

MONGOLIAN REPRODUCTIVE HEALTH SURVEY 2003

HOUSEHOLD QUESTIONNAIRE

CLUSTER NUMBER	□ □ □
AIMAG	□ □
SOUM	□ □
BAGH	□ □
HOUSEHOLD NUMBER	□ □
AREA*	□
HEAD OF HOUSEHOLD	
* AREA CODES :	
1. Ulaanbaatar 2. Aimag center 3. Soum center 4. Remote rural	

Total number of persons in the list	□ □
Total number of 15-49 aged women	□
Total number of husbands	□
INTERVIEWER'S NAME/CODE	
SUPERVISER 'S NAME/CODE	□ □
FIELD EDITOR	□ □
KEYED BY	□ □

Interview visit

First	Second	Final
Day	Day	Day
Month	Month	Month
Results**	Results**	Results**
Total number of visits		

**Results codes

Completed	1	Refused	5
No household members at home or no competent respondent at home at time of visit	2	Dwelling vacant or address not a dwelling	6
Entire household absent for extended period	3	Dwelling destroyed	7
Postponed	4	Dwelling not found	8
		Other _____	9
		(specify)	

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 OUTSIDE OF TABLE	Does (NAME) usually live here ? YES=1 NO=2	Did (NAME) stay here last night ? YES=1 NO=2	SEX Is (NAME) male or female ? MALE=1 FEMALE=2	YEAR BIRTH In what year was (NAME) born?	AGE How old is (NAME) ? (COMPLETE YEAR) CHECK	EDUCATION			15 YEARS AND OVER What (NAME'S) current marital status? SEE OUTSIDE OF TABLE	Circle line No. for persons eligible for individual interview	Write line No. for eligible husbands for individual interview
								6 YEARS AND OVER		AGES 6-24			
								Has he/she ever been to school? YES=1 NO=2	What is the highest level he/she attained? SEE OUTSIDE OF TABLE	Is (NAME) still in school? YES=1 NO=2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	01	
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	02	
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	03	
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	04	
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	05	
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	06	
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	07	
08		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	08	
09		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	09	
10		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	10	
11		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	11	
12		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	12	
13		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	13	
14		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	14	
15		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	<input type="text"/>	1 2	<input type="checkbox"/>	1 2	<input type="checkbox"/>	15	

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
- Grade 1-3 1
- Grade 4-8 2
- Grade 9-10 3
- Professional School 4
- Higher 5
- 8

Codes 12

- Marital status
- Single 1
- Married 2
- Separated 3
- Divorced 4
- Widowed 5
- Living together 6
- DK 8

Total number of eligible women aged 15-49

Total number of eligible husbands for individual interview

No.	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 OTHER 7 (SPECIFY)	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 able to have a bath 1 ATTACHED not able to have a bath 2 SEPARATE 3	
23	Where is your toilet located	INSIDE APARTMENT/HOUSE 1 OUTSIDE APARTMENT/HOUSE 2	
24	Does your household use electricity?	YES 1 NO 2	26
25	What kind of electricity supply do you have in your household?	CENTRAL 1 DIESEL ONLY 2 DIESEL AND GENERATOR 3 GENERATOR 4	
26	What is the main source of drinking water for members of your household?	CENTRAL / PIPED 1 LOCAL 2 WELL 3 SPRING WATER/ MINERAL SPRING 4 RIVER/SNOW/RAINWATER 5	
27	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 DON'T KNOW 8 TIME (minutes) <input type="text"/> <input type="text"/> <input type="text"/> 16 HOURS OR MORE 960 DON'T KNOW 998	

No.	Questions	Coding Categories	Skip to
28	What is the monthly average income per person of your household? (In tugricks)	NO INCOME 1 LESS THAN 8500 2 8501-21250 3 21251-31875 4 31876-42500 5 42501-53125 6 MORE THAN 53126 8 DON'T KNOW 8	
29	Does your household income enough for average consumption?	YES 1 NO 2 DON'T KNOW 8	
30	Did your household buy goods which cost more than 50 000 tugricks, for the last month?	YES 1 NO 2 DON'T KNOW 8	
31	Can you make savings?	YES 1 NO 2	
32	Does your household have any debt?	YES 1 NO 2	
33	How can you get a large amount of money when your household needs?	SAVING 1 LOAN 2 DONATION 3 SELLING OWN PROPERTY 4 NONE 5 OTHER 6	
34	The monthly average income per person of this household as an interviewer observes	<div style="border: 1px solid black; padding: 2px; text-align: center; margin-bottom: 5px;"> Only interviewers will fill out this section </div> NO INCOME 1 LESS THAN 8500 2 8501-21250 3 21251-31875 4 31876-42500 5 42501-53125 6 MORE THAN 53126 7 DON'T KNOW 8	

MONGOLIAN REPRODUCTIVE HEALTH SURVEY 2003

INDIVIDUAL QUESTIONNAIRE

CLUSTER NUMBER	Code		<input type="text"/>	<input type="text"/>	<input type="text"/>
AIMAG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
SOUM, DUUREG	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
BAGH/KHOROO	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
HOUSEHOLD NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
AREA*	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
NAME AND LINE NUMBER OF WOMAN	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
HUSBAND'S INTERVIEW ATTEMPTED	YES=1	NO=2	<input type="text"/>	<input type="text"/>	
* AREA CODES :					
1. ULAANBAATAR	2. AIMAG CENTER	3. SOUM 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	4. REFUSED	7. OTHER _____			
2. NOT AT HOME	5. PARTLY COMPLETED	(SPECIFY)			
3. POSTPONED	6. INCAPACITATED				

INTERVIEWER'S NAME/CODE	<input type="text"/>	<input type="text"/>
SUPERVISER 'S NAME/CODE	<input type="text"/>	<input type="text"/>
FIELD EDITOR	<input type="text"/>	<input type="text"/>
KEYED BY	<input type="text"/>	<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?	YEAR 19 <input type="text"/> <input type="text"/> DON'T KNOW 98 MONTH <input type="text"/> <input type="text"/> DON'T 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 soum, or in the countryside?	CITY 1 AIMAG CENTER 2 SOUM 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	Are you literate?	LITERTATE 1 ILLETARATE 2	
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
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) DON'T KNOW 98	

No.	Questions and Filters	Coding Categories	Skip to
111	CHECK: Q106 AND Q107 LITERATE <input type="checkbox"/>	ILLETARATE <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	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	116
113	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
114	CHECK :113 MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON' T KNOW 99 98 MONTH <input type="text"/> <input type="text"/> DON' T KNOW 98	
115	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
116	Do you usually go to doctor to have medical check-up to prevent from any kind of diseases?	ONCE A QUARTER 1 ONCE A YEAR 2 ONCE A 2-YEAR PERIOD 3 NONE 4 WHEN SICK 5	
117	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 ? CHECK: Q200	YES 1 NO 2 →	203								
202	How many sons live with you now? How many daughters live with you now?	A. 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> B. DAUGHTERS 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>									
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 ?	A. 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> B. DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
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 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
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>									
208A	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										
208B	CHECK: 207 ONE OR MORE LIVE BIRTHS <input type="checkbox"/> NO LIVE BIRTHS <input type="checkbox"/> → 210A										
209	At what age did you give a birth to your first child?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
210A	Are you pregnant now?	YES 1 NO 2 UNSURE 8 →	212								
210B	How many months are you pregnant?	MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>									
211	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									

