

APPENDIX D

APPROVED BY NATIONAL STATISTICAL OFFICE OF MONGOLIA

N.o . . .

RHS-1

MONGOLIAN REPRODUCTIVE HEALTH SURVEY 1998

HOUSEHOLD QUESTIONNAIRE

CLUSTER NUMBER	<input type="text"/>
AIMAG	<input type="text"/>
SOM	<input type="text"/>
BAG	<input type="text"/>
HOUSEHOLD NUMBER	<input type="text"/>
AREA*	<input type="text"/>
HEAD OF HOUSEHOLD	
* AREA CODES :	
1. ULAANBAATAR	3. SOM CENTER
2. AIMAG CENTER	4. REMOTE RURAL

INTERVIEW VISIT					
FIRST	SECOND	FINAL			
DAY	<input type="text"/>	DAY	<input type="text"/>	DAY	<input type="text"/>
MONTH	<input type="text"/>	MONTH	<input type="text"/>	MONTH	<input type="text"/>
RESULTS **	<input type="text"/>	RESULTS **	<input type="text"/>	RESULTS **	<input type="text"/>
TOTAL NUMBER OF VISITS					<input type="text"/>
** RESULTS CODES					
1. COMPLETED	7. DWELLING DESTROYED				
2. NO HOUSEHOLD MEMBERS AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT	8. DWELLING NOT FOUND				
3. ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD	9. OTHER		(SPECIFY)		
4. POSTPONED					
5. REFUSED					
6. DWELLING VACANT OR ADDRESS NOT A DWELLING					
NUMBER OF HOUSEHOLD MEMBERS					<input type="text"/>
TOTAL ELIGIBLE WOMEN					<input type="text"/>

INTERVIEWER'S NAME/CODE	<input type="text"/>
SUPERVISER 'S NAME/CODE	<input type="text"/>
FIELD EDITOR	<input type="text"/>
KEYED BY	<input type="text"/>

The following questions refer to the people we just have listec

No.	Please give the names of persons who are usually living in your household, starting with the head of the household. ASK: Did anyone else sleep here with your household last night, such as a visitor or a relative. (IF YES, ADD TO LIST AND FILL IN Q3-Q13)	Relationship to head of the household SEE BELOW	RESIDENCE		SEX	YEAR BIRTH	AGE	EDUCATION		MARRIAGE	Circle line No. for persons eligible for individual interview	
			Does (NAME) usually live here ?	Did (NAME) stay here last night ?	Is (NAME) male or female ?	In what year was (NAME) bron ?	How old is (NAME) ? (COMPLETE YEAR) CHECK	6 YEARS AND OVER Has he/she ever been to school?	AGES 6-24 What is the highest level he/she attained? SEE BELOW	15 YEARS AND OVER Is (NAME) still in school? YES=1 NO=2		What (NAME'S) current marital status? SEE BELOW
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
01		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	01
02		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	02
03		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	03
04		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	04
05		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	05
06		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	06
07		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	07
08		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	08
09		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	09
10		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	10
11		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	11
12		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	12
13		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	13
14		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	14
15		<input type="checkbox"/>	1 2	1 2	1 2	<input type="checkbox"/>	<input type="checkbox"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	15

Total number of eligible women

**CODES 3
RELATIONSHIP**

- 01 HEAD
- 02 WIFE OR HUSBAND
- 03 SON OR DAUGHTER
- 04 SON OR DAUGHTER IN LAW
- 05 GRANDCHILD
- 06 PARENT
- 07 PARENT IN LAW
- 08 BROTHER OR SISTER
- 09 GRAND MOTHER AND FATHER
- 10 OTHER RELATIVE
- 11 ADOPTED/FOSTER/STEP CHILD
- 12 NOT RELATED

**CODES 10
LEVEL OF EDUCATION**

- 1 GRADE 1-3
- 2 GRADE 4-8
- 3 GRADE 9-10
- 4 PROFESSIONAL SCHOOL
- 5 HIGHER
- 8 DK

**CODES 12
MARITAL STATUS**

- 1 SINGLE
- 2 MARRIED
- 3 SEPARATED
- 4 DIVORCED
- 5 WIDOWED
- 6 LIVING TOGETHER
- 8 DK

HOUSEHOLD QUESTIONNAIRE

PAGE 3

N.o	Questions	Coding Categories	Skip to
20	In what kind of accommodation do you live most of the year?	GER (WITH 4 WALLS OR 5 WALLS) 1 GER (WITH 6 + WALLS) 2 PRIVATE HOUSE (1 - 2 ROOMS) 3 PRIVATE HOUSE (3 + ROOMS) 4 APARTMENT (1-2 ROOMS) 5 APARTMENT (3 + ROOMS) 6	24
21	What kind of heating system does your household have?	CENTRAL 1 LOCAL/COAL 2 STOVE 3	
22	Is your bathroom attached to your apartment/ house or is it separate?	ATTACHED 1 SEPARATE 2	
23	Where is your toilet located ?	INSIDE APARTMENT/HOUSE 1 OUTSIDE APARTMENT/HOUSE 2	
24	Does your household use electricity ?	YES 1 NO 2	27
25	What kind of electric supply do you have in your household?	CENTRAL 1 DIESEL ONLY 2 DIESEL AND GENERATOR 3 GENERATOR 4	27
26	Last week on how many days was your electricity supply cut off ?	DAYS <input type="checkbox"/>	
27	What is the main source of drinking water for members of your households?	CENTRAL / PIPED 1 LOCAL 2 WELL 3 SPRING WATER/ MINERAL SPRING 4 RIVER/SNOW/RAINWATER 5	
28	Does your household have any animals ?	YES 1 NO 2	30
29	How many animals do you have?	CAMELS <input type="checkbox"/> HORSES <input type="checkbox"/> CATTLE/YAKS <input type="checkbox"/> SHEEP <input type="checkbox"/> GOATS <input type="checkbox"/> PIGS/HOGS/DONKEYS <input type="checkbox"/>	
30	Is your household income enough for your average consumption?	ENOUGH 1 NOT ENOUGH 2 DONT KNOW 8	
31	What is the fastest/ quickest way you can request for medical emergency services ? How long does it take to get emergency treatment ?	PHONE 1 BY CAR/ MOTORCYCLE 2 BY HORSE/CAMEL/CATTLE/YAKS 3 WALKING 4 DONT KNOW 8 TIME (minutes) <input type="checkbox"/> 16 HOURS OR MORE 960 DONT KNOW 998	

MONGOLIAN REPRODUCTIVE HEALTH SURVEY 1998

INDIVIDUAL QUESTIONNAIRE

CLUSTER NUMBER		[] [] []
AIMAG		[] []
SOM		[] []
BAG		[] []
HOUSEHOLD NUMBER		[] [] []
AREA*		[]
NAME AND LINE NUMBER OF WOMAN		[] []
HUSBAND'S INTERVIEW ATTEMPTED	YES=1	NO=2
		[]
* AREA CODES :		
1. ULAANBAATAR	2. AIMAG CENTER	3. SOM CENTER
		4. REMOTE RURAL

INTERVIEW VISIT		
FIRST	SECOND	FINAL
DAY [] []	DAY [] []	DAY [] []
MONTH [] []	MONTH [] []	MONTH [] []
RESULTS ** []	RESULTS ** []	RESULTS ** []
TOTAL NUMBER OF VISITS		[]
** RESULTS CODES		
1. COMPLETED	4. REFUSED	7. OTHER
2. NOT AT HOME	5. PARTLY COMPLETED	(SPECIFY)
3. POSTPONED	6. INCAPACITATED	

INTERVIEWER'S NAME/CODE		[] []
SUPERVISER 'S NAME/CODE		[] []
FIELD EDITOR		[] []
KEYED BY		[] []

SECTION 1. RESPONDENT'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skip to
100	RECORD THE TIME	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
101	In what month and year were you born ?	MONTH <input type="text"/> <input type="text"/> DONT KNOW 98 YEAR 19 <input type="text"/> <input type="text"/> DONT KNOW 98	
102	How old are you (AGE IN COMPLETED YEARS)	AGE <input type="text"/> <input type="text"/>	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	105
104	Just before you moved here, did you live in a city, in an aimag center, in a som, or in the countryside?	CITY 1 AIMAG CENTER 2 SOM CENTER 3 COUNTRYSIDE 4	
105	Have you ever attended school ?	YES 1 NO 2	107
106	What was the highest level of school you completed ?	GRADE 1-3 1 GRADE 4-8 2 GRADE 9-10 3 PROFESSIONAL SCHOOL 4 HIGHER 5	108
107	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	
108A	CHECK: Q.102 AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/>		111
108B	CHECK: Q.105 ATTENDED SCHOOL <input type="checkbox"/> NEVER ATTENDED SCHOOL <input type="checkbox"/>		111
109	Are you currently attending school ?	YES 1 NO 2	111

