER 6 (SPECIFY)

904	CHECK 215 AND 219: ONE OR MORE LIVING CHILDREN BORN IN JAN. 1995 OR LATER <input type="checkbox"/>	NO LIVING CHILDREN BORN IN JAN. 1995 OR LATER <input type="checkbox"/> → 1001
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IN 905 AND 906 RECORD THE LINE NUMBER AND NAME OF EACH CHILD BORN SINCE JANUARY 1995 AND STILL ALIVE. IN 908 AND 910 RECORD HEIGHT AND WEIGHT OF CHILDREN.

		1) YOUNGEST LIVING CHILD	2) NEXT-TO-YOUNGEST LIVING CHILD	3) NEXT-TO-NEXT-TO-YOUNGEST LIVING CHILD
905	LINE NO. FROM 212	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
906	NAME FROM 217	(NAME) _____	(NAME) _____	(NAME) _____
907	CHILD'S DATE OF BIRTH	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
908	HEIGHT (IN CENTIMETERS)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

909	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?	LYING 1 STANDING 2	LYING 1 STANDING 2	LYING 1 STANDING 2																																				
910	WEIGHT (IN KILOGRAMS)	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>																																				
911	DATE WEIGHED AND MEASURED	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td> </td><td> </td></tr></table>									2	0			DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td> </td><td> </td></tr></table>									2	0			DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td> </td><td> </td></tr></table>									2	0		
2	0																																							
2	0																																							
2	0																																							
912	RESULT OF WEIGHING AND MEASURING	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 <div style="text-align: right;">(SPECIFY)</div>	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 <div style="text-align: right;">(SPECIFY)</div>	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 <div style="text-align: right;">(SPECIFY)</div>																																				
913	NAME OF MEASURER : _____ NAME OF ASSISTANT : _____ <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input type="text"/> </div> <div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;"> <input type="text"/> </div> </div>																																							

SECTION 10. HEMOGLOBIN MEASUREMENT IN THE BLOOD

1000: READ TO THE RESPONDENT THE FOLLOWING INFORMATION ABOUT ANEMIA AND REQUEST HER PARTICIPATION IN THE ANEMIA TESTING PART OF THE SURVEY. IF THE RESPONDENT AGREES TO PARTICIPATE, ASK HER TO SIGN AND DATE THE RESPONDENT CONSENT FORM. THEN RECORD THE OUTCOME OF THIS REQUEST BY CIRCLING THE APPROPRIATE CODE ON THE NEXT PAGE.

REPUBLIC OF ARMENIA
NATIONAL STATISTICAL SERVICE

REPUBLIC OF ARMENIA
MINISTRY OF HEALTH

Dear Respondent:

The National Statistical Service and the Ministry of Health of the Republic of Armenia are conducting a Demographic and Health Survey in Armenia. As part of this program we study the prevalence of anemia among women and their children. We ask you to participate in this program, which will assist the Ministry of Health to develop specific measures to prevent and treat anemia.

Anemia is a disease, which is characterized by a low count of red blood cells. It results from poor nutrition and can be especially damaging to the health of pregnant and breastfeeding women.

Today, it is possible to rapidly (within a few minutes) diagnose this disease. A low level of hemoglobin can be determined by a Hemocue machine on the basis of a single drop of blood.

If you decide to participate in this program, we will ask you to provide a drop of blood from your finger for the analysis. Also, if you have a child of age 5 or less, please let our doctor to obtain a drop of blood from him/her. The procedure will be done by sterile, single-use instruments. The blood will be analysed using new sophisticated American equipment called Hemocue. The result of the analysis will be available to you right after the blood is taken and assessed by Hemocue. We will also keep the results confidential.

If you decide to participate in this program, please sign at the bottom of this form that you agree to provide a drop of blood from you and your child.

If you decide not to participate, it is your right, and we will respect your choice.

I _____
Last name, First name Middle name
 agree to donate a drop of blood for the purpose of anemia diagnosis. I also allow a drop of blood to be taken from my child(children) _____ for the purposes of anemia diagnosis.

Signature: _____ Date: _____ 2000

S

1001	RESPONDENT AGREES TO TESTING OF HERSELF AND/OR HER CHILD(REN)	1	RESPONDENT DOES NOT AGREE TO TESTING	2
		↓		↓
		1002		END

