



Demographic
and Health
Surveys

PC-ABY-14

Phase II

Model "A" Questionnaire

PN-ABY-1259

**Demographic and Health Surveys
Phase III**

**Model "A" Questionnaire
With Commentary
For High Contraceptive
Prevalence Countries**

**DHS-III Basic Documentation
Number 1**

Macro International Inc.
Calverton, Maryland

December 1995

The Demographic and Health Surveys (DHS) is a 13-year project to assist government and private agencies in developing countries to conduct national sample surveys on population and maternal and child health. Funded primarily by the United States Agency for International Development (USAID), DHS is administered by Macro International Inc. in Columbia, Maryland.

The main objectives of the DHS program are: (1) to promote widespread dissemination and utilization of DHS data among policymakers, (2) to expand the international population and health database, (3) to advance survey methodology, and (4) to develop in participating countries the skills and resources necessary to conduct high-quality demographic and health surveys.

For information about the Demographic and Health Surveys program, write to DHS, Macro International Inc., 11785 Beltsville Drive, Suite 300, Calverton, MD 20705, U.S.A. (Telephone 301-572-0200; Telefax 301-572-0999).

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INTRODUCTION

The Demographic and Health Surveys (DHS) program is in the third phase of a 13-year project that began in September 1984. All three phases of the DHS program are intended to provide basic information on population and infant and child health for a large number of developing countries. DHS-III continues the objectives of the first two phases: (1) to promote widespread dissemination and utilization of DHS data among policymakers, (2) to expand the international population and health data base, (3) to advance survey methodology, and (4) to develop in participating countries the technical skills and resources necessary to conduct high-quality demographic and health surveys.

These are essentially the same goals as those of the preceding survey programs—the World Fertility Survey and the Contraceptive Prevalence Surveys. The DHS program is funded by the U.S. Agency for International Development and is administered by Macro International Inc.

A systematic review of the DHS questionnaires was carried out in preparation for the third round of surveys. The present document is the result of that effort. Changes in the questionnaires include new content—reflecting the interests of survey countries and donor organizations—and modifications to question flow for the benefit of both interviewer and respondent. An extensive field trial was conducted in Trinidad and Tobago to evaluate interviewer procedures and to identify problems of respondent comprehension.

As in DHS-I and DHS-II, two model questionnaires were developed for use in DHS survey countries: the "A" questionnaire for countries with high contraceptive prevalence (described in this document), and the "B" questionnaire for countries with low contraceptive prevalence (see DHS-III Basic Documentation No. 2). Except for the use of a calendar and greater detail on contraception in the "A" questionnaire, the two versions are essentially the same. The decision as to which questionnaire to use in a particular country is made early in the survey process in consultation with the local implementing agency. Countries are encouraged to add questions on topics of special interest.

The use of "A" and "B" questionnaires is a response to the need to recognize the cultural diversity of DHS survey countries, as is the addition of country-specific questions. At the same time, it is important to collect nationally-comparable data using standardized methods of training, data collection, data processing, and report preparation.

Although the DHS questionnaires reflect various competing interests (due to the multiple objectives of the DHS program), the primary focus remains the collection of information of interest to policymakers and program managers. This includes data for (1) estimating levels of fertility and infant and child mortality; (2) estimating durations of breastfeeding and other proximate determinants of fertility; (3) measuring contraceptive knowledge and use, contraceptive availability and acceptability, effectiveness of methods, and discontinuation rates; (4) assessing unmet need for family planning; (5) identifying reasons for nonuse of contraception and measuring levels of unwanted fertility; (6) measuring preferences for additional children; (7) measuring the prevalence of childhood diseases and assessing treatment patterns; (8) estimating coverage rates for maternity care and childhood vaccinations; (9) assessing nutritional status of women and children; and (10) assessing infant feeding practices.

Indicators obtained from DHS surveys provide a yardstick by which program activity can be evaluated. Additionally, the DHS questionnaires are designed to respond to specific program interests.

The DHS-III questionnaires include questions about pill brand identification and exposure to mass media—topics of interest to organizations involved in social marketing. In DHS-III, questions were added about knowledge and perception of AIDS, behavioral responses to the AIDS epidemic (e.g., use of condoms or changes in sexual activity), and perceptions about the contraceptive efficacy of breastfeeding. The section on women’s employment was also expanded.

A continuing challenge to questionnaire design is the integration of family planning and demographic topics with topics relevant to child health and survival. As in earlier phases of the DHS program, a significant proportion of questionnaire content is devoted to child health; however, the overall goal is to achieve an appropriate balance of coverage for all topics.

Health indicators included in this version of the DHS questionnaire are: source of drinking water, type of toilet facilities, prenatal care, assistance at delivery, birth weight, tetanus toxoid immunization, immunization of children under three, infant feeding practices, prevalence of diarrhea, fever, and respiratory disease, and treatment of these diseases. The questionnaires also provide for the measurement of height and weight of women who have given birth in the three years prior to the survey and their surviving children (under age three) as indicators of nutritional status. The inclusion of health topics permits the linking of health and demographic variables, e.g., the analysis of the relationship between the length of birth intervals and the height and weight of young children.

The DHS model questionnaires have benefitted from the contributions of many individuals in the fields of international population and maternal and child health. The staff of the Demographic and Health Surveys program gratefully acknowledges the comments and suggestions provided by colleagues in host-country institutions, members of the DHS Scientific Advisory Committee, and individuals from more than 50 international agencies and organizations concerned with policy formulation and program implementation in the fields of population and maternal and child health.

The current revision of the DHS questionnaires is the result of a coordinated effort of DHS staff under the direction of Jeremiah M. Sullivan. Elisabeth Sommerfelt was instrumental in developing the health sections of the questionnaire. Other DHS staff who invested considerable time and effort in questionnaire development were Fred Arnold, Mohamed Ayad, Bernard Barrère, George Bicego, Ann Blanc, Trevor Croft, Anne Cross, Chika Ezeh, Pavalavalli Govindasamy, Albert Marckwardt, Laura Nyblade, Luis Ochoa, Sri Poedjastoeti, Guillermo Rojas, Shea Rutstein, Martin Vaessen, Ann Way, and former DHS staff persons Ties Boerma, Penelope Nestel, and Kia Reinis. The senior DHS consultants, Robert Black and Charles Westoff, contributed substantially to this effort.

HOUSEHOLD SCHEDULE

Household listing (1-15)

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

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

HOUSEHOLD SCHEDULE

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

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY
			Does (NAME) usually live here?	Did (NAME) stay here last night?	Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school?	IF ATTENDED SCHOOL		Is (NAME)'s natural mother alive?	IF ALIVE	Is (NAME)'s natural father alive?	IF ALIVE	
								What is the highest level of school (NAME) attended?	IF AGE LESS THAN 25 YEARS		Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER		Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household.	What is the relationship of (NAME) to the head of the household?	YES NO	YES NO	M F	IN YEARS	YES NO	LEVEL GRADE	YES NO	YES NO DK		YES NO DK		
01		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	01
02		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	02
03		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	03
04		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	04
05		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	05
06		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	06
07		<input type="text"/>	1 2	1 2	1 2	<input type="text"/>	1 2	<input type="text"/> <input type="text"/>	1 2	1 2 8	<input type="text"/>	1 2 8	<input type="text"/>	07

LINE (1)	RESIDENTS/VISITORS (2)	RELATIONSHIP (3)	RESIDENCE (4)		SEX (6)		AGE (7)	EDUCATION (9)		PARENTAL SURVIVORSHIP AND RESIDENCE			ELIG. (15)										
			YES	NO	YES	NO	M	F	IN YEARS	YES	NO	LEVEL		GRADE	YES	NO	DK	YES	NO	DK			
08		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2	8	<input type="text"/>	<input type="text"/>	1	2	8	<input type="text"/>	08
09		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2	8	<input type="text"/>	<input type="text"/>	1	2	8	<input type="text"/>	09
10		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2	8	<input type="text"/>	<input type="text"/>	1	2	8	<input type="text"/>	10
11		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2	8	<input type="text"/>	<input type="text"/>	1	2	8	<input type="text"/>	11
12		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2	8	<input type="text"/>	<input type="text"/>	1	2	8	<input type="text"/>	12
13		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2	8	<input type="text"/>	<input type="text"/>	1	2	8	<input type="text"/>	13
14		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	2	1	2	8	<input type="text"/>	<input type="text"/>	1	2	8	<input type="text"/>	14

TICK HERE IF CONTINUATION SHEET USED

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) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed? YES → ENTER EACH IN TABLE NO

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01 = HEAD
 02 = WIFE OR HUSBAND
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT
 07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER

- 10 = OTHER RELATIVE
 11 = ADOPTED/FOSTER/STEP CHILD
 12 = NOT RELATED
 98 = DON'T KNOW

** CODES FOR Q.9

EDUCATION LEVEL:

- 1 = PRIMARY
 2 = SECONDARY
 3 = HIGHER
 8 = DON'T KNOW

EDUCATION GRADE:

- 00 = LESS THAN 1 YEAR COMPLETED
 98 = DON'T KNOW

*** Q.11 THROUGH Q.14:

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

Water and toilet facilities (16-18)

These questions relate to the determinants of infant and child mortality and morbidity and are relevant for cross-national comparative analyses. The major headings for source of drinking water (16) and for type of toilet facilities (18) should be included in country-specific versions of the DHS questionnaires. Specific response categories under each major heading may be as detailed as considered necessary in any particular survey.

A question on the travel time to the source of water is included to obtain an indirect measure of the amount of water available.

The main interest in the type of toilet facility is in the hygienic conditions offered by the household's facility. The major headings distinguish between flush toilet, pit toilet/latrine, and no specific facility.

Household possessions and dwelling characteristics (19-22)

Whether the household has electricity, a radio, television, telephone, and a refrigerator are included primarily to provide some index of the standard of living or socioeconomic status. The main material of the floor is another such indicator. Such information is considered more useful than direct questions on income. A question on the number of rooms used for sleeping is included as an indicator of density or crowding.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
16	What is the main source of drinking water for members of your household?*	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 → 18 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT..21 → 18 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 → 18 TANKER TRUCK.....51 BOTTLED WATER.....61 → 18 OTHER _____ 96 (SPECIFY)																			
17	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																			
18	What kind of toilet facility does your household have?*	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 96 (SPECIFY)																			
19	Does your household have:** Electricity? A radio? A television? A telephone? 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>TELEPHONE.....</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	TELEPHONE.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																			
ELECTRICITY.....	1	2																			
RADIO.....	1	2																			
TELEVISION.....	1	2																			
TELEPHONE.....	1	2																			
REFRIGERATOR.....	1	2																			
20	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																			
21	MAIN MATERIAL OF THE FLOOR.*** RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND.....11 DUNG.....12 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD....31 VINYL OR ASPHALT STRIPS....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER _____ 96 (SPECIFY)																			

* Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
 ** Additional indicators of socioeconomic status may be added.
 *** In some countries, it may be desirable to ask an additional question on the material of walls or ceilings.