212	At what age did your first menstrual period start?	<table border="0"> <tr> <td>AGE</td> <td></td> <td><input type="text"/></td> <td><input type="text"/></td> <td></td> </tr> <tr> <td>NEVER MENSTRUATED</td> <td></td> <td></td> <td></td> <td>96</td> </tr> <tr> <td>DON'T KNOW</td> <td></td> <td></td> <td></td> <td>98</td> </tr> </table>	AGE		<input type="text"/>	<input type="text"/>		NEVER MENSTRUATED				96	DON'T KNOW				98	300																	
AGE		<input type="text"/>	<input type="text"/>																																
NEVER MENSTRUATED				96																															
DON'T KNOW				98																															
213	Before having your first menstrual period, from whom did you learn about menstruation?	<table border="0"> <tr><td>NO ONE</td><td>00</td></tr> <tr><td>PARENTS</td><td>01</td></tr> <tr><td>SISTER</td><td>02</td></tr> <tr><td>RELATIVES</td><td>03</td></tr> <tr><td>FRIENDS</td><td>04</td></tr> <tr><td>DOCTOR</td><td>05</td></tr> <tr><td>TEACHER</td><td>06</td></tr> <tr><td>MASS MEDIA</td><td>07</td></tr> <tr><td>OTHER</td><td>96</td></tr> <tr><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> </table>	NO ONE	00	PARENTS	01	SISTER	02	RELATIVES	03	FRIENDS	04	DOCTOR	05	TEACHER	06	MASS MEDIA	07	OTHER	96	(SPECIFY)														
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MASS MEDIA	07																																		
OTHER	96																																		
(SPECIFY)																																			
214	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?	<table border="0"> <tr><td>YES</td><td>1</td></tr> <tr><td>NO</td><td>2</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </table>	YES	1	NO	2	DON'T KNOW	8	216																										
YES	1																																		
NO	2																																		
DON'T KNOW	8																																		
215	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	<table border="0"> <tr><td>ANY DAY OF THE CYCLE</td><td>1</td></tr> <tr><td>RIGHT AFTER HER PERIOD HAS ENDED</td><td>2</td></tr> <tr><td>IN THE MIDDLE OF THE CYCLE</td><td>3</td></tr> <tr><td>JUST BEFORE HER PERIOD BEGINS</td><td>4</td></tr> <tr><td>DON'T KNOW</td><td>8</td></tr> </table>	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																							
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IN THE MIDDLE OF THE CYCLE	3																																		
JUST BEFORE HER PERIOD BEGINS	4																																		
DON'T KNOW	8																																		
216	<p>When did your last menstrual period start?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<table border="0"> <tr> <td>DAYS AGO</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS AGO</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS AGO</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS AGO</td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr><td colspan="4"> </td></tr> <tr> <td>WOMB REMOVED</td> <td></td> <td></td> <td>993</td> </tr> <tr> <td>IN MENOPAUSE</td> <td></td> <td></td> <td>994</td> </tr> <tr> <td>BEFORE LAST BIRTH</td> <td></td> <td></td> <td>995</td> </tr> </table>	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	
DAYS AGO	1	<input type="text"/>	<input type="text"/>																																
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YEARS AGO	4	<input type="text"/>	<input type="text"/>																																
WOMB REMOVED			993																																
IN MENOPAUSE			994																																
BEFORE LAST BIRTH			995																																

SECTION 3A. PREGNANCY, BIRTH AND BREASTFEEDING FOR LAST FIVE YEARS

300	<p>CHECK Q 207</p> <p>ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/></p>	350
<p>301A HAVE YOU GIVEN BIRTHS SINCE JANUARY 1, 1998?</p>		<p>YES 1</p> <p>NO 2 → 350</p>

301B ENTER THE LINE NUMBER, NAME, SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1998 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.)

ENTER NUMBER OF BIRTHS SINCE JANUARY, 1998

302	Please tell me names of all children born since January 1, 1998? Begin with the last birth.	LAST BIRTH 1 NAME _____	NEXT TO LAST BIRTH 2 NAME _____	SECOND FROM LAST BIRTH- 3 NAME _____
303	Is (NAME) twin or not?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
304	Is (NAME) boy or girl?	BOY 1 SON 2	BOY 1 SON 2	BOY 1 SON 2
305	When (NAME) was born?	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>	YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/>
306	Is (NAME) alive now?	YES 1 SKIP TO 308 ← NO 2	YES 1 SKIP TO 308 ← NO 2	YES 1 SKIP TO 308 ← NO 2
307	How old (NAME) was when he died?	YEAR 1 <input type="text"/> <input type="text"/> MONTH 2 <input type="text"/> <input type="text"/> DAY 3 <input type="text"/> <input type="text"/>	YEAR 1 <input type="text"/> <input type="text"/> MONTH 2 <input type="text"/> <input type="text"/> DAY 3 <input type="text"/> <input type="text"/>	YEAR 1 <input type="text"/> <input type="text"/> MONTH 2 <input type="text"/> <input type="text"/> DAY 3 <input type="text"/> <input type="text"/>
308	At the time you became pregnant did you want to give a birth to (NAME)?	WANTED 1 LATER 2 DID NOT WANT 3	WANTED 1 LATER 2 DID NOT WANT 3	WANTED 1 LATER 2 DID NOT WANT 3

		LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH- NAME
309	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 FAMILY DOCTOR D BAGH FELDSHER E FELDSHER F MEDICAL ASSISTANT G OTHER X (SPECIFY) NO ONE Y SKIP TO 311C ←	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C FAMILY DOCTOR D BAGH FELDSHER E FELDSHER F MEDICAL ASSISTANT G OTHER X (SPECIFY) NO ONE Y SKIP TO 315A ←	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C FAMILY DOCTOR D BAGH FELDSHER E FELDSHER F MEDICAL ASSISTANT G OTHER X (SPECIFY) NO ONE Y SKIP TO 315A ←
310	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)
311A	How many months pregnant were you when you received antenatal care at first time?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 SKIP TO 315A ←	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 SKIP TO 315A ←
311B	How many times did you receive antenatal care?	NUMBER <input type="text"/> <input type="text"/>		
311C	Check: Q112 Marital status	MARRIED L. TOGETHER <input type="checkbox"/> ↓ NEVER MARRIED SEPARATED DIVORCED WIDOWED <input type="checkbox"/> SKIP TO 313A		
312	Did your husband/partner go along with you to health center when you were pregnant?	YES 1 NO 2 DON'T REMEMBER 8		
313A	Did you have any complications during this pregnancy?	YES 1 NO 2 SKIP TO 313K ←		

		LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH- NAME
So you had complications in carrying this pregnancy. Please tell me the complications you had?				
313B	Did you have vaginal bleeding?	YES 1 NO 2 SKIP TO 313D ←		
313C	How many months of pregnant you had been at that time?	MONTHS <input type="text"/>		
313D	Did you have headache and feel dizzy?	YES 1 NO 2 SKIP TO 313F ←		
313E	Did you have convulsions or fits?	YES 1 NO 2		
313F	Did you have face swelling?	YES 1 NO 2 SKIP TO 313H ←		
313G	How many months pregnant you had been at that time?	MONTHS <input type="text"/>		
313H	Did you have premature rupture membrane?	YES 1 NO 2 SKIP TO 313J ←		
313I	How many months pregnant you had been at that time?	MONTHS <input type="text"/>		
313J	Did you get any assistance from a doctor/health worker when you had the complications?	YES 1 NO 2		
313K	When you were pregnant with (NAME) did you have any co-existing diseases? READ LIST	YES NO HEART DISEASE 1 2 KIDNEY DISEASE 1 2 LIVER DISEASE/DISORDER OF GALL BLADDER 1 2 LUNG DISEASE 1 2 DISEASE OF DIGESTIVE APPARATUS 1 2 NERVOUS DISEASE 1 2		

		LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH- NAME
314A	Did you receive iron pills anti anemia when you were pregnant with (NAME)?	YES 1 NO 2 SKIP TO 315A ←		
314B	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		
315A	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
315B	Where did you give birth to NAME? Ulaanbaatar Maternity home No 1, 2, 3 and MCHRC	H. CENTER (CITY) 1 H. CENTER (AIMAG) 2 CLINIC (SOUM) 3 PRIVATE HOSPITAL 4 HOME/OTHER HOME 5 OTHER 6 (SPECIFY)	H. CENTER (CITY) 1 H. CENTER (AIMAG) 2 CLINIC (SOM) 3 PRIVATE HOSPITAL 4 HOME/OTHER HOME 5 OTHER 6 (SPECIFY)	H. CENTER (CITY) 1 H. CENTER (AIMAG) 2 CLINIC (SOM) 3 PRIVATE HOSPITAL 4 HOME/OTHER HOME 5 OTHER 6 (SPECIFY)
315C	Who assisted with the delivery of (NAME)?	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C FELDSHER D MEDICAL ASSISTANT E OTHER X (SPECIFY) NO ONE Y	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C FELDSHER D MEDICAL ASSISTANT E OTHER X (SPECIFY) NO ONE Y	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C FELDSHER D MEDICAL ASSISTANT E OTHER X (SPECIFY) NO ONE Y
316	Was (NAME) delivered by caesarean section?	YES 1 SKIP TO 318 ← NO 2	YES 1 SKIP TO 318 ← NO 2	YES 1 SKIP TO 318 ← NO 2
317A	At the time of the birth of (NAME), did you have injection to intensify the birth?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
317B	Prolonged contractions lasting for more than 12 hours?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
317C	A lot more vaginal bleeding than normal following childbirth ?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
317D	Did you have blood and blood substituting solution at that time?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

		LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH- NAME
317E	Did you have high blood pressure, convulsions and fits?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
318	Was (NAME) born on time or prematurely or post date?	ON TIME 1 PREMATURELY 2 POST DATE 3 DON'T KNOW 8	ON TIME 1 PREMATURELY 2 POST DATE 3 DON'T KNOW 8	ON TIME 1 PREMATURELY 2 POST DATE 3 DON'T KNOW 8
319	How much did (NAME) weigh? Record weight from health card, IF AVAILABLE	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 GRAMMS NOT WEIGHED 3 GRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 GRAMMS NOT WEIGHED 3 GRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 SKIP TO 322 ←	GRAMS FROM CARD 1 GRAMS FROM RECALL 2 GRAMMS NOT WEIGHED 3 GRAMS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 9998 SKIP TO 322 ←
320A	Did doctor give you advice after you delivered (NAME), within 42 days?	YES 1 NO 2 SKIP TO 321 ←		
320B	What kind of advice did you get? STD=Sexually Transmitted Disease	YES NO Breastfeeding 1 2 Neonatal care 1 2 Family planning 1 2 STD 1 2		
321	Has your period returned since the birth of (NAME)?	YES 1 SKIP TO 323 ← NO 2 SKIP TO 324 ←		
322	Did your period return between the birth of (NAME) and the next pregnancy?		YES 1 NO 2 (SKIP TO 326) ↓	YES 1 NO 2 (SKIP TO 326) ↓
323	For how many months after the birth of (NAME) did you not have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 (SKIP TO 326) ←	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 (SKIP TO 326) ←	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 (SKIP TO 326) ←
324	CHECK :Q. 209 RESPONDENT PREGNANT?	Not pregnant <input type="checkbox"/> Pregnant or unsure <input type="checkbox"/> SKIP TO 326 ←		
325	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 SKIP TO 327 ←		

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH- NAME _____
326	How many months after the birth of (NAME) did you resume sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
327	Did you ever breastfeed (NAME)?	YES 1 SKIP TO 329 ← NO 2	YES 1 SKIP TO 333 ← NO 2	YES 1 SKIP TO 333 ← NO 2
328	Why did you not breastfeed (NAME)? CHECK: Q.306. IF CHILD IS DIED, RECORD "01"	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 335A ←	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 335C ←	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 335C ←
329	When did you start breastfeeding (NAME) after giving a birth?	30 MINUTES 1 30-60 MINUTES 2 24 HOURS 3 MORE THAN 24 HOURS 4 DON'T REMEMBER 8		
330	CHECK: Q. 306 CHILD ALIVE?	ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> SKIP TO 333A		
331A	Are you still breastfeeding (NAME) ?	YES 1 NO 2 SKIP TO 333A ←		
331B	Are you still feeding (NAME) only by breastmilk?	YES 1 SKIP TO 334A ← NO 2		
332	At any time yesterday was (NAME) given any of the following in addition to breast milk ? A. Plain water ? B. Tinned or fresh milk ? C. Any other liquids ? D. Any solid or mushy food ?	YES NO DK 1 2 8 1 2 8 1 2 8 1 2 8 SKIP TO 334A ←		

		LAST BIRTH NAME	NEXT TO LAST BIRTH NAME	SECOND FROM LAST BIRTH- NAME
333A	How many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
333B	Why did you stop breastfeeding (NAME)? Check: Q.306 IF THE CHILD IS DIED, RECORD "01".	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 (SPECIFY)	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 (SPECIFY)	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 (SPECIFY)
334A	CHECK: Q. 305 AGE	MORE THAN 6 MONTHS <input type="checkbox"/> LESS THAN 6 MONTHS <input type="checkbox"/> SKIP TO 335A ←	MORE THAN 6 MONTHS <input type="checkbox"/> LESS THAN 6 MONTHS <input type="checkbox"/> SKIP TO 335C ←	MORE THAN 6 MONTHS <input type="checkbox"/> LESS THAN 6 MONTHS <input type="checkbox"/> SKIP TO 335C ←
	CHECK: Q. 333A MONTHS BREASTFED	MORE THAN 6 MONTHS <input type="checkbox"/> LESS THAN 6 MONTHS <input type="checkbox"/> SKIP TO 335A ←		
334B	Did you feed (NAME) only by breastmilk for first 6 months after the birth?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
335A	Did you receive pregnancy and maternity allowance for delivering "NAME"?	YES 1 NO 2		
335B	Did you receive child care allowance for delivering "NAME"?	YES 1 NO 2		

SECTION 3B. CHILD HEALTH

		LAST BIRTH 1	NEXT TO LAST BIRTH 2	SECOND FROM LAST BIRTH- 3
335	FROM Q.302B AND Q.306C	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (CHECK Q. 306 OR, IF NO MORE BIRTHS, ↓ GO TO 350)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (CHECK Q. 306 OR, IF NO MORE BIRTHS, ↓ GO TO 350)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (CHECK Q. 306 OR, IF NO MORE BIRTHS, ↓ GO TO 350)
336	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
337	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES 1 NO 2 SKIP TO 339 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 339 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 339 ← DON'T KNOW 8
338	When (NAME) was ill with a cough did he/she breathe more rapidly than usual with short, rapid breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
339	Did you seek advice or treatment for the cough?	YES 1 NO 2 SKIP TO 341 ←	YES 1 NO 2 SKIP TO 341 ←	YES 1 NO 2 SKIP TO 341 ←
340	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)
341	Has (NAME) had diarrhea in the last two weeks?	YES 1 NO 2 SKIP TO 343 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 343 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 343 ← DON'T KNOW 8
342	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
343	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8

