

GHANA MATERNAL MORTALITY SURVEY 2007
WOMEN'S QUESTIONNAIRE

GHANA STATISTICAL SERVICE

| IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| LOCALITY NAME _____ | <table border="1" style="margin: auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLUSTER NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STRUCTURE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REGION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DISTRICT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LARGE CITY/SMALL CITY/TOWN/RURAL (LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF WOMAN _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| INTERVIEWER VISITS | | | | | | | | | | | | | | | | | | | | |
|---|--------------|---------------|------------|--|---|--|--|--|--|--|--|--|---|---|---|---|--|--|--|--|
| | 1 | 2 | 3 | FINAL VISIT | | | | | | | | | | | | | | | | |
| DATE | _____ | _____ | _____ | DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> | | | | | | | | | 2 | 0 | 0 | 7 | | | | |
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| 2 | 0 | 0 | 7 | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| INTERVIEWER'S NAME | _____ | _____ | _____ | INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | | | | | | | | |
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| RESULT* | _____ | _____ | _____ | RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr><tr><td> </td></tr></table> | | | | | | | | | | | | | | | | |
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| NEXT VISIT: DATE | _____ | _____ | | TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| TIME | _____ | _____ | | | | | | | | | | | | | | | | | | |
| *RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ (SPECIFY) 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED | | | | | | | | | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>1</td></tr></table> LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> LANGUAGE OF RESPONDENT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> | | | | | 1 | | | | | | | | | | | | | | | |
| 1 | | | | | | | | | | | | | | | | | | | | |
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| LANGUAGE CODES: ENGLISH = 1, AKAN = 2, GA = 3, EWE = 4, NZEMA = 5, DAGBANI = 6 OTHER = 7 | | | | | | | | | | | | | | | | | | | | |
| TRANSLATOR USED: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> (YES = 1, NO = 2) | | | | | | | | | | | | | | | | | | | | |
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| SUPERVISOR | FIELD EDITOR | OFFICE EDITOR | KEYED BY | | | | | | | | | | | | | | | | | |
| NAME _____ | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | |
| DATE _____ | DATE _____ | DATE _____ | DATE _____ | | | | | | | | | | | | | | | | | |

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 101 | <p>INTRODUCTION AND CONSENT</p> <p>Hello. My name is _____ and I am working with the Ghana Statistical Service. We are conducting a national survey that asks about women's health issues. We would very much appreciate your participation in this survey. This information will help the government to improve women's health services. The survey will take just a few minutes to complete.</p> <p>Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important.</p> <p>At this time, do you want to ask me anything about the survey? May I begin the interview now?</p> <p>Signature of interviewer: _____ Date: _____</p> <p>RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 → END</p> | | |
| 102 | RECORD THE TIME. | HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> | |
| 103 | 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 | |
| 104 | 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"/> | |
| 105 | Have you ever attended school? | YES 1 NO 2 | → 108 |
| 106 | What is the highest level of school you attended: primary, middle/JSS, secondary/SSS, or higher? | PRIMARY 1 MIDDLE/JSS 2 SECONDARY/SSS 3 HIGHER 4 | |
| 107 | What is the highest grade you completed at that level? | GRADE <input type="text"/> <input type="text"/> | |
| 108 | Do you 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 | |
| 109 | Do you 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 | |
| 110 | Do you 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 | |
| 111 | What is your religion? | CATHOLIC 01 PROTESTANT 02 METHODIST 03 PRESBYTERIAN 04 PENTACOSTAL/CHARISMATIC 05 OTHER CHRISTIAN 06 MOSLEM 07 TRADITIONAL/SPIRITUALIST 08 NO RELIGION 09 OTHER 96 (SPECIFY) | |
| 112 | To which ethnic group do you belong? | AKAN 01 GA/DANGME 02 EWE 03 GUAN 04 MOLE-DAGBANI 05 GRUSSI 06 GRUMA 07 HAUSA 08 OTHER 96 (SPECIFY) | |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
|-----|--|---|-------|--|--|--|--|--|--|--|--|
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever given birth? | YES 1 NO 2 | → 206 | | | | | | | | |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you? | YES 1 NO 2 | → 204 | | | | | | | | |
| 203 | How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'. | SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 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; 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; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 206 | Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? | YES 1 NO 2 | → 208 | | | | | | | | |
| 207 | How many boys have died? And how many girls have died? IF NONE, RECORD '00'. | BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 208 | Some women lose their pregnancy spontaneously, that is they have a miscarriage. Have you ever had a miscarriage? That is have you ever lost a pregnancy spontaneously? | YES 1 NO 2 | → 210 | | | | | | | | |
| 209 | How many miscarriages have you had in your lifetime? | MISCARRIAGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 210 | Women sometimes take steps to end their pregnancy, because they find themselves pregnant when they do not want to be, or when it is difficult for them to continue with their pregnancy because of opposition from their husband, partner, relatives or others. Have you ever been in a situation when you or someone else have had to do something to end <u>your</u> pregnancy? | YES 1 NO 2 | → 212 | | | | | | | | |
| 211 | How many pregnancies have ended this way In your lifetime? | ABORTION <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 212 | Some women have stillbirths, that is, they give birth in late pregnancy to a dead child. Have you ever had a still birth? | YES 1 NO 2 | → 214 | | | | | | | | |
| 213 | How many stillbirths have you had in your lifetime? | STILLBIRTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 214 | SUM ANSWERS TO 203, 205, 207, 209, 211 AND 213 AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 215 | CHECK 214: Just to make sure that I have this right: you have had in TOTAL _____ pregnancies during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-213 AS NECESSARY. | | | | | | | | | | |
| 216 | CHECK 214: ONE OR MORE PREGNANCIES <input type="checkbox"/> NO PREGNANCIES <input type="checkbox"/> | | → 344 | | | | | | | | |

| 217 Now I would like to record all your pregnancies, whether born alive, born dead, or lost before full term, starting with the first one you had. RECORD ALL THE PREGNANCIES IN 219. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 11 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE STARTING WITH THE SECOND ROW). | | | | | | | | | | | | | | | |
