



**Demographic  
and Health  
Surveys**

# **Model "B" Questionnaire**

**With Administrative  
Instructions and  
Preparation  
Instructions**

**Basic Documentation—4**



**Institute for  
Resource Development Inc.**  
A Westinghouse Electric Company

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DEMOGRAPHIC AND HEALTH SURVEYS

MODEL "B" QUESTIONNAIRE

WITH ADDITIONAL HEALTH QUESTIONS AND COMMENTARY

for

LOW CONTRACEPTIVE PREVALENCE COUNTRIES

Institute for Resource Development  
Westinghouse Electric Corporation  
Columbia, Maryland

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Demographic and Health Surveys (DHS) is a five-year program (1984-1989) to assist governments and private agencies in developing countries with implementing 35 population surveys. The objectives of the program are: (1) to provide leaders in survey countries with population and health data useful for informed decision making, (2) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys, (3) to improve survey methods used to analyze populations in developing countries, and (4) to expand and improve the worldwide body of information on population and health.

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## INTRODUCTION

The Demographic and Health Surveys program (DHS) is intended as a primary source of international population and health information for policymakers and for the research community. With a new emphasis on the collection and analysis of data on major health phenomena as well as on family planning, fertility, and mortality, DHS has four objectives: (1) to provide the survey countries with data and analysis useful for informed policy choices; (2) to expand the international population and health data base; (3) to advance survey methodology; and (4) to help to develop in participating countries the technical skills and resources necessary to conduct demographic and health surveys.

DHS was initiated in September 1984, as a five-year follow-on activity to the World Fertility Survey (WFS) and Contraceptive Prevalence Surveys (CPS) programs carried out during the years 1972-1984 and 1977-1985, respectively. Funded by the U.S. Agency for International Development (AID), DHS is being implemented by The Institute for Resource Development, a wholly-owned subsidiary of the Westinghouse Electric Corporation, and the Population Council, which is involved in DHS as a major subcontractor. The project provides financial and technical assistance for 35 surveys in Africa, Asia, and Latin America, as well as for 25 further analysis studies of DHS and related survey data.

The development of the DHS model questionnaires required nearly 20 drafts. All told, the entire process consumed over two years. Some of the revisions were fairly trivial; other drafts represented quite radical changes. The principal architects were: Charles Westoff, John Cleland, German Rodriguez, Martin Vaessen, and Luis Hernando Ochoa. Commentary along the way was provided by other DHS staff and consultants. In addition, various drafts were reviewed by some 50 of the leading professionals in the population and health survey field. The health experts were asked to identify the most important health data needs and to suggest appropriate health questions. The core DHS questionnaire includes these standard questions. In addition, a health module was developed incorporating an expanded set of health questions. This module, in turn, has been integrated with the core DHS questionnaire in this volume.

The final result of this effort to represent all of these different interests is two sets of DHS model questionnaires which are easily adaptable to particular countries' interests. The first set includes two core versions of the model questionnaire: the "A" (for high contraceptive prevalence countries) and the "B" (for low contraceptive prevalence countries) questionnaires. The "A" and "B" versions differ mainly in the number of questions devoted to the subject of contraception and contain a very large common denominator of identical questions. The second set of questionnaires includes the additional health questions and commentary for both the model "A" and "B" questionnaires. This volume contains the "B" questionnaire with additional health questions. (The "A" questionnaire with additional health questions is found in the companion to this volume, DHS Model "A" Questionnaire with Additional

Health Questions and Commentary for High Contraceptive Prevalence Countries.) The most appropriate version of the four questionnaires can then be identified for a particular DHS country and used as a starting point for local adaptation. It is understood that countries may wish to add certain questions on specialized topics not in the models or in the available modules.

Why, one might reasonably ask, did the model questionnaires take so long to develop when we had the enormous advantage of the rich experience accumulated in the World Fertility Survey and the Contraceptive Prevalence Surveys, not to mention those conducted by the Centers for Disease Control and earlier surveys? There are several answers to this question.

The first explanation relates to structure and length issues. One of the early drafts of the model questionnaires included a truncated five-year birth history, an idea that was subsequently rejected, resurrected, and rejected once again. While the truncated birth history has the great advantage of economy and focus on recent events, it sacrifices the opportunity for cohort and birth interval analysis.

Another issue that relates to considerations of length, and which also has significant implications for the kinds of analysis possible, is the question of whether current status measurement of the proximate determinants and various health subjects is sufficient or whether information about events in the past is required. Breastfeeding is an example. From some points of view, it is sufficient to estimate the average duration of breastfeeding from women's current practice; the alternative approach is to collect data on breastfeeding for all episodes in a fixed period of past time, which will permit analysis of individual characteristics associated with breastfeeding. While the model questionnaires collect this information on both past and recent events, the data needs of DHS countries will determine whether all of this information will be collected or current status assessments will suffice.

An underlying tension that has characterized the whole process of assembling these questionnaires stems from the multiple purposes of DHS and the different constituencies which it attempts to serve. The project is focused primarily on the collection of data relevant to program interests. These interests can be interpreted in various ways, including: estimating levels of fertility and infant and child mortality; estimating levels of breastfeeding and the other proximate determinants of fertility; measuring contraceptive knowledge, use, availability, acceptability and the effectiveness of different methods; estimating the unmet need for birth control, reasons for nonuse, levels of unwanted fertility, preferences for additional children; measuring the extent of various childhood diseases in a recent time frame and treatment obtained, immunization, weight and length, and other essentially descriptive parameters of interest to program people. These are all yardsticks by which program activity can be at least initially evaluated. Other interpretations are also appropriate.

One programmatic interest that corresponds closely with interests of the academic community is in the determinants of fertility in the developing countries, in particular, questions about what contributes to the decline of fertility. This interest in determinants includes both the proximate determinants of fertility -- proportions married, age at marriage, duration of breastfeeding, postpartum amenorrhea, postpartum abstinence -- as well as possible social and economic determinants -- family wealth, women's employment, family structure, education, residence, ethnicity, religion, and other variables. Some of these interests can be served at the analysis level with the essentials of the model questionnaires; others have been conceived as specialized sets of questions (modules) to be added in particular countries. The DHS "solution" has been to represent several of these specialized areas with a minimal number of questions in the questionnaires while still retaining some of the full modules for use in a limited number of countries.

In addition, the questionnaires were designed to respond to program interests related to specific projects, for example, in social marketing or in periodic abstinence. The "A" questionnaire includes questions on exposure to mass media, whether family planning messages have been heard on the radio, attitude toward the radio carrying such messages, attitude toward family planning services received, particular method of periodic abstinence used, knowledge of the ovulatory cycle, and pill brand identification.

One of the aims of an international survey project of this kind is to reach an appropriate balance between uniformity and cultural diversity. Uniformity is desirable for comparative purposes and for standardizing procedures to achieve economy at every step. At the same time, opportunity has to be provided to reflect the wide differences among the Third World countries represented in the DHS. One fundamental difference is whether contraception is widely practiced and whether the idea of birth control has been accepted. The division of the questionnaires into "A" and "B" models is one result of this concern. Adding "country-specific" questions to the model is another method, as is the possibility of using particular modules in certain countries.

The final balancing act related to the melding of family planning and demographic topics with the interests of the professional health community. As a result, a significant fraction of the content of all four DHS model questionnaires has been devoted to the subject of health, particularly Child Survival. Once again, the aim has been to achieve some appropriate balance in the competition for questionnaire space. The health items that have been included in all questionnaires cover types of water supply, toilet facilities, prenatal care, assistance at delivery, tetanus toxoid injections, dates of all immunizations for children under five, and diarrhea and type of treatment. Fever and its treatment, and respiratory disease and its treatment appear in the "B" questionnaires. Moreover, the four model questionnaires include the measurement of weight and length of children under three years of age (in some countries on a sub-sample basis) as a key indicator associated with nutritional status.

The inclusion of health subjects in the questionnaires will also permit the linking of health with demographic variables, e.g. the analysis of the relationship between the length of birth intervals and the weight and length of children.

#### HOUSEHOLD SCHEDULE

The DHS has not adopted a household schedule for universal use in the same way as did the WFS. In all countries, a simple household listing is obtained with the number of persons by age and sex and whether each person spent the previous night in the residence (the definition of a de facto sample). The primary use of this listing is to determine whether anyone in the household is eligible to be interviewed in the DHS sample. Data collected at the household level can also be used to assess the degree to which the sample represents the population.

In countries where never-married women are excluded from the sample, the household schedule collects information used to derive denominators for the calculation of measures such as age at marriage. In addition, information can be collected at the household level to describe general population characteristics such as the extent of child fostering.