		LAST BIRTH NAME _____	NEXT TO LAST BIRTH NAME _____	SECOND FROM LAST BIRTH- NAME _____
344	Was anything given to treat the diarrhea?	YES 1 NO 2 SKIP TO 346 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 346 ← DON'T KNOW 8	YES 1 NO 2 SKIP TO 346 ← DON'T KNOW 8
345	What was given to treat the diarrhea? Anything else? O.R.S=Oral Rehydration Solution Solution=All kind of liquids home made RECORD ALL MENTIONED	O.R.S A PILL (antibiotics) B INJECTION C SOLUTION D (I.V.) INTRAVENOUS E HOME REMEDIES/HERBAL MEDICINES F OTHER X (SPECIFY)	O.R.S A PILL (antibiotics) B INJECTION C SOLUTION D (I.V.) INTRAVENOUS E HOME REMEDIES/HERBAL MEDICINES F OTHER X (SPECIFY)	O.R.S A PILL (antibiotics) B INJECTION C SOLUTION D (I.V.) INTRAVENOUS E HOME REMEDIES/HERBAL MEDICINES F OTHER X (SPECIFY)
346	Did you seek advice or treatment for the diarrhea?	YES 1 NO 2 SKIP TO 348 ←	YES 1 NO 2 SKIP TO 348 ←	YES 1 NO 2 SKIP TO 348 ←
347	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)
348		GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350	GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350	GO BACK TO 303 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 350

No.	Questions and Filters	Coding Categories	Skip to
350	So you gave (NUMBER) births for last five years. Apart from these births, did you get pregnant ending with abortion, still birth and miscarriage?	YES 1 NO 2 →	400
351	In the last five years, how many abortion, still birth and miscarriage did you have? If no abortion SKIP TO 400.	MISCARRIAGE 1 STILL BIRTH 2 ABORTION 3 <div style="display: inline-block; vertical-align: middle; margin-left: 20px;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div>	400
352	Please tell me the reason you had the last abortion? Heath concern=Doctors'counseling	OLD ENOUGH 1 NOT ABLE TO HAVE A CHILDREN 2 HAVE ENOUGH CHILDREN 3 FINANCIAL PROBLEM 4 FAILED TO USE CONTRACEPTIVE 5 HEALTH CONCERN 6 OTHER 7 <p style="text-align: center;">(SPECIFY)</p>	
353	How old were you when you had the last abortion?(in completed years)	AGE <input type="text"/> <input type="text"/> DON'T KNOW 98	
354	For your last abortion, how many months of pregnant you had been at that time?	MONTHS <input type="text"/>	
355	For your last abortion, who made a decision to to have abortion? Did you make the decision alone, or did you make decision with someone, or did someone make the decision for you?	MYSELF 1 TOG. WITH HUSBAND/PARTNER 2 HUSBAND/PARTNER 3 PARENTS 4 BROTHERS/SISTERS/RELATIVES/ FRIENDS 5 DOCTOR 6 OTHER 7	
356	Where did you have the last abortion?	ULAANBAATAR, HOSPITAL 1 AIMAG CENTER, HOSPITAL 2 SOUM CENTER, HOSPITAL 3 PRIVATE HOSPITAL 4 AT HOME/OTHER HOME 5 OTHER 6 <p style="text-align: center;">(SPECIFY)</p>	
357	Who assisted you with having the last abortion?	GYNECOLOGIST A OTHER DOCTOR B PROF. MIDWIFE C OTHER WIDWIFE D MEDICAL ASSISTANT E OTHER X <p style="text-align: center;">(SPECIFY)</p> NO ONE Y	
358	For your last abortion, how much you spent for? MNT=tugrick	MNT 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NONE 2 DON'T KNOW 8	

No.	Questions and Filters	Coding Categories	Skip to
359	For your last abortion, did the doctor give you pre abortion counseling?	YES 1 NO 2	
360	How do you evaluate service quality of the last abortion you had?	SATISFACTORY 1 → UNSATISFACTORY 2	362
361	Why do you evaluate the service quality as unsatisfactory? (WRITE THE ANSWER)	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	
362	Did you have any complications after having the last abortion?	YES 1 NO 2 →	364
363	What kind of complications did you have?	TOO MUCH BLEEDING 1 TOO MUCH PAIN 2 HAD FEWER 3 HAD REPEATED CURETTAGE 4 OTHER 5 (SPECIFY)	
364A	Did the doctor give you post abortion abortion counselling after the abortion?	YES 1 NO 2 →	365A
364B	Did the doctor give you counseling on contraceptives?	YES 1 NO 2	
365A	Were you using contraceptives when you became pregnant ending with abortion? (If more than one abortion, refer to the last abortion)	YES 1 NO 2 →	366
365B	What kind of contraceptive you used when you became pregnant ending with abortion?	PILL O1 IUD O2 INJECTIONS O3 NORPLANT O4 DIAPHRAGM/FOAM/JELLY O5 MALE CONDOM O6 FEMALE CONDOM O7 FEMALE STERILIZATION O8 MALE STERILIZATION O9 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 (SPECIFY)	
366A	Did you start using contraceptive after last abortion you had?	YES 1 → NO 2	367
366B	Why do not you use contraceptive? (WRITE THE ANSWER)	_____ _____ _____ <input type="checkbox"/> <input type="checkbox"/>	

No.	Questions and Filters	Coding Categories	Skip to
367	<p>Please tell me what kind of circumstance led you to have abortion?</p> <p>Mention all answers.</p> <p>Relied on the contraceptive that a respondent was using at that time.</p>	<p>Inadequate knowledge of contraceptives 1</p> <p>Difficult to obtain contraceptives 2</p> <p>Did not want to use contraceptives 3</p> <p>Relied on the contraceptive 4</p> <p>Other 5</p> <p style="text-align: center;">(SPECIFY)</p>	
368	<p>What do you think, in what reasons, people have abortion?</p>	<p>OLD ENOUGH 1</p> <p>NOT ABLE TO HAVE A CHILD 2</p> <p>HAVE ENOUGH CHILDREN 3</p> <p>FINANCIAL PROBLEM 4</p> <p>FAILED TO USE CONTRACEPTIVE 5</p> <p>HEALTH CONCERN 6</p> <p>ABORTION IS LEGISLATED 7</p> <p>OTHER 8</p> <p style="text-align: center;">(SPECIFY)</p>	
369	<p>Do you agree with that having abortion is more convenient way than using contraceptives?</p>	<p>AGREE 1</p> <p>DON'T AGREE 2</p> <p>DON'T KNOW 8</p>	

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,

401	Which ways or methods have you heard about ?	402		402A	402B	403A	403B
		SPONTANEOUS	Have you ever heard of METHOD?				
		Yes	Yes No				
O1	PILL "Women can take a pill every day"	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____	Other _____		Other _____
O2	IUD "Women can have a loop or coil placed inside them by a doctor or nurse".	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____	Other _____		Other _____
O3	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	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____	Other _____		Other _____
O4	NORPLANT/IMPLANT "Women can get 6 rods under the skin in the upper arm to prevent pregnancy"	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____	Other _____		Other _____
O5	DIAPHRAGM/FOAM/JELLY "Women can place a tissue or a diaphragm or cream in the vagina before intercourse".	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____	Other _____		Other _____
O6	MALE CONDOM "Men can use a rubber sheath sexual intercourse".	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____	Other _____		Other _____
O7	FEMALE CONDOM "Women can use a rubber sheath during sexual intercourse".	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____	Other _____		Other _____
O8	FEMALE STERILIZATION "Women can have an operation to avoid having any more children".	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____	Other _____		Other _____
O9	MALE STERILIZATION "Men can have an operation to avoid having any more children".	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____	Other _____		Other _____
O10	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	<input type="checkbox"/> <input type="checkbox"/>		YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____			Other _____
O11	WITHDRAWAL "Men can be careful and pull out before climax".	1	2	<input type="checkbox"/> <input type="checkbox"/>		YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____			Other _____
O12	Have you heard of any other ways or methods that women or men use to avoid pregnancy ?	1	2	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	YES 1 NO 2	<input type="checkbox"/> <input type="checkbox"/>
			3 ↓	Other _____	Other _____		Other _____
404	CHECK Q.403A:		NOT A SINGLE "YES" <input type="checkbox"/>	AT LEAST ONE "YES" <input type="checkbox"/>		SKIP TO 406 <input type="checkbox"/>	

