

NATIONAL FERTILITY SURVEY

INDIVIDUAL QUESTIONNAIRE NFS/D

ENGLISH VERSION

CONFIDENTIAL

20

ENUMERATION AREA

1  
[ ][ ]

HOUSEHOLD NUMBER

3  
[ ][ ]

IN THE AREA

6  
[ ][ ]

LINE NUMBER OF  
RESPONDENT

9  
[ ][ ]

PROVINCE \_\_\_\_\_

DEPARTMENT \_\_\_\_\_

ARRONDISSEMENT \_\_\_\_\_

VILLAGE OR TOWN \_\_\_\_\_

SECTION OF TOWN \_\_\_\_\_

STRUCTURE NUMBER [ ][ ][ ]

HOUSEHOLD NUMBER [ ][ ]

FIRST AND LAST NAMES OF RESPONDENT \_\_\_\_\_

SCRUTINIZED * NAME _____ DATE _____	SPOT-CHECKED * NAME _____ DATE _____	EDITED * NAME _____ DATE _____	CODED * NAME _____ DATE _____
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QUESTIONNAIRE MANAGEMENT

INTERVIEWER'S CALLS	1	2	3	4
DATE				
INTERVIEWER'S NAME				
INTERVIEWER'S CODE				
PLACE OF INTERVIEW				
TIME STARTED				
TIME ENDED				
DURATION				
RESULT				
REASONS OF RESULT				
DECISION OF SUPERVISOR				
NEXT VISIT	DATE			
	TIME			
RESULT CODES	1 Completed 2 Not at home 3 Deferred 4 Refused 5 Partly completed 6 Empty structure 7 Structure does not exist 8 Impossible access 9 Other (specify)			

12

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Comments \_\_\_\_\_

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\_\_\_\_\_

SECTION 1 RESPONDENT'S BACK GROUND

101 DO you live in this house?

YES

No

102 Do you live in \_\_\_\_\_?  
(Place Name)

Yes  No

103 Where do you usually live?  
\_\_\_\_\_  
(Place Name)

104 Have you always lived in \_\_\_\_\_  
(Place Name)

Yes

No

105 Where did you live when you were a child, that is, when you were less than 12 years old?  
\_\_\_\_\_  
(Place Name)

106 In what month and year were you born?

\_\_\_\_\_ 19\_\_\_\_\_  
Month year

Source \_\_\_\_\_  
(Source of information for Age)

3  0

1

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107 You know that schools have not opened in all parts of Cameroon at the same time. So, for one reason or another, some persons have not attended school. Have you ever attended school?

Yes  1  
↓

No  2  
(skip to 115)

23

108 What is the highest level of school that you attended, primary, secondary or University?

Primary  1

Secondary  2

University  3

Other \_\_\_\_\_  
(Specify)

24

109 What is the highest class that you completed at that level?

\_\_\_\_\_  
(class)

25

110 What is the highest diploma that you obtained?

\_\_\_\_\_  
Diploma

26

111 Have you had any training for a profession?

Yes  1  
↓

No  2  
(skip to 114)

27

112 What was it? \_\_\_\_\_

28

113 What was the highest professional diploma that you obtained?

\_\_\_\_\_  
(Professional Diploma)

30

114 Less than 6 years of school

More than 6 years of school

Skip to 116 -

115 Can you read, say, a newspaper or a magazine?

Yes  1

No  2

116 To which ethnic group do you belong? \_\_\_\_\_

32

117 What is your religion?

Catholic  1

Protestant  2

Muslim  3

Other  4

\_\_\_\_\_  
(Specify)

37

118 Do you have an official document which contains your name and your age?

Yes  1

No  2  
(skip to 201)

38

Type of Document \_\_\_\_\_

39

Nº of document. \_\_\_\_\_

Date of birth as indicated \_\_\_\_\_<sup>19</sup>\_\_\_\_\_

40

Place of birth \_\_\_\_\_

Section 2 Maternity History

201 We would now like to talk about a different subject, that is your children and pregnancies. However, as you know, the life of a woman begins with her first menstruation so we would like to begin with that. How old were you when you had your first period?

(age)  
↓

No yet begun   
(skip to 601)

--	--

44

202 and, how old are you now?

\_\_\_\_\_

--	--

46

203 Have you ever given birth to any children?

Yes

No

--

48

204 I mean, have you ever given birth to a boy or a girl who later died, even if the child lived for only a short time?

Yes   
(skip to 214)

No   
(skip to 216)

--

49

205 Do you have any sons you have given birth to, now living with you?

Yes

No   
(skip to 207)

--

50

206 How many live with you?

\_\_\_\_\_  
(Number)

--	--

51

207 Do you have any sons you have given birth to who do not live with you?

Yes

No   
(skip to 209.)

53

208 How many do not live with you.

\_\_\_\_\_  
(NUMBER)

54

209 Do you have any daughters you have given birth to now living with you?

Yes

No   
(skip to 211.)

55

210 How many live with you?

\_\_\_\_\_  
(NUMBER)

56

211 Do you have any daughters you have given birth to who do not live with you?

Yes

No   
(skip to 213.)

57

212 How many do not live with you?

\_\_\_\_\_  
(NUMBER)

60

213 Have you ever given birth to any boy or girl who later died, even if the child lived for only a short time?

Yes

No   
(skip to 215.)

62

214 How many of your children have died?

\_\_\_\_\_  
(NUMBER)

63

215 INTERVIEWER:

SUM ANSWERS TO 206, 208, 210, 212 and 214  
AND ENTER TOTAL HERE \_\_\_\_\_ (Total)  
NOW ASK:

--	--

65

Just to make sure I have this right,  
you have had \_\_\_\_\_ children. Is that correct?  
(SUM)

Yes

No

(Correct responses as necessary  
and proceed to 216)

216 Are you pregnant now?

Yes

No   
(Skip to 220)

D.K.   
(Skip to 220)

--

67

217 For how many months have you been pregnant? -

\_\_\_\_\_  
(Number of months)

218 When is the baby due?

\_\_\_\_\_ 19 \_\_\_\_\_  
(Month) (Year)

--

68

219 Would you prefer to have a boy or a girl?

Boy

Girl

Either

Other answer

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Specify)

--	--	--	--

69

--

73

220 See 215 and 216

Never Pregnant

One or more pregnancies  
Included Currently Pregnant

221 Have you ever been pregnant? I mean have you ever had a pregnancy, even one that lasted for just a few weeks or a few months?