Type of salt (23)

The type of salt used for cooking is included in order to assess the presence or absence of iodine in the diet, which has implications for health.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP														
22	Does any member of your household own: * A bicycle? A motorcycle? A car?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2			
	YES	NO															
BICYCLE.....	1	2															
MOTORCYCLE.....	1	2															
CAR.....	1	2															
23	What type of salt is usually used for cooking in your household? ** (ASK TO SEE SALT PACKAGE).	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>LOCAL SALT.....</td> <td style="text-align: center;">01</td> </tr> <tr> <td>PACKAGED SALT (IODIZED).....</td> <td style="text-align: center;">02</td> </tr> <tr> <td>PACKAGED SALT (NOT IODIZED)....</td> <td style="text-align: center;">03</td> </tr> <tr> <td>SALT FOR ANIMALS.....</td> <td style="text-align: center;">04</td> </tr> <tr> <td>LOOSE SALT.....</td> <td style="text-align: center;">05</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>	LOCAL SALT.....	01	PACKAGED SALT (IODIZED).....	02	PACKAGED SALT (NOT IODIZED)....	03	SALT FOR ANIMALS.....	04	LOOSE SALT.....	05	OTHER _____	96	(SPECIFY)		
LOCAL SALT.....	01																
PACKAGED SALT (IODIZED).....	02																
PACKAGED SALT (NOT IODIZED)....	03																
SALT FOR ANIMALS.....	04																
LOOSE SALT.....	05																
OTHER _____	96																
(SPECIFY)																	

* Additional indicators of socioeconomic status may be added.

** Question and response categories to be developed locally, as appropriate.

DEMOGRAPHIC AND HEALTH SURVEYS
MODEL "A" QUESTIONNAIRE
FOR HIGH CONTRACEPTIVE PREVALENCE COUNTRIES

[NAME OF COUNTRY]
[NAME OF ORGANIZATION]

IDENTIFICATION*															
PLACE NAME _____	<table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														
NAME OF HOUSEHOLD HEAD _____															
CLUSTER NUMBER.....															
HOUSEHOLD NUMBER.....															
REGION.....															
URBAN/RURAL (urban=1, rural=2).....															
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE**..... (large city=1, small city=2, town=3, countryside=4)															
NAME AND LINE NUMBER OF WOMAN _____															

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
INTERVIEWER'S NAME	_____	_____	_____	MONTH <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
RESULT***	_____	_____	_____	YEAR <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
	_____	_____	_____	NAME <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
NEXT VISIT: DATE	_____	_____		RESULT <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
TIME	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
***RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (specify) 3 POSTPONED 6 INCAPACITATED				

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

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

* This section should be adapted for country-specific survey design.
 ** The following guidelines should be used to categorize urban sample points: "Large cities" are national capitals and places with over 1 million population; "small cities" are places with between 50,000 and 1 million population; remaining urban sample points are "towns".

SECTION 1. RESPONDENT'S BACKGROUND

Time of interview (101)

Time, recorded in 101 and 813, is used to determine the length of the interview.

Childhood residence and mobility (102-104)

These questions begin the individual interview and are intended to provide a basis for developing an index of rural to urban migration (in conjunction with later questions (726-728) on residential mobility). Such an index has shown greater analytical power for explaining contraceptive use and fertility than either childhood or current residence alone.

Date of birth and age of woman (105-106)

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

Education and literacy (107-114)

Education is one of the main factors influencing fertility, infant and child mortality, and health care. The questions on education follow the same sequence as in the earlier versions of the DHS questionnaire. Probes for the type of education received are required in countries where the educational system (or the number of grades at each level) has changed in the last 30 years. A new question was added for young women in DHS-III to determine their reasons for stopping attendance at school. This may be useful in analyses of teenage pregnancy and early childbearing as well as for other reasons.

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR.....96	→105
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY.....1 TOWN.....2 COUNTRYSIDE.....3	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES.....1 NO.....2	→114
108	What is the highest level of school you attended: primary, secondary, or higher?*	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	What is the highest (grade/form/year) you completed at that level?*	GRADE..... <input type="text"/> <input type="text"/>	
110	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		→113
111	Are you currently attending school?	YES.....1 NO.....2	→113
112	What was the main reason you stopped attending school?	GOT PREGNANT.....01 GOT MARRIED.....02 TO CARE FOR YOUNGER CHILDREN...03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING.07 DID NOT PASS ENTRANCE EXAMS...08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR..10 OTHER.....96 (SPECIFY) DON'T KNOW.....98	

* Revise according to the local educational system.

Exposure to mass media (115-117)

Exposure to modern ideas and values through the press, radio and television are associated with the adoption of fertility control. These questions are intended to provide a simple index of such exposure.

Religion and ethnicity (118-119)

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 ethnicity. This information is also of potential programmatic value in identifying particular groups that may have special needs.

Household characteristics of non-usual residents (120-128)

These questions are asked only of women who are interviewed in a household that is not their usual residence (i.e., visitors). Questions 121-122 identify the respondent's place of residence and region of residence. Questions 123-128 are identical to questions in the Household Schedule but are included here in order to obtain information about the household in which the respondent usually lives.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		115
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	116
115	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116	Do you usually listen to a radio every day?	YES.....1 NO.....2	
117	Do you usually watch television at least once a week?	YES.....1 NO.....2	
118	COUNTRY-SPECIFIC QUESTION ON RELIGION.		
119	COUNTRY-SPECIFIC QUESTION ON ETHNICITY.		
120	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>		201
121	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? _____ (NAME OF PLACE) Is that a city, town, or in the countryside?*	CAPITAL CITY, LARGE CITY.....1 SMALL CITY.....2 TOWN.....3 COUNTRYSIDE.....4	
122	In which [STATE/PROVINCE] is that located?***	STATE/PROVINCE.....01 STATE/PROVINCE.....02 STATE/PROVINCE.....03 STATE/PROVINCE.....04 STATE/PROVINCE.....05	
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?***	PIPED WATER PIPED INTO RESIDENCE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT..21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER _____ 96 (SPECIFY)	125 125 125 125

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
124	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																			
125	What kind of toilet facility does your household have?*	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 96 (SPECIFY)																			
126	Does your household have:**	<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>TELEPHONE.....</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	TELEPHONE.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																			
ELECTRICITY.....	1	2																			
RADIO.....	1	2																			
TELEVISION.....	1	2																			
TELEPHONE.....	1	2																			
REFRIGERATOR.....	1	2																			
127	Could you describe the main material of the floor of your home?***	NATURAL FLOOR EARTH/SAND.....11 DUNG.....12 RUDIMENTARY FLOOR WOOD PLANKS.....21 PALM/BAMBOO.....22 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL OR ASPHALT STRIPS.....32 CERAMIC TILES.....33 CEMENT.....34 CARPET.....35 OTHER _____ 96 (SPECIFY)																			
128	Does any member of your household own:**	<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> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2							
	YES	NO																			
BICYCLE.....	1	2																			
MOTORCYCLE.....	1	2																			
CAR.....	1	2																			

* Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.
 ** Additional indicators of socioeconomic status may be added.
 *** In some countries, it may be desirable to ask an additional question on the material of walls or ceilings.

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 infant/child deaths) in the woman's history and set the stage for the detailed history in 211-221.

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

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204				
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206				
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<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 baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	→208				
207	How many boys have died? And how many girls have died? IF NONE, RECORD '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, RECORD '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 ___ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.						
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →227						

Birth history (211-226)

The birth history is the heart of the survey. Fertility and infant and child mortality rates are derived from information collected in the birth history.

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

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

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

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

The DHS-III questionnaire has added an interviewer calculation and probe (220-223) to determine whether there have been any birth intervals that were four years or longer. If so, the respondent is asked if there were any live births during that long interval (221 and 223). The aim is to improve the reporting of both births and infant deaths.

The first entry in the monthly calendar (located on the last page of the questionnaire) is in 226 where the interviewer is instructed to record in column 1 the dates of births in the last 5 to 6 years, along with the months of gestation.

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

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) OF PREVIOUS BIRTH) and (NAME)?
01	SING..1 MULT..2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (NEXT ← BIRTH)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/>	
02	SING..1 MULT..2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3	YES...1 NO...2 (NEXT ← BIRTH)	YES..1 NO...2
03	SING..1 MULT..2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3	YES...1 NO...2 (NEXT ← BIRTH)	YES..1 NO...2
04	SING..1 MULT..2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3	YES...1 NO...2 (NEXT ← BIRTH)	YES..1 NO...2
05	SING..1 MULT..2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3	YES...1 NO...2 (NEXT ← BIRTH)	YES..1 NO...2
06	SING..1 MULT..2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3	YES...1 NO...2 (NEXT ← BIRTH)	YES..1 NO...2
07	SING..1 MULT..2	BOY...1 GIRL...2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO...2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3	YES...1 NO...2 (NEXT ← BIRTH)	YES..1 NO...2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF DEAD:	220	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) OF PREVIOUS BIRTH) and (NAME)?

08	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT ← BIRTH)	YES..1 NO...2
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09	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT ← BIRTH)	YES..1 NO...2
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10	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/>	YES...1 NO....2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3	<input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT ← BIRTH)	YES..1 NO...2
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222 FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH.
IS THE DIFFERENCE 4 YEARS OR MORE?
YES.....1 → GO TO 223
NO.....2 → GO TO 224

223 Have you had any live births since the birth of (NAME OF LAST BIRTH)?
YES.....1
NO.....2

224 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:
NUMBERS ARE SAME NUMBERS ARE DIFFERENT → (PROBE AND RECONCILE)
CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.
FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.
FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.
FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

225 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1991.*
IF NONE, RECORD '0'.

226 FOR EACH BIRTH SINCE JANUARY 1989** ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE 'B' CODE.

* For fieldwork beginning in 1995, 1996, or 1997, the year should be 1992, 1993, or 1994, respectively.
** For fieldwork beginning in 1995, 1996, or 1997, the year should be 1990, 1991, or 1992, respectively.

Current and recent pregnancy history (227-235)

If the woman reports that she is now pregnant, she is asked how many months. This information is also recorded in column 1 of the calendar. The planning status of that pregnancy is then determined in 229 in order to provide information on contraceptive failure and to help in estimating the current need for contraception.

Other recent pregnancies which did not end in a live birth for whatever reason (miscarriage, abortion or stillbirth) are determined in 230-235 and information about such pregnancies that occurred in the past 5 to 6 years is also recorded in column 1 of the calendar. Such information, though frequently underreported, is used to avoid misclassifying months in which the woman is in fact pregnant as months of exposure to the risk of pregnancy. This classification is relevant to calculations of rates of contraceptive failure, discontinuation, and the likelihood of conception.

Menstruation and knowledge of the ovulatory cycle (236-238)

Question 236 is used to provide a basis for classifying fecundity status and to improve the reporting of current pregnancy. Unlike earlier surveys that have asked women's perceptions about their ability to conceive, the DHS relies on reporting of menstruation in conjunction with other information on contraception and lactation to classify fecundity status. Women are also queried to determine the accuracy of their knowledge of when during the cycle they are most likely to get pregnant.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
227	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	230
228	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P'S IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS..... <input type="text"/>	
229	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have any more children at all?	THEN.....1 LATER.....2 NOT WANT MORE CHILDREN.....3	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	236
231	When did the last such pregnancy end?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	
232	CHECK 231: LAST PREGNANCY ENDED SINCE JAN. 1989* <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JAN. 1989* <input type="checkbox"/>		236
233	How many months pregnant were you when the last pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS..... <input type="text"/>	
234	Have you ever had any other pregnancies which did not result in a live birth?	YES.....1 NO.....2	236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER PREGNANCY BACK TO JANUARY 1989*. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
237	Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DON'T KNOW.....8	301
238	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....01 RIGHT AFTER HER PERIOD HAS ENDED.....02 IN THE MIDDLE OF THE CYCLE.....03 JUST BEFORE HER PERIOD BEGINS..04 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	

* For fieldwork beginning in 1995, 1996, or 1997, the year should be 1990, 1991, or 1992, respectively.