Coding categories 402A		Coding categories 402B		Coding categories 403B	
MEDICAL WORKERS	01	PUBLIC HOSPITAL	01	NONE	01
HUSBAND/PARTNER	02	PRIVATE HOSPITAL	02	HUSBAND DISAPPROVES	02
FRIENDS	03	PHARMACY	03	LACK OF ACCESSIBILITY/TOO FAR	03
PARENTS/RELATIVES	04	FAMILY DOCTOR	04	COST TOO MUCH	04
FAMILY DOCTOR	05	BAGH FELDSHER	05	INCONVENIENT TO USE	05
BAGH FELDSHER	06	SHOP	06	HEALTH CONCERNS	06
TV, NEWSPAPER, RADIO	07	FRIENDS	07	SIDE EFFECTS	07
TRAINING, LESSON	08	PARENTS/RELATIVES	08		
ADVERTISING MATERIAL	09	RESEARCHERS	09		
RESEARCHERS	10	OTHER	96	OTHER	96
OTHER	96	(SPECIFY)		(SPECIFY)	
(SPECIFY)		DON'T KNOW	98	DON'T KNOW	98

No.	Questions and Filters	Coding Categories	Skip to
405	Have you ever used anything or tried 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 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 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"/> DONT KNOW 98	
409A	CHECK Q.210A: 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 DECLARED SHE WAS STERILIZED IN Q.403, CIRCLE CODE 08 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 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 (SPECIFY)	410A 410B 410C 412 411 410E 410F 411

410A	Do you take the pills regularly?	EVERY DAY 1 FORGET SOME DAY 2	411
410B	Do you follow doctor's instruction and get check-ups on time?	YES 1 NO 2	411
410C	Do you always use (METHOD) when you need it?	YES 1 NO 2	
410D	Is it possible to obtain (METHOD) when you need it?	YES 1 NO 2	411
410E	Can you have sexual intercourse without contraceptives on certain days of the month when the woman is more likely not to be pregnant?	YES 1 NO 2	411
410F	Does your husband/partner can manage himself to withdraw before ejaculation, every time you have sexual intercourse?	YES 1 NO 2	
411	For how many months have you been using (METHOD) 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	
413	CHECK Q.410 : PILL <input type="text"/> IUD <input type="text"/> INJECTION <input type="text"/> NORPLANT/IMPLANT <input type="text"/> DIAPHRAGM/FOAM/JELLY <input type="text"/> CONDOM <input type="text"/> FEMALE STERILIZATION <input type="text"/> MALE STERILIZATION <input type="text"/> PERIODIC ABSTINENCE <input type="text"/> WITHDRAWAL <input type="text"/> OTHER <input type="text"/>		416
414	Is there service fee or purchase cost to obtain the method? IF ANY: How much does it cost (for one time)?(tug)	PURCHASE 1 SERVICE FEE 2 NO FEE 3 TUGRUG <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
415	From whom did you get it the last time?	PUBLIC HOSPITAL 01 PRIVATE HOSPITAL 02 PHARMACY 03 FAMILY DOCTOR 04 BAGH FELDSHER 05 SHOP 06 FRIENDS 07 PARENTS/RELATIVES 08 RESEARCHER 09 OTHER 96 (SPECIFY)	
416	Do you have any problem with the method you are using now?	YES 1 NO 2	418
417	What is the main problem?	HUSBAND DISAPPROVES 01 LACK OF ACCESS/TOO FAR 02 COSTS TOO MUCH 03 INCONVENIENT TO USE 04 STERILIZED BUT WANTS CHILDREN 05 HEALTH CONCERNS 06 SIDE EFFECTS 07 OTHER 96 (SPECIFY) DONT' KNOW 98	

No.	Questions and Filters	Coding Categories	Skip to
418	What was the last method you used before the present method?	NEVER USED OTHER METHOD 00 PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 (SPECIFY)	423
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
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 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 (SPECIFY) DON'T KNOW 98	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	

No.	Questions and Filters	Coding Categories	Skip to
	Continuation of Q.422	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 54 INTERFERES WITH BODY'S 55 NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DON' T KNOW 98	
423	CHECK: Q,401 AND Q, 402 KNOWS ABOUT FEMALE STERILIZATION <input type="checkbox"/>	DOES NOT KNOW ABOUT FEMALE STERILIZATION <input type="checkbox"/>	426
424	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 →	426 426
425	Why do you disapprove?	WANTS CHILDREN 01 RELIGIOUS REASONS/TRADITION 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	
426	CHECK: Q,401 AND Q, 402 KNOWS ABOUT MALE STERILIZATION <input type="checkbox"/>	DOES NOT KNOW ABOUT MALE STERILIZATION <input type="checkbox"/>	429
427	Do you approve of a man having a vasectomy, or do you disapprove, or doesn't it matter to you?	APPROVE 1 → DISAPPROVE 2 DOESN'T MATTER 3 →	429 429
428	Why do you disapprove?	WANTS CHILDREN 01 RELIGIOUS REASONS/TRADITION 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	
429	Do you know that contraceptives are distributed without charge?	YES 1 NO 2	

SECTION 5. FERTILITY PREFERENCES

No.	Questions and filters	Coding categories	Skip to
500	<p>CHECK: Q 410 SHE NOT STERILIZED <input type="checkbox"/></p>	<p>SHE STERILIZED <input type="checkbox"/></p>	506
501	<p>CHECK: Q 210A</p> <p>Not pregnant, or unsure <input type="checkbox"/> Pregnant <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?</p> <p>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?</p>	<p>HAVE A (ANOTHER) CHILD 1</p> <p>NO MORE/NONE 2 → 505</p> <p>SAYS SHE CAN'T GET PREGNANT 3</p> <p>UNDECIDED OR DON'T KNOW 4 → 506</p>	
502	<p>How many (more) children do you want?</p>	<p>MORE CHILDREN <input type="text"/></p>	
503	<p>What is the main reason you want (more) children?</p>	<p>DOES NOT HAVE CHILDREN 1</p> <p>NOT ENOUGH CHILDREN 2</p> <p>HAVE NO SON/DAUGHTER 3</p> <p>CUSTOM OR RELIGION 4</p> <p>HUSBAND RECOMMENDS 5</p> <p>HELP FAMILY ECONOMY 6</p> <p>OTHER 7</p> <p>(SPECIFY)</p>	
504	<p>CHECK: Q 210A</p> <p>Not pregnant, unsure <input type="checkbox"/> Pregnant <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>How long would you like to wait after the birth of the child you are expecting before the birth of another child?</p>	<p>WAITING TIME</p> <p>YEARS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p> <p>SOON/NOW 993</p> <p>CAN'T GET PREGNANT 994 → 506</p> <p>AFTER MARRIAGE 995</p> <p>OTHER 996</p> <p>(SPECIFY)</p> <p>DON'T KNOW 998</p>	
505	<p>What is the main reason you don't want another child?</p>	<p>HAVE ENOUGH CHILDREN 1</p> <p>TOO OLD 2</p> <p>HEALTH 3</p> <p>UNABLE TO SUPPORT 4</p> <p>TOO BUSY 5</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	
506	<p>CHECK: Q 207</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"/></p> <p>IF NO, RECORD THE REASON</p> <p>_____</p> <p>_____</p> <p>_____</p>	

