

All information collected in this survey will be kept strictly confidential. Information on individuals will not be divulged to any one.

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DEMOGRAPHIC AND HEALTH SURVEY

SRI LANKA

1993

Conducted by the
DEPARTMENT OF CENSUS AND STATISTICS
for

HEALTH & FAMILY PLANNING PROJECT OF THE MINISTRY OF HEALTH & WOMEN'S AFFAIRS FUNDED BY WORLD BANK

First Three Digits of the Year of Birth	Age Determination Table									
	Last Digit of the Year of Birth									
	0	1	2	3	4	5	6	7	8	9
194..	-	-	-	- / 49	49 / 48	48 / 47	47 / 46	46 / 45	45 / 44	44 / 43
195..	43 / 42	42 / 41	41 / 40	40 / 39	39 / 38	38 / 37	37 / 36	36 / 35	35 / 34	34 / 33
196..	33 / 32	32 / 31	31 / 30	30 / 29	29 / 28	28 / 27	27 / 26	26 / 25	25 / 24	24 / 23
197..	23 / 22	22 / 21	21 / 20	20 / 19	19 / 18	18 / 17	17 / 16	16 / 15	15 / 14	14 / 13
198..	13 / 12	12 / 11	11 / 10	10 / 09	09 / 08	08 / 07	07 / 06	06 / 05	05 / 04	04 / 03
199..	03 / 02	02 / 01	01 / 00	00 / -	-	-	-	-	-	-

**Department of Census and Statistics of Sri Lanka
Demographic and Health Survey**

Household Schedule

Identification	
Zone (Sample stratum):	□ □
District:	□ □
Sector (Urban/Rural/Estate):	□
PSU (Ward/GN Div/Estate):	□ □
SSU (Survey block number):	□
Housing unit number:	□ □ □
Household number:	□
For office use:	□ □

Interviewer visits				
	1	2	3	Final visit
Date:	Month Year □ □ □ □
Interviewer's name:	□ □
Result *:	□
Next visit: Date		Total no. of visits
Time		□

- * RESULT CODES
1. Completed
 2. HH present but no competent respondent at home
 3. Nobody at home
 4. Postponed
 5. Refused
 6. Dwelling vacant/address not a dwelling
 7. Dwelling destroyed
 8. Dwelling not found
 9. Other (Specify)

	Field edited by	Office edited by	Keyed by	
Name:	Keyed by
Date:	□ □

NOW WE WOULD LIKE SOME INFORMATION ABOUT THE PEOPLE WHO USUALLY LIVE IN YOUR HOSEHOLD OR WHO ARE STAYING WITH YOU NOW.

NAME		RELATION SHIP	RESIDENCE				SEX		AGE	MARITAL STATUS			ELIGIBILITY
Please give me the names of the persons who usually live in your household and who are staying with you now. (RECORD NAME OF HEAD OF HOUSEHOLD FIRST)		(NAME) what is the relation ship to head of household?	Does (NAME) usually live here?		Did (NAME) sleep here last night?		Is (NAME) male or female?		How old is he/she?	Formerly married (F) 1	Currently married (C) 2	Never married (N) 3	CIRCLE LINE NUMBER OF WOMEN ELIGIBLE FOR INDIVIDUAL INTERVIEW
(1)		(2)	(3)		(4)		(5)		(6)	(7)			(8)
LINE NO.	NAME	CODE NO.	YES	NO	YES	NO	M	F	IN YEARS	F	C	N	LINE NO.
01		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	01
02		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	02
03		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	03
04		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	04
05		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	05
06		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	06
07		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	07
08		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	08
09		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	09
10		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	10
11		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	11
12		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	12
13		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	13

2

14		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	14
15		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	15
16		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	16
17		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	17
18		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	18
19		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	19
20		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	20
21		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	21
22		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	22
23		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	23
24		<input type="text"/>	1	2	1	2	1	2	<input type="text"/>	1	2	3	24

WOMAN IS ELIGIBLE IF COL. (4) = 1, (5) = 2, (6) = 15 - 49, (7) = 1 or 2.

Total No. of eligible women on this sheet.

- Are there any other persons such as small children or infants that we have not listed? Yes → (CORRECT AND ENTER NAMES IN TABLE) No
- In addition, are there any other people who usually live here but are not members of your family, such as domestic servants, lodgers or friends whom we have not listed? Yes → (CORRECT AND ENTER NAMES IN TABLE) No
- Are there any guests or visitors who are temporarily staying with the family and who spent last night here that are not listed? Yes → (CORRECT AND ENTER NAMES IN TABLE) No

CODES FOR RELATIONSHIP TO HEAD OF HOUSEHOLD

Head of household.....	01
Husband/ wife.....	02
Son/ daughter.....	03
Son-in-law/ daughter -in -law.....	04
Grand son/ grand daughter.....	05
Parents.....	06
Grand father/ grand mother.....	07
Brother/ sister.....	08
Other relative.....	09
Adopted child.....	10
Visitor.....	11
Other (Specify).....	12

**Department of Census and Statistics of Sri Lanka
Demographic and Health Survey**

Individual Questionnaire

Identification	
Zone (Sample stratum):	□ □
District:	□ □
Sector (Urban/Rural/Estate):	□
PSU (Ward/GN Div/Estate):	□ □
SSU (Survey block number):	□
Housing unit number:	□ □ □
Household number:	□
Line number of eligible woman:	□ □

Interviewer visits				
	1	2	3	Final visit
Date:				Month Year □ □ □ □
Interviewer's name:				□ □
Result *:				□
Next visit: Date Time		Total no. of visits □
* RESULT CODES 1. Completed 2. Not at home 3. Postponed 4. Refused 5. Partly completed 6. Other (Specify)				

	Field edited by	Office edited by	Keyed by	
Name	.....	.....	.....	□ □
Date	.....	.....	.....

