



**Demographic
and Health
Surveys**

Phase II

Model “A” Questionnaire

**With Commentary
For High Contraceptive
Prevalence Countries**

DHS-II Basic Documentation – 1



**Institute for
Resource Development**
Macro International, Inc.

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with Commentary
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DHS-II Basic Documentation
Number 1

Institute for Resource Development/Macro International, Inc.
Columbia, Maryland

December 1990

The Demographic and Health Surveys is a nine-year project to assist government and private agencies in developing countries to conduct national sample surveys on population and health. DHS is funded by the U.S. Agency for International Development and administered by the Institute for Resource Development.

The main objectives of the DHS program are: (1) to provide decisionmakers in the survey countries with data and analyses useful for informed policy choices, (2) to expand the international population and health database, (3) to advance survey methodology, (4) to develop in participating countries the skills and resources necessary to conduct demographic and health surveys.

For information about the Demographic and Health Surveys program, write to DHS, IRD/Macro International, Inc., 8850 Stanford Boulevard, Suite 4000, Columbia, MD 21045, USA (Telephone 301-290-2800; Telex 87775; Telefax 301-290-2999).

TABLE OF CONTENTS

INTRODUCTION	v
HOUSEHOLD SCHEDULE	1
Household listing (1-15)	2
Water and toilet facilities (16-20)	6
Household possessions and dwelling characteristics (21-24)	6
MODEL "A" QUESTIONNAIRE FOR HIGH PREVALENCE COUNTRIES	9
1. RESPONDENT'S BACKGROUND	10
Time of interview (101)	10
Childhood residence (102)	10
Date of birth and age of women (103-104)	10
Education and literacy (105-109)	10
Mass media (110-112)	10
Religion and ethnicity (113-114)	10
Household characteristics of non-usual residents (115-126)	12
2. REPRODUCTION	16
Lifetime fertility (201-210)	16
Detailed birth history (211-220)	18
Current and recent pregnancy history (225-233)	22
Menstruation (234-236)	22
3. CONTRACEPTION	24
Knowledge and use of methods; knowledge of sources (301-304)	24
Probes on contraceptive use (306-308)	26
First use of contraception (309-311)	26
Current use (314-315)	26
Pill use (316-320)	28
Sterilization (321-322)	28
Source and availability of method currently used (323-325)	28
Method preferences and problems of use (326-328)	28
Duration of use, discontinuation, and exposure (330-331)	30
Use before the calendar period (333-337)	32
Intentions to use contraception in the future (339-342)	34
Source of preferred method (343-347)	34
Media information on family planning (348-350)	36
4A. PREGNANCY AND BREASTFEEDING	38
Fertility planning (403-404)	38
Antenatal care (405-408)	38

Tetanus toxoid (409-410)	38
Delivery (411-414), size of newborn baby (415-417)	40
Postpartum amenorrhea and abstinence (418-424)	40
Breastfeeding: ever, duration, reasons for never breastfeeding and stopping (425-430), 436-437)	42
Supplemental foods given yesterday, age when solids and liquids first introduced, and frequency of breastfeeding (432-434, 439-440)	44
Duration of postpartum behavior before the calendar period (445-448)	46
4B. IMMUNIZATION AND HEALTH	48
Vaccination information obtained from written records and from the mother's recall (451-457)	48
Fever (460, 466-469)	50
Cough - Acute respiratory tract infection (461-469)	50
Diarrhea and treatment with oral rehydration therapy (470-488)	52
Knowledge of oral rehydration therapy (491-497)	56
5. MARRIAGE	58
Marital status and co-residence (501, 504-506)	58
Date and age at marriage (507-510)	58
Recent marriage history (502, 511)	58
Sexual activity (503, 512-515)	60
6. FERTILITY PREFERENCES	62
Reproductive intentions (603-606)	62
Sterilization regret (607-609)	62
Discussion on number of children and husband's preferences (610-611)	64
Ideal family size (612)	64
Ideal birth interval (613)	64
7. HUSBAND'S BACKGROUND, RESIDENCE AND WOMEN'S WORK	66
Husband's education (702-704)	66
Husband's work (705-707)	66
Residential mobility (708-712)	68
Woman's employment (713-726)	70
8. MATERNAL AND CHILD HEIGHT AND WEIGHT	72
Checking for a BCG scar (805)	72
Weighing and measuring young children and mothers (806-810)	72
INTERVIEWER'S OBSERVATIONS	75
THE CALENDAR	77

INTRODUCTION

The Demographic and Health Surveys Program is now in the second phase of a nine-year project which began in September, 1984. Both the first phase (DHS-I) and the second phase (DHS-II) are intended to provide basic information on population and infant and child health for a large number of developing countries. DHS-II continues to promote the same objectives as DHS-I: (1) to provide the survey countries with data and analysis useful for informed policy choices; (2) to expand the international population and health data base; (3) to advance survey methodology; and (4) to help to develop in participating countries the technical skills and resources necessary to conduct demographic and health surveys.

These are essentially the same goals pursued by the predecessors of DHS, the World Fertility Survey (WFS) and the Contraceptive Prevalence Surveys (CPS). The program continues to be funded by the United States Agency for International Development and implemented by the Institute for Resource Development/Macro International, Inc.

During DHS-I, 34 surveys were carried out in 29 countries resulting in 32 full-length final reports. In addition, there are 25 further analysis projects based on DHS-I data which have been organized by The Population Council, Inc. and various comparative and technical reports. Data are also being distributed to organizations and individuals worldwide for additional analysis.

The basic questionnaires developed for DHS-I went through some 20 drafts and numerous subsequent modifications based on field experience. A systematic review of the questionnaires was carried out in preparation for the second round of surveys. This document is the product of that effort. This review was not undertaken because of any dissatisfaction with the DHS-I questionnaires; quite the contrary, the instruments were highly successful. Revisions have been made to increase the level of detail obtained and to expand the content coverage.

Following the precedent of DHS-I, we have again developed two model questionnaires: the "A" version for high contraceptive prevalence countries (described in this publication) and the "B" version for countries with little contraceptive use found in the companion report, **DHS-II Model B Questionnaire**. In light of the extensive investment in the preparation of the DHS-I questionnaires, which had the past experience of WFS and CPS on which to build, it is remarkable that the DHS-II questionnaires went through more than 15 drafts. There are basically two reasons for this; first, DHS-II incorporates a significantly expanded coverage of maternal and child health and second, includes a five-to-six year monthly calendar to record fertility, contraceptive, postpartum, marriage, migration and employment histories. The new health questions will be included in all countries whereas the calendar will be used only in questionnaires for countries with significant levels of contraceptive practice. Except for the calendar and the greater detail on contraceptive information in the "A" questionnaire, the two versions are essentially the same both in content and format. The questionnaire appropriate for a particular country is decided early in the survey implementation process. Countries are encouraged to add questions on topics of special interest.

Since the incorporation of the monthly calendar in the "A" questionnaire is an important modification, an extensive field trial was conducted (in Trinidad and Tobago) to evaluate interviewer training procedures and any difficulties with respondent understanding. The calendar had already been the subject of extensive testing in the large-scale experimental studies conducted in Peru and in the Dominican Republic as part of the DHS-I program. The calendar provides several important gains, both in the quantity and quality of the data collected in a calendar format, as well as a

significant increase in their analytical potential. The improvement in quality derives from the nature of the process of recording this information. The interviewer first records the dates of birth (and of other pregnancies) and fills in the preceding months of gestation. This provides the time framework within which information on contraceptive practice can be more accurately recalled. This time reference then provides a visual aid for the interviewer who subsequently records monthly data on breastfeeding, postpartum amenorrhea, and postpartum abstinence. Improvements in the quality of data were clearly shown in the experimental study in Peru where the usual heaping at intervals of six months is significantly reduced. The quality of the retrospective data on contraceptive practice collected in the calendar was also demonstrated in the experimental questionnaire. In addition, the measurement of the discontinuation of contraception was found to be superior with the use of the calendar.

Apart from improvements in the quality of the data, the potential for analysis of the information collected in the calendar is considerable. For example, the calendar provides an efficient vehicle to obtain a record of which months the women were in a marital union. Such information can be used to calculate marital fertility rates much more precisely than is possible with more limited information on marriage. The information on residential mobility and especially the woman's employment history can be used to determine the correlates of sequences of changes in contraceptive practice and fertility. The calendar data collected on women's employment in particular represent a significant improvement over the information typically collected in such surveys.

The experience accumulated in the Peru experimental study and in a replication of that study in the Dominican Republic and the field trial in Trinidad and Tobago have shown that interviewers respond favorably to the calendar and that training in its use is not difficult.

The use of two basic questionnaires is one response to the need to recognize cultural diversity across a wide range of countries as is the opportunity to add country-specific questions. At the same time, there is the need to collect internationally comparable data which also implies important economies in training, data processing, and the preparation of reports.

The questionnaires also reflect various other competing interests, in part reflecting the multiple purposes of DHS. The project is focused primarily on the collection of data relevant to program interests. They include: estimating levels of fertility and infant and child mortality; estimating levels of breastfeeding and the other proximate determinants of fertility; measuring contraceptive knowledge and use, availability, acceptability and the effectiveness of different methods; estimating the unmet need for birth control, reasons for nonuse, levels of unwanted fertility, preferences for additional children; measuring the extent of various childhood diseases in a recent time frame and treatment obtained, coverage rates for maternity care and childhood immunizations, nutritional status, infant feeding practices and other essentially descriptive parameters of interest to policy planners and program managers. These are all yardsticks by which program activity can be at least initially evaluated.

In addition, the questionnaires were designed to respond to program interests related to specific projects, for example, in social marketing. The "A" questionnaire includes questions on exposure to mass media, whether family planning messages have been heard on the radio, attitude toward the radio carrying such messages and pill brand identification.

A final challenge was to meld family planning and demographic topics with the other topics of relevance to child health and survival. As a result, a significant fraction of the content of the DHS model questionnaires has been devoted to the subject of child health as was the case in DHS-I. Once

again, the aim has been to achieve some appropriate balance in the competition for questionnaire space. The health items that have been included in the questionnaire cover water supply, toilet facilities, prenatal care, assistance at delivery, birth weight, tetanus toxoid injections, dates of all immunizations for children under five, infant feeding and diarrhea, fever, respiratory disease and their treatment. Moreover, the model questionnaires include the measurement of weight and height of women who have given birth in the 5-6 years prior to the survey and their surviving children as key indicators associated with nutritional status. The inclusion of health subjects in the questionnaires will also permit the linking of health with demographic variables, e.g., the analysis of the relationship between the length of birth intervals and the weight and height of children.

The model questionnaires have benefitted from the scientific contributions of a great many individuals who specialize in various areas of the broad field of international population and maternal and child health. The list of contributors to the development of the various versions of the questionnaires is sufficiently numerous that it is not practical to mention each individually. However, DHS readily acknowledges and greatly appreciates the valuable advice provided by colleagues in host country institutions and the following organizations: Association for Voluntary Surgical Contraception, Centers for Disease Control, Center to Prevent Childhood Malnutrition, International Institute for Natural Family Planning, Mothercare Project, Office of Population Research, The Population Council, United Nations Children's Fund, World Health Organization, USAID Office of Population, USAID Office of Health, The World Bank, The World Hunger Program, and members of the DHS Scientific Advisory Committee.