No.	Questions and filters	Coding categories	Skip to															
507	Do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE 1 DISAPPROVE 2 DON'T KNOW 8																
508	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: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>THE RADIO?</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>THE TELEVISION?</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE/BOOK?</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>A POSTER OR BILLBOARD?</td> <td style="text-align: right;">1</td> <td style="text-align: right;">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																
509	In the last month have you discussed family planning with your friends, neighbors, or relatives?	YES 1 NO 2 →	511															
510	With whom did you discuss ? With anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER A PARENT B SISTERS/BROTHERS C DAUGHTER D MOTHER - IN - LAW E FRIENDS F OTHER X (SPECIFY)																
511	CHECK Q:112 MARRIED OR <input type="checkbox"/> LIVING TOGETHER ↓	SINGLE, DIVORCED <input type="checkbox"/> SEPARATED, WIDOWED →	514															
512	Now I would like to ask your husband's attitude about family planning. Do you think your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																
513A	Have you and your husband/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																
513B	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																
514	What do you think about legislation of abortion ? Do you approve or not approve?	APPROVE 1 → DISAPPROVE 2 DON'T KNOW 8 →	516															
515	If not, why do you disapprove?	NOT HEALTHY FOR MOTHER 1 REDUCES POPULATION GROWTH 2 RELIGIOUS REASON 3 REDUCES USE OF CONTRACEPTIVE 4 IMPROVED UNSAFETY SEXUAL RELATIONSHIP 5 OTHER 6 (SPECIFY) DON'T KNOW 8																
516	Are there at least one of posters, newspapers, and magazines about RH, Contraceptives and any other family planning method at your home?	REPRODUCTIVE HEALTH A FAMILY PLANNING B CONTRACEPTIVE C OTHER X (SPECIFY) NONE Z																

SECTION 6. HUSBAND'S BACKGROUND AND WOMAN'S WORK

No.	Questions and Filters	Coding Categories	Skip to
600	CHECK Q:112 CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	SEPARATED/ DIVORCED <input type="checkbox"/> → WIDOWED/ NEVER MARRIED <input type="checkbox"/>	602 606
601A	Does your husband/partner live at home or live away from home at the moment? If no: How long has he lived live away from the home?	YES 1 LESS THAN 1 MONTH 2 1- 6 MONTHS 3 MORE THAN 6 MONTHS 4	
601B	How old is your husband/partner? (AGE IN COMPLETED YEARS)	AGE <input type="text"/> <input type="text"/>	
602	Did your (last) husband/partner ever attend school?	YES 1 NO 2 →	604A
603	What was the highest level of school he completed ?	GRADE 1-3 1 GRADE 4-8 2 GRADE 9-10 3 PROFESSIONAL SCHOOL 4 HIGHER 5 DON'T KNOW 8	
604A	Has your husband/partner done any work in the last 12 months?	YES 1 NO 2 →	605
604B	What is/was your husband/partner's usual occupation? That is, what kind of work does/did he mainly do?	DESCRIBE: _____ _____ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/>	

Now I would like to ask about you?

605	Apart from your housework, are you currently being employed and working?	YES 1 → NO 2	608A
606	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	608A
607	Have you done any work in the last 12 months?	YES 1 NO 2 →	616
608A	What is your occupation, that is, what kind of work do you mainly do ?	DESCRIBE: _____ _____ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/>	

No.	Questions and Filters	Coding Categories	Skip to
608B	In which sector of the economy do you work?	SELF EMPLOYMENT 1 PUBLIC SECTOR 2 PRIVATE SECTOR 3 NON-GOVERNMENTAL ORGANIZATION 4	
609	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 →	611 612
610	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/> <input type="text"/>	
611	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"/>	613
612	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS <input type="text"/> <input type="text"/> <input type="text"/>	
613	Do you earn cash for your work? (PROBE: Do you make money for working?)	YES 1 NO 2 →	616
614	As a result of your job, you receive salary. Do you think it is a suitable amount or not?	SUITABLE 1 NOT SUITABLE 2	
615	<p>CHECK Q: 600</p> <p>Currently married/ living with a man <input type="checkbox"/></p> <p style="margin-left: 150px;">↓</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: 150px;">Not in a union <input type="checkbox"/></p> <p style="margin-left: 150px;">↓</p> <p>Who mainly decides how the money you earn will be used: you, some- one 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	
616	Do you smoke cigarettes ?	DO SMOKE 1 DO NOT SMOKE 2 →	700
617	At what age did you start smoking ?	AGE <input type="text"/> <input type="text"/>	

SECTION 7. AIDS AND STD

No.	Questions and Filters	Coding Categories	Skip to
700	<p>Now I would like to talk to you about STD/STI?</p> <p>Have you ever heard of STD/STI?</p>	<p>YES 1</p> <p>NO 2 →</p>	707
701	<p>From which sources of information have you learned most about STD/STI ?</p> <p>Any other sources ?</p> <p>RECORD ALL MENTIONED.</p>	<p>RADIO A</p> <p>TV B</p> <p>NEWSPAPERS/MAGAZINES C</p> <p>PAMPHLETS/POSTERS D</p> <p>HEALTH WORKERS E</p> <p>MOSQUES/CHURCHES F</p> <p>SCHOOLS/TEACHERS G</p> <p>COMMUNITY MEETINGS H</p> <p>FRIENDS/RELATIVES I</p> <p>WORK PLACE J</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
702	<p>What do you think how one could be infected by STD?</p>	<p>SEXUAL INTERCOURSE 1</p> <p>SYRINGE AND MEDICAL TOOLS 2</p> <p>WHEN KISSED WITH SOMEONE 3</p> <p>DOMESTIC/HOUSEHOLD ITEMS 4</p> <p>OTHER 5</p> <p>(SPECIFY)</p> <p>DO NOT KNOW 8</p>	
703A	<p>Do know any symptoms and signs of STD?</p>	<p>YES 1</p> <p>NO 2 →</p>	704
703B	<p>If yes, could you tell me any symptoms and signs you know.</p> <p>Any other signs and symptoms?</p> <p>RECORD ALL MENTIONED.</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE B</p> <p>BURNING PAIN ON URINATION C</p> <p>REDNESS IN GENITAL AREA D</p> <p>IRRITATING IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>BLOOD IN URINE I</p> <p>LOSS OF WEIGHT J</p> <p>SKIN INFECTION K</p> <p>HARD TO GET TO PREGNANT L</p> <p>IMPOTENCE M</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO SYMPTOMS Z</p>	
704	<p>Is there anything a person can do to avoid getting STD?</p>	<p>YES 1</p> <p>NO 2 →</p> <p>DO NOT KNOW 8 →</p>	706
705	<p>What do you think what someone can do to avoid getting STD?</p> <p>Aside from these symptoms do you know any source to avoid getting STD?</p> <p>RECORD ALL MENTIONED.</p>	<p>ABSTAIN FROM SEX A</p> <p>USE CONDOMS B</p> <p>HAVE ONLY ONE SEX PARTNER C</p> <p>AVOID SEX WITH PROSTITUTES D</p> <p>AVOID SEX HOMOSEXUALS E</p> <p>AVOID BLOOD TRANSFUSIONS F</p> <p>USE ONLY DISPOSABLE INJECTION SYRINGE G</p> <p>AVOID KISSING H</p> <p>AVOID MOSQUITO BITES I</p> <p>SEEK PROTECTION FROM TRADITIONAL HEALER J</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	

No.	Questions and Filters	Coding Categories	Skip to
706	From whom one should seek assistance when he/she infected by STD?	HEALTH WORKERS 1 HUSBAND/PARTNER 2 PARENTS 3 FRIENDS 4 SEXUAL PARTNER 5 OTHER 6 (SPECIFY) DO NOT KNOW 8	
707	Now I would like to talk to you about AIDS. Have you ever heard of an illness called AIDS ?	YES 1 NO 2	717
708	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)	
709	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	711
710	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 USE ONLY DISPOSABLE INJECTION SYRINGE G AVOID KISSING H AVOID MOSQUITO BITES I SEEK PROTECTION FROM TRADITIONAL HEALER J OTHER X (SPECIFY) DON'T KNOW Z	
711	Is it possible for a healthy-looking person to have the AIDS virus ?	YES 1 NO 2 DON'T KNOW 8	
712	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	
713	What do you think how you should treat one infected by AIDS?	THE SAME AS BEFORE 1 TRY NOT TO BE INFECTED BY AIDS 2 TRY TO UNDERSTAND AND HELP 3 ISOLATE FROM COMMUNITY 4 DON'T KNOW 8	
714	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 DON'T KNOW 8	