No.	Questions and Filters	Coding Categories	Skip to
110	What was the main reason you stopped attending school ?	GOT PREGNANT 01 GOT MARRIED 02 TO CARE FOR CHILDREN 03 FAMILY NEEDED HELP 04 COULD NOT PAY SCHOOL FEES 05 NEEDED TO EARN MONEY 06 GRADUATED/ ENOUGH SCHOOLING 07 DID NOT PASS EXAMS 08 DID NOT LIKE SCHOOL 09 SCHOOL NOT ACCESSIBLE/TOO FAR 10 OTHER 96 (SPECIFY) DONT KNOW 98	
111	CHECK: Q106 AND Q107		
	CAN READ <input type="checkbox"/>	CAN NOT READ <input type="checkbox"/>	111B
111A	Do you usually read a newspaper at least once a week ?	YES 1 NO 2	
111B	Do you usually listen to the radio at least once a week ?	YES 1 NO 2	
111C	Do you usually watch TV at least once a week ?	YES 1 NO 2	
112	What is your religion ?	ATHEIST 1 BUDDHIST 2 MUSLIM 3 PROTESTANT/CHRISTIAN 4 OTHER 5 (SPECIFY)	

SECTION 2. REPRODUCTION

No.	Questions and Filters	Coding Categories	Skip to				
200	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	205				
201	Do you have any sons or daughters who are living with you ?	YES 1 NO 2	203				
202	How many sons live with you now? How many daughters live with you now?	SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME					
203	Do you have any sons or daughters to whom you have given birth and now are not living with you ?	YES 1 NO 2	205				
204	How many sons are alive but not living with you? And how many daughters are alive but do not live with you ?	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE					
205	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	207				
206	In all, how many boys have died? And how many girls have died?	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD					
207	SUM ANSWERS TO 202, 204 AND 206, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
208	CHECK: Q207 Just to make sure that I have this right: you have had in total _____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201 - 207 AS NECESSARY						
209	CHECK: 207 ONE OR MORE LIVE BIRTHS <input type="checkbox"/> NO LIVE BIRTH <input type="checkbox"/> →		ENTER 0 IN 220 AND ASK 221				

210 Now I would like to record the name of all your births, whether still alive or not, starting with the first one you had.

211	212	213	214	215	216 IF ALIVE	217 IF ALIVE	218 IF ALIVE	219
What name was given to your (first/next) baby ? Name	Were any of these births twins?	Is (NAME) a boy or a girl?	When was (NAME) HE/SHE 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 ?	With whom does HE/SHE live ? Father fostered adopted school >18 years= now adult	How old was (NAME) when HE/SHE died IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS
O1	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 (NEXT BIRTH) ←	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
O2	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 (NEXT BIRTH) ←	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
O3	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 (NEXT BIRTH) ←	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
O4	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 (NEXT BIRTH) ←	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
O5	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 (NEXT BIRTH) ←	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
O6	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 (NEXT BIRTH) ←	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
O7	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 (NEXT BIRTH) ←	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>

211	212	213	214	215	216	217	218	219
What name was given to your (first/next) baby ? Name	Were any of these births twins?	Is (NAME) a boy or a girl?	When was (NAME) HE/SHE 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 ?	With whom does HE/SHE live ? Father fostered adopted school >18 years= now adult	How old was (NAME) when HE/SHE died IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS
08	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
09	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
10	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
11	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
12	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>
13	SINGLE 1 MULT. 2	BOY=1 GIRL=2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	YES = 1 NO = 2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 ↓ (NEXT BIRTH)	FATHER 1 FOSTERED 2 ADOPTED 3 SCHOOL 4 NOW ADULT 5 ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>

220 COMPARE 207 WITH NUMBER OF BIRTHS ABOVE AND MARK:

NUMBERS ARE SAME

NUMBERS ARE DIFFERENT →

(PROBE AND RECONCILE)

CHECK: FOR EACH LIVE BIRTH YEAR OF BIRTH IS RECORDED: (Q.214)
 FOR EACH LIVING CHILD CURRENT AGE IS RECORDED: (Q.216)
 FOR EACH DEAD BIRTH AGE AT DEATH IS RECORDED: (Q.219)
 FOR AGE AT DEATH 12 MONTHS OR ONE YEAR (Q.219):
 PROBE TO DETERMINE EXACT NUMBER OF MONTHS
 ENTER NUMBER OF BIRTHS SINCE JANUARY, 1990

RHS-2

page 7

No.	Questions and Filters	Coding Categories	Skip to
221	Are you pregnant now?	YES 1 NO 2 UNSURE 8	224
222	How many months are you pregnant?	MONTHS <input type="text"/>	
223	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	THEN 1 LATER 2 NOT AT ALL 3	
224	At what age did your first menstrual period start?	AGE <input type="text"/> <input type="text"/> <input type="text"/> NEVER MENSTRUATED 96 DON'T KNOW 98	300
225	Before having your first menstrual period, from whom did you learn about menstruation?	NO ONE 00 PARENTS 01 SISTER 02 RELATIVES 03 FRIENDS 04 DOCTOR 05 TEACHER 06 MASS MEDIA 07 OTHER 96 (SPECIFY)	
226	Between the first day of a woman's period and the first day of her next period, are there certain times when she has greater chance of becoming pregnant than other times?	YES 1 NO 2 DON'T KNOW 8	228
227	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	ANY DAY OF THE CYCLE 1 RIGHT AFTER HER PERIOD HAS ENDED 2 IN THE MIDDLE OF THE CYCLE 3 JUST BEFORE HER PERIOD BEGINS 4 DON'T KNOW 8	
228	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> WOMB REMOVED 993 IN MENOPAUSE 994 BEFORE LAST BIRTH 995	

SECTION 3A. PREGNANCY AND BREASTFEEDING

300	CHECK Q. 220	<input type="checkbox"/> ONE OR MORE BIRTHS SINCE JANUARY, 1990	<input type="checkbox"/> NO BIRTHS SINCE JANUARY, 1990	<input type="checkbox"/> → 400
301 ENTER THE LINE NUMBER, NAME, SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1990 IN THE TABLE. ASK ALL QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL QUESTIONNAIRE.)				
302A	LINE NUMBER FROM Q. 211	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>	LINE NUMBER <input type="text"/>
302B	NAME FROM Q. 211	LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH- NAME _____
302C	SURVIVAL STATUS FROM Q. 215	Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>
303	At the time you become pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all ?	THEN 1 LATER 2 NO MORE 3	THEN 1 LATER 2 NO MORE 3	THEN 1 LATER 2 NO MORE 3
304	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? If Yes: Whom did you see? Anyone else?	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C OTHER MIDWIFE D MEDICAL ASSISTANT E TRADITIONAL HEALER F OTHER X (SPECIFY) NO ONE Y SKIP TO 306B ←	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C OTHER MIDWIFE D MEDICAL ASSISTANT E TRADITIONAL HEALER F OTHER X (SPECIFY) NO ONE Y SKIP TO 309A ←	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C OTHER MIDWIFE D MEDICAL ASSISTANT E TRADITIONAL HEALER F OTHER X (SPECIFY) NO ONE Y SKIP TO 309A ←
305	Where did you go for antenatal care for this pregnancy? Health Center - H.Center	H. CENTER (CITY) 1 H. CENTER (AIMAG) 2 CLINIC (SOM) 3 PRIVATE HOSPITAL 4 OTHER 5 (SPECIFY)	H. CENTER (CITY) 1 H. CENTER (AIMAG) 2 CLINIC (SOM) 3 PRIVATE HOSPITAL 4 OTHER 5 (SPECIFY)	H. CENTER (CITY) 1 H. CENTER (AIMAG) 2 CLINIC (SOM) 3 PRIVATE HOSPITAL 4 OTHER 5 (SPECIFY)
306A	How many months pregnant were you when you first recieved antenatal care?	MONTHS <input type="text"/> DON'T KNOW 98 SKIP TO 309A ←	MONTHS <input type="text"/> DON'T KNOW 98 SKIP TO 309A ←	MONTHS <input type="text"/> DON'T KNOW 98 SKIP TO 309A ←
306B	Did you have any difficulties in carrying this pregnancy?	YES 1 NO 2 SKIP TO 306D ←		