|---|---|--|---|-----------------------------------|----------------------------|---------------------------------------|------------------------------|--|---|---|--|--|---|---|---|
| 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | | 228 | 229 | 230 | 231 | 232 |
| | Think back to your first/next pregnancy. Was that a single or multiple pregnancy? | Was the baby born alive or born dead, or did you have a miscarriage or abortion? | Did that baby cry, move, or breathe when it was born? | What name was given to the child? | Is (NAME) a boy or a girl? | In what month and year was name born? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | 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. | | In what month and year did (NAME) die? | In what month and year did this pregnancy end? | How many months did this pregnancy last? RECORD IN COMPLETED MONTHS. | Did you or someone else do something to end this pregnancy? | Were there any other pregnancies between the previous pregnancy and this pregnancy? |
| | | | | | | | | | IF BORN ALIVE BUT NOW DEAD | | IF BORN DEAD OR LOST BEFORE BIRTH | | | | |
| 01 | SING ... 1 MULT ... 2 | BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4 | YES ... 1 NO ... 2 229 | NAME | BOY ... 1 GIRL ... 2 | MONTH [][] YEAR [][][][] | YES ... 1 NO ... 2 227 | AGE IN YEARS [][] NEXT PREGNANCY | DAYS ... 1 [][][][] MONTHS 2 [][][][] YEARS ... 3 [][][][] | MONTH [][] YEAR [][][][] NEXT PREGNANCY | MONTH [][] YEAR [][][][] | MONTHS [][] | YES ... 1 NO ... 2 | | |
| 02 | SING 1 MULT 2 | BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4 | YES ... 1 NO ... 2 229 | NAME | BOY ... 1 GIRL ... 2 | MONTH [][] YEAR [][][][] | YES ... 1 NO ... 2 227 | AGE IN YEARS [][] SKIP TO 232 | DAYS ... 1 [][][][] MONTHS 2 [][][][] YEARS ... 3 [][][][] | MONTH [][] YEAR [][][][] SKIP TO 232 | MONTH [][] YEAR [][][][] | MONTHS [][] | YES ... 1 NO ... 2 | YES ... 1 ADD PREG. NO ... 2 NEXT PREG. | |
| 03 | SING 1 MULT 2 DK..... 3 | BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4 | YES ... 1 NO ... 2 229 | NAME | BOY ... 1 GIRL ... 2 | MONTH [][] YEAR [][][][] | YES ... 1 NO ... 2 227 | AGE IN YEARS [][] SKIP TO 232 | DAYS ... 1 [][][][] MONTHS 2 [][][][] YEARS ... 3 [][][][] | MONTH [][] YEAR [][][][] SKIP TO 232 | MONTH [][] YEAR [][][][] | MONTHS [][] | YES ... 1 NO ... 2 | YES ... 1 ADD PREG. NO ... 2 NEXT PREG. | |
| 04 | SING 1 MULT 2 | BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4 | YES ... 1 NO ... 2 229 | NAME | BOY ... 1 GIRL ... 2 | MONTH [][] YEAR [][][][] | YES ... 1 NO ... 2 227 | AGE IN YEARS [][] SKIP TO 232 | DAYS ... 1 [][][][] MONTHS 2 [][][][] YEARS ... 3 [][][][] | MONTH [][] YEAR [][][][] SKIP TO 232 | MONTH [][] YEAR [][][][] | MONTHS [][] | YES ... 1 NO ... 2 | YES ... 1 ADD PREG. NO ... 2 NEXT PREG. | |
| 05 | SING 1 MULT 2 | BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4 | YES ... 1 NO ... 2 229 | NAME | BOY ... 1 GIRL ... 2 | MONTH [][] YEAR [][][][] | YES ... 1 NO ... 2 227 | AGE IN YEARS [][] SKIP TO 232 | DAYS ... 1 [][][][] MONTHS 2 [][][][] YEARS ... 3 [][][][] | MONTH [][] YEAR [][][][] SKIP TO 232 | MONTH [][] YEAR [][][][] | MONTHS [][] | YES ... 1 NO ... 2 | YES ... 1 ADD PREG. NO ... 2 NEXT PREG. | |
| 06 | SING 1 MULT 2 | BORN ALIVE 1 (SKIP TO 222) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ABORTION 4 | YES ... 1 NO ... 2 229 | NAME | BOY ... 1 GIRL ... 2 | MONTH [][] YEAR [][][][] | YES ... 1 NO ... 2 227 | AGE IN YEARS [][] SKIP TO 232 | DAYS ... 1 [][][][] MONTHS 2 [][][][] YEARS ... 3 [][][][] | MONTH [][] YEAR [][][][] SKIP TO 232 | MONTH [][] YEAR [][][][] | MONTHS [][] | YES ... 1 NO ... 2 | YES ... 1 ADD PREG. NO ... 2 NEXT PREG. | |

| 218 | 219 | 220 | 221 | 222 | 223 | 224 | 225 | 226 | 227 | 228 | 229 | 230 | 231 | 232 |
|-----|--|--|---|-----------------------------------|----------------------------|---|----------------------------|--|---|--|---|---|---|---|
| | | | | | | | | | IF BORN ALIVE BUT NOW DEAD | | IF BORN DEAD OR LOST BEFORE BIRTH | | | |
| | Think back to your first/next pregnancy. Was that a single or multiple pregnancy? | Was the baby born alive or born dead, or did you have a miscarriage or abortion? | Did that baby cry, move, or breathe when it was born? | What name was given to the child? | Is (NAME) a boy or a girl? | In what month and year was name born? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | 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. | In what month and year did (NAME) die? | In what month and year did this pregnancy end? | How many months did this pregnancy last? RECORD IN COMPLETED MONTHS. | Did you or someone else do something to end this pregnancy? | Were there any other pregnancies between the previous pregnancy and this pregnancy? |
| 07 | SING 1 MULT 2 | BORN ALIVE 1 (SKIP TO 222) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ← ABORTION 4 | YES... 1 NO... 2 229 | NAME | BOY ... 1 GIRL ... 2 | MONTH <input type="text"/> YEAR <input type="text"/> | YES... 1 NO... 2 227 | AGE IN YEARS <input type="text"/> SKIP TO 232 | DAYS... 1 MONTHS 2 YEARS... 3 | MONTH <input type="text"/> YEAR <input type="text"/> SKIP TO 232 | MONTH <input type="text"/> YEAR <input type="text"/> | MONTHS <input type="text"/> | YES... 1 NO... 2 | YES... 1 ADD ↓ PREG. NO... 2 NEXT ↓ PREG. |
| 08 | SING 1 MULT 2 | BORN ALIVE 1 (SKIP TO 222) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ← ABORTION 4 | YES... 1 NO... 2 229 | NAME | BOY ... 1 GIRL ... 2 | MONTH <input type="text"/> YEAR <input type="text"/> | YES... 1 NO... 2 227 | AGE IN YEARS <input type="text"/> SKIP TO 232 | DAYS... 1 MONTHS 2 YEARS... 3 | MONTH <input type="text"/> YEAR <input type="text"/> SKIP TO 232 | MONTH <input type="text"/> YEAR <input type="text"/> | MONTHS <input type="text"/> | YES... 1 NO... 2 | YES... 1 ADD ↓ PREG. NO... 2 NEXT ↓ PREG. |
| 09 | SING 1 MULT 2 | BORN ALIVE 1 (SKIP TO 222) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ← ABORTION 4 | YES... 1 NO... 2 229 | NAME | BOY ... 1 GIRL ... 2 | MONTH <input type="text"/> YEAR <input type="text"/> | YES... 1 NO... 2 227 | AGE IN YEARS <input type="text"/> SKIP TO 232 | DAYS... 1 MONTHS 2 YEARS... 3 | MONTH <input type="text"/> YEAR <input type="text"/> SKIP TO 232 | MONTH <input type="text"/> YEAR <input type="text"/> | MONTHS <input type="text"/> | YES... 1 NO... 2 | YES... 1 ADD ↓ PREG. NO... 2 NEXT ↓ PREG. |
| 10 | SING 1 MULT 2 | BORN ALIVE 1 (SKIP TO 222) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ← ABORTION 4 | YES... 1 NO... 2 229 | NAME | BOY ... 1 GIRL ... 2 | MONTH <input type="text"/> YEAR <input type="text"/> | YES... 1 NO... 2 227 | AGE IN YEARS <input type="text"/> SKIP TO 232 | DAYS... 1 MONTHS 2 YEARS... 3 | MONTH <input type="text"/> YEAR <input type="text"/> SKIP TO 232 | MONTH <input type="text"/> YEAR <input type="text"/> | MONTHS <input type="text"/> | YES... 1 NO... 2 | YES... 1 ADD ↓ PREG. NO... 2 NEXT ↓ PREG. |
| 11 | SING 1 MULT 2 | BORN ALIVE 1 (SKIP TO 222) ← BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 229) ← ABORTION 4 | YES... 1 NO... 2 229 | NAME | BOY ... 1 GIRL ... 2 | MONTH <input type="text"/> YEAR <input type="text"/> | YES... 1 NO... 2 227 | AGE IN YEARS <input type="text"/> SKIP TO 232 | DAYS... 1 MONTHS 2 YEARS... 3 | MONTH <input type="text"/> YEAR <input type="text"/> SKIP TO 232 | MONTH <input type="text"/> YEAR <input type="text"/> | MONTHS <input type="text"/> | YES... 1 NO... 2 | YES... 1 ADD ↓ PREG. NO... 2 NEXT ↓ PREG. |