1002	RESPONDENT'S HEMOGLOBIN LEVEL (G/DL)				□□□
1002A	ADJUSTMENT FACTOR				--- □□□
1002B	RESPONDENT'S ADJUSTED HEMOGLOBIN LEVEL (G/DL)				□□□□
1003	RESULT	MEASURED 1 NOT PRESENT 2 REFUSED 3 OTHER _____ 6 (SPECIFY)			
1004	CHECK 212 AND 219: ONE OR MORE LIVING CHILDREN BORN IN JAN. 1995 OR LATER <input type="checkbox"/> NO LIVING CHILDREN BORN IN JAN. 1995 OR LATER <input type="checkbox"/> → 1009				
IN 1005 AND 1006 RECORD THE LINE NUMBER AND NAME OF EACH CHILD BORN IN JANUARY 1995 OR LATER AND STILL ALIVE. IN 1007 RECORD THE HEMOGLOBIN LEVEL IN THE BLOOD OF THE LIVING CHILDREN.					
		1) YOUNGEST LIVING CHILD	2) NEXT-TO-YOUNGEST LIVING CHILD	3) NEXT-TO-NEXT-TO-YOUNGEST LIVING CHILD	
1005	LINE NO. FROM 212	□□	□□	□□	
1006	NAME FROM 217	(NAME) _____	(NAME) _____	(NAME) _____	
1007	HEMOGLOBIN LEVEL IN THE BLOOD (G/DL)	□□□□	□□□□	□□□□	
1007A	ADJUSTMENT FACTOR	--- □□□	--- □□□	--- □□□	
1007B	RESPONDENT'S ADJUSTED HEMOGLOBIN LEVEL (G/DL)	□□□□	□□□□	□□□□	

1008	RESULT	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)	MEASURED 1 CHILD SICK 2 CHILD NOT PRESENT 3 CHILD REFUSED 4 MOTHER REFUSED 5 OTHER 6 (SPECIFY)
------	--------	--	--	--

1009	NAME OF HEMOGLOBIN MEASURER: _____ <input type="checkbox"/>
------	---

1010	CHECK 1002B AND 1007B: NO VALUES BELOW 7 G/DL <input type="checkbox"/> → GIVE MOTHER RESULT OF HEMOGLOBIN MEASUREMENT AND END THE INTERVIEW ONE OR MORE VALUES BELOW 7 G/DL <input type="checkbox"/> → GIVE MOTHER RESULT OF HEMOGLOBIN MEASUREMENT AND CONTINUE WITH 1011.
------	---

1011	CHECK HOUSEHOLD QUESTIONNAIRE Q5: RESPONDENT IS USUAL RESIDENT <input type="checkbox"/> RESPONDENT IS VISITOR <input type="checkbox"/> → END
------	---

1012	<p>Dear Respondent:</p> <p>We detected a low level of hemoglobin in your (your child's) blood. This indicates that you (your child) have developed severe anemia, which is serious health problem. We would like to inform about the doctor at the health care facility in your area about (your/your child's) condition. This will assist you in obtaining appropriate treatment for the condition.</p> <p>If you agree with this please sign at the bottom of this form.</p> <p>Thank you for your cooperation.</p> <p>I _____ Last name, First name Middle name</p> <p>agree that the information about the level of hemoglobin in my (my child _____)'s blood will be disclosed to the doctor at the local health care facility.</p> <p>Signature _____</p> <p>Date " ____ " _____ 2000</p>
------	---

RESPONDENT AGREES
TO REFERRAL OF HERSELF
AND/OR HER CHILD(REN)

1

↓

RESPONDENT DOES
NOT AGREE TO REFERRAL

2

↓

END

1013

RECORD NAMES OF WOMEN AND CHILD(REN) WITH HEMOGLOBIN LEVEL LESS THAN 7G/DL ON REFERRAL FORM

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

DATA FROM CLINICS

		LAST BIRTH	NEXT-TO-LAST BIRTH	NEXT-TO-NEXT-TO-LAST BIRTH
		NAME _____ -	NAME _____	NAME _____

424Z	RECORD BIRTHWEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input style="width:40px;" type="text"/> NO CARD AVAILABLE 99998	GRAMS FROM CARD 1 <input style="width:40px;" type="text"/> NO CARD AVAILABLE 99998	GRAMS FROM CARD 1 <input style="width:40px;" type="text"/> NO CARD AVAILABLE 99998
------	--	---	---	---

457Z (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD.
 (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.