SECTION 3. CONTRACEPTION

Knowledge and use of methods (301-304)

The respondent is first asked which methods she has ever heard about and the interviewer records these spontaneously mentioned methods in 301. She is then asked in 302 whether she has ever heard of each method she did not spontaneously mention; this is done by reading the description of each method not mentioned by the respondent in 301. For each method mentioned in 301 or 302, information about whether she has ever used that method is collected in 303. Whether any method was ever used is then recorded in 304.

While this procedure may seem tedious, experience has indicated that such methodical questioning is necessary to obtain accurate data. Information collected in these questions forms the basis for estimates of prevalence of both modern and traditional methods and, by clearly communicating the concept of contraception, also serves to lead into later questions about family planning.

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

301 Which ways or methods have you heard about?	302 Have you ever heard of (METHOD)?		303 Have you ever used (METHOD)?
	SPONTANEOUS YES	PROBED YES NO	
01] PILL Women can take a pill every day.	1	2	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	YES.....1 NO.....2
03] INJECTABLES Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	YES.....1 NO.....2
04] IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	YES.....1 NO.....2
05] DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	YES.....1 NO.....2
06] CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2	YES.....1 NO.....2
07] FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08] MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
09] RHYTHM,PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	YES.....1 NO.....2
10] WITHDRAWAL Men can be careful and pull out before climax.	1	2	YES.....1 NO.....2
11] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3	YES.....1 NO.....2
	(SPECIFY)		YES.....1 NO.....2
	(SPECIFY)		YES.....1 NO.....2

304 CHECK 303:

NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED)

→ SKIP TO 308

Probe on contraceptive use (305-307)

A follow-up probe (305-307) for women who had reported never using any method is included to provide one more check on the classification of user status. This is important because if the respondent is classified as a "never user," she is skipped out of all subsequent questions asked of users of contraception.

First use of contraception (308-309)

These questions are to determine the respondent's introduction to contraception—the method she first used and the number of children she had, if any, at that time.

Current use (313-314)

These questions provide the basic information needed to estimate contraceptive prevalence rates by method. They also determine which questions users and nonusers are asked in the remainder of Section 3 and in subsequent parts of the questionnaire.

Pill use (315-317)

Details on brand and cost of pills are included for the evaluation of social marketing programs.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→307
306	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		→331
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
308	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used?*	PILL.....01 IUD.....02 INJECTABLES.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY)	
309	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN.....	<input type="text"/>
311	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→314A
312	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→325
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→325
314	Which method are you using?*	PILL.....01 IUD.....02 INJECTABLES.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY)	→324 →318 →323 →324
314A	CIRCLE '07' FOR FEMALE STERILIZATION.		
315	May I see the package of pills you are now using?*** RECORD NAME OF BRAND IF PACKAGE IS SEEN.	PACKAGE SEEN.....1 BRAND NAME _____ PACKAGE NOT SEEN.....2	→317
316	Do you know the brand name of the pills you are now using?*** RECORD NAME OF BRAND.	BRAND NAME _____ DON'T KNOW.....98	
317	How much does one packet (cycle) of pills cost you?	COST..... FREE.....996 DON'T KNOW.....998	→324

* Response categories may be added for other methods.

** Question should be maintained only in countries that have an active social marketing program.

Sterilization (318-322)

Women who reported sterilization as their method (314 or 314A) are asked to identify the type of facility in which the operation took place and the date it was performed, which is recorded in column 1 of the calendar. Two questions ascertain whether the woman regrets that she or her husband had the sterilization procedure, either because they now want another child, or for some other reason. This reaction is thought to be increasingly common in countries where men and women are electing sterilization at younger ages.

Days to abstain (323)

Women who are currently using periodic abstinence are queried as to how they determine when to abstain. This information is important for assessing failure rates of the method.

318	<p>Where did the sterilization take place?*</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>FAMILY PLANNING CLINIC.....13</p> <p>MOBILE CLINIC.....14</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PRIVATE DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....98</p>	
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319	<p>Do you regret that (you/your husband) had the operation not to have any (more) children?</p>	<p>YES.....1</p> <p>NO.....2 →321</p>	
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320	<p>Why do you regret the operation?</p>	<p>RESPONDENT WANTS ANOTHER CHILD.01</p> <p>PARTNER WANTS ANOTHER CHILD....02</p> <p>SIDE EFFECTS.....03</p> <p>CHILD DIED.....04</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
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321	<p>In what month and year was the sterilization performed?</p>	<p>MONTH..... <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table></p> <p>YEAR..... <table border="1" style="display: inline-table; width: 40px; height: 20px; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table></p>									

322	<p>CHECK 321:</p> <p>STERILIZED BEFORE JANUARY 1989** <input type="checkbox"/></p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1989.**</p> <p>THEN SKIP TO →329A</p>	<p>STERILIZED AFTER JANUARY 1989** <input type="checkbox"/></p> <p>ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.</p> <p>THEN SKIP TO →325</p>
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323	<p>How do you determine which days of your monthly cycle not to have sexual relations?</p>	<p>BASED ON CALENDAR.....01</p> <p>BASED ON BODY TEMPERATURE.....02</p> <p>BASED ON CERVICAL MUCUS (BILLINGS METHOD).....03</p> <p>BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04</p> <p>NO SPECIFIC SYSTEM.....05</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
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* Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

** For fieldwork beginning in 1995, 1996, or 1997, the year should be 1990, 1991, or 1992, respectively.

Duration of use, exposure and discontinuation (324-325)

These questions and instructions to the interviewer for recording information in columns 1 and 2 of the calendar are at the heart of the rationale for the calendar. The calendar is used to probe for periods of use and nonuse of methods and the reasons for discontinuing use. Each month in the last 5 to 6 years has been coded in column 1 in terms of the type of exposure to the risk of conception. Reasons for discontinuation are coded in column 2. This information permits the calculation of life table rates of contraceptive failure by method, discontinuations by reason, and the waiting time for conception.

Source of current method (328-330)

These questions are aimed at ascertaining the type of facility that was last visited to obtain the method currently used. Particular interest lies in the distinction between the public and private sectors. New questions were added to the DHS-III questionnaire (329-330) to determine whether a choice of facilities was involved and, if so, the reason for the choice that was made.

324 ENTER METHOD CODE FROM 314 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE.
ILLUSTRATIVE QUESTIONS:
· When did you start using continuously?
· How long have you been using this method continuously?

325 I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.

USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1989.*
USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.

IN COLUMN 1, ENTER CODE IN EACH MONTH OF METHOD USE OR '0' FOR NONUSE.
ILLUSTRATIVE QUESTIONS:
COLUMN 1: · When was the last time you used a method? Which method was that?
· When did you start using that method? How long after the birth of (NAME)?
· How long did you use the method then?

IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.
NUMBER OF CODES IN COL.2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.

ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.

ILLUSTRATIVE QUESTIONS:
COLUMN 2: · Why did you stop using the (METHOD)?
· Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?

IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:
· How many months did it take you to get pregnant after you stopped using (METHOD)?
AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

327 CHECK 314: CIRCLE METHOD CODE:	NOT ASKED.....00	→331
	PILL.....01	
	IUD.....02	
	INJECTABLES.....03	
	IMPLANTS.....04	
	DIAPHRAGM/FOAM/JELLY.....05	
	CONDOM.....06	
	FEMALE STERILIZATION.....07	
	MALE STERILIZATION.....08	→329A
	PERIODIC ABSTINENCE.....09	
	WITHDRAWAL.....10	
OTHER METHOD.....96	→332	

328 Where did you obtain (METHOD) the last time?*** IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR
	GOVERNMENT HOSPITAL.....11
	GOVERNMENT HEALTH CENTER.....12
	FAMILY PLANNING CLINIC.....13
	MOBILE CLINIC.....14
	FIELDWORKER.....15
	OTHER PUBLIC _____ 16 (SPECIFY)
	PRIVATE MEDICAL SECTOR
	PRIVATE HOSPITAL/CLINIC.....21
	PHARMACY.....22
	PRIVATE DOCTOR.....23
	MOBILE CLINIC.....24
	FIELDWORKER.....25
	OTHER PRIVATE MEDICAL _____ 26 (SPECIFY)
	OTHER SOURCE
	SHOP.....31
CHURCH.....32	
FRIEND/RELATIVE.....33	
OTHER _____ 36 (SPECIFY)	

* For fieldwork beginning in 1995, 1996, or 1997, the year should be 1990, 1991, or 1992, respectively.
** Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained.

Reasons for nonuse and knowledge of source (331-333)

In 331, women currently not using a method are directly asked for the main reason. Many such women are not exposed to risk—they may be pregnant, menopausal, subfecund, not having sex, or not exposed for other reasons. Some women who are exposed to risk say that they are trying to have another child, while others may be concerned about possible side effects or costs, or may regard contraception as inconvenient. Still others are opposed to contraception or ignorant of methods or sources of supply.

The objective of 332 and 333 is to determine whether nonuse may be related to lack of information about where to obtain contraception. Question 333 provides a basis for comparing the types of sources known to nonusers and to users.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	Do you know another place where you could have obtained (METHOD) the last time?*	YES.....1 NO.....2	→334
329A	At the time of the sterilization operation, did you know another place where you could have received the operation?*		
330	<p>People select the place where they get family planning services for various reasons.</p> <p>What was the main reason you went to (NAME OF PLACE IN Q.328 OR Q.318) instead of some other place you know about?*</p> <p>RECORD RESPONSE AND CIRCLE CODE.</p> <p>_____</p>	<p>ACCESS-RELATED REASONS</p> <p>CLOSER TO HOME.....11</p> <p>CLOSER TO MARKET/WORK.....12</p> <p>AVAILABILITY OF TRANSPORT....13</p> <p>SERVICE-RELATED REASONS</p> <p>STAFF MORE COMPETENT/ FRIENDLY.....21</p> <p>CLEANER FACILITY.....22</p> <p>OFFERS MORE PRIVACY.....23</p> <p>SHORTER WAITING TIME.....24</p> <p>LONGER HRS. OF OPERATION....25</p> <p>USE OTHER SERVICES AT THE FACILITY.....26</p> <p>LOWER COST/CHEAPER.....31</p> <p>WANTED ANONYMITY.....41</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW.....98</p>	→334
331	What is the main reason you are not using a method of contraception to avoid pregnancy?	<p>NOT MARRIED.....11</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....21</p> <p>INFREQUENT SEX.....22</p> <p>MENOPAUSAL/HYSTERECTOMY.....23</p> <p>SUBFECUND/INFECUND.....24</p> <p>POSTPARTUM/BREASTFEEDING....25</p> <p>WANTS (MORE) CHILDREN.....26</p> <p>PREGNANT.....27</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....31</p> <p>HUSBAND OPPOSED.....32</p> <p>OTHERS OPPOSED.....33</p> <p>RELIGIOUS PROHIBITION.....34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....41</p> <p>KNOWS NO SOURCE.....42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....51</p> <p>FEAR OF SIDE EFFECTS.....52</p> <p>LACK OF ACCESS/TOO FAR.....53</p> <p>COST TOO MUCH.....54</p> <p>INCONVENIENT TO USE.....55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....56</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW.....98</p>	

* Include only in countries where at least 15 percent of women are using a modern method of contraception.

Visits for family planning (334-336)

These questions are intended to estimate the frequency of contact with family planning professionals, either in the form of a visit by a family planning worker, or while at a more general health facility.

Breastfeeding to avoid pregnancy (337-342)

Questions on the possible contraceptive impact of breastfeeding are included for the first time in the DHS-III questionnaire. Women who believe that breastfeeding has a contraceptive effect are asked whether they have breastfed for this purpose.