The current revision and production of the questionnaires was accomplished at DHS and much of the credit for its strengths and responsibility for its defects rests with the DHS staff. The coordination of this effort was the responsibility of Jeremiah M. Sullivan and Ann Blanc. Elisabeth Sommerfelt was instrumental in organizing the health sections of the questionnaire. Other DHS staff who have invested considerable time in reviewing drafts of questionnaires and discussing changes are Fred Arnold, Mohamed Ayad, Bernard Barrere, George Bicego, Ties Boerma, David Cantor, Trevor Croft, Annie Cross, Jeanne Cushing, Edilberto Loaiza, Luis Ochoa, Sri Poedjastoeti, Kia Reinis, Guillermo Rojas, Naomi Rutenberg, Shea Rutstein, Juan Schoemaker, Martin Vaessen and (former DHS staff) Ann Way. In addition, the senior DHS consultants - Robert Black and Charles Westoff - have contributed substantially to this effort.

HOUSEHOLD SCHEDULE

Household listing (1-15)

The Household Schedule has several purposes. The primary objectives are to screen the sample of households for women eligible to be interviewed (4-7) and to provide descriptive data on the characteristics of households. Data collected at the household level can also be used to assess the degree to which the sample represents the population. In countries where never-married women are excluded from the sample, information is collected in the Household Schedule which is used to derive denominators for the calculation of rates based on all women. In addition, information is obtained on the relationship of each household member to the head of the household (3), the education of all members of the household (8-10) and the survival and residence status of the parents of children less than 15 years of age (11-14).

The relationship of each member to the head of the household provides a picture of the structure and composition of the household. The educational attainment of the adult members of the household gives an indication of its resource base. The current enrollment and educational attainment of children provide a measure of their access to resources and their well-being and allows an investigation of the relationship between family size and children's educational opportunities. Information on the survivorship of the biological parents of children and whether or not they are household members can be used to measure the prevalence of child fostering.

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***			ELIGIBILITY	
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is (NAME)?	IF AGED 6 YEARS OR OLDER	IF ATTENDED SCHOOL	IF AGED LESS THAN 25 YEARS	Is (NAME)'s natural mother alive?		IF ALIVE
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
01			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		01
02			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		02
03			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		03
04			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		04
05			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		05
06			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		06
07			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		07
08			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		08
09			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		09
10			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		10

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			YES NO 1 2	YES NO 1 2	M F 1 2	IN YEARS 1 2	YES NO 1 2	LEVEL GRADE 1 2	YES NO 1 2	YES NO DK 1 2 8		YES NO DK 1 2 8		
11			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		11
12			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		12
13			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		13
14			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		14
15			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		15
16			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		16
17			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		17
18			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		18
19			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		19
20			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		20

TICK HERE IF CONTINUATION SHEET USED TOTAL NUMBER OF ELIGIBLE WOMEN

Just to make sure that I have a complete listing:

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

* CODES FOR Q.3
 RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01= HEAD 05= GRANDCHILD 09= OTHER RELATIVE
 02= WIFE OR HUSBAND 06= PARENT 10= ADOPTED/FOSTER CHILD
 03= SON OR DAUGHTER 07= PARENT-IN-LAW 11= NOT RELATED
 04= SON OR DAUGHTER-IN-LAW 08= BROTHER OR SISTER 98= DK

** CODES FOR Q.9
 LEVEL OF EDUCATION:
 1= PRIMARY 2= SECONDARY 3= HIGHER 8= DK
 GRADE:
 00= LESS THAN 1 YEAR COMPLETED 98= DK

*** These questions refer to the biological parents of the child. Record 00 if parent not member of household.

Water and toilet facilities (16-20)

These questions are intended to elucidate determinants of international variations in infant and child mortality and morbidity. The information on these facilities should be collected in response categories organized into major headings which are meaningful for cross-national comparative analysis. The major headings for sources of water and types of toilet facilities are shown in Questions 16, 19 and 20 and should appear in country-specific versions of the DHS questionnaires. Specific response categories under each major heading may be as detailed as considered necessary in any particular survey.

In the case of sources of water, the objective is to obtain information on the quantity of water available for general household use rather than on the quality of the available water. The major headings indicate the source from which water is obtained but do not distinguish sources on the basis of water quality. A question on the time to travel to and return from the source of water for handwashing and dishwashing is included as an indirect indicator of the quantity of water available for general household use.

In the case of types of toilet facilities, the main issue is the level of hygienic conditions offered by the household's toilet facilities. The major headings distinguish between flush toilet, pit toilet/latrine, and no specific facilities. "Flush toilet" is defined as a facility where the toilet is separated from the refuse disposal system by a water seal. Note that this definition does not distinguish between whether the water seal is maintained by water dumped from a bucket or a plumbing system or whether the disposal system is a pit, septic tank or public sewer system. The second major heading, "pit toilet/latrine", is defined as a system without a water seal and where the disposal system is a dug pit. This can be a pit dug behind a dwelling or a more elaborate "ventilated" latrine designed to provide sufficient air flow so that disease transmission by flying insects is minimized.

Household possessions and dwelling characteristics (21-24)

There are two objectives to these lists (which vary in detail in different countries): 1) to provide some index of standard of living or socioeconomic status, and; 2) to provide further information on exposure to mass media (possession of radio, television). This indirect approach to the measurement of socioeconomic status is affected by urban-rural and regional differences in consumer choices and preference, but is considered more feasible than the use of direct questions on income. A question on the number of rooms used for sleeping in the house is included as an indicator of density or crowding.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
16	What is the source of water your household uses for handwashing and dishwashing?*	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 → 18 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 → 18 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 → 18 TANKER TRUCK.....51 BOTTLED WATER.....61 → 18 OTHER.....71 (SPECIFY)																
17	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																
18	Does your household get drinking water from this same source?	YES.....1 → 20 NO.....2																
19	What is the source of drinking water for members of your household?*	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....71 (SPECIFY)																
20	What kind of toilet facility does your household have?*	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)																
21	Does your household have:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</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> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
22	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
23	MAIN MATERIAL OF THE FLOOR.** RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND.....11 DUNG.....12 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER.....41 (SPECIFY)																
24	Does any member of your household own:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2				
	YES	NO																
BICYCLE.....	1	2																
MOTORCYCLE.....	1	2																
CAR.....	1	2																

* Coding categories to be developed locally and revised based on the pretest, however the large categories must be maintained.

** Coding categories to be developed locally and revised based on the pretest, however the large categories must be maintained. The material of walls or ceilings may be a better measure in some countries.

SECTION 1. RESPONDENT'S BACKGROUND

Time of interview (101)

Time, recorded in questions 101 and 727, is used to determine the length of the interview.

Childhood residence (102)

This question begins the interview and is intended to provide a basis for developing an index of rural to urban migration (in conjunction with later questions on residential mobility - 708 to 712). Such an index has shown greater analytical power for explaining contraceptive use and fertility than either childhood or current residence alone.

Date of birth and age of women (103-104)

Both the month and year of birth and age at last birthday are to be asked. The interviewer is instructed to reconcile age and birth date if possible. Reconciliation in the field is preferable to leaving inconsistencies that plague the editing process and must eventually be solved by the analyst. It is important, therefore, that the interviewer make a serious effort to determine these dates.

Education and literacy (105-109)

The questions on education follow the time-tested WFS sequence. Probes for the type of education received will be required in countries where the educational system (or the number of grades at each level) has changed in the last 30 years. Question 109, which ascertains literacy for all women with less than 6 years of schooling, has been expanded to distinguish difficulty in reading because of the general expansion of literacy throughout the developing world. Education is one of the main factors influencing fertility, infant and child mortality, and health care.

Mass media (110-112)

These questions are intended to provide some simple index of exposure to modern ideas and messages communicated through written and visual media. Further information on exposure to mass media is provided in 118 through possession of radio or television and in 348-350 where the focus is on media exposure to family planning information.

Religion and ethnicity (113-114)

These questions are relevant in countries with religious and/or ethnic diversity. There is considerable evidence that reproductive behavior is influenced by normative attitudes associated with religious values and with ethnicity. This information is also of potential programmatic value in identifying particular groups that may have special needs.

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
103	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
104	How old were you at your last birthday? COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
105	Have you ever attended school?	YES.....1 NO.....2 → 109	
106	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
107	What is the highest (grade/form/year) you completed at that level?*	GRADE..... <input type="text"/> <input type="text"/>	
108	CHECK 106: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> → 110		
109	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 → 111	
110	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
111	Do you usually listen to the radio at least once a week?	YES.....1 NO.....2	
112	Do you usually watch television at least once a week?	YES.....1 NO.....2	
113	COUNTRY-SPECIFIC QUESTION ON RELIGION.		
114	COUNTRY-SPECIFIC QUESTION ON ETHNICITY.		

* Revise according to the local education system.

Household characteristics of non-usual residents (115-126)

These questions are asked only of women who are interviewed in a household which is not their usual residence (e.g., visitors). Questions 116-117 are used to accurately identify the respondent's type of place of residence and region of residence. Questions 118-126 are identical to questions in the Household Schedule but are included here in order to obtain information about the household in which the respondent usually lives.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
115	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT	THE WOMAN INTERVIEWED IS A USUAL RESIDENT	201
116	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a town, or in the countryside? IF CITY: In which city do you live?*	CAPITAL CITY, LARGE CITY.....1 SMALL CITY.....2 TOWN.....3 COUNTRYSIDE.....4	
117	In which (STATE/PROVINCE) is that located?***	STATE(S)/PROVINCE(S).....1 STATE(S)/PROVINCE(S).....2 STATE(S)/PROVINCE(S).....3 STATE(S)/PROVINCE(S).....4 STATE(S)/PROVINCE(S).....5	
118	Now I would like to ask about the household in which you usually live. What is the source of water your household uses for handwashing and dishwashing?***	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT...21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....71 (SPECIFY)	120 120 120 120
119	How long does it take to go there, get water, and come back?	MINUTES..... ON PREMISES.....996	<input type="text"/>
120	Does your household get drinking water from this same source?	YES.....1 NO.....2	122
121	What is the source of drinking water for members of your household?***	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL WATER PRIVATE WELL.....21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER.....71 (SPECIFY)	
122	What kind of toilet facility does your household have?***	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER.....41 (SPECIFY)	

* Coding categories should be developed that are compatible with the 4 category system (large city, small city, town, countryside) used on the identification section of the cover sheet.
 ** Coding categories should be developed that are compatible with the regional categorization used on the identification section of the cover sheet.
 *** Coding categories to be developed locally and revised based on the pretest, however the large categories must be maintained.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																										
123	Does your household have: Electricity? A radio? A television? A refrigerator?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2																												
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TELEVISION.....	1	2																																											
REFRIGERATOR.....	1	2																																											
124	How many rooms in your household are used for sleeping?	ROOMS..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>																																											
125	Could you describe the main material of the floor* of your home?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td colspan="3">NATURAL FLOOR</td> </tr> <tr> <td>EARTH/SAND.....</td> <td style="text-align: right;">11</td> <td></td> </tr> <tr> <td>DUNG.....</td> <td style="text-align: right;">12</td> <td></td> </tr> <tr> <td colspan="3">RUDIMENTARY FLOOR</td> </tr> <tr> <td>WOOD PLANKS.....</td> <td style="text-align: right;">21</td> <td></td> </tr> <tr> <td>PALM/BAMBOO.....</td> <td style="text-align: right;">22</td> <td></td> </tr> <tr> <td colspan="3">FINISHED FLOOR</td> </tr> <tr> <td>PARQUET OR POLISHED WOOD.....</td> <td style="text-align: right;">31</td> <td></td> </tr> <tr> <td>VINYL OR ASPHALT STRIPS.....</td> <td style="text-align: right;">32</td> <td></td> </tr> <tr> <td>CERAMIC TILES.....</td> <td style="text-align: right;">33</td> <td></td> </tr> <tr> <td>CEMENT.....</td> <td style="text-align: right;">34</td> <td></td> </tr> <tr> <td>CARPET.....</td> <td style="text-align: right;">35</td> <td></td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">41</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table>	NATURAL FLOOR			EARTH/SAND.....	11		DUNG.....	12		RUDIMENTARY FLOOR			WOOD PLANKS.....	21		PALM/BAMBOO.....	22		FINISHED FLOOR			PARQUET OR POLISHED WOOD.....	31		VINYL OR ASPHALT STRIPS.....	32		CERAMIC TILES.....	33		CEMENT.....	34		CARPET.....	35		OTHER _____	41		(SPECIFY)			
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126	Does any member of your household own: A bicycle? A motorcycle? A car?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2																															
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* Coding categories to be developed locally and revised based on the pretest, however the large categories must be maintained. The material of walls or ceilings may be a better measure in some countries.