		NO CARD AVAILABLE 9999998 DAY MONTH YEAR	NO CARD AVAILABLE 9999998 DAY MONTH YEAR	NO CARD AVAILABLE 9999998 DAY MONTH YEAR
A	BCG	BCG <input style="width:40px;" type="text"/>	BCG <input style="width:40px;" type="text"/>	BCG <input style="width:40px;" type="text"/>
C	POLIO 1	P1 <input style="width:40px;" type="text"/>	P1 <input style="width:40px;" type="text"/>	P1 <input style="width:40px;" type="text"/>
D	POLIO 2	P2 <input style="width:40px;" type="text"/>	P2 <input style="width:40px;" type="text"/>	P2 <input style="width:40px;" type="text"/>
E	POLIO 3	P3 <input style="width:40px;" type="text"/>	P3 <input style="width:40px;" type="text"/>	P3 <input style="width:40px;" type="text"/>
G	DPT 1	D1 <input style="width:40px;" type="text"/>	D1 <input style="width:40px;" type="text"/>	D1 <input style="width:40px;" type="text"/>
H	DPT 2	D2 <input style="width:40px;" type="text"/>	D2 <input style="width:40px;" type="text"/>	D2 <input style="width:40px;" type="text"/>
I	DPT 3	D3 <input style="width:40px;" type="text"/>	D3 <input style="width:40px;" type="text"/>	D3 <input style="width:40px;" type="text"/>
K	DPT 4	D4 <input style="width:40px;" type="text"/>	D4 <input style="width:40px;" type="text"/>	D4 <input style="width:40px;" type="text"/>
L	MEASLES	MEA <input style="width:40px;" type="text"/>	MEA <input style="width:40px;" type="text"/>	MEA <input style="width:40px;" type="text"/>
M	PARTUSIS	PRT <input style="width:40px;" type="text"/>	PRT <input style="width:40px;" type="text"/>	PRT <input style="width:40px;" type="text"/>
N	HEPATITIS B (B1) VACCINE	HEP B (B1) <input style="width:40px;" type="text"/>	HEP B (B1) <input style="width:40px;" type="text"/>	HEP B (B1) .. <input style="width:40px;" type="text"/>
O	HEPATITIS B (B2) VACCINE	HEP B (B2) <input style="width:40px;" type="text"/>	HEP B (B2) <input style="width:40px;" type="text"/>	HEP B (B2) .. <input style="width:40px;" type="text"/>
P	HEPATITIS B (B3) VACCINE	HEP B (B3) <input style="width:40px;" type="text"/>	HEP B (B3) <input style="width:40px;" type="text"/>	HEP B (B3) .. <input style="width:40px;" type="text"/>

CALENDAR

INSTRUCTIONS: ONLY ONE CODE SHOULD APPEAR IN ANY BOX. FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN. INFORMATION TO BE CODED FOR EACH COLUMN

COL 1: BIRTHS, PREGNANCIES, PREGNANCY TERMINATIONS, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- S STILLBIRTH
- M MISCARRIAGE
- D INDUCED ABORTIONS
- R SELF-INDUCED ABORTION

- 0 NO METHOD OF CONTRACEPTION
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 PILL
- 4 IUD
- 5 INJECTIONS
- 6 IMPLANTS
- 7 CONDOM
- 8 FEMALE CONDOM
- 9 DIAPHRAGM
- F FOAM/JELLY/CREAM/SUPPOSITORY
- L LACTATIONAL AMENORRHEA METHOD
- A CALENDAR METHOD/ PERIODIC ABSTINENCE
- W WITHDRAWAL
- X OTHER _____
(SPECIFY)

COL 2: SOURCE OF CONTRACEPTION

- 1 HOSPITAL
- 2 POLYCLINIC
- 3 WOMEN'S CONSULTING CENTER
- 4 FGP
- 5 FAP
- 6 OTHER PUBLIC
- 7 PVT. HOSPITAL/CLINIC
- 8 PHARMACY
- 9 PRIVATE DOCTOR
- A NON GOVT. MOBILE CLINIC
- B NON GOVT. FIELD WORKER
- C OTHER PRIVATE MEDICAL
- D SHOP
- E RELIGIOUS ORGANIZATION
- F FRIENDS/RELATIVES
- X OTHER _____
(SPECIFY)

NAME OF CHILD	DATA	1	2	3	4	5	DATA	
2000	12 DEC	1					1	12 DEC
	11 NOV	2					2	11 NOV
	10 OCT	3					3	10 OCT
	09 SEP	4					4	09 SEP
	08 AUG	5					5	08 AUG
	07 JUL	6					6	07 JUL
	06 JUN	7					7	06 JUN
	05 MAY	8					8	05 MAY
	04 APR	9					9	04 APR
	03 MAR	1					1	03 MAR
	02 FEB	1					1	02 FEB
	01 JAN	1					1	01 JAN
1999	12 DEC	13					13	12 DEC
	11 NOV	14					14	11 NOV
	10 OCT	15					15	10 OCT
	09 SEP	16					16	09 SEP
	08 AUG	17					17	08 AUG
	07 JUL	18					18	07 JUL
	06 JUN	19					19	06 JUN
	05 MAY	20					20	05 MAY
	04 APR	21					21	04 APR
	03 MAR	22					22	03 MAR
	02 FEB	23					23	02 FEB
	01 JAN	24					24	01 JAN
1998	12 DEC	25					25	12 DEC
	11 NOV	26					26	11 NOV
	10 OCT	27					27	10 OCT
	09 SEP	28					28	09 SEP
	08 AUG	29					29	08 AUG
	07 JUL	30					30	07 JUL
	06 JUN	31					31	06 JUN
	05 MAY	32					32	05 MAY
	04 APR	33					33	04 APR
	03 MAR	34					34	03 MAR
	02 FEB	35					35	02 FEB
	01 JAN	36					36	01 JAN

20
0
0

1

1
9
9
8

COL 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND 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 COST TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
(SPECIFY)
- Z DON'T KNOW