SECTION 4A. PREGNANCY AND BREASTFEEDING

The questions in this section refer to all children born in the 3 to 4 years before the survey in order to obtain a representative sample of live births in the country during that period. The reference period is a change from earlier DHS questionnaires which used a five-year reference period. This change was introduced in order to reduce the length of the interview and the repetition of questions about different children.

Fertility planning (405-406)

It is important to be able to classify births as wanted or unwanted and whether (if wanted) they occurred sooner than preferred. This is the objective of 405 which permits estimating what the level of fertility would be in the population if only wanted births had occurred. Women who report the birth as wanted but as having occurred earlier than wanted are then asked how much longer they would like to have waited (406). This information permits determining the preferred length of birth intervals.

Antenatal care (407-409)

In order to detect problems associated with pregnancy and childbearing, all pregnant women should have routine antenatal check-ups. Questions 407 and 408 ascertain whether the woman received antenatal care, by whom, and how early in her pregnancy.

The number of visits made during each pregnancy (409) indicates if a woman received an adequate number of antenatal care check-ups. Analysis of information regarding the number of visits (409), in conjunction with information about the stage of pregnancy when antenatal care was started (408), gives an indication of whether women who have many antenatal care visits do so because 1) they initiate the visits early in pregnancy (i.e., they use the services for preventive care) or 2) they start late, perhaps as a result of medical complications arising toward the end of pregnancy, necessitating many visits.

The term for "antenatal care" (407-409) should correspond to the term used for routine, preventive antenatal care in the country, e.g., "control de embarazo" in Spanish.

Tetanus toxoid (410-411)

Neonatal tetanus, an almost universally fatal disease, can be prevented by the transfer of immunity to the baby while still in the womb, from a mother who has been adequately immunized. The number of women who have received tetanus toxoid during any pregnancy resulting in a live birth during the 3 to 4 years preceding the survey is obtained from 410. Since most women are unlikely to have received tetanus toxoid during childhood, they need two doses during their first pregnancy and a booster dose during subsequent pregnancies. An attempt is made to distinguish tetanus toxoid injections from other injections by specifying where the injection is given (i.e., in the arm). Analysis of the number of tetanus toxoid doses given (411) for first and higher order births indicates whether the antenatal care services are providing adequate tetanus toxoid coverage.

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 225:	ONE OR MORE BIRTHS SINCE JAN. 1991* <input type="checkbox"/>	NO BIRTHS SINCE JAN. 1991* <input type="checkbox"/>	→ (SKIP TO 465)
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402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991* IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).

Now I would like to ask you some more questions about the health of all your children born in the past three years. (We will talk about one child at a time.)

403	LINE NUMBER FROM Q212	LAST BIRTH LINE NUMBER..... <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/>
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404	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
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405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	THEN.....1 (SKIP TO 407)← <input type="text"/>	THEN.....1 (SKIP TO 407)← <input type="text"/>
		LATER.....2	LATER.....2
		NO MORE.....3 (SKIP TO 407)← <input type="text"/>	NO MORE.....3 (SKIP TO 407)← <input type="text"/>

406	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/>	MONTHS.....1 <input type="text"/>
		YEARS.....2 <input type="text"/>	YEARS.....2 <input type="text"/>
		DON'T KNOW.....998	DON'T KNOW.....998

407	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?*** IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER _____ X (SPECIFY) NO ONE.....Y (SKIP TO 410)← <input type="text"/>	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D OTHER _____ X (SPECIFY) NO ONE.....Y (SKIP TO 410)← <input type="text"/>
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408	How many months pregnant were you when you first received antenatal care?	MONTHS..... <input type="text"/>	MONTHS..... <input type="text"/>
		DON'T KNOW.....98	DON'T KNOW.....98

409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/>	NO. OF TIMES..... <input type="text"/>
		DON'T KNOW.....98	DON'T KNOW.....98

410	When you were pregnant with (NAME) were you given an injection in the arm*** to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 412)← <input type="text"/>	YES.....1 NO.....2 (SKIP TO 412)← <input type="text"/>
		DON'T KNOW.....8	DON'T KNOW.....8

411	During this pregnancy, how many times did you get this injection?	TIMES..... <input type="text"/>	TIMES..... <input type="text"/>
		DON'T KNOW.....8	DON'T KNOW.....8

* For fieldwork beginning in 1995, 1996, or 1997, the year should be 1992, 1993, or 1994, respectively.
 ** Coding categories to be developed locally and revised based on the pretest; however, the broad categories must be maintained. It is also important to select the appropriate term for "antenatal care".
 *** Vaccination practices may vary; this question should specify where the injection is given, e.g., arm or shoulder.

Delivery (412-413, 415) and obstetric complications (414)

The majority of maternal deaths occur because of untreated or inadequately treated complications arising during pregnancy, delivery and the postpartum period. Neonatal deaths, which constitute a large proportion of infant deaths, can often be traced to complications of the birth process or to potentially treatable conditions in the neonatal period. Many countries are training traditional birth attendants to provide basic maternity care and to recognize when women require referral for more specialized obstetric services. The questions specifying whether the delivery took place in a health facility (412) and identifying the person who assisted the woman during delivery (413) will help identify groups that are underserved by the health care system. Delivery by caesarean section (415) is necessary for some women due to pregnancy complications. Differential caesarean section rates (415) may also indicate that some groups do not have access to hospital-based obstetric services for the management of obstetrical complications. On the other hand, some countries may find very high caesarean section rates, indicating that this surgical operation is performed for nonmedical as well as medical reasons.

Obstetric complications place the mother and infant at risk of permanent injury or even death if appropriate obstetric care is not available (414). Prolonged labor may result if the birth canal is not large enough to allow the infant to pass through. Women with prolonged labor need to be evaluated to determine whether intervention is required, e.g., a caesarean section. Excessive bleeding during or after delivery may require transfusion to save the life of the mother. Abnormal hemorrhage may be prevented if adequate obstetric services are available. Infection associated with childbirth (puerperal sepsis) requires treatment with antibiotics. Convulsions may indicate eclampsia, a life-threatening condition. Knowledge of the occurrence of severe obstetric complications will aid countries in the planning and development of better services.

Size of newborn baby (416-418)

Low-birth-weight babies are more likely to die than babies with normal birth weights. Respondents are asked to give both the baby's birth weight (417-418) and, since some babies will not have been weighed at birth, their subjective assessment of the baby's size at birth (416). Analysis of the responses of women who can answer both of these questions (416 and 418) gives an indication of what women mean by each of the subjective categories ("very small," "average," etc.) in 416. This information allows an estimate of the average birth weight. Programs which aim to lower infant mortality rates through the prevention of low birth weight can use the estimates of the proportion of low-birth-weight babies for planning purposes. Birth weight and the size of the baby at birth also serve as proxies for the newborn's health status and as predictors of subsequent morbidity and mortality.

		LAST BIRTH	NEXT-TO-LAST BIRTH																														
		NAME _____	NAME _____																														
412	Where did you give birth to (NAME)?*	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. HEALTH POST....23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. HEALTH POST....23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)																														
413	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.*	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER _____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B AUXILIARY MIDWIFE.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER _____ X (SPECIFY) NO ONE.....Y																														
414	Around the time of the birth of (NAME), did you have any of the following problems:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>LABOR MORE THAN 12 HOURS...1</td> <td>2</td> <td></td> </tr> <tr> <td>EXCESSIVE BLEEDING.....1</td> <td>2</td> <td></td> </tr> <tr> <td>FEVER/BAD SMELLING VAG. DISCHARGE.....1</td> <td>2</td> <td></td> </tr> <tr> <td>CONVULSIONS.....1</td> <td>2</td> <td></td> </tr> </table>		YES	NO	LABOR MORE THAN 12 HOURS...1	2		EXCESSIVE BLEEDING.....1	2		FEVER/BAD SMELLING VAG. DISCHARGE.....1	2		CONVULSIONS.....1	2		<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>LABOR MORE THAN 12 HOURS...1</td> <td>2</td> <td></td> </tr> <tr> <td>EXCESSIVE BLEEDING.....1</td> <td>2</td> <td></td> </tr> <tr> <td>FEVER/BAD SMELLING VAG. DISCHARGE.....1</td> <td>2</td> <td></td> </tr> <tr> <td>CONVULSIONS.....1</td> <td>2</td> <td></td> </tr> </table>		YES	NO	LABOR MORE THAN 12 HOURS...1	2		EXCESSIVE BLEEDING.....1	2		FEVER/BAD SMELLING VAG. DISCHARGE.....1	2		CONVULSIONS.....1	2	
	YES	NO																															
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FEVER/BAD SMELLING VAG. DISCHARGE.....1	2																																
CONVULSIONS.....1	2																																
415	Was (NAME) delivered by caesarean section?	YES.....1 NO.....2	YES.....1 NO.....2																														
416	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DON'T KNOW.....8	VERY LARGE.....1 LARGER THAN AVERAGE....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DON'T KNOW.....8																														

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

Postpartum amenorrhea and abstinence (419-424)

Information on the duration of postpartum amenorrhea and abstinence is collected to determine the effects of these variables on the length of the birth interval and on the general level of fertility in the population. These durations vary greatly across countries and are associated with the probability of conception and the use of contraception.

Breastfeeding and other feeding practices

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

Breastfeeding: ever, duration, reasons for stopping breastfeeding (425-430)

For each child born in the last 3 to 4 years, the respondent is asked whether the baby was breastfed (425) and the duration of breastfeeding (428-429). Respondents are also asked about the reason for stopping breastfeeding (430).

Question 426 asks about the length of time from birth until the baby was first put to the breast. Breastfeeding practices immediately after birth vary. Among some groups the baby is placed at the breast soon after birth, while among others the baby is not put to the breast until somewhat later, so he/she does not receive the colostrum, which contains high concentrations of antibodies that protect the baby from infection. Delay in placing the baby at the breast may contribute to breastfeeding failure.

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
417	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 419)←	YES.....1 NO.....2 (SKIP TO 420)←
418	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	GRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998
419	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 421)← NO.....2 (SKIP TO 422)←	
420	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 424)←
421	For how many months after the birth of (NAME) did you not have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
422	CHECK 227: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 424)	
423	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 425)←	
424	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
425	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 431)←	YES.....1 NO.....2 (SKIP TO 431)←
426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>
427	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 429)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 429)
428	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 432)← NO.....2	YES.....1 (SKIP TO 432)← NO.....2
429	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98

Frequency of breastfeeding (432-433) and supplemental foods (435-438)

Two issues are of importance with regard to the effect of feeding practices on child health, mortality and physical growth: 1) Introducing breast milk substitutes to young infants interferes with the establishment of successful lactation and contributes to breastfeeding failure. The milk substitute or infant formula given to the baby is often watered down, providing too few calories. Additionally, the milk substitute may be contaminated with bacteria that are present in the container or in the water used to prepare the milk substitute, exposing the infant to the cycle of malnutrition and diarrheal illness. 2) Introducing weaning foods too late will result in malnutrition since the child does not receive enough calories for his/her needs.

The use of breast milk substitutes also affects the duration of amenorrhea. The decrease in suckling, which results from the use of milk substitutes, leads to a decrease in the production of pituitary hormones by the mother and, therefore, to a shorter duration of postpartum amenorrhea.

Both the child's health and nutritional status and the duration of postpartum amenorrhea are affected by the intensity of breastfeeding, which is assessed by asking how many times the baby was breastfed during a 24-hour period (432-433). In addition, the information about supplemental foods given on the day preceding the interview (435) combined with current breastfeeding status (428) permits an assessment of the intensity of breastfeeding. In order to gain a more complete picture of the child's feeding pattern, the mother is also asked about foods and liquids given in the seven days preceding the interview (438). The question about the number of meals eaten on the day prior to the interview (437) gives an indication of children's access to food.