**HOUSEHOLD SCHEDULE**

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

NO. (1)	USUAL RESIDENTS AND VISITORS (2) Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household.	RESIDENCE		SEX		AGE (6) How old is he/she? IN YEARS	FOSTERING* (7) ONLY FOR CHILDREN UNDER 15 YEARS OLD: Do either of his/her parents usually live in this household? **		ELIGIBILITY (8) CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW
		Does (NAME) usually live here? (3)	Did (NAME) sleep here last night? (4)	M	F		YES	NO	
01	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		
02	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		
03	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		
04	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		
05	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		
06	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		
07	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		
08	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		
09	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		
10	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		
11	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		
12	_____	1 2	1 2	1 2		<input type="checkbox"/> <input type="checkbox"/>	1 2		

TICK HERE IF CONTINUATION SHEET USED

TOTAL NUMBER OF ELIGIBLE WOMEN

Just to make sure that I have a complete listing:

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

\* Question on fostering only to be included in African countries.

\*\* This question refers to natural parents.

DEMOGRAPHIC AND HEALTH SURVEYS  
MODEL "B" QUESTIONNAIRE  
WITH ADDITIONAL HEALTH QUESTIONS  
FOR LOW CONTRACEPTIVE PREVALENCE COUNTRIES

[NAME OF COUNTRY]  
 [NAME OF ORGANIZATION]

IDENTIFICATION*	
PLACE NAME _____	
CLUSTER NUMBER.....	[ ] [ ] [ ]
HOUSEHOLD NUMBER.....	[ ] [ ]
REGION.....	[ ] [ ]
URBAN/RURAL (urban=1, rural=2).....	[ ]
LINE NUMBER OF WOMAN.....	[ ] [ ]

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	MONTH [ ] [ ]      YEAR [ ] [ ]
INTERVIEWER'S NAME	_____	_____	_____	[ ] [ ]
RESULT**	_____	_____	_____	[ ]
NEXT VISIT:      DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS [ ]
**RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTLY COMPLETED 6 OTHER _____ (SPECIFY)				

COUNTRY SPECIFIC INFORMATION ON: LANGUAGE OF QUESTIONNAIRE, LANGUAGE OF INTERVIEW, NATIVE LANGUAGE OF RESPONDENT, AND WHETHER TRANSLATOR USED

NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY [ ] [ ]
--------------	-----------------------------------	------------------------------------	----------------------------	---------------------

\* THIS SECTION SHOULD BE ADAPTED FOR COUNTRY-SPECIFIC SURVEY DESIGN.

## SECTION 1. RESPONDENT'S BACKGROUND

### Household size (101-102).

Question 101 provides the basis for classifying the size of the household and its density or crowdedness.

Question 102 is useful for providing additional information on the health conditions for children in the household.

### Time of interview (103).

Time, recorded in questions 103 and 718, is used to determine the length of interview.

### Residence and mobility (104-106).

These questions are intended to provide information on size of place of residence and geographic mobility. Place of residence is classified into countryside, town, and city. The cluster identification will permit the same classification for the current place of residence. The information is useful both for descriptive and research questions, e.g. determining the prevalence of contraception in cities and in rural areas and for trying to detect whether fertility preferences and behavior are influenced by changes in residence. Mobility is determined by the difference between current and former places of residence. A further aspect of mobility is determined in question 518 which asks the number of places lived in for six months or more since marriage.

Childhood residence allows creation of a combined variable using childhood and current residence to indicate rural to urban migration. This index has been shown to have greater predictive power for purposes of analyzing contraceptive use and fertility than either childhood or current residence by itself.

### Date of birth and age of woman (107-108).

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

### Education and literacy (109-113).

The questions on education follow the time-tested WFS sequence. Probes for higher education will be required in countries where the educational system (or the number of grades at each level) has changed in the last 30 years. Question 113 which ascertains literacy for all women with less than 6 years of schooling, has been expanded to distinguish difficulty in reading because of the general expansion of literacy throughout the developing world. Education is one of the main factors influencing fertility, infant and child mortality, and health care.

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE NUMBER OF PEOPLE LISTED IN THE HOUSEHOLD SCHEDULE.	NUMBER OF PEOPLE..... <input type="text"/>	
102	RECORD THE NUMBER OF CHILDREN AGED 5 AND UNDER LISTED IN THE HOUSEHOLD SCHEDULE WHO NORMALLY LIVE IN THE HOUSEHOLD.	NUMBER OF CHILDREN AGED 5 AND UNDER..... <input type="text"/>	
103	RECORD THE TIME.	HOUR..... <input type="text"/> MINUTES..... <input type="text"/>	
104	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in the countryside, in a town, or in a city?	COUNTRYSIDE.....1 TOWN.....2 CITY.....3	
105	How long have you been living continuously in (NAME OF VILLAGE, TOWN, CITY)?	ALWAYS......95 VISITOR......96 YEARS..... <input type="text"/>	→107
106	Just before you moved here, did you live in the countryside, in a town, or in a city?	COUNTRYSIDE.....1 TOWN.....2 CITY.....3	
107	In what month and year were you born?	MONTH..... <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> DK YEAR.....98	
108	How old were you at your last birthday? COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/>	
109	Have you ever attended school?	YES.....1 NO.....2	→113

Radio listening (114).

This question, not asked in WFS or CPS, is intended to provide some simple index of exposure to modern ideas and messages communicated over the radio.

Water and toilet facilities (115-119).

These questions are intended to elucidate determinants of international variations in infant and child mortality. Sources for drinking water, and water for other uses (handwashing, cooking) are distinguished. Water which must be fetched and stored may become a major source of contamination and is an important determinant of early childhood mortality. The absence of soap may indicate poor personal hygiene habits.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
110	What was the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
111	What was the highest (GRADE, FORM, YEAR) you completed at that level?*	GRADE..... <input type="text"/>	
112	CHECK 110: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		114
113	Can you read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
114	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
115	What is the major source of drinking water for members of your household?*	PIPED INTO RESIDENCE.....01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 WELL WITH HANDPUMP.....04 WELL WITHOUT HANDPUMP.....05 RIVER, SPRING, SURFACE WATER...06 TANKER TRUCK, OTHER VENDOR....07 RAINWATER.....08 OTHER _____ .09 (SPECIFY)	
116	What is the major source of water for household use other than drinking (e.g., handwashing, cooking) for members of your household?*	PIPED INTO RESIDENCE.....01 PIPED INTO YARD OR PLOT.....02 PUBLIC TAP.....03 WELL WITH HANDPUMP.....04 WELL WITHOUT HANDPUMP.....05 RIVER, SPRING, SURFACE WATER...06 TANKER TRUCK, OTHER VENDOR....07 RAINWATER.....08 OTHER _____ .09 (SPECIFY)	

\* Revise according to the local education system.

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

Household possessions and dwelling characteristics (120-122).

There are two objectives to these lists (which will vary in detail in different countries): 1) to provide some index of level of living or socioeconomic status, and 2) to provide further information on exposure to mass media (possession of radio, television). This indirect approach to the measurement of socioeconomic status is affected by urban-rural and regional differences in consumer choice and preference, but is considered more feasible than the use of direct questions on income.

Religion and ethnicity (130-140).

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

Association membership (150).

In certain countries, different organizations to which women belong are vehicles for the communication of ideas and information about family planning.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
117	What kind of toilet facility does your household have?	FLUSH.....1 BUCKET.....2 PIT.....3 OTHER _____ .4 (SPECIFY) NO FACILITIES.....5	119															
118	At what age do children in this household use the same toilet facility as adults?	YEARS..... <input type="text"/> <input type="text"/> NO CHILDREN.....96																
119	Do you have, right now, a cake of soap on the premises?	YES.....1 NO.....2																
120	Does your house have:  Electricity? A radio? A television? A refrigerator?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
121	Does any member of your household own:  A bicycle? A motorcycle? A car? A tractor? (IF URBAN, CIRCLE '2'.)	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TRACTOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2	TRACTOR.....	1	2	
	YES	NO																
BICYCLE.....	1	2																
MOTORCYCLE.....	1	2																
CAR.....	1	2																
TRACTOR.....	1	2																
122	MAIN MATERIAL OF THE FLOOR.*  (RECORD OBSERVATION.)	PARQUET OR POLISHED WOOD.....1 VINYL OR ASPHALT STRIPS.....2 CERAMIC TILES.....3 WOOD PLANKS.....4 CEMENT.....5 EARTH/SAND.....6 OTHER _____ .7 (SPECIFY)																
130	COUNTRY-SPECIFIC QUESTION ON RELIGION.																	
140	COUNTRY-SPECIFIC QUESTION ON ETHNICITY.																	
150	COUNTRY-SPECIFIC QUESTION ON ASSOCIATION MEMBERSHIP.																	