RHS-2

page 9

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH- NAME _____
306C	What difficulty or difficulties did you have? Any other? CIRCLE ALL MENTIONED	HIGH BLOOD PRESSURE A SWELLING B WRONG POSITION OF FETUS C PLACENTA TOO LOW D RUPTURED UTERUS E NARROW PELVIS F TOO MUCH FLUID G OTHER X (SPECIFY)		
306D	When you were pregnant with (NAME) did you fall ill with any of the following diseases? READ LIST	YES NO HEART DISEASE 1 2 KIDNEY DISEASE 1 2 LIVER DISEASE 1 2 LUNG DISEASE 1 2 DISEASE OF DIGESTIVE APPARATUS 1 2 NERVOUS DISEASE 1 2		
307	Did you receive iron pills when you were pregnant with (NAME)?	YES 1 NO 2 SKIP TO 309A ←		
308	How many iron pills did you take during your pregnancy with (NAME)?	TOTAL <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998		
309A	Did you stay in a maternal rest house before the birth of (NAME)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
309B	Where did you give birth to (NAME)? Health Center - H.Center	H. CENTER (CITY) 1 H. CENTER (AIMAG) 2 CLINIC (SOM) 3 PRIVATE HOSPITAL 4 AT HOME 5 OTHER HOME 6 OTHER 7 (SPECIFY)	H. CENTER (CITY) 1 H. CENTER (AIMAG) 2 CLINIC (SOM) 3 PRIVATE HOSPITAL 4 AT HOME 5 OTHER HOME 6 OTHER 7 (SPECIFY)	H. CENTER (CITY) 1 H. CENTER (AIMAG) 2 CLINIC (SOM) 3 PRIVATE HOSPITAL 4 AT HOME 5 OTHER HOME 6 OTHER 7 (SPECIFY)
310	Who assisted with the delivery of (NAME)?	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C OTHER MIDWIFE D MEDICAL ASSISTANT E TRADITIONAL HEALER F OTHER X (SPECIFY) NO ONE Y	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C OTHER MIDWIFE D MEDICAL ASSISTANT E TRADITIONAL HEALER F OTHER X (SPECIFY) NO ONE Y	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C OTHER MIDWIFE D MEDICAL ASSISTANT E TRADITIONAL HEALER F OTHER X (SPECIFY) NO ONE Y

		LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH- NAME
311	Was (NAME) delivered by caesarean section?	YES 1 SKIP TO 313 ← NO 2	YES 1 SKIP TO 313 ← NO 2	YES 1 SKIP TO 313 ← NO 2
312A	At the time of the birth of (Name), did you have any of the following problems? Prolonged contractions lasting for more than 12 hours?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
312B	A lot more vaginal bleeding than normal following childbirth (more than 3 cloths)?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
312C	A high fever and foul smelling vaginal discharge?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
312D	Convulsions or fits not caused by fever?	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8	YES 1 NO 2 DONT KNOW 8
313	Was (NAME) born on time or prematurely?	ON TIME 1 PREMATURELY 2 DONT KNOW 8	ON TIME 1 PREMATURELY 2 DONT KNOW 8	ON TIME 1 PREMATURELY 2 DONT KNOW 8
314	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 DONT KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DONT KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DONT KNOW 8
315	Was (NAME) weighed at birth?	YES 1 NO 2 SKIP TO 317 ←	YES 1 NO 2 SKIP TO 318 ←	YES 1 NO 2 SKIP TO 318 ←
316	How much did (NAME) weigh? Record weight from health card, IF AVAILABLE	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 GRAMS [][][][] DONT KNOW 9998	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 GRAMS [][][][] DONT KNOW 9998 SKIP TO 318 ←	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 GRAMS [][][][] DONT KNOW 9998 SKIP TO 318 ←
317	Has your period returned since the birth of (NAME)?	YES 1 SKIP TO 319 ← NO 2 SKIP TO 320 ←		

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH- NAME _____
318	Did your period return between the birth of (NAME) and the next pregnancy?		YES 1 NO 2 ↓ (SKIP TO 322)	YES 1 NO 2 ↓ (SKIP TO 322)
319	For how many months after the birth of (NAME) did you not have a period?	MONTHS [][] DONT KNOW 98	MONTHS [][] DONT KNOW 98 ← (SKIP TO 322)	MONTHS [][] DONT KNOW 98 ← (SKIP TO 322)
320	CHECK : Q. 221 RESPONDENT PREGNANT?	Not preg- nant <input type="checkbox"/> Pregnant or unsure <input type="checkbox"/> SKIP 322 ←		
321	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 ← SKIP TO 323		
322	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS [][] DONT KNOW 98	MONTHS [][] DONT KNOW 98	MONTHS [][] DONT KNOW 98
323	Did you ever breastfeed (NAME)?	YES 1 SKIP TO 325 ← NO 2	YES 1 SKIP TO 328 ← NO 2	YES 1 SKIP TO 328 ← NO 2
324	Why did you not breastfeed (NAME)?	CHILD DIED 01 CHILD ILL/WEAK 02 MOTHER ILL/WEAK 03 NIPPLE/BREAST PROBLEM 04 NO MILK 05 MOTHER WORKING 06 MOTHER STUDYING 07 CHILD REFUSED 08 KEEPING BREAST BEATIFUL 09 OTHER 96 (SPECIFY) SKIP TO 330 ←	CHILD DIED 01 CHILD ILL/WEAK 02 MOTHER ILL/WEAK 03 NIPPLE/BREAST PROBLEM 04 NO MILK 05 MOTHER WORKING 06 MOTHER STUDYING 07 CHILD REFUSED 08 KEEPING BREAST BEATIFUL 09 OTHER 96 (SPECIFY) SKIP TO 330 ←	CHILD DIED 01 CHILD ILL/WEAK 02 MOTHER ILL/WEAK 03 NIPPLE/BREAST PROBLEM 04 NO MILK 05 MOTHER WORKING 06 MOTHER STUDYING 07 CHILD REFUSED 08 KEEPING BREAST BEATIFUL 09 OTHER 96 (SPECIFY) SKIP TO 330 ←
325	CHECK 302 C: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ SKIP TO 328		
326	Are you still breastfeeding (NAME) ?	YES 1 NO 2 ← SKIP TO 328		

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH- NAME _____																																																						
327	At any time yesterday was (NAME) given any of the following in addition to breast milk Plain water ? Tinned or fresh milk ? Any other liquids ? Any solid or mushy food ?	<table border="0"> <tr> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>8</td> </tr> </table> <p>SKIP TO 330 ←</p>	YES	NO	DK	1	2	8	1	2	8	1	2	8	1	2	8																																									
YES	NO	DK																																																								
1	2	8																																																								
1	2	8																																																								
1	2	8																																																								
1	2	8																																																								
328	How many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DONT KNOW 98	MONTHS <input type="text"/> <input type="text"/> DONT KNOW 98	MONTHS <input type="text"/> <input type="text"/> DONT KNOW 98																																																						
329	Why did you stop breastfeeding (NAME)?	<table border="0"> <tr><td>CHILD DIED</td><td>01</td></tr> <tr><td>MOTHER/ILL/WEAK</td><td>02</td></tr> <tr><td>NO MILK</td><td>03</td></tr> <tr><td>MOTHER WORKING</td><td>04</td></tr> <tr><td>MOTHER STUDYING</td><td>05</td></tr> <tr><td>CHILD REFUSED</td><td>06</td></tr> <tr><td>BECAME PREGNANT</td><td>07</td></tr> <tr><td>WEANING AGE</td><td>08</td></tr> <tr><td>OTHER</td><td>96</td></tr> </table> <p>(SPECIFY)</p>	CHILD DIED	01	MOTHER/ILL/WEAK	02	NO MILK	03	MOTHER WORKING	04	MOTHER STUDYING	05	CHILD REFUSED	06	BECAME PREGNANT	07	WEANING AGE	08	OTHER	96	<table border="0"> <tr><td>CHILD DIED</td><td>01</td></tr> <tr><td>MOTHER/ILL/WEAK</td><td>02</td></tr> <tr><td>NO MILK</td><td>03</td></tr> <tr><td>MOTHER WORKING</td><td>04</td></tr> <tr><td>MOTHER STUDYING</td><td>05</td></tr> <tr><td>CHILD REFUSED</td><td>06</td></tr> <tr><td>BECAME PREGNANT</td><td>07</td></tr> <tr><td>WEANING AGE</td><td>08</td></tr> <tr><td>OTHER</td><td>96</td></tr> </table> <p>(SPECIFY)</p>	CHILD DIED	01	MOTHER/ILL/WEAK	02	NO MILK	03	MOTHER WORKING	04	MOTHER STUDYING	05	CHILD REFUSED	06	BECAME PREGNANT	07	WEANING AGE	08	OTHER	96	<table border="0"> <tr><td>CHILD DIED</td><td>01</td></tr> <tr><td>MOTHER/ILL/WEAK</td><td>02</td></tr> <tr><td>NO MILK</td><td>03</td></tr> <tr><td>MOTHER WORKING</td><td>04</td></tr> <tr><td>MOTHER STUDYING</td><td>05</td></tr> <tr><td>CHILD REFUSED</td><td>06</td></tr> <tr><td>BECAME PREGNANT</td><td>07</td></tr> <tr><td>WEANING AGE</td><td>08</td></tr> <tr><td>OTHER</td><td>96</td></tr> </table> <p>(SPECIFY)</p>	CHILD DIED	01	MOTHER/ILL/WEAK	02	NO MILK	03	MOTHER WORKING	04	MOTHER STUDYING	05	CHILD REFUSED	06	BECAME PREGNANT	07	WEANING AGE	08	OTHER	96
CHILD DIED	01																																																									
MOTHER/ILL/WEAK	02																																																									
NO MILK	03																																																									
MOTHER WORKING	04																																																									
MOTHER STUDYING	05																																																									
CHILD REFUSED	06																																																									
BECAME PREGNANT	07																																																									
WEANING AGE	08																																																									
OTHER	96																																																									
CHILD DIED	01																																																									
MOTHER/ILL/WEAK	02																																																									
NO MILK	03																																																									
MOTHER WORKING	04																																																									
MOTHER STUDYING	05																																																									
CHILD REFUSED	06																																																									
BECAME PREGNANT	07																																																									
WEANING AGE	08																																																									
OTHER	96																																																									
CHILD DIED	01																																																									
MOTHER/ILL/WEAK	02																																																									
NO MILK	03																																																									
MOTHER WORKING	04																																																									
MOTHER STUDYING	05																																																									
CHILD REFUSED	06																																																									
BECAME PREGNANT	07																																																									
WEANING AGE	08																																																									
OTHER	96																																																									