223 Aside from the time(s) you have told me about, have there been any other times you were pregnant? I mean have you ever had a pregnancy that lasted for just a few weeks or a few months?

Yes  1

No  2  
(skip to 225)

Yes  3

No  4  
(skip to 225)

222 How many times have you had such pregnancies?

224 How many such pregnancies have you had?

(Number)

(Number)

225 See 216, 220, 222 and 224

74

75

77

Never pregnant  1  
(skip to 247)

Current Pregnancy  2  
first one  
(skip to 247)

Other cases  3

226 Now I would like to ask you some questions about each of your pregnancies, beginning with the first pregnancy you had

Ask questions 227 to 245

Total of pregnancies  
   
78



PREG-NUMBER	N.F.S. E.A. Household #	Line #	1st PREGNANCY				CHILD ALIVE		CHILD DEAD			NON-LIVE CHILD						
			228	229	230	231	232	233	234	235	236	238	239	240	242	243	244	
			In what month and year did your 1st, 2nd pregnancy end even if it lasted for just a few weeks?	How long ago was that?	How old were you then?	How long after your pregnancy was that?	Did the child show any sign of life after it was born?	Was it a boy or a girl?	Is this child still living?	What is his/her name?	How old is he/she?	Between these 2 pregnancies have you had another pregnancy even one which lasted just a few weeks?	For how long did he/she live?	How long ago was that?	In what month and year did the child die?	For how long did your pregnancy last?	Was it a boy or a girl?	Was it a still-birth a miscarriage or an abortion?
227							YES 1	B 1	YES 1									
			D.K. *				NO 2	G 2	NO 2									

			D.K. *				YES 1	B 1	YES 1									
							NO 2	G 2	NO 2									

Month	Year	Duration	Mother's age	Interval	Live birth	Still Alive	CHILD ALIVE		CHILD DEAD		NON-LIVE BIRTH								
							Age	Unity	Age death	Date death	Duration of pregnancy	Issue of pregnancy	Month						
			years	Duration	YES 1	YES 1	NO	Age	Age	Duration	Month	Year	1	Still-birth 1	2	Miscarriage 2	3	Abortion 3	
					NO 2	NO 2		Unity	Unity	Unity				1	Boy	2	Miscarriage 2	3	Abortion 3

					YES 1	YES 1												
					NO 2	NO 2												

					YES 1	YES 1												
					NO 2	NO 2												

Month	Year	Duration	Mother's age	Interval	Live birth	Still Alive	CHILD ALIVE		CHILD DEAD		NON-LIVE BIRTH								
							Age	Unity	Age death	Date death	Duration of pregnancy	Issue of pregnancy	Month						
			years	Duration	YES 1	YES 1	NO	age	Age	Duration	Month	Year	1	Still-birth 1	2	Miscarriage 2	3	Abortion 3	
					NO 2	NO 2		Unity	Unity	Unity				1	Boy	2	Miscarriage 2	3	Abortion 3



PREG-NUMBER	N.F.S. E.A. Household No. Line No.	228 In what month and year did your 1st, 2nd pregnancy end even if it lasted for just a few weeks?	229 How long ago was that?	230 How old were you then?	231 How long after your pregnancy was that?	232 Did the child show any sign of life after it was born?	233 Was it a boy or a girl?	234 Is this child still living?	CHILD ALIVE		CHILD DEAD			NON-LIVE CHILD		
									235 What is his/her name?	236 How old is he/she?	238 For how long did he/she live?	239 How long ago was that?	240 In what month and year did the child die?	242 For how long did your pregnancy last?	243 Was it a boy or a girl?	244 Was it a still-birth a miscarriage or an abortion?
227						YES 1	B 1	YES 1						MONTH	B 1	Still-birth 1
						NO 2	G 2	NO 2						DUE 9	G 2	Miscarriage 2
		D.K. *												D.K. 0	D.K. 0	Abortion 3

IN BETWEEN THESE 2 PREGNANCIES HAVEN'T YOU HAD ANOTHER PREGNANCY EVEN ONE WHICH LASTED JUST FOR A FEW WEEKS?

IN BETWEEN THESE 2 PREGNANCIES HAVEN'T YOU HAD ANOTHER PREGNANCY EVEN ONE WHICH LASTED JUST FOR A FEW WEEKS?

IN BETWEEN THESE 2 PREGNANCIES HAVEN'T YOU HAD ANOTHER PREGNANCY EVEN ONE WHICH LASTED JUST FOR A FEW WEEKS?

						YES 1	B 1	Yes 1						MONTH	B 1	Still-birth 1
						NO 2	G 2	NO 2						DUE 9	G 2	Miscarriage 2
		D.K. *												D.K. 0	D.K. 0	Abortion 3

Month	Year	Duration	Mother's age	Interval	Live birth	Still Alive	Child Alive		CHILD DEAD		NON-LIVE BIRTH			
							Age	Unity	Age death	Duration	Date death	Duration of pregnancy	Issue of pregnancy	
			years	Duration	YES 1	YES 1	NO	Age	Age	Duration	Month	Year	1	Still-birth 1
				Unity	NO 2	NO 2		Unity	Unity	Unity	Month	Year	2	Miscarriage 2
		D.K. *		Unity									3	Abortion 3

						YES 1	B 1	YES 1						MONTH	B 1	Still-birth 1
						NO 2	G 2	NO 2						DUE 9	G 2	Miscarriage 2
		D.K. *												D.K. 0	D.K. 0	Abortion 3

						YES 1	B 1	YES 1						MONTH	B 1	Still-birth 1
						NO 2	G 2	NO 2						DUE 9	G 2	Miscarriage 2
		D.K. *												D.K. 0	D.K. 0	Abortion 3