Section 1: Respondent's background

No.	Questions and filters	Coding categories
101	RECORD NUMBER OF PEOPLE LISTED IN THE HOUSEHOLD SCHEDULE	Number of people <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
102	RECORD NUMBER OF CHILDREN AGE 5 AND UNDER LISTED IN THE HOUSEHOLD AND WHO USUALLY LIVE IN THE HOUSEHOLD.	Number of children age 5 and under <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
103	INTERVIEWER: NOW RECORD THE TIME IN 24 HOURS TIME.	Hour..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Minutes..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
104	First I would like to ask some questions about yourself and your household. For most of the time until you were 12 years old, did you live in an urban area, in a village, or on an estate. SEE INSIDE OF THE BACK LOVER PAGE FOR THE AREAS OF COLOMBO METROPOLITAN	Colombo metro..... 1 Other urban..... 2 Rural..... 3 Estate..... 4 Abroad..... 5
105	How long have you been living continuously in this urban area/ village/ estate?	Always..... 95 Visitor..... 96 Years..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
106	In what month and year were you born? OBTAIN THE MONTH AND YEAR ACCURATELY	Month..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Year..... <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
107	How old were you at last birthday? COMPARE AND CORRECT 106 AND/ OR 107 IF INCONSISTENT	CHECK AGE DETERMINATION CARD Age in Completed years <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
108	Have you ever attended school?	Yes..... 1 No..... 2 ➔ Go to 112.
109	What was the highest grade in school you completed? (CIRCLE BOTH LEVEL AND GRADE.)	Primary 1 01 02 03 04 05 ➔ Go to 111. Secondary 2 06 07 08 09 Higher 3 10 11 12 13

No.	Questions and filters	Coding categories
110	What was the highest exam you passed?	G.C.E. O/Level..... 1 G.C.E. A/Level..... 2 University degree..... 3 Technical/ professional..... 4 Other (specify)..... 5 None..... 6
111	CHECK 109 AND ✓ THE CORRECT BOX PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/> ⇒ Go to 114. OR HIGHER	
112	Can you read a letter or newspaper easily, with difficulty, or not at all?	Easily..... 1 With difficulty..... 2 Not at all..... 3 ⇒ Go to 114.
113	How often do you read newspapers?	Regular..... 1 Seldom..... 2 Never..... 3
114	How often do you watch television?	Regular..... 1 Seldom..... 2 Never..... 3
115	How often do you listen to the radio?	Regular..... 1 Seldom..... 2 Never..... 3
116	From whom do you usually get advice on health matters?	Doctor - Ayurvedic..... 1 Doctor - Western..... 2 Family Health Worker..... 3 Clinic/Hospital..... 4 Health Volunteers..... 5 Not taken advice..... 6 Other (Specify)..... 7

No.	Questions and filters	Coding categories
117	What is the major source of drinking water for members of your household?	Piped into residence..... 01 Piped into premises..... 02 Public tap (street tap)..... 03 Tube well/abesin. pump..... 04 Protected well..... 05 Unprotected well..... 06 River/Canal/Tank/Spring Water.. 07 Rain water..... 08 Other (Specify) 09
118	Whether boiled water is used for drinking in the household?	Yes..... 1 No..... 2
119	What kind of toilet facility is available for use by members of this household?	Flush..... 1 Water seal..... 2 Pit..... 3 Bucket..... 4 Other 5 (specify) None..... 6 ➔ Go to 121.
120	Is this facility for the exclusive use of members of this household, or is it shared?	Household members only... 1 Shared with others..... 2
121	Do you usually wash your hands with soap after using the toilet?	Yes..... 1 No..... 2

No.	Questions and filters	Coding categories																		
122	Does your house have the following? Electricity A radio A television A refrigerator	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Electricity.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Radio.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Television.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Electricity.....	1	2	Radio.....	1	2	Television.....	1	2	Refrigerator.....	1	2			
	Yes	No																		
Electricity.....	1	2																		
Radio.....	1	2																		
Television.....	1	2																		
Refrigerator.....	1	2																		
	Does any member of your household own the following? A bicycle A motorcycle A car A van A tractor	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Bicycle.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Motorcycle.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Car.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Van.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Tractor.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Bicycle.....	1	2	Motorcycle.....	1	2	Car.....	1	2	Van.....	1	2	Tractor.....	1	2
	Yes	No																		
Bicycle.....	1	2																		
Motorcycle.....	1	2																		
Car.....	1	2																		
Van.....	1	2																		
Tractor.....	1	2																		
123	MAIN MATERIAL OF THE FLOOR (INTERVIEWER: RECORD OBSERVATION)	<table border="0"> <tbody> <tr> <td>Terrazzo/ Floor tile.....</td> <td>1</td> </tr> <tr> <td>Cement.....</td> <td>2</td> </tr> <tr> <td>Wood.....</td> <td>3</td> </tr> <tr> <td>Dung/ Mud.....</td> <td>4</td> </tr> <tr> <td>Sand.....</td> <td>5</td> </tr> <tr> <td>Other (specify).....</td> <td>6</td> </tr> </tbody> </table>	Terrazzo/ Floor tile.....	1	Cement.....	2	Wood.....	3	Dung/ Mud.....	4	Sand.....	5	Other (specify).....	6						
Terrazzo/ Floor tile.....	1																			
Cement.....	2																			
Wood.....	3																			
Dung/ Mud.....	4																			
Sand.....	5																			
Other (specify).....	6																			
124	MAIN MATERIAL OF THE ROOF (INTERVIEWER: RECORD OBSERVATION)	<table border="0"> <tbody> <tr> <td>Tile.....</td> <td>1</td> </tr> <tr> <td>Asbestos.....</td> <td>2</td> </tr> <tr> <td>Tin sheets.....</td> <td>3</td> </tr> <tr> <td>Cadjan/Palmyrah/Straw.....</td> <td>4</td> </tr> <tr> <td>Waste materials.....</td> <td>5</td> </tr> <tr> <td>Other (specify).....</td> <td>6</td> </tr> </tbody> </table>	Tile.....	1	Asbestos.....	2	Tin sheets.....	3	Cadjan/Palmyrah/Straw.....	4	Waste materials.....	5	Other (specify).....	6						
Tile.....	1																			
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Tin sheets.....	3																			
Cadjan/Palmyrah/Straw.....	4																			
Waste materials.....	5																			
Other (specify).....	6																			
125	MAIN MATERIAL OF THE WALLS (INTERVIEWER: RECORD OBSERVATION)	<table border="0"> <tbody> <tr> <td>Brick/Cement/Stone/Cabook.....</td> <td>1</td> </tr> <tr> <td>Mud.....</td> <td>2</td> </tr> <tr> <td>Wood.....</td> <td>3</td> </tr> <tr> <td>Cadjan/Palmyrah.....</td> <td>4</td> </tr> <tr> <td>Other (specify).....</td> <td>5</td> </tr> </tbody> </table>	Brick/Cement/Stone/Cabook.....	1	Mud.....	2	Wood.....	3	Cadjan/Palmyrah.....	4	Other (specify).....	5								
Brick/Cement/Stone/Cabook.....	1																			
Mud.....	2																			
Wood.....	3																			
Cadjan/Palmyrah.....	4																			
Other (specify).....	5																			