No.	Questions and Filters	Coding Categories	Skip to
715A	Have you had any injection within last 3 months?	YES 1 NO 2 →	716
715B	If yes, how many times you had injections?	ONCE 1 TWICE 2 3 TIMES AND MORE 3	
715C	What kind of injection did you had?	ANTIBIOTICS 1 VITAMIN 2 IV (INTRAVENOUS) 3 OTHER 4 (SPECIFY)	
716	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 DON'T KNOW Z	722
717	Check: 600 Married <input type="checkbox"/> Living together <input type="checkbox"/>	Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/>	<input type="checkbox"/> → 720 <input type="checkbox"/> → 719
718	Now I would like to ask you about your 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 9 96 →	<input type="checkbox"/> <input type="checkbox"/> → 721 <input type="checkbox"/> → 722 <input type="checkbox"/> → 722
719	Now I would like to ask you about your sexual activity. Have you ever had sexual relation?	HAD SEXUAL RELATION 1 NEVER HAD SEXUAL RELATION 2 DON'T REMEMBER 8 →	723
720	Did you have sexual relation for last month?	YES 1 NO 2 →	722
721	Did you use a condom to avoid getting AIDS and STD when you had last sexual intercourse?	YES 1 NO (had sexual intercourse with husband/partner) 2 NO 3 DON'T REMEMBER 4	
722	At what age did you first have sexual relations?	AGE <input type="text"/>	
723	RECORD THE TIME	HOUR <input type="text"/> MINUTES <input type="text"/>	

INTERVIEWER'S COMMENTS

EDITOR'S COMMENTS

MONGOLIAN REPRODUCTIVE HEALTH SURVEY 2003

HUSBAND'S QUESTIONNAIRE

CLUSTER NUMBER	<input type="text"/>	<input type="text"/>	<input type="text"/>
AIMAG	<input type="text"/>	<input type="text"/>	
SOUM	<input type="text"/>	<input type="text"/>	
BAGH	<input type="text"/>	<input type="text"/>	
HOUSEHOLD NUMBER	<input type="text"/>	<input type="text"/>	
AREA*			<input type="text"/>
NAME AND LINE NUMBER OF MAN	<input type="text"/>	<input type="text"/>	
NAME AND LINE NUMBER OF WIFE		YES=1	NO=2 <input type="text"/>
* AREA CODES :			
1. ULAANBAATAR	2. AIMAG CENTER	3. SOUM 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	4. REFUSED	7. OTHER _____
2. NOT AT HOME	5. PARTLY COMPLETED	(SPECIFY)
3. POSTPONED	6. INCAPACITATED	

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

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 ?	YEAR 19 <input type="text"/> <input type="text"/> DON'T KNOW 98 MONTH <input type="text"/> <input type="text"/> DON'T 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 soum, or in the countryside?	CITY 1 AIMAG CENTER 2 SOUM 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	Are you literate?	LITERATE 1 ILLITERATE 2	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	
109	Do you usually go to doctor to get medical check-up to prevent from any kind of disease?	ONCE A QUARTER 1 ONCE A YEAR 2 ONCE A 2-YEAR PERIOD 3 NONE 4 WHEN SICK 5	
110	What is your religion ?	ATHEIST 1 BUDDHIST 2 MUSLIM 3 PROTESTANT/CHRISTIAN 4 OTHER 5 (SPECIFY)	
111	Have you done any work in the last 12 months?	YES 1 NO 2	114

No.	Questions and Filters	Coding Categories	Skip to
112	What is your occupation, that is, what kind of work do you mainly do ?	DESCRIBE: _____ _____ _____ _____ <input type="text"/> <input type="text"/> <input type="text"/>	
113	In which sector of the economy do you work?	SELF EMPLOYMENT 1 PUBLIC SECTOR 2 PRIVATE SECTOR 3 NON-GOVERNMENTAL ORGANIZATION 4	
114	Do you smoke cigarettes ? IF YES : About how many cigarettes do you smoke a day?	SMOKE 1 DO NOT SMOKE 2 →	200
115	At what age did you start smoking ?	AGE <input type="text"/> <input type="text"/>	

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.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, 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 301 OR 302,

301 Which ways or methods have you heard about ?	302 Have you ever heard of METHOD?		302A From whom did you learn of (METHOD) first time?	302B From whom you can get (METHOD)?	303A Did you ever use (METHOD)?	303B Main difficulties/problems ,if any, in getting or using (METHOD)?
	SPONTANEOUS	Yes No				
O1 PILL "Women can take a pill every day"	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O2 IUD "Women can have a loop or coil placed inside them by a doctor or nurse".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O3 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	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O4 NORPLANT/IMPLANT "Women can get 6 rods under the skin in the upper arm to prevent pregnancy"	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O5 DIAPHRAGM/FOAM/JELLY "Women can place a tissue or a diaphragm or cream in the vagina before intercourse".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O6 MALE CONDOM "Men can use a rubber sheath sexual intercourse".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O7 FEMALE CONDOM "Women can use a rubber sheath during sexual intercourse".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O8 FEMALE STERILIZATION "Women can have an operation to avoid having any more children".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
O9 MALE STERILIZATION "Men can have an operation to avoid having any more children".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
10 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	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
11 WITHDRAWAL "Men can be careful and pull out before climax".	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____
12 Have you heard of any other ways or methods that women or men use to avoid pregnancy ?	1 2	3 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____	<input type="checkbox"/> <input type="checkbox"/> Other _____	YES 1 NO 2 ↓	<input type="checkbox"/> <input type="checkbox"/> Other _____

Coding categories 302A		Coding categories 302B		Coding categories 303B	
MEDICAL WORKERS	01	PUBLIC HOSPITAL	01	NONE	01
WIFE/PARTNER	02	PRIVATE HOSPITAL	02	WIFE DISAPPROVES	02
FRIENDS	03	PHARMACY	03	LACK OF ACCESSIBILITY/TOO FAR	03
PARENTS/RELATIVES	04	FAMILY DOCTOR	04	COST TOO MUCH	04
FAMILY DOCTOR	05	BAGH FELDSHER	05	INCONVENIENT TO USE	05
BAGH FELDSHER	06	SHOP	06	HEALTH CONCERNS	06
TV, NEWSPAPER, RADIO	07	FRIENDS	07	SIDE EFFECTS	07
TRAINING, LESSON	08	PARENTS/RELATIVES	08		
ADVERTISING MATERIAL	09	RESEARCHERS	09	OTHER	96
RESEARCHERS	10	OTHER	10		
OTHER	96				
(SPECIFY)		(SPECIFY)		(SPECIFY)	
		DON'T KNOW	98	DON'T KNOW	98

No.	Questions and Filters	Coding Categories	Skip to
304B	Are you and your wife/partner using any method to avoid or delay getting her pregnant?	YES 1 NO 2 DON'T KNOW 8	310
304C	What contraceptives had you and your wife/partner used to avoid or delay getting her pregnant? Check Q.303A, 304A. (Ask Q.302 if needed.)		
305	Which method are you using?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 (SPECIFY)	308
306	Is there service fee or purchase cost to obtain the method? IF ANY: How much does it cost (for one time)? MNT=Tugrick	PURCHASE 1 SERVICE FEE 2 NO FEE 3 MNT <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
307	From whom do you get it?	PUBLIC HOSPITAL 01 PRIVATE HOSPITAL 02 PHARMACY 03 FAMILY DOCTOR 04 BAGH FELDSHER 05 SHOP 06 FRIENDS 07 PARENTS/RELATIVES 08 RESEARCHER 09 OTHER 96 (SPECIFY)	
308	Do you have any problem with the method you are using now?	YES 1 NO 2	311

