

**ARAB REPUBLIC OF EGYPT
MINISTRY OF HEALTH AND POPULATION
NATIONAL POPULATION COUNCIL**

INTERIM EDHS

2003

WOMAN'S QUESTIONNAIRE

DATA COLLECTED FROM THIS STUDY IS CONFIDENTIAL AND WILL
BE USED FOR SCIENTIFIC PURPOSES ONLY

EGYPT INTERIM DEMOGRAPHIC AND HEALTH SURVEY 2003
WOMAN'S QUESTIONNAIRE

| IDENTIFICATION | | | | | | | | | |
|--|---|---|---|--|--|--|--|--|--|
| GOVERNORATE _____ KISM/MARQAZ _____ PSU/ SEGMENT NO. _____ BUILDING NO. _____ SHIAKHA/ VILLAGE _____ HOUSING UNIT NO. _____ HOUSEHOLD NO. INSIDE SEGMENT. _____ URBAN 1 RURAL 2 LARGE CITY 1 SMALL CITY 2 TOWN 3 VILLAGE 4 NOT SLUM AREA 1 SLUM AREA 2 NAME OF HOUSEHOLD HEAD _____ ADDRESS IN DETAIL _____ NAME OF WOMAN _____ LINE NUMBER OF WOMAN _____ | | | | | GOVERNORATE <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> PSU/ SEGMENT NO <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">HOUSEHOLD NO <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> <div style="text-align: center;">URBAN/ RURAL <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;">LOCALITY <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> <div style="text-align: center;">NOT SLUM/SLUM <div style="border: 1px solid black; width: 30px; height: 20px;"></div></div> </div> <div style="text-align: center; margin-top: 10px;">LINE NUMBER <div style="border: 1px solid black; width: 40px; height: 20px;"></div></div> | | | | |
| INTERVIEWER VISITS | | | | | FINAL VISIT | | | | |
| DATE | 1 | 2 | 3 | DAY <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | MONTH <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> | YEAR <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">3</div> </div> | | | |
| TEAM | | | | TEAM | | | <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | | |
| INTERVIEWER | | | | INTERVIEWER | | | | | |
| SUPERVISOR ASSISTANT | | | | SUPERVISOR ASSISTANT | | | | | |
| SUPERVISOR | | | | SUPERVISOR | | | | | |
| RESULT | | | | RESULT | | | | | |
| NEXT VISIT: DATE | | | | TOTAL VISITS <div style="border: 1px solid black; width: 30px; height: 20px;"></div> | | | | | |
| RESULT CODES: 1 COMPLETED 2 NOT AT HOME 3 POSTPONED 4 REFUSED 5 PARTIALLY COMPLETED 6 INCAPACITATED/NOT ELIGIBLE 7 OTHER _____ (SPECIFY) _____ | | | | | | | | | |
| NAME | FIELD EDITOR | | OFFICE EDITOR | | CODER | | KEYER | | |
| DATE | / / 2003 | | / / 2003 | | / / 2003 | | / / 2003 | | |
| SIGNATURE | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> | | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> | | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> | | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> | | |

SECTION 1: RESPONDENT'S BACKGROUND

My name is _____ and I am working with Ministry of Health and Population. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in the survey. This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons. We also may return later to interview you or other members of your household again.

Participation in the survey is voluntary and you can choose not to answer any of the questions. However, we hope that you will participate in the survey since your views are important.

At this time, do you want to ask me anything about the survey.

May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____

RESPONDENT AGREE
TO INTERVIEW

☐

RESPONDENT DOES NOT
AGREE TO INTERVIEW

☐

→ 1102

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|--|---------|
| 101 | RECORD THE TIME | HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> | |
| 102 | First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Cairo, Giza, Alexandria, another city or town or in a village? _____ (NAME OF LOCALITY AND GOVERNORATE) | CAIRO / GIZA 1 ALEXANDRIA 2 OTHER CITY / TOWN 3 VILLAGE 4 OUTSIDE EGYPT 5 (SPECIFY) OFFICE: GOVERNORATE'S CODE <input type="text"/> <input type="text"/> | |
| 103 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR RECORD "00". | YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR/ TEMPORARILY STAYING..... 96 | → 105 |
| 104 | Just before you moved here, did you live in Cairo, Giza, Alexandria, another city or town or in a village? _____ (NAME OF LOCALITY AND GOVERNORATE) | CAIRO / GIZA 1 ALEXANDRIA 2 OTHER CITY / TOWN 3 VILLAGE 4 OUTSIDE EGYPT 5 (SPECIFY) OFFICE: GOVERNORATE'S CODE <input type="text"/> <input type="text"/> | |
| 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"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|--|---------|
| 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 | What is your current marital status? | MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4 | |
| 108 | Now I would like to ask you some questions about your marriage (s). How many times have you been married? | NUMBER OF TIMES MARRIED <input type="text"/> | |
| 109 | CHECK 108: MARRIED ONCE <input type="text"/> MARRIED MORE THAN ONE TIME <input type="text"/> In what month and year did you enter into a marriage contract with your husband? Now we would like to ask about your first husband. In what month and year did you enter into a marriage contract with your first husband? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 111 DON'T KNOW YEAR 9998 | |
| 110 | How old were you when you entered into a marriage contract with your (first) husband? | AGE IN COMPLETED YEARS.. <input type="text"/> <input type="text"/> | |
| 111 | CHECK 108: MARRIED ONCE <input type="text"/> MARRIED MORE THAN ONE TIME <input type="text"/> In what month and year did you start living with your husband? In what month and year did you start living with your first husband? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> → 113 DON'T KNOW YEAR 9998 | |
| 112 | How old were you when you started living together with your (first) husband? | AGE IN COMPLETED YEARS.. <input type="text"/> <input type="text"/> | |
| 113 | DETERMINE MONTHS MARRIED SINCE JANUARY 1998. ENTER "X" IN COLUMN 1 OF THE CALENDAR FOR EACH MONTH MARRIED, AND ENTER "0" FOR EACH MONTH NOT MARRIED, SINCE JANUARY 1998. FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE WIDOWED, DIVORCED, OR SEPARATED, AND FOR STARTING DATE OF ANY SUBSEQUENT MARRIAGE SINCE JANUARY 1998. | | |
| 114 | Have you ever attended school? | YES 1 NO 2 → 201 | |
| 115 | What is the highest level of school you attended? | PRIMARY 1 PREPARATORY 2 SECONDARY 3 UPPER INTERMEDIATE 4 UNIVERSITY 5 MORE THAN UNIVERSITY 6 | |
| 116 | What is the highest grade which you successfully completed at that level? | GRADE <input type="text"/> | |

SECTION 2: REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | |
|-----|--|---|---------|--|--|--|--|--|--|--|--|
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever given birth? | YES 1 NO 2 → | 206 | | | | | | | | |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you? | YES 1 NO 2 → | 204 | | | | | | | | |
| 203 | How many sons live with you? And how many daughters live with you? IF NONE RECORD "00" | SONS AT HOME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><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 <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><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 any sign of life but only survived a few hours or days? | YES 1 NO 2 → | 208 | | | | | | | | |
| 207 | In all, how many boys have died? And how many girls have died? IF NONE RECORD "00" | BOYS DEAD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><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" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"><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 201-209 AS NECESSARY | | | | | | | | | | |
| 210 | CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> → | | 226 | | | | | | | | |

| 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 AND MARK WITH A BRACKET. COMPLETE 213-221 FOR EACH BIRTH. USE ADDITIONAL FORMS IF THERE ARE MORE THAN TEN BIRTHS. AFTER COMPLETING ALL BIRTHS, GO TO 222. | | | | | | | | | | |
|---|-----------------------------------|-----------------------------|--|---|------------------------|---------------------------|---|--|---|---|
| 212 | 213 | 214 | 215 | 216 | 217 | | 218 | 219 | 220 | 221 |
| What name was given to your (first/next) baby? | RECORD SINGLE OR MULTIPLE STATUS. | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born? | Is (NAME) still alive? | IF ALIVE | | Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD "00" IF CHILD NOT LISTED IN THE HOUSEHOLD SCHEDULE). | IF DEAD: 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. | Were there any other live births between (WHEN YOU FIRST MARRIED /NAME OF PREVIOUS BIRTH) and (NAME)? CORRECT IF NECESSARY |
| 01 (NAME) | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH [][] YEAR [][][][] | YES 1 NO 2 ↓ Go to 220 | AGE IN YEARS [][] | YES 1 NO 2 | HOUSEHOLD LINE NUMBER [][] ↓ Go to 221 | DAYS 1 MONTHS 2 YEARS 3 | [][][][] [][][][] [][][][] | YES 1 NO 2 ↓ NEXT BIRTH |
| 02 (NAME) | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH [][] YEAR [][][][] | YES 1 NO 2 ↓ Go to 220 | AGE IN YEARS [][] | YES 1 NO 2 | HOUSEHOLD LINE NUMBER [][] ↓ Go to 221 | DAYS 1 MONTHS 2 YEARS 3 | [][][][] [][][][] [][][][] | YES 1 NO 2 ↓ NEXT BIRTH |
| 03 (NAME) | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH [][] YEAR [][][][] | YES 1 NO 2 ↓ Go to 220 | AGE IN YEARS [][] | YES 1 NO 2 | HOUSEHOLD LINE NUMBER [][] ↓ Go to 221 | DAYS 1 MONTHS 2 YEARS 3 | [][][][] [][][][] [][][][] | YES 1 NO 2 ↓ NEXT BIRTH |
| 04 (NAME) | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH [][] YEAR [][][][] | YES 1 NO 2 ↓ Go to 220 | AGE IN YEARS [][] | YES 1 NO 2 | HOUSEHOLD LINE NUMBER [][] ↓ Go to 221 | DAYS 1 MONTHS 2 YEARS 3 | [][][][] [][][][] [][][][] | YES 1 NO 2 ↓ NEXT BIRTH |
| 05 (NAME) | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH [][] YEAR [][][][] | YES 1 NO 2 ↓ Go to 220 | AGE IN YEARS [][] | YES 1 NO 2 | HOUSEHOLD LINE NUMBER [][] ↓ Go to 221 | DAYS 1 MONTHS 2 YEARS 3 | [][][][] [][][][] [][][][] | YES 1 NO 2 ↓ NEXT BIRTH |
| 06 (NAME) | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH [][] YEAR [][][][] | YES 1 NO 2 ↓ Go to 220 | AGE IN YEARS [][] | YES 1 NO 2 | HOUSEHOLD LINE NUMBER [][] ↓ Go to 221 | DAYS 1 MONTHS 2 YEARS 3 | [][][][] [][][][] [][][][] | YES 1 NO 2 ↓ NEXT BIRTH |
| 07 (NAME) | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH [][] YEAR [][][][] | YES 1 NO 2 ↓ Go to 220 | AGE IN YEARS [][] | YES 1 NO 2 | HOUSEHOLD LINE NUMBER [][] ↓ Go to 221 | DAYS 1 MONTHS 2 YEARS 3 | [][][][] [][][][] [][][][] | YES 1 NO 2 ↓ NEXT BIRTH |