No.	Questions and filters	Coding categories
126	What religion do you belong to?	Buddhist..... 1 Hindu..... 2 Muslim..... 3 Roman Catholic..... 4 Other christian..... 5 Other (specify)..... 6
127	What is your ethnicity?	Sinhalese...:..... 1 Sri Lanka Tamil..... 2 Indian Tamil..... 3 Sri Lanka Moor..... 4 Burgher..... 5 Malay..... 6 Other (specify)..... 7

Section 2: Reproduction

No.	Questions and filters	Coding categories
201	<p>Now I would like to ask about all the births you have had during your life.</p> <p>Have you ever given birth?</p>	<p>Yes..... 1</p> <p>No..... 2 ➡ Go to 206.</p>
202	<p>Do you have any son or daughter you have given birth to who is now living with you?</p>	<p>Yes..... 1</p> <p>No..... 2 ➡ Go to 204.</p>
203	<p>How many sons live with you? And how many daughters live with you?</p> <p>(IF NONE ENTER "00".)</p>	<p>Sons at home <input style="width: 30px; height: 20px;" type="text"/></p> <p>Daughters at home <input style="width: 30px; height: 20px;" type="text"/></p>
204	<p>Do you have any son or daughter you have given birth to who is alive but does not live with you?</p>	<p>Yes..... 1</p> <p>No..... 2 ➡ Go to 206.</p>
205	<p>How many sons live elsewhere? How many daughters live elsewhere?</p> <p>(IF NONE ENTER "00".)</p>	<p>Sons elsewhere <input style="width: 30px; height: 20px;" type="text"/></p> <p>Daughters elsewhere <input style="width: 30px; height: 20px;" type="text"/></p>
206	<p>Have you ever given birth to a boy or a girl who was born alive but later died?</p> <p>IF NO, PROBE: Any (Other) boy or girl who cried or showed any sign of life but only survived a few hours or days?</p>	<p>Yes..... 1</p> <p>No..... 2 ➡ Go to 208.</p>
207	<p>How many boys have died? How many girls have died?</p> <p>(IF NONE ENTER "00".)</p>	<p>Boys dead <input style="width: 30px; height: 20px;" type="text"/></p> <p>Girls dead <input style="width: 30px; height: 20px;" type="text"/></p>
208	<p>SUM ANSWERS TO 203, 205, 207 AND ENTER TOTAL.</p> <p>(IF NONE ENTER "00".)</p>	<p>Total..... <input style="width: 30px; height: 20px;" type="text"/></p>

No.	Questions and filters	Coding categories
209	<p>CHECK 208</p> <p>Just to make sure that I have this right: You have had in total..... live births during your life. Is that correct?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No ⇒ PROBE AND CORRECT 201-209 AS NECESSARY</p>	
210	<p>CHECK 208</p> <p><input type="checkbox"/> ONE OR MORE LIVE BIRTHS <input type="checkbox"/> NO LIVE BIRTHS ⇒ Go to 220.</p>	

Go to next page.

211 Now I would like to talk to you about all of your births. It is important that you begin with your first birth and then report subsequent births in the order that they occurred. Now, please tell me the name of your first birth.

INTERVIEWER: FIRST, RECORD THE NAMES OF ALL BIRTHS THE WOMAN MENTIONS BY PROGRESSING DOWN COLUMN 212. SECOND, CIRCLE THE APPROPRIATE CODE IN Q212A. IF MULTIPLE BIRTH, ENTER THEM ON THE ADJOINING ROWS. THEN, ASK Q213-218 FOR EACH BIRTH.