| 233 | Have you had any pregnancy since the last pregnancy mentioned? IF YES, RECORD PREGNANCY(S) IN TABLE. | | | | | | | | YES ... 1 NO ... 2 | | | | | |
| 234 | COMPARE 214 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) FOR EACH PREGNANCY: MONTH AND YEAR IS RECORDED IN 224, 228 OR 229. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 226. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 227. FOR EACH PREGNANCY LOST BEFORE FULL TERM NUMBER OF MONTHS PREGNAN IS RECORDED IN 230 | | | | | | | | | | | | | |
| 235 | CHECK 229 AND 231 AND ENTER THE NUMBER OF ABORTIONS (Q.231=1) SINCE 2002 OR LATER IF NONE, RECORD '0'. | | | | | | | | | | | | | |
| 236 | CHECK 229, 230 AND 231 AND ENTER THE NUMBER OF MISCARRIAGES (Q.230 IS 6 MONTHS OR LESS AND Q.231=2) SINCE 2002 OR LATER. IF NONE, RECORD '0'. | | | | | | | | | | | | | |
| 237 | CHECK 224 AND ENTER THE NUMBER OF BIRTHS IN 2002 OR LATER. IF NONE, RECORD '0'. | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|--------------------------------|
| 238 | Are you pregnant now? | YES 1 NO 2 UNSURE 8 | <input type="checkbox"/> → 241 |
| 239 | How many months pregnant are you? | MONTHS <input type="text"/> | |
| 240 | 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 not want to have any (more) children at all? | THEN 1 LATER 2 NOT AT ALL 3 | |
| 241 | When did your last menstrual period start? _____ (DATE, IF GIVEN) | DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996 | |

SECTION 3. ABORTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|--------|
| 301 | CHECK 235: ONE OR MORE ABORTIONS SINCE 2002 OR LATER <input type="checkbox"/> | NO ABORTIONS SINCE 2002 OR LATER <input type="checkbox"/> | → 344 |
| 302 | CHECK 235: ENTER THE LINE NUMBER OF THE LAST PREGNANCY THAT ENDED IN AN ABORTION IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ONLY THIS LAST ABORTION. LINE NUMBER FROM 218 | LAST ABORTION LINE NO. <input type="text"/> <input type="text"/> | |
| 303 | You said your last abortion was in YEAR FROM Q.229. Now I would like to ask you some questions about this pregnancy that ended in an abortion. | | |
| 304 | What was the main reason you decided to have this abortion? | HEALTH OF MOTHER 01 RISK OF BIRTH DEFECT..... 02 NO MONEY TO TAKE CARE OF BABY 03 TOO YOUNG TO HAVE CHILD 04 NOT READY TO BE A MOTHER 05 WANTED TO CONTINUE SCHOOLING 06 DID NOT LOVE THE FATHER 07 WANTED TO DELAY CHILDBEARING 08 WANTED TO CONTINUE WORKING 09 DID NOT WANT TO STAY WITH THE FATHER ... 10 WANTED TO SPACE CHILD 11 PARTNER DID NOT WANT CHILD/DENIED THE PREGNANCY 12 CHILD'S SEX 13 BECAUSE OF RAPE 14 TO AVOID SHAME 15 AFRAID OF PARENTS 16 NO ONE TO HELP ME LOOK AFTER THE CHILD . . 17 PARENTS INSISTED 18 FATHER OF CHILD DIED 19 OTHER _____ 96 (SPECIFY) | |
| 305 | What was the attitude of your partner toward you having the abortion? | FAVORED 01 OPPOSED 02 NEUTRAL 03 HE DID NOT KNOW 04 DON'T KNOW/DON'T REMEMBER 05 | |
| 306 | Women sometimes take many steps to stop a pregnancy. Did you do more than one thing to end this pregnancy? | YES 1 NO 2 | → 320A |
| 307 | How many days <u>or</u> weeks was it between your first attempt to end this pregnancy and when you actually succeeded in stopping it? | DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> DON'T KNOW 998 | |
| 308 | What did you <u>first</u> do to end this pregnancy? | DRANK MILK/COFFEE/OTHER LIQUID WITH LOTS OF SUGAR 01 DRANK HERBAL CONCOCTION 02 DRANK OTHER HOME REMEDIES 03 USED ANY HERBAL ANEMA 04 INSERTED HERB/OBJECT/OTHER SUBSTANCE IN THE VAGINA 05 TOOK TABLETS 06 HEAVY MASSAGE 07 D & C 08 MANUAL VACUUM ASPIRATION 09 INJECTION 10 SALINE INSTILLATION 11 CYTOTEC TABLETS (MISOPROSTOL) 12 OXYTOCIN 13 CATHETER 14 EXCESSIVE PHYSICAL ACTIVITY 15 OTHER _____ 16 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 309 | Who did you see to get this first step done? | HEALTH PROFESSIONAL DOCTOR 01 NURSE/MIDWIFE 02 AUXILIARY MIDWIFE 03 OTHER PERSON PHARMACIST/CHEMICAL SELLER 04 TRADITIONAL BIRTH ATTENDANT 05 COMMUNITY HEALTH WORKER 06 RELATIVE/FRIEND 07 TRADITIONAL PRACTITIONER 08 OTHER _____ 09 (SPECIFY) NO ONE 10 | |
| 310 | Where did you go to get this first step done? | PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH POST/CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC _____ 15 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 MOBILE CLINIC 22 MATERNITY HOME 23 PHARMACY/CHEMIST/DRUG STORE 24 OTHER PRIVATE MEDICAL _____ 25 (SPECIFY) HOME RESPONDENT'S HOME 31 OTHER HOME 32 TBA'S HOME 33 OTHER _____ 96 (SPECIFY) | |
| 311 | Who paid to get this procedure done? PROBE: Anyone else? CIRCLE ALL MENTIONED. | RESPONDENT A PARTNER B MOTHER C FATHER D OTHER FAMILY MEMBER E FRIEND F OTHER _____ X (SPECIFY) NO ONE Y | |
| 312 | Now I would like to talk about any problems that you may have had when you had this first thing done to stop the pregnancy? Did you have any bleeding? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE BLEEDING 4 DON'T KNOW 8 | |
| 313 | Did you have any pain? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE PAIN 4 DON'T KNOW 8 | |
| 314 | Did you have any fever? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE FEVER 4 DON'T KNOW 8 | |
| 315 | Did you suffer any injury/perforation? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE INJURY 4 DON'T KNOW 8 | |
| 316 | Did you have any foul-smelling vaginal discharge? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE DISCHARGE 4 DON'T KNOW 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------|---|--|----------|---------|------|----------|--------|---------|---|---|---|---|---------|---|---|---|---|---------|---|---|---|---|---------|---|---|---|---|---------|---|---|---|---|--|
| 317 | Did you have any other problems? | YES 1 NO 2 DONT KNOW 8 | 319 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 318 | What other problems did you have? THEN FOR EACH ADDITIONAL PROBLEM LISTED ASK: Was it mild, moderate or severe? CIRCLE THE APPROPRIATE CODE. | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;"></th> <th style="text-align: center;">NO MORE</th> <th style="text-align: center;">MILD</th> <th style="text-align: center;">MODERATE</th> <th style="text-align: center;">SEVERE</th> </tr> <tr> <th style="text-align: center;">SPECIFY</th> <th style="text-align: center;">0</th> <th style="text-align: center;">1</th> <th style="text-align: center;">2</th> <th style="text-align: center;">3</th> </tr> </thead> <tbody> <tr> <td style="border-top: 1px solid black;">SPECIFY</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="border-top: 1px solid black;">SPECIFY</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="border-top: 1px solid black;">SPECIFY</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="border-top: 1px solid black;">SPECIFY</td> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table> | | NO MORE | MILD | MODERATE | SEVERE | SPECIFY | 0 | 1 | 2 | 3 | SPECIFY | 0 | 1 | 2 | 3 | SPECIFY | 0 | 1 | 2 | 3 | SPECIFY | 0 | 1 | 2 | 3 | SPECIFY | 0 | 1 | 2 | 3 | |