SECTION 2. REPRODUCTION

Lifetime fertility (201-210)

Questions 201-210 on lifetime fertility are standard preliminary questions aimed at determining the total number of births (and child deaths) in the woman's history and they set the stage for the detailed history in 211-220.

Experience has indicated that certain types of events are under-reported; this is the reason for distinguishing children living at home from those living away, and from those who have died. Distinction by sex improves reporting and allows estimation of sex-specific mortality rates.

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	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 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"/> <input type="text"/>
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ___ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→225

Detailed birth history (211-220)

The detailed birth history comprises the heart of the fertility survey from which fertility and infant and child mortality rates are derived.

Fertility surveys conducted in developing countries over the past several decades have differed widely in their approaches to collecting data on births. The complexity of questionnaires has ranged from that typically found in the Contraceptive Prevalence Surveys which include a simple question on the date of the last live birth, to that in the World Fertility Surveys which include a complete history of all live births that a respondent has ever had. Another strategy is the so-called "last live birth questions" where respondents are asked about the dates of both their last live birth and the penultimate birth (as well as any pregnancies which occurred after the last live birth). Another approach to collecting recent fertility information is to use a "truncated history" approach, i.e., to obtain information on all births in the past five years.

Each of these approaches has advantages and limitations. The full birth history is incorporated in the DHS Model Questionnaire. Complete birth histories clearly have the advantage of supplying a much richer data set to study trends in fertility, variations across cohorts and time periods, and the characteristics of birth intervals. A complete history also permits better estimation of current levels of fertility by allowing a more thorough evaluation of the quality of the data. Even in countries that have a previous WFS or other survey, the full birth history would enhance the ability to disentangle genuine trends from errors by joint analysis of overlapping histories.

The interviewer is required to probe and convert all dates to calendar form. These probes may be annoying but they are critical to obtaining high quality data.

The full birth and child survival history is used to calculate age-specific fertility and infant and child mortality rates for a recent period and to derive cohort-period rates that can be used to infer trends.

The DHS-II version has added a question (219) to determine with whom the child lives if not with the mother. It is expected that children's health and well-being will be affected by the presence or absence of their biological mother. For those children who are not in the same household with their mother, their health status and educational opportunities are likely to be affected by the person with whom they reside.

The first entry on the monthly calendar (located on a fold-out sheet at the end of the questionnaire) is in 223 where the interviewer is instructed to record dates of births in the last 5-6 years, along with the months of gestation.

211 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 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	219	220
What name was given to your (first,next) baby?	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?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	IF DEAD: How old was he/she 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.
01 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <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
02 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <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
03 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <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
04 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <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
05 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <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
06 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <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
07 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <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
08 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO....2 ↓ 220	AGE IN YEARS <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

212	213	214	215	216	217	218	219	220
What name was given to your next baby?	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?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	IF DEAD: How old was he/she 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.

09 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/>
10 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/>
11 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/>
12 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO NEXT BIRTH)	DAYS...1 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/>
13 _____ (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE..2 SOMEONE ELSE...3 (GO TO 221)	DAYS...1 <input type="text"/> MONTHS..2 <input type="text"/> YEARS...3 <input type="text"/>

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

NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE)

↓

CHECK: FOR EACH 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 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

222 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1985.*
IF NONE, ENTER 0 AND GO TO 224.

223 FOR EACH BIRTH SINCE JANUARY 1985* ENTER "B" IN MONTH OF BIRTH IN COLUMN 1 OF CALENDAR AND "P" IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE "B" CODE.

224 AT THE BOTTOM OF THE CALENDAR, ENTER THE NAME AND BIRTH DATE OF THE LAST CHILD BORN PRIOR TO JAN. 1985*, IF APPLICABLE.

* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.

Current and recent pregnancy history (225-233)

If the woman reports that she is currently pregnant, she is asked how many months. This information is also recorded in Column 1 of the calendar. The planning status of the current pregnancy is then inquired about in 227 in order to provide information on contraceptive failure and to help in estimating the current need for contraception.

Other recent pregnancies which did not end in a live birth for whatever reason (abortion, miscarriage or stillbirth) are the subject of inquiry in 228-233. This information, although frequently under-reported, is needed to avoid misclassifying months in which the woman is pregnant as months of exposure to the risk of pregnancy. This classification is relevant to calculations of rates of contraceptive failure, discontinuation, and fecundability. It also can be used to aid in the calculation of birth to conception intervals for the study of mortality.

Menstruation (234-236)

Question 234 is used to provide a basis for classifying the fecundity status of women and to improve the reporting of current pregnancy. Unlike earlier surveys that asked women's perceptions about their ability to conceive, the DHS depends on reporting of menstruation in conjunction with other information on contraception and lactation. Questions 235 and 236 are included to determine a respondent's general knowledge about the biology of reproduction. The knowledge is crucial for women relying on periodic abstinence for contraception.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
225	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→228
226	How many months pregnant are you? ENTER "P" IN COLUMN 1 OF CALENDAR IN MONTH OF INTERVIEW AND IN EACH PRECEDING MONTH PREGNANT.	MONTHS..... <input type="text"/>	
227	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
228	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	→234
229	When did the last such pregnancy end?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	
230	CHECK 229: LAST PREGNANCY ENDED SINCE JANUARY 1985* <input type="text"/>	LAST PREGNANCY ENDED BEFORE JANUARY 1985* <input type="text"/>	→234
231	How many months pregnant were you when the pregnancy ended? ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.	MONTHS..... <input type="text"/>	
232	Did you ever have any other such pregnancies?	YES.....1 NO.....2	→234
233	ASK FOR DATES AND DURATIONS OF ANY OTHER PREGNANCIES BACK TO JANUARY 1985.* ENTER "T" IN COLUMN 1 OF CALENDAR IN MONTH PREGNANCY TERMINATED, AND "P" IN EACH PRECEDING MONTH PREGNANT.		
234	When did your last menstrual period start?	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
235	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DK.....8	→301
236	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?**	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS.....4 OTHER.....5 (SPECIFY) DK.....8	

* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.

** Coding categories to be developed locally and revised based on the pretest.

SECTION 3. CONTRACEPTION

Knowledge and use of methods; knowledge of sources (301-304)

The section on contraception opens with standard questions asking the respondent whether she knows of different methods and if so, whether she has ever used the method, and whether she knows where to obtain it. Knowledge or recognition of different methods is first asked without prompting the respondent (301); when the methods spontaneously recognized are recorded, she is then asked whether she has ever heard about use of the methods she has not mentioned (302). Nine specific methods are listed. Women who recognize particular methods are then asked whether they have ever used them (303).

This procedure may seem tedious but experience has indicated that it is necessary to obtain accurate information about contraceptive practice. In particular, the procedure serves to lead into subsequent questions about current and recent use by clearly communicating the concept of contraception.

The question about where one would go to get each method (304) is aimed at determining chiefly how available it is to the woman. The analytical interest is primarily to understand whether nonuse of contraception (or of certain methods) can be attributed to lack of availability.

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 303-304 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] 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 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 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
07] MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
08] RHYTHM, PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	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] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
10] 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 309

Probes on contraceptive use (306-308)

These questions function as a screening device to check on the classification of the respondent as a "never user" of contraception. This is important because if she is so classified she is skipped out of all subsequent questions on current or recent use.

First use of contraception (309-311)

These questions are aimed at determining the respondent's introduction to contraception: the method she first used, where she obtained it, and how many children she had, if any, at the time. Such data are relevant to monitoring trends in the timing of use.

The list of sources of contraception in this and subsequent questions should be based on the family planning delivery system in each country. In order to maintain comparability across countries, the sources should be grouped under the major headings as shown.

Current use (314-315)

The main purpose of the questions on current use of contraception is to estimate current contraceptive prevalence rates by method. In addition, the classification of the respondent as a current user or non-user determines which questions she is asked in the rest of Section 3 as well as in other parts of the questionnaire.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	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"/>	308
307	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		339
308	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
309	What is the first thing you ever did or method you ever used to delay or avoid getting pregnant?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	311
310	Where did you go to get this method the first time?*	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....41 (SPECIFY) DK.....98	
311	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/>	
312	CHECK 225: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> v		331
313	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/> v		315A
314	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	331
315	Which method are you using?***	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	323
315A	CIRCLE '06' FOR FEMALE STERILIZATION.		321
		WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	326

* Coding categories to be developed locally and revised based on the pretest, however, large categories must be maintained.

** Method codes to be developed locally and to include popular combinations of methods. For countries where periodic abstinence is important, the types of methods to determine the fertile period should be included in the coding categories.

Pill use (316-320)

Details on brand, cost, and contact with family planning professionals are included for the evaluation of family planning and social marketing programs.

Sterilization (321-322)

Women who reported sterilization as their method (315) are asked about the date of the operation (321) in order to study trends in the age at the time of the procedure. This information is then recorded on the calendar (322).

Source and availability of method currently used (323-325)

Where the woman obtained the modern method she is now using (323), how long it takes to travel there (324) and how convenient it is to reach that source (325) are further dimensions of the measurement of availability.

Method preferences and problems of use (326-328)

These questions are an effort to assess the reputation of different methods: reasons that women may prefer the method they are currently using and any problems they may be experiencing.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
316	At the time you first started using the pill, did you consult a doctor or a nurse ?*	YES.....1 NO.....2 DK.....8	
317	At the time you last got pills, did you consult a doctor or a nurse?*	YES.....1 NO.....2	
318	May I see the package of pills you are using now? RECORD NAME OF BRAND.	PACKAGE SEEN.....1 BRAND NAME _____ <input type="checkbox"/> <input type="checkbox"/> →320 PACKAGE NOT SEEN.....2	
319	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND.	BRAND NAME _____ <input type="checkbox"/> <input type="checkbox"/> DK.....98	
320	How much does one (packet/cycle) of pills cost you?	COST..... <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> →323 FREE.....996 DK.....998	
321	In what month and year was the sterilization operation performed?	MONTH..... <input type="checkbox"/> <input type="checkbox"/> YEAR..... <input type="checkbox"/> <input type="checkbox"/>	
322	ENTER STERILIZATION METHOD CODE IN MONTH OF INTERVIEW IN COLUMN 1 OF CALENDAR AND IN EACH MONTH BACK TO DATE OF OPERATION OR TO JANUARY 1985** IF OPERATION OCCURRED BEFORE 1985**		
323	CHECK 315: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/> v Where did the sterilization take place?*** v Where did you obtain (METHOD) the last time?*** _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 →326 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC...21 PHARMACY.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 →326 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER _____ 41 (SPECIFY) DK.....98 →326	
324	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> HOURS.....2 0 <input type="checkbox"/> <input type="checkbox"/> DK.....9998	
325	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
326	What is the main reason you decided to use (CURRENT METHOD FROM 315) rather than some other method of family planning?	RECOMMENDATION OF FAMILY PLANNING WORKER.....01 RECOMMENDATION OF FRIEND/RELATIVE.....02 SIDE EFFECTS OF OTHER METHODS..03 CONVENIENCE.....04 ACCESS/AVAILABILITY.....05 COST.....06 WANTED PERMANENT METHOD.....07 HUSBAND PREFERRED.....08 WANTED MORE EFFECTIVE METHOD...09 OTHER _____ 10 (SPECIFY) DK.....98	

* Person consulted should be modified according to local practices.
 ** For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.
 *** Coding categories to be developed locally and revised based on the pretest, however, large categories must be maintained.

