

**DEMOGRAPHIC AND HEALTH SURVEY
 WOMEN'S INDIVIDUAL QUESTIONNAIRE**

Confidential

IDENTIFICATION	
PROVINCE _____	PROVINCE.....
DEPARTMENT _____	STRATUM NO.....
ARROND./DISTRICT _____	ARROND./DISTRICT
CITY/CANTON/GROUPING _____	CLUSTER NO.....
VILLAGE _____	STRUCTURE NO....
QUARTER OF CITY/LOCALITY _____	HOUSEHOLD NO.....
NAME OF WOMAN _____	LINE NO. OF WOMAN
CENSUS ZONE (ZD) NO. _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	MONTH... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
RESULT*	_____	_____	_____	YEAR.... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
NEXT VISIT: DATE	_____	_____	_____	INTERVIEWER'S CODE..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
TIME	_____	_____	_____	RESULT..... <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
*RESULT CODES: 1 ENTIRELY COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 OTHER _____ <div style="text-align: right;">(SPECIFY)</div>				

ENGLISH QUESTIONNAIRE.....	2
LANGUAGE OF THE INTERVIEW** _____	
INTERPRETER: YES (=1) / NO (=2).....	
**LANGUAGE CODES: 1 FRENCH 3 FULFULDE 5 PIDGIN 2 ENGLISH 4 EWONDO 6 OTHERS	

NAME DATE	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
_____	_____	_____	_____	<table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>

SECTION 1, RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME	HOUR..... MINUTES.....	
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 Yaoundé/Douala or another capital, in another city or in the countryside?	YAOUNDE/DOUALA/OTHER CAPITAL....1 OTHER CITY.....2 COUNTRYSIDE.....3	
103	How long have you been living continuously in _____? (NAME OF CITY, VILLAGE WHERE THE SURVEY IS TAKING PLACE)	ALWAYS.....95 VISITOR.....96 YEARS.....	105
104	Just before you moved here, did you live in Yaoundé/Douala or another capital, in another city, or in the countryside?	YAOUNDE/DOUALA/OTHER CAPITAL....1 OTHER CITY.....2 COUNTRYSIDE.....3	
105	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
106	How old are you? COMPARE AND CORRECT 105 AND/OR 106 IF-INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school?	YES.....1 NO.....2	111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	What is the highest class/form/year you completed at that level?*	CLASS.....	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		112
111	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
112	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	114
113	Do you usually listen to programs on the radio about the advancement of women or health? IF YES, Which ones? RECORD ALL RESPONSES MENTIONED	ENTRE NOUS MESDAMES.....A CALLING THE WOMEN.....B SANTE POUR TOUS.....C MEDICAL HOTLINE.....D OTHER PROGRAMS WOMAN/HEALTH.....E OTHER PROGRAMS.....F NO PROGRAM ON WOMAN/HEALTH.....G DK.....H	
114	Do you usually watch television at least once a week?	YES.....1 NO.....2	116
115	Do you usually watch on television: Pavillon écran? Health watch? Tout feu tout femme? Feminine line? Les gestes qui sauvent?	YES NO PAVILLON ECRAN.....1 2 HEALTH WATCH.....1 2 TOUT FEU TOUT FEMME.....1 2 FEMININE LINE.....1 2 LES GESTES QUI SAUVENT.....1 2	
116	What is your religion?	CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 OTHER.....4 (SPECIFY) NONE.....5	

* CODES ACCORDING TO DIFFERENT EDUCATION SYSTEM: 0=LESS THAN ONE YEAR 8=DK FOR HIGHER EDUCATION : SEE INTERVIEWER'S MANUAL

PRIHAIRE			SECONDAIRE		
ANGLOPHONE	CODES	FRANCOPHONE	ANGLOPHONE	CODES	FRANCOPHONE
INFANT/CLASS ONE	1	S1L	FORM 1	1	SIXIEME/1*ANNEE
STANDARD ONE/CLASS TWO	2	CP	FORM 2	2	CINQUIEME/2*ANNEE
STANDARD TWO/CLASS THREE	3	CE1	FORM 3	3	QUATRIEME/3*ANNEE
STANDARD THREE/CLASS FOUR	4	CE2	FORM 4	4	TROISIEME/4*ANNEE
STANDARD FOUR/CLASS FIVE	5	CM1	FORM 5	5	SECONDE
STANDARD FIVE/CLASS SIX	6	CM2	LOWER SIXTH FORM	6	PREMIERE
STANDARD SIX/CLASS SEVEN	7		UPPER SIXTH FORM	7	TERMINALE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																					
117	What is your nationality?	CAMEROONIAN.....1 OTHER AFRICAN.....2 OTHER.....3																						
118	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A RESIDENT ('NO' TO Q.4 IN THE HOUSEHOLD QUESTIONNAIRE) <input type="checkbox"/> THE WOMAN INTERVIEWED IS A RESIDENT ('YES' TO Q.4 IN THE HOUSEHOLD QUEST.) <input type="checkbox"/> → 201																							
119	Do you usually live in Yaoundé/Douala, in another capital, in another city or in the countryside?	YAOUNDE/DOUALA/OTHER CAPITAL....1 OTHER CITY.....2 COUNTRYSIDE.....3																						
120	Now I would like to ask some questions regarding the household where you usually live. What is the source of water your household uses for handwashing and dishwashing?	PIPED WATER PIPED INTO RESIDENCE.....11 → 122 PIPED INTO YARD.....12 NEIGHBOR'S TAP.....13 PUBLIC TAP.....14 WELL WATER WELL WITH HANDPUMP.....21 WELL WITHOUT HANDPUMP.....22 SURFACE WATER RIVER, SPRING, POND/MARIGOT..31 RAINWATER.....41 OTHER.....51 (SPECIFY)																						
121	How long does it take to go there, get water and come back? IF 90 MINUTES OR LESS, RECORD IN MINUTES. IN OTHER CASES, RECORD IN HOURS.	MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td></tr></table> HOURS..... ON PREMISES.....996	1			2																		
1																								
2																								
122	Does your household get drinking water from this same source which we have been talking about?	YES.....1 → 125 NO.....2																						
123	What is the source of water your household uses for drinking?	PIPED WATER PIPED INTO RESIDENCE.....11 → 125 PIPED INTO YARD.....12 NEIGHBOR'S TAP.....13 PUBLIC TAP.....14 WELL WATER WELL WITH HANDPUMP.....21 WELL WITHOUT HANDPUMP.....22 SURFACE WATER RIVER, SPRING, POND/MARIGOT..31 RAINWATER.....41 OTHER.....51 (SPECIFY)																						
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1																								
2																								
125	What kind of w.c. facility does your household have?	FLUSH TOILET.....11 LATRINES BUCKET LATRINE.....21 PIT LATRINE.....22 NO TOILET/NATURE OPEN AIR.....31 RIVER.....32 NO W.C.....33 OTHER.....41 (SPECIFY)																						
126	Does your household have: Electricity? A radio? A television? A refrigerator? A gas or electric oven? A gas or electric portable stove?	<table border="1" style="width: 100%;"><thead><tr><th></th><th>OUI</th><th>NON</th></tr></thead><tbody><tr><td>ELECTRICITY.....</td><td>1</td><td>2</td></tr><tr><td>RADIO.....</td><td>1</td><td>2</td></tr><tr><td>TELEVISION.....</td><td>1</td><td>2</td></tr><tr><td>REFRIGERATOR.....</td><td>1</td><td>2</td></tr><tr><td>OVEN.....</td><td>1</td><td>2</td></tr><tr><td>PORTABLE STOVE.....</td><td>1</td><td>2</td></tr></tbody></table>		OUI	NON	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	OVEN.....	1	2	PORTABLE STOVE.....	1	2	
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TELEVISION.....	1	2																						
REFRIGERATOR.....	1	2																						
OVEN.....	1	2																						
PORTABLE STOVE.....	1	2																						
127	How many rooms in your household are used for sleeping?	ROOMS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																						
128	How many people sleep in the room where there are the most people sleeping?	NUMBER OF PEOPLE..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>																						
129	Could you describe the main material of the floor of your dwelling? Is it of: Earth? Wood? Cement? Tile?	NATURAL FLOOR: EARTH.....11 RUDIMENTARY FLOOR: WOOD.....21 FINISHED FLOOR CEMENT.....31 TILE.....32 OTHER.....41 (SPECIFY)																						
130	Does any member of your household own: A bicycle/bike? A motorcycle/motorbike? A car?	<table border="1" style="width: 100%;"><thead><tr><th></th><th>YES</th><th>NO</th></tr></thead><tbody><tr><td>BICYCLE/BIKE.....</td><td>1</td><td>2</td></tr><tr><td>MOTORCYCLE/MOTORBIKE.....</td><td>1</td><td>2</td></tr><tr><td>CAR.....</td><td>1</td><td>2</td></tr></tbody></table>		YES	NO	BICYCLE/BIKE.....	1	2	MOTORCYCLE/MOTORBIKE.....	1	2	CAR.....	1	2										
	YES	NO																						
BICYCLE/BIKE.....	1	2																						
MOTORCYCLE/MOTORBIKE.....	1	2																						
CAR.....	1	2																						

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODES	SKIP TO
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..... DAUGHTERS AT HOME.....	<input type="text"/> <input 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..... DAUGHTERS ELSEWHERE.....	<input type="text"/> <input type="text"/>
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<input type="text"/> <input type="text"/>
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	<input 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 type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-209 AS NECESSARY SKIP TO 210		
210	Furthermore, have you had certain pregnancies which did not end in a live birth?	YES.....1 NO.....2	→212
211	How many pregnancies have you had which did not end in a live birth?	TOTAL.....	<input type="text"/>
212	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→225

213 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had.