Month	Year	Duration	Mother's age	Interval	Live birth	Still Alive	Child Alive		CHILD DEAD		NON-LIVE BIRTH			
							age	Unity	Age death	Duration	Date death	Duration of pregnancy	Issue of pregnancy	
			years	Duration	YES 1	YES 1	NO	age	Age	Duration	Month	Year	1	Still-birth 1
				Unity	NO 2	NO 2		Unity	Unity	Unity	Month	Year	2	Miscarriage 2
		D.K. *		Unity									3	Abortion 3

PREG-NUMBER	228 In what month and year did your 1st, 2nd pregnancy end even if it lasted for just a few weeks?	229 How long ago was that?	230 How old were you then?	231 How long after your pregnancy was that?	232 Did the child show any sign of life after it was born?	233 Was it a boy or a girl?	234 Is this child still living?	CHILD ALIVE		CHILD DEAD			NON-LIVE CHILD					
								235 What is his/her name?	236 How old is he/she?	238 For how long did he/she live?	239 How long ago was that?	240 In what month and year did the child die?	242 For how long did your pregnancy last?	243 Was it a boy or a girl?	244 Was it a still-birth, a miscarriage or an abortion?			
227	—	—	—	—	YES 1	B 1	YES 1	—	—	—	—	—	—	—	—	—	—	—
	D.K *	—	—	—	NO 2	G 2	NO 2	—	—	—	—	—	—	—	—	—	—	—

—	—	—	—	—	YES 1	B 1	YES 1	—	—	—	—	—	—	—	—	—	—	—
	D.K *	—	—	—	NO 2	G 2	NO 2	—	—	—	—	—	—	—	—	—	—	—

Month	Year	Duration	Mother's age	Interval	Live birth	Still Alive	Child Alive		CHILD DEAD		NON-LIVE BIRTH							
							Age	Unity	Age death	Duration	Month	Year	Duration of pregnancy	Issue of pregnancy				
—	—	—	—	—	YES 1	NO	—	—	—	—	—	—	—	—	—	—	—	—
	D.K *	—	—	—	NO 2	—	—	—	—	—	—	—	—	—	—	—	—	—

—	—	—	—	—	YES 1	B 1	YES 1	—	—	—	—	—	—	—	—	—	—	—
	D.K *	—	—	—	NO 2	G 2	NO 2	—	—	—	—	—	—	—	—	—	—	—

—	—	—	—	—	YES 1	B 1	YES 1	—	—	—	—	—	—	—	—	—	—	—
	D.K *	—	—	—	NO 2	G 2	NO 2	—	—	—	—	—	—	—	—	—	—	—

Month	Year	Duration	Mother's age	Interval	Live birth	Still Alive	Child Alive		CHILD DEAD		NON-LIVE BIRTH							
							age	Unity	Age death	Duration	Month	Year	Duration of pregnancy	Issue of pregnancy				
—	—	—	—	—	YES 1	NO	—	—	—	—	—	—	—	—	—	—	—	—
	D.K *	—	—	—	NO 2	—	—	—	—	—	—	—	—	—	—	—	—	—

—	—	—	—	—	YES 1	B 1	YES 1	—	—	—	—	—	—	—	—	—	—	—
	D.K *	—	—	—	NO 2	G 2	NO 2	—	—	—	—	—	—	—	—	—	—	—

IN BETWEEN THESE 2 PREGNANCIES HAVEN'T YOU HAD ANOTHER PREGNANCY EVEN ONE WHICH LASTED JUST FOR A FEW WEEKS?

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246 SUMMARY AND CONTROL

LIVE BIRTHS		Non-live Births or Other Pregnancies	
Column 1	Column 2	Column 3	Column 4
Obtain number from 216 <hr/> (Number)	Total of "yes(es)" in 232 <hr/> (Number)	Obtain number from 222 or 224 <hr/> (Number)	Total of No(s) in 232 <hr/> (Number)

Compare columns 1 and 2 then columns 3 and 4  
if column 1 and 2 are equal go on to 247  
Otherwise, probe to obtain the correct totals.

247 Were there others present at this point?

No others  00

Children under 10  01

Husband  02

Other males  04

Other females  03

Code the total at the end of section 3 in 44-45

248 Reliability of responses in section 2

Good  1

Fair  2

Poor  3

Code in 46

SECTION 3 Contraceptive know ledge and use

5 0

3

6

9

301 Now I would like to talk about a somewhat different subject. As you perhaps know, there are different means which a woman can use to delay or avoid pregnancy. These include methods furnished by Europeans as well as other means always used here in Africa, that is herbs, bark from trees, special drinks, etc. I would like to talk now about both types of methods.

Have you ever heard of any traditional African ways?

Yes 1

NO 2

12

302 I mean, have you ever heard of any traditional methods which women use to delay or avoid a pregnancy?

Yes 1

NO 2 (Skip to 306)

303 What are the methods that you have heard of?

Four horizontal lines for writing methods.

Probe Do you know of any other?

If yes Which ones?

Three horizontal lines for writing other methods.

15

304 Have you ever used any of these methods?

Yes  1

No  2  
(skip to 306)

15

305 Which ones?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16

306 As you may know, some women are able to end a pregnancy by using traditional methods. Have you ever heard of any of these methods?

Yes  1

No  2

18

307 I mean that some women use some methods to stop a pregnancy which has already begun. Have you ever heard of any of these methods?  
  
Yes  1  
No  2  
(skip to 311)

308 What are the methods you have heard of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Probe Do you know of any others?

If yes: Which ones?  
\_\_\_\_\_  
\_\_\_\_\_

19

309 Have you ever used any of these methods?

Yes  1  
↓

No  2  
(skip to 311)

21

310 Which Ones?

---



---

22

311 Aside from traditional methods, as we have already said, some women use natural or scientific methods to avoid or to delay pregnancy. Have you ever heard of any of these methods?

Yes  1  
↓

No  2  
(skip to 313)

24

312 Which methods have you heard of?

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Record answer and proceed to circle the boxes in Column 1, corresponding to the method mentioned.  
For each method mentioned, ask:

Have you ever used \_\_\_\_\_ (Method)?  
Use the same words as the respondent used in 312 to name the methods. Circle the response in Column 3, corresponding to each method mentioned.