Duration of use, discontinuation, and exposure (330-331)

These questions are the main rationale for the use of the monthly calendar. When they are completed and the information recorded in Columns 1 and 2 of the calendar, the basis for estimates of discontinuation and failure rates and for the measurement of the time required to conceive will be formed. Each month in the last 5-6 years will now have been coded in terms of the type of exposure to the risk of contraception and the reasons (coded in Col. 2 of the calendar) for discontinuation.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
327	Are you having any problems in using (CURRENT METHOD)?	YES.....1 NO.....2	→329
328	What is the main problem?	HUSBAND DISAPPROVES.....01 SIDE EFFECTS.....02 HEALTH CONCERNS.....03 ACCESS/AVAILABILITY.....04 COST.....05 INCONVENIENT TO USE.....06 STERILIZED, WANTS CHILDREN.....07 OTHER _____ 08 (SPECIFY) DK.....98	
329	CHECK 315 AND 321:	STERILIZED BEFORE JANUARY 1985* <input type="checkbox"/> STERILIZED SINCE JANUARY 1985* <input type="checkbox"/>	→348 →331
330	ENTER METHOD CODE FROM 315 IN CURRENT MONTH IN COL.1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING THIS METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. ILLUSTRATIVE QUESTIONS: - When did you start using this method continuously? - How long have you been using this method continuously?		
331	I would like to ask some questions about all of the (other) periods in the last few years during which you or your partner used a method to avoid getting pregnant. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1985*. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS. IN EACH MONTH, ENTER CODE FOR METHOD OR "0" FOR NONUSE IN COLUMN 1. IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE. NUMBER OF CODES ENTERED IN COLUMN 2 MUST BE THE SAME AS THE NUMBER OF INTERRUPTIONS OF CONTRACEPTIVE USE IN COLUMN 1 ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT. ILLUSTRATIVE QUESTIONS: COLUMN 1: -When was the last time you used a method? Which method was that? -When did you start using that method? How long after the birth of (NAME)? -How long did you use the method then? COLUMN 2: -Why did you stop using the (METHOD)? -Did you become pregnant while using (METHOD), or did you stop to get pregnant, or stop for some other reason? IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: "How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		

* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.

Use before the calendar period (333-337)

In order to measure the duration of use (or nonuse) which has been recorded at the beginning of the calendar period, it is necessary to ask several questions about earlier durations.

Intentions to use contraception in the future (339-342)

Women who are not currently using contraception, which includes women now pregnant as well as past users and never users, are asked about their intention to use (with a distinction between use in the near future or later use), and the method they might prefer. Such data provide an indication of the future demand for services. Reasons for not intending to use are elicited in 340; they cover a wide variety of possibilities.

Source of preferred method (343-347)

These questions relate to availability of the method preferred for women who intend to use and general availability for women who do not intend to use and those who are currently using a traditional method; they are analogous to an earlier set of questions for women currently using a modern method. Such information can be of value to program managers.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
338	CHECK 315: NOT CURRENTLY USING A METHOD <input type="checkbox"/> CURRENTLY USING PERIODIC ABSTINENCE, WITHDRAWAL, OTHER TRADITIONAL METHOD <input type="checkbox"/> (SKIP TO 344)	CURRENTLY USING A MODERN METHOD <input type="checkbox"/>	348
339	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	341 344
340	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.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 DIFFICULT TO GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY.....14 INCONVENIENT.....15 NOT MARRIED.....16 OTHER.....17 (SPECIFY) DK.....98	344
341	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DK.....8	
342	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY) UNSURE.....98	344
343	Where can you get (METHOD MENTIONED IN 342)?* _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC.....21 PHARMACY.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....41 (SPECIFY) DK.....98	346 348 346 348 346 348
344	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	348

* Coding categories to be developed locally and revised based on the pretest, however, large categories must be maintained.

Media information on family planning (348-350)

These questions measure public exposure to family planning messages on radio and television. The objective of 349 is to provide a basis for demonstrating the public acceptability of having such information broadcast.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
345	Where is that?*	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FAMILY PLANNING CLINIC.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 → 348 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC....21 PHARMACY.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 → 348 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER _____ 41 → 348 (SPECIFY) DK.....98							
346	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 <table border="1" data-bbox="1198 695 1305 789"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>0</td><td> </td><td> </td></tr> </table> HOURS.....2 DK.....9998				0			
0									
347	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2							
348	In the last month, have you heard a message about family planning on: the radio? television?	<table border="1" data-bbox="1214 1010 1305 1041"> <tr><td></td><td>YES</td><td>NO</td></tr> </table> RADIO.....1 2 TELEVISION.....1 2		YES	NO				
	YES	NO							
349	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8							
350	COUNTRY-SPECIFIC QUESTIONS ON FAMILY PLANNING MESSAGES ON RADIO AND TELEVISION.								

* Coding categories to be developed locally and revised based on the pretest, however, large categories must be maintained.

SECTION 4A. PREGNANCY AND BREASTFEEDING

The questions in this section refer to all children born in the 5-6 years before the survey in order to obtain a representative sample of live births in the country during that time period. A few questions about current feeding practices are asked only in reference to last born children.

Fertility planning (403-404)

It is important to be able to classify births as wanted or unwanted and whether (if wanted) they occurred sooner than preferred. This is the objective of 403 which permits estimating what the level of fertility would be in the population if only wanted births had occurred. Women who report the birth as wanted but as having occurred earlier than wanted are then asked (404) how much longer they would like to have waited. This information permits determining the preferred length of birth intervals.

Antenatal Care (405-408)

In order to detect problems associated with pregnancy and childbearing, all pregnant women should have routine antenatal checkups. Questions 405 and 407 ascertain whether the woman received antenatal care, by whom and how early in her pregnancy.

Many countries recommend that an antenatal record (sometimes called a "Mother retained card") (406), which is kept by the pregnant woman, be used as an aid in providing effective antenatal care. The number of visits made during each pregnancy (408), will indicate who receives an adequate number of antenatal care check-ups. Analysis of information regarding the number of visits (408) in conjunction with information about the stage of pregnancy when antenatal care was started (407) will give an indication of whether women who make many antenatal care visits do so because (1) they initiate the visits early in pregnancy, (i.e., they use the services for preventive care), or (2) they start late, perhaps because of medical complications arising toward the end of pregnancy, necessitating many visits.

The term used for "antenatal care" (405-408) should correspond with the term used for routine, preventive antenatal care in the country, e.g "control de embarazo" in Spanish.

Tetanus Toxoid (409-410).

Neonatal tetanus is an almost universally fatal disease, which can be prevented by transfer of immunity to the baby while still in the womb, from a mother who has been adequately immunized. The number of women who have received tetanus toxoid during any pregnancy resulting in a live birth during the 5-6 years preceding the survey will be obtained from 409. Since most women are unlikely to have received tetanus toxoid during childhood, they need two doses during their first pregnancy and a booster dose during subsequent pregnancies. An attempt is made to distinguish tetanus toxoid from other injections by specifying where the injection is given (e.g., in the arm). Analysis of the number of tetanus toxoid doses given (410) during the first and subsequent pregnancies indicates whether the antenatal care services are providing adequate tetanus toxoid coverage. From these data one can estimate changes in tetanus toxoid coverage over the preceding 5-6 years.

SECTION 4A. PREGNANCY AND BREASTFEEDING

401 CHECK 222:
 ONE OR MORE BIRTHS SINCE JAN. 1985* NO BIRTHS SINCE JAN. 1985* (SKIP TO 444)

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1985* 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 all your children born in the past five years. (We will talk about one child at a time.)

LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FROM Q. 212 AND Q. 216	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST BIRTH 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"/>

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.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>
	YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>	YEARS.....2 <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? RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A	HEALTH PROFESSIONAL DOCTOR.....A	HEALTH PROFESSIONAL DOCTOR.....A
	NURSE/MIDWIFE.....B	NURSE/MIDWIFE.....B	NURSE/MIDWIFE.....B
	AUXILIARY MIDWIFE.....C	AUXILIARY MIDWIFE.....C	AUXILIARY MIDWIFE.....C
	OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D	OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D	OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D
	TRADITIONAL BIRTH ATTENDANT.....E	TRADITIONAL BIRTH ATTENDANT.....E	TRADITIONAL BIRTH ATTENDANT.....E
	OTHER.....F (SPECIFY)	OTHER.....F (SPECIFY)	OTHER.....F (SPECIFY)
	NO ONE.....G (SKIP TO 409)←	NO ONE.....G (SKIP TO 409)←	NO ONE.....G (SKIP TO 409)←

406 Were you given an antenatal card for this pregnancy?	YES.....1	YES.....1	YES.....1
	NO.....2	NO.....2	NO.....2
	DK.....8	DK.....8	DK.....8

407 How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	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 this pregnancy?	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?	YES.....1	YES.....1	YES.....1
	NO.....2 (SKIP TO 411)←	NO.....2 (SKIP TO 411)←	NO.....2 (SKIP TO 411)←
	DK.....8	DK.....8	DK.....8

410 During this pregnancy how many times did you get this injection?	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>
	DK.....8	DK.....8	DK.....8

* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.
 ** Coding categories to be developed locally and revised based on the pretest, however, the large categories must be maintained. The category "trained traditional birth attendant" (or "trained community health worker") should be used where the respondents can identify this category. It is also important to choose the appropriate term for "antenatal" care.
 *** Vaccination practices may vary from country to country and should specify where the injection is given, e.g., the arm.

Delivery (411-414), size of newborn baby (415-417)

The majority of maternal deaths occur because of untreated or inadequately treated complications arising during pregnancy, delivery and the postpartum period. Neonatal deaths, which constitute a large proportion of infant deaths, can often be traced to complications of the birth process or to potentially treatable conditions in the neonatal period. Many countries are training traditional birth attendants to provide basic maternity care and to recognize when women require referral for more specialized obstetric services. The questions specifying whether the delivery took place in a health facility (411) and identifying the person who assisted the woman during delivery (412) will help identify groups that are underserved by the health care system. Delivery by Caesarian section (414) is necessary for some women due to pregnancy complications. Differential Caesarian section rates may also indicate that some groups do not have access to hospital based obstetric services for the management of obstetrical complications. On the other hand, some countries may find very high Caesarian section rates indicating that this surgical operation is performed for non-medical reasons.

Full-term but low-birth-weight babies face higher risks of dying than do babies of normal birthweight. The mortality rate for premature babies is even higher (413). The respondents are asked to give both the baby's birthweight (416-417) and, since some babies will not have been weighed at birth, their subjective assessment of the baby's size at birth (415). An analysis of the responses for the women who can answer both of these questions (415 and 417), will give an indication of what women mean by each of the subjective categories ("very small", "average", etc.) in 415. Programs which aim to lower infant mortality rates through the prevention of low birth weight can use the estimates of the proportion of low-birth-weight babies for planning purposes. Birthweight and the size of the baby at birth also serve as proxies for the newborn's health status and as a predictor of subsequent morbidity and mortality.