(RECORD NAMES OF ALL THE BIRTHS IN 214. RECORD TWINS AND TRIPLETS ON SEPARATE LINES).

214	215	216	217	218	219	220	221	222
What name was given to your (first, next) baby?	ASK RESPONDENT IF ANY OF HER BIRTHS WERE MULTIPLE AND RECORD SINGLE OR MULTIPLE BIRTH STATUS	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	IF STILL ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS	IF STILL ALIVE: Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does (NAME) live? IF 15+: GO TO NEXT BIRTH	IF DEAD: 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, OR YEARS. <i>IF DEAD = DAY OF BIRTH RECORD 00 DAY</i>

01 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
02 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
03 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
04 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
05 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
06 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
07 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
08 <hr/> (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES...1 NO....2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>

214 What name was given to your next baby?	215 ASK RESPONDENT IF ANY OF HER BIRTHS WERE MULTIPLE AND RECORD SINGLE OR MULTIPLE BIRTH STATUS	216 Is (NAME) a boy or a girl?	217 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	218 Is (NAME) still alive?	219 IF STILL ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	220 IF STILL ALIVE: Is (NAME) living with you?	221 IF LESS THAN 15 YRS. OF AGE: With whom does (NAME) live? IF 15+: GO TO NEXT BIRTH	222 IF DEAD: 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, OR YEARS. <i>IF DEAD = DAY OF BIRTH RECORD DO DAY</i>
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09 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
10 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
11 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
12 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
13 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>
14 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES...1 NO...2 ↓ 222	AGE IN YEARS <input type="text"/> <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)↙ NO.....2	FATHER.....1 OTHER RELATIVE.2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>

223 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME ↓

NUMBERS ARE DIFFERENT → (PROBE AND RECONCILE)

CHECK: FOR EACH LIVE BIRTH: YEAR OF BIRTH IS RECORDED

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED

FOR AGE AT DEATH 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS

224 CHECK 217 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1986 IF NONE, RECORD 0.

SECTION 3: CONTRACEPTION

301 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. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-305 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01] PILL (Women can take a pill every day.)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02] IUD (Women can have a loop or coil placed inside them by a doctor or a nurse.)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03] INJECTIONS (Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04] SPERMICIDES: DIAPHRAGM, FOAM, JELLY (Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05] CONDOM/DUREX (Men can use a rubber sheath during sexual intercourse.)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06] FEMALE STERILIZATION/TUBAL LIGATION: (Women can have an operation to avoid having any more children.)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2 Do you know where one can go to have an operation in order to avoid having other children?
07] MALE STERILIZATION/VASECTOMY (Men can have an operation to avoid having any more children)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Has your husband/partner had an operation in order to avoid having other children? YES.....1 NO.....2	YES.....1 NO.....2 Do you know where a man can go to have an operation in order to avoid having other children?
08] PERIODIC ABSTINENCE/OGINO (Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant. This is called the Safe Period Method.)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use periodic abstinence? YES.....1 NO.....2
09] ABSTINENCE (Besides the ban on sexual intercourse traditionally observed following birth, certain couples avoid having sexual intercourse for months so that the woman will not become pregnant.)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
10] WITHDRAWAL (Men can be careful and pull out before climax.)	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
11] OTHER METHODS Have you heard of any other ways or methods that women or men can use to avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED) → SKIP TO 308

NO.	QUESTIONS AND FILTERS	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/> → 326
307	What have you used or done? CORRECT: 303-305 (AND 302 IF NECESSARY).	
308	How many living children did you have when you first did something or used a method to avoid getting pregnant. IF NONE, RECORD '00'	NUMBER OF CHILDREN..... <input type="text"/>
309	CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>	→ 326
310	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>	→ 312A
311	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2 → 326
312	Which method are you now using?	PILL.....01 → 314 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 → 319 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 ABSTINENCE.....09 WITHDRAWAL.....10 → 325 OTHER.....11 (SPECIFY)
312A	CIRCLE '06' FOR FEMALE STERILIZATION.	
313	The last time you used periodic abstinence, how did you decide which days you should avoid having sexual intercourse?	COUNT THE DAYS/CALENDAR.....1 BODY TEMPERATURE.....2 CERVICAL MUCUS METHOD (BILLINGS).....3 BODY TEMPERATURE AND MUCUS.....4 OTHER.....5 → 325 (SPECIFY)
314	At the time you first started using the pill, did you consult a doctor, a midwife or a nurse?	YES.....1 NO.....2 DK.....8
315	At the time you last got pills, did you consult a doctor, a midwife or a nurse?	YES.....1 NO.....2
316	May I see the package of pills you are using right now? (RECORD NAME OF PILLS)	PACKAGE SEEN.....1 PILL NAME <input type="text"/> <input type="text"/> → 318 PACKAGE NOT SEEN.....2
317	Do you know the name of the pills you are now using? (RECORD NAME OF PILLS)	PILL NAME * <input type="text"/> <input type="text"/> DK PILL NAME.....98
318	How much does one packet of pills cost you? (RECORD THE PRICE)	COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996
318A	For how many cycles do you use this package of pills? (RECORD THE NUMBER OF CYCLES)	DK.....9998 NUMBER OF CYCLES..... <input type="text"/>

NO.	QUESTIONS AND FILTERS	CODES	SKIP TO									
319	<p>CHECK 312:</p> <p>SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p> <p>Is it easy or difficult to get sterilized? Is it easy or difficult to obtain (METHOD)?</p>	<p>EASY.....1</p> <p>DIFFICULT.....2</p>										
320	<p>CHECK 312:</p> <p>SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p> <p>Where did the sterilization take place? Where did you obtain (METHOD) the last time?</p> <p>Where did your husband/partner have the sterilization?</p> <p>_____ (NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>PUBLIC HOSPITAL.....11</p> <p>MCH CLINIC.....12</p> <p>PUBLIC HEALTH CENTER.....13</p> <p>PROPHARMACY.....14</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE RELIGIOUS HOSPITAL....21</p> <p>PRIVATE LAY HOSPITAL/CLINIC...22</p> <p>MISSIONARY DISPENSARY.....23</p> <p>PHARMACY.....24</p> <p>OTHER PRIVATE SECTOR</p> <p>CHURCH.....31</p> <p>FRIENDS/RELATIVES.....32</p> <p>OTHER _____ 41</p> <p>(SPECIFY)</p> <p>DK.....98</p>	→323									
321	<p>How long does it take to travel from your home to this place?</p> <p>IF 90 MINUTES OR LESS, RECORD IN MINUTES. OTHERWISE, RECORD IN HOURS, OR IN DAYS</p>	<p>MINUTES.....</p> <p>HOURS.....</p> <p>DAYS.....</p> <p>DK.....998</p> <table border="1" data-bbox="1210 884 1313 1021"> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> </table>	1			2			3			
1												
2												
3												
322	<p>Is it easy or difficult to get to (NAME OF PLACE)?</p>	<p>EASY.....1</p> <p>DIFFICULT.....2</p>										
323	<p>CHECK 312:</p> <p>SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p>		→325									
324	<p>In what month and year was the sterilization operation performed?</p>	<p>MONTH.....</p> <p>YEAR.....</p>	→337									
325	<p>For how many months have you been using (CURRENT METHOD) continuously?</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>MONTHS.....</p> <p>8 YEARS OR LONGER.....96</p>	→337									
326	<p>Do you intend to use a method to delay or avoid pregnancy at any time in the future?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DK.....8</p>	→330 →333									
327	<p>Which method would you prefer to use?</p>	<p>PILL.....01</p> <p>IUD.....02</p> <p>INJECTIONS.....03</p> <p>DIAPHRAGM/FOAM/JELLY.....04</p> <p>CONDOM.....05</p> <p>FEMALE STERILIZATION.....06</p> <p>MALE STERILIZATION.....07</p> <p>PERIODIC ABSTINENCE.....08</p> <p>ABSTINENCE.....09</p> <p>WITHDRAWAL.....10</p> <p>OTHER _____ 11</p> <p>(SPECIFY)</p> <p>DK.....98</p>										
328	<p>How much time before you intend to use (PREFERRED METHOD)?</p> <p>IF 1 MONTH OR MORE, RECORD THE NUMBER OF MONTHS IF NOT, CIRCLE THE APPROPRIATE CODE</p>	<p>MONTHS.....</p> <p>LESS THAN 1 MONTH.....96</p> <p>DK.....98</p>	→331									
329	<p>Why aren't you using (PREFERRED METHOD) right now?</p>	<p>PREGNANT.....01</p> <p>AMENORRHEA/BREASTFEEDING.....02</p> <p>PARTNER OPPOSED.....03</p> <p>WANTS CHILDREN.....04</p> <p>COST TOO MUCH.....05</p> <p>HEALTH CONCERNS.....06</p> <p>DIFFICULT TO OBTAIN.....07</p> <p>FAMILY OPPOSED.....08</p> <p>INFREQUENT SEX.....09</p> <p>NOT MARRIED.....10</p> <p>OTHER _____ 11</p> <p>(SPECIFY)</p> <p>DK.....98</p>	→331									