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

## SECTION 2. REPRODUCTION

### Lifetime fertility (201-210).

Questions 201-210 on lifetime fertility are standard preliminary questions aimed at determining the total number of births (and child deaths) in the woman's history and they set the stage for the detailed history in 211-219.

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

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters you have given birth to who are now living with you?	YES.....1 NO.....2	→204				
203	How many sons live with you? And how many daughters live with you? IF NONE ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
204	Do you have any sons or daughters you have given birth to who are alive but do not live with you?	YES.....1 NO.....2	→206				
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208				
207	How many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....	<table border="1"><tr><td></td><td></td></tr></table>				
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct?						
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→220				

### Detailed birth history (211-219).

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

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

Each of these approaches has advantages and limitations. The full birth history is incorporated in the DHS Model Questionnaire. Complete birth histories clearly have the advantage of supplying a much richer data set with which analysts can study trends in fertility, variations across cohorts and time periods, and characteristics of birth intervals. A complete history also permits better estimation of current levels of fertility by allowing a more thorough evaluation of the quality of the data. Even in countries that have a previous WFS survey, the full birth history would enhance the ability to disentangle genuine trends from errors by joint analysis of overlapping histories. The central argument against a complete birth history is cost. The economy to be realized with a truncated history for the five years preceding the survey is the avoidance of the collection of dates for nearly half of the births (plus the age at death for some comparable proportion of deaths).

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

The full birth history will be used to calculate age-specific and total fertility rates for a recent period and cohort-period fertility rates that can be used to infer trends in fertility. The number of surviving children tabulated by sex and by mother's age has descriptive value, as well as providing a basis for direct estimates of mortality.

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had. (RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS ON SEPARATE LINES AND MARK WITH A BRACKET.)

212 What name was given to your (first, next) baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died?  RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
01] _____ (NAME)	BOY GIRL 1 2	MONTH... [ ][ ] YEAR... [ ][ ]	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 [ ][ ] MONTHS...2 [ ][ ] YEARS....3 [ ][ ] (GO TO NEXT BIRTH)	AGE IN YEARS.. [ ][ ]	YES NO 1 2
02] _____ (NAME)	BOY GIRL 1 2	MONTH... [ ][ ] YEAR... [ ][ ]	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 [ ][ ] MONTHS...2 [ ][ ] YEARS....3 [ ][ ] (GO TO NEXT BIRTH)	AGE IN YEARS.. [ ][ ]	YES NO 1 2
03] _____ (NAME)	BOY GIRL 1 2	MONTH... [ ][ ] YEAR... [ ][ ]	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 [ ][ ] MONTHS...2 [ ][ ] YEARS....3 [ ][ ] (GO TO NEXT BIRTH)	AGE IN YEARS.. [ ][ ]	YES NO 1 2
04] _____ (NAME)	BOY GIRL 1 2	MONTH... [ ][ ] YEAR... [ ][ ]	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 [ ][ ] MONTHS...2 [ ][ ] YEARS....3 [ ][ ] (GO TO NEXT BIRTH)	AGE IN YEARS.. [ ][ ]	YES NO 1 2
05] _____ (NAME)	BOY GIRL 1 2	MONTH... [ ][ ] YEAR... [ ][ ]	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 [ ][ ] MONTHS...2 [ ][ ] YEARS....3 [ ][ ] (GO TO NEXT BIRTH)	AGE IN YEARS.. [ ][ ]	YES NO 1 2
06] _____ (NAME)	BOY GIRL 1 2	MONTH... [ ][ ] YEAR... [ ][ ]	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 [ ][ ] MONTHS...2 [ ][ ] YEARS....3 [ ][ ] (GO TO NEXT BIRTH)	AGE IN YEARS.. [ ][ ]	YES NO 1 2
07] _____ (NAME)	BOY GIRL 1 2	MONTH... [ ][ ] YEAR... [ ][ ]	YES NO 1 2 ↓ (GO TO 217)	DAYS....1 [ ][ ] MONTHS...2 [ ][ ] YEARS....3 [ ][ ] (GO TO NEXT BIRTH)	AGE IN YEARS.. [ ][ ]	YES NO 1 2

212 What name was given to your next baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died?  RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
08 _____ (NAME)	BOY GIRL 1 2	MONTH... YEAR....	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 (GO TO NEXT BIRTH)	AGE IN YEARS..	YES NO 1 2
09 _____ (NAME)	BOY GIRL 1 2	MONTH... YEAR....	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 (GO TO NEXT BIRTH)	AGE IN YEARS..	YES NO 1 2
10 _____ (NAME)	BOY GIRL 1 2	MONTH... YEAR....	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 (GO TO NEXT BIRTH)	AGE IN YEARS..	YES NO 1 2
11 _____ (NAME)	BOY GIRL 1 2	MONTH... YEAR....	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 (GO TO NEXT BIRTH)	AGE IN YEARS..	YES NO 1 2
12 _____ (NAME)	BOY GIRL 1 2	MONTH... YEAR....	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 (GO TO NEXT BIRTH)	AGE IN YEARS..	YES NO 1 2
13 _____ (NAME)	BOY GIRL 1 2	MONTH... YEAR....	YES NO 1 2 ↓ (GO TO 217)	DAYS.....1 MONTHS...2 YEARS....3 (GO TO 219)	AGE IN YEARS..	YES NO 1 2

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

NUMBERS ARE SAME  NUMBERS ARE DIFFERENT  (PROBE AND RECONCILE)

INTERVIEWER: FOR EACH LIVE BIRTH: YEAR OF BIRTH IS RECORDED   
 FOR EACH LIVE CHILD: CURRENT AGE IS RECORDED   
 FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED

Current pregnancy, prenatal care and fecundity (220-226).

The birth history is followed by a question on current pregnancy (220). Question 221 on duration of current pregnancy is included to facilitate analysis of current fertility.

Questions 222-224 on tetanus inoculation and on prenatal care are included for child health interests, and as indicators of health care service delivery. Tetanus is a major cause of death among young children, but it can be prevented by tetanus injection to the woman during pregnancy. Inoculation for births in the last five years is asked in Question 403. Two tetanus injections provide full protection. Question 222A will determine what proportion of currently pregnant women are fully protected. Question 222B indicates the major source of tetanus injections.

Question 225 is used to provide a basis for classifying the fecundity status of women and to improve the reporting of current pregnancy. Unlike earlier surveys that asked women's perceptions about their ability to conceive, the DHS will depend on reporting of menstruation in conjunction with other information on contraception and lactation. Question 226 is included to determine a respondent's general knowledge about the biology of reproduction. It should be of special interest for women relying on periodic abstinence for contraception.

Presence of others during the interview (227).

This information is relevant to evaluating the reliability of the data collected in this section of the questionnaire.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
220	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	225															
221	For how many months have you been pregnant?	MONTHS..... <input type="text"/>																
222	Since you have been pregnant, have you been given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DK.....8	223															
222A	How many injections did you receive?	NUMBER..... <input type="text"/> DK.....8																
222B	Where did you go to get the (last) injection?*	GOVERNMENT HOSPITAL.....01 GOVERNMENT HEALTH CENTER.....02 FIELD WORKER.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL OR CLINIC.....05 PHARMACY.....06 SCHOOL.....07 SPECIAL CAMP.....08 OTHER _____ .09 (SPECIFY) DK.....98																
223	Did you see anyone for a check on this pregnancy?	YES.....1 NO.....2	226															
224	Whom did you see?*	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER _____ .4 (SPECIFY)	226															
225	How long ago did your last menstrual period start?	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996																
226	When during her monthly cycle do you think a woman has the greatest chance of becoming pregnant?*	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 AT ANY TIME.....5 OTHER _____ .6 (SPECIFY) DK.....8																
227	PRESENCE OF OTHERS AT THIS POINT.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																

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

### SECTION 3. CONTRACEPTION

The section on contraception includes the standard questions on knowledge, ever-use and current use of methods; availability and acceptability of methods; and questions on intention to use in the future, combined with preferences regarding method and source. The repetition of these questions for each method may be tedious, but it is essential to ensure quality of data on use of contraception.

#### Knowledge (spontaneous) (301).

This question asks the respondent which methods she knows. The information collected about knowledge of different contraceptive methods serves two purposes: to measure the simple level of information about different methods of contraception, and to lead into subsequent questions on the use of contraception by communicating clearly the meaning of the concept.

#### Knowledge (probed) and ever use (302-303).

For methods not spontaneously recalled, Question 302 probes for recognition.