Postpartum amenorrhea and abstinence (418-424)

Information on the duration of postpartum amenorrhea and abstinence is collected to determine the importance of these variables on the length of birth intervals and on the general level of fertility in the population. These durations vary a great deal across countries and can relate strongly to the use of contraception and the probability of conception. This information is to be recorded in Columns 3 and 4 of the calendar in the effort to improve the classification of months of exposure to the risk of pregnancy.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
411	Where did you give birth to (NAME)?*	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 GVT. HEALTH POST.....23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 GVT. HEALTH POST.....23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GVT. HOSPITAL.....21 GVT. HEALTH CENTER.....22 GVT. HEALTH POST.....23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC...31 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 MIDWIFE.....C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRAINED (TRADITIONAL) BIRTH ATTENDANT.....D TRADITIONAL BIRTH ATTENDANT.....E RELATIVE.....F OTHER.....G (SPECIFY) NO ONE.....H
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8
414	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
415	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8
416	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 418)←	YES.....1 NO.....2 (SKIP TO 420)←	YES.....1 NO.....2 (SKIP TO 420)←
417	How much did (NAME) weigh?	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98	KILOGRAMS..... <input type="text"/> <input type="text"/> DK.....98
418	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 420)← NO.....2		
419	ENTER "X" IN COL.3 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH (OR TO CURRENT PREGNANCY)	(SKIP TO 421)		
420	For how many months after the birth of (NAME) did you <u>not</u> have a period?	ENTER "X" IN COL.3 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "0" IN COL.3 IN MONTH AFTER BIRTH.		
421	CHECK 225: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> ↓ (SKIP TO 424)		
422	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 (SKIP TO 424)← NO.....2		
423	ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH.	(SKIP TO 425)		
424	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	ENTER "X" IN COL.4 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT SEXUAL RELATIONS, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT SEXUAL RELATIONS, ENTER "0" IN COL.4 OF CALENDAR IN THE MONTH AFTER BIRTH.		

* Coding categories to be developed locally and revised based on the pretest, however, the large categories must be maintained.

Infant feeding affects both the mother and the child. It affects the child through his/her nutritional status and risk of dying. It affects the mother through its effect on the period of postpartum infertility, and hence affects the length of the birth interval and fertility levels. These effects of breastfeeding are influenced by the duration and intensity of breastfeeding, and by the age at which the child receives supplemental foods and liquids.

Breastfeeding: Ever, duration, reasons for never breastfeeding and stopping (425-430, 436-437).

For each child born in the last 5-6 years, the respondent is asked whether the baby was breastfed (425) and about the duration of breastfeeding (436, 430). Information on the duration of breastfeeding is to be recorded in Column 5 of the calendar. Respondents are also asked about the reasons for never breastfeeding (427) and for stopping breastfeeding (437).

Question 428, which refers to the last born child, asks about the length of time from birth until the baby was first put to the breast. Breastfeeding practices immediately after birth vary. Among some groups the baby is placed at the breast soon after birth, while among others the baby is not put to the breast until somewhat later, so he or she does not receive the colostrum containing high concentrations of the antibodies which protect the baby from infection. Delay in placing the baby at the breast may contribute to breastfeeding failure.

Supplemental foods given yesterday, age when solids and liquids were first introduced, and frequency of breastfeeding (432-434, 439-440)

Both the child's health and nutritional status and the duration of postpartum amenorrhea are affected by the intensity of breastfeeding, which is assessed by asking how many times the baby was breastfed during a 24 hour period (432-433). In addition, the information about supplemental foods given to breastfed babies on the day preceding the interview (434), and the age at introduction of foods other than breastmilk (439-440), which is asked for all children, will permit an assessment of the intensity of breastfeeding.

The questions on infant feeding practices obtain information about the age at introduction of solids, milks and liquids (439-440) for all children born in the past 5-6 years in order to assess whether the supplemental foods are introduced at an appropriate age. Two issues are of importance with regard to the effect of feeding practices on child health, mortality and physical growth: 1) An introduction of breastmilk substitutes too early interferes with the establishment of successful lactation and contributes to breastfeeding failure. In addition, the milk substitute or infant formula given to the baby is often watered down, providing too few calories. The milk substitutes are also frequently contaminated, exposing the infant to the cycle of malnutrition and diarrheal illness. 2) An introduction of weaning foods too late will result in malnutrition since the child does not receive enough calories for his/her needs.

The use of breastmilk substitutes also affects the duration of amenorrhea, since they result in less suckling which, in turn, leads to a decreased production of pituitary hormones and to a shorter duration of postpartum amenorrhea.

Question 442 asks whether the last born child was given anything to drink from a bottle with a nipple. Since it is difficult to clean feeding bottles, their use places the child at high risk for developing diarrhea. The use of a feeding bottle for giving liquids to a breastfed baby may suggest that the baby receives less breastmilk and spends less time suckling at the breast.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
436	For how many months did you breastfeed (NAME)?	ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH. IF BREASTFED LESS THAN ONE MONTH, ENTER "0" IN COL.5 IN MONTH AFTER BIRTH.		
437	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)
438	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v v (SKIP TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v v (SKIP TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v v (SKIP TO 440)
439	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 443) ←	YES.....1 NO.....2 (SKIP TO 443) ←	YES.....1 NO.....2 (SKIP TO 443) ←
440	How many months old was (NAME) when you started giving the following on a regular basis?: Formula or milk other than breastmilk? Plain water?*	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96
	Other liquids?*	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96
	Any solid or mushy food?*	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96	AGE IN MONTHS..... <input type="text"/> <input type="text"/> NOT GIVEN.....96
	IF LESS THAN 1 MONTH, RECORD '00'.		(SKIP TO 443)	(SKIP TO 443)
441	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> v v (SKIP TO 443)		
442	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DK.....8		
443	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 444.			

* Terms to be developed locally and revised based on pretest (should include common weaning foods).

Duration of postpartum behavior before the calendar period (445-448)

Questions regarding the duration of breastfeeding, postpartum abstinence and amenorrhea with reference to the last child born prior to the beginning of the calendar period are included in order to obtain complete information on the birth interval prior to the first birth in the calendar, as breastfeeding, abstinence or amenorrhea may have carried over into the calendar period for these children. These questions are analogous to the questions on use and nonuse of contraception for periods of time intersecting the beginning of the calendar (333-337).

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
444	CHECK 215: ANY BIRTH IN 1982, 1983, OR 1984*? YES <input type="checkbox"/> NO <input type="checkbox"/> → 449 ↓ NAME OF LAST BIRTH PRIOR TO 1985**: _____ (NAME)		
445	Did you ever feed (NAME) at the breast?	YES.....1 NO.....2 → 447	
446	How many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/>	
447	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> HAS NOT RETURNED/ DID NOT RETURN.....96	
448	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> NOT RESUMED.....96	
449	CHECK 401: ONE OR MORE BIRTHS SINCE JAN. 1985** <input type="checkbox"/> ↓ (SKIP TO 451)	NO BIRTHS SINCE JAN. 1985** <input type="checkbox"/> → 501	

* For fieldwork beginning in 1991, 1992, or 1993, the years should be adjusted.
 ** For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.

SECTION 4B. IMMUNIZATION AND HEALTH

Vaccination information obtained from written records and from the mother's recall (451-457)

Information about the immunization of children born in the last 5-6 years is collected to ascertain the level of coverage, and hence the level of protection against specific diseases. The data are also used in analyses of use of health services to determine "missed opportunities" for vaccination, and to identify high risk groups that are not benefiting from immunization programs. Examples of "missed opportunities" would be a mother who has received recent antenatal care, but whose children have not been immunized, or children who have visited a health facility recently, but have not received an immunization.

The immunization record filled out by health workers and kept by the mother is the main source of information about childhood vaccinations. The date of vaccination against tuberculosis (BCG vaccine), diphtheria, whooping cough, tetanus, poliomyelitis and measles are copied into the questionnaire from the vaccination cards (454). For multiple dose vaccines, the date of each dose is recorded. An examination of the age at vaccination for successive age cohorts allows an analysis of changes in performance of the immunization program. Respondents are also asked if the child has received any vaccinations not written on the card (455).

When there is no card, the mother is asked if she ever had a card for that child (453), in order to allow estimation of the effect of card loss on the coverage data obtained from the written records. She is also asked which immunizations the child has received, if any (456, 457). The questions probing for immunizations will determine whether the child ever received BCG vaccine, polio vaccine (including the number of doses) and measles vaccine (457). BCG vaccine leaves a scar and is usually given as an injection in the left arm or shoulder. Polio vaccine is usually given orally as (pink) drops, and it is usually recommended that children receive three or four doses in the first year of life, though other vaccination schedules may also be used. If four doses are given, one of these is usually given soon after birth. Measles vaccine is given as an injection, and is usually recommended to be given at nine months of age. Questions are not asked about the injection against diphtheria, whooping cough and tetanus (DPT) since the number of DPT doses closely parallels the number of polio vaccine doses.

Since almost everyone vaccinated with BCG develops an easily recognizable scar, all children under five years will be checked for the presence of a BCG scar at the time when they are weighed and measured (see Section 8, 805). The validity of the BCG vaccination rate based on the written immunization record (454) and the mother's report (457) can be estimated by comparing these coverage rates with the BCG scar rate.

As noted above, immunization status will be obtained for all children born alive in the last 5-6 years, including children who have not survived until the time of the survey. A comparison of the immunization status of surviving children versus children who died is important because some of the immunizable diseases, e.g. measles, contribute to increased mortality. In addition, differences in immunization coverage between these two groups of children will also indicate differences in contact with health services, as in the case of BCG vaccine which is usually recommended to be given to babies soon after birth.

451 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1985* 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. 212	□ □	□ □	□ □
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	LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
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452 Do you have a card where (NAME'S) vaccinations are written down? ** IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 454) ← YES, NOT SEEN.....2 (SKIP TO 456) ← NO CARD.....3	YES, SEEN.....1 (SKIP TO 454) ← YES, NOT SEEN.....2 (SKIP TO 456) ← NO CARD.....3	YES, SEEN.....1 (SKIP TO 454) ← YES, NOT SEEN.....2 (SKIP TO 456) ← NO CARD.....3
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453 Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 456) ← NO.....2	YES.....1 (SKIP TO 456) ← NO.....2	YES.....1 (SKIP TO 456) ← NO.....2
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454 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. ** (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.	DAY MO YR	DAY MO YR	DAY MO YR
BCG POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES	BCG P1 P2 P3 D1 D2 D3 MEA	BCG P1 P2 P3 D1 D2 D3 MEA	BCG P1 P2 P3 D1 D2 D3 MEA

455 Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 1-3 AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 454) NO.....2 DK.....8 (SKIP TO 458) ←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 454) NO.....2 DK.....8 (SKIP TO 458) ←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 454) NO.....2 DK.....8 (SKIP TO 458) ←
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456 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 458) ← DK.....8	YES.....1 NO.....2 (SKIP TO 458) ← DK.....8	YES.....1 NO.....2 (SKIP TO 458) ← DK.....8
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457 Please tell me if (NAME) (has) received any of the following vaccinations: ** A BCG vaccination against tuberculosis, that is, an injection in the left shoulder that caused a scar? *** Polio vaccine, that is, drops in the mouth? IF YES: How many times? An injection against measles?	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... □ YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... □ YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 YES.....1 NO.....2 DK.....8 NUMBER OF TIMES..... □ YES.....1 NO.....2 DK.....8
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458 CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460)
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459 GO BACK TO 452 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 490.

* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.
 ** To be developed locally since immunization practices may vary from country to country, as may the terms used for the written record and for the vaccinations. For example, if polio vaccine is given at birth, revise categories in 454 accordingly.
 *** Adapt question locally after determining the most common injection site (usually the left arm or shoulder). All children under 5 years will be checked for a BCG scar, normally during the height and weight measurement (see Section 8).

Three principal causes of death in children under five are diarrhea, pneumonia and malaria. The questions about fever, cough, and diarrhea aim to determine how children with each of these problems are treated and the extent of their contact with the health care system.

Fever (460, 466-469)

In countries where malaria is prevalent, it is recommended that all fevers be treated presumptively as malaria. The question about the occurrence of fever (460), in conjunction with the questions about treatment (467) and contact with health services (468-469) will be used to estimate the proportion of children with fever who are treated with antimalarial medication. In addition, these questions will be used to determine what proportion of children with a cough also had a fever in the preceding two weeks. The questions about treatment and use of health services will be asked in reference to any illness associated with fever and/or cough occurring in the past two weeks (see below).