NO.	QUESTIONS AND FILTERS	CODES	SKIP TO												
330	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC/DEPENDS ON GOD.....10 FAMILY OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAS BEEN STERILIZED.14 INCONVENIENT.....15 NOT MARRIED.....16 OTHER.....17 (SPECIFY) DK.....98													
331	CHECK 327 FOR THE PREFERRED METHOD CODES 1-7 CIRCLED <input type="checkbox"/>	Q.327 NOT ASKED <input type="checkbox"/> CODES 8-11 OR 98 CIRCLED <input type="checkbox"/>	→333 →333												
332	Where can you get (METHOD MENTIONED IN 327)? _____ (NAME OF PLACE)	PUBLIC SECTOR PUBLIC HOSPITAL.....11 MCH CLINIC.....12 PUBLIC HEALTH CENTER.....13 PROPHEMACY.....14 PRIVATE MEDICAL SECTOR PRIVATE RELIGIOUS HOSPITAL...21 PRIVATE LAY HOSPITAL/CLINIC...22 MISSIONARY DISPENSARY.....23 PHARMACY.....24 OTHER PRIVATE SECTOR CHURCH.....31 FRIENDS/RELATIVES.....32 OTHER.....41 (SPECIFY) DK.....98	→35 →337												
333	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→337												
334	Where is that? _____ (NAME OF PLACE)	PUBLIC SECTOR PUBLIC HOSPITAL.....11 MCH CLINIC.....12 PUBLIC HEALTH CENTER.....13 PROPHEMACY.....14 PRIVATE MEDICAL SECTOR PRIVATE RELIGIOUS HOSPITAL...21 PRIVATE LAY HOSPITAL/CLINIC...22 MISSIONARY DISPENSARY.....23 PHARMACY.....24 OTHER PRIVATE SECTOR CHURCH.....31 FRIENDS/RELATIVES.....32 OTHER.....41 (SPECIFY)	→337												
335	How long does it take to travel from your home to this place? IF 90 MINUTES OR LESS, RECORD IN MINUTES. OTHERWISE, RECORD IN HOURS, OR IN DAYS	MINUTES..... <table border="1" data-bbox="1196 1745 1303 1876"> <tr><td>1</td><td></td><td></td></tr> <tr><td>2</td><td></td><td></td></tr> <tr><td>3</td><td></td><td></td></tr> </table> HOURS..... DAYS..... DK.....998	1			2			3						
1															
2															
3															
336	Is it easy or difficult to get to (NAME OF PLACE)?	EASY.....1 DIFFICULT.....2													
337	In the last month, have you heard or read a message about family planning: on the radio? on television? in a newspaper/magazine or on a poster	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE/POSTER..</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	NEWSPAPER/MAGAZINE/POSTER..	1	2	
	YES	NO													
RADIO.....	1	2													
TELEVISION.....	1	2													
NEWSPAPER/MAGAZINE/POSTER..	1	2													
338	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE/GOOD.....1 NOT ACCEPTABLE/BAD.....2 DK.....8													

SECTION 4.A. PREGNANCY AND BREASTFEEDING

401 CHECK 224: ONE OR MORE LIVE BIRTHS SINCE JAN. 1986 NO LIVE BIRTHS SINCE JAN. 1986 (SKIP TO 601)

402 AFTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1986 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

Now I would like to ask you some more questions about the health of children you had in the past five years. We will begin with the most recent child to whom you have given birth?

LINE NUMBER FROM Q. 214	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FROM Q. 214 AND Q. 218	LAST BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
------------------------	---	---	---

403 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 405)←	THEN.....1 (SKIP TO 405)←	THEN.....1 (SKIP TO 405)←
	LATER.....2	LATER.....2	LATER.....2
	NO MORE.....3 (SKIP TO 405)←	NO MORE.....3 (SKIP TO 405)←	NO MORE.....3 (SKIP TO 405)←

404 How much longer would you like to have waited?	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>
	YEARS..... <input type="text"/>	YEARS..... <input type="text"/>	YEARS..... <input type="text"/>
	DK.....998	DK.....998	DK.....998

405 When you were pregnant with (NAME), 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 CIRCLE ALL PERSONS SEEN	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY NURSE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER.....E (SPECIFY) NO/NO ONE.....F (SKIP TO 409)←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY NURSE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER.....E (SPECIFY) NO/NO ONE.....F (SKIP TO 409)←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY NURSE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER.....E (SPECIFY) NO/NO ONE.....F (SKIP TO 409)←
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406 Do you have an antenatal card for this pregnancy? IF YES: May I see it, please?	YES, SEEN.....1 YES, NOT SEEN.....2 NO, NO CARD.....3 DK.....8	YES, SEEN.....1 YES, NOT SEEN.....2 NO, NO CARD.....3 DK.....8	YES, SEEN.....1 YES, NOT SEEN.....2 NO, NO CARD.....3 DK.....8
--	---	---	---

407 How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy? CHECK ON THE ANTENATAL CONSULTATION CARD	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>
	DK.....98	DK.....98	DK.....98

408 How many antenatal visits did you have during that pregnancy? CHECK ON THE ANTENATAL CONSULTATION CARD	NO. OF VISITS..... <input type="text"/>	NO. OF VISITS..... <input type="text"/>	NO. OF VISITS..... <input type="text"/>
	DK.....98	DK.....98	DK.....98

409 When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? CHECK ON THE ANTENATAL CONSULTATION CARD	YES.....1 NO.....2 (SKIP TO 411)← DK.....8	YES.....1 NO.....2 (SKIP TO 411)← DK.....8	YES.....1 NO.....2 (SKIP TO 411)← DK.....8
---	---	---	---

410 How many times did you get this injection? CHECK ON THE ANTENATAL CONSULTATION CARD	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>
	DK.....8	DK.....8	DK.....8

LINE NUMBER FROM Q. 214			
	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
411	Where did you give birth to (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	AT HOME.....11 PUBLIC SECTOR MATERNITY CENTER.....21 PUBLIC HOSPITAL.....22 PUBLIC HEALTH CENTER..23 PRIVATE SECTOR PRIVATE RELIG. HOSP...32 PRIVATE LAY HOSP/CLIN.32 MISSIONARY DISPENSARY.33 OTHER.....41 (SPECIFY)	AT HOME.....11 PUBLIC SECTOR MATERNITY CENTER.....21 PUBLIC HOSPITAL.....22 PUBLIC HEALTH CENTER..23 PRIVATE SECTOR PRIVATE RELIG. HOSP...32 PRIVATE LAY HOSP/CLIN.32 MISSIONARY DISPENSARY.33 OTHER.....41 (SPECIFY)
412	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.....B AUXILIARY NURSE.....C OTHER PERSON TRAD. BIRTH ATTENDANT..D RELATIVE.....E OTHER.....F (SPECIFY) NO ONE.....G	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY NURSE.....C OTHER PERSON TRAD. BIRTH ATTENDANT..D RELATIVE.....E OTHER.....F (SPECIFY) NO ONE.....G
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8
414	At how many months of pregnancy were you when you gave birth?	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98
415	Was (NAME) delivered by caesarian section, that is, was your stomach opened to get the child out?	YES.....1 NO.....2	YES.....1 NO.....2
416	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 418)←	YES.....1 NO.....2 (SKIP TO 418)←
417	How much did (NAME) weigh?	GRAMS..... <input type="text"/> DK.....9998	GRAMS..... <input type="text"/> DK.....9998
418	When (NAME) was born, was he/she: larger than average, average, smaller than average, or very small?	LARGER THAN AVERAGE.....1 AVERAGE.....2 SMALLER THAN AVERAGE.....3 VERY SMALL.....4 DK.....8	LARGER THAN AVERAGE.....1 AVERAGE.....2 SMALLER THAN AVERAGE.....3 VERY SMALL.....4 DK.....8 (SKIP TO 420)
419	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 421)← NO.....2 (SKIP TO 422)←	
420	Did your period return between the birth of (NAME) and your next pregnancy?	YES.....1 NO.....2 (SKIP TO 424)←	YES.....1 NO.....2 (SKIP TO 424)←
421	For how many months after the birth of (NAME) did you not have a period?	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98
422	CHECK 225: WOMAN PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 424)	
423	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 425)←	
424	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS..... <input type="text"/> DK.....98	MONTHS..... <input type="text"/> DK.....98