Now ask 314 to 321 skipping the methods circled in Column 1. Preface the questioning by saying:

There are some methods which you have not mentioned and I would like to know if you might have heard of them. Thus, I will now describe them to see whether you may have heard of them.

Start with the first un-circled method.

25



COL 1 Method		COL 2 ever heard of	COL 3 ever used
<p><input type="checkbox"/> 0 Loop</p>	<p>318 A woman may have a loop of plastic (the IUD) placed in her womb by a doctor and left there to avoid pregnancy. Have you ever heard of this method?</p> <p>Circle the response in Column 2 if yes <span style="margin-left: 100px;">→</span> if no, go to the next uncircled method</p> <p>↓</p> <p>Have you ever used this method? Circle the response in Column 3</p>	<p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>	<p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>
<p><input type="checkbox"/> 0 Other Scientific Methods</p>	<p>319 Some women place a tampon or sponge, or jelly or cream in themselves before sex to avoid getting pregnant. Have you ever heard of this method?</p> <p>Circle the response in Column 2 if yes <span style="margin-left: 100px;">→</span> if no, go to the next</p> <p>↓</p> <p>Have you ever used this method? Circle the response in Column 3</p>	<p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
<p><input type="checkbox"/> 0 Pill</p>	<p>320 Some women take a pill each day, except during menstruation in order to avoid getting pregnant. Have you ever heard of this method?</p> <p>Circle the response in Column 2 if yes <span style="margin-left: 100px;">→</span> if no, go to the next uncircled method</p> <p>↓</p> <p>Have you ever used this method? Circle the response in Column 3</p>	<p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>	<p><input type="checkbox"/> 1 <input type="checkbox"/> 2</p>
<p><input type="checkbox"/> 0 Others</p>	<p>321 Have you ever heard of any other methods that women use to avoid or delay a pregnancy?</p> <p>if yes: specify: (1) _____ _____</p> <p>For each method: Ask Have you ever used _____ (method) to avoid getting pregnant?</p> <p>Circle the response in Column 3 Respecting the appropriate box</p>	<p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>	<p>Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2 Yes <input type="checkbox"/> 1 No <input type="checkbox"/> 2</p>

34

35

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41

42

322 See 304, 309 and Col 3

At least one "Yes"  
in Column 3 or "yes"  
in 304 or "yes" in 309

All "No" in Column 3  
and "No" in 304  
and "No" in 309

43



323 I want to make sure that I have the correct information. Have you ever tried or done anything by traditional or modern ways to delay or avoid getting pregnant?

Yes

No

324 What way was that?

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(Correct and proceed to 401)

Reserved for office editing

Code these questions here  
247

44

248

46

Code here the response to question 401 in such a way that  
Yes  or No  should become a 4//  
sexual relations not yet begun  should become 5//

47

(This will allow to determine if there is a card )

Section 4 Marriage History

401 I would now like to ask you about another aspect of your life as a woman.

Do you remember how long a time there was between your first period and the first time you had sexual relations?

Yes  1

No  2  
(skip to 403)

Sexual relations not yet begun  3  
(skip to 575)



402 How long was it after (or before)?

\_\_\_\_\_ (Time)

403 How old were you when you had your first sexual relations?

\_\_\_\_\_ (Age)

404 Are you having sexual relations these days?

Yes  1

No  2  
(skip to 406)

405 Did you have sexual relations since last week?

Yes  1  
(skip to 408)

No  2  
(skip to 408)

406 Do you intend to resume sexual relations in the future?

Yes  1

No  2

407 Why not?  
\_\_\_\_\_  
\_\_\_\_\_

408 Have you ever been married?

Yes  1

No  2  
(skip to 429)

409 What is your marital status now?

Married  1  
(skip to 411)

Widowed  2

Divorced Separated  3

6  0

1

3

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410 Have you been married more than once?

Once [1]  
Record 1 in 423 and  
(skip to 424)

More [2]  
than once  
(skip to 423)

[ ]  
23

411 In what month and year did you and your husband begin living together?

\_\_\_\_ 19 \_\_\_\_  
(Month) (Year)

D.K. [5][3]

412 How old were you when you began living together?  
  
\_\_\_\_\_  
(Age)

[ ][ ] [ ][ ]  
24

415 Does your husband ordinarily live in the same compound as you do?

Yes [1]

No [2]  
(skip to 417)

[ ]  
28

414 During the last 12 months, have you and your husband lived apart for one month or more, perhaps because one of you traveled?

Yes [1]

No [2]  
(skip to 420)

[ ]  
29

415 How many times did it happen?

\_\_\_\_\_  
(Number)

416 How long did the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> . . . . . separation last?

1°/ \_\_\_\_\_  
(Duration)

Date of first separation

2°/ \_\_\_\_\_  
(Duration)

\_\_\_\_ 19 \_\_\_\_  
(Month) (Year)

3°/ \_\_\_\_\_  
(Duration)

4°/ \_\_\_\_\_  
(Duration)

(skip to 420)

[ ][ ]  
30

417 Is your husband away only for the time being or have you stopped living together for good?

Away for the time being  1

Stopped for good  2

32

418 In what month and year did you stop living together?

\_\_\_\_ 19\_\_\_\_  
(Month) (Year)

D.K.  3  8

33

419 How many years ago?

\_\_\_\_\_  
(Time)  
(Skip to 422)

420 Do you have <sup>CO-</sup>co-wives.

Yes  1

No  2  
(Skip to 422)

37

421 What number wife are you?

\_\_\_\_\_  
(Number)

422 Have you been married more than once?

38

Once  1  
(Skip to 429)

More than once  2

40

423 How many times have you been married altogether?

\_\_\_\_\_  
(Number)  
(Skip to 424)