212 What is the name of your (FIRST, SECOND, etc.,) birth?	212A Record single or multiple birth status.	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born?	215 Is (NAME) still alive?	216 IF DEAD How old was (NAME) when he/ she died? (RECORD, DAYS IF LESS THAN ONE MONTH, MONTHS IF MORE THAN ONE MONTH AND LESS THAN 2 YEARS OR YEARS IF 2 OR MORE YEARS.)	217 IF ALIVE: How old was (NAME) at his/her last birthday?	218 IF ALIVE Is (NAME) living with you now?
01 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> Year <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> years	Yes 1 No 2
02 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> Year <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> years	Yes 1 No 2
03 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> Year <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> years	Yes 1 No 2
04 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> Year <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> years	Yes 1 No 2
05 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> Year <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> years	Yes 1 No 2
06 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> Year <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> years	Yes 1 No 2
07 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> Year <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> Months 2 <input type="text"/> Years 3 <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> years	Yes 1 No 2

TICK "✓" HERE IF CONTINUATION SHEET IS USED → PROCEED TO NEXT PAGE

219 COMPARE 208 WITH NUMBERS OF BIRTHS IN HISTORY ABOVE AND MARK CORRECT BOX WITH AN "✓"

NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE)

INTERVIEWER:

FOR EACH LIVE BIRTH: YEAR OF BIRTH IS RECORDED

FOR EACH LIVE CHILD: CURRENT AGE IS RECORDED

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED

Continuation sheet

212 What is the name of your (FIRST, SECOND, etc.,) birth?	212A Record single or multiple birth status.	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born?	215 Is (NAME) still alive?	216 IF DEAD How old was (NAME) when he/ she died? (RECORD, DAYS IF LESS THAN ONE MONTH, MONTHS IF MORE THAN ONE MONTH AND LESS THAN 2 YEARS OR YEARS IF 2 OR MORE YEARS.)	217 IF ALIVE: How old was (NAME) at his/her last birthday?	218 IF ALIVE Is (NAME) living with you now?
08 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> <input type="text"/> Months 2 <input type="text"/> <input type="text"/> Years 3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> <input type="text"/> years	Yes 1 No 2
09 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> <input type="text"/> Months 2 <input type="text"/> <input type="text"/> Years 3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> <input type="text"/> years	Yes 1 No 2
10 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> <input type="text"/> Months 2 <input type="text"/> <input type="text"/> Years 3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> <input type="text"/> years	Yes 1 No 2
11 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> <input type="text"/> Months 2 <input type="text"/> <input type="text"/> Years 3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> <input type="text"/> years	Yes 1 No 2
12 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> <input type="text"/> Months 2 <input type="text"/> <input type="text"/> Years 3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> <input type="text"/> years	Yes 1 No 2
13 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> <input type="text"/> Months 2 <input type="text"/> <input type="text"/> Years 3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	Age in <input type="text"/> <input type="text"/> years	Yes 1 No 2
14 (Name)	Single 1 Multi 2	Boy 1 Girl 2	Month <input type="text"/> <input type="text"/> Year <input type="text"/> <input type="text"/>	Yes 1 Go to ↓ 217. No 2	Days 1 <input type="text"/> <input type="text"/> Months 2 <input type="text"/> <input type="text"/> Years 3 <input type="text"/> <input type="text"/> (GO TO 219)	Age in <input type="text"/> <input type="text"/> years	Yes 1 No 2

219 COMPARE 208 WITH NUMBERS OF BIRTH IN HISTORY ABOVE AND MARK CORRECT BOX WITH AN "✓"

NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE)

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

No.	Questions and filters.	Coding categories
220	<p>How long ago did your last menstrual period start?</p> <p>INTERVIEWER: CIRCLE 1 AND RECORD DAYS IF LESS THAN 7 DAYS (1 WEEK)</p> <p>CIRCLE 2 AND RECORD WEEKS IF MORE THAN 7 DAYS (1 WEEK) AND LESS THAN 4 WEEKS.</p> <p>CIRCLE 3 AND RECORD MONTHS IF MORE THAN 4 WEEKS (1 MONTH) AND LESS THAN 12 MONTHS.</p> <p>CIRCLE 4 AND RECORD YEARS IF MORE THAN 12 MONTHS (1 YEAR)</p>	<p>Days ago 1 <input type="text"/></p> <p>Weeks ago 2 <input type="text"/></p> <p>Months ago 3 <input type="text"/></p> <p>Years ago 4 <input type="text"/></p> <p>Before last birth 995 ➔ Go to 222.</p> <p>Never menstruated 996 ➔ Go to 228.</p> <p>Don't know 998 ➔ Go to 223.</p>
221	<p>CHECK 220:</p> <p>LESS THAN 1 MONTH OR 4 WEEKS (30 DAYS OR LESS) <input type="checkbox"/></p> <p>1 MONTH OR MORE AND LESS THAN 2 MONTHS (4 WEEKS OR MORE AND LESS THAN 8 WEEKS) <input type="checkbox"/></p> <p>2 MONTHS OR MORE (8 WEEKS AND MORE) <input type="checkbox"/></p>	<p>➔ Go to 223 and circle 2</p> <p>➔ Go to 223</p>
222	<p>Why did your last menstruation occur so long ago?</p>	<p>Menopausal 1 } Go to 223 and Circle 2.</p> <p>Irregular due to injections..... 2 }</p> <p>Postpartum 3 }</p> <p>Pregnant 4 } Go to 223 and Circle 1.</p> <p>Don't know..... 5</p> <p>Not unusual..... 6</p>
223	<p>Are you pregnant now?</p>	<p>Yes..... 1</p> <p>No..... 2 } Go to 228.</p> <p>Not sure..... 3 }</p>
224	<p>For how many months have you been pregnant?</p>	<p>Months..... <input type="text"/></p>
225	<p>Have you had a tetanus injection since you have been pregnant?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know 8</p>