Bottle feeding (434)

Question 434 asks whether the child was given anything to drink from a bottle with a nipple. Since it is difficult to clean feeding bottles, their use places the child at high risk for developing diarrhea. The use of a feeding bottle for giving liquids to a breastfed baby may suggest that the baby receives less breast milk and spends less time suckling at the breast.

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
430	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER _____ 96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER _____ 96 (SPECIFY)
431	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)
432	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/>
433	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/>
434	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
435	At any time yesterday or last night, was (NAME) given any of the following:*	YES NO DK PLAIN WATER.....1 2 8 SUGAR WATER.....1 2 8 JUICE.....1 2 8 HERBAL TEA.....1 2 8 BABY FORMULA.....1 2 8 TINNED/POWDR'D MLK..1 2 8 FRESH MILK.....1 2 8 OTHER LIQUIDS.....1 2 8 FOOD MADE FROM [GRAIN].....1 2 8 FOOD MADE FROM [TUBER].....1 2 8 EGGS/FISH/POULTRY...1 2 8 MEAT.....1 2 8 OTHER SOLID/ SEMI-SOLID FOODS..1 2 8	YES NO DK PLAIN WATER.....1 2 8 SUGAR WATER.....1 2 8 JUICE.....1 2 8 HERBAL TEA.....1 2 8 BABY FORMULA.....1 2 8 TINNED/POWDR'D MLK..1 2 8 FRESH MILK.....1 2 8 OTHER LIQUIDS.....1 2 8 FOOD MADE FROM [GRAIN].....1 2 8 FOOD MADE FROM [TUBER].....1 2 8 EGGS/FISH/POULTRY...1 2 8 MEAT.....1 2 8 OTHER SOLID/ SEMI-SOLID FOODS..1 2 8

* List of liquids and foods to be adapted locally and revised based on the pretest. Additional liquids or foods should be added to include common weaning foods. All items shown here should be included.

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
436	CHECK 435: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE <input type="checkbox"/> OR MORE	"NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 438)
		"YES" TO ONE <input type="checkbox"/> OR MORE	"NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 438)
437	(Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES..... <input type="checkbox"/> DON'T KNOW.....8	NUMBER OF TIMES..... <input type="checkbox"/> DON'T KNOW.....8
438	On how many days during the last seven days was (NAME) given any of the following:*	RECORD THE NUMBER OF DAYS.	RECORD THE NUMBER OF DAYS.
	Plain water?	PLAIN WATER..... <input type="checkbox"/>	PLAIN WATER..... <input type="checkbox"/>
	Any kind of milk (other than breast milk)?	MILK..... <input type="checkbox"/>	MILK..... <input type="checkbox"/>
	Liquids other than plain water or milk?	OTHER LIQUIDS..... <input type="checkbox"/>	OTHER LIQUIDS..... <input type="checkbox"/>
	Food made from [WHEAT, MAIZE, RICE, SORGHUM, or LOCAL GRAIN]?	FOOD MADE FROM [GRAIN]..... <input type="checkbox"/>	FOOD MADE FROM [GRAIN]..... <input type="checkbox"/>
	Food made from [CASSAVA, PLANTAIN, YAMS, or LOCAL TUBER]?	FOOD MADE FROM [TUBER]..... <input type="checkbox"/>	FOOD MADE FROM [TUBER]..... <input type="checkbox"/>
	Eggs, fish, or poultry?	EGGS/FISH/POULTRY..... <input type="checkbox"/>	EGGS/FISH/POULTRY..... <input type="checkbox"/>
	Meat?	MEAT..... <input type="checkbox"/>	MEAT..... <input type="checkbox"/>
	Any other solid or semi-solid foods? IF DON'T KNOW, RECORD '8'	OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/>	OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/>
439		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.

* List of liquids and foods to be adapted locally and revised based on the pretest. Additional liquids or foods should be added to include common weaning foods. All items shown here should be included.

SECTION 4B. IMMUNIZATION AND HEALTH

Vaccination information obtained from written records and from the mother's recall (443-448)

Information about the immunization status of surviving children born in the last 3 to 4 years is collected to ascertain the level of coverage and, hence, the level of protection against specific diseases. The data are also used in analyses of use of health services, to determine "missed opportunities" for vaccinations, and to identify high-risk groups that are not benefiting from immunization programs. Examples of "missed opportunities" would be a mother who has received recent antenatal care, but whose children have not been immunized, or children who have visited a health facility recently, but have not received an immunization.

The immunization record filled out by health workers and kept by the mother is the main source of information about childhood vaccinations. The date of vaccination against tuberculosis (BCG vaccine), diphtheria, whooping cough and tetanus (DPT), poliomyelitis and measles are copied to the questionnaire from the vaccination cards (445). For multiple dose vaccines, the date of each dose is recorded. An examination of the age at vaccination for successive age cohorts allows an analysis of changes in performance of the immunization program. Respondents are also asked if the child has received any vaccinations not written on the card (446).

When there is no card, the mother is asked if she ever had a card for that child (444). This allows estimation of the effect of card loss on the coverage data obtained from the written records. The mother is also asked which immunizations the child has received, if any (447-448). The questions probing for immunizations determine whether the child ever received BCG vaccine, polio and DPT vaccines (including the number of doses) and measles vaccine (448). BCG vaccine leaves a scar and is usually given as an injection in the left arm or shoulder. Polio vaccine is usually given orally as (pink) drops, and it is usually recommended that children receive three or four doses in the first year of life, although other vaccination schedules may be used. The DPT vaccine is an injection usually given at the same time as the oral polio vaccine. If four doses of polio vaccine are given, one of these is usually given soon after birth. Asking about both oral polio and DPT allows an assessment of the accuracy of the answers about polio vaccine given at birth. Measles vaccine is given as an injection, and is usually recommended to be given at nine months of age.

Since almost everyone vaccinated with BCG develops an easily recognizable scar, all children under five years will be checked for the presence of a BCG scar at the time when they are weighed and measured (see Section 9, 905). The BCG vaccination rate based on the written immunization record (445) and the mother's report (448) can be compared with the coverage rate based on the BCG scar.

SECTION 4B. IMMUNIZATION AND HEALTH

440	ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991* IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES).																																																																																		
441	LINE NUMBER FROM Q212	LAST BIRTH LINE..... <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE..... <input type="text"/> <input type="text"/>																																																																																
442	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)																																																																																
443	Do you have a card where (NAME'S) vaccinations are written down?*** IF YES: May I see it please?	YES, SEEN.....1 (SKIP TO 445) ← YES, NOT SEEN.....2 (SKIP TO 447) ← NO CARD.....3	YES, SEEN.....1 (SKIP TO 445) ← YES, NOT SEEN.....2 (SKIP TO 447) ← NO CARD.....3																																																																																
444	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 447) ← NO.....2	YES.....1 (SKIP TO 447) ← NO.....2																																																																																
445	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.** (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> </thead> <tbody> <tr><td>BCG....</td><td></td><td></td><td></td></tr> <tr><td>P0....</td><td></td><td></td><td></td></tr> <tr><td>P1....</td><td></td><td></td><td></td></tr> <tr><td>P2....</td><td></td><td></td><td></td></tr> <tr><td>P3....</td><td></td><td></td><td></td></tr> <tr><td>D1....</td><td></td><td></td><td></td></tr> <tr><td>D2....</td><td></td><td></td><td></td></tr> <tr><td>D3....</td><td></td><td></td><td></td></tr> <tr><td>MEA....</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YR	BCG....				P0....				P1....				P2....				P3....				D1....				D2....				D3....				MEA....				<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> </thead> <tbody> <tr><td>BCG....</td><td></td><td></td><td></td></tr> <tr><td>P0....</td><td></td><td></td><td></td></tr> <tr><td>P1....</td><td></td><td></td><td></td></tr> <tr><td>P2....</td><td></td><td></td><td></td></tr> <tr><td>P3....</td><td></td><td></td><td></td></tr> <tr><td>D1....</td><td></td><td></td><td></td></tr> <tr><td>D2....</td><td></td><td></td><td></td></tr> <tr><td>D3....</td><td></td><td></td><td></td></tr> <tr><td>MEA....</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YR	BCG....				P0....				P1....				P2....				P3....				D1....				D2....				D3....				MEA....			
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446	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) ← NO.....2 DON'T KNOW.....8 (SKIP TO 449) ←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) ← NO.....2 DON'T KNOW.....8 (SKIP TO 449) ←																																																																																

* For fieldwork beginning in 1995, 1996, or 1997, the year should be 1992, 1993, or 1994, respectively.
 ** To be developed locally since immunization practices may vary from country to country, as may the terms used for the written record and for the vaccinations.

Diarrhea and acute lower respiratory tract infection (e.g., pneumonia) are major causes of death in young children. The questions about cough and diarrhea aim to determine how children with each of these problems are treated and the extent of their contact with the health care system. The question about fever is primarily asked to allow an analysis of the combination of these symptoms.

Cough/acute respiratory tract infection and fever (449-453)

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

The question asking whether the child has been ill with a cough in the past two weeks (450) is followed by a question on whether the child was breathing rapidly (451). Children who are more severely ill and who have an acute *lower* respiratory infection, primarily pneumonia, have an increased respiratory rate, i.e., they breathe more rapidly than normal. Fever (449) associated with the cough may also indicate a more severe illness, though it should be kept in mind that undernourished children may have severe infections without having a fever.

Contact with health services is ascertained in reference to any illness associated with a cough in the past two weeks (452-453). Since WHO's case management approach to ALRI focuses on the correct treatment by health personnel, including community health workers, it is important to know what proportion of children should be evaluated by health personnel. The health facilities listed in the response to this question range from a small health post to a health center and hospital. A health post or dispensary usually has no inpatient beds, while a center usually has at least a few "maternity" and "general" beds. Since some countries use the term "clinic" to describe certain health facilities this term has also been included. The specific names chosen for the health facilities should reflect the terms used locally.

	LAST BIRTH	NEXT-TO-LAST BIRTH	
	NAME _____	NAME _____	
447	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 449)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 449)← DON'T KNOW.....8
448	Please tell me if (NAME) received any of the following vaccinations:*		
448A	A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that caused a scar?*	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
448B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 448E)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 448E)← DON'T KNOW.....8
448C	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
448D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
448E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES.....1 NO.....2 (SKIP TO 448G)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 448G)← DON'T KNOW.....8
448F	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
448G	An injection to prevent measles?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
449	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
450	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 454)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 454)← DON'T KNOW.....8
451	When (NAME) was ill with a cough, did he/she breathe more rapidly than usual with short, rapid breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
452	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 454)←	YES.....1 NO.....2 (SKIP TO 454)←

* To be developed locally since immunization practices may vary from country to country, as may the terms used for the vaccinations.

** Adapt question locally after determining the most common injection site (usually the left arm or shoulder). Children under 3 years will be checked for a BCG scar, normally during the height and weight measurement in Section 9.

Diarrhea and treatment with oral rehydration therapy (454-463)

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

The two-week reference period (454) was chosen in order to obtain large enough sample sizes to allow meaningful analyses of the responses to the questions about management of the diarrhea. The term(s) used for diarrhea in these questions should also include the word(s) which refer to dysenteric stools (i.e., stools with blood). The question about blood in the stool (455) will provide an approximation of the percentage of children who have dysentery. In order to get an idea of the severity of the diarrhea the respondent is asked how many times the child had bowel movements on the worst day of the diarrhea (456).