| | NO MORE | MILD | MODERATE | SEVERE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFY | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFY | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFY | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFY | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPECIFY | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 319 | Were you given any pain relievers? | YES 1 NO 2 DONT KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320 | What was the <u>last</u> thing you did to end this pregnancy? | DRANK MILK/COFFEE/OTHER LIQUID WITH LOTS OF SUGAR 01 DRANK HERBAL CONCOCTION 02 DRANK OTHER HOME REMEDIES 03 USED ANY HERBAL ANEMA 04 INSERTED HERB/OBJECT/OTHER SUBSTANCE IN THE VAGINA 05 TOOK TABLETS 06 HEAVY MASSAGE 07 D & C 08 MANUAL VACUUM ASPIRATION 09 INJECTION 10 SALINE INSTILLATION 11 CYTOTEC TABLETS (MISOPROSTOL) 12 OXYTOCIN 13 CATHETER 14 EXCESSIVE PHYSICAL ACTIVITY 15 OTHER 16 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 320A | What did you do to end this pregnancy? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 321 | Who did you see to get this (last step) done? | HEALTH PROFESSIONAL DOCTOR 01 NURSE/MIDWIFE 02 AUXILIARY MIDWIFE 03 OTHER PERSON PHARMACIST/CHEMICAL SELLER 04 TRADITIONAL BIRTH ATTENDANT 05 COMMUNITY HEALTH WORKER 06 RELATIVE/FRIEND 07 TRADITIONAL PRACTITIONER 08 OTHER 09 (SPECIFY) NO ONE 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 322 | Where did you go to get this (last step) done? | PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH POST/CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC 15 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 MOBILE CLINIC 22 MATERNITY HOME 23 PHARMACY/CHEMIST/DRUG STORE 24 OTHER PRIVATE MEDICAL 25 (SPECIFY) HOME RESPONDENT'S HOME 31 OTHER HOME 32 TBA'S HOME 33 OTHER 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 323 | Who paid to get this procedure done? PROBE: Anyone else? CIRCLE ALL MENTIONED. | RESPONDENT A PARTNER B MOTHER C FATHER D OTHER FAMILY MEMBER E FRIEND F OTHER _____ X (SPECIFY) NO ONE Y | |
| 324 | Did you take any antibiotics after this abortion? | YES 1 NO 2 DONT KNOW 8 | |
| 325 | Were you given any pain relievers? | YES 1 NO 2 DONT KNOW 8 | |
| 326 | Did you have any local or general (intravenous) anesthesia for this abortion? By local I mean an injection in the vagina opening? | LOCAL 1 GENERAL 2 NEITHER 3 DONT KNOW 8 | |
| 327 | In the first one month after the abortion, did you have any health problems because of the abortion? | YES 1 NO 2 DONT KNOW 8 | 338 |
| 328 | Did you have any bleeding? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE BLEEDING 4 DONT KNOW 8 | |
| 329 | Did you have any pain? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE PAIN 4 DONT KNOW 8 | |
| 330 | Did you have any fever? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE FEVER 4 DONT KNOW 8 | |
| 331 | Did you suffer any injury/perforation? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE INJURY 4 DONT KNOW 8 | |
| 332 | Did you have any foul-smelling vaginal discharge? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE INJURY 4 DONT KNOW 8 | |
| 333 | Did you have any other problems? | YES 1 NO 2 DONT KNOW 8 | 335 |
| 334 | What other problems did you have? THEN FOR EACH ADDITIONAL PROBLEM LISTED ASK: Was it mild, moderate or severe? CIRCLE THE APPROPRIATE CODE. | NO MORE MILD MODERATE SEVERE _____ 0 1 2 3 SPECIFY _____ 0 1 2 3 SPECIFY _____ 0 1 2 3 SPECIFY _____ 0 1 2 3 SPECIFY | |
| 335 | Did you get any treatment for the health problems you had because of the abortion? IF YES: What kind of treatment did you receive? CIRCLE ALL TREATMENTS MENTIONED. | OPERATION A BLOOD TRANSFUSION B ANTIBIOTICS C OTHER _____ X (SPECIFY) NO TREATMENT Y | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|--------------|
| 336 | <p>Where did you go to get this treatment?</p> <p>CIRCLE ALL SOURCES MENTIONED</p> | <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL/ POLYCLINIC A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. HEALTH POST/CLINIC..... C</p> <p>MOBILE CLINIC D</p> <p>OTHER PUBLIC E</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC..... F</p> <p>MOBILE CLINIC G</p> <p>MATERNITY HOME H</p> <p>PHARMACY/CHEMIST/DRUG STORE I</p> <p>OTHER PRIVATE MEDICAL J</p> <p>(SPECIFY)</p> <p>HOME</p> <p>RESPONDENT'S HOME K</p> <p>OTHER HOME L</p> <p>TBA'S HOME M</p> <p>OTHER X</p> <p>(SPECIFY)</p> | <p>→ 338</p> |
| 337 | <p>In the first one month after this abortion, how many nights did you spend in a health facility (including readmissions)?</p> <p>IF NONE RECORD '00'</p> | <p>NIGHTS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p> | |
| 338 | <p>Either before or after the abortion, did a doctor or other health worker visit you?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 339 | <p>After six months, did you have any health problems as a result of this abortion?</p> | <p>YES 1</p> <p>NO 2</p> <p>NOT YET SIX MONTHS 3</p> <p>DON'T KNOW 8</p> | <p>→ 341</p> |
| 340 | <p>What health problems did you have?</p> <p>PROBE: Any other?</p> <p>CIRCLE ALL MENTIONED.</p> | <p>ABDOMINAL PAIN A</p> <p>STERILITY B</p> <p>INFECTION C</p> <p>LACK OF PERIOD D</p> <p>IRREGULAR PERIOD..... E</p> <p>MORE PAINFUL PERIOD..... F</p> <p>OTHER X</p> <p>(SPECIFY)</p> | |
| 341 | <p>At the time you got pregnant, were you using any method of contraception?</p> <p>IF YES, ASK: What method of contraception were you using?</p> <p>IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE THE HIGHEST METHOD ON THE LIST.</p> | <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>PILL 03</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>NOT USING A METHOD 14</p> <p>OTHER 96</p> <p>(SPECIFY)</p> | |
| 342 | <p>Either before or after the abortion, did a doctor or other health professional talk to you about contraception?</p> | <p>YES BEFORE THE ABORTION 1</p> <p>YES AFTER THE ABORTION 2</p> <p>BOTH BEFORE AND AFTER THE ABORTION 3</p> <p>NO 4</p> <p>DON'T KNOW 8</p> | |
| 343 | <p>After this abortion, did a doctor or health worker give you a method, prescribe a method, or refer you to a family planning clinic?</p> | <p>YES GAVE METHOD 1</p> <p>YES PRESCRIBED A METHOD 2</p> <p>YES GAVE REFERRAL 3</p> <p>NO 4</p> <p>DON'T KNOW 8</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|-------|
| 344 | CHECK 211: NO ABORTIONS <input type="checkbox"/> | ONE OR MORE ABORTIONS <input type="checkbox"/> | → 349 |
| 345 | Have you heard of abortion? IF NO PROBE: That is a woman can deliberately end a pregnancy that she does not want. Have you heard about this? | YES 1 NO 2 | → 401 |
| 346 | If you wanted to could you yourself get an abortion? | YES 1 NO 2 DONT KNOW 8 | |
| 347 | Do you know where to go to get an abortion? | YES 1 NO 2 DONT KNOW 8 | → 349 |
| 348 | Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... A GOVT. HEALTH CENTER B GOVT. HEALTH POST/CLINIC..... C MOBILE CLINIC D FIELDWORKER E OTHER PUBLIC F _____ (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PRIVATE DOCTOR H MOBILE CLINIC I PHARMACY/CHEMIST/DRUG STORE J FIELDWORKER K FP/PPAG CLINIC L MATERNITY HOME M OTHER PRIVATE MEDICAL N _____ (SPECIFY) OTHER SOURCE SHOP O CHURCH P FRIEND/RELATIVE Q OTHER X _____ (SPECIFY) | |
| 349 | Is abortion legal in Ghana? | YES 1 NO 2 DONT KNOW 8 | → 401 |