#### Knowledge of source of supply (304).

This question is introduced to disclose the respondent's knowledge of a source of supply or advice about each method she knows. The purpose is to estimate perceived availability. Distance to these sources will be independently assessed from the service availability questionnaire in a supplementary inquiry.

#### Acceptability of methods (305).

One of the concerns in family planning programs is that rumors develop about methods. This question is intended to assess the existence of such perceptions about the different methods the woman knows.

SECTION 3: CONTRACEPTION

301 Now I would like to talk about a different topic. There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about? CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-305 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)?* READ DESCRIPTION.	303 Have you ever used (METHOD)?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 In your opinion, what is the main problem, if any, with using (METHOD)? (CODES BELOW)
01] PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 <sub>1</sub> v	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 <sub>1</sub> v	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 <sub>1</sub> v	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
04] DIAPHRAGM/FOAM/JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 <sub>1</sub> v	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
05] CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 <sub>1</sub> v	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
06] FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 <sub>1</sub> v	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
07] MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 <sub>1</sub> v	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
08] PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 <sub>1</sub> v	YES.....1 NO.....2	Where would you go to obtain advice on periodic abstinence? <input type="checkbox"/> <input type="checkbox"/> OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
09] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 <sub>1</sub> v	YES.....1 NO.....2	OTHER <input type="checkbox"/> <input type="checkbox"/>	OTHER <input type="checkbox"/> <input type="checkbox"/>
10] ANY OTHER METHODS? Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES/SPONT.....1 NO.....3	YES.....1 NO.....2  YES.....1 NO.....2  YES.....1 NO.....2	<u>CODES FOR 304**</u> 01 GOVERNMENT HOSPITAL 02 GOVERNMENT HEALTH CNTR 03 FAMILY PLANNING CLINIC 04 MOBILE CLINIC 05 FIELD WORKER 06 PRIVATE DOCTOR 07 PRIVATE HOSP OR CLINIC 08 PHARMACY 09 SHOP 10 CHURCH 11 FRIENDS/RELATIVES 12 OTHER (SPECIFY) 13 NOWHERE 98 DK	<u>CODES FOR 305**</u> 02 NOT EFFECTIVE 03 HUSBAND DISAPPROVES 04 HEALTH CONCERNS 05 ACCESS/AVAILABILITY 06 COSTS TOO MUCH 07 INCONVENIENT TO USE 09 METHOD PERMANENT 11 OTHER (SPECIFY) 12 NONE 98 DK
1 _____ (SPECIFY)				
2 _____ (SPECIFY)				
3 _____ (SPECIFY)				

306 CHECK 303: NOT A SINGLE "YES" (NEVER USED)  AT LEAST ONE "YES" (EVER USED)  → SKIP TO 309

\* Where Norplant field trials are underway, this method may be included in the list.  
\*\* Coding categories to be developed locally and revised based on the pretest.

Contraceptive use (306-314).

306-308. A final probe for women who responded that they have never used contraception.

309-310. Determines the type of periodic abstinence used by women who have ever used this general method.

311. Parity at first use. The birth interval before first use of contraception will permit some inferences about trends in timing of use.

313-314. Current use information.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
307	Have you ever used anything or tried in any way to delay or avoid getting pregnant?  MARK THE APPROPRIATE RESPONSE.	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	316
308	What have you used or done? CORRECT 302-303 AND OBTAIN INFORMATION FOR 304 TO 306 AS NECESSARY.		
309	CHECK 303:  EVER USED PERIODIC ABSTINENCE <input type="checkbox"/> NEVER USED PERIODIC ABSTINENCE <input type="checkbox"/>		311
310	The last time you used periodic abstinence, how did you determine on which days you had to abstain?	BASED ON CALENDAR.....1 BASED ON BODY TEMPERATURE.....2 BASED ON CERVICAL MUCUS (BILLINGS) METHOD.....3 BASED ON BODY TEMPERATURE AND MUCUS.....4 OTHER _____ .5 (SPECIFY) NO SPECIFIC SYSTEM.....6	
311	How many living children, if any, did you have when you first did something or used a method to avoid getting pregnant? IF NONE ENTER '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
312	CHECK 220:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		316
313	Are you currently doing something or using any method to avoid getting pregnant?	YES.....1 NO.....2	316
314	Which method are you using?*	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER _____ .10 (SPECIFY)	315A 315B 319

\* For countries where periodic abstinence is important, the types of methods to determine the fertile period should be included in the coding categories.

Recent source of supply or advice (315, 315A, 315B).

Source of most recent advice or supplies, or where the sterilization occurred, is obtained in these questions. Such information is useful for family planning programs.

Future contraceptive use (316-318).

Pregnant women, past users and never users of contraception are asked about their intention to use (with a distinction between use in the near future and use later), and the preferred method. The data provide an indication of future demand for services. The distinction between the near and the more distant future is to avoid the respondent misunderstanding the time reference.

Media information on family planning (319).

This question is intended to measure attitudes toward radio or television messages about family planning. It could provide a basis for demonstrating the public acceptability of having such information broadcasted.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315	Where did you obtain (METHOD) the last time?*	GOVERNMENT HOSPITAL.....01 GOVERNMENT HEALTH CENTER.....02 FAMILY PLANNING CLINIC.....03 MOBILE CLINIC.....04 FIELD WORKER.....05 PRIVATE DOCTOR.....06 PRIVATE HOSPITAL OR CLINIC.....07 PHARMACY.....08 SHOP.....09 CHURCH.....10 FRIENDS/RELATIVES.....11 OTHER _____ .12 (SPECIFY) DK.....98	319
315A	Where did the sterilization take place?		
315B	Where did you obtain instructions for this method?		
316	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	319
317	Which method would you prefer to use?*	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER _____ .10 (SPECIFY) UNSURE.....98	
318	Do you intend to use (PREFERRED METHOD) in the next 12 months?	YES.....1 NO.....2 DK.....8	
319	Is it acceptable or not acceptable to you for family planning information to be provided on radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8	

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

\*\* For countries where periodic abstinence is important, the types of methods to determine the fertile period should be included in the coding categories.

#### SECTION 4. HEALTH AND BREASTFEEDING

##### Tetanus toxoid (401-403).

For each birth that occurred in the last five years, information is sought about whether the mother was given a tetanus injection. This question will determine what proportion of women received preventive treatment for each birth in the preceding five years.

##### Prenatal care and assistance at delivery (404-405).

Two questions for each birth in the last five years are asked to determine the type of personnel who provided prenatal care and assistance at delivery. These questions are indicators of contact with and use of trained health care personnel. These two questions also will help to indicate the extent to which women rely on trained medical personnel or traditional birth attendants.

##### Breastfeeding (406-408A).

Duration of breastfeeding is ascertained for each birth in the last five years. The collection of such data is useful both for indirectly evaluating the contraceptive effects of breastfeeding and for general public health interest in the health of infants. Question 406A is an attempt to uncover the major reasons why mothers never breastfeed. Similarly, Question 408A seeks information on the major reasons mothers stop breastfeeding. This question is particularly important in relation to the current diarrheal disease status of children.

SECTION 4. HEALTH AND BREASTFEEDING

401 CHECK 214:

ONE OR MORE LIVE BIRTHS  
SINCE JAN. 1982\*

NO LIVE BIRTHS  
SINCE JAN. 1982\*

(SKIP TO 428)

402 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1982\* IN THE TABLE. BEGIN WITH THE LAST BIRTH. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS.

LINE NUMBER FROM Q. 212	LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST		THIRD-FROM-LAST	
	NAME	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403 When you were pregnant with (NAME) were you given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DK.....8		YES.....1 NO.....2 DK.....8		YES.....1 NO.....2 DK.....8		YES.....1 NO.....2 DK.....8	
404 When you were pregnant with (NAME), did you see anyone for a check on this pregnancy? IF YES: Whom did you see? PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.**	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5							
405 Who assisted with the delivery of (NAME)?  PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.**	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6							
406 Did you ever feed (NAME) at the breast?	YES.....1 (SKIP TO 407)< ] NO.....2		YES.....1 (SKIP TO 408)< ] NO.....2		YES.....1 (SKIP TO 408)< ] NO.....2		YES.....1 (SKIP TO 408)< ] NO.....2	
406A Why did you never feed (NAME) at the breast?*	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)< ]		INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)< ]		INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)< ]		INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 409)< ]	
407 Are you still breast-feeding (NAME)? (IF DEAD, CIRCLE '2')	YES.....1 (SKIP TO 409)< ] NO (OR DEAD).....2							
408 How many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)< ]		MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)< ]		MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)< ]		MONTHS..... <input type="text"/> UNTIL DEATH.....96 (SKIP TO 409)< ]	

\* For fieldwork beginning in 1988 or 1989, this date should be January, 1983 or 1984, respectively.