SECTION 3B. CHILD HEALTH

		LAST BIRTH	NEXT TO LAST BIRTH	SECOND FROM LAST BIRTH-
330	FROM Q302B AND Q302C	<p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 303 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, GO TO 400)</p>	<p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 303 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, GO TO 400)</p>	<p>NAME _____</p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(GO TO 303 IN NEXT COLUMN, OR, IF NO MORE BIRTHS, GO TO 400)</p>
331	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
332	Has (NAME) been ill with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>SKIP TO 336 ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>SKIP TO 336 ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>SKIP TO 336 ←</p> <p>DON'T KNOW 8</p>
333	When (NAME) was ill with a cough did he/she breathe more rapidly than usual with short, rapid breaths?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
334	Did you seek advice or treatment for the cough?	<p>YES 1</p> <p>NO 2</p> <p>SKIP TO 336 ←</p>	<p>YES 1</p> <p>NO 2</p> <p>SKIP TO 336 ←</p>	<p>YES 1</p> <p>NO 2</p> <p>SKIP TO 336 ←</p>
335	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	<p>PUBLIC HOSPITAL A</p> <p>PRIVATE HOSPITAL B</p> <p>PHARMACY C</p> <p>TRADITIONAL DOCTOR D</p> <p>FRIEND (DOCTOR) E</p> <p>OTHER X</p> <p>(SPECIFY)</p>	<p>PUBLIC HOSPITAL A</p> <p>PRIVATE HOSPITAL B</p> <p>PHARMACY C</p> <p>TRADITIONAL DOCTOR D</p> <p>FRIEND (DOCTOR) E</p> <p>OTHER X</p> <p>(SPECIFY)</p>	<p>PUBLIC HOSPITAL A</p> <p>PRIVATE HOSPITAL B</p> <p>PHARMACY C</p> <p>TRADITIONAL DOCTOR D</p> <p>FRIEND (DOCTOR) E</p> <p>OTHER X</p> <p>(SPECIFY)</p>
336	Has (NAME) had diarrhea in the last two weeks?	<p>YES 1</p> <p>NO 2</p> <p>SKIP TO 343 ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>SKIP TO 343 ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>SKIP TO 343 ←</p> <p>DON'T KNOW 8</p>
337	Was there any blood in the stools?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
338	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	<p>SAME 1</p> <p>MORE 2</p> <p>LESS 3</p> <p>DON'T KNOW 8</p>	<p>SAME 1</p> <p>MORE 2</p> <p>LESS 3</p> <p>DON'T KNOW 8</p>	<p>SAME 1</p> <p>MORE 2</p> <p>LESS 3</p> <p>DON'T KNOW 8</p>

RHS-2

page 14

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH- NAME _____
339	Was anything given to treat the diarrhea?	YES 1 NO 2 SKIP TO 341 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 341 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 341 ← DON'T KNOW 8
340	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER X (SPECIFY)	PILL OR SYRUP A INJECTION B (I.V.) INTRAVENOUS C HOME REMEDIES/ HERBAL MEDICINES D OTHER X (SPECIFY)
341	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 SKIP TO 343 ←	YES 1 NO 2 SKIP TO 343 ←	YES 1 NO 2 SKIP TO 343 ←
342	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C TRADITIONAL DOCTOR D FRIEND (DOCTOR) E OTHER X (SPECIFY)	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C TRADITIONAL DOCTOR D FRIEND (DOCTOR) E OTHER X (SPECIFY)	PUBLIC HOSPITAL A PRIVATE HOSPITAL B PHARMACY C TRADITIONAL DOCTOR D FRIEND (DOCTOR) E OTHER X (SPECIFY)
343		GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 400	GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 400	GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 400

SECTION 4. CONTRACEPTION

400. NOW I WOULD LIKE TO TALK ABOUT FAMILY PLANNING - THE VARIOUS WAYS OR METHODS THAT A COUPLE CAN USE TO DELAY OR AVOID A PREGNANCY.

CIRCLE CODE 1 IN 401 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 402, 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 401 OR 402, ASK 403.

401	Which ways or methods have you heard about ?	402 Have you ever heard of (METHOD) ?		403 Have you ever used (METHOD) ?
		SPONTANEOUS YES	PROBED YES NO	
01	PILL "Women can take a pill every day"	1	2	YES 1 NO 2
02	IUD "Women can have a loop or coil placed inside them by a doctor or nurse".	1	2	YES 1 NO 2
03	INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for 1,2 or 3 months"	1	2	YES 1 NO 2
04	NORPLANT/IMPLANT "Women can get 6 rods under the skin in the upper arm to prevent pregnancy"	1	2	YES 1 NO 2
05	DIAPHRAGM/FOAM/JELLY "Women can place a tissue or a diaphragm or cream in the vagina before intercourse".	1	2	YES 1 NO 2
06	CONDOM "Men can use a rubber sheath during sexual intercourse".	1	2	YES 1 NO 2
07	FEMALE STERILIZATION "Women can have an operation to avoid having any more children".	1	2	Have you ever had an operation to avoid having any more children? YES 1 NO 2
08	MALE STERILIZATION "Men can have an operation to avoid having any more children".	1	2	Have you ever had a partner who had an operation to avoid having children ? YES 1 NO 2
09	PERIODIC ABSTINENCE/CALENDAR SYSTEM "Couples can avoid having sexual intercourse on certain days of the month when the women is more likely to become pregnant".	1	2	YES 1 NO 2
10	WITHDRAWAL "Men can be careful and pull out before climax".	1	2	YES 1 NO 2
11	Have you heard of any other ways or methods that women or men use to avoid pregnancy ?	1 _____ (SPECIFY) _____ (SPECIFY)	3	YES 1 NO 2 YES 1 NO 2

404	CHECK Q.403:	NOT A SINGLE " YES " <input type="checkbox"/>	AT LEAST ONE " YES " <input type="checkbox"/>	406
-----	--------------	---	---	-----