41



429 TYPES DE PERSONNES PRESENTES AU MOMENT DE L'INTERVIEW  
DE LA SECTION 4

PERSONNE

ENFANTS MOINS DE 10 ANS

MARI

AUTRES HOMMES

AUTRES FEMMES

430 FIABILITE DES REPONSES DE LA SECTION 4

BONNE

MOYENNE

FAIBLE

8	1

--	--

--

7 2

3  
6  
9

MARRIAGE NUMBER			DIVORCE OR SEPARATION	DEATH
424	425	426	427	428
6	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> YEARS AGO _____ TIME	DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> YEARS AGO <input type="text"/> (SKIP TO 429)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> DURATION _____	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> DURATION _____
	<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"/>
7	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> YEARS AGO _____ TIME	DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> YEARS AGO <input type="text"/> (SKIP TO 429)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> DURATION _____	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> DURATION _____
	<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"/>
8	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> YEARS AGO _____ TIME	DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> YEARS AGO <input type="text"/> (SKIP TO 429)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> DURATION _____	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> DURATION _____
	<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"/>
9	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> YEARS AGO _____ TIME	DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> YEARS AGO <input type="text"/> (SKIP TO 429)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> DURATION _____	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> DURATION _____
	<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"/>
10	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> YEARS AGO _____ TIME	DEATH <input type="checkbox"/> DIVORCE <input type="checkbox"/> SEPARATION <input type="checkbox"/> YEARS AGO <input type="text"/> (SKIP TO 429)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> DURATION _____	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/> DURATION _____
	<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"/>



SECTION 5: FERTILITY REGULATION

501 SEE 216  
 CURRENTLY  1  
 PREGNANT  
 (SKIP TO 529)

NOT CURRENTLY  2  
 PREGNANT

15

502 SEE 215, 216, 222  
 HAS BEEN  1  
 PREGNANT  
 BEFORE

NEVER  2  
 PREGNANT  
 (SKIP TO 555)

16

**LAST PREGNANCY**

---

503 WRITE DATE OF BIRTH  
 PROBE IF MONTH AND YEAR ARE NOT GIVEN

\_\_\_\_\_ 19 \_\_\_\_\_ OR \_\_\_\_\_  
 (MONTH) (YEAR) (YEARS AGO)

NAME \_\_\_\_\_  
 (IF AVAILABLE)

504 RESULT: SEE 227 TO 245

LIVE BIRTH  1  
 CHILD ALIVE

LIVE BIRTH  2  
 CHILD DEAD

NON-LIVE  3  
 BIRTH  
 (SKIP TO 516)

17

21

505 Now I would like to ask you  
 some questions about the period  
 since the birth of

\_\_\_\_\_  
 (NAME OF LAST CHILD)

506 Now I would like to ask you some  
 questions about the period  
 since the birth of your last child  
 who later died.

Did you give birth to this child at home, in a dispensary, in a hospital or  
 somewhere else?

HOME  1  
 DISPENSARY  2  
 HOSPITAL  3

OTHER \_\_\_\_\_  4  
 (SPECIFY)

22

507 Who attended you during the birth?

FAMILY MEMBER  1

MIDWIFE OR NURSE  2

DOCTOR  3

OTHER \_\_\_\_\_  4  
(SPECIFY)

23

508 Did you breast-feed this child?

YES  1

NO  2  
(SKIP TO 512)

24

509 For how many months altogether did you breast-feed the child?

PROBE: That is, how many months old was the child when you completely stopped breast-feeding him/her?

\_\_\_\_\_  
(MONTH) ↓  
STILL BREAST-FEEDING  8  6  
(SKIP TO 511)

UNTIL THE CHILD  8  7  
DIED  
(SKIP TO 511)

25

510 After \_\_\_\_\_ months, did you completely stop breast-feeding your child, even once a day?

YES  \*  
↓

NO  \*  
(CORRECT 509 AS NECESSARY AND  
PROCEED TO 511)

511 How many months old was the child when you began giving him/her additional food along with breast-feeding?

\_\_\_\_\_  
(MONTH) ↓  
NO ADDITIONAL  8  6  
FOOD GIVEN YET  
(SKIP TO 514)

CHILD DIED BEFORE  8  7  
GIVEN OTHER  
FOODS  
↓

27

512 Did you bottle-feed this child?

YES  1  
↓

NO  2  
(SKIP TO 514)

29

513 How many months old was the child when you began bottle-feeding him/her?

\_\_\_\_\_  
(MONTH)

30

514 For how months after the birth of this child did you go without sexual relations?

PROBE: How many months old was the child when you resumed sexual relations?

\_\_\_\_\_  
(MONTH) ↓

NOT YET STARTED  8  6

32

515 How many months after the birth of this child did your period come back?

\_\_\_\_\_  
(MONTH)  
(SKIP TO 520)

PERIOD NOT BACK  
YET 8 6  
(SKIP TO 520)

34

516 Now, I would like to ask you some questions about the period since the last time you were pregnant. Did you deliver at home, in a dispensary, in a hospital or somewhere else?

HOME 1  
DISPENSARY 2  
HOSPITAL 3  
OTHER \_\_\_\_\_ 4  
(SPECIFY)

36

517 Who attended you during the delivery?

FAMILY MEMBER 1  
DOCTOR 3  
MIDWIFE OR NURSE 2  
OTHER \_\_\_\_\_ 4  
(SPECIFY)

37

518 For how many months after the end of this pregnancy did you go without sexual relations?

\_\_\_\_\_  
(MONTH)

NOT YET STARTED 8 6

38

519 How many months after the end of this pregnancy did your period come back?

\_\_\_\_\_  
(MONTH)

PERIOD NOT BACK  
YET 8 6

40

520 See 515 and 518  
sex relations resumed

1

sex relations not resumed 2  
(skip to 526)

42



521 See 322  
has used a contraceptive  
method

1

Has never used a  
contraceptive method 2  
(skip to 526)

43



522 Are you or your husband currently using a method to keep you from getting pregnant?

Yes 1

No 2  
(skip to 524)

44



523 What method are you using?

\_\_\_\_\_  
(Method)  
(skip to 531)

45

524 Have you or your husband used a contraceptive method since the birth of:  
(Name of last child)

\_\_\_\_\_  
or your last pregnancy

Yes 1

No 2  
(skip to 526)