| 350 | Under what conditions is abortion legal in Ghana? PROBE: Anything else? CIRCLE ALL MENTIONED. | RAPE A INCEST B LIFE OF MOTHER IN DANGER C RISK TO PHYSICAL HEALTH OF MOTHER D RISK TO MENTAL HEALTH OF MOTHER E FOETAL ABNORMALITY F DURING FIRST TRIMESTER ONLY G UP TO THE SECOND TRIMESTER H MOTHER MENTALLY NOT SOUND I DONT KNOW Z | |

SECTION 4. MISCARRIAGE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 401 | CHECK 236: ONE OR MORE MISCARRIAGES <input type="checkbox"/> | NO MISCARRIAGES <input type="checkbox"/> | 501 |
| 402 | ENTER THE LINE NUMBER OF THE LAST PREGNANCY THAT ENDED IN A MISCARRIAGE IN 2002 OR LATER. ASK THE QUESTIONS ABOUT ONLY THIS LAST MISCARRIAGE. LINE NUMBER FROM 218 | LAST MISCARRIAGE LINE NO. <input type="text"/> <input type="text"/> | |
| 403 | You said you had a miscarriage in YEAR FROM Q.229. Now I would like to ask you some questions about this pregnancy that ended in an miscarriage. | | |
| 404 | What caused this miscarriage to happen? | ACCIDENT 01 ATE SOMETHING 02 SOMEONE HURT ME 03 SPONTANEOUS 04 OTHER _____ 06 (SPECIFY) DON'T KNOW 98 | |
| 405 | Where did this miscarriage take place? | PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC 11 GOVT. HEALTH CENTER 12 GOVT. HEALTH POST/CLINIC 13 MOBILE CLINIC 14 OTHER PUBLIC _____ 15 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 MOBILE CLINIC 22 MATERNITY HOME 23 PHARMACY/CHEMIST/DRUG STORE 24 OTHER PRIVATE MEDICAL _____ 25 (SPECIFY) HOME RESPONDENT'S HOME 31 OTHER HOME 32 TBA'S HOME 33 OTHER _____ 96 (SPECIFY) | |
| 406 | Did you seek help from anyone for this miscarriage? IF YES: Who did you see? PROBE: Anyone else? CIRCLE ALL MENTIONED. | HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON PHARMACIST/CHEMICAL SELLER D TRADITIONAL BIRTH ATTENDANT E COMMUNITY HEALTH WORKER F RELATIVE/FRIEND G TRADITIONAL PRACTITIONER H OTHER _____ X (SPECIFY) NO ONE Y | |
| 407 | Did you have your uterus cleaned after the miscarriage? | YES 1 NO 2 | 412 |
| 408 | What method was used to clean your uterus following the miscarriage? | D & C 01 MANUAL VACUUM ASPIRATION 02 TABLETS FOR INSERTION 03 HERBAL MIXTURE INSERTION 04 OXYTOCIN 05 CATHETER 07 OTHER _____ 06 (SPECIFY) DON'T KNOW 98 | |
| 409 | Did you have any local or general (intravenous) anesthesia for this miscarriage? By local I mean an injection in the vagina opening? | LOCAL 1 GENERAL 2 NEITHER 3 DON'T KNOW 8 | |
| 410 | Were you given any pain relievers? | YES 1 NO 2 DON'T KNOW 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|--|--|----------|---------|------|----------|--------|--|---|---|---|---|--------------|---|---|---|---|--------------|---|---|---|---|--------------|---|---|---|---|--------------|---|---|---|---|--|
| 411 | Did you take any antibiotics after this procedure? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 412 | In the first one month after the miscarriage, did you have any health problems because of the miscarriage? | YES 1 NO 2 DON'T KNOW 8 | 423 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 413 | Did you have any bleeding? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE BLEEDING 4 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 414 | Did you have any pain? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE PAIN 4 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 415 | Did you have any fever? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE FEVER 4 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 416 | Did you suffer any injury/perforation? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE INJURY 4 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 417 | Did you have any foul-smelling vaginal discharge? IF YES: Was it mild, moderate or severe? | MILD 1 MODERATE 2 SEVERE 3 DID NOT HAVE DISCHARGE 4 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 418 | Did you have any other problems? | YES 1 NO 2 DON'T KNOW 8 | 420 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 419 | What other problems did you have? THEN FOR EACH ADDITIONAL PROBLEM LISTED ASK: Was it mild, moderate or severe? CIRCLE THE APPROPRIATE CODE. | <table border="0"> <thead> <tr> <th></th> <th>NO MORE</th> <th>MILD</th> <th>MODERATE</th> <th>SEVERE</th> </tr> <tr> <th></th> <th>0</th> <th>1</th> <th>2</th> <th>3</th> </tr> </thead> <tbody> <tr> <td>____ SPECIFY</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>____ SPECIFY</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>____ SPECIFY</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>____ SPECIFY</td> <td>0</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table> | | NO MORE | MILD | MODERATE | SEVERE | | 0 | 1 | 2 | 3 | ____ SPECIFY | 0 | 1 | 2 | 3 | ____ SPECIFY | 0 | 1 | 2 | 3 | ____ SPECIFY | 0 | 1 | 2 | 3 | ____ SPECIFY | 0 | 1 | 2 | 3 | |
| | NO MORE | MILD | MODERATE | SEVERE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ____ SPECIFY | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ____ SPECIFY | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ____ SPECIFY | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ____ SPECIFY | 0 | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 420 | Did you get any treatment for the health problems you had because of the miscarriage? IF YES: What kind of treatment did you receive? CIRCLE ALL TREATMENTS MENTIONED. | OPERATION A BLOOD TRANSFUSION B ANTIBIOTICS C OTHER _____ X (SPECIFY) NO TREATMENT Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 421 | Where did you go to get this treatment? | PUBLIC SECTOR GOVT. HOSPITAL/ POLYCLINIC A GOVT. HEALTH CENTER B GOVT. HEALTH POST/CLINIC C MOBILE CLINIC D OTHER PUBLIC _____ E (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC F MOBILE CLINIC G MATERNITY HOME H PHARMACY/CHEMIST/DRUG STORE I OTHER PRIVATE MEDICAL _____ J (SPECIFY) HOME RESPONDENT'S HOME K OTHER HOME L TBA'S HOME M OTHER _____ X (SPECIFY) | 423 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 422 | In the first one month after this miscarriage, how many nights did you spend in a health facility (including readmissions)? IF NONE RECORD '00' | NIGHTS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|---------|
| 423 | Either before or after the miscarriage, did a doctor or other health worker visit you? | YES 1 NO 2 DON'T KNOW 8 | |
| 424 | After six months, did you have any health problems as a result of this miscarriage? | YES 1 NO 2 NOT YET SIX MONTHS 3 DON'T KNOW 8 | } → 426 |
| 425 | What health problems did you have? PROBE: Any other? CIRCLE ALL MENTIONED. | ABDOMINAL PAIN A STERILITY B INFECTION C LACK OF PERIOD D IRREGULAR PERIOD E MORE PAINFUL PERIOD F OTHER _____ C (SPECIFY) | |
| 426 | At the time you got pregnant, were you using any method of contraception? IF YES, ASK: What method of contraception were you using? IF MORE THAN ONE METHOD IS MENTIONED, CIRCLE THE HIGHEST METHOD ON THE LIST. | FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD 04 INJECTABLES 05 IMPLANTS 06 MALE CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMEN. METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 NOT USING A METHOD 14 OTHER _____ 96 (SPECIFY) | |
| 427 | Either before or after the miscarriage, did a doctor or other health professional talk to you about contraception? | YES BEFORE THE MISCARRIAGE 1 YES AFTER THE MISCARRIAGE 2 BOTH BEFORE AND AFTER THE MISCARRIAGE . . 3 NO 4 DON'T KNOW 8 | |