- COL 4: MARRIAGE/UNION
- X IN UNION (MARRIED OR LIVING TOGETHER)
 - 0 NOT IN UNION

Col 5 PLACE OF ABORTION

- 1 DELIVERY HOSPITAL
- 2 HOSPITAL
- 3 FGP
- 4 PRIVATE CLINIC
- 5 WOMEN'S CONSULTING CENTER
- 6 OTHER _____
(SPECIFY)

NAME OF CHILD	DATA	1	2	3	4	5	DATA	
_____	12 DEC	37					37	12 DEC
	11 NOV	38					38	11 NOV
	10 OCT	39					39	10 OCT
	09 SEP	40					40	09 SEP
	08 AUG	41					41	08 AUG
	07 JUL	42					42	07 JUL
	06 JUN	43					43	06 JUN
	05 MAY	44					44	05 MAY
	04 APR	45					45	04 APR
	03 MAR	46					46	03 MAR
_____	02 FEB	47					47	02 FEB
	01 JAN	48					48	01 JAN
	12 DEC	49					49	12 DEC
	11 NOV	50					50	11 NOV
	10 OCT	51					51	10 OCT
	09 SEP	52					52	09 SEP
	08 AUG	53					53	08 AUG
	07 JUL	54					54	07 JUL
	06 JUN	55					55	06 JUN
	05 MAY	56					56	05 MAY
_____	04 APR	57					57	04 APR
	03 MAR	58					58	03 MAR
	02 FEB	59					59	02 FEB
	01 JAN	60					60	01 JAN
	12 DEC	61					61	12 DEC
	11 NOV	62					62	11 NOV
	10 OCT	63					63	10 OCT
	09 SEP	64					64	09 SEP
	08 AUG	65					65	08 AUG
	07 JUL	66					66	07 JUL
_____	06 JUN	67					67	06 JUN
	05 MAY	68					68	05 MAY
	04 APR	69					69	04 APR
	03 MAR	70					70	03 MAR
	02 FEB	71					71	02 FEB
	01 JAN	72					72	01 JAN

19

9

7

19

9

7

199

6

1

199

5

1

9

9

5

ARMENIA DEMOGRAPHIC AND HEALTH SURVEY
MEN'S QUESTIONNAIRE

REPUBLIC OF ARMENIA
NATIONAL STATISTICAL SERVICE
MINISTRY OF HEALTH

IDENTIFICATION																						
PLACE NAME _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					
NAME OF HOUSEHOLD HEAD _____																						
CLUSTER NUMBER																						
HOUSEHOLD NUMBER																						
REGION																						
URBAN/RURAL (URBAN=1, RURAL=2)																						
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE																						
(large city=1, small city=2, town=3, countryside=4)																						
NAME AND LINE NUMBER OF MAN _____																						

INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY MONTH YEAR												
INTERVIEWER'S NAME	_____	_____	_____	NAME												
RESULT*	_____	_____	_____	RESULT												
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS												
TIME	_____	_____		□												
<p>*RESULT CODES:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">4 REFUSED</td> <td style="width: 25%;"></td> <td style="width: 25%;">7 OTHER _____</td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td></td> <td style="text-align: right;">(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED		7 OTHER _____	2 NOT AT HOME	5 PARTLY COMPLETED		(SPECIFY)	3 POSTPONED	6 INCAPACITATED		
1 COMPLETED	4 REFUSED		7 OTHER _____													
2 NOT AT HOME	5 PARTLY COMPLETED		(SPECIFY)													
3 POSTPONED	6 INCAPACITATED															

	ARMENIAN	RUSSIAN	OTHER
1. LANGUAGE OF INTERVIEW	1	2	3
2. NATIVE LANGUAGE OF RESPONDENT	1	2	3
	YES	NO	
3. WHETHER TRANSLATOR USED	1	2	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	□	□
DATE _____	DATE _____	□	□

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with the National Statistical Service and the Ministry of Health of the Republic of Armenia. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions about yourself and your family. This information will help the government to plan health services. The survey usually takes about 20 to 30 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?

May I begin the interview now?