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

Postpartum amenorrhea and abstinence (409-411).

Besides information on breastfeeding, the duration of amenorrhea and postpartum abstinence is collected for each birth interval in the last five years which will permit an analysis of the effects of these proximate determinants on fertility which goes beyond simple current status estimates. The objective of these questions is to refine calculations of fecundability and contraceptive efficacy by improving the classification of exposure to risk of pregnancy. As in the case of breastfeeding, the collection of duration data should give more precise estimates of length of amenorrhea and abstinence than current status measures.

Frequency of breastfeeding (412-417).

For women currently breastfeeding, additional questions are asked to measure the periodicity and frequency of breastfeeding in order to guide the development of health education programs. The separation of the last 24 hours into the daylight and nighttime hours is used to sharpen the definition of the reference period. These data have obvious descriptive value and may be useful in aggregate analysis of the relationship between frequency of breastfeeding and amenorrhea. Questions on liquid and solid supplements (415) and use of a bottle with a nipple (417) complement the data on frequency of breastfeeding and are useful in relating the length of unsupplemented breastfeeding to amenorrhea and can indicate inappropriate and/or early weaning practices.

Attitude toward last birth (418).

This question is intended to determine whether the last birth was wanted or unwanted, and correctly timed, or not.

408A Why did you stop breastfeeding (NAME)?*	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY)	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY)	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY)	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY)
409 How many months after the birth of (NAME) did your period return?	MONTHS..... <input type="text"/> <input type="text"/> NOT RETURNED.....96	MONTHS..... <input type="text"/> <input type="text"/> NEVER RETURNED...96	MONTHS..... <input type="text"/> <input type="text"/> NEVER RETURNED...96	MONTHS..... <input type="text"/> <input type="text"/> NEVER RETURNED...96
410 Have you resumed sexual relations since the birth of (NAME)?	YES (OR PREGN.)...1 NO.....2 (GO TO NEXT COL)<			
411 How many months after the birth of (NAME) did you resume sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> (GO TO NEXT COLUMN)	MONTHS..... <input type="text"/> <input type="text"/> (GO TO NEXT COLUMN)	MONTHS..... <input type="text"/> <input type="text"/> (GO TO NEXT COLUMN)	MONTHS..... <input type="text"/> <input type="text"/> (GO TO 412)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																					
412	CHECK 407 FOR LAST BIRTH: LAST CHILD STILL BREASTFED <input type="checkbox"/> ALL OTHERS <input type="checkbox"/>		418																					
413	How many times did you breastfeed last night between sundown and sunrise?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> AS OFTEN AS CHILD WANTED.....96																						
414	How many times did you breastfeed yesterday during the daylight hours?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> AS OFTEN AS CHILD WANTED.....96																						
415	At any time yesterday or last night, was (NAME OF LAST CHILD) given any of the following:*	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Plain water?</td> <td>PLAIN WATER.....1</td> <td>2</td> </tr> <tr> <td>Juice?</td> <td>JUICE.....1</td> <td>2</td> </tr> <tr> <td>Powdered milk?</td> <td>POWDERED MILK.....1</td> <td>2</td> </tr> <tr> <td>Cow's or goat's milk?</td> <td>COW'S OR GOAT'S MILK.....1</td> <td>2</td> </tr> <tr> <td>Any other liquid?</td> <td>ANY OTHER LIQUID.....1</td> <td>2</td> </tr> <tr> <td>Any solid or mushy food?</td> <td>(SPECIFY) ANY SOLID OR MUSHY FOOD.....1</td> <td>2</td> </tr> </table>		YES	NO	Plain water?	PLAIN WATER.....1	2	Juice?	JUICE.....1	2	Powdered milk?	POWDERED MILK.....1	2	Cow's or goat's milk?	COW'S OR GOAT'S MILK.....1	2	Any other liquid?	ANY OTHER LIQUID.....1	2	Any solid or mushy food?	(SPECIFY) ANY SOLID OR MUSHY FOOD.....1	2	
	YES	NO																						
Plain water?	PLAIN WATER.....1	2																						
Juice?	JUICE.....1	2																						
Powdered milk?	POWDERED MILK.....1	2																						
Cow's or goat's milk?	COW'S OR GOAT'S MILK.....1	2																						
Any other liquid?	ANY OTHER LIQUID.....1	2																						
Any solid or mushy food?	(SPECIFY) ANY SOLID OR MUSHY FOOD.....1	2																						
416	CHECK 415: WAS GIVEN FOOD OR LIQUID <input type="checkbox"/> NO FOOD OR LIQUID GIVEN <input type="checkbox"/>		418																					
417	Were any of these given in a bottle with a nipple?	YES.....1 NO.....2																						
418	At the time you became pregnant with (NAME OF LAST BIRTH), did you want to have that child <u>then</u> , did you want to wait until <u>later</u> , or did you want <u>no (more)</u> children at all?	THEN.....1 LATER.....2 NO MORE.....3																						

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

Immunization (419-422).

To estimate the vaccination coverage of children, immunization data are collected for living children under five. The only reliable way to gather data on type and date of vaccination is by copying the information from the child's health card. For mothers who do not have or cannot produce a health card, a question (422) is asked about whether the child has had any vaccination. The data on immunization can be used to evaluate recent efforts in many countries to expand immunization coverage.

Diarrhea (423-427A).

Diarrhea is a relatively prevalent disease among children under 5 years old and can result in rapid dehydration and death. Questions 423-4 are asked to determine the prevalence of diarrhea. Although a recall period of two weeks (or 15 days) has been used in a large number of health surveys in recent years, data on even this short a period appears to suffer from memory problems and many surveys now rely on a question relating to the past day or 24 hours. The point prevalence of diarrhea in the last 24 hours is ascertained for all living children under five. Episodes of diarrhea are then ascertained for the last two weeks. Questions 424-427A probe explicitly for different forms of therapy. In particular, these questions focus on the treatment of diarrhea with oral rehydration solution and on the use of the medical care facilities for the treatment of diarrhea.

419 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1982\* BELOW. BEGIN WITH THE LAST BIRTH. THE HEADINGS IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE AFTER Q. 402. ASK THE QUESTIONS ONLY FOR LIVING CHILDREN.

LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST NAME	THIRD-FROM-LAST NAME
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>			
420 Do you have a health card for (NAME)? IF YES: May I see it, please?	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<--- NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<--- NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<--- NO CARD.....3	(GO TO 427) YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<--- NO CARD.....3
421 RECORD DATES OF IMMUNIZATIONS FROM HEALTH CARD.**	NOT GIVEN DA MO YR BCG 1 DPT 1 1 POLIO 1 1 DPT 2 1 POLIO 2 1 DPT 3 1 POLIO 3 1 MEASLES 1 (SKIP TO 423)	NOT GIVEN DA MO YR BCG 1 DPT 1 1 POLIO 1 1 DPT 2 1 POLIO 2 1 DPT 3 1 POLIO 3 1 MEASLES 1 (SKIP TO 423)	NOT GIVEN DA MO YR BCG 1 DPT 1 1 POLIO 1 1 DPT 2 1 POLIO 2 1 DPT 3 1 POLIO 3 1 MEASLES 1 (SKIP TO 423)	NOT GIVEN DA MO YR BCG 1 DPT 1 1 POLIO 1 1 DPT 2 1 POLIO 2 1 DPT 3 1 POLIO 3 1 MEASLES 1 (SKIP TO 423)
422 Has (NAME) ever had a vaccination to prevent him/her from getting diseases?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
423 Has (NAME) had diarrhea in the last 24 hours?	YES.....1 (SKIP TO 424A)<--- NO.....2	YES.....1 (SKIP TO 424A)<--- NO.....2	YES.....1 (SKIP TO 424A)<--- NO.....2	YES.....1 (SKIP TO 424A)<--- NO.....2
424 Has (NAME) had diarrhea in the last two weeks?	YES.....1 NO.....2 (GO TO NEXT COL)<--- DK.....8	YES.....1 NO.....2 (GO TO NEXT COL)<--- DK.....8	YES.....1 NO.....2 (GO TO NEXT COL)<--- DK.....8	YES.....1 NO.....2 (SKIP TO 427)<--- DK.....8
424A Now I have some questions about (NAME)'s last episode of diarrhea. How many days ago did the diarrhea start?	DAYS..... <input type="text"/> DK.....98	DAYS..... <input type="text"/> DK.....98	DAYS..... <input type="text"/> DK.....98	DAYS..... <input type="text"/> DK.....98
424B CHECK 407: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 424D)			
424C Did you breastfeed (NAME) when he/she had diarrhea then?	YES.....1 NO.....2			

\* For fieldwork beginning in 1988 or 1989, this date should be January, 1983 or 1984, respectively.  
\*\* Coding categories to be developed locally and revised based on the pretest.