Cough - Acute respiratory tract infection (461-469)

In addition to providing information about treatment and contact with health services, the questions about cough or acute respiratory infection (ARI) also provide an estimate of the proportion of children who show symptoms consistent with acute lower respiratory infection (ALRI). Since ALRI, primarily pneumonia, is the cause of a significant proportion of infant and childhood deaths, programs for the early identification and antibiotic treatment of pneumonia (or ALRI) are being implemented in many areas in order to reduce childhood mortality levels. The World Health Organization has drawn up guidelines for the case management of ALRI; however, almost no data exist for estimating the demands this will place on the health care delivery system.

The questions asking whether the child has been ill with a cough in the past two weeks (461) and in the past 24 hours (462) are followed by questions about the duration of the illness (463), and whether the child was breathing rapidly (464). Children who are more severely ill and who have an acute lower respiratory infection, primarily pneumonia, have an increased respiratory rate, i.e., they breathe faster than normal.

The interviewer is asked to record all treatment given for the illness associated with a cough (467) regardless of whether the family or health professionals decided on the treatment. Since fever and cough frequently occur together, and since the treatment given for these two is similar, the question about treatment is asked in reference to any illness with fever and/or cough in the past two weeks. If a syrup was used, its appearance may be of help in differentiating whether it was an antibiotic, and mothers may often describe antimalarial medication as extremely bitter.

Contact with health services is also ascertained in reference to any illness associated with fever and/or cough in the past two weeks (468, 469). The health facilities listed in the response to this question range from a small health post to a health center and hospital. A health post or dispensary usually has no inpatient beds, while a health center usually has at least a few "maternity" and "general" beds. Since some countries use the term "clinic" to describe certain health facilities this term has also been included. The specific names chosen for the health facilities should reflect the terms used locally.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
460	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	YES.....1 NO.....2 DK.....8
461	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 465)← DK.....8	YES.....1 NO.....2 (SKIP TO 465)← DK.....8	YES.....1 NO.....2 (SKIP TO 465)← DK.....8
462	Has (NAME) been ill with a cough in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
463	For how many days (has the cough lasted/did the cough last)? IF LESS THAN 1 DAY, RECORD '00'	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
464	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	YES.....1 NO.....2 DK.....8
465	CHECK 460 AND 461: FEVER OR COUGH?	"YES" IN EITHER 460 OR 461 <input type="checkbox"/> OTHER <input type="checkbox"/> → (SKIP TO 470)	"YES" IN EITHER 460 OR 461 <input type="checkbox"/> OTHER <input type="checkbox"/> → (SKIP TO 470)	"YES" IN EITHER 460 OR 461 <input type="checkbox"/> OTHER <input type="checkbox"/> → (SKIP TO 470)
466	Was anything given to treat the fever/cough?	YES.....1 NO.....2 (SKIP TO 468)← DK.....8	YES.....1 NO.....2 (SKIP TO 468)← DK.....8	YES.....1 NO.....2 (SKIP TO 468)← DK.....8
467	What was given to treat the fever/cough?*	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/ HERBAL MEDICINE.....G OTHER.....H (SPECIFY)
468	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 470)←	YES.....1 NO.....2 (SKIP TO 470)←	YES.....1 NO.....2 (SKIP TO 470)←
469	Where did you seek advice or treatment?*** Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)

* Appearance may aid in identifying syrup as an antibiotic or an antimalarial (which a mother may describe as very bitter).

*** Coding categories to be developed locally and revised based on the pretest, however, the large categories must be maintained.

Diarrhea and treatment with oral rehydration therapy (470-488)

The questions about diarrhea are included to estimate the importance of acute and chronic (or persistent) diarrhea and of dysentery. The questions about treatment specifically explore whether oral rehydration therapy was given to children with diarrhea.

The two week (470), and 24 hour (472) reference periods were chosen since diarrhea treatment surveys carried out by national diarrhea control programs usually use these two reference periods. The term(s) used for diarrhea in these questions should also include the word(s) which refer to dysenteric stools (i.e., stools with blood).

Knowledge about the duration of the diarrhea (473) will allow an estimation of the proportion of children with diarrhea who have persistent diarrhea, and the question about blood in the stool (474) will provide an approximation of the percentage of children who have dysentery.

Since most programs to control morbidity and mortality from diarrhea emphasize giving an increased amount of fluids to children with acute watery diarrhea, the respondent is asked whether the child was given an increased amount of fluids during the diarrheal episode. Mothers who are still breastfeeding their infants are asked whether they changed the frequency of breastfeeds while the child had diarrhea (476-477). All mothers are asked if the child was offered the usual amount of liquid to drink as before the diarrheal illness, or if they were offered either more or less (478).

The respondents are asked to list any treatment given for the diarrhea (479-480) in order to allow estimation of the proportion of children who receive appropriate treatment as well as the extent of forms of treatment which may be inappropriate, e.g. antibiotics. Contact with health services is also recorded (481-482). The categories used for the health facilities in the response to this question should be the same as the categories used with regard to fever and cough.

	NAME	LAST BIRTH	NAME	NEXT-TO-LAST BIRTH	NAME	SECOND-FROM-LAST BIRTH	
470	Has (NAME) had diarrhea in the last two weeks?*	YES.....1 (SKIP TO 472)← NO.....2 DK.....8	YES.....1 (SKIP TO 472)← NO.....2 DK.....8	YES.....1 (SKIP TO 472)← NO.....2 DK.....8	YES.....1 (SKIP TO 472)← NO.....2 DK.....8	YES.....1 (SKIP TO 472)← NO.....2 DK.....8	
471	GO BACK TO 452 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 490						
472	Has (NAME) had diarrhea in the last 24 hours?*	YES.....1 NO.....2 DK.....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	
473	For how many days (has the diarrhea lasted/did the diarrhea last)? IF LESS THAN 1 DAY, RECORD '00'.	DAYS.....	DAYS.....	DAYS.....	DAYS.....	DAYS.....	
474	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 (SKIP TO 478)	YES.....1 NO.....2 DK.....8 (SKIP TO 478)	YES.....1 NO.....2 DK.....8 (SKIP TO 478)	YES.....1 NO.....2 DK.....8 (SKIP TO 478)	
475	CHECK 425/430: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 478)					
476	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 478)←					
477	Did you increase the number of breastfeeds or reduce them, or did you stop completely?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3					
478	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	
479	Was anything given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 481)← DK.....8	YES.....1 NO.....2 (SKIP TO 481)← DK.....8	YES.....1 NO.....2 (SKIP TO 481)← DK.....8	YES.....1 NO.....2 (SKIP TO 481)← DK.....8	YES.....1 NO.....2 (SKIP TO 481)← DK.....8	
480	What was given to treat the diarrhea?*	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET...A RECOMMENDED HOME FLUID...B ANTIBIOTIC (PILL OR SYRUP).....C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	
481	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 483)←	YES.....1 NO.....2 (SKIP TO 483)←	YES.....1 NO.....2 (SKIP TO 483)←	YES.....1 NO.....2 (SKIP TO 483)←	YES.....1 NO.....2 (SKIP TO 483)←	
482	Where did you seek advice or treatment?*** Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B GVT. HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.E MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC...F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)

* The term(s) used for diarrhea in these questions should encompass the expressions used for all forms of diarrhea, including bloody stools which are consistent with dysentery, watery stools, etc.

** The response categories should be adapted to include terms used locally both for the ORS packet and for the recommended home fluid. The ingredients promoted by the National Control of Diarrheal Diseases Program or by the Ministry of Health for making the recommended home fluid should be reflected in the categories.

*** Coding categories to be developed locally and revised based on the pretest, however, the large categories must be maintained.

Respondents who do not mention spontaneously in Question 480 that their child was treated with oral rehydration therapy (ORT) are asked specifically about this treatment in Questions 484 and 487. The ORT may either have been in the form of a fluid prepared from a packet containing sugar and salts (ORS) (484), or as a fluid made from ingredients (sugar, salt, water and perhaps a cereal) available in the home and recommended for use as ORT by the national diarrhea control program (487). The instructions for which ingredients to use in the recommended home fluid (RHF) vary from country to country. The RHF may be cereal based, e.g., made with rice or wheat, or made from sugar, salt and water. For all children who were treated with ORT, the number of days that the child was given the fluid, made either from the ORS packet or from ingredients available in the home, is also recorded (485, 488).

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
483	CHECK 480: ORS FLUID FROM PACKET MENTIONED?	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, ORS FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 485)	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, ORS FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 485)	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, ORS FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 485)
484	Was (NAME) given (FLUID FROM ORS PACKET - LOCAL NAME) when he/she had the diarrhea?*	YES.....1 NO.....2 (SKIP TO 486)← DK.....8	YES.....1 NO.....2 (SKIP TO 486)← DK.....8	YES.....1 NO.....2 (SKIP TO 486)← DK.....8	YES.....1 NO.....2 (SKIP TO 486)← DK.....8	YES.....1 NO.....2 (SKIP TO 486)← DK.....8	YES.....1 NO.....2 (SKIP TO 486)← DK.....8
485	For how many days was (NAME) given (LOCAL NAME)?* IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
486	CHECK 480: RECOMMENDED HOME FLUID MENTIONED?	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 488)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 488)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓	YES, HOME FLUID MENTIONED <input type="checkbox"/> ↓ (SKIP TO 488)
487	Was (NAME) given a recommended home fluid made from (RECOMMENDED INGREDIENTS) when he/she had the diarrhea?*	YES.....1 NO.....2 (SKIP TO 489)← DK.....8	YES.....1 NO.....2 (SKIP TO 489)← DK.....8	YES.....1 NO.....2 (SKIP TO 489)← DK.....8	YES.....1 NO.....2 (SKIP TO 489)← DK.....8	YES.....1 NO.....2 (SKIP TO 489)← DK.....8	YES.....1 NO.....2 (SKIP TO 489)← DK.....8
488	For how many days was (NAME) given the fluid made from (RECOMMENDED INGREDIENTS)?* IF LESS THAN 1 DAY, RECORD '00'.	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
489	GO BACK TO 452 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 490						

* The terms for ORS packets and the recommended home fluid should correspond to the categories used in 480. The ingredients in the recommended home fluid should be reflected in the question as noted for question 480.