LINE NUMBER FROM Q. 214	[] []	[] []	[] []
	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
434 For how many months did you breastfeed (NAME)?	MONTHS..... [] [] UNTIL DIED.....95 (SKIP TO 437) ←	MONTHS..... [] [] UNTIL DIED.....95 (SKIP TO 437) ←	MONTHS..... [] [] UNTIL DIED.....95 (SKIP TO 437) ←
435 Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NO MILK.....05 WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 OTHER.....10 (SPECIFY)
436 CHECK 218: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v v (SKIP TO 438)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v v (SKIP TO 438)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v v (SKIP TO 438)
437 Did you ever give (NAME) any water, or anything else to drink or any food other than breastmilk?	YES.....1 NO.....2 (SKIP TO 439) ←	YES.....1 NO.....2 (SKIP TO 439) ←	YES.....1 NO.....2 (SKIP TO 439) ←
438 How many months old was (NAME) when you started giving the following on a regular basis? Formula or milk other than breastmilk? Water? Other liquids? Any solid or mushy food? IF LESS THAN 1 MONTH, RECORD '00'.	AGE IN MONTHS..... [] [] NOT GIVEN.....96 AGE IN MONTHS..... [] [] NOT GIVEN.....96 AGE IN MONTHS..... [] [] NOT GIVEN.....96 AGE IN MONTHS..... [] [] NOT GIVEN.....96	AGE IN MONTHS..... [] [] NOT GIVEN.....96 AGE IN MONTHS..... [] [] NOT GIVEN.....96 AGE IN MONTHS..... [] [] NOT GIVEN.....96 AGE IN MONTHS..... [] [] NOT GIVEN.....96	AGE IN MONTHS..... [] [] NOT GIVEN.....96 AGE IN MONTHS..... [] [] NOT GIVEN.....96 AGE IN MONTHS..... [] [] NOT GIVEN.....96 AGE IN MONTHS..... [] [] NOT GIVEN.....96
439 CHECK 218: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v v (SKIP TO 441)		
440 Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DK.....8		
441 In your opinion, how long should a woman breastfeed her child? IF LESS THAN 1 MONTH, RECORD 00	NUMBER OF MONTHS.... [] [] NEVER.....96 DK.....98		
442 GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 443			

SECTION 4.B. IMMUNIZATION AND HEALTH

443 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1986 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS)

LINE NUMBER FROM Q. 214	<input type="text"/>	<input type="text"/>	<input type="text"/>																																																																																																																																					
	NAME _____ LAST BIRTH	NAME _____ NEXT-TO-LAST BIRTH	NAME _____ SECOND-FROM-LAST BIRTH																																																																																																																																					
444	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 446)← YES, NOT SEEN.....2 (SKIP TO 448)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 446)← YES, NOT SEEN.....2 (SKIP TO 448)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 446)← YES, NOT SEEN.....2 (SKIP TO 448)← NO CARD.....3																																																																																																																																				
445	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 448)← NO.....2	YES.....1 (SKIP TO 448)← NO.....2	YES.....1 (SKIP TO 448)← NO.....2																																																																																																																																				
446	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS REPORTED, WRITE '44' IN 'DAY' COLUMN. (3) IF VACCINE WAS NOT GIVEN, DO NOT WRITE ANYTHING.	DAY MO YR BCG <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																																													DAY MO YR BCG <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																																													DAY MO YR BCG <table border="1" style="display:inline-table; border-collapse: collapse;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>																																												
447	Has (NAME) received any vaccinations that are not recorded on this card? IF YES: Which vaccine? CIRCLE 'YES' ONLY IF THE VACCINE(S) MENTIONED ARE: BCG, POLIO DPT, MEASLES, AND/OR YELLOW FEVER.	YES.....1 (VERIFY TYPE OF VACCINE AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 446) NO.....2 DK.....8 (SKIP TO 450)	YES.....1 (VERIFY TYPE OF VACCINE AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 446) NO.....2 DK.....8 (SKIP TO 450)	YES.....1 (VERIFY TYPE OF VACCINE AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 446) NO.....2 DK.....8 (SKIP TO 450)																																																																																																																																				
448	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 450)← DK.....8	YES.....1 NO.....2 (SKIP TO 450)← DK.....8	YES.....1 NO.....2 (SKIP TO 450)← DK.....8																																																																																																																																				
449	Please tell me if (NAME) (has) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that left a scar? Polio vaccine, that is, drops in the mouth? IF YES: How many times? A DPT vaccination (or DPT-polio), that is, an injection in the shoulder? IF YES: How many times? An injection against measles? A vaccination against yellow fever, that is, an injection in the shoulder?	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> DK NUMBER OF TIMES.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> DK NUMBER OF TIMES.....8 YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> DK NUMBER OF TIMES.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> DK NUMBER OF TIMES.....8 YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> DK NUMBER OF TIMES.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... <input type="text"/> DK NUMBER OF TIMES.....8 YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8																																																																																																																																				
450	CHECK 218: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v (SKIP TO 452)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v (SKIP TO 452)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v (SKIP TO 452)																																																																																																																																				
451	GO BACK TO 444 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 479																																																																																																																																							

LINE NUMBER FROM Q. 214				
	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____	
452	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	
453	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 456)← DK.....8	YES.....1 NO.....2 (SKIP TO 456)← DK.....8	
454	For how many days (has the cough lasted/did the cough last)?	DAYS..... (IF LESS THAN 1 DAY, RECORD '00')	DAYS..... (IF LESS THAN 1 DAY, RECORD '00')	
455	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	
456	CHECK 452 AND 453: FEVER OR COUGH?	"YES" IN EITHER 452 OR 453 <input type="checkbox"/> OTHER (SKIP TO 461)	"YES" IN EITHER 452 OR 453 <input type="checkbox"/> OTHER (SKIP TO 461)	
457	Did you bring in (NAME) for a consultation or to see someone when he/she had the fever/cough?	YES.....1 (SKIP TO 459)← NO.....2	YES.....1 (SKIP TO 459)← NO.....2	
458	Did you seek advice or treatment for (NAME)'s fever/cough?	YES.....1 (SKIP TO 459A)← NO.....2 (SKIP TO 460)←	YES.....1 (SKIP TO 459A)← NO.....2 (SKIP TO 460)←	
459	Where you did take (NAME)?	PUBLIC SECTOR PUBLIC HOSPITAL.....A MCH CENTER.....B PUBLIC HEALTH CENTER...C PROPHARMACY.....D PRIVATE MEDICAL SECTOR PRIVATE RELIG. HOSP....E PRIVATE LAY HOSP/CLIN..F MISSIONARY DISPENSARY..G PHARMACY.....H PRIVATE DOCTOR.....I OTHER PRIVATE SECTOR FRIENDS/RELATIVES.....J TRADITIONAL HEALER....K OTHER.....L (SPECIFY)	PUBLIC SECTOR PUBLIC HOSPITAL.....A MCH CENTER.....B PUBLIC HEALTH CENTER...C PROPHARMACY.....D PRIVATE MEDICAL SECTOR PRIVATE RELIG. HOSP....E PRIVATE LAY HOSP/CLIN..F MISSIONARY DISPENSARY..G PHARMACY.....H PRIVATE DOCTOR.....I OTHER PRIVATE SECTOR FRIENDS/RELATIVES.....J TRADITIONAL HEALER....K OTHER.....L (SPECIFY)	
459A	Where did you get advice or treatment for (NAME)'s fever/cough? Anywhere else? (CIRCLE EACH MENTIONED)	PUBLIC SECTOR PUBLIC HOSPITAL.....A MCH CENTER.....B PUBLIC HEALTH CENTER...C PROPHARMACY.....D PRIVATE MEDICAL SECTOR PRIVATE RELIG. HOSP....E PRIVATE LAY HOSP/CLIN..F MISSIONARY DISPENSARY..G PHARMACY.....H PRIVATE DOCTOR.....I OTHER PRIVATE SECTOR FRIENDS/RELATIVES.....J TRADITIONAL HEALER....K OTHER.....L (SPECIFY)	PUBLIC SECTOR PUBLIC HOSPITAL.....A MCH CENTER.....B PUBLIC HEALTH CENTER...C PROPHARMACY.....D PRIVATE MEDICAL SECTOR PRIVATE RELIG. HOSP....E PRIVATE LAY HOSP/CLIN..F MISSIONARY DISPENSARY..G PHARMACY.....H PRIVATE DOCTOR.....I OTHER PRIVATE SECTOR FRIENDS/RELATIVES.....J TRADITIONAL HEALER....K OTHER.....L (SPECIFY)	
460	Was (NAME) given anything to treat the fever/cough? IF YES: What was it? Anything else? (CIRCLE EACH MENTIONED)	NO TREATMENT.....A INJECTION.....B NIVAQUINE/FLAVOQUINE/QUI- NIMAX/RESOCHINE/CAMOQUIN OTHER ANTI-MALARIAL....C ASPIRIN/ASPRO/APC.....D PHENSIC.....E ANTIBIOTIC PILL OR SYRUP..F COUGH SYRUP.....G OTHER PILL/SYRUP.....H TRADITIONAL REMEDY.....I OTHER.....J (SPECIFY)	NO TREATMENT.....A INJECTION.....B NIVAQUINE/FLAVOQUINE/QUI- NIMAX/RESOCHINE/CAMOQUIN OTHER ANTI-MALARIAL....C ASPIRIN/ASPRO/APC.....D PHENSIC.....E ANTIBIOTIC PILL OR SYRUP..F COUGH SYRUP.....G OTHER PILL/SYRUP.....H TRADITIONAL REMEDY.....I OTHER.....J (SPECIFY)	NO TREATMENT.....A INJECTION.....B NIVAQUINE/FLAVOQUINE/QUI- NIMAX/RESOCHINE/CAMOQUIN OTHER ANTI-MALARIAL....C ASPIRIN/ASPRO/APC.....D PHENSIC.....E ANTIBIOTIC PILL OR SYRUP..F COUGH SYRUP.....G OTHER PILL/SYRUP.....H TRADITIONAL REMEDY.....I OTHER.....J (SPECIFY)
461	Has (NAME) had diarrhea in the last two weeks?	YES.....1 (SKIP TO 463)← NO.....2 DK.....8	YES.....1 (SKIP TO 463)← NO.....2 DK.....8	
462	GO BACK TO 444 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 479			
463	Has (NAME) had diarrhea in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	
464	For how many days (has the diarrhea lasted/did the diarrhea last)?	DAYS..... (IF LESS THAN 1 DAY, RECORD '00')	DAYS..... (IF LESS THAN 1 DAY, RECORD '00')	