| 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | |
|--|--|-----------------------------|---|--|---|---|---|---|---|-------|
| What name was given to your (first/next) baby? | RECORD SINGLE OR MULTIPLE STATUS. | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | IF ALIVE Is (NAME) living with you? | RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD "00" IF CHILD NOT LISTED IN THE HOUSEHOLD SCHEDULE). | IF DEAD: 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. | Were there any other live births between (WHEN YOU FIRST MARRIED/NAME OF PREVIOUS BIRTH) and (NAME)? CORRECT IF NECESSARY | |
| 08 (NAME) | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH [][] YEAR [][][][] | YES 1 NO 2 Go to 220 | AGE IN YEARS [][] | YES 1 NO 2 | HOUSEHOLD LINE NUMBER [][] Go to 221 | DAYS.....1 [][] MONTHS.....2 [][] YEARS.....3 [][] | YES 1 NO 2 NEXT BIRTH | |
| 09 (NAME) | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH [][] YEAR [][][][] | YES 1 NO 2 Go to 220 | AGE IN YEARS [][] | YES 1 NO 2 | HOUSEHOLD LINE NUMBER [][] Go to 221 | DAYS.....1 [][] MONTHS.....2 [][] YEARS.....3 [][] | YES 1 NO 2 NEXT BIRTH | |
| 10 (NAME) | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH [][] YEAR [][][][] | YES 1 NO 2 Go to 220 | AGE IN YEARS [][] | YES 1 NO 2 Go to 221 | HOUSEHOLD LINE NUMBER [][] Go to 221 | DAYS.....1 [][] MONTHS.....2 [][] YEARS.....3 [][] | YES 1 NO 2 GO TO 222 | |
| 222 | Have you had any live births since the birth of (NAME OF LAST BIRTH)? CORRECT THE BIRTH HISTORY IF NECESSARY. | | | | | YES 1 NO 2 | | 1 → ADD TO TABLE 2 | | |
| 223 | 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 BIRTH SINCE JANUARY 1998: MONTH AND 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 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS..... [] | | | | | | | | | |
| 224 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1998. IF NONE, RECORD "0" AND GO TO 226. [] | | | | | | | | | |
| 225 | FOR EACH BIRTH SINCE JANUARY 1998, ENTER "B" IN THE MONTH OF BIRTH IN COLUMN 2 OF THE CALENDAR. FOR EACH BIRTH ENTERED IN THE CALENDAR, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD "P" IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY. (NOTE: THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE "B" CODE. ALSO ENTER THE MONTH AND YEAR OF THE MOST RECENT BIRTH PRIOR TO JANUARY 1998 (IF ANY) AT THE BOTTOM OF THE CALENDAR (1201) . | | | | | | | | | |
| 226 | Are you pregnant now? | | | | | YES 1 NO 2 UNSURE 8 | | | | → 230 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|--|---------|
| 227 | How many months pregnant are you? RECORD IN COMPLETED MONTHS | MONTHS <input type="text"/> <input type="text"/> | |
| 228 | RECORD MONTHS PREGNANT IN COMPLETED MONTHS. ENTER "P" IN COLUMN 2 OF CALENDAR FOR THE TOTAL NUMBER OF COMPLETED PREGNANCY MONTHS, BEGINNING WITH THE MONTH OF INTERVIEW. | | |
| 229 | At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to become pregnant at all? | THEN 1 LATER 2 NOT AT ALL 3 | |
| 230 | <p>Unfortunately many women have pregnancies that do not end in a live birth. Sometimes a baby is still born, that is, the baby is born who does not breathe or show any life. Other times women have a miscarriage or abortion early during a pregnancy. It is very important in our study to know about such pregnancies so health programs can be developed for women.</p> <p>USING THE INFORMATION IN THE CALENDAR, PROBE TO DETERMINE IF THE WOMAN HAD ANY STILL BIRTHS, MISCARRIAGES, OR ABORTIONS BACK TO JANUARY 1998.</p> <p>IF THE WOMAN REPORTS A PREGNANCY THAT DID NOT END IN A LIVE BIRTH, ASK ABOUT THE MONTH AND YEAR IN WHICH THE PREGNANCY ENDED.</p> <p>RECORD THE APPROPRIATE CODE FOR THE PREGNANCY OUTCOME ON THAT DATE IN COLUMN 2 IN THE CALENDAR: ("S" FOR STILL BIRTH, "M" FOR MISCARRIAGE AND "A" FOR ABORTION).</p> <p>THEN ASK ABOUT THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD "P" IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF THE PREGNANCY.</p> <p>(NOTE: SINCE THE OUTCOME OF THE PREGNANCY IS RECORDED IN THE MONTH THAT PREGNANCY ENDED, THE NUMBER OF P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>ILLUSTRATIVE QUESTIONS</p> <p>TO IDENTIFY NON-LIVE BIRTH PREGNANCIES, ASK:</p> <ul style="list-style-type: none"> INTERVAL BETWEEN CURRENT PREGNANCY AND PRIOR BIRTH (LAST BIRTH): Did you have any pregnancy that ended in a still birth after the birth of (NAME OF LAST BIRTH) and before your current pregnancy? Or any pregnancy that ended in a miscarriage or abortion? INTERVAL BETWEEN LAST AND PRIOR BIRTH: Did you have any pregnancy that ended in a still birth between (NAME OF LAST BIRTH) and (NAME OF PRIOR BIRTH)? Or any pregnancy that ended in a miscarriage or abortion? INTERVAL BETWEEN NEXT-TO-LAST BIRTH AND PRIOR BIRTH: Did you have any pregnancy that ended in a still birth between (NAME OF NEXT-TO-LAST BIRTH) and (NAME OF PRIOR BIRTH)? Or any pregnancy that ended in a miscarriage or abortion? WOMEN WITH NO LIVE BIRTHS BUT WITH CURRENT PREGNANCY Before your current pregnancy, did you ever have any other pregnancy that ended in a still birth? Or any other pregnancy that ended in a miscarriage or abortion? WOMEN WITH NO LIVE BIRTHS AND NOT CURRENTLY PREGNANT Have you ever had a still birth? If YES: When did the last still birth occur? Have you ever had a miscarriage or abortion? If YES: When did the last miscarriage or abortion occur? FOR EACH PREGNANCY TERMINATION, ASK: How many months pregnant were you when the pregnancy ended? | | |
| 231 | When did your last menstrual period start? | DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/HAD HYSTERECTOMY .. 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996 | |