Signature of interviewer: _____ Date: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In the last 12 months, have you ever traveled away from your home community and slept away?	YES 1 NO 2	→ 108
106	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY <input type="text"/> <input type="text"/>	
107	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES 1 NO 2	
108	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 110
109	How old were you at your last birthday? COMPARE AND CORRECT 108 AND/OR 109 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
110	Have you ever attended school?	YES 1 NO 2	→ 117
111	What is the highest level of school you attended: primary, secondary, secondary-special, undergraduate, or graduate?	SCHOOL (PRIMARY/SECOND) 1 SECONDARY-SPECIAL 2 UNDERGRADUATE 3 GRADUATE 4	
112	What is the highest (class/course) that you completed at that level?	CLASS /COURSE <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
117	Do you read a newspaper or magazine almost every day, at least once a week, occasionally, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NOT AT ALL 4	
118	Do you listen to the radio almost every day, at least once a week, occasionally, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NOT AT ALL 4	
119	Do you watch television almost every day, at least once a week, occasionally, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 OCCASIONALLY 3 NOT AT ALL 4	
120	Are you currently working?	YES 1 NO 2	→ 123
121	Have you done any work in the last 12 months?	YES 1 NO 2	→ 123
122	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 INACTIVE 3 COULD NOT WORK/HANDICAPPED 4 OTHER _____ 6 (SPECIFY)	→ 129
123	What is your occupation, that is, what kind of work do you mainly do?	<input type="checkbox"/> <input type="checkbox"/> _____ _____ _____	
124	CHECK 123: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 126
125	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
126	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="checkbox"/> <input type="checkbox"/>	
127	Are you paid in cash or kind for this work, or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 129
128	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HIS INCOME IS ALL SAVED 6	
129	What is your religion?	CHRISTIAN 1 MUSLIM 2 OTHER _____ 6 (SPECIFY) NOT RELIGIOUS 7 DON'T KNOW 8	
130	What is your nationality?	ARMENIAN 1 RUSSIAN 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> →206
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	<input type="checkbox"/> →204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> DAUGHTERS AT HOME <input type="text"/>	
204	Do you have any sons or daughters you have fathered who are alive but do not live with you?	YES 1 NO 2	<input type="checkbox"/> →206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/>	
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but died soon after childbirth?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> →208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> GIRLS DEAD <input type="text"/>	
208	(In addition to the children that you have just told me about), have you ever fathered a) any sons or daughters who are alive but who are not legally yours or do not have your last name? b) any sons or daughters who died who were not legally yours or who did not have your last name? NO <input type="checkbox"/> TO BOTH OTHER <input type="checkbox"/> →	PROBE AND CORRECT 201-207 AS NECESSARY.	
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL IF NONE, RECORD '00'.	TOTAL CHILDREN <input type="text"/>	

SECTION 3. CONDOMS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP/CH
301	Have you ever heard of condoms? IF NO, PROBE: Men can put a condom (a rubber sheath) on their penis before sexual intercourse.	YES 1 NO 2	→401
302	Have you ever used a condom?	YES 1 NO 2	→323
312	How old were you when you used a condom for the first time?	AGE AT FIRST USE <input type="text"/> <input type="text"/> DOES NOT REMEMBER 98	
313	Why did you use a condom that first time? PROBE: Any other reason? RECORD ALL REASONS MENTIONED.	TO AVOID PREGNANCY A TO AVOID GETTING AIDS/HIV B TO AVOID GETTING AN STD C TO AVOID INFECTING PARTNER D TO EXPERIMENT/TRY A CONDOM E OTHER _____ X (SPECIFY)	
314	Now when you have sex, do you use a condom every time, sometimes, or not at all?	EVERY TIME 1 SOMETIMES 2 NOT AT ALL 3 NOT HAVING SEX 4	→316 →316
315	When do you use a condom? PROBE: Any other times? RECORD ALL SITUATIONS MENTIONED.	ON PARTNER'S FERTILE DAYS A DURING WIFE'S/PARTNER'S MENSTRUATION B WHEN NOT USING SOME OTHER METHOD C WITH A STRANGER D WITH A COMMERCIAL SEX WORKER E WITH ANYONE OTHER THAN WIFE/REGULAR PARTNER F WITH WIFE/REGULAR PARTNER G OTHER _____ X (SPECIFY)	
316	Have you ever experienced any problems with using condoms? IF YES: What problems have you experienced? PROBE: Any other problems? RECORD ALL PROBLEMS MENTIONED.	TOO EXPENSIVE A EMBARRASSING TO BUY/OBTAIN B DIFFICULT TO DISPOSE OF C DIFFICULT TO PUT ON/TAKE OFF D SPOILS THE MOOD E DIMINISHES PLEASURE F WIFE PARTNER OBJECTS/DOES NOT LIKE G WIFE/PARTNER GOT PREGNANT H INCONVENIENT TO USE/MESSY I CONDOM BROKE J OTHER _____ X (SPECIFY) NO PROBLEM Y	
317	CHECK 314: CURRENT USE OF CONDOMS ¹ EVERY TIME <input type="checkbox"/> OR SOMETIMES <input type="checkbox"/> NOT AT ALL/ NOT HAVING SEX <input type="checkbox"/> _____		→323