LINE NUMBER FROM Q. 214			
	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
465	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 (SKIP TO 469)
466	CHECK 425/429: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> (SKIP TO 469)	
467	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 469)	
468	Did you <u>increase</u> the number of feeds or <u>reduce</u> them, or did you <u>stop completely</u> ?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3	
469	During (NAME)'s diarrhea, aside from breastmilk, was he/she given the same amount to drink or more or less, as before the diarrhea?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
470	Was (NAME) given a fluid for diarrhea made from a special packet?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
471	Was (NAME) given a home-made fluid recommended by health personnel for the treatment of diarrhea made from sugar, salt and water?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
472	CHECK 470 AND 471: CHILD GIVEN FLUID FROM PACKET (470) AND/OR HOME-MADE FLUID (471)?	YES GIVEN FLUID (PKT./HOME) <input type="checkbox"/> NO FLUID <input checked="" type="checkbox"/> (SKIP TO 474)	YES GIVEN FLUID (PKT./HOME) <input type="checkbox"/> NO FLUID <input checked="" type="checkbox"/> (SKIP TO 474)
473	For how many days was (NAME) given this fluid? IF LESS THAN 1 DAY, RECORD '00'	DAYS..... <input type="text"/> DK.....98	DAYS..... <input type="text"/> DK.....98
474	Was anything given for the diarrhea (other than this fluid)?	YES.....1 NO.....2 DK.....8 (SKIP TO 476)	YES.....1 NO.....2 DK.....8 (SKIP TO 476)
475	What was given (done) to treat (NAME)'s diarrhea? Anything else? (CIRCLE EACH MENTIONED)	ERSEFLURIL/TYPHOMICINE/ OTHER ANTIBIOTIC.....A GANIDAN/CHARBON/IMMODIUM/ OTHER ANTI-DIARRHEAL.....B OTHER PILL OR SYRUP.....C INJECTION.....D INTRAVENOUS.....E RICE WATER/GUAVA TEA.....F OTHER TRADITIONAL REMEDY.....G OTHER.....H (SPECIFY)	ERSEFLURIL/TYPHOMICINE/ OTHER ANTIBIOTIC.....A GANIDAN/CHARBON/IMMODIUM/ OTHER ANTI-DIARRHEAL.....B OTHER PILL OR SYRUP.....C INJECTION.....D INTRAVENOUS.....E RICE WATER/GUAVA TEA.....F OTHER TRADITIONAL REMEDY.....G OTHER.....H (SPECIFY)
476	Did you seek advice or treatment for (NAME)'s diarrhea?	YES.....1 NO.....2 (SKIP TO 478)	YES.....1 NO.....2 (SKIP TO 478)
477	Where did you seek advice or treatment for (NAME)'s diarrhea? Anywhere else? (CIRCLE EACH MENTIONED)	PUBLIC SECTOR PUBLIC HOSPITAL.....A MCH CENTER.....B PUBLIC HEALTH CENTER...C PROPHARMACY.....D PRIVATE MEDICAL SECTOR PRIVATE RELIG. HOSP....E PRIVATE LAY HOSP/CLIN..F MISSIONARY DISPENSARY..G PHARMACY.....H PRIVATE DOCTOR.....I OTHER PRIVATE SECTOR FRIENDS/RELATIVES.....J TRADITIONAL HEALER....K OTHER.....L (SPECIFY)	PUBLIC SECTOR PUBLIC HOSPITAL.....A MCH CENTER.....B PUBLIC HEALTH CENTER...C PROPHARMACY.....D PRIVATE MEDICAL SECTOR PRIVATE RELIG. HOSP....E PRIVATE LAY HOSP/CLIN..F MISSIONARY DISPENSARY..G PHARMACY.....H PRIVATE DOCTOR.....I OTHER PRIVATE SECTOR FRIENDS/RELATIVES.....J TRADITIONAL HEALER....K OTHER.....L (SPECIFY)
478	GO BACK TO 444 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 479		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
479	CHECK 470: ORS SOLUTION NOT GIVEN, 'NO' OR 'DK' TO Q. 470, OR Q. 470 NOT ASKED <input type="checkbox"/>	ORS SOLUTION GIVEN TO ANY CHILD, 'YES' TO Q. 470 <input type="checkbox"/>	483
480	Have you ever heard of a special product called a WHO or UNICEF salt packet for the treatment of diarrhea?	YES.....1 NO.....2	482
481	Have you ever seen a packet like this before? (SHOW PACKET)	YES.....1 NO.....2	485
482	Have you ever prepared a solution with one of these packets to treat diarrhea in yourself or someone else? (SHOW PACKET)	YES.....1 NO.....2	484
483	How much water did you use to prepare a WHO or UNICEF salt packet for the treatment of diarrhea?	33 CL.....01 1/2 LITRE.....02 66 CL.....03 1 LITRE.....04 1 1/2 LITRES.....05 2 LITRES.....06 FOLLOWED PACKAGE INSTRUCTIONS..07 OTHER.....08 (SPECIFY) DK.....98	
484	Where can you get the WHO or UNICEF salt packet for the treatment of diarrhea? PROBE: Anywhere else? (CIRCLE ALL PLACES MENTIONED)	PUBLIC SECTOR PUBLIC HOSPITAL.....A MCH CENTER.....B PUBLIC HEALTH CENTER.....C PROPHARMACY.....D PRIVATE MEDICAL SECTOR PRIVATE RELIG. HOSP.....E PRIVATE LAY HOSP/CLIN.....F MISSIONARY DISPENSARY.....G PHARMACY.....H PRIVATE DOCTOR.....I OTHER PRIVATE SECTOR FRIENDS/RELATIVES.....J TRADITIONAL HEALER.....K OTHER.....L (SPECIFY) DK.....M	
485	CHECK 471: RECOMMENDED HOME-MADE FLUID GIVEN TO ANY CHILD (ANY YES IN 471) <input type="checkbox"/>	RECOMMENDED HOME-MADE FLUID NOT GIVEN OR 471 NOT ASKED <input type="checkbox"/>	488
486	Have you ever heard of a liquid recommended by health personnel and prepared at home with salt, sugar and water for the treatment of diarrhea?	YES.....1 NO.....2	501
487	Have you ever prepared a liquid at home with salt, sugar and water which is recommended by health personnel for the treatment of diarrhea?	YES.....1 NO.....2	501
488	Where did you learn how to prepare the liquid with salt, sugar and water at home which is recommended by health personnel for the treatment of diarrhea?	PUBLIC SECTOR PUBLIC HOSPITAL.....11 MCH CENTER.....12 PUBLIC HEALTH CENTER.....13 PROPHARMACY.....14 PRIVATE MEDICAL SECTOR PRIVATE RELIG. HOSP.....21 PRIVATE LAY HOSP/CLIN.....22 MISSIONARY DISPENSARY.....23 PHARMACY.....24 PRIVATE DOCTOR.....25 OTHER PRIVATE SECTOR FRIENDS/RELATIVES.....31 TRADITIONAL HEALER.....32 OTHER.....41 (SPECIFY)	
489	How much water do you use at home to prepare the liquid recommended by health personnel for the treatment of diarrhea?	33 CL.....1 1/2 LITRE.....2 66 CL.....3 1 LITRE.....4 1 1/2 LITRES.....5 2 LITRES.....6 OTHER.....7 (SPECIFY) DK.....8	
490	How many lumps of sugar do you use to prepare at home the liquid recommended by health personnel for the treatment of diarrhea, when you use (QUANTITY OF WATER FROM Q.489)?	NUMBER OF LUMPS..... <input type="text"/> <input type="text"/> OTHER.....97 (SPECIFY) DK.....98	
491	How many coffee spoons of salt do you use to prepare at home the liquid recommended by health personnel for the treatment of diarrhea, when you use (QUANTITY OF WATER FROM Q.489 AND NUMBER OF SUGAR LUMPS FROM Q.490)?	NUMBER OF SPOONFULS..... <input type="text"/> <input type="text"/> OTHER.....97 (SPECIFY) DK.....98	