No.	Questions and filters.	Coding categories															
226	Did you see anyone for a check on this pregnancy?	Yes..... 1 No..... 2 ➡ Go to 228.															
227	Whom did you see? (PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.)	Doctor..... 1 Govt. Nurse..... 2 Family health worker..... 3 Traditional birth attendant..... 4 Other (specify)..... 5															
228	Apart from a live birth, a pregnancy can be terminated with a miscarriage, an abortion or a still birth. Have you ever had such a pregnancy?	Yes..... 1 No..... 2 ➡ Go to 231.															
229	How many such pregnancies you had?	Number..... <input type="checkbox"/>															
230	How many such pregnancies resulted in the following ways? Still birth Spontaneous abortion Induced abortion	Still birth..... <input type="checkbox"/> Spontaneous abortion..... <input type="checkbox"/> Induced abortion..... <input type="checkbox"/>															
231	When during a monthly cycle do you think a woman has the greatest chance of becoming pregnant? PROBE: What are the days during the month when a woman has to be careful to avoid becoming pregnant?	During her period..... 1 Right after her period had ended.. 2 In the middle of the cycle..... 3 Just before her period begins.... 4 At any time..... 5 Other (specify)..... 6 Don't know..... 8															
232	PRESENCE OF OTHERS AT THIS POINT:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Children under 10 years.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Husband.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other males.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other females.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Children under 10 years.....	1	2	Husband.....	1	2	Other males.....	1	2	Other females.....	1	2
	Yes	No															
Children under 10 years.....	1	2															
Husband.....	1	2															
Other males.....	1	2															
Other females.....	1	2															

Section 3: Contraception

301 Now I would like to talk about a different topic. There are various ways that a couple can delay or avoid a pregnancy. Please tell me all the methods that you have heard of.

- INTERVIEWER: a) CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
 b) THEN PROCEED DOWN THE COLUMN, CONTINUING Q. 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED.
 c) THEN FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN Q. 302, ASK Q. 303-305 BEFORE PROCEEDING TO THE NEXT METHOD.

METHOD	302 Have you ever heard of (READ METHOD AND DESCRIPTION)?	303 Have you ever used (METHOD)?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 What would you say is the main problem, if any, in getting or using (METHOD)? (CODES BELOW)
PILL "Women can take a pill every day".	Yes/Spon..... 1 Yes/Prbd..... 2 No 3	Yes 1 No 2	<input type="text"/> Other:	<input type="text"/> Other:
IUD "Women can have a loop or coil placed inside them by a doctor or a nurse".	Yes/Spon..... 1 Yes/Prbd..... 2 No 3	Yes 1 No 2	<input type="text"/> Other:	<input type="text"/> Other:
INJECTIONS "Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months".	Yes/Spon..... 1 Yes/Prbd..... 2 No 3	Yes 1 No 2	<input type="text"/> Other:	<input type="text"/> Other:
DIAPHRAGM, FOAM, JELLY "Women can place a sponge or suppository or diaphragm or jelly or cream inside them immediately before intercourse."	Yes/Spon..... 1 Yes/Prbd..... 2 No 3	Yes 1 No 2	<input type="text"/> Other:	<input type="text"/> Other:
CONDOM "Men can use a rubber sheath during sexual intercourse." Go to next page	Yes/Spon..... 1 Yes/Prbd..... 2 No 3	Yes 1 No 2	<input type="text"/> Other:	<input type="text"/> Other:

Codes for 304

- Govt. Hospital/MCH Center..... 01
- Priv Dr/Priv nursing home..... 02
- Non-Govt. clinic..... 03
- Mobile clinic..... 04
- Family health worker/ Nurse..... 05
- Other field workers..... 06
- Ayurvedic doctor..... 07
- Friend/Relative..... 08
- Pharmacy/Shop..... 09
- Other (specify above)..... 10
- Nowhere 11
- Don't know 98

Codes for 305

- Not effective..... 02
- Husband disapproves..... 03
- Health concerns..... 04
- Access/Availability..... 05
- Costs too much..... 06
- Inconvenient to use..... 07
- Other (specify above)..... 10
- None..... 11
- Don't know..... 98

Method	302 Have you ever heard of (READ METHOD AND DESCRIPTION)?	303 Have you ever used (METHOD)?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 What would you say is the main problem, if any, in getting or using (METHOD)? (CODES BELOW)
FEMALE STERILIZATION "Women can have an operation to avoid having any more children."	Yes/Spon..... 1 Yes/Prbd..... 2 No 3	Yes 1 No 2	<input type="checkbox"/> <input type="checkbox"/> Other:	<input type="checkbox"/> <input type="checkbox"/> Other:
MALE STERILIZATION "Men can have an operation to avoid having any more children."	Yes/Spon..... 1 Yes/Prbd..... 2 No 3	Yes 1 No 2	<input type="checkbox"/> <input type="checkbox"/> Other:	<input type="checkbox"/> <input type="checkbox"/> Other:
SAFE PERIOD "Couples can avoid having sexual intercourse on certain days of each month when the woman is more likely pregnant."	Yes/Spon..... 1 Yes/Prbd..... 2 No 3	Yes 1 No 2	Where would you go to obtain advice about SAFE PERIOD? <input type="checkbox"/> <input type="checkbox"/> Other:	<input type="checkbox"/> <input type="checkbox"/> Other:
WITHDRAWAL "Men can be careful and pull out before climax."	Yes/Spon..... 1 Yes/Prbd..... 2 No 3	Yes 1 No 2	<input type="checkbox"/> <input type="checkbox"/> Other:	<input type="checkbox"/> <input type="checkbox"/> Other:
NORPLANT "Women can have a tube inserted into their arms and avoid pregnancy for many years."	Yes/Spon..... 1 Yes/Prbd..... 2 No 3	Yes 1 No 2	<input type="checkbox"/> <input type="checkbox"/> Other:	<input type="checkbox"/> <input type="checkbox"/> Other:
ANY OTHER METHODS? "Have you heard of any other ways or methods that women or men can use to avoid pregnancy."	Yes/Spon..... 1 Yes/Prbd..... 2 No 3	Yes 1 No 2	<input type="checkbox"/> <input type="checkbox"/> Other:	<input type="checkbox"/> <input type="checkbox"/> Other:

Codes for 304

Go to 306.