SECTION 3: CONTRACEPTIVE KNOWLEDGE AND USE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|---|
| 301 | <p>Now I would like to talk about family planning: the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?</p> <p>CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 302, ASK 303 BEFORE PROCEEDING TO THE NEXT METHOD.</p> | | |
| | METHOD | 302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD | 303 Have you ever used (METHOD)? |
| 01 | PILL A woman can take a pill every day. | YES 1 NO 2 | YES 1 NO 2 |
| 02 | IUD A woman can have a loop or coil placed inside her by a doctor or a nurse. | YES 1 NO 2 | YES 1 NO 2 |
| 03 | INJECTABLES A woman can have an injection by a doctor or a nurse which stops her from becoming pregnant for several months. | YES 1 NO 2 | YES 1 NO 2 |
| 04 | IMPLANT A woman can have small rod(s) placed in her arm by a doctor which stops her from becoming pregnant for several years. | YES 1 NO 2 | YES 1 NO 2 |
| 05 | DIAPHRAGM, FOAM, JELLY A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse. | YES 1 NO 2 | YES 1 NO 2 |
| 06 | CONDOM A man can use a rubber covering during sexual intercourse. | YES 1 NO 2 | YES 1 NO 2 |
| 07 | FEMALE STERILIZATION A woman can have an operation to avoid having any more children. | YES 1 NO 2 | Have you ever had an operation to avoid having any more children? YES 1 NO 2 |
| 08 | MALE STERILIZATION A man can have an operation to avoid having any more children. | YES 1 NO 2 | Have you ever had a husband who had an operation to avoid having children? YES 1 NO 2 |
| 09 | RHYTHM OR PERIODIC ABSTINENCE A couple can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant. | YES 1 NO 2 | YES 1 NO 2 |
| 10 | WITHDRAWAL A man can be careful and pull out before ejaculation. | YES 1 NO 2 | YES 1 NO 2 |
| 11 | PROLONGED BREASTFEEDING A woman can prolong the time that she breastfeeds her baby to delay the next pregnancy. | YES 1 NO 2 | YES 1 NO 2 |
| 12 | <p>Have you heard of any other ways or methods that a woman or a man can use to avoid pregnancy?</p> <p>1 _____ (SPECIFY)</p> <p>2 _____ (SPECIFY)</p> <p>3 _____ (SPECIFY)</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2 YES 1 NO 2 YES 1 NO 2</p> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|------|---|---|---------|
| 304 | CHECK 303: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT A SINGLE "YES" (NEVER USED) <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> ↓ </div> <div style="text-align: center;"> AT LEAST ONE "YES" (EVER USED) <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> → </div> </div> | | 308 |
| 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 2 OF CALENDAR IN EACH BLANK MONTH | | 344 |
| 307 | What have you used or done? CORRECT 303-304 (AND 302 IF NECESSARY) | (SPECIFY) | |
| 308 | Now I would like to ask you about the first time you did something or used a method to avoid getting pregnant. How many living children did you have at that time if any? IF NONE RECORD (00) | NUMBER OF CHILDREN <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> | |
| 309 | CHECK 303 (FEMALE STERILIZATION): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> WOMAN NOT STERILIZED <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> ↓ </div> <div style="text-align: center;"> WOMAN STERILIZED <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> → </div> </div> | | 313A |
| 310 | CHECK 107: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CURRENTLY MARRIED <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> ↓ </div> <div style="text-align: center;"> WIDOWED/ DIVORCED/ SEPARATED <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> → </div> </div> | | 343 |
| 311 | CHECK 226: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> NOT PREGNANT OR UNSURE <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> ↓ </div> <div style="text-align: center;"> PREGNANT <div style="border: 1px solid black; width: 30px; height: 30px; margin: 0 auto;"></div> → </div> </div> | | 343 |
| 312 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO 2 | 343 |
| 313 | Which method are you using? (IF THE RESPONDENT MENTIONED MORE THAN ONE METHOD RECORD THE HIGHEST CODE) | PILL 1 IUD 2 INJECTABLES 3 IMPLANT 4 DIAPHRAGM/ FOAM/ JELLY 5 CONDOM 6 FEMALE STERILIZATION 7 MALE STERILIZATION 8 PERIODIC ABSTINENCE 9 WITHDRAWAL L PROLONGED BREASTFEEDING G OTHER X (SPECIFY) | 314A |
| 313A | CIRCLE "7" FOR FEMALE STERILIZATION. | | |
| 314 | CHECK 313: In what month and year did you start using (CURRENT METHOD) continuously this time? PROBE: For how long have you been using (CURRENT METHOD) now without stopping? | MONTH <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> | |
| 314A | In what month and year was the sterilization performed? | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|--|---------|
| 315 | IN CURRENT MONTH IN COLUMN 2 IN CALENDAR, ENTER CODE THE METHOD CIRCLED IN Q.313. THEN ENTER METHOD CODE IN EACH MONTH OF USE BACK TO THE DATE THE WOMAN BEGAN THE CURRENT SEGMENT OR TO JANUARY 1998 IF THE CURRENT SEGMENT OF USE BEGAN BEFORE JANUARY 1998. | | |
| 316 | <p>CHECK 313:</p> <p>USING PILL <input type="checkbox"/> → Where did you obtain the packet of pills you are using now (you used most recently)?</p> <p>USING INJECTABLES <input type="checkbox"/> → Where did you go for your last injection?</p> <p>USING CONDOM, DIAPHRAGM, FOAM OR JELLY <input type="checkbox"/> → From where did you obtain your most recent supply of (METHOD)?</p> <p>USING IUD <input type="checkbox"/> → Where did you have the IUD inserted?</p> <p>USING IMPLANT <input type="checkbox"/> → Where did you have the Implant inserted?</p> <p>SHE/ HE STERILIZED <input type="checkbox"/> → Where did the sterilization take place?</p> <p>USING PERIODIC ABSTINENCE, WITHDRAWAL, PROLONGED BREASTFEEDING OR OTHER METHOD <input type="checkbox"/> → Did you get advice from anyone about how to use (METHOD) at the time you began this current period of use?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p> <p>OFFICE: SOURCE CODE <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> | <p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL 1</p> <p>URBAN HEALTH UNIT 2</p> <p>RURAL HOSPITAL 3</p> <p>RURAL HEALTH UNIT 4</p> <p>MCH CENTER 5</p> <p>MOBILE UNIT 6</p> <p>OTHER MOH UNITS 7</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL 8</p> <p>HEALTH INSURANCE ORGANIZATION..... 9</p> <p>CURATIVE CARE ORGANIZATION A</p> <p>OTHER GOVERNMENTAL B</p> <p>NON-GOVERNMENTAL ORGANIZATIONS (NGO's)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION C</p> <p>CSI PROJECT D</p> <p>OTHER NON-GOVERNMENTAL E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>PHARMACY H</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT I</p> <p>CHURCH HEALTH UNIT J</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.,)... K</p> <p>FRIENDS / RELATIVES L</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|---|---------|
| 317 | <p>CHECK 313 AND CALENDAR:</p> <p>CURRENTLY USING IUD <input type="checkbox"/></p> <p>CURRENTLY USING PILL <input type="checkbox"/></p> <p>CURRENTLY USING INJECTABLE <input type="checkbox"/></p> <p>CURRENTLY USING IMPLANT <input type="checkbox"/></p> <p>CURRENTLY USING OTHER MODERN METHOD (5 - 8) <input type="checkbox"/></p> <p>CURRENTLY USING OTHER TRADITIONAL METHOD (9, L, G, X) <input type="checkbox"/></p> | <p>323</p> <p>327</p> <p>330</p> <p>332</p> <p>343</p> | |
| 318 | <p>I would like to ask about when you began using the IUD during this current period of use. First of all did you get the IUD at (SOURCE IN 316) or did you buy it from somewhere else?</p> | <p>YES, SAME PLACE 1</p> <p>NO, SOMEWHERE ELSE 2</p> | 321 |
| 319 | <p>From where did you buy the IUD?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT OBTAINED THE IUD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p> <p>OFFICE: CODE SOURCE <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> | <p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL 1</p> <p>URBAN HEALTH UNIT 2</p> <p>RURAL HOSPITAL 3</p> <p>RURAL HEALTH UNIT 4</p> <p>MCH CENTER 5</p> <p>MOBILE UNIT 6</p> <p>OTHER MOH UNITS 7</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL 8</p> <p>HEALTH INSURANCE ORGANIZATION 9</p> <p>CURATIVE CARE ORGANIZATION A</p> <p>OTHER GOVERNMENTAL B</p> <p>NON-GOVERNMENTAL ORGANIZATIONS (NGO's)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION C</p> <p>CSI PROJECT D</p> <p>OTHER NON-GOVERNMENTAL E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>PHARMACY H</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT I</p> <p>CHURCH HEALTH UNIT J</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.,) K</p> <p>FRIENDS / RELATIVES L</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p> | |
| 320 | <p>How much did it cost to buy the IUD from that place?</p> | <p>COST (IN POUNDS) <input type="checkbox"/><input type="checkbox"/></p> <p>FREE 95</p> <p>DON'T KNOW 98</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------|---|--|---------|--------|----------|-------------------|---|---|-------------------|---|------|------------------|---|------|-----------------|---|---|------------------|---|---|--------------------------|---|---|------------------|---|---|----------------------------|---|---|----------------|
| 321 | How much did it cost to have the IUD inserted (including all fees)? | COST (IN POUNDS) <input type="text"/> <input type="text"/> <input type="text"/> FREE 995 DON'T KNOW 998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 322 | Would you be willing to pay the following for an IUD (including all costs)? (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 338. FOR AMOUNT MORE THAN 200 POUNDS, RECORD YES OR NO AND GO TO 338.) | <table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>5 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>10 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>25 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>50 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>100 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>150 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>200 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>MORE THAN 200 POUNDS</td><td>1</td><td>2</td></tr> </tbody> </table> | | YES | NO | 5 POUNDS | 1 | 2 | 10 POUNDS | 1 | 2 | 25 POUNDS | 1 | 2 | 50 POUNDS | 1 | 2 | 100 POUNDS | 1 | 2 | 150 POUNDS | 1 | 2 | 200 POUNDS | 1 | 2 | MORE THAN 200 POUNDS | 1 | 2 | → 338 → 338 |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 100 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 150 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 200 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MORE THAN 200 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 323 | May I see the package of pills you are using now? RECORD NAME OF BRAND | PACKAGE SEEN 1 BRAND NAME <input type="text"/> <input type="text"/> (SPECIFY) PACKAGE NOT SEEN 2 | → 325 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 324 | Do you know the brand name of the pill which you are using now? RECORD NAME OF BRAND | BRAND NAME <input type="text"/> <input type="text"/> (SPECIFY) DON'T KNOW 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 325 | How much does one cycle of pills cost? | <table> <thead> <tr> <th></th><th>POUNDS</th><th>PIASTERS</th></tr> </thead> <tbody> <tr> <td>COST</td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> <tr> <td>FREE</td><td></td><td>9995</td></tr> <tr> <td>DON'T KNOW</td><td></td><td>9998</td></tr> </tbody> </table> | | POUNDS | PIASTERS | COST | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | FREE | | 9995 | DON'T KNOW | | 9998 | | | | | | | | | | | | | | | | |
| | POUNDS | PIASTERS | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COST | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FREE | | 9995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | | 9998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 326 | Would you be willing to pay the following for a cycle of pills? (IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 333. AFTER ASKING ABOUT AMOUNT MORE THAN 5 POUNDS, RECORD YES OR NO AND GO TO 333.) | <table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>50 PIASTERS</td><td>1</td><td>2</td></tr> <tr> <td>75 PIASTERS</td><td>1</td><td>2</td></tr> <tr> <td>1 POUND</td><td>1</td><td>2</td></tr> <tr> <td>2 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>5 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>MORE THAN 5 POUNDS</td><td>1</td><td>2</td></tr> </tbody> </table> | | YES | NO | 50 PIASTERS | 1 | 2 | 75 PIASTERS | 1 | 2 | 1 POUND | 1 | 2 | 2 POUNDS | 1 | 2 | 5 POUNDS | 1 | 2 | MORE THAN 5 POUNDS | 1 | 2 | → 333 → 333 | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 PIASTERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 75 PIASTERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 POUND | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MORE THAN 5 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 327 | How frequently do you take the injection you are using now? | EVERY MONTH 1 EVERY TWO MONTHS..... 2 EVERY THREE MONTHS..... 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 328 | How much did you pay the last time you got the injection at (source in 316)? | <table> <thead> <tr> <th></th><th>POUNDS</th><th>PT.</th></tr> </thead> <tbody> <tr> <td>COST</td><td><input type="text"/> <input type="text"/></td><td><input type="text"/> <input type="text"/></td></tr> <tr> <td>FREE</td><td></td><td>9995</td></tr> <tr> <td>DON'T KNOW</td><td></td><td>9998</td></tr> </tbody> </table> | | POUNDS | PT. | COST | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | FREE | | 9995 | DON'T KNOW | | 9998 | | | | | | | | | | | | | | | | |
| | POUNDS | PT. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COST | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FREE | | 9995 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | | 9998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|---|---|---------------------------|--------|-----|----------------|----------------------|----------------------|----------------|--------|---|------------------|--------|---|-----------------|---|---|-----------------|---|---|---------------------------|---|---|---------------------------|
| 329 | <p>Would you be willing to pay the following for the injectables (including all costs)?</p> <p>(IF YES, CONTINUE WITH NEXT AMOUNT. IF NO GO TO 333.</p> <p>AFTER ASKING ABOUT AMOUNT MORE THAN 20, RECORD YES OR NO AND GO TO 333.)</p> <p>2 pounds?</p> <p>5 pounds?</p> <p>10 pounds?</p> <p>15 pounds?</p> <p>20 pounds?</p> <p>More than 20 pounds?</p> | <table> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>2 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>5 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>10 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>15 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>20 POUNDS</td><td>1</td><td>2</td></tr> <tr> <td>MORE THAN 20 POUNDS</td><td>1</td><td>2</td></tr> </tbody> </table> | | YES | NO | 2 POUNDS | 1 | 2 | 5 POUNDS | 1 | 2 | 10 POUNDS | 1 | 2 | 15 POUNDS | 1 | 2 | 20 POUNDS | 1 | 2 | MORE THAN 20 POUNDS | 1 | 2 | <p>→ 333</p> <p>→ 333</p> |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | |
| 2 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 5 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 10 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 15 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 20 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| MORE THAN 20 POUNDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | |
| 330 | How many implant rods were inserted? | <p>ONE IMPLANT ROD..... 1</p> <p>SIX IMPLANT RODS..... 2</p> <p>OTHER 6</p> <p>(SPECIFY)</p> | | | | | | | | | | | | | | | | | | | | | | |
| 331 | How much did it cost you to get the implant rod(s) inserted? | <table> <thead> <tr> <th></th><th>POUNDS</th><th>PT.</th></tr> </thead> <tbody> <tr> <td>COST</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>FREE</td><td>999995</td><td></td></tr> <tr> <td>DON'T KNOW</td><td>999998</td><td></td></tr> </tbody> </table> | | POUNDS | PT. | COST | <input type="text"/> | <input type="text"/> | FREE | 999995 | | DON'T KNOW | 999998 | | → 338 | | | | | | | | | |
| | POUNDS | PT. | | | | | | | | | | | | | | | | | | | | | | |
| COST | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| FREE | 999995 | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 999998 | | | | | | | | | | | | | | | | | | | | | | | |
| 332 | How much did it cost you to obtain/get advice about the (METHOD IN 313) AT (SOURCE IN 316)? | <table> <thead> <tr> <th></th><th>POUNDS</th><th>PT.</th></tr> </thead> <tbody> <tr> <td>COST</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>FREE</td><td>999995</td><td></td></tr> <tr> <td>DON'T KNOW</td><td>999998</td><td></td></tr> </tbody> </table> | | POUNDS | PT. | COST | <input type="text"/> | <input type="text"/> | FREE | 999995 | | DON'T KNOW | 999998 | | | | | | | | | | | |
| | POUNDS | PT. | | | | | | | | | | | | | | | | | | | | | | |
| COST | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | |
| FREE | 999995 | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 999998 | | | | | | | | | | | | | | | | | | | | | | | |
| 333 | <p>CHECK 316 AND RECORD SOURCE WHERE METHOD WAS OBTAINED.</p> <p>PHARMACY <input type="checkbox"/> SOURCES 1-9, A-G, I-J <input type="checkbox"/> K / L / X / Y <input type="checkbox"/></p> <p>↓ GO TO 338</p> | | → 343 | | | | | | | | | | | | | | | | | | | | | |
| 334 | At any time when you went to the pharmacy during this current period of use, were you told about side effects or health problems you might have with the (METHOD IN 313)? | <p>YES 1</p> <p>NO 2</p> <p>NEVER WENT TO PHARMACY..... 8</p> | <p>→ 336</p> <p>→ 343</p> | | | | | | | | | | | | | | | | | | | | | |
| 335 | Were you told at the pharmacy what to do if you experienced side effects or health problems? | <p>YES 1</p> <p>NO 2</p> | | | | | | | | | | | | | | | | | | | | | | |
| 336 | Were you told at the pharmacy about other methods of family planning which you could use? | <p>YES 1</p> <p>NO 2</p> | | | | | | | | | | | | | | | | | | | | | | |
| 337 | Were you told at the pharmacy how to use the (METHOD IN 313)? | <p>YES 1</p> <p>NO 2</p> | → 343 | | | | | | | | | | | | | | | | | | | | | |
| 338 | You obtained (METHOD IN 313) from (SOURCE IN 316). When you got the (METHOD) were you told about other methods of family planning which you could use? | <p>YES 1</p> <p>NO 2</p> | → 340 | | | | | | | | | | | | | | | | | | | | | |
| 339 | At any other time, did a family planning or health worker tell you about other methods of family planning which you could use? | <p>YES 1</p> <p>NO 2</p> | | | | | | | | | | | | | | | | | | | | | | |
| 340 | When you got the (METHOD IN 313) this time, were you told about side effects or problems you might have with the (METHOD)? | <p>YES 1</p> <p>NO 2</p> | → 342 | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|---------|
| 341 | At any other time, did a family planning or health worker tell you about side effects or problems you might have with (METHOD IN 313)? | YES 1 NO 2 | → 343 |
| 342 | Were you told what to do if you experienced side effects or health problems? | YES 1 NO 2 | |
| 343 | <p>I would like to ask some questions about all of the (other) periods in the last few years during which you or your husband used a method to avoid getting pregnant.</p> <p>COLUMN 2 - SEGMENTS OF CONTRACEPTIVE USE SINCE JANUARY 1998</p> <p>PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH THE MOST RECENT PERIOD OF USE AND GOING BACK TO JANUARY 1998.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>RECORD PERIODS OF USE AND NONUSE IN COLUMN 2 OF THE CALENDAR. FOR EACH MONTH IN WHICH A METHOD WAS USED, ENTER THE CODE FOR THE METHOD; ENTER "0" IN THOSE MONTHS WHEN NO METHOD WAS USED.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 2 :</p> <ul style="list-style-type: none"> - 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? <p>IF THERE ARE NO PRIOR SEGMENTS OF USE, GO TO 344.</p> <p>COLUMN 3 -REASON FOR DISCONTINUATION</p> <p>FOR EACH PERIOD OF USE, ASK WHY SHE STOPPED USING THE METHOD AND RECORD THE REASON FOR DISCONTINUATION IN COLUMN 3 OF THE CALENDAR IN THE MONTH IN WHICH THE SEGMENT OF USE WAS TERMINATED.</p> <p>IF A PREGNANCY FOLLOWED, ASK IF SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR WHETHER SHE DELIBERATELY STOPPED USING THE METHOD TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS FOR COLUMN 3</p> <ul style="list-style-type: none"> - Why did you stop using the (method)? - Did you become pregnant while using (method), or did you stop to get pregnant, or stop for some other reason? <p>IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:</p> <ul style="list-style-type: none"> - "How many months did it take you to get pregnant after you stopped using (method)?" <p>ENTER "0" IN EACH SUCH MONTH IN COLUMN 2.</p> <p>NUMBER OF CODES ENTERED IN COLUMN 3 MUST BE THE SAME AS THE NUMBER OF COMPLETE SEGMENTS OF CONTRACEPTIVE USE IN COLUMN 2.</p> | | |
| 344 | Have you ever heard (know) of "premarital examination" that is a consultation with a doctor or other staff as part of the preparation for marriage? | YES 1 NO 2 | → 347 |
| 345 | Before you married (for the first time) did you have a premarital examination? | YES 1 NO 2 | → 347 |
| 346 | Was family planning discussed during the premarital consultation? | YES 1 NO 2 | |
| 347 | In the last 6 months have you heard seen, or received any information about family planning? | YES 1 NO 2 | → 401 |
| 348 | What was the last source you got information from? | TELEVISION 01 RADIO 02 NEWSPAPER/MAGAZINE 03 PAMPHLET/BROCHURE 04 POSTER 05 MEDICAL PROVIDER 06 HUSBAND 07 OTHER RELATIVES 08 FRIENDS/NEIGHBORS 09 OTHER 96 (SPECIFY) | |