* Equivalencies for the quantity of water: Small beer/Top = 33 Cl. Wine bottle/syrup = 1 Litre
Large beer/Top = 66 Cl. Mineral water bottle = 1 1/2 Litres

SECTION 5. CAUSES OF DEATH

501	CHECK 214, 218 AND 224 ONE OR SEVERAL CHILDREN DECEASED AMONG THE BIRTHS OCCURRING SINCE JANUARY 1986	<input type="checkbox"/>	NO CHILD DECEASED AMONG THE BIRTHS OCCURRING SINCE JANUARY 1986	<input type="checkbox"/> (SKIP TO 601)
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502 RECORD THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1986 IN THE TABLE. ASK QUESTIONS ONLY ABOUT DECEASED CHILDREN. IF MORE THAN THREE BIRTHS, USE A SECOND QUESTIONNAIRE.

ACCORDING TO Q. 214 AND Q. 218	LAST BIRTH	NEXT-TO LAST BIRTH	SECOND-FROM-LAST BIRTH
	LINE NO. Q. 214 <input type="text"/>	LINE NO. Q. 214 <input type="text"/>	LINE NO. Q. 214 <input type="text"/>
	NAME _____	NAME _____	NAME _____
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
	(NEXT BIRTH)	(NEXT BIRTH)	(SKIP TO 601)

Now I would like to ask you several questions concerning your child(ren) who have died from among the births that you have had during the last five years.

503 Was (NAME)'s death caused by an accident or by illness? IF THE WOMAN ANSWERS "ACCIDENT", PROBE: Was it an accident or an accident related to delivery?	ACCIDENT.....1 ACCIDENT AT DELIVERY/ PREMATURETY/DEFECT.....2 ILLNESS/EVIL EYE.....3 (SKIP TO 505)←	ACCIDENT.....1 ACCIDENT AT DELIVERY/ PREMATURETY/DEFECT.....2 ILLNESS/EVIL EYE.....3 (SKIP TO 505)←	ACCIDENT.....1 ACCIDENT AT DELIVERY/ PREMATURETY/DEFECT.....2 ILLNESS/EVIL EYE.....3 (SKIP TO 505)←
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504 What type of accident?	FALL.....1 DROWNING.....2 TRAFFIC-ACCIDENT.....3 BURN.....4 INTOXICATION.....5 OTHER.....6 (SPECIFY) DK.....7 (SKIP TO Q. 502, NEXT BIRTH)	FALL.....1 DROWNING.....2 TRAFFIC ACCIDENT.....3 BURN.....4 INTOXICATION.....5 OTHER.....6 (SPECIFY) DK.....7 (SKIP TO Q. 502, NEXT BIRTH)	FALL.....1 DROWNING.....2 TRAFFIC ACCIDENT.....3 BURN.....4 INTOXICATION.....5 OTHER.....6 (SPECIFY) DK.....7 (SKIP TO Q. 601)
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505 What illness caused (NAME)'s death? RECORD THE NAMES OF ILLNESSES MENTIONED BY THE RESPONDENT	ILLNESS(ES): _____ <input type="text"/>	ILLNESS(ES): _____ <input type="text"/>	ILLNESS(ES): _____ <input type="text"/>
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506 During the illness which caused (NAME)'s death, did you take him/her somewhere for a consultation? IF YES: Where did you take him/her? Anywhere else? RECORD ALL ANSWERS MENTIONED	PUBLIC SECTOR PUBLIC HOSPITAL.....A MCH CENTER.....B PUBLIC HEALTH CENTER...C PROPHARMACIE.....D PRIVATE MEDICAL SECTOR PRIVATE RELIGIOUS HOSP.E PRIVATE LAY HOSP/CLIN..F MISSIONARY DISPENSARY..G PHARMACY.....H PRIVATE DOCTOR.....I OTHER PRIVATE SECTOR TRADITIONAL HEALER.....J OTHER.....K (SPECIFY) NOWHERE.....L	PUBLIC SECTOR PUBLIC HOSPITAL.....A MCH CENTER.....B PUBLIC HEALTH CENTER...C PROPHARMACIE.....D PRIVATE MEDICAL SECTOR PRIVATE RELIGIOUS HOSP.E PRIVATE LAY HOSP/CLIN..F MISSIONARY DISPENSARY..G PHARMACY.....H PRIVATE DOCTOR.....I OTHER PRIVATE SECTOR TRADITIONAL HEALER.....J OTHER.....K (SPECIFY) NOWHERE.....L	PUBLIC SECTOR PUBLIC HOSPITAL.....A MCH CENTER.....B PUBLIC HEALTH CENTER...C PROPHARMACIE.....D PRIVATE MEDICAL SECTOR PRIVATE RELIGIOUS HOSP.E PRIVATE LAY HOSP/CLIN..F MISSIONARY DISPENSARY..G PHARMACY.....H PRIVATE DOCTOR.....I OTHER PRIVATE SECTOR TRADITIONAL HEALER.....J OTHER.....K (SPECIFY) NOWHERE.....L
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507 Where did (NAME)'s death take place?	HOME.....1 MEDICAL FACILITY.....2 OTHER.....3 (SPECIFY)	HOME.....1 MEDICAL FACILITY.....2 OTHER.....3 (SPECIFY)	HOME.....1 MEDICAL FACILITY.....2 OTHER.....3 (SPECIFY)
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508 During the first days of life did (NAME) breastfeed or take the bottle well?	YES.....1 NO.....2 DK.....8 (SKIP TO Q. 509) ←	YES.....1 NO.....2 DK.....8 (SKIP TO Q. 509) ←	YES.....1 NO.....2 DK.....8 (SKIP TO Q. 509) ←
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SEE 502, RECORD THE LINE NUMBER AND THE NAME OF THE LAST BIRTH (IF DECEASED), OR THE NEXT-TO-LAST BIRTH (IF DECEASED) OR THE SECOND-FROM-LAST BIRTH (IF DECEASED) THEN ASK Q.509 TO Q.513

LINE NUMBER

NAME

509 During the illness which caused (NAME)'s death, did he/she have (SYMPTOM)? CIRCLE THE APPROPRIATE CODE FOR EACH SYMPTOM, THEN ASK QUESTIONS 510 TO 513 OR GO ON TO THE NEXT SYMPTOM.		510 Was (SYMPTOM) serious?	511 How much time before the death did (SYMPTOM) begin? RECORD THE ANSWER IN THE UNIT OF TIME USED BY THE RESPONDENT	512 Did (SYMPTOM) last until the death?	513 How much time before death did (SYMPTOM) stop? RECORD THE ANSWER IN THE UNIT OF TIME USED BY THE RESPONDENT
01 DIARRHEA	YES.....1 NO.....2 DK.....8 (SKIP TO 03)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 02)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
02 DIARRHEA WITH BLOOD	YES.....1 NO.....2 DK.....8 (SKIP TO 03)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 03)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
03 COUGH	YES.....1 NO.....2 DK.....8 (SKIP TO 04)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 04)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
04 SHALLOW AND RAPID BREATHING	YES.....1 NO.....2 DK.....8 (SKIP TO 05)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 05)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
05 FEVER	YES.....1 NO.....2 DK.....8 (SKIP TO 06)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 06)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
06 CONVULSIONS	YES.....1 NO.....2 DK.....8 (SKIP TO 07)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 07)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
07 SPOTS ON THE BODY	YES.....1 NO.....2 DK.....8 (SKIP TO 08)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 08)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
08 VERY THIN	YES.....1 NO.....2 DK.....8 (SKIP TO 09)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 09)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
09 FACE AND LEGS SWOLLEN	YES.....1 NO.....2 DK.....8 (SKIP TO)← Q.502 NEXT DECEASED CHILD OR TO Q.601)	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO Q.502 NEXT DECEASED CHILD OR TO Q.601) NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998 (SKIP TO Q.502 NEXT DECEASED CHILD, OR TO Q.601)

SEE 502, RECORD THE LINE NUMBER AND THE NAME OF THE LAST BIRTH (IF DECEASED), OR THE NEXT-TO-LAST BIRTH (IF DECEASED) OR THE SECOND-FROM-LAST BIRTH (IF DECEASED) THEN ASK Q.509 TO Q.513