47



525 What was the last contraceptive method you used?

\_\_\_\_\_  
(Method)

48

CLOSED INTERVAL FOR WOMEN CURRENTLY PREGNANT WITH TWO OR MORE PREGNANCIES AND CURRENTLY PREGNANT WOMEN WITH ONE OR MORE PREVIOUS PREGNANCIES

8 2

3

6

9

12

526 SEE 227 TO 245

ONLY ONE PREGNANCY  1  
(SKIP TO 564)

TWO OR MORE PREGNANCIES  2  
↓

13

14

17

18

19

23

**NEXT-TO LAST PREGNANCY**

527 WRITE THE DATE OF BIRTH  
PROBE IF MONTH AND YEAR ARE NOT GIVEN

\_\_\_\_\_ 19 \_\_\_\_\_ OR \_\_\_\_\_  
(MONTH) (YEAR) (YEARS AGO)

NAME \_\_\_\_\_  
(IF AVAILABLE)

528 RESULT: SEE 227 - 245

LIVE BIRTH CHILD ALIVE <input type="checkbox"/> 1 (SKIP TO 535)	LIVE BIRTH CHILD DEAD <input type="checkbox"/> 2 (SKIP TO 535)	NON-LIVE BIRTH <input type="checkbox"/> 3 (SKIP TO 546)
---	--	---

529 SEE 216, 227 to 245

CURRENT PREGNANCY IS THE FIRST  1

HAS BEEN PREGNANT BEFORE  2  
↓

**PREGNANCY BEFORE THE CURRENT ONE**

530 WRITE THE DATE OF BIRTH  
PROBE IF MONTH AND YEAR ARE NOT GIVEN

\_\_\_\_\_ 19 \_\_\_\_\_ OR \_\_\_\_\_  
(MONTH) (YEAR) (YEARS AGO)

NAME \_\_\_\_\_  
(IF AVAILABLE)

531 RESULT: SEE 227 - 245

LIVE BIRTH CHILD ALIVE <input type="checkbox"/> 1 (SKIP TO 532)	LIVE BIRTH CHILD DEAD <input type="checkbox"/> 2 (SKIP TO 532)	NON-LIVE BIRTH <input type="checkbox"/> 3 (SKIP TO 545)
---	--	---

532 Now I would like to ask you some questions about the period after the birth of \_\_\_\_\_ (or your last birth)  
(Name of last child)

Did you give birth to his child at home, in a dispensary, in a hospital or some-where else?

- Home  1
- Dispensary  2
- Hospital  3
- Other \_\_\_\_\_  4  
(specify)

24

533 Who attended you during the birth?

- Family member  1
- Doctor  3
- Midwife or Nurse  2
- Other \_\_\_\_\_  4  
(specify)

25

534 Did you breast feed this child?

- Yes  1  
(skip to 538)
- No  2  
(skip to 541)

26

535 Now I would like to ask you some questions about the period after the birth of \_\_\_\_\_ (Name of next-to-last child or your next-to-last birth)

Did you give birth to this child at home, in a dispensary, in a hospital or somewhere else?

- Home  1
- Dispensary  2
- Hospital  3
- Other \_\_\_\_\_  4  
(specify)

27

536 Who attended you during the birth?

- Family  1
- Doctor  3
- Midwife or Nurse  2
- Other \_\_\_\_\_  4  
(specify)

28

537 Did you breast-feed this child?

- Yes  1
- No  2  
(skip to 541)

29

538 For how many months altogether did you breast-feed the child?

Probe: that is how many months old was the child when you completely stopped breast-feeding him/her?

\_\_\_\_\_  
(Month) ↓

until the child died  8  6  
(skip to 540)

30

539 After \_\_\_\_\_ months, did you completely stop breast-feeding your child even once a day?

YES



NO   
(CORRECT 538 AS NECESSARY AND PROCEED TO 540)

540 How many months old was the child when you began giving him/her additional food along with breast-feeding?

\_\_\_\_\_  
(MONTH)  
↓

CHILD DIED BEFORE GIVEN OTHER FOODS



32

541 Did you bottle-feed this child?

YES

NO   
(SKIP TO 543)

34

542 How many months old was the child when you began bottle-feeding him/her?

\_\_\_\_\_  
(MONTH)

35

543 For how many months after the birth of this child did you go without sexual relations?

\_\_\_\_\_  
(MONTH)

37

544 How many months after the birth of this child did your period come back?

\_\_\_\_\_  
(MONTH)  
(SKIP TO 550)

PERIOD NEVER CAME BACK BECAME PREGNANT AGAIN    
(SKIP TO 550)

39

545 Now, I would like to ask you some questions about the period since your last pregnancy.

For how many months after the delivery did you go without sexual relations?

\_\_\_\_\_  
(MONTH)  
(SKIP TO 547)

41

546 Now I would like to ask you some questions about the time between your last two pregnancies. For how many months after the end of your next-to-last pregnancy did you go without sexual relations?

\_\_\_\_\_  
(Month)

43

547 Did you deliver at home, in a dispensary, in a hospital or some-where else?

Home  1  
Dispensary  2  
Hospital  3  
Other \_\_\_\_\_  4  
(specify)

45

548 Who attended you during the delivery?

Family member  1  
Doctor  3  
Midwife or Nurse  2  
Other \_\_\_\_\_  4  
(specify)

46

549 How many months after the end of that pregnancy did your period come back

\_\_\_\_\_  
(Month)  
↓

Period never came back,  
became pregnant again  8  6  
↓

47

550 See 322

has used a contraceptive

1  
↓

Has never used  
a contraceptive method  2  
(skip to 560)

48

551 see 501

Currently pregnant  1  
(skip to 553)

Not currently pregnant  2  
or D.K.  
↓

50

552 Was there any time in the interval between your last two pregnancies when you or your husband were using a method to keep you from getting pregnant?