Since most programs to control morbidity and mortality from diarrhea emphasize giving an increased amount of fluids to children with acute watery diarrhea, the respondent is asked whether the child was given an increased amount of fluids during the diarrheal episode. All mothers are asked if the child was offered the usual amount of liquid to drink as before the diarrheal illness, or if they were offered either more or less (457). While it is important to give increased fluids in order to prevent dehydration, continued feeding while the child is ill with diarrhea is also important in order to prevent, or minimize, the development of undernutrition. Hence mothers are also asked about the amount of solid foods given during diarrhea (458).

All mothers of children with diarrhea are asked whether the children received fluid made from a packet of oral rehydration salts (459). Mothers are also asked whether the child was given liquids made from ingredients that are readily available in the home. This list includes the specific recommended home fluids that are promoted for the prevention and treatment of dehydration; it also includes unacceptable fluids which may be given to children with diarrhea (e.g. sweetened teas, soft drinks, liquids containing caffeine). The respondents are also asked to list any other treatment given for the diarrhea (460-461) in order to allow estimation of the proportion of children who receive appropriate treatment as well as the extent of forms of treatment which may be inappropriate, e.g., antibiotics. Contact with health services is also recorded (462-463). The categories used for the health facilities in the response to this question should be the same as the categories used with regard to cough.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
453	Where did you seek advice or treatment?*	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER....B GOVT. HEALTH POST.....C MOBILE CLINIC.....D COMM. HEALTH WORKER....E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMM. HEALTH WORKER....K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP.....M TRAD. PRACTITIONER....N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER....B GOVT. HEALTH POST.....C MOBILE CLINIC.....D COMM. HEALTH WORKER....E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMM. HEALTH WORKER....K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP.....M TRAD. PRACTITIONER....N OTHER _____ X (SPECIFY)
454	Has (NAME) had diarrhea in the last two weeks?*	YES.....1 NO.....2 (SKIP TO 464)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 464)← DON'T KNOW.....8
455	Was there any blood in the stools?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
456	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
457	Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
458	Was he/she given the same amount of food to eat as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8

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

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

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
459	When (NAME) had diarrhea, was he/she given any of the following to drink:*	<p style="text-align: center;">YES NO DK</p> FLUID FROM ORS PKT...1 2 8 THIN WATERY GRUEL...1 2 8 SOUP.....1 2 8 SUG.-SALT-WAT. SOL...1 2 8 [UNACCEPTABLE FL.]...1 2 8 MILK/INFANT FORMULA...1 2 8 YOGHURT-BASED DR....1 2 8 [ACCEPTABLE FL.]....1 2 8 WATER.....1 2 8 OTHER LIQUID.....1 2 8	<p style="text-align: center;">YES NO DK</p> FLUID FROM ORS PKT...1 2 8 THIN WATERY GRUEL...1 2 8 SOUP.....1 2 8 SUG.-SALT-WAT. SOL...1 2 8 [UNACCEPTABLE FL.]...1 2 8 MILK/INFANT FORMULA...1 2 8 YOGHURT-BASED DR....1 2 8 [ACCEPTABLE FL.]....1 2 8 WATER.....1 2 8 OTHER LIQUID.....1 2 8
460	Was anything (else) given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 462)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 462)← DON'T KNOW.....8
461	What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED.	PILL OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____ X (SPECIFY)	PILL OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER _____ X (SPECIFY)
462	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 464)←	YES.....1 NO.....2 (SKIP TO 464)←
463	Where did you seek advice or treatment?*** Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. HEALTH POST.....C MOBILE CLINIC.....D COMM. HEALTH WORKER...E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP.....M TRAD. PRACTITIONER...N OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. HEALTH POST.....C MOBILE CLINIC.....D COMM. HEALTH WORKER...E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC...G PHARMACY.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J COMM. HEALTH WORKER...K OTHER PRIVATE MEDICAL _____ L (SPECIFY) OTHER SOURCE SHOP.....M TRAD. PRACTITIONER...N OTHER _____ X (SPECIFY)
464		GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.

* The response categories should be adapted to include terms used locally for the recommended home fluids (RHF). Ingredients promoted by the National Control of Diarrheal Diseases (CDD) Program or by the Ministry of Health (MOH) to make the RHF should be reflected in the categories. Unacceptable fluids identified by the CDD Program or the MOH should be included (e.g.: sweetened teas, soft drinks, fluids containing caffeine).

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

Knowledge of appropriate treatment of children with cough and diarrhea (465-470)

Four questions about how to manage a child with cough or diarrhea are asked of all respondents, regardless of whether they have children, in order to ascertain the general level of knowledge.

The responses to the questions about the amount of liquids (465) and solids (466) to be given to a child with diarrhea can be compared with the responses to the questions on what was actually done during a diarrhea episode (457, 458). Questions are also asked to determine if respondents know which danger signs indicate that they should seek health care for a child who is ill with diarrhea or a cough (467, 468). Respondents are asked if they have ever heard of packets of oral rehydration salts (470).

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
465	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK.....1 ABOUT SAME AMOUNT TO DRINK.....2 MORE TO DRINK.....3 DON'T KNOW.....8	
466	When a child has diarrhea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DON'T KNOW.....8	
467	When a child is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/NOT DRINKING WELL...H GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
468	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	RAPID BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL...F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
469	CHECK 459, ALL COLUMNS: NO CHILD RECEIVED ORS <input type="checkbox"/> ANY CHILD RECEIVED ORS <input type="checkbox"/>	→ 501	
470	Have you ever heard of a special product called [LOCAL NAME] you can get for the treatment of diarrhea?	YES.....1 NO.....2	

SECTION 5. MARRIAGE

Marital status and co-residence (502-511)

These questions are used to classify respondents by marital status. Throughout the DHS program, the concept "married" has included women in both formal and informal unions. In DHS-III, a new question (503) was added to classify women not currently in a union by whether they have a sex partner. This information is important for the study of adolescent pregnancy as well as for the collection of data in countries where visiting relationships are common.

Date and age at marriage (512-514)

The duration of marriage is a key variable for many demographic analyses. The age at which marriage begins, although an increasingly imperfect indicator of the beginning of exposure to the risk of pregnancy, is highly correlated with lifetime fertility. A woman is asked to supply the month and year of her (first) union, or if the year is not remembered, the age at which she first started living with her partner. This information is recorded in column 3 of the calendar; every month in this column will classify the woman as in union or not in union.

SECTION 5. MARRIAGE*

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
501	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</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> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2				
	YES	NO																			
CHILDREN UNDER 10.....	1	2																			
HUSBAND/PARTNER.....	1	2																			
OTHER MALES.....	1	2																			
OTHER FEMALES.....	1	2																			
502	Are you currently married or living with a man?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td>1</td> </tr> <tr> <td>YES, LIVING WITH A MAN.....</td> <td>2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td>3</td> </tr> </table>	YES, CURRENTLY MARRIED.....	1	YES, LIVING WITH A MAN.....	2	NO, NOT IN UNION.....	3	→507												
YES, CURRENTLY MARRIED.....	1																				
YES, LIVING WITH A MAN.....	2																				
NO, NOT IN UNION.....	3																				
503	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	<table border="0"> <tr> <td>REGULAR SEXUAL PARTNER.....</td> <td>1</td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER.....</td> <td>2</td> </tr> <tr> <td>NO SEXUAL PARTNER.....</td> <td>3</td> </tr> </table>	REGULAR SEXUAL PARTNER.....	1	OCCASIONAL SEXUAL PARTNER.....	2	NO SEXUAL PARTNER.....	3													
REGULAR SEXUAL PARTNER.....	1																				
OCCASIONAL SEXUAL PARTNER.....	2																				
NO SEXUAL PARTNER.....	3																				
504	Have you ever been married or lived with a man?	<table border="0"> <tr> <td>YES, FORMERLY MARRIED.....</td> <td>1</td> </tr> <tr> <td>YES, LIVED WITH A MAN.....</td> <td>2</td> </tr> <tr> <td>NO.....</td> <td>3</td> </tr> </table>	YES, FORMERLY MARRIED.....	1	YES, LIVED WITH A MAN.....	2	NO.....	3	→506 →511												
YES, FORMERLY MARRIED.....	1																				
YES, LIVED WITH A MAN.....	2																				
NO.....	3																				
505	ENTER '0' IN COLUMN 3 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1989**.		→515																		
506	What is your marital status now: are you widowed, divorced, or separated?	<table border="0"> <tr> <td>WIDOWED.....</td> <td>1</td> </tr> <tr> <td>DIVORCED.....</td> <td>2</td> </tr> <tr> <td>SEPARATED.....</td> <td>3</td> </tr> </table>	WIDOWED.....	1	DIVORCED.....	2	SEPARATED.....	3	→511												
WIDOWED.....	1																				
DIVORCED.....	2																				
SEPARATED.....	3																				
507	Is your husband/partner living with you now or is he staying elsewhere?	<table border="0"> <tr> <td>LIVES WITH HER.....</td> <td>1</td> </tr> <tr> <td>STAYING ELSEWHERE.....</td> <td>2</td> </tr> </table>	LIVES WITH HER.....	1	STAYING ELSEWHERE.....	2															
LIVES WITH HER.....	1																				
STAYING ELSEWHERE.....	2																				
511	Have you been married or lived with a man only once, or more than once?	<table border="0"> <tr> <td>ONCE.....</td> <td>1</td> </tr> <tr> <td>MORE THAN ONCE.....</td> <td>2</td> </tr> </table>	ONCE.....	1	MORE THAN ONCE.....	2															
ONCE.....	1																				
MORE THAN ONCE.....	2																				
512	<p>CHECK 511:</p> <table border="0"> <tr> <td>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></td> <td>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></td> </tr> <tr> <td>↓</td> <td>↓</td> </tr> <tr> <td>In what month and year did you start living with your husband/partner?</td> <td>Now we will talk about your first husband/partner. In what month and year did you start living with him?</td> </tr> </table>	MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/>	MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/>	↓	↓	In what month and year did you start living with your husband/partner?	Now we will talk about your first husband/partner. In what month and year did you start living with him?	<table border="0"> <tr> <td>MONTH.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DON'T KNOW MONTH.....</td> <td colspan="2">.98</td> </tr> <tr> <td>YEAR.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DON'T KNOW YEAR.....</td> <td colspan="2">.98</td> </tr> </table>	MONTH.....	<input type="text"/>	<input type="text"/>	DON'T KNOW MONTH.....	.98		YEAR.....	<input type="text"/>	<input type="text"/>	DON'T KNOW YEAR.....	.98		→514
MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/>	MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/>																				
↓	↓																				
In what month and year did you start living with your husband/partner?	Now we will talk about your first husband/partner. In what month and year did you start living with him?																				
MONTH.....	<input type="text"/>	<input type="text"/>																			
DON'T KNOW MONTH.....	.98																				
YEAR.....	<input type="text"/>	<input type="text"/>																			
DON'T KNOW YEAR.....	.98																				
513	How old were you when you started living with him?	AGE..... <input type="text"/>																			
514	<p>DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1989**. ENTER 'X' IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER '0' FOR EACH MONTH NOT MARRIED/NOT IN UNION, SINCE JANUARY 1989**.</p> <p>FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p> <p>FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.</p>																				

* To add questions on polygamous unions, see 508-510 in DHS-III Basic Documentation No. 2: Model "B" Questionnaire.
 ** For fieldwork beginning in 1995, 1996, or 1997, the year should be 1990, 1991, or 1992, respectively.