LINE NUMBER

NAME _____

509 During the illness which caused (NAME)'s death, did he/she have (SYMPTOM)?		510 Was (SYMPTON) serious?	511 How much time before the death did (SYMPTON) begin?	512 Did (SYMPTON) last until the death?	513 How much time before death did (SYMPTON) stop?
CIRCLE THE APPROPRIATE CODE FOR EACH SYMPTON, THEN ASK QUESTIONS 510 TO 513 OR GO ON TO THE NEXT SYMPTON.			RECORD THE ANSWER IN THE UNIT OF TIME USED BY THE RESPONDENT		RECORD THE ANSWER IN THE UNIT OF TIME USED BY THE RESPONDENT
01 DIARRHEA	YES.....1 NO.....2 DK.....8 (SKIP TO 03)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 02)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
02 DIARRHEA WITH BLOOD	YES.....1 NO.....2 DK.....8 (SKIP TO 03)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 03)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
03 COUGH	YES.....1 NO.....2 DK.....8 (SKIP TO 04)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 04)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
04 SHALLOW AND RAPID BREATHING	YES.....1 NO.....2 DK.....8 (SKIP TO 05)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 05)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
05 FEVER	YES.....1 NO.....2 DK.....8 (SKIP TO 06)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 06)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
06 CONVULSIONS	YES.....1 NO.....2 DK.....8 (SKIP TO 07)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 07)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
07 SPOTS ON THE BODY	YES.....1 NO.....2 DK.....8 (SKIP TO 08)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 08)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
08 VERY THIN	YES.....1 NO.....2 DK.....8 (SKIP TO 09)←	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 09)← NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
09 FACE AND LEGS SWOLLEN	YES.....1 NO.....2 DK.....8 (SKIP TO)← Q.502 NEXT DECEASED CHILD OR TO Q.601)	YES.....1 NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO Q.502 NEXT DECEASED CHILD OR TO Q.601) NO.....2 DK.....8	DAYS..... <input type="text"/> <input type="text"/> WEEKS.... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998 (SKIP TO Q.502 NEXT DECEASED CHILD, OR TO Q.601)

SEE 502, RECORD THE LINE NUMBER AND THE NAME OF THE LAST BIRTH (IF DECEASED), OR THE NEXT-TO-LAST BIRTH (IF DECEASED) OR THE SECOND-FROM-LAST BIRTH (IF DECEASED) THEN ASK Q.509 TO Q.513

LINE NUMBER
NAME _____

509 During the illness which caused (NAME)'s death, did he/she have (SYMPTOM)? CIRCLE THE APPROPRIATE CODE FOR EACH SYMPTOM, THEN ASK QUESTIONS 510 TO 513 OR GO ON TO THE NEXT SYMPTOM.	510 Was (SYMPTOM) serious?	511 How much time before the death did (SYMPTOM) begin? RECORD THE ANSWER IN THE UNIT OF TIME USED BY THE RESPONDENT	512 Did (SYMPTOM) last until the death?	513 How much time before death did (SYMPTOM) stop? RECORD THE ANSWER IN THE UNIT OF TIME USED BY THE RESPONDENT
01 DIARRHEA YES.....1 NO.....2 DK.....8 (SKIP TO 03)←	YES.....1 NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 02)← NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
02 DIARRHEA WITH BLOOD YES.....1 NO.....2 DK.....8 (SKIP TO 03)←	YES.....1 NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 03)← NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
03 COUGH YES.....1 NO.....2 DK.....8 (SKIP TO 04)←	YES.....1 NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 04)← NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
04 SHALLOW AND RAPID BREATHING YES.....1 NO.....2 DK.....8 (SKIP TO 05)←	YES.....1 NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 05)← NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
05 FEVER YES.....1 NO.....2 DK.....8 (SKIP TO 06)←	YES.....1 NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 06)← NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
06 CONVULSIONS YES.....1 NO.....2 DK.....8 (SKIP TO 07)←	YES.....1 NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 07)← NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
07 SPOTS ON THE BODY YES.....1 NO.....2 DK.....8 (SKIP TO 08)←	YES.....1 NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 08)← NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
08 VERY THIN YES.....1 NO.....2 DK.....8 (SKIP TO 09)←	YES.....1 NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO 09)← NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998
09 FACE AND LEGS SWOLLEN YES.....1 NO.....2 DK.....8 (SKIP TO)← Q.502 NEXT DECEASED CHILD OR TO Q.601)	YES.....1 NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998	YES.....1 (SKIP TO Q.502 NEXT DECEASED CHILD OR TO Q.601) NO.....2 DK.....8	DAYS.... <input type="text"/> <input type="text"/> WEEKS... <input type="text"/> <input type="text"/> MONTHS... <input type="text"/> <input type="text"/> DK.....998 (SKIP TO Q.502 NEXT DECEASED CHILD, OR TO Q.601)

SECTION 6. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	Have you ever been married or lived with a man?	YES..... 1 NO.....2	611
602	Are you now married or living with a man, or are you now widowed, divorced, or no longer living together?	HARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NO LONGER LIVING TOGETHER.....5	607
603	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2	
604	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	607
605	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	607
606	Are you the first, second,...wife?	RANK..... <input type="text"/> <input type="text"/>	
607	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	609
608	Counting the current marriage/union, how many times have you been married or lived with a man?	NUMBER OF MARRIAGES/UNIONS. <input type="text"/> <input type="text"/>	
609	How old were you when you started living with your (first) husband or partner?	AGE..... <input type="text"/> <input type="text"/>	
610	In what month and year did you start living with your (first) husband/partner? COMPARE AND CORRECT 609 AND/OR 610 IF INCONSISTENT.	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	612
611	IF NEVER IN UNION: Have you ever had sexual intercourse?	YES.....1 NO.....2	616
612	Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility. How many times did you have sexual intercourse in the last four weeks?	TIMES..... <input type="text"/> <input type="text"/>	
613	How many times in a month do you usually have sexual intercourse?	TIMES..... <input type="text"/> <input type="text"/>	
614	When was the last time you had sexual intercourse?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	
615	How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> <input type="text"/> FIRST TIME WHEN MARRIED.....96	
616	PRESENCE OF OTHERS AT THIS POINT.	CHILDREN UNDER 10.....1 HUSBAND/PARTNER.....1 OTHER MALES.....1 OTHER FEMALES.....1	YES NO 2 2 2 2 2 2