No.	Questions and Filters	Coding Categories	Skip to
405	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	420
405A	What have you used or done ? CORRECT 403 AND 404 (AND 402 IF NECESSARY)		
406	Now I would like to ask you about the first time that you did something or used a method to delay a pregnancy or avoid getting pregnant. 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 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY)	
407	How many living children did you have at that time, if any?	NUMBER OF CHILDREN <input type="text"/> <input type="text"/>	
408	What was your age when you first started using any method?	AGE (COMPLETED YEARS) <input type="text"/> <input type="text"/> DON'T KNOW 98	
409A	CHECK Q.221: PREGNANT STATUS NOT PREGNANT OR OR UNSURE <input type="checkbox"/>	CURRENTLY PREGNANT <input type="checkbox"/>	420
409B	Are you using any method now?	YES 1 NO 2	420
410	IF WOMAN DECCARED SHE WAS STERILIZED IN Q.403, CIRCLE CODE 07 AND SKIP TO Q. 412. OTHERWISE ASK: Which method are you using?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY)	412
411	For how many months have you been using this (MEDHOD) continuously ?	MONTHS <input type="text"/> <input type="text"/> 8 YEARS OR LONGER 96	413
412	In what month and year was the sterilization ?	YEAR 19 <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> DON'T KNOW 98	

No.	Questions and Filters	Coding Categories	Skip to																										
413	<p>CHECK Q.410 :</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; vertical-align: top;"> PILL IUD INJECTION NORPLANT/IMPLANT </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> <td style="width: 30%; vertical-align: top;"> DIAPHRAGM/FOAM/JELLY CONDOM FEMALE STERILIZATION MALE STERILIZATION </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> </table>	PILL IUD INJECTION NORPLANT/IMPLANT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DIAPHRAGM/FOAM/JELLY CONDOM FEMALE STERILIZATION MALE STERILIZATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">PERIODIC ABSTINENCE</td> <td style="width: 10%; text-align: center;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </td> </tr> <tr> <td>WITHDRAWAL</td> <td></td> </tr> <tr> <td>OTHER</td> <td></td> </tr> </table>	PERIODIC ABSTINENCE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	WITHDRAWAL		OTHER		<p>416</p>																
PILL IUD INJECTION NORPLANT/IMPLANT	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DIAPHRAGM/FOAM/JELLY CONDOM FEMALE STERILIZATION MALE STERILIZATION	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																										
PERIODIC ABSTINENCE	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																												
WITHDRAWAL																													
OTHER																													
414	<p>Is there service fee or purchase cost to obtain the method?</p> <p>IF ANY: How much does it cost (for one time)?(tug)</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>PURCHASE</td> <td style="text-align: right;">1</td> </tr> <tr> <td>SERVICE FEE</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO FEE</td> <td style="text-align: right;">3</td> </tr> <tr> <td>TUGRUG</td> <td style="text-align: right;"> <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> </td> </tr> </table>	PURCHASE	1	SERVICE FEE	2	NO FEE	3	TUGRUG	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																			
PURCHASE	1																												
SERVICE FEE	2																												
NO FEE	3																												
TUGRUG	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																												
415	<p>From whom did you get it the last time?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>PUBLIC HOSPITAL</td><td style="text-align: right;">01</td></tr> <tr><td>PRIVATE HOSPITAL</td><td style="text-align: right;">02</td></tr> <tr><td>PHARMACY</td><td style="text-align: right;">03</td></tr> <tr><td>TRADITIONAL DOCTOR</td><td style="text-align: right;">04</td></tr> <tr><td>SHOP</td><td style="text-align: right;">05</td></tr> <tr><td>FRIENDS</td><td style="text-align: right;">06</td></tr> <tr><td>PARENTS/RELATIVES</td><td style="text-align: right;">07</td></tr> <tr><td>OTHER</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </table>	PUBLIC HOSPITAL	01	PRIVATE HOSPITAL	02	PHARMACY	03	TRADITIONAL DOCTOR	04	SHOP	05	FRIENDS	06	PARENTS/RELATIVES	07	OTHER	96	(SPECIFY)										
PUBLIC HOSPITAL	01																												
PRIVATE HOSPITAL	02																												
PHARMACY	03																												
TRADITIONAL DOCTOR	04																												
SHOP	05																												
FRIENDS	06																												
PARENTS/RELATIVES	07																												
OTHER	96																												
(SPECIFY)																													
416	<p>Do you have any problem with the method you are using now?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>YES</td><td style="text-align: right;">1</td></tr> <tr><td>NO</td><td style="text-align: right;">2</td></tr> </table>	YES	1	NO	2	<p>418</p>																						
YES	1																												
NO	2																												
417	<p>What is the main problem?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>HUSBAND DISAPPROVES</td><td style="text-align: right;">01</td></tr> <tr><td>ACCESSIBILITY /AVAILABILITY</td><td style="text-align: right;">02</td></tr> <tr><td>COST TOO MUCH</td><td style="text-align: right;">03</td></tr> <tr><td>INCONVENIENT TO USE</td><td style="text-align: right;">04</td></tr> <tr><td>STERILIZED BUT WANTS CHILDREN</td><td style="text-align: right;">05</td></tr> <tr><td>HEALTH CONCERNS</td><td style="text-align: right;">06</td></tr> <tr><td>SIDE EFFECTS</td><td style="text-align: right;">07</td></tr> <tr><td>OTHER</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> <tr><td>DON'T KNOW</td><td style="text-align: right;">98</td></tr> </table>	HUSBAND DISAPPROVES	01	ACCESSIBILITY /AVAILABILITY	02	COST TOO MUCH	03	INCONVENIENT TO USE	04	STERILIZED BUT WANTS CHILDREN	05	HEALTH CONCERNS	06	SIDE EFFECTS	07	OTHER	96	(SPECIFY)		DON'T KNOW	98							
HUSBAND DISAPPROVES	01																												
ACCESSIBILITY /AVAILABILITY	02																												
COST TOO MUCH	03																												
INCONVENIENT TO USE	04																												
STERILIZED BUT WANTS CHILDREN	05																												
HEALTH CONCERNS	06																												
SIDE EFFECTS	07																												
OTHER	96																												
(SPECIFY)																													
DON'T KNOW	98																												
418	<p>What was the last method you used before the present method?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr><td>NEVER USED OTHER METHOD</td><td style="text-align: right;">00</td></tr> <tr><td>PILL</td><td style="text-align: right;">01</td></tr> <tr><td>IUD</td><td style="text-align: right;">02</td></tr> <tr><td>INJECTIONS</td><td style="text-align: right;">03</td></tr> <tr><td>IMPLANTS/NORPLANT</td><td style="text-align: right;">04</td></tr> <tr><td>DIAPHRAGM /FOAM/JELLY</td><td style="text-align: right;">05</td></tr> <tr><td>CONDOM</td><td style="text-align: right;">06</td></tr> <tr><td>FEMALE STERILIZATION</td><td style="text-align: right;">07</td></tr> <tr><td>MALE STERILIZATION</td><td style="text-align: right;">08</td></tr> <tr><td>PERIODIC ABSTINENCE</td><td style="text-align: right;">09</td></tr> <tr><td>WITHDRAWAL</td><td style="text-align: right;">10</td></tr> <tr><td>OTHER</td><td style="text-align: right;">96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </table>	NEVER USED OTHER METHOD	00	PILL	01	IUD	02	INJECTIONS	03	IMPLANTS/NORPLANT	04	DIAPHRAGM /FOAM/JELLY	05	CONDOM	06	FEMALE STERILIZATION	07	MALE STERILIZATION	08	PERIODIC ABSTINENCE	09	WITHDRAWAL	10	OTHER	96	(SPECIFY)		<p>423</p>
NEVER USED OTHER METHOD	00																												
PILL	01																												
IUD	02																												
INJECTIONS	03																												
IMPLANTS/NORPLANT	04																												
DIAPHRAGM /FOAM/JELLY	05																												
CONDOM	06																												
FEMALE STERILIZATION	07																												
MALE STERILIZATION	08																												
PERIODIC ABSTINENCE	09																												
WITHDRAWAL	10																												
OTHER	96																												
(SPECIFY)																													

No.	Questions and Filters	Coding Categories	Skip to
419	Why did you change the method?	DIFFICULT TO GET THE METHOD 01 METHOD BECAME COSTLY 02 KNOWLEDGE OF OTHER METHODS BECAME AVAILABLE 03 METHOD LESS EFFECTIVE OR NOT EFFECTIVE 04 HEALTH/SIDE EFFECTS 05 HUSBAND/PARTNER PREFERENCE 06 DOCTORS RECOMMENDATIONS 07 OTHER 96 (SPECIFY)	423 423
420	Do you intend to use one of the methods in the future?	YES 1 NO 2 DON'T KNOW 8	422 423
421	Which method do you wish to use?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM/FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY) DON'T KNOW 98	423 423
422	What is the main reason you do not intend to use a method?	NOT MARRIED 11 FERTILITY- RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 POSTPARTUM/BREASTFEEDING 25 WANTS (MORE) CHILDREN 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO MEDHOD 41 KNOWS NO SOURCE 42 MEDHOD -RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON' T KNOW 98	