Knowledge of oral rehydration therapy (491-497)

Since many national health programs are designed to increase knowledge and use of oral rehydration therapy in order to prevent dehydration during diarrheal illnesses, these questions are asked to evaluate the level of knowledge about ORT and sources of that information.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
490	CHECK 480 AND 484 (ALL COLUMNS): ORS FLUID FROM PACKET <input type="checkbox"/> _____ GIVEN TO ANY CHILD	ORS FLUID FROM PACKET NOT GIVEN TO ANY CHILD OR 480 AND 484 NOT ASKED <input type="checkbox"/>	494
491	Have you ever heard of a special product called (LOCAL NAME) you can get for the treatment of diarrhea?	YES.....1 NO.....2	493
492	Have you ever seen a packet like this before? SHOW PACKET.	YES.....1 NO.....2	497
493	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	496
494	The last time you prepared the (LOCAL NAME), did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2	496
495	How much water did you use to prepare (LOCAL NAME) the last time you made it? *	1/2 LITER.....01 1 LITER.....02 1 1/2 LITERS.....03 2 LITERS.....04 FOLLOWED PACKAGE INSTRUCTIONS..05 OTHER.....06 (SPECIFY) DK.....98	
496	Where can you get the (LOCAL NAME) packet? PROBE: Anywhere else? RECORD ALL PLACES MENTIONED.**	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B GOVERNMENT HEALTH POST.....C MOBILE CLINIC.....D COMMUNITY HEALTH WORKER.....E MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HEALTH WORKER.....J OTHER PRIVATE SECTOR SHOP.....K TRADITIONAL PRACTITIONER.....L OTHER.....M (SPECIFY)	
497	CHECK 480 AND 487 (ALL COLUMNS): HOME-MADE FLUID GIVEN TO ANY CHILD <input type="checkbox"/> _____ HOME-MADE FLUID NOT GIVEN TO ANY CHILD OR 480 AND 487 NOT ASKED <input type="checkbox"/>		501
498	Where did you learn to prepare the recommended home fluid made from (RECOMMENDED INGREDIENTS)*** given to (NAME) when he/she had diarrhea? **	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 GOVERNMENT HEALTH POST.....13 MOBILE PUBLIC SECTOR.....14 COMMUNITY HEALTH WORKER.....15 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL OR CLINIC...21 PHARMACY.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 COMMUNITY HEALTH WORKER.....25 OTHER PRIVATE SECTOR SHOP.....31 TRADITIONAL PRACTITIONER....32 OTHER.....41 (SPECIFY)	

* Response codes to be developed according to local instructions for mixing ORS. If these include the use of a certain container, e.g. a soda bottle, this should be added as a response category.
 ** Coding categories for health facilities and providers to be developed locally and revised based on the pretest, however, the large categories must be maintained.
 *** Question to be developed locally according to the ingredients promoted for use in the recommended home fluid.

SECTION 5. MARRIAGE

Marital status and co-residence (501, 504-506)

These questions are used for classifying the basic marital status of the woman. Throughout DHS as well as in earlier surveys, the concept of "married" includes women in both formal and informal unions.

Date and age at marriage (507-510)

Women are asked to provide the month and year of their first marriage and then are asked their age at that time. The consistency of these two pieces of information (if both are obtained) is checked by following the procedure in Question 510.

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																																																																																																									
501	Have you ever been married or lived with a man?*	YES.....1 NO.....2	504																																																																																																									
502	ENTER "0" IN COLUMN 6 OF CALENDAR IN MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1985**.																																																																																																											
503	IF NEVER IN UNION: Have you ever had sexual intercourse?	YES.....1 NO.....2	512 516																																																																																																									
504	Are you now married or living with a man, or are you now widowed, divorced, or no longer living together?***	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NO LONGER LIVING TOGETHER.....5	506																																																																																																									
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2																																																																																																										
506	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2																																																																																																										
507	In what month and year did you start living with your (first) husband/partner?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98																																																																																																										
508	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/> DK AGE.....98																																																																																																										
509	CHECK 507 AND 508: YEAR AND AGE GIVEN? YES NO <input type="checkbox"/> <input type="checkbox"/>		511																																																																																																									
510	<p>CHECK CONSISTENCY OF 507 AND 508:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">YEAR OF BIRTH (103) <input type="text"/><input type="text"/></td> <td style="width: 5%; text-align: center;">+</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td>PLUS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>AGE AT MARRIAGE (508) <input type="text"/><input type="text"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CALCULATED YEAR OF MARRIAGE <input type="text"/><input type="text"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 60%;"> <p style="text-align: center;">IF NECESSARY, CALCULATE YEAR OF BIRTH</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">CURRENT YEAR <input type="text"/><input type="text"/></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td>MINUS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CURRENT AGE (104) <input type="text"/><input type="text"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>CALCULATED YEAR OF BIRTH <input type="text"/><input type="text"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> <p>IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (507) ?</p> <p style="text-align: center;">YES NO <input type="checkbox"/> <input type="checkbox"/> → PROBE AND CORRECT 507 AND 508.</p>			YEAR OF BIRTH (103) <input type="text"/> <input type="text"/>	+										PLUS											AGE AT MARRIAGE (508) <input type="text"/> <input type="text"/>																						CALCULATED YEAR OF MARRIAGE <input type="text"/> <input type="text"/>											CURRENT YEAR <input type="text"/> <input type="text"/>	-									MINUS										CURRENT AGE (104) <input type="text"/> <input type="text"/>																				CALCULATED YEAR OF BIRTH <input type="text"/> <input type="text"/>									
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CALCULATED YEAR OF BIRTH <input type="text"/> <input type="text"/>																																																																																																												

* Where visiting relationships are common, this category should be added to 501 and 504.
 ** For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.
 *** Where polygynous unions are common, questions on this topic should be added (see DHS Model "B" Questionnaire, Questions 504-506).

Recent marriage history (502, 511)

Column 6 of the calendar is reserved for classifying each month in the 5-6 year period as either in or not in union. This information will permit measuring recent marital fertility more precisely.

Sexual activity (503, 512-515)

Information on sexual activity has many uses. It bears on exposure to the risk of pregnancy both for unmarried teenagers and for married women. Age at first sexual intercourse is the more appropriate demarcation of the beginning of exposure than is age at first marriage which may be later in time.

The monthly frequency of sexual activity is viewed as a measure of the risk of conception. This frequency varies by age, duration of marriage and probably region of the world. The question on usual frequency (513) has been included to permit classifying women whose sexual activity in the past month may have been unusual because of pregnancy, temporary separation, or other reasons.

The question on the last time the woman had intercourse (514) is to approximate the proportion of women in the population who are exposed to the risk of pregnancy according to the proportion who have had intercourse in the last 48 hours. On the assumption that this length of time corresponds with the length of the fertile period in the ovulatory cycle, this proportion will provide a direct estimate of the proportion at risk.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
511	<p>DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1985**. ENTER "X" IN COLUMN 6 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER "0" FOR EACH MONTH NOT MARRIED/NOT IN UNION, SINCE JANUARY 1985**.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION OR WITH MORE THAN ONE UNION: PROBE FOR DATE COUPLE STOPPED LIVING TOGETHER OR DATE WIDOWED, AND FOR STARTING DATE OF ANY SUBSEQUENT UNION.</p>																	
512	<p>Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility.</p> <p>How many times did you have sexual intercourse in the last four weeks?</p>	<p>TIMES..... <input type="text"/> <input type="text"/></p>																
513	<p>How many times in a month do you <u>usually</u> have sexual intercourse?</p>	<p>TIMES..... <input type="text"/> <input type="text"/></p>																
514	<p>When was the last time you had sexual intercourse?</p>	<p>DAYS AGO.....1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO.....2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO.....3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO.....4 <input type="text"/> <input type="text"/></p> <p>BEFORE LAST BIRTH.....996</p>																
515	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN MARRIED.....96</p>																
516	<p>PRESENCE OF OTHERS AT THIS POINT.</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																

** For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.

SECTION 6. FERTILITY PREFERENCES

Reproductive intentions (603-606)

These questions determine the basic preferences of women for future childbearing, both in terms of whether additional children are wanted and the desired spacing of the next child. Recent research on DHS and earlier survey data reveals that these reproductive intentions are highly correlated with contraceptive prevalence and fertility rates.

Sterilization regret (607-609)

This is an effort to capture whether the woman regrets that she or her husband had the sterilization operation because she would now like to have another child or for some other reason. This "sterilization regret" phenomenon is thought to be increasingly common in countries where men and women are getting sterilized at younger ages.

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	<p>CHECK 315:</p> <p>NEITHER STERILIZED <input type="checkbox"/> SHE OR HE STERILIZED <input type="checkbox"/></p> <p style="text-align: center;">v</p>		607
602	<p>CHECK 504:</p> <p>CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT MARRIED/NOT LIVING TOGETHER <input type="checkbox"/></p> <p style="text-align: center;">v</p>		612
603	<p>CHECK 225:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p style="text-align: center;">v</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>	610
604	<p>CHECK 225:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p style="text-align: center;">v</p> <p>How long would you like to wait from now before the birth of (a/another) child?</p>	<p>MONTHS.....1 <input type="text"/><input type="text"/> YEARS.....2 <input type="text"/><input type="text"/> SOON/NOW.....994 SAYS SHE CAN'T GET PREGNANT...995 OTHER (SPECIFY) 996 DK.....998</p>	610
605	<p>CHECK 216 AND 225:</p> <p>HAS LIVING CHILD(REN) OR PREGNANT? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p style="text-align: center;">v</p>		610
606	<p>CHECK 225:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p style="text-align: center;">v</p> <p>How old would you like your youngest child to be when your next child is born?</p>	<p>AGE OF CHILD YEARS.....<input type="text"/><input type="text"/> DK.....98</p>	610
607	<p>Given your present circumstances, if you had to do it over again, do you think (you/your husband) would make the same decision to have an operation not to have any more children?</p>	<p>YES.....1 NO.....2</p>	
608	<p>Do you regret that (you/your husband) had the operation not to have any (more) children?</p>	<p>YES.....1 NO.....2</p>	612
609	<p>Why do you regret it?</p>	<p>RESPONDENT WANTS ANOTHER CHILD..1 PARTNER WANTS ANOTHER CHILD....2 SIDE EFFECTS.....3 OTHER REASON (SPECIFY) 4</p>	612

Discussion of number of children and husband's preferences (610-611)

The purpose of these two questions is to assess the extent to which couples communicate about their fertility desires and to evaluate the importance of the husband in the decision-making process about having children.

Ideal family size (612)

This type of question has been used in previous surveys to measure fertility norms. Although less useful than the above questions on personal preferences, the question has been retained in DHS for purposes of comparison with all earlier surveys. One improvement has been introduced by separating women with no children from those with children and rephrasing the question for mothers in order to reduce the tendency to rationalize existing children.

Ideal birth interval (613)

The responses to this question will be used to measure what women consider to be the preferred spacing of births. This can be compared to actual behavior to determine the extent to which women implement their spacing preferences.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
610	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2	
611	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	
612	<p>CHECK 216:</p> <p>HAS LIVING CHILD(REN) <input type="checkbox"/> NO LIVING CHILD(REN) <input type="checkbox"/></p> <p> <input type="checkbox"/> 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> <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? </p> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER ANSWER _____ 96 (SPECIFY)</p>	
613	What do you think is the best number of months or years between the birth of one child and the birth of the next child?	<p>MONTHS.....1 <input type="text"/> <input type="text"/></p> <p>YEARS.....2 <input type="text"/> <input type="text"/></p> <p>OTHER _____ 996 (SPECIFY)</p>	

SECTION 7. HUSBAND'S BACKGROUND, RESIDENCE AND WOMEN'S WORK

Husband's education (702-704)

These are the same questions on education asked about the woman at the beginning of the questionnaire.

Husband's work (705-707)

These questions are intended to provide some limited picture of the husband's position in the world of work (the socio-economic status of the family is more directly assessed by the list of household items owned and dwelling characteristics in the household schedule).

In 705, the standard information on the husband's current occupation is collected. This will permit descriptive generalizations about the sectors of society in which fertility is changing.

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	<p>CHECK 501:</p> <p>EVER MARRIED OR LIVED TOGETHER <input type="checkbox"/></p> <p>NEVER MARRIED/ NEVER LIVED TOGETHER <input type="checkbox"/></p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p>		708
702	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	705
703	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY1 SECONDARY.....2 HIGHER.....3 DK.....8	705
704	What was the highest (grade/form/year) he completed at that level?*	GRADE..... <input type="text"/> <input type="text"/> DK.....98	
705	What kind of work does (did) your (last) husband/partner mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
706	<p>CHECK 705:</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></p> <p>DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		708
707	(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	

* Revise according to the local education system.