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPCHE																								
319	<p>From where do you usually obtain the condoms?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>FIELD WORKER 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>MOBILE CLINIC 24</p> <p>FIELD WORKER 25</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>SCHOOL 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>																									
320	<p>How much do you usually pay for a packet of condoms?</p>	<p>COST PER PACKET <input type="text"/></p> <p>FREE 995</p> <p>DON'T KNOW 998</p>	<p>↳323</p>																								
321	<p>How many condoms are in each packet?</p>	<p>NUMBER <input type="text"/></p>																									
322	<p>Do you think that at this price condoms are inexpensive, just affordable, or too expensive?¹</p>	<p>INEXPENSIVE 1</p> <p>JUST AFFORDABLE 2</p> <p>TOO EXPENSIVE 3</p>																									
323	<p>I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each.</p> <p>a) Condoms diminish a man's sexual pleasure.</p> <p>b) A condom is very inconvenient to use.</p> <p>c) A condom can be reused.</p> <p>d) A condom protects against disease.</p> <p>e) A woman has no right to tell a man to use a condom.</p>	<table border="0"> <thead> <tr> <th></th> <th>AGREE</th> <th>DISAGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	
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e)	1	2	8																								

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→405 →405
401A	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner?	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER 4	→401C →401C →401C
401B	Do you have one or more than one regular partner?	ONE REGULAR PARTNER 1 MORE THAN ONE REGULAR PARTNER 2	
401C	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→411 →416
404	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→411
405	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
406	RECORD THE WIFE'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NUMBER <input type="text"/> <input type="text"/>	
411	Have you been married or lived with a woman only once, or more than once?	ONCE 1 MORE THAN ONCE 2	→414
413	In total, how many women have you been married to or lived with as if married in your whole life?	NUMBER OF WOMEN <input type="text"/> <input type="text"/>	
414	CHECK 411: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONLY ONE WIFE/ PARTNER</p> <p>↓</p> <p>In what month and year did you start living with your wife/partner?</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE</p> <p>↓</p> <p>Now we will talk about your first wife/partner. In what month and year did you start living with her?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→416
415	How old were you when you started living with her?	AGE <input type="text"/> <input type="text"/>	
416	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse with a woman (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→448
417	When was the last time you had sexual intercourse with a woman? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→448
418	The last time you had sexual intercourse with a woman, was a condom used?	YES 1 NO 2	→424

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
419	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT PREGNANCY 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FELT SHE HAD OTHER PARTNERS 4 PARTNER REQUESTED/INSISTED 5 OTHER _____ 6 (SPECIFY)	→424								
424	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER 06 OTHER _____ 96 (SPECIFY)	→426								
425	For how long have you had sexual relations with this woman?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
426	Have you had sex with any other woman in the last 12 months?	YES 1 NO 2	→445								
427	The last time you had sexual intercourse with another woman, was a condom used?	YES 1 NO 2	→433								
428	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT A PREGNANCY 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FELT SHE HAD OTHER PARTNERS 4 PARTNER REQUESTED/INSISTED 5 OTHER _____ 6 (SPECIFY)	→433								
433	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER 06 OTHER _____ 96 (SPECIFY)	→435								
434	For how long have you had sexual relations with this woman?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
435	Other than these two women, have you had sex with any other woman in the last 12 months?	YES 1 NO 2	→445
436	The last time you had sexual intercourse with this third woman, was a condom used?	YES 1 NO 2	→442
437	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 1 RESPONDENT WANTED TO PREVENT A PREGNANCY 2 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER/FELT SHE HAD OTHER PARTNERS 4 PARTNER REQUESTED/INSISTED 5 OTHER _____ 6 (SPECIFY)	→442
442	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER 01 WOMAN IS GIRLFRIEND/FIANCÉE 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER 06 OTHER _____ 96 (SPECIFY)	→444
443	For how long have you had sexual relations with this woman?	DAYS 1 WEEKS 2 MONTHS 3 YEARS 4	
444	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS	
445	Have you ever paid for sex?	YES 1 NO 2	→448
446	How long ago was the last time you paid for sex?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	
447	The last time that you paid for sex, was a condom used on that occasion?	YES 1 NO 2	
448	CHECK 319: SOURCE OF CONDOMS SOURCE NOT CIRCLED <input type="checkbox"/> SOURCE CIRCLED <input type="checkbox"/>		→450
449	Do you know of a place where a person can get condoms?	YES 1 NO 2	→631

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
450	<p>What places do you know of where a person can get condoms?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>PROBE: Any other place?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>FAMILY PLANNING CLINIC. C</p> <p>MOBILE CLINIC D</p> <p>FIELD WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELD WORKER K</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>CHURCH N</p> <p>FRIENDS/RELATIVES O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
451	<p>If you wanted to, could you yourself get a condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 6: HEALTH