424D When (NAME) had diarrhea then, was he/she given more, less, or the same amount to drink as before the diarrhea?	MORE.....1 LESS.....2 SAME.....3 DK.....8	MORE.....1 LESS.....2 SAME.....3 DK.....8	MORE.....1 LESS.....2 SAME.....3 DK.....8	MORE.....1 LESS.....2 SAME.....3 DK.....8
424E Was (NAME) given either a home solution of sugar, salt, and water to drink, or a solution made from a special packet? IF YES: Which?	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 424I)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 424I)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 424I)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 424I)<
424F The last time (NAME) was given (home solution/special packet), did he/she get better, worse, or was there no change?	BETTER.....1 WORSE.....2 NO CHANGE.....3	BETTER.....1 WORSE.....2 NO CHANGE.....3	BETTER.....1 WORSE.....2 NO CHANGE.....3	BETTER.....1 WORSE.....2 NO CHANGE.....3
424G How much of the (home solution/special packet) was (NAME) given every 24 hours?*	1 1/2 LITER.....1 1 LITER.....2 1 1/2 LITERS.....3 2 LITERS.....4 OTHER.....5 (SPECIFY) DK.....8	1 1/2 LITER.....1 1 LITER.....2 1 1/2 LITERS.....3 2 LITERS.....4 OTHER.....5 (SPECIFY) DK.....8	1 1/2 LITER.....1 1 LITER.....2 1 1/2 LITERS.....3 2 LITERS.....4 OTHER.....5 (SPECIFY) DK.....8	1 1/2 LITER.....1 1 LITER.....2 1 1/2 LITERS.....3 2 LITERS.....4 OTHER.....5 (SPECIFY) DK.....8
424H For how many days was (NAME) given (home solution/special packet)?	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
424I Was (NAME) given more, less, or the same amount of solid food as was given before he/she had diarrhea?	MORE.....1 LESS.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8	MORE.....1 LESS.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8	MORE.....1 LESS.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8	MORE.....1 LESS.....2 SAME.....3 SOLID FOODS NOT YET GIVEN.....4 DK.....8
425 Was (NAME) taken to a private doctor, a hospital or clinic, a traditional doctor, or any other place during the last episode of diarrhea? IF YES: Where was he/she taken (the last time)?**	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR.....3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 426A)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR.....3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 426A)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR.....3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 426A)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR.....3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 426A)<
426 What treatments did (NAME) receive there (the last time)?**  CIRCLE ALL TREATMENTS MENTIONED.	INJECTION.....1 IV (INTRAVENOUS).....1 TABLETS OR PILLS.....1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRAVENOUS).....1 TABLETS OR PILLS.....1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRAVENOUS).....1 TABLETS OR PILLS.....1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRAVENOUS).....1 TABLETS OR PILLS.....1 SYRUPS.....1 ORS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO 427)<
426A Why was (NAME) not taken somewhere for treatment during the last episode of diarrhea?*	ILLNESS WAS MILD.....1 MOTHER TOO BUSY.....2 MOTHER WORKING.....3 NO FACILITIES AVAIL.....4 OTHER.....5 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD.....1 MOTHER TOO BUSY.....2 MOTHER WORKING.....3 NO FACILITIES AVAIL.....4 OTHER.....5 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD.....1 MOTHER TOO BUSY.....2 MOTHER WORKING.....3 NO FACILITIES AVAIL.....4 OTHER.....5 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD.....1 MOTHER TOO BUSY.....2 MOTHER WORKING.....3 NO FACILITIES AVAIL.....4 OTHER.....5 (SPECIFY) (ALL GO TO 427)<

\* Develop response codes according to local instructions for mixing ORS.

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

Knowledge of use of ORS packets (428-428K).

These questions seek to measure knowledge and use of oral rehydration solution (ORS) and use of ORS packets. Women are asked if they have ever heard about (428) and ever seen (428A) an ORS packet; if they know what the packet is for (428B) and if they have ever prepared solution from a packet (428C). Questions 428D-428G ask about the preparation of ORS, while 428H-428K ask about availability and cost of the packets. Together, questions 428-428K will provide fairly complete and detailed information for evaluating ORS programs.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
427	CHECK 424E:	HOME SOLUTION NOT MENTIONED OR 0424E NOT ASKED	428
427A	Where did you learn how to prepare the sugar, salt and water solution given to (NAME)?*	GOVERNMENT HOSPITAL.....01 GOVERNMENT HEALTH CENTER.....02 FIELD WORKER.....03 PRIVATE DOCTOR.....04 PRIVATE HOSPITAL/CLINIC.....05 PHARMACY.....06 TRADITIONAL DOCTOR.....07 OTHER.....08 (SPECIFY) MOTHER DID NOT ADMINISTER.....96 DK.....98	
428	Have you ever heard of a special product called (LOCAL NAME) you can get for the treatment of diarrhea?	YES.....1 NO.....2	
428A	Have you ever seen a packet like this before? (SHOW PACKET.)	YES.....1 NO.....2	428L
428B	Do you think this packet is used to <u>cure the diarrhea</u> , or that it is used to <u>prevent the child from drying out</u> ?	CURE DIARRHEA.....1 PREVENT DRYING OUT.....2 BOTH.....3 OTHER.....4 (SPECIFY) DK.....8	
428C	Have you ever prepared one of these packets for yourself or for someone else?	YES.....1 NO.....2	428H
428D	How much water did you use to prepare the packet (the last time)?**	1 1/2 LITER.....1 1 LITER.....2 1 1/2 LITERS.....3 2 LITERS.....4 OTHER.....5 (SPECIFY) DK.....8	
428E	Did you use boiled water, bottled water, or other water to prepare the packet (the last time)?	BOILED WATER.....1 BOTTLED WATER.....2 OTHER.....3 (SPECIFY) DK.....8	

\* Coding categories to be developed locally and revised based on the pretest.  
 \*\* Develop response codes according to local instructions for mixing ORS.

Knowledge of vaccination source (428L).

This question, asked of all respondents, measures the proportion of all women who know where a child can be taken for a vaccine. The relative importance of fieldworkers compared with health facilities or other sources can also be determined.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
428F	In what kind of container did you prepare the mixture of the packet and the water?*	COOKING POT.....1 EARTHEN JAR.....2 EMPTY BOTTLE.....3 CALABASH.....4 OTHER.....5 (SPECIFY)	
428G	Did you prepare a new mixture every day or did you use the same mixture for more than one day?	NEW MIXTURE EACH DAY.....1 USE SAME FOR MORE THAN 1 DAY...2 OTHER.....3 (SPECIFY)	
428H	Where can you get these packets?* PROBE: Anywhere else? CIRCLE ALL PLACES MENTIONED.	GOVERNMENT HOSPITAL.....1 GOVERNMENT HEALTH CENTER.....1 FIELD WORKER.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL/CLINIC.....1 PHARMACY.....1 SHOP.....1 TRADITIONAL DOCTOR.....1 OTHER.....1 (SPECIFY) DK..... 1	
428I	How much do (you think) the packets cost?*	COST..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DK.....998	
428J	Do you have one of these packets in your house now?	YES.....1 NO.....2	→428L
428K	Can I see the packet?	SHOWS PACKET.....1 DOES NOT SHOW PACKET.....2	
428L	Which places can you go if you want to get a vaccination for a child?* CIRCLE ALL PLACES MENTIONED.	GOVERNMENT HOSPITAL.....1 GOVERNMENT HEALTH CENTER.....1 FIELD WORKER.....1 PRIVATE DOCTOR.....1 PRIVATE HOSPITAL/CLINIC.....1 PHARMACY.....1 SCHOOL.....1 SPECIAL CAMP.....1 TRADITIONAL DOCTOR.....1 OTHER.....1 (SPECIFY)	

\* Coding categories to be developed locally and revised based on the pretest.  
 \*\* Revise cost code according to local currency.

Fever (429-432).

These questions on whether the child had a fever in the past four weeks are intended primarily to capture malaria but they may also pick up symptoms of other diseases as well. The main purpose is to lead into the questions on the type of professional assistance sought and the kind of treatment provided.

Respiratory illness (433-435).

Questions on severe cough or rapid breathing are intended to pick up recent episodes of upper respiratory infection and to provide a look into types of professional assistance sought and treatment offered.

429 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1982\* BELOW. BEGIN WITH THE LAST BIRTH. THE HEADINGS IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE AFTER Q. 419. ASK THE QUESTIONS ONLY FOR LIVING CHILDREN. IF NO CHILDREN SINCE JAN. 1982, SKIP TO 501.