Codes for 305

- Govt. Hospital/MCH Center..... 01
- Priv Dr/Priv nursing home..... 02
- Non-Govt.clinic..... 03
- Mobile clinic..... 04
- Family health worker/ Nurse..... 05
- Other field workers..... 06
- Ayurvedic doctor..... 07
- Friend/Relative..... 08
- Pharmacy/shop..... 09
- Other (specify above)..... 10
- Nowhere..... 11
- Don't know 98

- Not effective..... 02
- Husband disapproves..... 03
- Health concerns..... 04
- Access/Availability..... 05
- Costs too much..... 06
- Inconvenient to use..... 07
- Other (specify above)..... 10
- None..... 11
- Don't know..... 98

306 CHECK 303: Ever used a method?

NO (NEVER USER)

YES (EVER USER)

→ Go to 309.

No.	Questions and filters.	Coding categories
307	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	Yes..... 1 No..... 2 ➡ Go to 315.
308	What have you used or done? CORRECT 302-303 AND OBTAIN INFORMATION FOR 304-306 AS NECESSARY.	
309	CHECK 303. EVER USED SAFE PERIOD NEVER USED SAFE PERIOD <input type="checkbox"/> <input type="checkbox"/> ➡ Go to 311.	
310	The last time you used the safe period, how did you determine on which days you had to abstain? 	Based on calendar..... 1 Based on body temperature.. 2 Based on cervical mucus (Billings method)..... 3 Based on body temperature and mucus 4 Other..... 5 (specify)
311	How many living children, if any, did you already have when you first did something to avoid getting pregnant? IF NONE ENTER '00'.	Number of children..... <input type="text"/> <input type="text"/>
312	CHECK 223. NOT PREGNANT/ NOT SURE PREGNANT <input type="checkbox"/> <input type="checkbox"/> ➡ Go to 323.	
313	Are you currently doing something or using any method to avoid getting pregnant? 	Yes..... 1 ➡ Go to 318. No..... 2
314	Have you done something or used a method in the past month to avoid getting pregnant?	Yes..... 1 ➡ Go to 318. No..... 2

No.	Questions and filters.	Coding categories
315	<p>Some women abstain from sexual relations completely for more than one or two months for the following reasons:</p> <ol style="list-style-type: none"> 1) To avoid pregnancy 2) Because the child is of marriage age 3) Because the husband is away 4) A woman has just had a baby or is breast feeding 5) Illness 6) Religious reasons <p>Have you ever abstained for any of these reasons?</p>	<p>Yes..... 1</p> <p>No..... 2 ➡ Go to 322.</p>
316	<p>Are you currently abstaining for any of these reasons?</p>	<p>Yes..... 1</p> <p>No..... 2 ➡ Go to 322.</p>
317	<p>Which reason?</p>	<p>Avoid pregnancy..... 1</p> <p>Child of marriage age..... 2</p> <p>Husband away..... 3</p> <p>Postpartum/breastfeeding..... 4</p> <p>Illness..... 5</p> <p>Religious reasons..... 6</p> <p>Other..... 7</p> <p>(specify)</p> <p>Go to 318. (for 1, 2)</p> <p>Go to 322. (for 3, 4, 5, 6, 7)</p>
318	<p>Which method are you using?</p>	<p>Pill..... 01</p> <p>IUD..... 02</p> <p>Injections..... 03</p> <p>Diaphragm/Foam/Jelly..... 04</p> <p>Condom..... 05</p> <p>Female Sterilization..... 06</p> <p>Male Sterilization..... 07</p> <p>Safe Period..... 08</p> <p>Withdrawal..... 09</p> <p>Norplant..... 10</p> <p>Other..... 11</p> <p>(specify)</p> <p>Prolonged Abstinence..... 12</p> <p>Go to 326. (for 01-05)</p> <p>Go to 319. (for 06-07)</p> <p>Go to 322. (for 08-09)</p> <p>Go to 326. (for 10)</p> <p>Go to 322. (for 11, 12)</p>

No.	Questions and filters.	Coding categories
319	In what month and year did you/ he have/ has the operation?	Month..... <input type="text"/> <input type="text"/> Don't know..... 98 Year..... <input type="text"/> <input type="text"/> Don't know..... 98
320	Did you/ he receive the incentive payment for undergoing the operation?	Yes..... 1 No..... 2 Don't know..... 8 } Go to 326A.
321	Would you/ he have/ has undergone the operation if there was no incentive payment?	Yes..... 1 No..... 2 } Go to 326A.
322	CHECK 306: NEVER USED EVER USED <input type="checkbox"/> <input type="checkbox"/> → Go to 323.	
322 A	CHECK 317: 317 = 1 OR 2 317 = 3 - 7 OR NOTHING CIRCLED <input type="checkbox"/> <input type="checkbox"/> → Go to 346.	
323	Have you obtained a method to avoid pregnancy or sought advice about a method to avoid pregnancy in the last twelve months from a hospital, clinic, a doctor, or a fieldworker?	Yes..... 1 No..... 2 } → Go to 325.
324	Which method did you obtain or seek advice?	Pill..... 01 IUD..... 02 Injections..... 03 Diaphragm/Foam/Jelly..... 04 Condom..... 05 Feale Sterilization..... 06 Male Sterilization..... 07 Safe period..... 08 Withdrawal..... 09 Norplant..... 10 Other..... 11 (specify) Prolonged abtinence..... 12 } Go to 326.