Sexual activity (515 and 519)

Information about sexual activity has many uses. It bears directly on exposure to the risk of pregnancy for unmarried teenagers as well as for currently married women. Age at first sexual intercourse is a more appropriate marker for the beginning of exposure to pregnancy than age at first marriage, which may occur later in time.

All women are asked 515 about the last time they had intercourse. The portion of the question in parentheses (if ever) provides a different phrasing of the question for women who have never been in a union and do not currently have a sex partner. Use of the phrase "if ever" is intended to soften the question for young teenagers. The question replaces an the earlier question that simply asked whether the woman had ever had sexual intercourse. The new question is intended to reduce underreporting of sexual experience, which occurred in many earlier surveys.

Condom use (516-518)

Women who earlier had reported knowing about the condom are asked whether their partner used one the last time they had sex. Women who did not report knowing the method earlier in the interview are given a description of the method and asked if they used it the last time they had sex. The reason for this repetition is that earlier in the interview condoms are discussed in the context of family planning. Since condoms protect against AIDS as well, it is important to determine whether women are using condoms for family planning purposes or for protection against sexually transmitted diseases. Both groups of women are then asked about their knowledge of where they can get condoms.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.</p> <p>When was the last time you had sexual intercourse (if ever)?</p>	<p>NEVER.....000 →608</p> <p>DAYS AGO.....1</p> <p>WEEKS AGO.....2</p> <p>MONTHS AGO.....3</p> <p>YEARS AGO.....4</p> <p>BEFORE LAST BIRTH.....996</p>	
516	<p>CHECK 301 AND 302:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, was a condom used?</p> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>↓</p> <p>Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	
517	<p>Do you know of a place where you can get condoms?</p>	<p>YES.....1</p> <p>NO.....2 →519</p>	
518	<p>Where is that?*</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>FAMILY PLANNING CLINIC.....13</p> <p>MOBILE CLINIC.....14</p> <p>FIELDWORKER.....15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>PHARMACY.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>FIELDWORKER.....25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIEND/RELATIVE.....33</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p>	
519	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN MARRIED.....96</p>	

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

SECTION 6. FERTILITY PREFERENCES

Reproductive intentions (602-605)

These questions determine the basic preferences of women for future childbearing, in terms of whether additional children are wanted and desired spacing of the next child. Research indicates that reproductive intentions are highly correlated with contraceptive prevalence and fertility rates. The data are also used to construct measures of unmet need for family planning.

Intention to use contraception (607-611)

Women who are not currently using contraception, which includes currently pregnant women as well as past users and never users, are asked about their intention to use (with a distinction between use in the near future and later use), and the method they would prefer. Such data provide an indication of the future demand for services. Reasons for not intending to use are elicited in 610 and cover a wide variety of possibilities. In previous DHS questionnaires, these questions were located in Section 3. They have been relocated here so that contraceptive intentions will be closer to reproductive intentions.

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 314:</p> <p>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p>		612
602	<p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?</p>	<p>HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DON'T KNOW.....8</p>	606 604
603	<p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child? After the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS.....1 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> YEARS.....2 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/> SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT...994 AFTER MARRIAGE.....995 OTHER _____ 996 (SPECIFY) DON'T KNOW.....998</p>	606
604	<p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p>		607
605	<p>If you became pregnant in the next few weeks, would you be happy, unhappy, or would it not matter very much?</p>	<p>HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3</p>	
606	<p>CHECK 313: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/></p>		612
607	<p>Do you think you will use a method to delay or avoid pregnancy within the next 12 months?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>	609
608	<p>Do you think you will use a method to delay or avoid pregnancy at any time in the future?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>	610
609	<p>Which method would you prefer to use?</p>	<p>PILL.....01 IUD.....02 INJECTABLES.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) UNSURE.....98</p>	612

Ideal number of children (612-613)

Questions such as 612 have been used in previous surveys to measure fertility norms, and the question was retained here primarily for purposes of comparison with earlier surveys. An improvement over previous surveys is the rephrasing of the question when posed to mothers, to reduce the tendency of respondents to rationalize existing children. Question 613 on the ideal number of boys and girls has been added to the DHS-III questionnaire to assess the extent of son preference in different societies.

610 What is the main reason that you think you will never use a method?

- NOT MARRIED.....11
- FERTILITY-RELATED REASONS
 - INFREQUENT SEX.....22
 - MENOPAUSAL/HYSTERECTOMY.....23
 - SUBFECUND/INFECUND.....24
 - WANTS MORE CHILDREN.....26
- OPPOSITION TO USE
 - RESPONDENT OPPOSED.....31
 - HUSBAND OPPOSED.....32
 - OTHERS OPPOSED.....33
 - RELIGIOUS PROHIBITION.....34
- LACK OF KNOWLEDGE
 - KNOWS NO METHOD.....41
 - KNOWS NO SOURCE.....42
- METHOD-RELATED REASONS
 - HEALTH CONCERNS.....51
 - FEAR OF SIDE EFFECTS.....52
 - LACK OF ACCESS/TOO FAR.....53
 - COST TOO MUCH.....54
 - INCONVENIENT TO USE.....55
 - INTERFERES WITH BODY'S NORMAL PROCESSES.....56
- OTHER _____ 96
(SPECIFY)
- DON'T KNOW.....98

→612

611 Would you ever use a method if you were married?

- YES.....1
- NO.....2
- DON'T KNOW.....8

612 CHECK 216:

<p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>
--	---

PROBE FOR A NUMERIC RESPONSE.

NUMBER.....

OTHER _____ 96
(SPECIFY)

→614

613 How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?

BOYS

NUMBER.....

OTHER _____ 96
(SPECIFY)

GIRLS

NUMBER.....

OTHER _____ 96
(SPECIFY)

EITHER

NUMBER.....

OTHER _____ 96
(SPECIFY)

Approval of contraception (614)

Although disapproval of contraception may be reported earlier in the interview as a reason for nonuse or as a reason for not intending to use in the future, this explicit question permits estimation of the overall proportion of women who approve or disapprove of contraception.

Mass media (615-619)

Many countries are now using radio, television and the print media to communicate messages about family planning. These questions measure exposure to such messages, and explore informal social networks that may initiate or reinforce these messages.

Husband's attitude toward family planning (621-623)

Limited to women in union, questions 621 and 623 aim at assessing women's perceptions of their husband's or partner's attitude toward contraception in general, and the desired number of children in particular. As discussion of family planning between partners is thought to be instrumental in the decision to take joint action to control fertility, question 622 is intended to assess the extent to which couples communicate about family planning.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3	
615	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	ACCEPT- NOT ABLE ACCEPT- ABLE DK RADIO.....1 2 8 TELEVISION.....1 2 8	
616	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2	
617	COUNTRY-SPECIFIC QUESTIONS ON FAMILY PLANNING MESSAGES ON THE RADIO AND TELEVISION.		
618	In the last few months have you discussed the practice of family planning with friends, neighbors, or relatives?	YES.....1 NO.....2	→620
619	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS/NEIGHBORS.....H OTHER _____ X (SPECIFY)	
620	CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→701
621	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DON'T KNOW.....8	
622	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
623	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8	

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

Husband's age and education (702-705)

Husband's age is asked of all women currently in a union. The questions on education are the same as those that are asked about the woman's education at the beginning of the questionnaire, and are asked of all women who either are currently in a union or were previously in a union.

Husband's work (706-708)

These questions are intended to provide at least a limited picture of the husband's position in the world of work. (The socioeconomic status of the family is more directly assessed through the list of household items owned and the dwelling characteristics, which are collected in the Household Schedule.) The data on occupation permits descriptive generalizations about the sectors of society in which fertility is changing.

Women's employment and earnings (709-723)

The coverage of this subject has been greatly expanded in DHS-III. While still obtaining employment status in the cash economy and occupation, there is now also much more detail about the amount of time worked in the past 12 months as well as information on earnings. The interest in the general topic of women's employment and earnings is directed more toward obtaining descriptive information on important aspects of women's status than toward relating such information to fertility. As a measure of women's independence, a question has been added to determine who it is that decides how the respondent's earnings will be spent (722).

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502 AND 504:	<p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/></p>	<p>→703</p> <p>→709</p>
702	How old was your husband/partner on his last birthday?	AGE..... <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	<p>YES.....1</p> <p>NO.....2</p>	→706
704	What was the highest level of school he attended: primary, secondary, or higher?*	<p>PRIMARY.....1</p> <p>SECONDARY.....2</p> <p>HIGHER.....3</p> <p>DON'T KNOW.....8</p>	→706
705	What was the highest grade/form/year he completed at that level?*	<p>GRADE..... <input type="text"/></p> <p>DON'T KNOW.....98</p>	
706	What is/was your (last) husband/partner's occupation? That is, what kind of work does/did he mainly do?	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
707	<p>CHECK 706:</p> <p>WORKS/WORKED IN AGRICULTURE <input type="checkbox"/></p> <p>DOES/DID NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		→709
708	Does/did your husband/partner work mainly on his own land or on family land, or does/did he rent land, or does/did he work on someone else's land?	<p>HIS LAND.....1</p> <p>FAMILY LAND.....2</p> <p>RENTED LAND.....3</p> <p>SOMEONE ELSE'S LAND.....4</p>	
709	Aside from your own housework, are you currently working?	<p>YES.....1</p> <p>NO.....2</p>	→712
710	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	<p>YES.....1</p> <p>NO.....2</p>	→712
711	Have you done any work in the last 12 months?	<p>YES.....1</p> <p>NO.....2</p>	→726
712	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p>	
713	<p>CHECK 712:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		→715
714	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	<p>OWN LAND.....1</p> <p>FAMILY LAND.....2</p> <p>RENTED LAND.....3</p> <p>SOMEONE ELSE'S LAND.....4</p>	

* Revise according to the local educational system. 69

Child care (725)

As in DHS-II, information is collected about child care for working mothers with young children.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
716	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR.....2 ONCE IN A WHILE.....3	→718 →719
717	During the last 12 months, how many months did you work?	NUMBER OF MONTHS..... <input type="text"/>	
718	During the last 12 months, how many days a week did you usually work (in the months that you worked)?	NUMBER OF DAYS..... <input type="text"/>	→720
719	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS..... <input type="text"/>	
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2	→723
721	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR.....1 PER DAY.....2 PER WEEK.....3 PER MONTH.....4 PER YEAR.....5 OTHER _____ 999996 (SPECIFY)	
722	CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? NO, NOT IN UNION <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER...3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
723	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	
724	CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→726
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER _____ 96 (SPECIFY)	

Residential mobility (726-728)

Information on the subject of moves from one community to another is collected and recorded in column 4 of the calendar. This subject is included both for general descriptive purposes as well as for its possible significance for fertility.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	Have you lived in only one community or in more than one community since January 1989*?	ONE COMMUNITY.....1 MORE THAN ONE COMMUNITY.....2	→728
727	IN COLUMN 4 OF CALENDAR, ENTER THE APPROPRIATE CODE FOR CURRENT COMMUNITY, ('1' CITY, '2' TOWN, '3' COUNTRYSIDE). BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JAN. 1989.* THEN SKIP TO _____		→801
728	In what month and year did you move to (NAME OF COMMUNITY OF INTERVIEW)? IN COLUMN 4 OF CALENDAR, ENTER 'X' IN THE MONTH AND YEAR OF THE MOVE. IN SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY, ('1' CITY, '2' TOWN, '3' COUNTRYSIDE). CONTINUE PROBING FOR PREVIOUS COMMUNITIES, AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY. ILLUSTRATIVE QUESTIONS: · Where did you live before.....? · In what month and year did you arrive there? · Is that place in a city, a town, or in the countryside?		