LINE NUMBER FROM Q. 212	LAST BIRTH NAME	NEXT-TO-LAST BIRTH NAME	SECOND-FROM-LAST NAME	THIRD-FROM-LAST NAME
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
430 Has (NAME) had fever in the last four weeks?	YES.....1 NO.....2 (SKIP TO 433)<--- DK.....8	YES.....1 NO.....2 (SKIP TO 433)<--- DK.....8	YES.....1 NO.....2 (SKIP TO 433)<--- DK.....8	(GO TO 501) YES.....1 NO.....2 (SKIP TO 433)<--- DK.....8
431 Was (NAME) taken to a private doctor, a hospital or clinic, a traditional doctor, or any other place to treat the fever? IF YES: Where was he/she taken?*	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5
432 Was there anything (else) you or somebody did to treat the fever? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED.**	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1	ANTIMALARIAL.....1 ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1
433 Has (NAME) suffered from severe cough or difficult or rapid breathing in the last four weeks?	YES.....1 NO.....2 (GO TO NEXT COL) <--- DK.....8	YES.....1 NO.....2 (GO TO NEXT COL) <--- DK.....8	YES.....1 NO.....2 (GO TO NEXT COL) <--- DK.....8	YES.....1 NO.....2 (SKIP TO 501)<--- DK.....8
434 Was (NAME) taken to a private doctor, a hospital or clinic, a traditional doctor, or any other place to treat the problem? IF YES: Where was he/she taken?	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL DOCTOR..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5
435 Was there anything (else) you or somebody did to treat the problem? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED.**	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	ANTIBIOTICS.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 INJECTION.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO 501)

\* For fieldwork beginning in 1988 or 1989, this date should be January, 1983 or 1984, respectively.  
 \*\* Coding categories to be developed locally and revised based on the pretest.

## SECTION 5. MARRIAGE

### Marital status (501-503).

Current marital status is determined in these three questions. Throughout DHS as well as in earlier surveys, the classification "married" includes women in both formal and informal unions.

### Polygamy (504-506).

These questions are included to determine polygamous unions in those countries where this custom is practiced.

### Former marriage (507).

This question simply determines whether the woman has been married more than once.

### Marriage duration (508-509).

DHS (unlike WFS) does not attempt to collect information on the durations of all unions, but rather asks only about the date of the first union. This will permit the most common type of tabulation of duration since first union.

### Adult mortality (510-511).

Although the questions on parent's survival are intended mainly for the purpose of analyzing kinship influences, they are also useful for indirect estimation of adult mortality (within the reference group of women of reproductive age).

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO												
501	Have you ever been married or lived with a man?	YES.....1 NO.....2	→519												
502	Are you now married or living with a man, or are you widowed, divorced or not now living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NOT NOW LIVING TOGETHER.....5	→507												
503	Does your husband/partner live with you or is he now staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2													
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→507												
505	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	→507												
506	Are you the first, second,...wife?	RANK..... <input type="text"/> <input type="text"/>													
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2													
508	In what month and year did you start living with your (first) husband or partner?	MONTH..... <input type="text"/> <input type="text"/> DK.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	→510												
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>													
510	Are your mother and father still alive?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>WOMAN'S MOTHER.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>WOMAN'S FATHER.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	WOMAN'S MOTHER.....	1	2	8	WOMAN'S FATHER.....	1	2	8	
	YES	NO	DK												
WOMAN'S MOTHER.....	1	2	8												
WOMAN'S FATHER.....	1	2	8												
511	Are your (first) husband's/partner's mother and father still alive?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>FIRST HUSBAND'S MOTHER.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>FIRST HUSBAND'S FATHER.....</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	FIRST HUSBAND'S MOTHER.....	1	2	8	FIRST HUSBAND'S FATHER.....	1	2	8	
	YES	NO	DK												
FIRST HUSBAND'S MOTHER.....	1	2	8												
FIRST HUSBAND'S FATHER.....	1	2	8												
512	CHECK 510 AND 511:	AT LEAST ONE PARENT NOT LIVING OR DK <input type="checkbox"/> ALL ALIVE <input type="checkbox"/>	→515												

Transition to independence (512-517).

These questions assess the couple's establishment of a household independent of their parents. The theory is that parents can exert influence on their children's passage to adulthood and on their fertility through financial support and social pressure. There is a literature on the subject that relates kinship structure to fertility. The reason for enquiring about whether parents are still living and, if not, whether they were alive at the beginning of the first union is to determine whether co-residence with parents is or was an option. The hypothesis is that couples who did not elect to live with parents are exercising a greater degree of independence. The questions on women's employment (712-717) are also relevant to the measurement of independence from the parental generation.

Residential mobility (518).

Information on the number of different localities in which the woman has lived is regarded as one index of exposure to different values and ideas which may affect marriage and/or fertility. It is also of interest for studying internal migration.

Sexual activity (519-523).

Question 520 on age at first sexual intercourse has two objectives: to shed some light on teenage pregnancy and to demarcate the beginning of exposure to the risk of pregnancy. The latter objective will eliminate the conventional dependency on the date of first union as the marker for the beginning of exposure. An appreciable advantage of the DHS questionnaire over the CPS and WFS versions is its ability to define exposure directly with data on menstruation and sexual activity.

One of the proximate determinants of fertility that has not been represented in the standard equation is coital frequency (521-523), which would seem to have some measurable impact on the rate of fertility. Coital frequency will vary by age, marriage duration, and probably by region of the world. It should also have some bearing on contraceptive failure and may be useful as a surrogate for fecundability.

One reason for the inclusion of question 519 is to approximate the proportion of women in the population who are exposed to the risk of pregnancy according to the proportion who have had sexual intercourse within the past 48 hours. On the assumption that this length of time corresponds with the length of the fertile period in the ovulatory cycle, this proportion will provide a direct estimate of the proportion at risk.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																				
513	Was (MENTION PARENTS NOT ALIVE NOW OR DK) alive at the time you began living together with your (first) husband or partner?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>WOMAN'S MOTHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>WOMAN'S FATHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FIRST HUSBAND'S MOTHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FIRST HUSBAND'S FATHER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	WOMAN'S MOTHER.....	1	2	8	WOMAN'S FATHER.....	1	2	8	FIRST HUSBAND'S MOTHER.....	1	2	8	FIRST HUSBAND'S FATHER.....	1	2	8	
	YES	NO	DK																				
WOMAN'S MOTHER.....	1	2	8																				
WOMAN'S FATHER.....	1	2	8																				
FIRST HUSBAND'S MOTHER.....	1	2	8																				
FIRST HUSBAND'S FATHER.....	1	2	8																				
514	CHECK 513:  SOME PARENT ALIVE AT MARRIAGE <input type="checkbox"/> NO PARENT ALIVE AT MARRIAGE <input type="checkbox"/>		→518																				
515	At the time you began living together, did you and your (first) husband/partner live with any of these parents for at least six months?	YES.....1 NO.....2	→517																				
516	For about how many years did you live together with a parent at that time?	YEARS..... <input type="text"/> <input type="text"/> UP TO THE PRESENT.....96	→518																				
517	Are you now living either with your parents or your husband's parents?	YES.....1 NO.....2																					
518	In how many localities have you lived for six months or more since you were first married (started living together) including this place?	NUMBER OF LOCALITIES..... <input type="text"/> <input type="text"/>	→520																				
519	Have you ever had sexual intercourse?	YES.....1 NO.....2	→528																				
520	Now we need some details about your sexual activity in order to get a better understanding of contraception and fertility.  How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> <input type="text"/>																					
521	Have you had sexual intercourse in the last four weeks?	YES.....1 NO.....2	→523																				
522	How many times?	TIMES..... <input type="text"/> <input type="text"/>																					

Reasons for nonuse (524-527).

This is a direct attempt to evaluate the reasons why women who do not want any more children do not use contraception. This is asked only of women who would be unhappy or who are indifferent about becoming pregnant in the near future but who are not using any method.

Presence of others during the interview (528).