No.	Questions and filters.	Coding categories
325	Have you obtained instructions for using the safe period in the last twelve months from a hospital, clinic, a doctor, or a fieldworker?	Yes..... 1 No..... 2 ➔ Go to 328.
326 or 326 A	Where did you obtain method/advice last time? Where did the sterilization take place?	Govt. Hosp/MCH center..... 01 Pvt. Dr/Pvt nursing home 02 Non-Govt. clinic 03 Mobile clinic 04 Family health worker/ Nurse... 05 Other field workers 06 Ayurvedic doctor 07 Friend/Relative 08 Pharmacy/Shop 09 Other (specify) 10 Don't know..... 98 } Go to 328.
327	Was there anything you/ your husband disliked about the service you/ your husband received there? If yes: what?	Wait too long..... 1 Staff discourteous..... 2 Services expensive..... 3 Not able to get desired services/method..... 4 Other (specify)..... 5 No complaints..... 6 Don't know..... 8
328	CHECK 223: NOT PREGNANT OR NOT SURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/> ➔ Go to 346.
329	CHECK 318: HE/ SHE STERILIZED <input type="checkbox"/> Go to 331.	CURRENTLY USING ANOTHER METHOD <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> ➔ Go to 340.

No.	Questions and filters	Coding categories
330	<p>For how long have you been using (CURRENT METHOD) continuously?</p> <p>WRITE THE DURATION IN COMPLETED YEARS AND MONTHS</p>	<p>Months..... <input type="text"/> <input type="text"/></p> <p>Since last birth..... 96</p> <p>Years..... <input type="text"/> <input type="text"/></p> <p>Since last birth..... 96</p>
331	<p>Have you experienced any problems from using (CURRENT METHOD)?</p>	<p>Yes..... 1</p> <p>No..... 2 ➡ Go to 333.</p>
332	<p>What is the main problem you experienced?</p>	<p>Not effective..... 02</p> <p>Husband disapproved..... 03</p> <p>Health concerns..... 04</p> <p>Access/Availability..... 05</p> <p>Cost too much..... 06</p> <p>Inconvenient to use..... 07</p> <p>Other..... 10 (specify)</p> <p>Don't know..... 98</p>
333	<p>At any time during the same month, do you regularly use any other method than (CURRENT METHOD)?</p>	<p>Yes..... 1</p> <p>No..... 2 ➡ Go to 335.</p>
334	<p>Which method is that?</p> <p>CHECK 302 - 306 AND 309, 310 AND CORRECT AS NECESSARY</p>	<p>Pill..... 01</p> <p>IUD..... 02</p> <p>Injections..... 03</p> <p>Diaphragm/Foam/Jelly..... 04</p> <p>Condom..... 05</p> <p>Male Sterilization..... 07</p> <p>Safe Period..... 08</p> <p>Withdrawal..... 09</p> <p>Norplant..... 10</p> <p>Other (specify)..... 11</p> <p>Prolonged abstinence..... 12</p>

No.	Questions and filters	Coding categories
335	Have you ever used any other method before (CURRENT METHOD) (since your last birth) to avoid getting pregnant?	Yes..... 1 No..... 2 → Go to 349.
336	Which method did you use before (CURRENT METHOD)? CHECK 302-306 AND 309, 310 AND CORRECT AS NECESSARY	Pill..... 01 IUD..... 02 Injections..... 03 Diaphragm/Foam/Jelly..... 04 Condom..... 05 Male Sterilization..... 07 Safe Period..... 08 Withdrawal..... 09 Norplant..... 10 Other (specify)..... 11 Prolonged Abstinence..... 12
337	In what month and year did you start using (METHOD BEFORE CURRENT)?	Month..... <input type="text"/> <input type="text"/> Don't know..... 98 Year..... <input type="text"/> <input type="text"/> Don't know..... 98
338	For how long had you been using (METHOD BEFORE CURRENT) before you stopped using it (last time)? WRITE THE DURATION IN COMPLETED YEARS AND MONTHS	Months..... <input type="text"/> <input type="text"/> Don't know..... 98 Years..... <input type="text"/> <input type="text"/> Don't know..... 98
339	What was the main reason you stopped using (METHOD BEFORE CURRENT) then?	Not effective..... 02 Husband disapproved..... 03 Health concerns..... 04 Access/Availability..... 05 Cost too much..... 06 Inconvenient to use..... 07 Infrequent sex..... 08 To use permanent method..... 09 Rumours of side effects..... 10 Other (specify)..... 11 Don't Know..... 98 Go to 349.

No.	Questions and filters	Coding categories
340	CHECK 208: Any births? YES <input type="checkbox"/> NO <input type="checkbox"/> ⇒ Go to 342. ↓	
341	Since your last birth have you used any method to avoid getting pregnant?	Yes..... 1 No..... 2 ⇒ Go to 346.
342	Which was the last method you used? CHECK 302-306 AND 309, 310 AND CORRECT AS NECESSARY	Pill..... 01 IUD..... 02 Injections..... 03 Diaphragm/Foam/Jelly..... 04 Condom..... 05 Male Sterilization..... 07 Safe Period..... 08 Withdrawal..... 09 Norplant..... 10 Other (specify)..... 11 Prolonged Abstinence..... 12
343	In what month and year did you start using that method (THE LAST TIME)?	Month..... <input type="text"/> <input type="text"/> Don't know..... 98 Year..... <input type="text"/> <input type="text"/> Don't know..... 98
344	For how long had you been using (LAST METHOD) before you stopped using it? WRITE THE DURATION IN COMPLETED YEARS AND MONTHS	Months..... <input type="text"/> <input type="text"/> Don't know..... 98 Years..... <input type="text"/> <input type="text"/> Don't know..... 98
345	What was the main reason you stopped using (LAST METHOD) then?	To become pregnant..... 01 Not effective..... 02 Husband disapproved..... 03 Health concerns..... 04 Access/Availability..... 05 Cost too much..... 06 Inconvenient to use..... 07 Infrequent sex..... 08 Rumours of side effects..... 10 Other (specify)..... 11 Don't know..... 98