631	ASK 631, THEN FOLLOW SKIP PATTERN TO 632 AND 633 FOR EACH ILLNESS Now tell me about your own health. Have you ever, at any time in your life, had...		632 Have you ever sought treatment for (NAME OF PROBLEM) ?	633 Have you had (NAME OF PROBLEM) in the last 3 months?
631A	Tuberculosis?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2	YES 1 NO 2
631B	Asthma?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2	YES 1 NO 2
631C	Diabetes?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2	YES 1 NO 2
631D	High blood pressure?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2	YES 1 NO 2
631E	Heart problem?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2	YES 1 NO 2
631F	Malaria?	YES 1→ NO 2 DON'T KNOW 8	YES 1 NO 2	YES 1 NO 2
631G	Hepatitis or Botkins Disease?	YES 1→ NO 2 DON'T KNOW 8	YES 1 NO 2	YES 1 NO 2
631H	Kidney disease	YES 1→ NO 2 DON'T KNOW 8	YES 1 NO 2	YES 1 NO 2
634	CHECK 633 (HEALTH PROBLEMS IN THE LAST 3 MONTHS):			
	AT LEAST ONE YES <input type="checkbox"/>		OTHER <input type="checkbox"/>	→638A
635	At any time during the last 3 months, did (this/these) health problem(s) prevent you from doing your work or other regular activities?		YES 1 NO 2	→637
636	For how many days in the last 3 months were you unable to do your work or regular activities due to this (these) health problem(s)?		NUMBER OF DAYS <input type="text"/>	

637	CHECK 632 (TREATMENT FOR ALL HEALTH PROBLEMS): AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/> →638A	
638	Where did you go for treatment for this (these) health problem(s)? IF SOURCE IS HOSPITAL, HEALTH CENTER OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) PROBE: Did you go anywhere else for treatment? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT HEALTH POST C MOBILE CLINIC D FIELD WORKER E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I MOBILE CLINIC J FIELD WORKER K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP M TRADITIONAL PRACTITIONER N OTHER _____ X (SPECIFY)
638A	CHECK 631A (EVER HAD TB): CODE '1' NOT CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/> →638C	
638B	Have you heard of an illness called tuberculosis?	YES 1 NO 2 →639
638C	Has anyone in your family ever had tuberculosis?	YES 1 NO 2
638D	Other than your family, is there anyone with whom you have frequent contact (neighbors, colleagues or close friends) who has ever had tuberculosis?	YES 1 NO 2
638E	What signs or symptoms would lead you to think that a person has tuberculosis?	COUGHING A COUGHING FOR EXTENDED PERIOD OF TIME B COUGHING WITH SPUTUM C BLOOD IN SPUTUM D FEVER E LOSS OF APPETITE F NIGHTSWEATS G PAIN IN CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS J LETHARGY K OTHER _____ X (SPECIFY) DON'T KNOW Z →638G

638F	What are the symptoms of tuberculosis which would convince you to seek medical assistance?	COUGHING A COUGHING FOR EXTENDED PERIOD OF TIME B COUGHING WITH SPUTUM C BLOOD IN SPUTUM D FEVER E LOSS OF APPETITE F NIGHTSWEATS G PAIN IN CHEST H TIREDNESS/FATIGUE I WEIGHT LOSS J LETHARGY K OTHER _____ X (SPECIFY) DON'T KNOW Z	
638G	Did you know that tuberculosis can be completely cured with proper medication?	YES 1 NO 2	
638H	When a person first discovers that he or she had tuberculosis, how should that person be treated initially: hospitalized, treated at home, or both?	HOSPITALIZED 1 TREATED AT HOME 2 INITIALLY HOSPITALIZED, THEN AT HOME 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
638I	How does tuberculosis spread from one person to another?	THROUGH AIR WHEN COUGHING 1 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
639	Now I would like to ask you some other questions. Have you had any kind of injection in the last 3 months?	YES 1 NO 2	→642
640	How many injections have you had in the last 3 months?	NUMBER OF INJECTIONS <input type="text"/> <input type="text"/> EVERY DAY 95	
641	The last time you had an injection, who was the person who gave you the injection?	DOCTOR/HEALTH PROFESSIONAL 1 PHARMACIST 2 TRADITIONAL PRACTITIONER 3 FRIEND/RELATIVE 4 SELF 5 OTHER _____ 6 (SPECIFY)	
642	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES A YES, PIPE B YES, OTHER TOBACCO C NO Y	
643	CHECK 642: CODE 'A' CIRCLED <input type="checkbox"/> CODE 'A' NOT CIRCLED <input type="checkbox"/>		→645
644	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES <input type="text"/> <input type="text"/>	
645	Have you ever drunk an alcohol-containing beverage?	YES 1 NO 2	→701
646	In the last 3 months, on how many days did you drink an alcohol-containing beverage? IF EVERY DAY, RECORD '90'.	NUMBER OF DAYS <input type="text"/> <input type="text"/> NONE 95	
647	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	YES 1 NO 2	→701

648	CHECK 646: DRANK ALCOHOL ON AT LEAST ONE DAY <input type="checkbox"/> NONE <input type="checkbox"/> _____	→701
649	In the last 3 months, on how many occasions did you get "drunk"?	NUMBER OF TIMES <input type="checkbox"/> <input type="checkbox"/> NONE 95