This information is relevant to evaluating the reliability of the data on sexual behavior.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																
523	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	<table border="1"> <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>									528							
524	CHECK 220:	NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		528															
525	CHECK 313 AND 314:	NOT USING CONTRACEPTION <input type="checkbox"/> USING CONTRACEPTION <input type="checkbox"/>		528															
526	If you became pregnant in the next few weeks, would you feel <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3		528															
527	What is the main reason that you are not using a method to avoid pregnancy?*	LACK OF KNOWLEDGE.....01 OPPOSED TO FAMILY PLANNING.....02 HUSBAND DISAPPROVES.....03 OTHERS DISAPPROVE.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COSTS TOO MUCH.....07 INCONVENIENT TO USE.....08 INFREQUENT SEX.....09 FATALISTIC.....10 RELIGION.....11 POSTPARTUM/BREASTFEEDING.....12 MENOPAUSAL/SUBFECUND.....13 OTHER _____ .14 (SPECIFY) DK.....98																	
528	PRESENCE OF OTHERS AT THIS POINT.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2		
	YES	NO																	
CHILDREN UNDER 10.....	1	2																	
HUSBAND.....	1	2																	
OTHER MALES.....	1	2																	
OTHER FEMALES.....	1	2																	

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

## SECTION 6. FERTILITY PREFERENCES

### Desire for more children (601-602).

Question 602 permits classifying women according to whether they want or do not want to have additional children.

### Timing preference (603-604).

For women who want more children, these questions are intended to permit estimating the potential demand for contraception to delay the next conception.

### Postpartum attitudes (605-606).

In many cultures, there are strong norms about the appropriate length of time that should elapse after the birth of a child before resuming sexual relations or weaning a child. These norms imply a control on natural fertility and are important to measure.

### Attitudes toward birth control (607).

This is an effort to derive a simple measure of whether the couple's attitude toward birth control is an impediment to its practice.

### Communication with husband about birth control (608).

This questions is intended to determine whether any barriers exist to communication between husband and wife on the subject of birth control.

### General approval of birth control (609).

The idea that births can be regulated is an initial element in the acceptance of family planning.

### Ideal family size (610).

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

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 502: CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> ALL OTHERS <input type="checkbox"/>		609
602	CHECK 220 AND MARK BOX. How I have some questions about the future. NOT PREGNANT OR UNSURE <input type="checkbox"/> Would you like to have a (another) child or would you prefer not to have any (more) children? PREGNANT <input type="checkbox"/> After the child you are expecting, would you like to have another child or would you prefer not to have any (more) children?	HAVE ANOTHER.....1 NO MORE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DK.....8	605
603	How long would you like to wait from now before the birth of a (another) child?	DURATION MONTHS.....1 YEARS.....2 DK.....998	605
604	CHECK 215: How old would your youngest child be? IF NO LIVING CHILDREN, CIRCLE '96'.	AGE OF YOUNGEST YEARS..... NO LIVING CHILDREN.....96 DK.....98	
605	For how long should a couple wait before starting sexual intercourse after the birth of a baby?	DURATION MONTHS.....1 YEARS.....2 OTHER _____ (SPECIFY) .996	
606	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2	
607	Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8	
608	How often have you talked to your husband/partner about this subject in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
609	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE.....1 DISAPPROVE.....2	
610	CHECK 202 AND 204: NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... OTHER ANSWER _____ (SPECIFY)	

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

### Husband's education and literacy (701-706).

These are duplicates of the questions asked about the woman in Section 1.

### Husband's work (707-711).

In question 707, the standard information on the husband's current occupation is collected. This will permit descriptive generalizations about the sectors of society in which fertility is changing. It also permits classifying women by whether or not their husbands work in agriculture, which is relevant to the subsequent questions.

For those whose husbands do not work in agriculture, question 709 separates men who are regular employees from those whose work may be more irregular or who are self-employed. Agricultural workers are, in turn, separated into those who work on their own or someone else's land, and those who work for pay or for a share of the crops (710-711).

Together these questions are intended to provide some limited picture of the husband's position in the world of work. (The measurement of socioeconomic status is more directly assessed by the list of household items owned and dwelling characteristics in Section 1.)

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	CHECK 501: EVER MARRIED OR LIVED WITH A MAN <input type="checkbox"/> ALL OTHERS <input type="checkbox"/> ↓ ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.		715
702	How I have some questions about your (most recent) husband/partner. Did your husband/partner ever attend school?	YES.....1 NO.....2	706
703	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY .....1 SECONDARY.....2 HIGHER.....3 DK.....8	706
704	What was the highest (GRADE, FORM, YEAR) he completed at that level?*	GRADE..... <input type="text"/> <input type="text"/> DK.....98	
705	CHECK 703: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> ↓		707
706	Can (could) he read a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
707	What kind of work does (did) your husband/partner mainly do?	_____ <input type="text"/> <input type="text"/> _____ _____	
708	CHECK 707: DOES (DID) NOT WORK IN AGRI-CULTURE <input type="checkbox"/> WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> ↓		710
709	Does (did) he earn a regular wage or salary?	YES.....1 NO.....2 DK.....8	712
710	Does (did) your husband/partner work mainly on his or family land, or on someone else's land?	HIS/FAMILY LAND.....1 SOMEONE ELSE'S LAND.....2	712
711	Does (did) he work mainly for money or does (did) he work for a share of the crops?	MONEY.....1 A SHARE OF CROPS.....2	

\* Revise according to the local education system.

Woman's work (712-717).

The connection between women's work and fertility has not been addressed satisfactorily in earlier surveys. The survey questions determine work before and since marriage, and at the present time. These questions are restricted to work that earns money. Several of the questions introduce the concept of whether the money earned was used personally or turned over to the family since earning money for personal use is thought to distance the woman from the family. Economic independence, in turn, may influence attitudes toward marriage and childbearing.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO								
712	Before you married your (first) husband, did you yourself ever work regularly to earn money, other than on a farm or in a business run by your family?	YES.....1 NO.....2	→714								
713	When you were earning money then, did you turn most of it over to your family or did you keep most of it yourself?	FAMILY.....1 SELF.....2									
714	Since you were first married, have you ever worked regularly to earn money other than on a farm or in a business run by your family?	YES.....1 NO.....2	→717 →718								
715	Have you ever worked regularly to earn money, other than on a farm or in a business run by your family?	YES.....1 NO.....2	→718								
716	During the time when you have earned money, have you turned most of it over to your family or have you kept most of it for yourself?	FAMILY.....1 SELF.....2									
717	Are you now working to earn money other than on a farm or in a business run by your family?	YES.....1 NO.....2									
718	RECORD THE TIME.	HOUR..... <table border="1" data-bbox="1283 964 1358 1002"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> MINUTES..... <table border="1" data-bbox="1283 1008 1358 1046"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									

## SECTION 8. WEIGHT AND LENGTH

It is the intention of DHS to collect weight and length information for children three months to three years of age in most countries. The objective is to collect data on nutritional status both for descriptive health purposes as well as for some analytical uses in connection with demographic variables.

SECTION 8. WEIGHT AND LENGTH\*

INTERVIEWER: IN 801-803, RECORD THE LINE NUMBERS, NAMES, AND BIRTH DATES OF ALL LIVING CHILDREN BORN SINCE JANUARY 1, 1984\*\* STARTING WITH THE YOUNGEST CHILD. CHECK AGE IN 804 TO IDENTIFY CHILDREN 3-36 MONTHS OF AGE. RECORD WEIGHT AND LENGTH IN 805 AND 806.

	<input type="checkbox"/> 1 YOUNGEST LIVING CHILD	<input type="checkbox"/> 2 NEXT-TO-YOUNGEST LIVING CHILD	<input type="checkbox"/> 3 SECOND-TO-YOUNGEST LIVING CHILD
801 LINE NO. FROM Q.212	<input type="text"/>	<input type="text"/>	<input type="text"/>
802 NAME FROM Q.212	(NAME) _____	(NAME) _____	(NAME) _____
803 DATE OF BIRTH FROM Q.214	MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>	MONTH.... <input type="text"/> <input type="text"/> YEAR..... <input type="text"/> <input type="text"/>
804 CHECK AGE: 3-36 MONTHS?***	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/> v GO TO NEXT PAGE.
805 WEIGHT (in kgs)	<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"/>
806 LENGTH (in cms)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
807 STATE REASON IF UNABLE TO RECORD	<input type="text"/> <input type="text"/> _____ _____	<input type="text"/> <input type="text"/> _____ _____	<input type="text"/> <input type="text"/> _____ _____
808 NAME OF MEASURER:	<input type="text"/> <input type="text"/>	NAME OF ASSISTANT:	<input type="text"/> <input type="text"/>

\* In countries where the measurer does not have the respondent's questionnaire, this page should include the mother's identification information and a suggested callback time.  
 \*\* For fieldwork beginning in 1988 or 1989, this date should be January 1, 1985 or 1986, respectively.  
 \*\*\* If unable to determine due to missing information, measure child.

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

Person Interviewed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Specific Questions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Aspects: \_\_\_\_\_

\_\_\_\_\_

Name of Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_

SUPERVISOR'S OBSERVATIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

EDITOR'S OBSERVATIONS

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Field Editor: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Keyer: \_\_\_\_\_ Date: \_\_\_\_\_