SECTION 4: FERTILITY PREFERENCES AND ATTITUDES ABOUT FAMILY PLANNING

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|---------|
| 401 | CHECK 107: CURRENTLY MARRIED <input type="checkbox"/> | DIVORCED/ WIDOWED/ SEPARATED <input type="checkbox"/> | → 416 |
| 402 | CHECK 313: NEITHER STERILIZED <input type="checkbox"/> | SHE OR HE STERILIZED <input type="checkbox"/> | → 416 |
| 403 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future: Would you like to have (a / another) child or would you prefer not to have any (more) children? Now I have some questions about the future: After the child you are expecting, would you like to have another child or would you prefer not to have any more children? | HAVE A (ANOTHER) CHILD 1 NO MORE / NONE 2 → 405 SHE CAN'T GET PREGNANT 3 → 416 UNDECIDED OR DON'T KNOW 8 → 405 | |
| 404 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a / another) child? How long would you like to wait after the birth of the child you are expecting before the birth of another child? | MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> SOON / NOW 994 SHE CAN'T GET PREGNANT 995 → 416 OTHER 996 (SPECIFY) DON'T KNOW 998 → 410 | |
| 405 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> | PREGNANT <input type="checkbox"/> | → 411 |
| 406 | CHECK 312: NOT CURRENTLY USING/ NOT ASKED <input type="checkbox"/> | CURRENTLY USING <input type="checkbox"/> | → 416 |
| 407 | CHECK 403: WANTS ANOTHER SOON <input type="checkbox"/> | WANTS NO MORE <input type="checkbox"/> → 409 UNDECIDED/ UNSURE <input type="checkbox"/> → 410 | |
| 408 | CHECK 404: WANTS ANOTHER AFTER 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> | WANTS WITHIN 00-23 MONTHS OR 00 – 01 YEAR <input type="checkbox"/> | → 411 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|-------------------|---------|
| 409 | <p>CHECK 403:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>WANTS A / ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want (a / another) child soon, but you are not using any method to delay a pregnancy. Can you tell me why?</p> <p>PROBE: Are there any other reasons?</p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN DETAIL)</p> </div> <div style="width: 45%;"> <p>WANTS NO MORE CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid a pregnancy. Can you tell me why?</p> <p>PROBE: Are there any other reasons?</p> </div> </div> | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|--------------|
| 412 | <p>Where is that?</p> <p>WRITE THE NAME AND ADDRESS OF THE SOURCE FROM WHICH THE RESPONDENT WOULD GET THE METHOD. PROBE IF NECESSARY TO IDENTIFY THE TYPE OF SOURCE AND THEN CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>_____</p> <p>(NAME AND ADDRESS OF PLACE)</p> | <p>MINISTRY OF HEALTH FACILITY (MOH)</p> <p>URBAN HOSPITAL 1</p> <p>URBAN HEALTH UNIT 2</p> <p>RURAL HOSPITAL 3</p> <p>RURAL HEALTH UNIT 4</p> <p>MCH CENTER 5</p> <p>MOBILE UNIT 6</p> <p>OTHER MOH UNITS 7</p> <p>OTHER GOVERNMENTAL FACILITY</p> <p>TEACHING HOSPITAL 8</p> <p>HEALTH INSURANCE ORGANIZATION 9</p> <p>CURATIVE CARE ORGANIZATION A</p> <p>OTHER GOVERNMENTAL B</p> <p>NON-GOVERNMENTAL ORGANIZATIONS (NGO's)</p> <p>EGYPT FAMILY PLANNING ASSOCIATION C</p> <p>CSI PROJECT D</p> <p>OTHER NGO's E</p> <p>MEDICAL PRIVATE SECTOR</p> <p>PRIVATE HOSPITAL/ CLINIC F</p> <p>PRIVATE DOCTOR G</p> <p>PHARMACY H</p> <p>OTHER PRIVATE SECTOR</p> <p>MOSQUE HEALTH UNIT I</p> <p>CHURCH HEALTH UNIT J</p> <p>OTHER VENDOR (SHOP, KIOSK, ETC.,)..... K</p> <p>FRIENDS / RELATIVES L</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p> | |
| 413 | Do you think you will use a method at any time in the future? | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | <p>→ 415</p> |
| 414 | Which method would you prefer to use? | <p>PILL 1</p> <p>IUD 2</p> <p>INJECTABLES 3</p> <p>IMRPLANT 4</p> <p>DIAPHRAGM/ FOAM/ JELLY 5</p> <p>CONDOM 6</p> <p>FEMALE STERILIZATION 7</p> <p>MALE STERILIZATION 8</p> <p>PERIODIC ABSTINENCE 9</p> <p>WITHDRAWAL L</p> <p>PROLONGED BREASTFEEDING G</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>UNSURE Z</p> | <p>→ 416</p> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|---|---------|
| 415 | <p>What is the main reason that you think that you will not use a method at any time in the future?</p> <p>_____</p> <p>_____</p> <p>(RECORD ANSWER IN DETAIL)</p> | <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX 21</p> <p>INFREQUENT SEX 22</p> <p>MENOPAUSAL / HYSTERECTOMY 23</p> <p>SUBFECUND 24</p> <p>INFECUND 25</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED 31</p> <p>HUSBAND OPPOSED 32</p> <p>OTHER 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</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> | |
| 416 | <p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILD (REN) <input type="checkbox"/> NO LIVING CHILD (REN) <input type="checkbox"/></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? If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>(RECORD SINGLE NUMBER OR OTHER ANSWER)</p> | <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER ANSWER 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p> | → 418 |
| 417 | <p>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 to be a boy or a girl?</p> | <p>BOYS</p> <p>NUMBER WANTED <input type="text"/> <input type="text"/></p> <p>GIRLS</p> <p>NUMBER WANTED <input type="text"/> <input type="text"/></p> <p>DOES NOT MATTER, EITHER SEX</p> <p>NUMBER WANTED <input type="text"/> <input type="text"/></p> <p>OTHER ANSWER 96</p> <p>(SPECIFY)</p> | |
| 418 | <p>Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?</p> | <p>APPROVE 1</p> <p>DISAPPROVE 2</p> <p>NOT SURE / DON'T KNOW 8</p> | → 421 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|------|--|--|---------|
| 419 | Would you consider it appropriate for a couple to use family planning after the first birth? | YES 1 NO 2 DON'T KNOW 8 | |
| 420 | Would you consider it appropriate for a newly married couple to use family planning before the first pregnancy? | YES 1 NO 2 DON'T KNOW 8 | |
| 421 | Now I would like to ask about your opinion about family planning. Would you say that most, some, very few, or none of the couples use family planning in the reproductive ages living in this area? | MOST 1 SOME 2 VERY FEW 3 NONE 4 NOT SURE 8 | |
| 422 | Do you think the number of couples using family planning in this area is increasing, decreasing or staying about the same? | INCREASING 1 DECREASING 2 STAY ABOUT THE SAME 3 NOT SURE 8 | |
| 422A | CHECK 107: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CURRENTLY MARRIED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DIVORCED/ WIDOWED/ SEPARATED <input type="checkbox"/> → 428 </div> </div> | | |
| 423 | In the past six months did a health worker, a raida rifa, or anyone else visit you to talk about family planning? IF YES: Who visited you? | VISITED BY: HEALTH WORKER A RAIDA B OTHER X (SPECIFY) NO ONE VISITED Y | |
| 424 | Have you visited any governmental health facility for any reason during the past six months? | YES 1 NO 2 → 426 | |
| 425 | Did any staff member at this health facility speak to you about family planning methods? | YES 1 NO 2 | |
| 426 | Have you visited a private doctor or clinic for any reason during the past six months? | YES 1 NO 2 → 428 | |
| 427 | Did the doctor or any staff person there speak to you about family planning methods? | YES 1 NO 2 | |
| 428 | CHECK 302: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> KNOWS PILL <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DOESN'T KNOW PILL <input type="checkbox"/> → 501 </div> </div> | | |
| 429 | Are you aware there is a special brand of pill that is appropriate for a woman to use while breastfeeding? IF YES: What brand is that? <hr/> (MENTIONED HER EXACT WORDS) | YES, KNOW BRAND 1 YES, BUT CAN'T NAME BRAND 2 NOT AWARE 8 | |

SECTION 5: PREGNANCY AND BREASTFEEDING

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | SKIP |
|-----|--|---|---|---|
| 501 | CHECK 224: ONE OR MORE BIRTHS <input type="checkbox"/> SINCE JANUARY 1998 | NO BIRTHS SINCE <input type="checkbox"/> JANUARY 1998 | | 635 |
| 502 | <p>ENTER THE LINE NUMBER, NAME AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1998 IN THE TABLE. BEGIN WITH THE LAST BIRTH AND RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).</p> <p>Now I would like to ask you some questions about the health of all your children born in the past 5 years. (We will talk about one child at a time.)</p> | | | |
| 503 | LINE NUMBER FROM Q. 212 | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 504 | FROM Q. 212 AND Q. 216 | LAST BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | NEXT-TO-LAST BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> | SECOND-FROM-LAST BIRTH NAME <input type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> |
| 505 | At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did not want (<u>more</u>) children at all? | THEN 1 (SKIP TO 507) ← LATER 2 NO MORE 3 (SKIP TO 507) ← | THEN 1 (SKIP TO 507) ← LATER 2 NO MORE 3 (SKIP TO 507) ← | THEN 1 (SKIP TO 507) ← LATER 2 NO MORE 3 (SKIP TO 507) ← |
| 506 | How much longer would you like to have waited? | MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998 | MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998 | MONTHS 1 <input type="text"/> YEARS 2 <input type="text"/> DON'T KNOW 998 |
| 507 | When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? RECORD ALL PERSONS SEEN | HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 513) ← | HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 513) ← | HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 513) ← |
| 508 | Where did you receive the antenatal care? RECORD ALL PLACES | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E OTHER X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E OTHER X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E OTHER X (SPECIFY) |
| 509 | How many months pregnant were you when you first saw someone for an antenatal care for this pregnancy? | MONTHS <input type="text"/> DON'T KNOW 98 | MONTHS <input type="text"/> DON'T KNOW 98 | MONTHS <input type="text"/> DON'T KNOW 98 |
| 510 | How many times did you receive antenatal care during this pregnancy? | NO. OF VISITS <input type="text"/> DON'T KNOW 98 | NO. OF VISITS <input type="text"/> DON'T KNOW 98 | NO. OF VISITS <input type="text"/> DON'T KNOW 98 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|---|--|--|
| 511 | CHECK 510: NUMBER OF RECEIVED ANTENATAL CARE | ONCE <input type="checkbox"/> ↓ (SKIP TO 513) | MORE THAN ONCE / DK <input type="checkbox"/> ↓ (SKIP TO 513) | ONCE <input type="checkbox"/> ↓ (SKIP TO 513) |
| 512 | How many months pregnant were you when you last saw someone for an antenatal care for this pregnancy? | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 |
| 513 | When you were pregnant with (NAME), were you given any injection in the arm to prevent the baby from getting tetanus, that is, convulsion after birth? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 518) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 518) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 518) ← |
| 514 | During this pregnancy, How many times did you get this injection? | TIMES <input type="text"/> DON'T KNOW 8 | TIMES <input type="text"/> DON'T KNOW 8 | TIMES <input type="text"/> DON'T KNOW 8 |
| 515 | Where did you receive the tetanus injection (s)? RECORD ALL PLACES | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E OTHER X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E OTHER X (SPECIFY) (SKIP TO 518) | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E OTHER X (SPECIFY) (SKIP TO 518) |
| 516 | When you received the tetanus toxoid injection, did anyone tell you that you should go for (other) antenatal care? | YES 1 NO 2 DON'T KNOW 8 | | |
| 517 | At that time, did anyone talk to you about family planning? | YES 1 NO 2 DON'T KNOW 8 | | |
| 518 | When you were pregnant with (NAME), did you see a doctor, nurse or other health worker for any other reason (OTHER THAN FOR AN ANTENATAL CHECKUP OR A TETANUS INJECTION)? IF YES: Whom did you see? Anyone else? RECORD ALL PERSONS SEEN | HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 524) ← | HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 524) ← | HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C OTHER X (SPECIFY) NO ONE Y (SKIP TO 524) ← |
| 519 | Where did you go to see the doctor (nurse and / or health worker)? RECORD ALL PLACES | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E OTHER X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E OTHER X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E OTHER X (SPECIFY) |