SECTION 7. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS or the virus HIV?	YES 1 NO 2	→724
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↳709
703	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL PARTNERS D AVOID SEX WITH PROSTITUTES E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID SHARING RAZORS/BLADES K AVOID KISSING L AVOID MOSQUITO BITES M SEEK PROTECTION FROM TRADITIONAL PRACTITIONER N OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
705	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
707	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
709	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
710	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	↳713
712	Can the virus that causes AIDS be transmitted from a mother to her child... During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY 1 2 8 DURING DELIVERY 1 2 8 BY BREASTFEEDING 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES 1 NO 2	→727
724A	Which venereal or sexually transmitted infections have you heard of?	SYPHILIS A GONORRHEA B CLAMYDIA C HERPES D OTHER _____ X (SPECIFY)	
725	If a man has a venereal or sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE/DRIPPING B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA . E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT L IMPOTENCE M OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
726	If a woman has a venereal or sexually transmitted disease, what symptoms might she have? Any others? RECORD ALL SYMPTOMS MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA . E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE A CHILD L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z	
727	CHECK 416: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→801
728	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted disease?	YES 1 NO 2 DON'T KNOW 8	
729	Sometimes, men experience an abnormal discharge from their penis. During the last 12 months, have you had a discharge from your penis?	YES 1 NO 2 DON'T KNOW 8	
730	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
731	CHECK 728/729/730: HAS HAD AN INFECTION <input type="checkbox"/> HAS NOT HAD AN INFECTION <input type="checkbox"/>		→801															
732	The last time you had (PROBLEM(S) FROM 728/729/730), did you seek any kind of advice or treatment?	YES 1 NO 2	→734															
733	The last time you had (PROBLEM(S) FROM 728/729/730), did you do any of the following? Did you.... a) Seek advice from a health worker in a clinic or hospital? b) Seek advice or medicine from a traditional healer? c) Seek advice or buy medicine in a shop or pharmacy? d) Ask for advice from friends or relatives?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> </tr> <tr> <td>CLINIC/HOSPITAL</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>SHOP/PHARMACY</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER	1	2	SHOP/PHARMACY	1	2	FRIENDS/RELATIVES	1	2	
	YES	NO																
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FRIENDS/RELATIVES	1	2																
734	When you had (PROBLEM(S) FROM 728/729/730), did you inform the person(s) with whom you were having sex?	YES 1 NO 2 SOME/ NOT ALL 3 DID NOT HAVE A PARTNER 4	→801															
735	When you had (PROBLEM(S) FROM 728/729/730), did you do anything to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER(S) ALREADY INFECTED 3	→801															
736	What did you do to avoid infecting your partner(s)? Did you.... Use medicine? Stop having sex? Use a condom when having sex?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right">YES</td> <td style="text-align:right">NO</td> </tr> <tr> <td>USE MEDICINE</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>STOP SEX</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> <tr> <td>USE CONDOM</td> <td style="text-align:right">1</td> <td style="text-align:right">2</td> </tr> </table>		YES	NO	USE MEDICINE	1	2	STOP SEX	1	2	USE CONDOM	1	2				
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USE CONDOM	1	2																

SECTION 8. ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP				
801	<p>In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:</p> <p>a) making large household purchases?</p> <p>b) making small daily household purchases?</p> <p>c) deciding when to visit family, friends or relatives?</p> <p>d) deciding what to do with the money she earns for her work?</p> <p>e) deciding how many children to have and when to have them?</p>	<p>HUSB- AND</p>	<p>WIFE</p>	<p>BOTH</p>	<p>DON'T KNOW/ DEPENDS</p>					
		a)	1	2	3	8				
		b)	1	2	3	8				
		c)	1	2	3	8				
		d)	1	2	3	8				
		e)	1	2	3	8				
802	<p>Sometimes a husband is annoyed or angered by things that his wife/partner does. In your opinion, is a husband justified in hitting or beating his wife in the following situations...</p> <p>a) If she goes out without telling him?</p> <p>b) If she neglects the children?</p> <p>c) If she argues with him?</p> <p>d) If she refuses to have sex with him?</p> <p>e) If she burns the food?</p>		<p>YES</p>	<p>NO</p>	<p>DON'T KNOW/ DEPENDS</p>					
		f)		1	2	8				
		g)		1	2	8				
		h)		1	2	8				
		i)		1	2	8				
		j)		1	2	8				
803	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...</p> <p>a) She is tired and not in the mood?</p> <p>b) She has recently given birth?</p> <p>c) She knows her husband has sex with other women?</p> <p>d) She knows her husband has a sexually transmitted disease?</p>		<p>YES</p>	<p>NO</p>	<p>DON'T KNOW/ DEPENDS</p>					
		a)		1	2	8				
		b)		1	2	8				
		c)		1	2	8				
		d)		1	2	8				
804	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of financial support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go and have sex with another woman?</p>		<p>YES</p>	<p>NO</p>	<p>DON'T KNOW/ DEPENDS</p>					
		a)		1	2	8				
		b)		1	2	8				
		c)		1	2	8				
		d)		1	2	8				
805	<p>RECORD THE TIME.</p>	<p>HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>								