| 428 | After this miscarriage, did a doctor or health worker give you a method, prescribe a method, or refer you to a family planning clinic? | YES GAVE METHOD 1 YES PRESCRIBED A METHOD 2 YES GAVE REFERREL 3 NO 4 DON'T KNOW 8 | |

SECTION 5. ANTENATAL, DELIVERY AND POSTNATAL CARE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 501 | CHECK 224 AND 230: ONE OR MORE BIRTHS IN 2002 OR LATER <input type="checkbox"/> ONE OR MORE STILLBIRTHS Q.230 IS 7 MONTHS OR MORE <input type="checkbox"/> | NO BIRTHS/STILLBIRTHS IN 2002 OR LATER <input type="checkbox"/> | 601 |
| 502 | CHECK 224, AND 230: ENTER IN THE TABLE THE LINE NUMBER AND NAME OF THE <u>LAST BIRTH OR STILLBIRTH</u> THAT TOOK PLACE IN 2002 OR LATER. IF THERE ARE MORE THAN ONE BIRTH OR STILLBIRTH ASK THE QUESTIONS ABOUT <u>ONLY</u> THE LAST BIRTH OR STILLBIRTH. FOR STILLBIRTHS WRITE 'BABY'. | | |
| 503 | LINE NUMBER FROM 218 | LAST BIRTH/STILLBIRTH LINE NO. <input type="text"/> | |
| 504 | NAME FROM 222 IF NO NAME LISTED WRITE 'BABY'. | NAME _____ | |
| 505 | Now I would like to ask you some questions about the health care you received while pregnant with NAME or after the birth of (NAME) born to you in the last five years. | | |
| 506 | Did you see anyone for antenatal care during this pregnancy? IF YES: Who did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. | HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D UNTRAINED TRADITIONAL BIRTH ATTENDANT E OTHER _____ X (SPECIFY) NO ONE Y | 508 |
| 507 | Why did you not see anyone? PROBE: Any other reason? CIRCLE ALL MENTIONED. | NOT NECESSARY A NOT CUSTOMARY B LACK OF MONEY C TOO FAR D TRANSPORTATION PROBLEM E NO ONE TO ACCOMPANY F GOOD SERVICE NOT AVAILABLE G NOT PERMITTED BY FAMILY H BETTER SERVICE AT HOME I DID NOT KNOW WHERE TO GO J NO FEMALE DOCTOR AVAILABLE K INCONVENIENT SERVICE HOUR L AFRAID TO GO M LONG WAITING TIME N RELIGIOUS REASON O OTHER _____ X (SPECIFY) | 516 |
| 508 | The very first time you went for antenatal care when you were pregnant with (NAME), did you go because of problems with the pregnancy or just for a checkup? | BECAUSE OF A PROBLEM 1 JUST FOR A CHECKUP 2 | 510 |
| 509 | What problems did you have when you first went for antenatal care when you were pregnant with (NAME)? Anything else? CIRCLE ALL MENTIONED. | HEADACHE A BLURRY VISION B EDEMA/PRE-ECLAMPSIA C VAGINAL BLEEDING D CONVULSIONS/ECLAMPSIA E TETANUS F FOUL-SMELLING DISCHARGE G LOWER ABDOMINAL PAIN H FELL DOWN I BABY MOVEMENT WAS LOW J VARICOSE VEIN K EXCESSIVE VOMITTING L OTHER _____ X (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | |
|--------------|---|---|-------|-----|----|--------------|---|---|----------|---|---|-------------|---|---|-------------|---|---|--|
| 510 | Where did you receive antenatal care for this pregnancy? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE PROBE: Any other place? RECORD ALL PLACES MENTIONED. | HOME RESPONDENT'S HOME A OTHER HOME B PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC C GOVT. HEALTH CENTER D GOVT. HEALTH POST/CLINIC E MOBILE CLINIC F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC H MOBILE CLINIC I MATERNITY HOME J OTHER PRIVATE _____ K (SPECIFY) OTHER _____ X (SPECIFY) | | | | | | | | | | | | | | | | |
| 511 | How many months pregnant were you when you first received antenatal care for this pregnancy? | MONTHS <input type="text"/> <input type="text"/> DONT KNOW 98 | | | | | | | | | | | | | | | | |
| 512 | How many times did you receive antenatal care during this pregnancy? | NUMBER OF TIMES <input type="text"/> <input type="text"/> DONT KNOW 98 | | | | | | | | | | | | | | | | |
| 513 | As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample? | <table border="0"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>URINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table> | | YES | NO | WEIGHT | 1 | 2 | BP | 1 | 2 | URINE | 1 | 2 | BLOOD | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | |
| WEIGHT | 1 | 2 | | | | | | | | | | | | | | | | |
| BP | 1 | 2 | | | | | | | | | | | | | | | | |
| URINE | 1 | 2 | | | | | | | | | | | | | | | | |
| BLOOD | 1 | 2 | | | | | | | | | | | | | | | | |
| 514 | During (any of) your antenatal care visit (s), were you told about the signs of pregnancy complications? | YES 1 NO 2 DONT KNOW 8 | → 516 | | | | | | | | | | | | | | | |
| 515 | Were you told where to go if you had any of these complications? | YES 1 NO 2 DONT KNOW 8 | | | | | | | | | | | | | | | | |
| 516 | During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? | YES 1 NO 2 DONT KNOW 8 | → 519 | | | | | | | | | | | | | | | |
| 517 | During this pregnancy, how many times did you get this tetanus injection? | NUMBER OF TIMES <input type="text"/> <input type="text"/> DONT KNOW 98 | | | | | | | | | | | | | | | | |
| 518 | CHECK 517: OTHER <input type="checkbox"/> TWO OR MORE <input type="checkbox"/> TIMES | | → 523 | | | | | | | | | | | | | | | |
| 519 | At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby? | YES 1 NO 2 DONT KNOW 8 | → 523 | | | | | | | | | | | | | | | |
| 520 | Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'. | NUMBER OF TIMES <input type="text"/> <input type="text"/> DONT KNOW 98 | | | | | | | | | | | | | | | | |
| 521 | In what month and year did you receive the last tetanus injection before this pregnancy? | MONTH <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR 9998 | → 523 | | | | | | | | | | | | | | | |
| 522 | How many years ago did you receive that tetanus injection? | YEARS AGO <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 523 | During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP. | YES 1 NO 2 DONT KNOW 8 | → 525 |
| 524 | During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | DAYS <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW998 | |
| 525 | During this pregnancy, did you take any drug for intestinal worms? | YES 1 NO 2 DONT KNOW 8 | |
| 526 | Who assisted with the delivery of (NAME)? PROBE: Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. | HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D UNTRAINED TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F OTHER X (SPECIFY) NO ONE Y | |
| 527 | Where did you give birth to (NAME)? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE | HOME RESPONDENT'S HOME 01 OTHER HOME 02 PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC03 GOVT. HEALTH CENTER 04 GOVT. HEALTH POST/CLINIC. 05 OTHER PUBLIC06 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 07 MATERNITY HOME 08 OTHER PRIVATE09 (SPECIFY) OTHER10 (SPECIFY) | → 529 |
| 528 | Why did you not deliver at a hospital or health center? PROBE: Any other reason? CIRCLE ALL MENTIONED. | NOT NECESSARY A NOT CUSTOMARY B LACK OF MONEY C TOO FAR D TRANSPORTATION PROBLEM E NO ONE TO ACCOMPANY F GOOD SERVICE NOT AVAILABLE ... G NOT PERMITTED BY FAMILY H BETTER SERVICE AT HOME I DID NOT KNOW WHERE TO GO ... J NO FEMALE DOCTOR AVAILABLE ... K INCONVENIENT SERVICE HOUR ... L AFRAID TO GO M LONG WAITING TIME N RELIGIOUS REASON O OTHER X (SPECIFY) | → 530 |
| 529 | Were any of the following procedures performed at the time of delivery? a. Instruments were used to get the baby out (Forceps) b. Received blood transfusions. c. Received intravenous fluids (IV). | YES NO DK a. Forceps 1 2 8 b. Blood transfusion 1 2 8 c. Intravenous fluid 1 2 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|--------------|