No.	Questions and Filters	Coding Categories	Skip to
423	<p>CHECK: Q,401 AND Q, 402</p> <p>KNOWS ABOUT FEMALE STERILIZATION</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>DOES NOT KNOW ABOUT FEMALE STERILIZATION</p> <p style="text-align: right;"><input type="checkbox"/></p>	426
424	<p>Do you approve of a woman having a sterilization operation, or do you disapprove, or doesn't it matter to you?</p>	<p>APPROVE 1 →</p> <p>DISAPPROVE 2</p> <p>DOESN'T MATTER 3 →</p>	426 426
425	<p>Why do you disapprove?</p>	<p>WANTS CHILDREN 01</p> <p>RELIGIOUS REASONS/TRADITION 02</p> <p>NOT NATURAL (NORMAL) 03</p> <p>NOT HEALTHY 04</p> <p>FEAR OF SIDE EFFECTS 05</p> <p>COSTS TOO MUCH 06</p> <p>PARTNER DISAPPROVES 07</p> <p>REDUCES SEXUAL DRIVE 08</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
426	<p>CHECK: Q,401 AND Q, 402</p> <p>KNOWS ABOUT MALE STERILIZATION</p> <p style="text-align: right;"><input type="checkbox"/></p>	<p>DOES NOT KNOW ABOUT MALE STERILIZATION</p> <p style="text-align: right;"><input type="checkbox"/></p>	500
427	<p>Do you approve of a man having a vasectomy, or do you disapprove, or doesn't it matter to you?</p>	<p>APPROVE 1 →</p> <p>DISAPPROVE 2</p> <p>DOESN'T MATTER 3 →</p>	500 500
428	<p>Why do you disapprove?</p>	<p>WANTS CHILDREN 01</p> <p>RELIGIOUS REASONS/TRADITION 02</p> <p>NOT NATURAL (NORMAL) 03</p> <p>NOT HEALTHY 04</p> <p>FEAR OF SIDE EFFECTS 05</p> <p>COSTS TOO MUCH 06</p> <p>PARTNER DISAPPROVES 07</p> <p>REDUCES SEXUAL DRIVE 08</p> <p>CASTRATION COMPLEX 09</p> <p>OTHER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	

SECTION 5. MARRIAGE

No.	Questions and Filters	Coding Categories	Skip to
500	Are you currently married or living together with a man, or are you single, or separated, divorced, or widowed?	SINGLE 1 MARRIED 2 SEPARATED 3 DIVORCED 4 WIDOWED 5 LIVING TOGETHER 6	504
501	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
502	<p>CHECK : 501</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>In what month and year did you start living with your husband/partner?</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p>	YEAR <input type="text"/> <input type="text"/> DON' T KNOW 08 MONTH <input type="text"/> <input type="text"/> DON' T KNOW 98	
503	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	505
504	At what age did you first have sexual relations if ever?	AGE <input type="text"/> <input type="text"/> NEVER HAD SEXUAL RELATIONS 00 DON'T REMEMBER 98	600
505	<p>CHECK : 500</p> <p>MARRIED / LIVING TOGETHER <input type="checkbox"/></p>	SEPARATED DIVORCED/WIDOWED <input type="checkbox"/>	600
506	Now I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 BEFORE LAST BIRTH 996	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 6. FERTILITY PREFERENCES

No.	Questions and filters	Coding categories	Skip to
600	CHECK: Q 410 SHE NOT STERILIZED <input type="checkbox"/>	SHE STERILIZED <input type="checkbox"/>	606
601	CHECK: Q 221 Not pregnant, or unsure <input type="checkbox"/> Pregnant <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not have any more children?	HAVE A (ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT 3 UNDECIDED OR DON'T KNOW 4	605 606
602	How many (more) children do you want?	MORE CHILDREN <input type="text"/> <input type="text"/>	
603	What is the main reason you want (more) children?	DOES NOT HAVE CHILD 1 NOT ENOUGH CHILDREN 2 HAVE NO SON/DAUGHTER 3 CUSTOM OR RELIGION 4 HUSBAND RECOMMENDS 5 HELP FAMILY ECONOMY 6 OTHER 7 (SPECIFY)	
604	CHECK: Q 221 Not pregnant, unsure <input type="checkbox"/> Pregnant <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? How long would you like to wait after the birth of the child you are expecting before the birth of another child?	WAITING TIME YEARS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> SOON/NOW 993 CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998	606
605	What is the main reason you don't want another child?	HAVE ENOUGH CHILDREN 1 TOO OLD 2 HEALTH 3 UNABLE TO SUPPORT 4 TOO BUSY 5 OTHER 6 (SPECIFY)	

No.	Questions and filters	Coding categories	Skip to															
606	<p>CHECK: Q 215</p> <p>Has living children <input type="checkbox"/> No living children <input type="checkbox"/></p> <p>If you could go back to the time when you had no children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NUMBER OF CHILDREN <input type="text"/> <input type="text"/></p> <p>OTHER _____</p> <p>_____</p> <p>_____</p>																
607	Do you approve or disapprove of couples using a method to avoid pregnancy?	<p>APPROVE 1</p> <p>DISAPPROVE 2</p> <p>DON'T KNOW 8</p>																
608	In the last month, have you heard or seen a message about family planning on: the radio? the television? newspaper or magazine? a poster or billboard?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>THE RADIO?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>THE TELEVISION?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE/BOOK?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A POSTER OR BILLBOARD?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	THE RADIO?	1	2	THE TELEVISION?	1	2	NEWSPAPER/MAGAZINE/BOOK?	1	2	A POSTER OR BILLBOARD?	1	2	
	YES	NO																
THE RADIO?	1	2																
THE TELEVISION?	1	2																
NEWSPAPER/MAGAZINE/BOOK?	1	2																
A POSTER OR BILLBOARD?	1	2																
609	In the last few months have you discussed family planning with your friends, neighbors, or relatives?	<p>YES 1</p> <p>NO 2 →</p>	611															
610	With whom did you discuss ? With anyone else?	<p>HUSBAND/PARTNER A</p> <p>PARENT B</p> <p>SISTERS/BROTHERS C</p> <p>DAUGHTER D</p> <p>MOTHER - IN - LAW E</p> <p>NEIGHBORS F</p> <p>OTHER X</p> <p style="text-align: center;">(SPECIFY)</p>																
611	<p>CHECK Q:500 MARRIED OR <input type="checkbox"/></p> <p> LIVING TOGETHER ↓</p>	<p>SINGLE, DIVORCED <input type="checkbox"/> →</p> <p>SEPARATED, WIDOWED</p>	614															
612	<p>Now I would like to ask your husband's attitude about family planning.</p> <p>Do you think your husband/partner approves or disapproves of couples using a method to avoid pregnancy?</p>	<p>APPROVES 1</p> <p>DISAPPROVES 2</p> <p>DON'T KNOW 8</p>																
613A	Have you and your husband/partner ever discussed the number of children you would like to have? (IF YES :) How often ?	<p>NEVER DISCUSSED 1</p> <p>ONE OR TWO TIMES 2</p> <p>OFTEN 3</p>																
613B	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	<p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DON'T KNOW 8</p>																

No.	Questions and filters	Coding categories	Skip to				
614	Sometimes a woman becomes pregnant when she does not want to be. In the past, have you ever become pregnant when you did not want to be?	YES 1 NO 2 →	700				
615	When was the last time that you became pregnant when you did not want to be?	YEAR 19 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH					
616	On this occasion, what did you do about it?	STOPPED PREGNANCY (ABORTED) 1 ATTEMPTED TO STOP THE PREGNANCY BUT FAILED 2 NOTHING/CONTINUED PREGNANCY 3 →	700				
617	How did you do it ?	HERBS 1 TABLET 2 MASSAGE/SQUEEZING ABDOMEN 3 INJECTION 4 SUCTION 5 OBJECT IN WOMB 6 OTHER 7 (SPECIFY) DONT KNOW 8					
618	Who helped you?	GYNECOLOGIST 01 OTHER DOCTOR 02 PROF. MIDWIFE 03 OTHER MIDWIFE 04 MEDICAL ASSISTANT 05 TRADITIONAL HEALER 06 NO ONE 07 OTHER 96 (SPECIFY)					
619	As a result of (stopping/attempting to stop) the pregnancy, did you have any health problems which required medical attention?	YES 1 NO 2 →	700				
620	Was it necessary for you to be hospitalized?	YES 1 NO 2					