| | | LAST BIRTH NAME _____ | | NEXT-TO-LAST BIRTH NAME _____ | | SECOND-FROM-LAST BIRTH NAME _____ | |
|-----|---|---|---|---|---|---|---|
| 520 | CHECK Q 507: HAD ANTENATAL CARE | NO ANTENATAL CARE <input type="checkbox"/> ↓ | HAD ANTENATAL CARE <input type="checkbox"/> ↓ (SKIP TO 526) | NO ANTENATAL CARE <input type="checkbox"/> ↓ | HAD ANTENATAL CARE <input type="checkbox"/> ↓ (SKIP TO 526) | NO ANTENATAL CARE <input type="checkbox"/> ↓ | HAD ANTENATAL CARE <input type="checkbox"/> ↓ (SKIP TO 526) |
| 521 | Did you seek this care because you thought there was a problem with the pregnancy? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 524) ← |
| 522 | How many times during this pregnancy, did you see a doctor, nurse, midwife or other health worker? | TIMES <input type="text"/> DON'T KNOW 8 | TIMES <input type="text"/> DON'T KNOW 8 | TIMES <input type="text"/> DON'T KNOW 8 | TIMES <input type="text"/> DON'T KNOW 8 | TIMES <input type="text"/> DON'T KNOW 8 | TIMES <input type="text"/> DON'T KNOW 8 |
| 523 | How many months pregnant were you when you last saw a health worker during this pregnancy? | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 |
| 524 | CHECK IF THE RESPONDENT HAD: Q 507: ANY ANTENATAL CARE Q 513: TETANUS INJECTION Q 518: OTHER CARE | YES NO ANY ANTENATAL CARE... 1 2 TETANUS INJECTION..... 1 2 OTHER CARE 1 2 | | YES NO ANY ANTENATAL CARE... 1 2 TETANUS INJECTION..... 1 2 OTHER CARE 1 2 | | YES NO ANY ANTENATAL CARE... 1 2 TETANUS INJECTION..... 1 2 OTHER CARE 1 2 | |
| 525 | CHECK Q 524: | AT LEAST ONE "YES" RESPONSE <input type="checkbox"/> ↓ | ALL RESPONSES "NO" <input type="checkbox"/> ↓ (SKIP TO 529) | AT LEAST ONE "YES" RESPONSE <input type="checkbox"/> ↓ | ALL RESPONSES "NO" <input type="checkbox"/> ↓ (SKIP TO 529) | AT LEAST ONE "YES" RESPONSE <input type="checkbox"/> ↓ | ALL RESPONSES "NO" <input type="checkbox"/> ↓ (SKIP TO 529) |
| 526 | During the time that you were pregnant with (NAME), were any of the following done: Were you given a maternal card? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? | YES NO MATERNAL CARD 1 2 WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE.... 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2 | | YES NO MATERNAL CARD 1 2 WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE.... 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2 | | YES NO MATERNAL CARD 1 2 WEIGHT 1 2 HEIGHT 1 2 BLOOD PRESSURE.... 1 2 URINE SAMPLE 1 2 BLOOD SAMPLE 1 2 | |
| 527 | Were you told about the signs of pregnancy complications? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 529) ← |
| 528 | Were you told about where to go if you had any of those complications? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 529 | During this pregnancy were you given or did you buy iron tablets or iron syrup? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 531) ← |
| 530 | During the whole pregnancy, for how many days did you take the tablets or syrup? | DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 | DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 | DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 | DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 | DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 | DAYS <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 998 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|--|
| 531 | Where did you give birth to (NAME)? | HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH UNIT 22 MCH CENTER 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER 96 (SPECIFY) | HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH UNIT 22 MCH CENTER 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER 96 (SPECIFY) | HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GVT. HOSPITAL 21 GVT. HEALTH UNIT 22 MCH CENTER 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER 96 (SPECIFY) |
| 532 | 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 OTHER PERSON DAYA C RELATIVES/ FRIENDS D OTHER X (SPECIFY) NO ONE Y (SKIP TO 534) ← | HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C RELATIVES/ FRIENDS D OTHER X (SPECIFY) NO ONE Y (SKIP TO 534) ← | HEALTH PROFESSIONAL DOCTOR A NURSE / MIDWIFE B OTHER PERSON DAYA C RELATIVES/ FRIENDS D OTHER X (SPECIFY) NO ONE Y (SKIP TO 534) ← |
| 533 | Was (NAME) delivered normal or caeserean? | NORMAL 1 CAESEREAN 2 | NORMAL 1 CAESEREAN 2 | NORMAL 1 CAESEREAN 2 |
| 534 | In the first two months after (NAME) was born, did a doctor, nurse or other health worker or the daya check on your health? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 538) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 538) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 538) ← |
| 535 | How many days or weeks after the delivery did the first check take place? | DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 | DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 | DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 |
| 536 | Who checked on your health for the first time? | HEALTH PROFESSIONAL DOCTOR 1 NURSE / MIDWIFE 2 OTHER PERSON DAYA 3 RELATIVES/ FRIENDS 4 OTHER 6 (SPECIFY) | HEALTH PROFESSIONAL DOCTOR 1 NURSE / MIDWIFE 2 OTHER PERSON DAYA 3 RELATIVES/ FRIENDS 4 OTHER 6 (SPECIFY) | HEALTH PROFESSIONAL DOCTOR 1 NURSE / MIDWIFE 2 OTHER PERSON DAYA 3 RELATIVES/ FRIENDS 4 OTHER 6 (SPECIFY) |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|---|--|--|--|
| 537 | Where did this first check take place? | HOME YOUR HOME..... 11 OTHER HOME..... 12 PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH UNIT..... 22 MCH CENTER..... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER..... 96 (SPECIFY) | HOME YOUR HOME..... 11 OTHER HOME..... 12 PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH UNIT..... 22 MCH CENTER..... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER..... 96 (SPECIFY) | HOME YOUR HOME..... 11 OTHER HOME..... 12 PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH UNIT..... 22 MCH CENTER..... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER..... 96 (SPECIFY) |
| 538 | In the first two months after delivery, did you receive a Vitamin A dose (red/blue capsule)? SHOW CAPSULE. | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 539 | In the first two months after (NAME) is delivery, did a doctor, nurse or other health worker check on his / her health? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 541A) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 544) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 544) ← |
| 540 | How many days or weeks after the delivery did the first check take place? | DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 | DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 (SKIP TO 544) | DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 (SKIP TO 544) |
| 541 | Where did this first check take place? | HOME YOUR HOME..... 11 OTHER HOME..... 12 PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH UNIT..... 22 MCH CENTER..... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER..... 96 (SPECIFY) | | |
| 541A | During the two weeks after the birth was a sample of blood taken from the baby's heel? | YES 1 NO 2 DON'T KNOW 8 | | |
| 541B | Where did this first check take place? | HOME YOUR HOME..... 11 OTHER HOME..... 12 PUBLIC SECTOR GVT. HOSPITAL..... 21 GVT. HEALTH UNIT..... 22 MCH CENTER..... 23 PRIVATE SECTOR PVT. HOSPITAL/CLINIC... 31 OTHER..... 96 (SPECIFY) | | |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|---|---|---|
| 542 | Has your period returned since the birth of (NAME)? | YES..... 1 (SKIP TO 544) ← NO..... 2 | | |
| 543 | ENTER "X" IN COL.4 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH. (OR TO CURRENT PREGNANCY) (SKIP TO 545) | | | |
| 544 | For how many months after the birth of (NAME) did you not have a period? | ENTER "X" IN COL.4 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS WITHOUT A PERIOD (OR UP TO THE NEXT PREGNANCY, STARTING IN THE MONTH AFTER BIRTH. IF LESS THAN ONE MONTH WITHOUT A PERIOD, ENTER "O" IN COL.4 IN MONTH AFTER BIRTH. | | |
| 545 | CHECK 226: RESPONDENT PREGNANT? | NOT PREGNANT <input type="checkbox"/> ↓ (SKIP TO 547) | PREGNANT OR UNSURE <input type="checkbox"/> ↓ (SKIP TO 547) | |
| 546 | Have you resumed sexual relations since the birth of (NAME)? | YES..... 1 NO..... 2 (SKIP TO 548) ← | | |
| 547 | How long after birth of (NAME) did you not have sexual relations? Record Period In Days If Less Than Month And In Months Otherwise | DAYS..... 1 <input type="text"/> MONTHS..... 2 <input type="text"/> DON'T KNOW..... 998 | DAYS..... 1 <input type="text"/> MONTHS..... 2 <input type="text"/> DON'T KNOW..... 998 | DAYS..... 1 <input type="text"/> MONTHS..... 2 <input type="text"/> DON'T KNOW..... 998 |
| 548 | At the time you were pregnant with (NAME) or after you delivered, did anyone give you advice about breastfeeding? | YES..... 1 NO..... 2 (SKIP TO 550) ← | YES..... 1 NO..... 2 (SKIP TO 550) ← | YES..... 1 NO..... 2 (SKIP TO 550) ← |
| 549 | Who gave you this advice? RECORD ALL MENTIONED | HEALTH PROVIDER..... A SOCIAL WORKER..... B DAYA..... C RELIGIOUS LEADERS..... D NEIGHBORS/FRIENDS..... E HOUSEHOLD MEMBER..... F OTHER RELATIVES..... G OTHER..... X (SPECIFY) | HEALTH PROVIDER..... A SOCIAL WORKER..... B DAYA..... C RELIGIOUS LEADERS..... D NEIGHBORS/FRIENDS..... E HOUSEHOLD MEMBER..... F OTHER RELATIVES..... G OTHER..... X (SPECIFY) | HEALTH PROVIDER..... A SOCIAL WORKER..... B DAYA..... C RELIGIOUS LEADERS..... D NEIGHBORS/FRIENDS..... E HOUSEHOLD MEMBER..... F OTHER RELATIVES..... G OTHER..... X (SPECIFY) |
| 550 | At the time you were pregnant with (NAME) or after you delivered, did anyone give you advice about family planning? | YES..... 1 NO..... 2 (SKIP TO 552) ← | YES..... 1 NO..... 2 (SKIP TO 552) ← | YES..... 1 NO..... 2 (SKIP TO 552) ← |
| 551 | Who gave you this advice? RECORD ALL MENTIONED | HEALTH PROVIDER..... A SOCIAL WORKER..... B DAYA..... C RELIGIOUS LEADERS..... D NEIGHBORS/FRIENDS..... E HOUSEHOLD MEMBER..... F OTHER RELATIVES..... G OTHER..... X (SPECIFY) | HEALTH PROVIDER..... A SOCIAL WORKER..... B DAYA..... C RELIGIOUS LEADERS..... D NEIGHBORS/FRIENDS..... E HOUSEHOLD MEMBER..... F OTHER RELATIVES..... G OTHER..... X (SPECIFY) | HEALTH PROVIDER..... A SOCIAL WORKER..... B DAYA..... C RELIGIOUS LEADERS..... D NEIGHBORS/FRIENDS..... E HOUSEHOLD MEMBER..... F OTHER RELATIVES..... G OTHER..... X (SPECIFY) |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|---|
| 552 | Did you ever breastfeed (NAME)? | YES 1 (SKIP TO 554) ← NO 2 | YES 1 (SKIP TO 554) ← NO 2 | YES 1 (SKIP TO 554) ← NO 2 |
| 553 | ENTER "N" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH. THEN GO TO 560 | | | |
| 554 | 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"/> | IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> |
| 555 | Within the first three days after delivery, before your milk began flowing regularly was (NAME) given anything to drink other than breast milk? | YES 1 NO 2 (SKIP TO 557) ← | YES 1 NO 2 (SKIP TO 557) ← | YES 1 NO 2 (SKIP TO 557) ← |
| 556 | What was (NAME) given to drink before your milk began flowing regularly? Anything else? RECORD ALL MENTIONED | MILK (OTHER THAN BREAST MILK) A B PLAIN WATER C SUGARE OR GLUCOSE WATER D GRIPE WATER E SALT AND SUGAR SOLUTION F FRUIT JUICE G INFANT FORMULA H TEA/ INFUSIONS I HONEY X OTHER (SPECIFY) _____ | MILK (OTHER THAN BREAST MILK) A B PLAIN WATER C SUGARE OR GLUCOSE WATER D GRIPE WATER E SALT AND SUGAR SOLUTION F FRUIT JUICE G INFANT FORMULA H TEA/ INFUSIONS I HONEY X OTHER (SPECIFY) _____ | MILK (OTHER THAN BREAST MILK) A PLAIN WATER B SUGARE OR GLUCOSE WATER C GRIPE WATER D SALT AND SUGAR SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/ INFUSIONS H HONEY I OTHER X (SPECIFY) _____ |
| 557 | CHECK 504 OR 216: CHILD ALIVE? | ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (SKIP TO 559) | ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (SKIP TO 559) | ALIVE <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (SKIP TO 559) |
| 558 | Are you still breastfeeding (NAME)? | YES 1 (SKIP TO 562) ← NO 2 | YES 1 (SKIP TO 562) ← NO 2 | YES 1 (SKIP TO 562) ← NO 2 |
| 559 | For how many months did you breastfeed (NAME)? | ENTER "X" IN COL.5 OF CALENDAR FOR THE NUMBER OF SPECIFIED MONTHS OF BREASTFEEDING, STARTING IN THE MONTH AFTER BIRTH. THEN GO TO 560. IF LESS THAN A MONTH ENTER "0" IN THE MONTH AFTER BIRTH. | | |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|---|---|---|
| 560 | Why did you (never / stop) breastfeeding (NAME)? | MOTHER ILL/ WEAK..... 01 CHILD ILL/WEAK..... 02 CHILD DIED..... 03 NIPPLE/BREAST PROBLEM..... 04 INSUFFICIENT MILK..... 05 MOTHER WORKING..... 06 CHILD REFUSED..... 07 WEANING AGE..... 08 BECAME PREGNANT..... 09 STARTED USING CONTRACEPTIVE..... 10 OTHER..... 96 (SPECIFY) | MOTHER ILL/ WEAK..... 01 CHILD ILL/WEAK..... 02 CHILD DIED..... 03 NIPPLE/BREAST PROBLEM..... 04 INSUFFICIENT MILK..... 05 MOTHER WORKING..... 06 CHILD REFUSED..... 07 WEANING AGE..... 08 BECAME PREGNANT..... 09 STARTED USING CONTRACEPTIVE..... 10 OTHER..... 96 (SPECIFY) | MOTHER ILL/ WEAK..... 01 CHILD ILL/WEAK..... 02 CHILD DIED..... 03 NIPPLE/BREAST PROBLEM..... 04 INSUFFICIENT MILK..... 05 MOTHER WORKING..... 06 CHILD REFUSED..... 07 WEANING AGE..... 08 BECAME PREGNANT..... 09 STARTED USING CONTRACEPTIVE..... 10 OTHER..... 96 (SPECIFY) |
| 561 | CHECK 504 OR 216: | ALIVE DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 565) (SKIP TO 570) | ALIVE DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 565) (SKIP TO 570) | ALIVE DEAD <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 565) (SKIP TO 570) |
| 562 | ENTER "X" IN COL.5 OF CALENDAR IN MONTH AFTER BIRTH AND IN EACH MONTH TO CURRENT MONTH. | | | |
| 563 | How many times did you breastfeed (NAME) last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER | NUMBER OF NIGHTTIME FEEDINGS... <input type="text"/> <input type="text"/> | NUMBER OF NIGHTTIME FEEDINGS... <input type="text"/> <input type="text"/> | NUMBER OF NIGHTTIME FEEDINGS... <input type="text"/> <input type="text"/> |
| 564 | How many times did you breastfeed (NAME) yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER | NUMBER OF DAYLIGHT FEEDINGS... <input type="text"/> <input type="text"/> | NUMBER OF DAYLIGHT FEEDINGS... <input type="text"/> <input type="text"/> | NUMBER OF DAYLIGHT FEEDINGS... <input type="text"/> <input type="text"/> |
| 565 | 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 | YES 1 NO 2 DON'T KNOW 8 |