| 530 | <p>At any time just before, during or after the delivery of (NAME) did you suffer from any problems?</p> <p>IF YES: What problems did you have? Anything else?</p> <p>CIRCLE ALL MENTIONED.</p> | <p>HEADACHE A BLURRY VISION B EDEMA/PRE-ECLAMPSIA C EXCESSIVE BLEEDING D CONVULSIONS/ECLAMPSIA E TETANUS F FOUL-SMELLING DISCHARGE G BABY MOVEMENT WAS LOW H BABY'S HANDS/FEET CAME OUT FIRST I PROLONGED LABOR J OBSTRUCTED LABOR K TORN UTERUS L PLACENTA PREVIA/RETAINED M HIGH FEVER N FISTULA O</p> <p>DID NOT HAVE ANY PROBLEMS ... P OTHER _____ X (SPECIFY)</p> | <p>→ 540</p> |
| 531 | <p>Did you see anyone about this (these) problems?</p> | <p>YES 1 NO 2</p> | <p>→ 533</p> |
| 532 | <p>Why did you not see anyone for the problems you had?</p> <p>PROBE: Any other reason?</p> <p>CIRCLE ALL MENTIONED.</p> | <p>NOT NECESSARY A NOT CUSTOMARY B LACK OF MONEY C TOO FAR D TRANSPORTATION PROBLEM E NO ONE TO ACCOMPANY F GOOD SERVICE NOT AVAILABLE G NOT PERMITTED BY FAMILY H BETTER SERVICE AT HOME I DID NOT KNOW WHERE TO GO J NO FEMALE DOCTOR AVAILABLE K INCONVENIENT SERVICE HOUR L AFRAID TO GO M LONG WAITING TIME N RELIGIOUS REASON O NOT LIFE THREATENING P</p> <p>OTHER _____ X (SPECIFY)</p> | <p>→ 540</p> |
| 533 | <p>Who did you see about the problems you had?</p> <p>PROBE: Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> | <p>HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE B AUXILIARY MIDWIFE C OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT D UNTRAINED TRADITIONAL BIRTH ATTENDANT E RELATIVE/FRIEND F</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO ONE Y</p> | |
| 534 | <p>Where were you treated for this (these) problems?</p> <p>IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>NAME OF PLACE</p> | <p>HOME RESPONDENT'S HOME A OTHER HOME B PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC C GOVT. HEALTH CENTER D GOVT. HEALTH POST/CLINIC. E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC G MATERNITY HOME H OTHER PRIVATE _____ I (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 535 | Did your condition improve after you were treated at this place? | NO CHANGE 1 IMPROVED 2 WORSENERD 3 DONT KNOW 8 | |
| 536 | Were you referred or told to go to another place for treatment or advice? | YES 1 NO 2 | → 540 |
| 537 | Where were you referred to or told to go for treatment for this (these) problems? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE | PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC 01 GOVT. HEALTH CENTER 02 GOVT. HEALTH POST/CLINIC 03 OTHER PUBLIC _____04 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 05 MATERNITY HOME 06 OTHER PRIVATE _____07 (SPECIFY) OTHER _____16 (SPECIFY) | |
| 538 | Did you go to the place you were referred to or told to go for treatment? | YES 1 NO 2 | → 540 |
| 539 | Why did you not go to the referred place or any other place for treatment? PROBE: Any other reason? CIRCLE ALL MENTIONED. | NOT NECESSARY A NOT CUSTOMARY B LACK OF MONEY C TOO FAR D TRANSPORTATION PROBLEM E NO ONE TO ACCOMPANY F GOOD SERVICE NOT AVAILABLE G NOT PERMITTED BY FAMILY H BETTER SERVICE AT HOME I DID NOT KNOW WHERE TO GO J NO FEMALE DOCTOR AVAILABLE K INCONVENIENT SERVICE HOUR L AFRAID TO GO M LONG WAITING TIME N RELIGIOUS REASON O NOT LIFE THREATENING P OTHER _____X (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------|
| 540 | CHECK 527: ANY CODES '03' TO '09' CIRCLED <input type="checkbox"/> | OTHER CODES CIRCLED <input type="checkbox"/> | → 543 |
| 541 | How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <input type="checkbox"/> <input type="checkbox"/> DAYS 2 <input type="checkbox"/> <input type="checkbox"/> WEEKS 3 <input type="checkbox"/> <input type="checkbox"/> DONT KNOW ... 998 | |
| 542 | Was (NAME) delivered by cesarian section? | YES 1 NO 2 | |
| 543 | After (NAME) was born, did any one check on your health? | YES 1 NO 2 | → 601 |
| 544 | How long after (NAME) was delivered did the first check on your health take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <input type="checkbox"/> <input type="checkbox"/> DAYS 2 <input type="checkbox"/> <input type="checkbox"/> WEEKS 3 <input type="checkbox"/> <input type="checkbox"/> DONT KNOW ... 998 | |
| 545 | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 01 NURSE/MIDWIFE 02 AUXILIARY MIDWIFE 03 OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT 04 UNTRAINED TRADITIONAL BIRTH ATTENDANT 05 RELATIVE/FRIEND 06 OTHER _____ 07 (SPECIFY) NO ONE 08 | |
| 548 | Where did this first check on your health take place? IF SOURCE IS A HOSPITAL, HEALTH CENTER, OR CLINIC WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ NAME OF PLACE | HOME RESPONDENT'S HOME 01 OTHER HOME 02 PUBLIC SECTOR GOVT. HOSPITAL/CLINIC 03 GOVT. HEALTH CENTER 04 GOVT. HEALTH POST 05 OTHER PUBLIC _____ 06 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC 07 MATERNITY HOME 08 OTHER PRIVATE _____ 09 (SPECIFY) OTHER _____ 10 (SPECIFY) | |

SECTION 6. CONTRACEPTION

| | | | |
|-----|--|---|---|
| 601 | <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.</p> <p>Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?</p> <p>CIRCLE CODE 1 IN 601 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 601, 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 601, ASK 602.</p> | 602 Have you ever used (METHOD)? | |
| 01 | <p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2 ↘</p> | <p>Have you ever had an operation to avoid having any more children? YES 1 NO 2</p> |
| 02 | <p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p> | <p>YES 1 NO 2 ↘</p> | <p>Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2</p> |
| 03 | <p>PILL Women can take a pill every day to avoid becoming pregnant.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 04 | <p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 05 | <p>INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 06 | <p>IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 07 | <p>MALE CONDOM Men can put a rubber sheath on their penis before sexual intercourse.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 08 | <p>FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 09 | <p>LACTATIONAL AMENORRHEA METHOD (LAM)</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 10 | <p>RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 11 | <p>WITHDRAWAL Men can be careful and pull out before climax.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 12 | <p>EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.</p> | <p>YES 1 NO 2 ↘</p> | <p>YES 1 NO 2</p> |
| 13 | <p>Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p> | <p>YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2</p> | <p>YES 1 NO 2 YES 1 NO 2</p> |
| 603 | <p>CHECK 602: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/></p> | | → 606 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|--------|
| 604 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES 1 NO 2 | → 611 |
| 605 | What have you used or done? CORRECT 602 AND 603 (AND 601 IF NECESSARY). | | |
| 606 | Now I would like to ask you about the first time that 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 <input type="text"/> <input type="text"/> | |
| 607 | CHECK 602 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/> | | → 610A |