Yes  1  
(skip to 554)

No  2  
(skip to 560)

51

553 Have you or your husband used a method to keep you from getting pregnant at any time since your last pregnancy?

Yes  1  
↓

No  2  
(skip to 560)

52

554 What was the method you used?

\_\_\_\_\_  
(Method)  
(skip to 560)

53

QUESTIONS FOR WOMEN WHO HAVE NEVER BEEN PREGNANT OR WHO ARE PREGNANT FOR THE FIRST TIME

8  3

555 See 352 has used a  
Contraceptive Method

1  
↓

has never used a  
Contraceptive method  2  
(skip to 560)

1     
3

6

9

12

556 see 501 currently pregnant  1  
(skip to 559)

Not currently pregnant or D.K  2  
↓

13

557 Are you or your husband currently using a method to keep you from getting pregnant?

Yes  1  
↓

No  2  
(skip to 559)

14

558 What method are you using?

\_\_\_\_\_  
(Method)  
(skip to 560)

15

559 What was the last contraceptive method you used?

\_\_\_\_\_  
(Method)

17

560 see 215, 216, 222, 224

Never pregnant [1]  
(skip to 563)

Currently pregnant [2]

All others [3]  
(skip to 563)

[ ]  
18

561 Do you want to have another child sometime, in addition to the one you are expecting?

Yes [1]

No [2]  
(skip to 580)

D.K. [3]  
(skip to 580)

[ ]  
20

562 How many children do you want to have, in addition to the one you are expecting?

\_\_\_\_\_ (Number) (skip to 580)

[ ][ ]  
21

563 see 402 and 227 to 245

Never pregnant [1]

No live birth [2]

One live birth [3]

Two live births [4]

Three live births or more [5]  
(skip to 571)

[ ]  
23

564 see 106 and 202

Less than 25 years old [1]

25 years or more [2]  
(skip to 571)

Less than 25 years old [1]  
(skip to 567)

25 years or more [2]  
(skip to 570)

Less than 30 years [1]  
(skip to 567)

30 years or more [2]  
(skip to 570)

[ ]  
24

565 Do you want to have any children?

Yes [1]

No [2]  
(skip to 571)

D.K. [3]  
(skip to 571)

[ ]  
25

566 Would you prefer your first child to be a boy or a girl?

Boy [1] Girl [2] Either [3]

Other answer \_\_\_\_\_ [4]  
(specify)  
(skip to 574)

[ ]  
26

567 Do you want to have another child sometime ?

Yes  1  
↓

No  2  
(skip to 571)

D.K.  3  
(skip to 571)

27

568 Would you prefer your next child to be a boy or a girl ?

Boy  1      Girl  2      Either  3

Other Answer \_\_\_\_\_  4  
(Specify)

569 How many more children do you want to have?  
\_\_\_\_\_ (Number)      (skip to 574)

28

29

570 Can you say why you have so few children?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

31

571 As far as you know, is it physically possible for you and your husband to have (another) child, supposing you wanted one?

Yes  1  
↓

No  2  
↓

D.K.  3  
(skip to 575)

572 Why not ? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(skip to 574)

32

33

573 If you could choose exactly the number of children to have in your whole life. How many children would that be?

\_\_\_\_\_ Other answer \_\_\_\_\_  
(Number)      (skip to 574)

34

574 See 216, 515 or 519

Currently pregnant  1 (skip to 580)      Currently having Post-Partum Amenorrhoea  2 (skip to 580)      All others  3

36

575 Now I would like to ask you some questions about your periods. Do your periods usually come at regular intervals?

About one month  1      More than one month  2      Less than one month  3

37

576 Is the time between your periods usually a month or more than a month?

1       2       3

38

577 How long ago did your last menstrual period begin?

\_\_\_\_\_  
(Days)      \_\_\_\_\_  
(Weeks)      \_\_\_\_\_  
(Months)      \_\_\_\_\_  
(Years) (skip to 579)

39       40

578 How many days did your last period last?

\_\_\_\_\_  
(Days)      (skip to 580)

42

579 Do you think you are in the meno pause?

Yes  1      No  2

Other Answer \_\_\_\_\_ (Specify)

44

580 Others present at the interview of section 5

No others  0  0      Children under ten  0  1      Husband  0  2

Other males  0  4      Other females  0  8

45

581 Reliability of responses of section 5

Good  1      Fair  2      Poor  3

47

SECTION 6 : WORK HISTORY

3

6

9

601 As you know many women do extra work in addition to the work they do in their houses. Some take up jobs for which they are paid in cash or kind. Others sell things, or have a small business, or work on the family farm.

SEE 408

MARRIED AT LEAST ONCE

1

NEVER MARRIED

2

12

602 Do you work during certain times of the year?

YES  1

NO  2

603 Have you ever worked?

YES  1

NO  2 (SKIP TO 616)

604 In what year did you work for the last time?

\_\_\_\_\_ (YEAR)

605 Do you work during certain times of the year?

YES  1

NO  2

606 Have you ever worked since the time of your (first) marriage?

YES  3

NO  4 (SKIP TO 620)

607 In what year did you work for the last time?

\_\_\_\_\_ (YEAR)

13

14

15

608 Now I would like to ask you some questions about (your present work/ the last work you did). What (is/was) your occupation; that is, what kind of work (do/did) you do?

17

609 SEE 608

WORK (IS,WAS) FARMING  1

WORK (IS WAS) NOT FARMING (SKIP TO 611)  2

20

610 (Do/did) you work on your family's farm?

YES  1 (SKIP TO 614)

NO  2 (SKIP TO 613)

21

611 (Do/did) you work mostly at home or (do/did) you work mostly away from home in that job?

HOME  1

AWAY  2

22

612 (Are/were) you employed by some member of your family or by someone else, or (are/were) you self-employed?

FAMILY MEMBER  1

SOMEONE ELSE  2

SELF EMPLOYED (SKIP TO 614)  3

23

613 (Do/did) you get paid mostly in cash or mostly in kind?