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

No.	Questions and Filters	Coding Categories	Skip to
700	<p>CHECK Q:500</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>SEPARATED/ DIVORCED <input type="checkbox"/></p> <p>WIDOWED/ NEVER MARRIED <input type="checkbox"/></p>	<p>702</p> <p>706</p>	
701	How old was your husband/partner on his last birthday?	AGE <input type="text"/>	
702	Did your (last) husband/partner ever attend school?	<p>YES 1</p> <p>NO 2</p>	704A
703	What was the highest level of school he completed ?	<p>GRADE 1-3 1</p> <p>GRADE 4-8 2</p> <p>GRADE 9-10 3</p> <p>PROFESSIONAL SCHOOL 4</p> <p>HIGHER 5</p> <p>DON'T KNOW 8</p>	
704A	What is/was your husband/partner's usual occupation? That is, what kind of work does/did he mainly do?	<p>DESCRIBE:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____ <input type="text"/></p>	
704B	<p>CHECK: Q500</p> <p>MARRIED OR LIVING TOGETHER <input type="checkbox"/></p> <p>DIVORCED <input type="checkbox"/></p> <p>SEPARATED</p>	706	
704C	Is your husband/partner employed now, or is he unemployed?	<p>EMPLOYED (OR SELF-EMPLOYED) 1</p> <p>UNEMPLOYED 2</p>	705
704D	In which sector of the economy does he work?	<p>SELF EMPLOYMENT 1</p> <p>PUBLIC SECTOR 2</p> <p>PRIVATE SECTOR 3</p> <p>NON-GOVERNMENTAL ORGANIZATION 4</p>	
705	Does your husband/partner smoke cigarettes ? IF YES : About how many cigarettes does he usually smoke a day?	<p>DOES NOT SMOKE 00</p> <p>NUMBER <input type="text"/></p> <p>96 OR MORE 96</p> <p>DON'T KNOW 98</p>	

No.	Questions and Filters	Coding Categories	Skip to
706	Aside from your own housework, are you currently working?	YES 1 → NO 2	709A
707	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	709A
708	Have you done any work in the last 12 months?	YES 1 NO 2 →	717
709A	What is your occupation, that is, what kind of work do you mainly do ?	DESCRIBE: _____ _____ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/>	
709B	In which sector of the economy do you work?	SELF EMPLOYMENT 1 PUBLIC SECTOR 2 PRIVATE SECTOR 3 NON-GOVERNMENTAL ORGANIZATION 4	
710	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 → SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3 →	712 713
711	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
712	During the last 12 months, how many days a week did you usually work (in the months that you worked)?	NUMBER OF DAYS <input type="text"/> →	714
713	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/>	
714	Do you earn cash for your work? (PROBE: Do you make money for working?)	YES 1 NO 2 →	717

RHS-2

page 26

No.	Questions and Filters	Coding Categories	Skip to
715	As a result of your job, you receive salary. Do you think it is a suitable amount or not?	SUITABLE 1 NOT SUITABLE 2	
716	<p>CHECK Q: 500</p> <p>Currently married/ living with a man <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p>Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband jointly, or someone else?</p> <p style="margin-left: 100px;">↓</p> <p>Not in a union <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p>Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly</p>	RESPONDENT DECIDES 1 HUSBAND/PARTNER DECIDES 2 JOINTLY WITH HUSBAND/PARTNER 3 PARENTS/SOMEONE ELSE 4 JOINTLY WITH SOMEONE ELSE/PARENTS 5	
717	Do you smoke cigarettes ? IF YES : About how many cigarettes do you usually smoke a day?	DO NOT SMOKE 00 → NUMBER <input type="text"/> <input type="text"/> 96 OR MORE 96 DON'T KNOW 98	800
718	At what age did you start smoking ?	AGE <input type="text"/> <input type="text"/>	

SECTION 8. AIDS

No.	Questions and Filters	Coding Categories	Skip to
800	Have you ever heard of an illness called AIDS ?	YES 1 NO 2	808
801	From which sources of information have you learned most about AIDS ? Any other sources ? RECORD ALL MENTIONED.	RADIO A TV B NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS D HEALTH WORKERS E MOSQUES/CHURCHES F SCHOOLS/TEACHERS G COMMUNITY MEETINGS H FRIENDS/RELATIVES I WORK PLACE J OTHER X (SPECIFY)	
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS ?	YES 1 NO 2 DON'T KNOW 8	804
803	What can a person do ? Any other ways ? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B HAVE ONLY ONE SEX PARTNER C AVOID SEX WITH PROSTITUTES D AVOID SEX HOMOSEXUALS E AVOID BLOOD TRANSFUSIONS F AVOID INJECTIONS G AVOID KISSING H AVOID MOSQUITO BITES I SEEK PROTECTION FROM TRADITIONAL HEALER J OTHER X (SPECIFY) DON'T KNOW Z	
804	Is it possible for a healthy-looking person to have the AIDS virus ?	YES 1 NO 2 DON'T KNOW 8	
805	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease ?	ALMOST NEVER 1 SOMETIMES 2 ALMOST ALWAYS 3 DON'T KNOW 8	

No.	Questions and Filters	Coding Categories	Skip to				
806	Do you think your chances of getting AIDS are small, moderate, great or no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 DONT KNOW 8					
807	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior ? IF YES, PROBE: In what way ? RECORD ALL MENTIONED.	DID NOT START SEX A STOPPED ALL SEX B START ED USING CONDOMS C RESTRICTED SEX TO ONE PARTNER D REDUCED NUMBER OF PARTNERS E OTHER X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR Y DONT KNOW Z					
808	RECORD THE TIME	HOUR <table border="1" data-bbox="1169 819 1241 882" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES					

INTERVIEWER'S COMMENTS

EDITOR'S COMMENTS

MONGOLIAN REPRODUCTIVE HEALTH SURVEY 1998

HUSBAND'S QUESTIONNAIRE

CLUSTER NUMBER	<input type="text"/>
AIMAG	<input type="text"/>
SOM	<input type="text"/>
BAG	<input type="text"/>
HOUSEHOLD NUMBER	<input type="text"/>
AREA*	<input type="text"/>
NAME AND LINE NUMBER OF MAN	<input type="text"/>
NAME AND LINE NUMBER OF WIFE	<input type="text"/>

*** AREA CODES :**

1. ULAANBAATAR	3. SOM CENTER
2. AIMAG CENTER	4. REMOTE RURAL

INTERVIEW VISIT		
FIRST	SECOND	FINAL
DAY <input style="width: 40px;" type="text"/>	DAY <input style="width: 40px;" type="text"/>	DAY <input style="width: 40px;" type="text"/>
MONTH <input style="width: 40px;" type="text"/>	MONTH <input style="width: 40px;" type="text"/>	MONTH <input style="width: 40px;" type="text"/>
RESULTS ** <input style="width: 30px;" type="text"/>	RESULTS ** <input style="width: 30px;" type="text"/>	RESULTS ** <input style="width: 30px;" type="text"/>
TOTAL NUMBER OF VISITS <input style="width: 40px;" type="text"/>		

**** RESULTS CODES**

1. COMPLETED	4. REFUSED	7. OTHER _____
2. NOT AT HOME	5. PARTLY COMPLETED	(SPECIFY)
3. POSTPONED	6. INCAPACITATED	

INTERVIEWER'S NAME/CODE	<input type="text"/>
SUPERVISER 'S NAME/CODE	<input type="text"/>
FIELD EDITOR	<input type="text"/>
KEYED BY	<input type="text"/>

SECTION 1. RESPONDENT'S BACKGROUND

No.	Questions and Filters	Coding Categories	Skip to
100	RECORD THE TIME	HOUR MINUTES	<input type="text"/> <input type="text"/>
101	In what month and year were you born ?	MONTH <input type="text"/> DON'T KNOW 98 YEAR 19 <input type="text"/> DON'T KNOW 98	
102	How old are you ? (AGE IN COMPLETED YEARS)	AGE <input type="text"/>	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS <input type="text"/> ALWAYS 95 VISITOR 96	105
104	Just before you moved here, did you live in a city, in an aimag center, in a som, or in the countryside?	CITY 1 AIMAG CENTER 2 SOM CENTER 3 COUNTRYSIDE 4	
105	Have you ever attended school ?	YES 1 NO 2	107
106	What was the highest level of school you completed ?	GRADE 1-3 1 GRADE 4-8 2 GRADE 9-10 3 PROFESSIONAL SCHOOL 4 HIGHER 5	108A
107	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	108B
108A	Do you usually read a newspaper at least once a week ?	YES 1 NO 2	
108B	Do you usually listen to the radio at least once a week ?	YES 1 NO 2	
108C	Do you usually watch TV at least once a week ?	YES 1 NO 2	