| | | LAST BIRTH NAME _____ | | NEXT-TO-LAST BIRTH NAME _____ | | SECOND-FROM-LAST BIRTH NAME _____ | |
|-----|--|--|--|--|--|--|--|
| 566 | At any time yesterday or last night was (NAME), given any of the following: | | | | | | |
| | | YES | NO | YES | NO | YES | NO |
| | Plain water? | PLAIN WATER | 1 2 | PLAIN WATER | 1 2 | PLAIN WATER | 1 2 |
| | Sugar water? | SUGAR WATER | 1 2 | SUGAR WATER | 1 2 | SUGAR WATER | 1 2 |
| | Juice? | JUICE | 1 2 | JUICE | 1 2 | JUICE | 1 2 |
| | Herbal tea? | HERBAL TEA | 1 2 | HERBAL TEA | 1 2 | HERBAL TEA | 1 2 |
| | Baby formula? | BABY FORMULA | 1 2 | BABY FORMULA | 1 2 | BABY FORMULA | 1 2 |
| | Fresh milk? | FRESH MILK | 1 2 | FRESH MILK | 1 2 | FRESH MILK | 1 2 |
| | Tinned or powdered milk? | TINNED/ POWDERED MILK ... | 1 2 | TINNED/ POWDERED MILK ... | 1 2 | TINNED/ POWDERED MILK ... | 1 2 |
| | Any other liquid? | OTHER LIQUID | 1 2 | OTHER LIQUID | 1 2 | OTHER LIQUID | 1 2 |
| | Fruit? | FRUIT | 1 2 | FRUIT | 1 2 | FRUIT | 1 2 |
| | Porridge, bread, rice, macaroni, or other food made from grains? | FOOD MADE FROM GRAIN | 1 2 | FOOD MADE FROM GRAIN | 1 2 | FOOD MADE FROM GRAIN | 1 2 |
| | Sweet potatoes or other food made from tubers? | FOOD MADE FROM TUBERS | 1 2 | FOOD MADE FROM TUBERS | 1 2 | FOOD MADE FROM TUBERS | 1 2 |
| | Eggs, fish, or poultry? | EGGS/ FISH/ POULTRY | 1 2 | EGGS/ FISH/ POULTRY | 1 2 | EGGS/ FISH/ POULTRY | 1 2 |
| | Meat? | MEAT | 1 2 | MEAT | 1 2 | MEAT | 1 2 |
| | Any other solid or semi-solid food? | OTHER SOLID/ SEMI-SOLID FOOD ... | 1 2 | OTHER SOLID/ SEMI-SOLID FOOD... | 1 2 | OTHER SOLID/ SEMI-SOLID FOOD ... | 1 2 |
| 567 | CHECK 566: FOOD OR LIQUID GIVEN YESTERDAY? | "YES" TO ONE OR MORE <input type="checkbox"/> | "NO" TO ALL <input type="checkbox"/> (SKIP TO 569) | "YES" TO ONE OR MORE <input type="checkbox"/> | "NO" TO ALL <input type="checkbox"/> (SKIP TO 569) | "YES" TO ONE OR MORE <input type="checkbox"/> | "NO" TO ALL <input type="checkbox"/> (SKIP TO 569) |
| 568 | (Aside from breastfeeding and other liquids), how many times did (NAME) eat yesterday, (INCLUDING BOTH MEALS AND SNACKS)? IF 7 OR MORE TIMES, RECORD '7'. | NUMBER OF TIMES <input type="text"/> DON'T KNOW 8 | NUMBER OF TIMES <input type="text"/> DON'T KNOW 8 | NUMBER OF TIMES <input type="text"/> DON'T KNOW 8 | NUMBER OF TIMES <input type="text"/> DON'T KNOW 8 | NUMBER OF TIMES <input type="text"/> DON'T KNOW 8 | NUMBER OF TIMES <input type="text"/> DON'T KNOW 8 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|---|--|--|--|
| 569 | <p>On how many days during the past seven days was (NAME) given any of the following:</p> <p>Plain water?</p> <p>Any kind of milk (other than breastmilk)?</p> <p>Liquids other than plain water or milk?</p> <p>Food made from grains like porridge, bread, rice and macaroni?</p> <p>Sweet potatoes or other foods tubers?</p> <p>Eggs, fish, or poultry?</p> <p>Meat?</p> <p>Fruit?</p> <p>Any other solid or semi-solid food?</p> | <p>RECORD THE NUMBER OF DAYS</p> <p>PLAIN WATER <input type="checkbox"/></p> <p>MILK <input type="checkbox"/></p> <p>OTHER LIQUID <input type="checkbox"/></p> <p>FOODS FROM GRAINS <input type="checkbox"/></p> <p>FOODS FROM TUBERS <input type="checkbox"/></p> <p>EGGS/ FISH/ POULTRY <input type="checkbox"/></p> <p>MEAT <input type="checkbox"/></p> <p>FRUIT <input type="checkbox"/></p> <p>OTHER SOLID/ SEMI SOLID FOOD <input type="checkbox"/></p> | <p>RECORD THE NUMBER OF DAYS</p> <p>PLAIN WATER <input type="checkbox"/></p> <p>MILK <input type="checkbox"/></p> <p>OTHER LIQUID <input type="checkbox"/></p> <p>FOODS FROM GRAINS <input type="checkbox"/></p> <p>FOODS FROM TUBERS <input type="checkbox"/></p> <p>EGGS/ FISH/ POULTRY <input type="checkbox"/></p> <p>MEAT <input type="checkbox"/></p> <p>FRUIT <input type="checkbox"/></p> <p>OTHER SOLID/ SEMI SOLID FOOD <input type="checkbox"/></p> | <p>RECORD THE NUMBER OF DAYS</p> <p>PLAIN WATER <input type="checkbox"/></p> <p>MILK <input type="checkbox"/></p> <p>OTHER LIQUID <input type="checkbox"/></p> <p>FOODS FROM GRAINS <input type="checkbox"/></p> <p>FOODS FROM TUBERS <input type="checkbox"/></p> <p>EGGS/ FISH/ POULTRY <input type="checkbox"/></p> <p>MEAT <input type="checkbox"/></p> <p>FRUIT <input type="checkbox"/></p> <p>OTHER SOLID/ SEMI SOLID FOOD <input type="checkbox"/></p> |
| 570 | RETURN TO 505 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 601. | | | |

SECTION 6: IMMUNIZATION AND HEALTH

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | SKIP TO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|--|--|--|--|-----|------|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|-----|--|--|--|--|--|-----|-----|------|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|-----|--|--|--|--|--|-----|-----|------|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|-----|--|--|--|
| 601 | ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1998 IN THE TABLE. RECORD TWINS OR TRIPLETS IN SEPARATE COLUMNS. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 602 | LINE NUMBER FROM Q. 212 | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 603 | FROM Q. 212 FROM Q. 216 | <p>LAST BIRTH</p> <p>NAME <input type="text"/></p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 635</p> | <p>NEXT-TO-LAST BIRTH</p> <p>NAME <input type="text"/></p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 634</p> | <p>SECOND-FROM-LAST BIRTH</p> <p>NAME <input type="text"/></p> <p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>GO TO 603 FOR NEXT BIRTH. IF NO OTHER BIRTH, GO TO 634</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 604 | <p>Do you have a birth certificate for (NAME)?</p> <p>IF YES: May I see it?</p> <p>CHECK THE CERTIFICATE AND INDICATE WHETHER VACCINATION DATES ARE RECORDED ON THE CERTIFICATE OR NOT</p> | <p>YES, SEEN AND VACCINATION DATES RECORDED..... 1</p> <p>(SKIP TO 606) ←</p> <p>YES, SEEN BUT NO VACCINATION DATES RECORDED..... 2</p> <p>YES, BUT NOT SEEN 3</p> <p>(SKIP TO 608) ←</p> <p>NO CERTIFICATE..... 4</p> | <p>YES, SEEN AND VACCINATION DATES RECORDED..... 1</p> <p>(SKIP TO 606) ←</p> <p>YES, SEEN BUT NO VACCINATION DATES RECORDED..... 2</p> <p>YES, BUT NOT SEEN 3</p> <p>(SKIP TO 608) ←</p> <p>NO CERTIFICATE..... 4</p> | <p>YES, SEEN AND VACCINATION DATES RECORDED..... 1</p> <p>(SKIP TO 606) ←</p> <p>YES, SEEN BUT NO VACCINATION DATES RECORDED..... 2</p> <p>YES, BUT NOT SEEN 3</p> <p>(SKIP TO 608) ←</p> <p>NO CERTIFICATE..... 4</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 605 | <p>Did you ever have a birth certificate for (NAME)?</p> <p>IF YES: Did the certificate include a vaccination record?</p> | <p>YES, HAD CERTIFICATE WITH RECORD..... 1</p> <p>YES, CERTIFICATE, BUT NO RECORD..... 2</p> <p>NO CERTIFICATE..... 3</p> <p>(SKIP TO 608) ←</p> | <p>YES, HAD CERTIFICATE WITH RECORD..... 1</p> <p>YES, CERTIFICATE, BUT NO RECORD..... 2</p> <p>NO CERTIFICATE..... 3</p> <p>(SKIP TO 608) ←</p> | <p>YES, HAD CERTIFICATE WITH RECORD..... 1</p> <p>YES, CERTIFICATE, BUT NO RECORD..... 2</p> <p>NO CERTIFICATE..... 3</p> <p>(SKIP TO 608) ←</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 606 | <p>(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CERTIFICATE.</p> <p>(2) WRITE '44' IN 'DAY' COLUMN IF CERTIFICATE SHOWS A VACCINATION WAS GIVEN BUT NO DATE WAS RECORDED.</p> <p>BCG</p> <p>POLIO 1</p> <p>POLIO 2</p> <p>POLIO 3</p> <p>ACTIVATED POLIO</p> <p>DPT 1</p> <p>DPT 2</p> <p>DPT 3</p> <p>ACTIVATED DPT</p> <p>MEASLES</p> <p>HEPATITS B1</p> <p>HEPATITS B2</p> <p>HEPATITS B3</p> <p>VITAMIN A</p> <p>POLIO 0 (ZERO)</p> <p>POLIO 4</p> <p>MMR</p> <p>OTHER (SPECIFY)</p> | <table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MO.</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</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>AP</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>AD</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td></tr> <tr><td>OTH</td><td></td><td></td><td></td></tr> </tbody> </table> | | DAY | MO. | YEAR | BCG | | | | P1 | | | | P2 | | | | P3 | | | | AP | | | | D1 | | | | D2 | | | | D3 | | | | AD | | | | MEA | | | | H1 | | | | H2 | | | | H3 | | | | VA | | | | P0 | | | | P4 | | | | MMR | | | | OTH | | | | <table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MO.</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</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>AP</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>AD</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td></tr> <tr><td>OTH</td><td></td><td></td><td></td></tr> </tbody> </table> | | DAY | MO. | YEAR | BCG | | | | P1 | | | | P2 | | | | P3 | | | | AP | | | | D1 | | | | D2 | | | | D3 | | | | AD | | | | MEA | | | | H1 | | | | H2 | | | | H3 | | | | VA | | | | P0 | | | | P4 | | | | MMR | | | | OTH | | | | <table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MO.</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</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>AP</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>AD</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td></tr> <tr><td>OTH</td><td></td><td></td><td></td></tr> </tbody> </table> | | DAY | MO. | YEAR | BCG | | | | P1 | | | | P2 | | | | P3 | | | | AP | | | | D1 | | | | D2 | | | | D3 | | | | AD | | | | MEA | | | | H1 | | | | H2 | | | | H3 | | | | VA | | | | P0 | | | | P4 | | | | MMR | | | | OTH | | | |
| | DAY | MO. | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MMR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DAY | MO. | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MMR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DAY | MO. | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MMR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | LAST BIRTH NAME | NEXT-TO-LAST BIRTH NAME | SECOND-FROM-LAST BIRTH NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|--|--|--|-----|------|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|-----|--|--|--|--|--|-----|-----|------|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|-----|--|--|--|--|--|-----|-----|------|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|----|--|--|--|-----|--|--|--|-----|--|--|--|
| 607 | Has (NAME) received any vaccination that is not recorded on the certificate? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO, MEASLES, HEPATITIS B1-B3 AND MMR. (IN CASE OF POLIO, DPT, HEPATITIS PROBE CAREFULLY TO BE SURE THAT THE CHULD RECEIVED THE VACCINATIONS IN FRONT OF THE VACCINATIONS WITH NO RECORD) | YES 1 (PROBE FOR) VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606). NO 2 DON'T KNOW 8 | YES 1 (PROBE FOR) VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606). NO 2 DON'T KNOW 8 | YES 1 (PROBE FOR) VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 606). NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 608 | Do you have a health card where (NAME'S) vaccinations are written down? IF YES: May I see it, please? | YES, SEEN 1 (SKIP TO 610) YES, NOT SEEN 2 (SKIP TO 612) NO HEALTH CARD 3 | YES, SEEN 1 (SKIP TO 610) YES, NOT SEEN 2 (SKIP TO 612) NO HEALTH CARD 3 | YES, SEEN 1 (SKIP TO 610) YES, NOT SEEN 2 (SKIP TO 612) NO HEALTH CARD 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 609 | Did you ever have a health card for (NAME)? | YES 1 NO 2 (SKIP TO 612) } | YES 1 NO 2 (SKIP TO 612) } | YES 1 NO 2 (SKIP TO 612) } | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 610 | (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION WAS GIVEN BUT NO DATE WAS RECORDED. | <table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MO.</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>AP</td><td></td><td></td><td></td></tr> <tr><td>AD</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td></tr> <tr><td>OTH</td><td></td><td></td><td></td></tr> </tbody> </table> | | DAY | MO. | YEAR | BCG | | | | P1 | | | | D1 | | | | H1 | | | | P2 | | | | D2 | | | | H2 | | | | P3 | | | | D3 | | | | H3 | | | | P4 | | | | MEA | | | | AP | | | | AD | | | | VA | | | | P0 | | | | MMR | | | | OTH | | | | <table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MO.</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>AP</td><td></td><td></td><td></td></tr> <tr><td>AD</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td></tr> <tr><td>OTH</td><td></td><td></td><td></td></tr> </tbody> </table> | | DAY | MO. | YEAR | BCG | | | | P1 | | | | D1 | | | | H1 | | | | P2 | | | | D2 | | | | H2 | | | | P3 | | | | D3 | | | | H3 | | | | P4 | | | | MEA | | | | AP | | | | AD | | | | VA | | | | P0 | | | | MMR | | | | OTH | | | | <table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MO.</th> <th>YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>H1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>H2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>H3</td><td></td><td></td><td></td></tr> <tr><td>P4</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> <tr><td>AP</td><td></td><td></td><td></td></tr> <tr><td>AD</td><td></td><td></td><td></td></tr> <tr><td>VA</td><td></td><td></td><td></td></tr> <tr><td>P0</td><td></td><td></td><td></td></tr> <tr><td>MMR</td><td></td><td></td><td></td></tr> <tr><td>OTH</td><td></td><td></td><td></td></tr> </tbody> </table> | | DAY | MO. | YEAR | BCG | | | | P1 | | | | D1 | | | | H1 | | | | P2 | | | | D2 | | | | H2 | | | | P3 | | | | D3 | | | | H3 | | | | P4 | | | | MEA | | | | AP | | | | AD | | | | VA | | | | P0 | | | | MMR | | | | OTH | | | |
| | DAY | MO. | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MMR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DAY | MO. | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MMR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DAY | MO. | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BCG | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| H3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| P0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MMR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|---|
| 611 | Has (NAME) received any vaccinations that are not recorded on this health card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO, MEASLES, HEPATITIS B1-B3 AND MMR. (IN CASE OF POLIO, DPT, HEPATITIS PROBE CAREFULLY TO BE SURE THAT THE CHILD RECEIVED THE VACCINATIONS IN FRONT OF THE VACCINATIONS WITH NO RECORD) | YES 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) NO 2 DON'T KNOW 8 (SKIP TO 615) | YES 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) NO 2 DON'T KNOW 8 (SKIP TO 615) | YES 1 (PROBE FOR VACCINATIONS AND WRITE "66" IN CORRESPONDING DAY COLUMN IN 610. THEN SKIP TO 615) NO 2 DON'T KNOW 8 (SKIP TO 615) |
| 612 | CHECK 604 AND 608: | NEITHER CERTIFICATE NOR HEALTH CARD (THAT HAS VACCINE RECORDED) SEEN <input type="checkbox"/> CERTIFICATE OR HEALTH CARD SEEN <input type="checkbox"/> GO TO 615 | NEITHER CERTIFICATE NOR HEALTH CARD (THAT HAS VACCINE RECORDED) SEEN <input type="checkbox"/> CERTIFICATE OR HEALTH CARD SEEN <input type="checkbox"/> GO TO 615 | NEITHER CERTIFICATE NOR HEALTH CARD (THAT HAS VACCINE RECORDED) SEEN <input type="checkbox"/> CERTIFICATE OR HEALTH CARD SEEN <input type="checkbox"/> GO TO 615 |
| 613 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) |
| 614 | Please tell me if (NAME) (has) received any of the following vaccinations: A BCG vaccination against Tuberculosis, that is, injection in the left shoulder that caused a scar? Polio vaccine, that is drops in the mouth? IF YES: How many times? IF DON'T KNOW NUMBER OF TIMES, RECORD 8 IN BOX. A DPT injection? IF YES: How many times? IF DON'T KNOW NUMBER OF TIMES, RECORD 8 IN BOX. An injection against measles at nine months? An injection against hepatitis? IF YES: How many times? IF DON'T KNOW NUMBER OF TIMES, RECORD 8 IN BOX. An MMR injection, that is an injection against measles, mumps and rubella and taken at one-half year? | YES 1 NO 2 DON'T KNOW 8 YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> | YES 1 NO 2 DON'T KNOW 8 YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> | YES 1 NO 2 DON'T KNOW 8 YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> YES 1 NO 2 DON'T KNOW 8 NUMBER OF TIMES <input type="text"/> |