CASH  1

KIND  2

24

614 SEE 409

MARRIED AT LEAST ONCE  1

NEVER MARRIED (SKIP TO 619)  2

25

615 For how long altogether have you worked since you were (first) married?

\_\_\_\_\_  
(TIME)

26

616 Did you do any work, at any time before you were first married?

Yes  1  
↓

No  2  
(Skip to 620)

28

617 For how long altogether did you work before you were first married?

\_\_\_\_\_ (Time)

29

618 What kind of work did you do mainly, before you were first married?

\_\_\_\_\_ (Specify)

31

619 Were you employed by some member of your family, or by someone else, or were you self-employed?

Family member  1

Someone else  2

Self employed  3

34

620 I would like now to know all the different places you have lived in throughout your life.

1

Probe to obtain the main reason for each move to another place  
Code of reasons for moving

- 1 Involuntary
- 2 Marriage
- 3 Divorce
- 4 Education
- 5 Health
- 6 Economic reason
- 7 Travel to and from work
- 8 Others (specify in the table)

3

6

9

Place of Habitation	Arrondissement	Code	Arrival date (year)	Duration	Reason for leaving
1 Place of birth.		<input type="text"/> 12	Date of birth <input type="text"/> 15	<input type="text"/> 17 (year)	<input type="text"/> 18
2		<input type="text"/> 20	<input type="text"/> 23	<input type="text"/> 25	<input type="text"/> 27
3		<input type="text"/> 28	<input type="text"/> 31	<input type="text"/> 33	<input type="text"/> 35
4		<input type="text"/> 36	<input type="text"/> 39	<input type="text"/> 41	<input type="text"/> 43
5		<input type="text"/> 44	<input type="text"/> 47	<input type="text"/> 49	<input type="text"/> 51
6		<input type="text"/> 52	<input type="text"/> 55	<input type="text"/> 57	<input type="text"/> 59



SECTION 7: CURRENT (LAST) HUSBAND'S  
BACK GROUND

9	3
1	
3	
6	
9	
12	
13	
14	
15	
16	
17	
18	
19	
21	

701 SEE 409  
MARRIED AT LEAST ONCE [1]  
(SKIP TO 703)

NEVER MARRIED [2]  
↓

702 Do you have a partner now?

YES [1]  
↓

NO [2]  
(END OF INTERVIEW)

703 Did your (last) present partner ever attend school?

YES [1]  
↓

NO [2]  
(SKIP TO 711)

704 What was the highest level of school he attended.  
Primary, secondary or university?

PRIMARY [1]  
UNIVERSITY [3]

SECONDARY [2]  
OTHER \_\_\_\_\_  
(SPECIFY)

705 What is the highest class he completed at that level?

\_\_\_\_\_  
(CLASS)

706 What is the highest diploma he obtained?

\_\_\_\_\_  
(DIPLOMA)

707 Did he have any training for a profession?

YES [1]  
↓

NO [2]  
(SKIP TO 710)

708 Which one? \_\_\_\_\_

709 What is the highest professional diploma he obtained?

\_\_\_\_\_  
(PROFESSIONAL DIPLOMA)

710 LESS THAN 6 YEARS OF SCHOOL [\*]

6 YEARS OR MORE OF SCHOOL [\*]  
(SKIP TO 712)



711 (Can/could) he read - say, a newspaper or a magazine?

YES  1

NO  2

23

712 In what place did your (present/last) husband live mostly when he was a child, that is, when he was less than 12 years old?

\_\_\_\_\_  
(PLACE NAME)

\_\_\_\_\_  
(NAME OF COUNTRY FOR NON CAMEROONIANS)

24

713 Do you know his age or date of birth?

YES  7



NO  2  
(SKIP TO 718)

25

714 What is his date of birth?

\_\_\_\_\_  
(MONTH) 19

\_\_\_\_\_  
(YEAR) D.K.  3  3

DEAD  
 8  5  
(SKIP TO 716)

26

715 How old is he?  
  
\_\_\_\_\_  
(AGE)

716 How many years difference (is/was) there between your partner's age and your age?

\_\_\_\_\_  
(YEARS)

30

717 Who (is/was) the oldest?

\_\_\_\_\_  
(THE OLDEST)

31

718 Now I have some questions about your (present/last) husband's work experience. What (is/was) his occupation?  
That is, what kind of work (does/did) he do?

(IF UNEMPLOYED OR RETIRED ASK LAST OCCUPATION)

\_\_\_\_\_  
(OCCUPATION)

NEVER WORKED  0  9  9  
(SKIP TO 723)

32

719 (Is/was) he employed by some member of his family, or by someone else, or (is/was) he self-employed?

FAMILY MEMBER  1

SOMEONE ELSE  2

SELF EMPLOYED  3  
(SKIP TO 721)

36

720 (Does/did) he get paid mostly in cash or mostly in kind?

CASH  1      KIND  2  
(SKIP TO 723)      UN PAID  3

37

721 (Does/did) he have any regular paid employees in his business?

YES  1

NO  2  
(SKIP TO 723)

38

722 How many regular paid employees (does/did) he have?

\_\_\_\_\_

(NUMBER)

39

723 Have you had any children with him?

YES  1

NO  2  
(SKIP TO 725)

40

724 How many?

\_\_\_\_\_

(NUMBER)

41

725 Has he had any children with other wives?

YES  1

NO  2

D. K.  3

726 How many?

\_\_\_\_\_

(NUMBER)

43

END OF INTERVIEW

44

Now, I have finished asking you the questions. Do you have any other information that you would like to give me, to perhaps explain things you have said? Or do you have any questions to ask of me?

**INTERVIEWER'S OBSERVATIONS  
TO BE FILLED IN AFTER COMPLETING INTERVIEW**

**DEGREE OF COOPERATION**

- POOR**  1
- FAIR**  2
- GOOD**  3
- VERY GOOD**  4

46

**INTERVIEWER'S COMMENTS**

**LANGUAGE OF INTERVIEW** \_\_\_\_\_

**PERSON INTERVIEWED** \_\_\_\_\_

**SPECIFIC QUESTIONS** \_\_\_\_\_

**OTHER ASPECTS** \_\_\_\_\_

**NAME OF INTERVIEWER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SUPERVISOR'S OBSERVATIONS**

**EDITOR'S OBSERVATIONS**

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47

**MORE LIKELY  
DATE OF BIRTH  
(MONTH AND YEAR)**

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50