| 608 | CHECK 206: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | → 611 |
| 609 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO 2 | → 611 |
| 610 | Which method are you using? (3) CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. | FEMALE STERILIZATION A MALE STERILIZATION B PILL C IUD D INJECTABLES E IMPLANTS F MALE CONDOM G FEMALE CONDOM H DIAPHRAGM I FOAM/JELLY J LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER _____ X (SPECIFY) | → 701 |
| 610A | CIRCLE 'A' FOR FEMALE STERILIZATION. | | |
| 611 | Do you know of a place where you can obtain a method of family planning? | YES 1 NO 2 | → 701 |
| 612 | Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | PUBLIC SECTOR GOVT. HOSPITAL/POLYCLINIC ... A GOVT. HEALTH CENTER B GOVT. HEALTH POST/CLINIC C FAMILY PLANNING CLINIC D MOBILE CLINIC E FIELDWORKER F OTHER PUBLIC _____ G (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC H PRIVATE DOCTOR I MOBILE CLINIC J PHARMACY/CHEMIST/DRUG STORE K FIELDWORKER L FP/PPAG CLINIC M MATERNITY HOME N OTHER PRIVATE MEDICAL _____ O (SPECIFY) OTHER SOURCE SHOP P CHURCH Q FRIEND/RELATIVE R OTHER _____ X (SPECIFY) | |

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|--|
| 701 | Are you currently married or living together with a man as if married? | YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3 | → 704 |
| 702 | Have you ever been married or lived together with a man as if married? | YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3 | → 708 |
| 703 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED 1 DIVORCED 2 SEPARATED 3 | → 705 |
| 704 | Is your husband/partner living with you now or is he staying elsewhere? | LIVING WITH HER 1 STAYING ELSEWHERE 2 | |
| 705 | Have you been married or lived with a man only once or more than once? | ONLY ONCE 1 MORE THAN ONCE 2 | |
| 706 | CHECK 705: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <input type="checkbox"/> </div> </div> <p>In what month and year did you start living with your husband/partner?</p> <p>Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?</p> | 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 | → 708 |
| 707 | How old were you when you first started living with him? | AGE <input type="text"/> <input type="text"/> | |
| 708 | CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 709 | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time? | NEVER HAD SEXUAL INTERCOURSE 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95 | → 712 → 712 |
| 710 | CHECK 104: AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/> | | → 801 |
| 711 | Do you intend to wait until you get married to have sexual intercourse for the first time? | YES 1 NO 2 DON'T KNOW/UNSURE 8 | → 801 |
| 712 | When was the <u>last</u> time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS. | DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

SECTION 8. MATERNAL MORTALITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | | SKIP |
|--|---|--|--|--|--|--|--|------|
| 801 | Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you? | NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/> | | | | | | |
| 802 | CHECK 801: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> | → 814 | | | | | | |
| 803 | How many of these births did your mother have before you were born? | NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/> | | | | | | |
| 804 | What was the name given to your oldest (next oldest) brother or sister? | (1) _____ | (2) _____ | (3) _____ | (4) _____ | (5) _____ | (6) _____ | |
| 805 | Is (NAME) male or female? | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | |
| 806 | Is (NAME) still alive? | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (2) ← | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (3) ← | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (4) ← | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (5) ← | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (6) ← | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (7) ← | |
| 807 | How old is (NAME)? | <input type="text"/> <input type="text"/> GO TO (2) | <input type="text"/> <input type="text"/> GO TO (3) | <input type="text"/> <input type="text"/> GO TO (4) | <input type="text"/> <input type="text"/> GO TO (5) | <input type="text"/> <input type="text"/> GO TO (6) | <input type="text"/> <input type="text"/> GO TO (7) | |
| 808 | How many years ago did (NAME) die? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | |
| 809 | How old was (NAME) when he/she died? | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6) | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7) | |
| 810 | Was (NAME) pregnant when she died? | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | |
| 811 | Did (NAME) die during childbirth? | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | |
| 812 | Did (NAME) die within two months after the end of a pregnancy or childbirth? | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | |
| 813 | How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | |
| IF NO MORE BROTHERS OR SISTERS, GO TO 814. | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | | | SKIP |
|--|---|---|---|--|--|--|--|----------------------|
| | | (7) | (8) | (9) | (10) | (11) | (12) | |
| 804 | What was the name given to your oldest (next oldest) brother or sister? | _____ | _____ | _____ | _____ | _____ | _____ | |
| 805 | Is (NAME) male or female? | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | MALE 1 FEMALE 2 | |
| 806 | Is (NAME) still alive? | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (8) ← | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (9) ← | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (10) ← | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (11) ← | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (12) ← | YES ... 1 NO ... 2 GO TO 808 ← DK ... 8 GO TO (13) ← | |
| 807 | How old is (NAME)? | <input type="text"/> GO TO (8) | <input type="text"/> GO TO (9) | <input type="text"/> GO TO (10) | <input type="text"/> GO TO (11) | <input type="text"/> GO TO (12) | <input type="text"/> GO TO (13) | |
| 808 | How many years ago did (NAME) die? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 809 | How old was (NAME) when he/she died? | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8) | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9) | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10) | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11) | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12) | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13) | |
| 810 | Was (NAME) pregnant when she died? | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | |
| 811 | Did (NAME) die during childbirth? | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | YES ... 1 GO TO 813 ← NO ... 2 | |
| 812 | Did (NAME) die within two months after the end of a pregnancy or childbirth? | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | YES ... 1 NO ... 2 | |
| 813 | How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| IF NO MORE BROTHERS OR SISTERS, GO TO 814. | | | | | | | | |
| 814 | RECORD THE TIME. | HOURS | | | | | <input type="text"/> | <input type="text"/> |
| | | MINUTES | | | | | <input type="text"/> | <input type="text"/> |

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____