Residential mobility (708-712)

A classification of city, town or countryside is used to record the changes in place of residence over the 5-6 year period of the calendar. The primary objective of these questions is to study the connections between fertility behavior and the movement to cities.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
708	Have you lived in only one or in more than one community since January 1985?*	ONE COMMUNITY.....1 MORE THAN ONE COMMUNITY.....2	→710
709	ENTER (IN COL.7 OF CALENDAR) THE APPROPRIATE CODE FOR CURRENT COMMUNITY ("1" CITY, "2" TOWN, "3" COUNTRYSIDE). BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JAN. 1985*.		→711
710	In what month and year did you move to (NAME OF COMMUNITY OF INTERVIEW)? ENTER (IN COL.7 OF CALENDAR) "X" IN THE MONTH AND YEAR OF THE MOVE, AND IN THE SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY ("1" CITY, "2" TOWN, "3" COUNTRYSIDE) CONTINUE PROBING FOR PREVIOUS COMMUNITIES AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY. ILLUSTRATIVE QUESTIONS - Where did you live before.....? - In what month and year did you arrive there? - Is that place in a city, a town, or in the countryside?		
711	REFER TO PLACE OF RESIDENCE IN JANUARY 1985*: When did you move to (PLACE OF RESIDENCE IN JANUARY 1985)?	LIVED THERE SINCE BIRTH.....96 MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	→713
712	Was the place you moved from a city, a town, or the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
713	I would like to ask you some questions about working. Aside from your own housework, are you currently working?	YES.....1 NO.....2	→717
714	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	→717
715	Have you ever worked since Jan. 1985?*	YES.....1 NO.....2	→717
716	ENTER "0" IN COLUMN 8 OF CALENDAR IN EACH MONTH FROM JAN. 1985* TO CURRENT MONTH.		→721
717	What is (was) your (most recent) occupation? That is, what kind of work do (did) you do?	<input type="text"/> <input type="text"/> _____ _____ _____	
718	USE CALENDAR TO PROBE FOR ALL PERIODS OF WORK, STARTING WITH CURRENT OR MOST RECENT WORK, BACK TO JANUARY 1985*. ENTER CODE FOR NO WORK OR FOR TYPE OF WORK IN COLUMN 8. ILLUSTRATIVE QUESTIONS - When did this job begin (and when did it end)? - What did you do before that? - How long did you work at that time? - Were you self-employed or an employee? - Were you paid for this work? - Did you work at home or away from home?		

* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.

Woman's employment (713-726)

The last column of the calendar is used to record the months the woman has been employed. The general hypothesis has been that paid employment away from the home competes with childbearing and child-rearing. The relationship between employment and fertility is thought to vary according to several aspects of the social and economic context, including, for example, household structure, women's status, labor market opportunities, and child-care practices and beliefs. In addition to collecting these fairly detailed employment data, two questions (725-726) are aimed at measuring child-care practices among working women with small children.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
719	CHECK COLUMN 8 OF CALENDAR: WORKED IN JAN. 1985* <input type="checkbox"/>	DID NOT WORK IN JAN. 1985* <input type="checkbox"/>	721
720	I see that you were working in January 1985*. When did you start that job?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	723
721	I see that you were not working in January 1985*. Did you ever work prior to January 1985*?	YES.....1 NO.....2	723
722	When did your last job prior to January 1985* end?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
723	CHECK 215/216/218: HAS CHILD BORN SINCE JAN. 1985* AND LIVING AT HOME? YES <input type="checkbox"/> ↓	NO <input type="checkbox"/>	727
724	CHECK 713 AND 714: CURRENTLY WORKING? YES <input type="checkbox"/> ↓	NO <input type="checkbox"/>	727
725	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?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	727
726	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND/PARTNER.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBORS.....04 FRIENDS.....05 SERVANTS/HIRED HELP.....06 CHILD IS IN SCHOOL.....07 INSTITUTIONAL CHILDCARE.....08 OTHER.....09 (SPECIFY)	
727	RECORD THE TIME	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.

SECTION 8. MATERNAL AND CHILD HEIGHT AND WEIGHT

Checking for a BCG scar (805)

The child will be checked for the presence of a BCG scar (805) by the measurer who obtains the child's weight and height/length. In conjunction with 454 and 457, this will help to determine whether the child has received a BCG immunization.

Weighing and measuring young children and mothers (806-810)

The nutritional or anthropometric status of the young children in a population, i.e. the measurement of their weight (808) and height/length (806), is an indicator of their health. The nutritional status of young children is influenced both by food intake and by the number and types of illnesses. The amount and types of food are again influenced both by food availability and by infant feeding practices. In addition, factors such as childhood immunizations and the type of drinking water and sanitation influence the child's susceptibility and exposure to infection. The anthropometric status of young children provides an outcome measure for programs and interventions aimed at improving child health and survival.

Measurement of height (806) and weight (808) of women of reproductive age is useful for several reasons. First, the nutritional status of the woman is a good indicator of a family's socioeconomic status. The woman's height-for-age reflects her nutritional history before reaching puberty, while her weight-for-age gives an indication of the current availability of food in the household.

Second, determination of women's anthropometric status provides important information for maternal and child health programs. Poor maternal nutritional status may result in an unfavorable pregnancy outcome. For example, higher perinatal and neonatal mortality rates are seen among very short women who usually have a small pelvis resulting in increased risk of obstructed labor and other complications of delivery. Third, this information will be useful to examine differentials in women's nutritional status between different population subgroups within survey countries.

SECTION 8. HEIGHT AND WEIGHT

801	CHECK 222:	
	<input type="checkbox"/> ONE OR MORE BIRTHS SINCE JAN. 1985*	<input type="checkbox"/> NO BIRTHS SINCE JAN. 1985*
	<input type="checkbox"/> → END	

INTERVIEWER: IN 802 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1985* AND STILL ALIVE. IN 803 AND 804 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1985*. IN 806 AND 808 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1985* SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1985*, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO-YOUNGEST LIVING CHILD	4 SECOND-TO-YOUNGEST LIVING CHILD
802 LINE NO. FROM Q.212		□□	□□	□□
803 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
804 DATE OF BIRTH FROM Q.103 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□
805 BCG SCAR ON TOP OF LEFT SHOULDER**		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
806 HEIGHT (in centimeters)	□□□□.□	□□□□.□	□□□□.□	□□□□.□
807 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
808 WEIGHT (in kilograms)	□□□□.□	0□□□.□	0□□□.□	0□□□.□
809 DATE WEIGHED AND MEASURED	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□
810 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 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)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 _____ (SPECIFY)
811	NAME OF MEASURER: _____ □□	NAME OF ASSISTANT: _____ □□		

* For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.
 ** Adapt question locally after determining the most common injection site (usually the left arm or shoulder).

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

Comments About Respondent: _____

Comments on Specific Questions: _____

Any Other Comments: _____

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

The calendar

Information which is collected throughout the interview is recorded in the calendar using the codes on the left. The calendar is located on a fold-out page at the end of the questionnaire.

INSTRUCTIONS: ONLY ONE CODE SHOULD APPEAR IN ANY BOX. FOR COLUMNS 1, 6, 7, AND 8 ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTIONS
- 4 DIAPHRAGM/FOAM/JELLY
- 5 CONDOM
- 6 FEMALE STERILIZATION
- 7 MALE STERILIZATION
- 8 PERIODIC ABSTINENCE
- 9 WITHDRAWAL
- W OTHER _____

(SPECIFY)

COL.2: Discontinuation of Contraceptive Use

- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 SIDE EFFECTS
- 5 HEALTH CONCERNS
- 6 ACCESS/AVAILABILITY
- 7 WANTED MORE EFFECTIVE METHOD
- 8 INCONVENIENT TO USE
- 9 INFREQUENT SEX/HUSBAND AWAY
- C COST
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSE
- D MARITAL DISSOLUTION/SEPARATION
- W OTHER _____

(SPECIFY)

K DON'T KNOW

COL.3: Postpartum Amenorrhea

- X PERIOD DID NOT RETURN
- 0 LESS THAN ONE MONTH

COL.4: Postpartum Abstinence

- X NO SEXUAL RELATIONS
- 0 LESS THAN ONE MONTH

COL.5: Breastfeeding

- X BREASTFEEDING
- 0 LESS THAN ONE MONTH
- N NEVER BREASTFED

COL.6: Marriage/Union

- X IN UNION (MARRIED OR LIVING TOGETHER)
- 0 NOT IN UNION

COL.7: Moves and Types of Communities

- X CHANGE OF COMMUNITY
- 1 CITY
- 2 TOWN
- 3 COUNTRYSIDE

COL.8: Type of Employment

- 0 DID NOT WORK
- 1 PAID EMPLOYEE, AWAY FROM HOME
- 2 PAID EMPLOYEE, AT HOME
- 3 SELF-EMPLOYED, AWAY FROM HOME
- 4 SELF-EMPLOYED, AT HOME
- 5 UNPAID WORKER, AWAY FROM HOME
- 6 UNPAID WORKER, AT HOME

	12 DEC	01								01 DEC
	11 NOV	02								02 NOV
	10 OCT	03								03 OCT
	09 SEP	04								04 SEP
1	08 AUG	05								05 AUG 1
9	07 JUL	06								06 JUL 9
9	06 JUN	07								07 JUN 9
0	05 MAY	08								08 MAY 0
*	04 APR	09								09 APR *
	03 MAR	10								10 MAR
	02 FEB	11								11 FEB
	01 JAN	12								12 JAN

	12 DEC	13								13 DEC
	11 NOV	14								14 NOV
	10 OCT	15								15 OCT
	09 SEP	16								16 SEP
1	08 AUG	17								17 AUG 1
9	07 JUL	18								18 JUL 9
8	06 JUN	19								19 JUN 8
9	05 MAY	20								20 MAY 9
	04 APR	21								21 APR
	03 MAR	22								22 MAR
	02 FEB	23								23 FEB
	01 JAN	24								24 JAN

	12 DEC	25								25 DEC
	11 NOV	26								26 NOV
	10 OCT	27								27 OCT
	09 SEP	28								28 SEP
1	08 AUG	29								29 AUG 1
9	07 JUL	30								30 JUL 9
8	06 JUN	31								31 JUN 8
8	05 MAY	32								32 MAY 8
	04 APR	33								33 APR
	03 MAR	34								34 MAR
	02 FEB	35								35 FEB
	01 JAN	36								36 JAN

	12 DEC	37								37 DEC
	11 NOV	38								38 NOV
	10 OCT	39								39 OCT
	09 SEP	40								40 SEP
1	08 AUG	41								41 AUG 1
9	07 JUL	42								42 JUL 9
8	06 JUN	43								43 JUN 8
7	05 MAY	44								44 MAY 7
	04 APR	45								45 APR
	03 MAR	46								46 MAR
	02 FEB	47								47 FEB
	01 JAN	48								48 JAN

	12 DEC	49								49 DEC
	11 NOV	50								50 NOV
	10 OCT	51								51 OCT
	09 SEP	52								52 SEP
1	08 AUG	53								53 AUG 1
9	07 JUL	54								54 JUL 9
8	06 JUN	55								55 JUN 8
6	05 MAY	56								56 MAY 6
	04 APR	57								57 APR
	03 MAR	58								58 MAR
	02 FEB	59								59 FEB
	01 JAN	60								60 JAN

	12 DEC	61								61 DEC
	11 NOV	62								62 NOV
	10 OCT	63								63 OCT
	09 SEP	64								64 SEP
1	08 AUG	65								65 AUG 1
9	07 JUL	66								66 JUL 9
8	06 JUN	67								67 JUN 8
5	05 MAY	68								68 MAY 5
	04 APR	69								69 APR
	03 MAR	70								70 MAR
	02 FEB	71								71 FEB
	01 JAN	72								72 JAN

LAST CHILD BORN PRIOR TO JAN. 1985**

NAME: _____ MONTH..

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 YEAR...

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* For fieldwork beginning in 1991, 1992, or 1993, the years should be adjusted.
 ** For fieldwork beginning in 1991, 1992, or 1993, the year should be changed to 1986, 1987, or 1988, respectively.