No.	Questions and Filters	Coding Categories	Skip to
309	What is the main problem?	WIFE DISAPPROVES 01 LACK OF ACCESSIBILITY/TOO FAR 02 COST TOO MUCH 03 INCONVENIENT TO USE 04 HEALTH CONCERNS 05 SIDE EFFECTS 06 OTHER 96 (SPECIFY) DON'T KNOW 98	311
310	What is the main reason you do not intend to use a method?	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	
311	Will you use one of the methods in the following 12 months?	YES 1 NO 2 DON'T KNOW 8	313
312	Do you intend to use one of the methods in the future?	YES 1 NO 2 DON'T KNOW 8	314

No.	Questions and Filters	Coding Categories	Skip to															
313	Which method you would like to use?	PILL 01 IUD 02 INJECTIONS 03 IMPLANTS/NORPLANT 04 DIAPHRAGM /FOAM/JELLY 05 MALE CONDOM 06 FEMALE CONDOM 07 FEMALE STERILIZATION 08 MALE STERILIZATION 09 PERIODIC ABSTINENCE 10 WITHDRAWAL 11 OTHER 96 (SPECIFY)																
314	<p>CHECK: Q 201</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>IF NO, RECORD THE REASON</p> <p>_____</p> <p>_____</p>																
315	Do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE 1 DISAPPROVE 2 DON'T KNOW 8																
316	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																
317	In the last month have you discussed family planning with your friends, neighbors, or relatives?	YES 1 NO 2	319															
318	With whom did you discuss ? With anyone else?	HUSBAND/PARTNER A PARENT B SISTERS/BROTHERS C DAUGHTER D MOTHER - IN - LAW E FRIENDS F OTHER X (SPECIFY)																
319	Now I would like to ask your wife's/partner's attitude about family planning. Do you think your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																

No.	Questions and Filters	Coding Categories	Skip to
320	Have you and your husband/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	
321	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	
322	CHECK: Q,301A AND Q, 302A KNOWS ABOUT FEMALE STERILIZATION <input type="checkbox"/>	DOES NOT KNOW ABOUT FEMALE STERILIZATION <input type="checkbox"/>	325
323	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 →	325 325
324	Why do you disapprove?	WANTS CHILDREN 01 RELIGIOUS REASONS/TRADITION 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) DON'T KNOW 98	
325	CHECK: Q,301A AND Q, 302A KNOWS ABOUT MALE STERILIZATION <input type="checkbox"/>	DOES NOT KNOW ABOUT MALE STERILIZATION <input type="checkbox"/>	328
326	Do you approve of a man having a vasectomy, or do you disapprove, or doesn't it matter to you?	APPROVE 1 → DISAPPROVE 2 DOESN'T MATTER 3 →	328 328
327	Why do you disapprove?	WANTS CHILDREN 01 RELIGIOUS REASONS/TRADITION 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) DON'T KNOW 98	
328	What do you think about the legislation of abortion? Do you approve or not approve?	APPROVE 1 → DISAPPROVE 2 DON'T KNOW 8 →	330 330

No.	Questions and Filters	Coding Categories	Skip to
329	If not, why do you disapprove?	NOT HEALTHY FOR MOTHER 1 REDUCES POPULATION GROWTH 2 RELIGIOUS REASON 3 REDUCES USE OF CONTRACEPTIVE 4 IMPROVED UNSAFETY SEXUAL RELATIONSHIP 5 OTHER 6 (SPECIFY) DON'T KNOW 8	
330	Is there at least one of posters, newspapers, and magazines about RH, Contraceptives and any other family planning methods in your home? RH-Reproductive health	RH A FAMILY PLANNING B CONTRACEPTIVE C OTHER X (SPECIFY) NONE Z	

SECTION 4. AIDS AND STD

No.	Questions and Filters	Coding Categories	Skip to
	Now I would like to talk to you about STD/STI?		
400	Have you ever heard of STD?	YES 1 NO 2 →	407
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	What do you think how one could be infected by STI/STD?	SEXUAL INTERCOURSE 1 SYRINGE AND MEDICAL TOOLS 2 WHEN KISSED WITH SOMEONE 3 DOMESTIC/HOUSEHOLD ITEMS 4 OTHER 5 (SPECIFY) DON'T KNOW 8	
403A	Do you know any symptoms and signs of STD?	YES 1 NO 2 →	404
403B	Please tell me any symptoms and signs you know. Any other symptoms and signs? RECORD ALL MENTIONED.	ABDOMINAL PAIN A GENITAL DISCHARGE B BURNING PAIN ON URINATION C REDNESS IN GENITAL AREA D IRRITATING IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H BLOOD IN URINE I LOSS OF WEIGHT J SKIN INFECTION K INFERTILITY L IMPOTENCE M OTHER X (SPECIFY) NO SYMPTOMS Z	
404	Is there anything a person can do to avoid getting STD?	YES 1 NO 2 DON'T KNOW 8 →	406
405	What do you think what someone can do to avoid getting STD? Aside from these symptoms do you know any source to avoid getting STD? 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 USE ONLY DISPOSABLE INJECTION SYRINGE G AVOID KISSING H AVOID MOSQUITO BITES I SEEK PROTECTION FROM TRADITIONAL HEALER J OTHER X (SPECIFY) DON'T KNOW Z	

No.	Questions and Filters	Coding Categories	Skip to
406	From whom one should seek assistance when he/she infected by STD?	HEALTH WORKERS 1 HUSBAND/PARTNER 2 PARENTS 3 FRIENDS 4 SEXUAL PARTNER 5 OTHER 6 (SPECIFY) DO NOT KNOW 8	
407	Now I would like to talk to you about AIDS. Have you ever heard of an illness called AIDS ?	YES 1 NO 2	417
408	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)	
409	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	411
410	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 USE ONLY DISPOSABLE INJECTION SYRINGE G AVOID KISSING H AVOID MOSQUITO BITES I SEEK PROTECTION FROM TRADITIONAL HEALER J OTHER X (SPECIFY) DON'T KNOW Z	
411	Is it possible for a healthy-looking person to have the AIDS virus ?	YES 1 NO 2 DON'T KNOW 8	
412	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	
413	What do you think how you should treat to one infected by AIDS?	THE SAME AS BEFORE 1 TRY NOT TO BE INFECTED BY AIDS 2 TRY TO UNDERSTAND AND HELP 3 ISOLATE FROM COMMUNITY 4 DON'T KNOW 8	

No.	Questions and Filters	Coding Categories	Skip to								
414	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 DON'T KNOW 8									
415A	Have you had any injection within last 3 months?	YES 1 NO 2	→ 416								
415B	If yes, how many times you had injections?	ONCE 1 TWICE 2 3 TIMES AND MORE 3									
415C	What kind of injection did you have?	ANTIBIOTICS 1 VITAMIN 2 IV (INTRAVENOUS) 3 OTHER 4 (SPECIFY)									
416	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 DON'T KNOW Z									
417	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	<table border="1" data-bbox="1262 1126 1374 1261"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> → 419								
418	Did you use a condom to avoid getting AIDS and STD when you had last sexual relation?	YES 1 NO (had sexual relation with husband/partner) 2 NO 3 DON'T REMEMBER 4									
419 RECORD THE TIME		HOUR MINUTES	<table border="1" data-bbox="1262 1473 1374 1547"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								

INTERVIEWER'S COMMENTS

EDITOR'S COMMENTS