No.	Questions and Filters	Coding Categories	Skip to
109	What is your religion ?	ATHEIST 1 BUDDHIST 2 MUSLIM 3 PROTESTANT/CHRISTIAN 4 OTHER 5 (SPECIFY)	
110	What is your occupation, that is, what kind of work do you mainly do ?	DESCRIBE: _____ _____ _____ _____	
111	Have you done any work in the last 12 months?	YES 1 NO 2	113
112	In which sector of the economy do you work?	SELF EMPLOYMENT 1 PUBLIC SECTOR 2 PRIVATE SECTOR 3 NON-GOVERNMENTAL ORGANIZATION 4	
113	Do you smoke cigarettes ? IF YES : About how many cigarettes do you usually smoke a day?	DO NOT SMOKE 00 NUMBER 96 OR MORE 96 DON'T KNOW 98	115
114	At what age did you start smoking ?	AGE _____	
115	Do you drink alcoholic beverages ? If yes: How many days each week ?	NO 1 1-3 TIMES PER WEEK 2 4 AND ABOVE PER WEEK 3	200
116	At what age did you start ?	AGE _____	

SECTION 2. REPRODUCTION

No.	Questions and Filters	Coding Categories	Skip to
200	Now I would like to ask about your children. I am interested only in the children that are biologically yours. Have you ever had children?	YES 1 NO 2	300
201	How many children did you ever have ?	NUMBER <input type="text"/> <input type="text"/>	
202	In what month and year was your last child born ?	YEAR 19 <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>	
203	When your wife was expecting your last born child , did you want to have the child then, did you want to wait until later, or did you not want to have any (more) children at all ?	THEN 1 LATER 2 NOT AT ALL 3	

SECTION 3. CONTRACEPTION

300 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.

No.	Questions and Filters	Coding Categories	Skip to
301	Have you or your partner ever used anything or tried in any way to delay or avoid getting her pregnant?	YES 1 NO 2	306
302	Are you or your wife/partner doing something or using a method to delay or avoid a pregnancy ?	YES 1 NO 2	304
303	Which method are you using ?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY)	308
304	What is the main reason you are not using a method of contraception to avoid pregnancy ?	FERTILITY- RELATED REASONS NOT HAVING SEX 21 INFREQUENT SEX 22 WIFE MENOPAUSAL/HYSTERECTOMY 23 WIFE SUBFECUND/INFECUND 24 POSTPARTUM/BREASTFEEDING 25 WANTS (MORE) CHILDREN 26 WIFE PREGNANT 27 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD -RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 REDUCES SEXUAL PLEASURE 56 UP TO THE WOMAN TO USE 61 OTHER 96 (SPECIFY) DON'T KNOW 98	
305	Do you think you will use method to delay or avoid pregnancy within the next 12 months ?	YES 1 NO 2 DON'T KNOW 8	307

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Skip to															
306	Do you think you will use a method at any time in the future?	YES 1 NO 2 DONT KNOW 8	308															
307	Which method would you prefer to use ?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 CONDOM 06 FEMALE STERILIZATION 07 MALE STERILIZATION 08 PERIODIC ABSTINENCE 09 WITHDRAWAL 10 OTHER 96 (SPECIFY) UNSURE 98																
308	<p>CHECK: Q 201</p> <p>Has children <input type="checkbox"/> No children <input type="checkbox"/></p> <p>If you could go back to the time when you had no children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	NUMBER OF CHILDREN <input type="text"/> <input type="text"/> OTHER _____ _____ _____ _____																
309	Would you say that you approve or disapprove of couples using a method to avoid pregnancy ?	APPROVE 1 DISAPPROVE 2 DONT KNOW 8																
310	In the last month, have you heard or seen a message about family planning on: the radio? the television? newspaper or magazine? a poster or billboard?	<table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>THE RADIO?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>THE TELEVISION?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>A POSTER OR BILLBOARD?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	THE RADIO?	1	2	THE TELEVISION?	1	2	NEWSPAPER OR MAGAZINE?	1	2	A POSTER OR BILLBOARD?	1	2	
	YES	NO																
THE RADIO?	1	2																
THE TELEVISION?	1	2																
NEWSPAPER OR MAGAZINE?	1	2																
A POSTER OR BILLBOARD?	1	2																
311	In the last few months have you discussed family planning with your friends, neighbors, or relatives?	YES 1 NO 2	313															
312	With whom did you discuss ? With anyone else?	WIFE/PARTNER A PARENT B SISTERS/BROTHERS C DAUGHTER D MOTHER - IN - LAW E NEIGHBORS F OTHER X (SPECIFY)																

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	Skip to
313	Now I would like to ask your wife's/partner's attitude about family planning. Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DONT KNOW 8	
314	Have you and your wife/partner ever discussed the number of children you would like to have? (IF YES :) How often ?	NEVER DISCUSSED 1 ONE OR TWO TIMES 2 OFTEN 3	
315	Do you think that your wife/partner wants the same number of children that you want , or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DONT KNOW 8	
316	Women can have an operation to avoid having any more children. This is called sterilization . Have you ever heard of this?	YES 1 NO 2	319
317	Do you approve of a woman having a sterilization operation, or do you disapprove, or doesn't it matter to you?	APPROVE 1 DISAPPROVE 2 DOESN'T MATTER 3	319 319
318	Why do you disapprove?	WANTS CHILDREN 01 RELIGIOUS REASONS 02 NOT NATURAL (NORMAL) 03 NOT HEALTHY 04 FEAR OF SIDE EFFECTS 05 COSTS TOO MUCH 06 PARTNER DISAPPROVES 07 REDUCES SEXUAL DRIVE 08 OTHER 96 (SPECIFY) DONT KNOW 98	
319	Men can also have an operation to avoid getting women pregnant. This is called vasectomy. Have you ever heard of this?	YES 1 NO 2	400
320	Do you approve of a men having a vasectomy, or do you disapprove, or doesn't it matter to you?	APPROVE 1 DISAPPROVE 2 DOESN'T MATTER 3	400 400
321	Why do you disapprove?	WANTS CHILDREN 01 RELIGIOUS REASONS 02 NOT NATURAL (NORMAL) 03 NOT HEALTHY 04 FEAR OF SIDE EFFECTS 05 COSTS TOO MUCH 06 PARTNER DISAPPROVES 07 REDUCES SEXUAL DRIVE 08 CASTRATION COMPLEX 09 OTHER 96 (SPECIFY) DONT KNOW 98	

SECTION 4. AIDS

No.	Questions and Filters	Coding Categories	Skip to
400	Have you ever heard of an illness called AIDS ?	YES 1 NO 2	408
401	From which sources of information have you learned most about AIDS ? Any other sources ? RECORD ALL MENTIONED.	RADIO A TV B NEWSPAPERS/MAGAZINES C PAMPHLETS/POSTERS D HEALTH WORKERS E MOSQUES/CHURCHES F SCHOOLS/TEACHERS G COMMUNITY MEETINGS H FRIENDS/RELATIVES I WORK PLACE J OTHER X (SPECIFY)	
402	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS ?	YES 1 NO 2 DON'T KNOW 8	404
403	What can a person do ? Any other ways ? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B HAVE ONLY ONE SEX PARTNER C AVOID SEX WITH PROSTITUTES D AVOID SEX HOMOSEXUALS E AVOID BLOOD TRANSFUSIONS F AVOID INJECTIONS G AVOID KISSING H AVOID MOSQUITO BITES I SEEK PROTECTION FROM TRADITIONAL HEALER J OTHER X (SPECIFY) DON'T KNOW Z	
404	Is it possible for a healthy-looking person to have the AIDS virus ?	YES 1 NO 2 DON'T KNOW 8	
405	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease ?	ALMOST NEVER 1 SOMETIMES 2 ALMOST ALWAYS 3 DON'T KNOW 8	

RHS-3

page 9

No.	Questions and Filters	Coding Categories	Skip to				
406	Do you think your chances of getting AIDS are small, moderate, great or no risk at all?	SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 DONT KNOW 8					
407	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior ? IF YES, PROBE: In what way ? RECORD ALL MENTIONED.	STOPPED ALL SEX A START ED USING CONDOMS B RESTRICTED SEX TO ONE PARTNER C REDUCED NUMBER OF PARTNERS D OTHER X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR Y DONT KNOW Z					
408	RECORD THE TIME	HOUR <table border="1" data-bbox="1174 853 1246 916" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES					

INTERVIEWER'S COMMENTS

EDITOR'S COMMENTS