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
701	<p>CHECK 312:</p> <p>SHE/HE NOT STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p>		707						
702	<p>CHECK 301 AND 602:</p> <p>CURRENTLY MARRIED/LIVING TOGETHER CODES '1' OR '2' CIRCLED IN Q.602 <input type="checkbox"/> OTHERS <input type="checkbox"/></p>		715						
703	<p>CHECK 225:</p> <p>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>HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DK.....8</p>	710						
704	<p>CHECK 225:</p> <p>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>MONTHS..... <table border="1" data-bbox="1225 876 1329 968"><tr><td>1</td><td></td><td></td></tr><tr><td>2</td><td></td><td></td></tr></table> YEARS..... SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT...995 OTHER _____ 996 (SPECIFY) DK.....998</p>	1			2			710
1									
2									
705	<p>CHECK 218 AND 225:</p> <p>HAS LIVING CHILDREN OR PREGNANT? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		710						
706	<p>CHECK 225:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How old would you like your youngest child to be when your next child is born?</p>	<p>AGE OF YOUNGEST CHILD YEARS..... <table border="1" data-bbox="1257 1389 1329 1455"><tr><td></td><td></td></tr></table> DK.....98</p>			710				
707	<p>Do you regret that (you/your husband) had the operation not to have any (more) children?</p>	<p>YES.....1 NO.....2</p>	709						
708	<p>Why do you regret it?</p>	<p>RESPONDENT WANTS ANOTHER CHILD...1 PARTNER WANTS ANOTHER CHILD...2 SIDE EFFECTS.....3 OTHER REASON _____ 4 (SPECIFY)</p>	718						
709	<p>Given your present circumstances, if you had to do it over again, do you think you would make the same decision to have a sterilization?</p>	<p>YES.....1 NO.....2</p>	718						
710	<p>Do you think that your husband/partner approves of couples using a method to avoid pregnancy?</p>	<p>YES/APPROVES.....1 NO/DISAPPROVES.....2 DK.....8</p>							
711	<p>Have you ever spoken to your husband/partner about methods to avoid pregnancy and how to use them?</p>	<p>YES.....1 NO.....2</p>	713						
712	<p>How often have you talked to your husband/partner about this subject in the past year?</p>	<p>NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3</p>							
713	<p>Have you and your husband/partner ever discussed the number of children you wou'd like to have?</p>	<p>YES.....1 NO.....2</p>							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
714	Do you think your husband/partner wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8	
715	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS.....1 <input type="checkbox"/> <input type="checkbox"/> YEARS.....2 <input type="checkbox"/> <input type="checkbox"/> OTHER _____ 996 (SPECIFY)	
716	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2	
717	Do you agree with couples using a method to delay or avoid pregnancy?	YES, AGREE.....1 NO, DISAGREE.....2	
718	<p>CHECK 218:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓ ↓</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 in all?</p> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	NUMBER..... <input type="checkbox"/> <input type="checkbox"/> OTHER ANSWER _____ 96 (SPECIFY) → 720	
719	How many boys and how many girls?	NUMBER OF BOYS..... <input type="checkbox"/> <input type="checkbox"/> BOYS DEPEND ON GOD.....95 NUMBER OF GIRLS..... <input type="checkbox"/> <input type="checkbox"/> GIRLS DEPEND ON GOD.....95 OTHER ANSWER _____ 96 (SPECIFY) DK.....98	
720	<p>In your opinion, what are the main advantages of having many children?</p> <p>RECORD THE CODES IN THE ORDER THE ANSWERS ARE GIVEN, IF THERE IS NO 2ND, 3RD ADVANTAGE, RECORD '00'</p>	<p>HELP IN WORK.....01 ASSISTANCE/FINANCIAL AID.....02 SUPPORT IN OLD AGE.....03 AFFECTION/COMPANIONSHIP.....04 RELIGIOUS/SOCIAL OBLIGATIONS...05 PRIDE/AFFIRMATION OF SELF.....06 SOCIAL STATUS.....07 POSTERITY/FAMILY NAME.....08 NO ADVANTAGE.....09 OTHER _____ 10 (SPECIFY) DK.....98</p>	<p>1ST ADVANTAGE..... <input type="checkbox"/><input type="checkbox"/> 2ND ADVANTAGE..... <input type="checkbox"/><input type="checkbox"/> 3RD ADVANTAGE..... <input type="checkbox"/><input type="checkbox"/></p>
721	<p>In your opinion, what are the main disadvantages of having a lot of children?</p> <p>RECORD THE CODES IN THE ORDER THE ANSWERS ARE GIVEN, IF THERE IS NO 2ND, 3RD DISADVANTAGE, RECORD '00'</p>	<p>COST/FINANCIAL EXPENSES.....01 UPBRINGING PROBLEMS.....02 DISCIPLINE PROBLEMS.....03 INCREASE IN WORK.....04 CONSTRAINTS FOR PARENTS.....05 WORRY ABOUT THE FUTURE.....06 PROBLEMS WITHIN THE COUPLE.....07 SICKNESS/DEATH.....08 NO DISADVANTAGE.....09 OTHER _____ 10 (SPECIFY)</p>	<p>1ST DISADVANTAGE..... <input type="checkbox"/><input type="checkbox"/> 2ND DISADVANTAGE..... <input type="checkbox"/><input type="checkbox"/> 3RD DISADVANTAGE..... <input type="checkbox"/><input type="checkbox"/></p>
722	In your opinion, how many children can be considered a lot of children for a woman to have?	NUMBER..... <input type="checkbox"/> <input type="checkbox"/> DK.....98	
723	Which do you prefer, many children or few children?	MANY CHILDREN.....1 FEW CHILDREN.....2	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
801	<p>CHECK 601:</p> <p>EVER MARRIED OR LIVED TOGETHER 'YES' TO Q.601 <input type="checkbox"/></p> <p>NEVER MARRIED/ NEVER LIVED TOGETHER 'NO' TO Q.601 <input type="checkbox"/></p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p>		810
802	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	805
803	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY1 SECONDARY.....2 HIGHER.....3 DK.....8	805
804	What was the highest class/form/year he completed at that level?*	CLASS..... <input type="checkbox"/>	
805	What kind of work does (did) your (last) husband/partner mainly do?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
806	<p>CHECK 805:</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></p> <p>DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		808
807	(Does/did) your husband/partner work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	
808	What is (was) the religion of your (last) husband/partner?	CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 OTHER.....4 (SPECIFY) NONE.....5 DK.....8	
809	What is (was) the nationality of your (last) husband/partner?	CAMEROONIAN.....1 OTHER AFRICAN.....2 OTHER.....3	

* CODES ACCORDING TO THE VARIOUS SYSTEMS OF EDUCATION: 0=LESS THAN ONE YEAR FOR HIGHER, SEE THE INSTRUCTION MANUAL 8=DK

PRIMARY			SECONDARY		
ANGLOPHONE	CODES	FRANCOPHONE	ANGLOPHONE	CODES	FRANCOPHONE
INFANT/CLASS ONE	1	S1L	FORM 1	1	SIXIEME/1*ANNEE
STANDARD ONE/CLASS TWO	2	CP	FORM 2	2	CINQUIEME/2*ANNEE
STANDARD TWO/CLASS THREE	3	CE1	FORM 3	3	QUATRIEME/3*ANNEE
STANDARD THREE/CLASS FOUR	4	CE2	FORM 4	4	TROISIEME/4*ANNEE
STANDARD FOUR/CLASS FIVE	5	CM1	FORM 5	5	SECONDE
STANDARD FIVE/CLASS SIX	6	CM2	LOWER SIXTH FORM	6	PREMIERE
STANDARD SIX/CLASS SEVEN	7	-	UPPER SIXTH FORM	7	TERMINALE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
810	<p>As you know, many women work outside of their homes. 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 work of this type?</p>	<p>YES.....1</p> <p>NO.....2</p>	818								
811	What kind of work do you do?	<table border="1" style="width: 100%; height: 60px;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> </td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> </tr> <tr> <td style="border-top: 1px solid black;"></td> <td style="border-top: 1px solid black;"></td> </tr> </table>		<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>							
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>										
812	<p>In your current work, are you an employee, are you self-employed, are you an employer or do you help someone in your family?</p>	<p>EMPLOYEE.....1</p> <p>SELF-EMPLOYED.....2</p> <p>EMPLOYER.....3</p> <p>FAMILY HELP.....4</p>									
813	Do you earn money for this work?	<p>YES.....1</p> <p>NO.....2</p>									
814	Do you do this work at home or away from home?	<p>HOME.....1</p> <p>AWAY.....2</p>									
815	<p>CHECK 217/218/220: HAS CHILD BORN SINCE JAN. 1986 AND LIVING AT HOME?</p> <p style="text-align: center;">YES <input type="checkbox"/></p> <p style="text-align: center;">NO <input type="checkbox"/></p>		818								
816	<p>While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?</p>	<p>USUALLY.....1</p> <p>SOMETIMES.....2</p> <p>NEVER.....3</p>	818								
817	<p>Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?</p>	<p>HUSBAND/PARTNER.....01</p> <p>OLDER CHILD(REN).....02</p> <p>OTHER RELATIVES.....03</p> <p>NEIGHBORS.....04</p> <p>FRIENDS.....05</p> <p>SERVANTS/HIRED HELP.....06</p> <p>CHILD IS IN SCHOOL.....07</p> <p>INSTITUTIONAL CHILDCARE.....08</p> <p>OTHER.....09</p> <p style="text-align: center;">(SPECIFY)</p>									
818	RECORD THE TIME	<p>HOURS.....</p> <p>MINUTES.....</p> <table border="1" style="width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>									

SECTION 9. HEIGHT AND WEIGHT

901	CHECK 217, 218:	ONE OR MORE BIRTHS SINCE JAN. 1986 AND STILL ALIVE	<input type="checkbox"/> ↓ v	NO BIRTHS SINCE JAN. 1986 STILL ALIVE	<input type="checkbox"/> → END
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IN 902-904, RECORD THE LINE NUMBER, NAME, AND BIRTH DATE FOR EACH CHILD BORN SINCE JANUARY 1, 1986 AND STILL ALIVE, STARTING FROM THE YOUNGEST CHILD. IN 906 AND 908 RECORD HEIGHT AND WEIGHT. IF MORE THAN THREE CHILDREN ALIVE SINCE JANUARY 1986, USE AN ADDITIONAL QUESTIONNAIRE.

	<input type="checkbox"/> 1 YOUNGEST LIVING CHILD	<input type="checkbox"/> 2 NEXT-TO-YOUNGEST LIVING CHILD	<input type="checkbox"/> 3 SECOND-TO-YOUNGEST LIVING CHILD
902 LINE NO. FROM Q.214	<input type="text"/>	<input type="text"/>	<input type="text"/>
903 NAME FROM Q.214	(NAME) _____	(NAME) _____	(NAME) _____
904 DATE OF BIRTH FROM Q.217 AND ASK FOR DAY OF BIRTH	DAY..... <input type="text"/> <input type="text"/> MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>
905 BCG SCAR ON THE ARM	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
906 HEIGHT (IN Cm.)	<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"/>
907 HEIGHT: LYING OR STANDING	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
908 WEIGHT (IN Kg.)	<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 DATE MEASURED AND WEIGHTED	DAY..... <input type="text"/> <input type="text"/> MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	DAY..... <input type="text"/> <input type="text"/> MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>
910 RESULT (HEIGHT AND WEIGHT)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)
911 NAME OF MEASURER:	<input type="text"/>	NAME OF ASSISTANT:	<input type="text"/>

INTERVIEWER'S OBSERVATIONS
(To be filled in after completing interview)

Comments About Respondent: _____

Comments on Specific Questions: _____

Any Other Comments: _____

FIELD EDITOR'S OBSERVATIONS

Name of Field Editor: _____ Date: _____

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____