* For fieldwork beginning in 1995, 1996, or 1997, the year should be 1990, 1991, or 1992, respectively.

SECTION 8. AIDS

Several questions, mainly on knowledge of AIDS, were included in earlier DHS questionnaires in some countries. Because of the growing importance of the problem, DHS-III now includes an expanded set of questions on AIDS in the model questionnaires for all countries, as well as a special module for some countries. AIDS questions have also been developed for the surveys of men.

Knowledge of AIDS and its prevention (801-808)

These questions obtain basic information about whether women have heard of AIDS, the sources of such information, and whether they believe that AIDS can be cured. A subset of questions in this group (803-806) focuses on what the respondent believes can be done to avoid contracting the disease.

SECTION 8. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	 →811
802	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER _____ X (SPECIFY)	
803	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DON'T KNOW.....8	 →807
804	What can a person do? Any other ways? RECORD ALL MENTIONED.	SAFE SEX*.....A ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM TRADITIONAL HEALER.....K OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
805	CHECK 804:*		
	<p align="center">MENTIONED SAFE SEX <input type="checkbox"/></p> <p align="center">DID NOT MENTION SAFE SEX <input type="checkbox"/></p>		 →807
806	What does "safe sex" mean to you?*	ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
807	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DON'T KNOW.....8	

* To be used only in countries which use the term "safe sex" as part of an educational campaign.

Perceptions of risk and risk-avoidance behavior (809-810)

It is important to learn whether women feel they are at risk of contracting AIDS (809). Sexually active women are asked whether they have changed their sexual behavior in order to avoid AIDS and if so, what kind of change they made (810). When tabulated with perceptions of risk, these questions may yield information about the effectiveness of educational efforts.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
808	Do you think that persons with AIDS almost never die from the disease, sometimes die, or almost always die from the disease?	ALMOST NEVER.....1 SOMETIMES.....2 ALMOST ALWAYS.....3 DON'T KNOW.....8					
809	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 HAS AIDS.....5					
810	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior? IF YES, PROBE: In what way? RECORD ALL MENTIONED.	DID NOT START SEX.....A STOPPED ALL SEX.....B STARTED USING CONDOMS.....C RESTRICTED SEX TO ONE PARTNER...D REDUCED NUMBER OF PARTNERS.....E OTHER _____ X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR....Y DON'T KNOW.....Z					
811	RECORD THE TIME.	HOUR..... MINUTES.....	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				

SECTION 9. HEIGHT AND WEIGHT

All respondents who have given birth in the three years prior to the survey are measured and weighed, as are their living children born during that period. In DHS-II, respondents and children born in the five years prior to the survey were measured; this change from a five-year to a three-year period is consistent with the change made in Section 4.

Checking for a BCG scar (905)

Each child will be checked for the presence of a BCG scar by the measurer who obtains the child's height/length and weight. In conjunction with 447 and 450A, this will help to determine whether the child has received a BCG vaccination.

Measuring and weighing young children and mothers (906-910)

The anthropometric (nutritional) status of the young children in a population—i.e., the measurement of their height/length (906-907) and weight (908)—is an indicator of children's health. Nutritional status is influenced by food intake and the number and types of illnesses. In turn, the amount and types of food received are influenced by food availability and by infant feeding practices. In addition, factors such as childhood vaccinations, source of drinking water, and type of sanitation facilities influence children's susceptibility and exposure to infection. The anthropometric status of young children provides an outcome measure for programs and interventions aimed at improving child health and survival.

Measurement of height (906) and weight (908) of women of reproductive age is useful for several reasons. First, a woman's nutritional status is a useful indicator of the family's socioeconomic status; a woman's height-for-age reflects her nutritional history before reaching puberty, and her weight-for-age reflects the current availability of food in the household.

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

SECTION 9. HEIGHT AND WEIGHT

901	CHECK 215: ONE OR MORE BIRTHS SINCE JAN. 1991* <input style="width:20px; height:15px;" type="checkbox"/>	NO BIRTHS SINCE JAN. 1991* <input style="width:20px; height:15px;" type="checkbox"/> → END	
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IN 902 (COLUMNS 2 AND 3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1991* AND STILL ALIVE. IN 903 AND 904 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1991*. IN 906 AND 908 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1991* SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1991*, USE ADDITIONAL QUESTIONNAIRES).

	[1] RESPONDENT	[2] YOUNGEST LIVING CHILD	[3] NEXT-TO- YOUNGEST LIVING CHILD
902 LINE NO. FROM Q.212		<input style="width:20px; height:15px;" type="text"/>	<input style="width:20px; height:15px;" type="text"/>
903 NAME FROM Q.212 FOR CHILDREN	(NAME)	(NAME)	(NAME)
904 DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH		DAY..... <input style="width:15px; height:15px;" type="text"/> MONTH..... <input style="width:15px; height:15px;" type="text"/> YEAR..... <input style="width:15px; height:15px;" type="text"/>	DAY..... <input style="width:15px; height:15px;" type="text"/> MONTH..... <input style="width:15px; height:15px;" type="text"/> YEAR..... <input style="width:15px; height:15px;" type="text"/>
905 BCG SCAR ON TOP OF LEFT SHOULDER**		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
906 HEIGHT (in centimeters)	<input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/>	<input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/>	<input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/>
907 WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
908 WEIGHT (in kilograms)	<input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/>	0 <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/>	0 <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/> <input style="width:15px; height:15px;" type="text"/>
909 DATE WEIGHED AND MEASURED	DAY..... <input style="width:15px; height:15px;" type="text"/> MONTH..... <input style="width:15px; height:15px;" type="text"/> YEAR..... <input style="width:15px; height:15px;" type="text"/>	DAY..... <input style="width:15px; height:15px;" type="text"/> MONTH..... <input style="width:15px; height:15px;" type="text"/> YEAR..... <input style="width:15px; height:15px;" type="text"/>	DAY..... <input style="width:15px; height:15px;" type="text"/> MONTH..... <input style="width:15px; height:15px;" type="text"/> YEAR..... <input style="width:15px; height:15px;" type="text"/>
910 RESULT	MEASURED.....1 NOT PRESENT.....3 REFUSED.....4 OTHER.....6 <hr/> (SPECIFY)	CHILD MEASURED....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED....4 MOTHER REFUSED...5 OTHER.....6 <hr/> (SPECIFY)	CHILD MEASURED....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED....4 MOTHER REFUSED...5 OTHER.....6 <hr/> (SPECIFY)
911 NAME OF MEASURER:	<input style="width:20px; height:15px;" type="text"/>	NAME OF ASSISTANT:	<input style="width:20px; height:15px;" type="text"/>

* For fieldwork beginning in 1995, 1996, or 1997, the year should be 1992, 1993, or 1994, respectively.
 ** Adapt question locally after determining the most common injection site (usually the left arm or shoulder).

INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments
about Respondent:

Comments on
Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____

CALENDAR

This is the fold-out sheet at the end of the questionnaire on which information about recent births, pregnancies, contraception, reasons for discontinuation of methods, marital history and residential mobility is recorded. Information is recorded by using the codes to the left of the calendar.

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 FOR COLUMNS 1, 3, AND 4, ALL MONTHS
 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use

B BIRTHS
 P PREGNANCIES
 T TERMINATIONS

0 NO METHOD
 1 PILL
 2 IUD
 3 INJECTABLES
 4 IMPLANTS
 5 DIAPHRAGM/FOAM/JELLY
 6 CONDOM
 7 FEMALE STERILIZATION
 8 MALE STERILIZATION
 9 PERIODIC ABSTINENCE
 A WITHDRAWAL
 X OTHER _____
 (SPECIFY)

COL.2: Discontinuation of Contraceptive Use

0 INFREQUENT SEX/HUSBAND AWAY
 1 BECAME PREGNANT WHILE USING
 2 WANTED TO BECOME PREGNANT
 3 HUSBAND DISAPPROVED
 4 WANTED MORE EFFECTIVE METHOD
 5 HEALTH CONCERNS
 6 SIDE EFFECTS
 7 LACK OF ACCESS/TOO FAR
 8 COST TOO MUCH
 9 INCONVENIENT TO USE
 F FATALISTIC
 A DIFFICULT TO GET PREGNANT/MENOPAUSE
 D MARITAL DISSOLUTION/SEPARATION
 X OTHER _____
 (SPECIFY)
 Z DON'T KNOW

COL.3: Marriage/Union

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

COL.4: Moves and Types of Communities

X CHANGE OF COMMUNITY
 1 CITY
 2 TOWN
 3 COUNTRYSIDE

			1	2	3	4		
12	DEC	01					01	DEC
11	NOV	02					02	NOV
10	OCT	03					03	OCT
09	SEP	04					04	SEP
1	08	AUG	05				05	AUG 1
9	07	JUL	06				06	JUL 9
9	06	JUN	07				07	JUN 9
4	05	MAY	08				08	MAY 4
*	04	APR	09				09	APR *
	03	MAR	10				10	MAR
	02	FEB	11				11	FEB
	01	JAN	12				12	JAN
<hr/>								
12	DEC	13					13	DEC
11	NOV	14					14	NOV
10	OCT	15					15	OCT
09	SEP	16					16	SEP
1	08	AUG	17				17	AUG 1
9	07	JUL	18				18	JUL 9
9	06	JUN	19				19	JUN 9
3	05	MAY	20				20	MAY 3
	04	APR	21				21	APR
	03	MAR	22				22	MAR
	02	FEB	23				23	FEB
	01	JAN	24				24	JAN
<hr/>								
12	DEC	25					25	DEC
11	NOV	26					26	NOV
10	OCT	27					27	OCT
09	SEP	28					28	SEP
1	08	AUG	29				29	AUG 1
9	07	JUL	30				30	JUL 9
9	06	JUN	31				31	JUN 9
2	05	MAY	32				32	MAY 2
	04	APR	33				33	APR
	03	MAR	34				34	MAR
	02	FEB	35				35	FEB
	01	JAN	36				36	JAN
<hr/>								
12	DEC	37					37	DEC
11	NOV	38					38	NOV
10	OCT	39					39	OCT
09	SEP	40					40	SEP
1	08	AUG	41				41	AUG 1
9	07	JUL	42				42	JUL 9
9	06	JUN	43				43	JUN 9
1	05	MAY	44				44	MAY 1
	04	APR	45				45	APR
	03	MAR	46				46	MAR
	02	FEB	47				47	FEB
	01	JAN	48				48	JAN
<hr/>								
12	DEC	49					49	DEC
11	NOV	50					50	NOV
10	OCT	51					51	OCT
09	SEP	52					52	SEP
1	08	AUG	53				53	AUG 1
9	07	JUL	54				54	JUL 9
9	06	JUN	55				55	JUN 9
0	05	MAY	56				56	MAY 0
	04	APR	57				57	APR
	03	MAR	58				58	MAR
	02	FEB	59				59	FEB
	01	JAN	60				60	JAN
<hr/>								
12	DEC	61					61	DEC
11	NOV	62					62	NOV
10	OCT	63					63	OCT
09	SEP	64					64	SEP
1	08	AUG	65				65	AUG 1
9	07	JUL	66				66	JUL 9
8	06	JUN	67				67	JUN 8
9	05	MAY	68				68	MAY 9
	04	APR	69				69	APR
	03	MAR	70				70	MAR
	02	FEB	71				71	FEB
	01	JAN	72				72	JAN

* For fieldwork beginning in 1995, 1996, or 1997, the years should be adjusted.