| | | LAST BIRTH NAME | NEXT-TO-LAST BIRTH NAME | SECOND-FROM-LAST BIRTH NAME |
|-----|--|--|--|--|
| 615 | Did (NAME) receive a vitamin A blue capsule that is taken at 9 and 18 months ? SHOW CAPSULE. | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 618) ← |
| 616 | At anytime when you took your child for these immunizations, did anyone talk to you about family planning? | YES 1 NO 2 STILL YOUNG/ DIDN'T GO ... 3 (SKIP TO 618) ← DON'T KNOW/ UNSURE 8 | | |
| 617 | Did anyone talk to you about any other health services (nutrition / antenatal care)? | YES 1 NO 2 DON'T KNOW/ UNSURE 8 | | |
| 618 | Has (NAME) been ill with a fever at any time in the last two weeks? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 619 | Has (NAME) been ill with a cough at any time in the last two weeks? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 624) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 624) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 624) ← |
| 620 | When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 621 | Did you seek advice or treatment for the cough? | YES 1 NO 2 (SKIP TO 623) ← | YES 1 NO 2 (SKIP TO 623) ← | YES 1 NO 2 (SKIP TO 623) ← |
| 622 | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY) |
| 623 | Was (NAME) given antibiotic to treat the cough? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|--|--|
| 624 | Has (NAME) had diarrhea in the last two weeks? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 633) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 633) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 633) ← |
| 625 | Now I would like to know how much (NAME) was offered to drink during the diarrhea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/ she offered much less than usual to drink or somewhat less? | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8 |
| 626 | When (NAME) had diarrhea, was he/ she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/ she offered much less than usual to eat or somewhat less? | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8 |
| 627 | Was (NAME) given a fluid made from a special packet called mahloul moalget el-gaffaf to drink? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 628 | Did anyone advice you to give (NAME) mahloul moalget el gafaf when (he/she) had diarrhea that time? IF YES: Who? RECORD ALL MENTIONED. | PUBLIC SECTOR DOCTOR/HEALTH WORKER A PRIVATE SECTOR DOCTOR/HEALTH WORKER B PHARMACY WORKER C TRADITIONAL PRACTITIONER D HUSBAND E OTHER RELATIVE/FRIEND... F OTHER X (SPECIFY) NO ONE Y | PUBLIC SECTOR DOCTOR/HEALTH WORKER A PRIVATE SECTOR DOCTOR/HEALTH WORKER B PHARMACY WORKER C TRADITIONAL PRACTITIONER D HUSBAND E OTHER RELATIVE/FRIEND... F OTHER X (SPECIFY) NO ONE Y | PUBLIC SECTOR DOCTOR/HEALTH WORKER A PRIVATE SECTOR DOCTOR/HEALTH WORKER B PHARMACY WORKER C TRADITIONAL PRACTITIONER D HUSBAND E OTHER RELATIVE/FRIEND... F OTHER X (SPECIFY) NO ONE Y |
| 629 | Was he/she given anything (else) to treat the diarrhea? | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 631) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 631) ← | YES 1 NO 2 DON'T KNOW 8 (SKIP TO 631) ← |
| 630 | What was given to treat the diarrhea? Anything else? RECORD ALL MENTIONED. | HOMEMADE SUGAR, SALT AND WATER SOLUTION A ANTIBIOTIC (PILL OR SYRUP) B OTHER PILL OR SYRUP C INJECTION (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER X (SPECIFY) | HOMEMADE SUGAR, SALT AND WATER SOLUTION A ANTIBIOTIC (PILL OR SYRUP) B OTHER PILL OR SYRUP C INJECTION (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER X (SPECIFY) | HOMEMADE SUGAR, SALT AND WATER SOLUTION A ANTIBIOTIC (PILL OR SYRUP) B OTHER PILL OR SYRUP C INJECTION (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER X (SPECIFY) |

| | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|---|---|---|
| 631 | Did you seek advice or treatment for the diarrhea? | YES 1 NO 2] ← (SKIP TO 633) | YES 1 NO 2] ← (SKIP TO 633) | YES 1 NO 2] ← (SKIP TO 633) |
| 632 | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.... D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.... D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL A GVT. HEALTH UNIT B MCH CENTER C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC.... D PVT. DOCTOR E PHARMACY F OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER G RELATIVES/ FRIENDS H OTHER X (SPECIFY) |
| 633 | GO BACK TO 603 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 634. | | | |
| 634 | CHECK 627, ALL COLUMNS: NO CHILD RECEIVED ORS <input type="checkbox"/> ANY CHILD RECEIVED ORS <input type="checkbox"/> → 636 | | | |
| 635 | Have you ever heard of a special product called mahloul moalget el-gaffaf you can get for the treatment of diarrhea? | YES 1 NO 2 | | |
| 636 | Now I would like to ask about your opinion about how many pregnant women living in this area receive antenatal care. Would you say that most, some, very few, or none of pregnant women go for antenatal care? | MOST 1 SOME 2 VERY FEW 3 NONE 4 NOR SURE 8 | | |
| 637 | Do you think the number of women in this area receiving antenatal care is increasing, decreasing or staying about the same? | INCREASING 1 DECREASING 2 STAY ABOUT THE SAME 3 NOR SURE 8 | | |
| 638 | In the last 6 months have you heard, seen, or received any information about the warning or danger signs women should be aware of in order to have a safe pregnancy? | YES 1 NO 2 → 701 | | |
| 639 | What was the last source you got information from? | TELEVISION 01 RADIO 02 NEWSPAPER/MAGAZINE 03 PAMPHLET/BROCHURE 04 POSTER 05 MEDICAL PROVIDER 06 HUSBAND 07 OTHER RELATIVE 08 FRIENDS/NEIGHBORS 09 OTHER 96 (SPECIFY) | | |

SECTION 7 INFECTIOUS DISEASES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|--|---------|
| 701 | Now I would like to talk about something else. Have you ever heard about AIDS disease? | YES 1 NO 2 | → 705 |
| 702 | From where did you last see or hear about HIV/AIDS? | TELEVISION 01 RADIO 02 NEWSPAPER/MAGAZINE 03 MEDICAL PROVIDER 04 HUSBAND 05 OTHER RELATIVES 06 FRIENDS/NEIGHBORS 07 OTHER 96 (SPECIFY) | |
| 703 | Do you know of ways in which a person can be infected with the virus causing AIDS? | YES 1 NO 2 | → 705 |
| 704 | Please name me at least two ways in which a person can be infected with AIDS. RECORD ALL WAYS OF INFECTION THE RESPONDENT NAMES | SEXUAL RELATIONS A HOMOSEXUAL SEX B CONTACT WITH BLOOD FROM INFECTED PERSON THROUGH: TRANSFUSION C UNCLEAN NEEDLES D OTHER (E.G. RAZORS) E CASUAL PHYSICAL CONTACT WITH INFECTED PERSON (E.G., SHAKING HANDS/SHARING FOOD/DRINK) F MOTHER-TO-CHILD TRANSMISSION G MOSQUITO/OTHER INSECT BITE H OTHER X (SPECIFY) | |
| 705 | Have you ever heard about Hepatitis C? | YES 1 NO 2 | → 709 |
| 706 | From where did you last see or hear about the Hepatitis C virus? | TELEVISION 01 RADIO 02 NEWSPAPER/MAGAZINE 03 MEDICAL PROVIDER 04 HUSBAND 05 OTHER RELATIVES 06 FRIENDS/NEIGHBORS 07 OTHER 96 (SPECIFY) | |
| 707 | Do you know of ways in which a person can be infected with the Hepatitis C virus? | YES 1 NO 2 | → 709 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|---|---------|
| 708 | Please name me at least two ways in which a person can be infected with the Hepatitis C virus. RECORD ALL WAYS OF INFECTION THE RESPONDENT NAMES. | SEXUAL RELATIONS..... A HOMOSEXUAL SEX..... B CONTACT WITH BLOOD FROM INFECTED PERSON THROUGH: TRANSFUSION..... C UNCLEAN NEEDLES..... D OTHER (E.G. RAZORS)..... E CASUAL PHYSICAL CONTACT WITH INFECTED PERSON (E.G., SHAKING HANDS/SHARING FOOD/DRINK)..... F MOTHER-TO-CHILD TRANSMISSION..... G MOSQUITO/OTHER INSECT BITE..... H OTHER X (SPECIFY) | |
| 709 | In the last 6 months have you heard, seen, or received any information about what people should do to be sure that injection are given safely? | YES 1 NO 2 | 801 |
| 710 | What did you hear? | USE ONLY SURING (NEEDLE) IN SEALED PACKET..... A DO NOT SHARE SYRINGE (NEEDLE)..... B BOIL/STERILIZE SYRINGE (NEEDLE) BEFORE EUSING..... C OTHER X (SPECIFY) | |
| 711 | What was the last source you got information from? | TELEVISION..... 01 RADIO..... 02 NEWSPAPER/MAGAZINE..... 03 PAMPHLET/BROCHURE 04 POSTER..... 05 MEDICAL PROVIDER 06 HUSBAND..... 07 OTHER RELATIVES..... 08 FRIENDS/NEIGHBORS..... 09 OTHER 96 (SPECIFY) | |

SECTION 8: FEMALE CIRCUMCISION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|------|---|--|------------|
| 801 | Did you ever hear about female circumcision? | YES 1 NO 2 | 901 |
| 802 | Are you yourself circumcised? | YES 1 NO 2 | |
| 803 | CHECK 214 AND 216: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS ONE LIVING DAUGHTERS <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> ↓ (GO TO 804) </div> <div style="text-align: center;"> HAS MORE THAN ONE LIVING DAUGHTER <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> ↓ (GO TO 804A) </div> <div style="text-align: center;"> HAS NO LIVING DAUGHTER <input style="width: 30px; height: 20px; border: 1px solid black;" type="checkbox"/> → 807 </div> </div> | | |
| 804 | Has your daughter been circumcised? IF YES, RECORD 01 IN THE BOXES. IF NO, CIRCLE 95. | NUMBER CIRCUMCISED <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> | |
| 804A | How many of your daughters have been circumcised? RECORD NUMBER IN THE BOXES. IF NONE, CIRCLE 95. | NO DAUGHTERS CIRCUMCISED 95 | |
| 805 | Do you intend to have your daughter/any (other) of your daughters circumcised? | YES 1 NO 2 ALL HER DAUGHTERS CIRCUMCISED.. 3 DON'T KNOW 8 | 807 807 |
| 806 | Why don't you intend to have your daughter (s) circumcised? Any other reasons? RECORD ALL REASONS MENTIONED | DON'T BELIEVE IN / ACCEPT IT A AFRAID OF COMPLICATIONS B AGAINST RELIGION C BETTER MARRIAGE PROSPECTS IF NOT CIRCUMCISED..... D GREATER PLEASURE FOR HUSBAND.. E OTHER X <div style="text-align: center;">(SPECIFY)</div> | |
| 807 | Do you think that this practice should be continued or should it be discontinued? | CONTINUED 1 DISCONTINUED 2 OTHER 6 <div style="text-align: center;">(SPECIFY)</div> DON'T KNOW 8 | |
| 808 | During the past year, have you heard or seen anything about female circumcision: On television? On radio? In a newspaper or magazine? At a community meeting? At the mosque or church? | <div style="display: flex; justify-content: space-between; padding: 0 10px;"> YES NO </div> TELEVISION 1 2 RADIO 1 2 NEWSPAPER / MAGAZINE 1 2 COMMUNITY MEETING 1 2 MOSQUE / CHURCH 1 2 | |
| 809 | During the past year have you discussed female circumcision with your relatives, friends or neighbours? | YES 1 NO 2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | SKIP TO |
|-----|---|--|-------|---------------|---------|
| 810 | I will read you some statements. Please tell me if you agree or disagree: | | AGREE | DIS- AGREE | DK |
| | Circumcision is an important part of religious tradition | IMPORTANT PART OF RELIGIOUS TRADITION | 1 | 2 | 8 |
| | A husband will prefer his wife to be circumcised | HUSBAND PREFER | 1 | 2 | 8 |
| | Circumcision can cause severe complications, which may lead to the girl's death | CAN LEAD TO GIRL'S DEATH | 1 | 2 | 8 |
| | Circumcision prevents adultery | PREVENTS ADULTERY | 1 | 2 | 8 |
| | Circumcision may cause a woman to have problems in becoming pregnant | CAUSE PROBLEMS IN GETTING PREGNANT | 1 | 2 | 8 |
| | Circumcision lessens sexual satisfaction for a couple | LESSENS SEXUAL SATISFACTION | 1 | 2 | 8 |
| | Childbirth is more difficult for a woman who has been Circumcised | CHILDBIRTH MORE DIFFICULT | 1 | 2 | 8 |

SECTION 9: HUSBAND'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|--|--|---------|
| 901 | CHECK 107: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> CURRENTLY MARRIED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> DIVORCED / SEPARATED <input type="checkbox"/> ↓ (SKIP TO 903) </div> <div style="text-align: center;"> WIDOWED <input type="checkbox"/> → 904 </div> </div> | | |
| 902 | RECORD THE LINE NUMBER OF THE WOMAN'S HUSBAND FROM HOUSEHOLD QUESTIONNAIRE. IF THE HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD "00". | HUSBAND'S LINE NUMBER <input style="width: 40px;" type="text"/> | |
| 903 | Now I would like to ask some questions about your (last) husband. How old was your (last) husband on his most recent birthday? | AGE IN COMPLETED YEARS <input style="width: 40px;" type="text"/> | |
| 904 | In what month and year was your (last) husband born? COMPARE AND CORRECT 903 AND / OR 904 IF INCONSISTENT. | MONTH <input style="width: 40px;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 60px;" type="text"/> DON'T KNOW YEAR 9998 | |
| 905 | Before you got married was your (last) husband related to you in anyway through blood or marriage? | YES 1 NO 2 → 907 | |
| 906 | What type of relationship was it? | FIRST COUSIN ON FATHER'S SIDE 1 FIRST COUSIN ON MOTHER'S SIDE 2 SECOND COUSIN ON FATHER'S SIDE 3 SECOND COUSIN ON MOTHER'S SIDE 4 OTHER BLOOD RELATIVE 5 OTHER RELATIVE BY MARRIAGE 6 | |
| 907 | Did your (last) husband ever attend school? | YES 1 NO 2 → 910 | |
| 908 | What was the highest level of school he attended? | PRIMARY 1 PREPARATORY 2 SECONDARY 3 UPPER INTERMEDIATE 4 UNIVERSITY 5 MORE THAN UNIVERSITY 6 DON'T KNOW 8 → 910 | |
| 909 | What was the highest grade which he completed at that level? | GRADE <input style="width: 40px;" type="text"/> DON'T KNOW 8 | |
| 910 | CHECK 107: <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> CURRENTLY MARRIED <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> WIDOWED / DIVORCED / SEPARATED <input type="checkbox"/> → 1001 </div> </div> | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|-----|---|--|---------|
| 911 | Is your husband currently employed? IF NO: Is he retired or unemployed? | YES 1 NO, RETIRED 2 NO, UNEMPLOYED 3 | |
| 912 | CHECK 911: HUSBAND CURRENTLY EMPLOYED <input type="checkbox"/> HUSBAND RETIRED OR UNEMPLOYED <input type="checkbox"/> What kind of work does your husband mainly do? In the last job he had, what kind of work did your husband mainly do? _____ <input type="text"/> <input type="text"/> RECORD ANSWER IN DETAIL | | |
| 913 | Does (did) your (last) husband work for a member of his family, for someone else, or is (was) he self – employed? | FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 FOR HIMSELF 3 → 915 | |
| 914 | Does (did) he earn a regular wage or salary? | YES 1 NO 2 | |
| 915 | CHECK 912: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/> → 1001 | | |
| 916 | (Does / Did) your husband mainly work on his own land or family land, or (does / did) he rent land, or (does / did) he work on someone else's land? | HIS / FAMILY LAND 1 RENTED LAND 2 SOMEONE ELSE'S LAND 3 | |

SECTION 10: WOMAN'S WORK

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO |
|------|---|--|---------|
| 1001 | 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. Before you married (for the first time) did you ever do any of these things or any other work? | YES 1 NO 2 | |
| 1002 | Are you currently doing any of these things or any other work? | YES 1 NO 2 | → 1004 |
| 1003 | Have you done any work in the last 12 months? | YES 1 NO 2 | → 1010 |
| 1004 | What is your occupation, that is, what kind of work do you mainly do? <div style="text-align: center;">RECORD ANSWER IN DETAIL.</div> | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> | |
| 1005 | 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 | |
| 1006 | CHECK 1004: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> | | → 1008 |
| 1007 | Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land? | OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 | |
| 1008 | 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 | |
| 1009 | Are you paid in cash, in both cash and kind, in kind only or are you not paid at all? | CASH 1 CASH AND KIND 2 IN KIND ONLY 3 NOTPAID AT ALL 4 | |
| 1010 | CHECK 114 AND 115: PRIMARY OR LESS <input type="checkbox"/> PREPARATORY OR HIGHER <input type="checkbox"/> | | → 1013 |
| 1011 | Have you ever participated in a literacy program or any other program that involved learning to read or write (not including primary school)? | YES 1 NO 2 | |
| 1012 | Now I would like you to read out loudly as much of this card as you can. <div style="text-align: center;">SHOW CARD TO RESPONDENT.</div> | CAN'T READ AT ALL 1 ABLE TO READ ONLY PART OF SENTENCES ON CARD 2 ABLE TO READ ALL OF CARD 3 | → 1014 |
| 1013 | Do you usually read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |
| 1014 | Do you usually listen to the radio almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP TO | | | | | | | | |
|------|---|---|---------|--|--|--|--|--|--|--|--|
| 1015 | Do you usually watch television almost every day, at least once a week, less than once a week or not at all? | ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4 | | | | | | | | | |
| 1016 | THANK YOU FOR TAKING THE TIME TO ANSWER THESE QUESTIONS. WE MAY RETURN TO INTERVIEW YOU HOUSEHOLD IN THE FUTURE AND WE HOPE YOU WILL AGREE TO PARTICIPATE AGAIN AT THAT TIME. | | | | | | | | | | |
| 1017 | RECORD THE TIME. | HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |

OBSERVATIONS

THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY. COMPLETE QUESTIONS 1101 – 1102 AS APPROPRIATE. BE SURE TO REVIEW THE QUESTIONNAIRE FOR COMPLETENESS BEFORE LEAVING THE HOUSEHOLD.

| | | | | | | | | | | |
|-----------------|--|--|------------|---|------------|---|------------|---|-----------------|---|
| 1101 | DEGREE OF COOPERATION. | <table style="width: 100%; border: none;"> <tr> <td style="padding: 2px 5px;">POOR</td> <td style="text-align: right; padding: 2px 5px;">1</td> </tr> <tr> <td style="padding: 2px 5px;">FAIR</td> <td style="text-align: right; padding: 2px 5px;">2</td> </tr> <tr> <td style="padding: 2px 5px;">GOOD</td> <td style="text-align: right; padding: 2px 5px;">3</td> </tr> <tr> <td style="padding: 2px 5px;">VERY GOOD</td> <td style="text-align: right; padding: 2px 5px;">4</td> </tr> </table> | POOR | 1 | FAIR | 2 | GOOD | 3 | VERY GOOD | 4 |
| POOR | 1 | | | | | | | | | |
| FAIR | 2 | | | | | | | | | |
| GOOD | 3 | | | | | | | | | |
| VERY GOOD | 4 | | | | | | | | | |
| 1102 | INTERVIEWER'S COMMENTS: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> | | | | | | | | | |
| 1103 | FIELD EDITOR'S COMMENTS: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> | | | | | | | | | |
| 1104 | SUPERVISOR'S COMMENTS: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> | | | | | | | | | |
| 1105 | OFFICE EDITOR'S COMMENTS: <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 1.2em;"></div> | | | | | | | | | |

INSTRUCTIONS:

1. ONLY ONE CODE SHOULD APPEAR IN ANY BOX
2. FOR COLUMNS 1 AND 2 ALL MONTHS SHOULD
3. BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: MARRIAGE

- X MARRIED
0 NOT MARRIED

COLUMN 2: BIRTHS, PREGNANCIES, CONTRACEPTIVE

- 8 BIRTHS
P PREGNANCIES
M MISCARRIAGE
A ABORTION
S STILL BIRTH
0 NO METHOD
1 PILL
2 IUD
3 INJECTIONS
4 NORPLANT
5 DIAPHRAGM / FAOM / JELLY
6 CONDOM
7 FEMALE STERILIZATION
8 MALE STERILIZATION
9 PERIODIC ABSTINENCE
L WITHDRAWAL
G PROLONGED BREASTFEEDING
X OTHER

(SPECIFY)

COLUMN 3: DISCONTINUATION OF CONTRACEPTIVE USE

- 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
U UNABLE TO GET PREGNANT / MENOPAUSE
D MARITAL DISSOLUTION / SEPARATION
I INFREQUENT SEX / HUSBAND AWAY
X OTHER

(SPECIFY)

Z DON'T KNOW

COLUMN 4: POST PARTUM AMENORRHEA

- X PERIOD DID NOT RETURN
0 LESS THAN ONE MONTH

COLUMN 5: BREAST FEEDING

- X BREAST FEEDING
0 LESS THAN ONE MONTH
N NEVER BREASTFED

CHILD'S NAME / METHOD

| | | 1 2 | | 3 | 4 5 | | | |
|-----|----|-----|--|----|-----|--|----|-----|
| JUN | 01 | | | 01 | | | 01 | JUN |
| MAY | 02 | | | 02 | | | 02 | MAY |
| APR | 03 | | | 03 | | | 03 | APR |
| MAR | 04 | | | 04 | | | 04 | MAR |
| FEB | 05 | | | 05 | | | 05 | FEB |
| JAN | 06 | | | 06 | | | 06 | JAN |
| DEC | 07 | | | 07 | | | 07 | DEC |
| NOV | 08 | | | 08 | | | 08 | NOV |
| OCT | 09 | | | 09 | | | 09 | OCT |
| SEP | 10 | | | 10 | | | 10 | SEP |
| AUG | 11 | | | 11 | | | 11 | AUG |
| JUL | 12 | | | 12 | | | 12 | JUL |
| JUN | 13 | | | 13 | | | 13 | JUN |
| MAY | 14 | | | 14 | | | 14 | MAY |
| APR | 15 | | | 15 | | | 15 | APR |
| MAR | 16 | | | 16 | | | 16 | MAR |
| FEB | 17 | | | 17 | | | 17 | FEB |
| JAN | 18 | | | 18 | | | 18 | JAN |
| DEC | 19 | | | 19 | | | 19 | DEC |
| NOV | 20 | | | 20 | | | 20 | NOV |
| OCT | 21 | | | 21 | | | 21 | OCT |
| SEP | 22 | | | 22 | | | 22 | SEP |
| AUG | 23 | | | 23 | | | 23 | AUG |
| JUL | 24 | | | 24 | | | 24 | JUL |
| JUN | 25 | | | 25 | | | 25 | JUN |
| MAY | 26 | | | 26 | | | 26 | MAY |
| APR | 27 | | | 27 | | | 27 | APR |
| MAR | 28 | | | 28 | | | 28 | MAR |
| FEB | 29 | | | 29 | | | 29 | FEB |
| JAN | 30 | | | 30 | | | 30 | JAN |
| DEC | 31 | | | 31 | | | 31 | DEC |
| NOV | 32 | | | 32 | | | 32 | NOV |
| OCT | 33 | | | 33 | | | 33 | OCT |
| SEP | 34 | | | 34 | | | 34 | SEP |
| AUG | 35 | | | 35 | | | 35 | AUG |
| JUL | 36 | | | 36 | | | 36 | JUL |
| JUN | 37 | | | 37 | | | 37 | JUN |
| MAY | 38 | | | 38 | | | 38 | MAY |
| APR | 39 | | | 39 | | | 39 | APR |
| MAR | 40 | | | 40 | | | 40 | MAR |
| FEB | 41 | | | 41 | | | 41 | FEB |
| JAN | 42 | | | 42 | | | 42 | JAN |
| DEC | 43 | | | 43 | | | 43 | DEC |
| NOV | 44 | | | 44 | | | 44 | NOV |
| OCT | 45 | | | 45 | | | 45 | OCT |
| SEP | 46 | | | 46 | | | 46 | SEP |
| AUG | 47 | | | 47 | | | 47 | AUG |
| JUL | 48 | | | 48 | | | 48 | JUL |
| JUN | 49 | | | 49 | | | 49 | JUN |
| MAY | 50 | | | 50 | | | 50 | MAY |
| APR | 51 | | | 51 | | | 51 | APR |
| MAR | 52 | | | 52 | | | 52 | MAR |
| FEB | 53 | | | 53 | | | 53 | FEB |
| JAN | 54 | | | 54 | | | 54 | JAN |
| DEC | 55 | | | 55 | | | 55 | DEC |
| NOV | 56 | | | 56 | | | 56 | NOV |
| OCT | 57 | | | 57 | | | 57 | OCT |
| SEP | 58 | | | 58 | | | 58 | SEP |
| AUG | 59 | | | 59 | | | 59 | AUG |
| JUL | 60 | | | 60 | | | 60 | JUL |
| JUN | 61 | | | 61 | | | 61 | JUN |
| MAY | 62 | | | 62 | | | 62 | MAY |
| APR | 63 | | | 63 | | | 63 | APR |
| MAR | 64 | | | 64 | | | 64 | MAR |
| FEB | 65 | | | 65 | | | 65 | FEB |
| JAN | 66 | | | 66 | | | 66 | JAN |

1201 LAST CHILD BORN PRIOR
TO JANUARY 1998.MONTH
YEAR

NAME:

| | | | |
|--|--|--|--|
| | | | |
| | | | |