No.	Questions and filters	Coding categories												
346	Do you intend to use a method to avoid pregnancy at any time in the future?	Yes..... 1 No..... 2 Don't Know..... 8 } Go to 349.												
347	Which method would you prefer to use?	Pill..... 01 IUD..... 02 Injections..... 03 Diaphragm/Foam/Jelly..... 04 Condom..... 05 Female Sterilization..... 06 Male Sterilization..... 07 Safe Period..... 08 Withdrawal..... 09 Norplant..... 10 Other (specify)..... 11 Prolonged Abstinence..... 12 Not Decided..... 13												
348	Do you intend to use (that method) in the next 12 months?	Yes..... 1 No..... 2 Don't Know..... 8												
349	Do you think that it is acceptable or not acceptable for family planning information to be provided on radio? on television?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Acc.</th> <th style="text-align: center;">Not Acc.</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Radio.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>TV.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Acc.	Not Acc.	DK	Radio.....	1	2	8	TV.....	1	2	8
	Acc.	Not Acc.	DK											
Radio.....	1	2	8											
TV.....	1	2	8											
350	When do you listen to the radio?	Morning. (5.00 a.m. - 12.00 noon) 1 Afternoon (12.00 noon - 6.00 p.m) 2 Evening (after 6.00 p.m) 3 Throughout the day 4 Only occasionally 5 Don't listen 6												
351	CHECK 223: NOT PREGNANT OR UNSURE	<input type="checkbox"/> PREGNANT <input type="checkbox"/> ⇒ Go to 353.												
352	CHECK 214: HAD BIRTH SINCE JULY 1988	<input type="checkbox"/> NO BIRTH SINCE JULY 1988 <input type="checkbox"/> ⇒ Go to 501.												

Go to next page

353 Now I would like to get some more information about (your pregnancy and) the methods that you used in the last five years.

INTERVIEWER: FIRST, MARK PREGNANCY STATUS, AND FROM PAGE 12 & 13 RECORD NAMES OF BIRTHS SINCE JULY 1988. SECOND, MARK APPROPRIATE BOX IN 354, AND ASK THE APPROPRIATE QUESTIONS FOR EACH COLUMN FOR WHICH THE HEADING IS FILLED OUT.

ASK QUESTIONS ABOUT ALL BIRTHS SINCE JULY 1988.	0	1	2	3
	CURRENTLY PREGNANT? Yes <input type="checkbox"/> No <input type="checkbox"/>	LAST BIRTH _____ (Name)	NEXT-TO-LAST BIRTH _____ (Name)	SECOND-TO-LAST BIRTH _____ (Name)

354	CHECK 306. EVER USED A METHOD <input type="checkbox"/> (ASK 355-362 FOR EACH COLUMN) NEVER USED A METHOD <input type="checkbox"/> (ASK 361 FOR EACH COLUMN)
-----	--

355	Before you became pregnant (with Name) and after the birth of (Name) did you do anything to avoid getting pregnant, even for a short time?	Yes..... 1 No..... 2 ↓ (Go to 361.)	Yes..... 1 No..... 2 ↓ (Go to 361.)	Yes..... 1 No..... 2 ↓ (Go to 361.)	Yes..... 1 No..... 2 ↓ (Go to 361.)
356	Which was the last method you used then? (CODES ON NEXT PAGE)	<input type="text"/> <input type="text"/> Other:	<input type="text"/> <input type="text"/> Other:	<input type="text"/> <input type="text"/> Other:	<input type="text"/> <input type="text"/> Other:
357	Any method before that? (IF NONE, ENTER "00". CODES ON NEXT PAGE)	<input type="text"/> <input type="text"/> Preceding method	<input type="text"/> <input type="text"/> Preceding method	<input type="text"/> <input type="text"/> Preceding method	<input type="text"/> <input type="text"/> Preceding method
358	For how long had you used (LAST METHOD) that time?	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>	Months <input type="text"/> <input type="text"/> Years <input type="text"/> <input type="text"/>
359	Did you become pregnant while you were still using (LAST METHOD)?	Yes..... 1 (Go to 362.) No..... 2	Yes..... 1 (Go to 362.) No..... 2	Yes..... 1 (Go to 362.) No..... 2	Yes..... 1 (Go to 362.) No..... 2
360	What was the main reason you stopped using (LAST METHOD)? IF RESPONSE IS "TO GET PREGNANT", CIRCLE 01 AND GO TO NEXT COLUMN. IF NOT, SEE CODES NEXT PAGE.	To get pregnant..... 01 (Go to next Column) <input type="text"/> <input type="text"/> Other:	To get pregnant..... 01 (Go to next Column) <input type="text"/> <input type="text"/> Other:	To get pregnant..... 01 (Go to next Column) <input type="text"/> <input type="text"/> Other:	To get pregnant..... 01 (Go to 401.) <input type="text"/> <input type="text"/> Other:
361	At the time you became pregnant (WITH NAME) did you want to have that child then, to wait until later, or to have no (more) children at all?	Then.....1 Later.....2 No more.....3 (All go to next column)	Then.....1 Later.....2 No more.....3 (All go to next column)	Then.....1 Later.....2 No more.....3 (All go to next column)	Then.....1 Later.....2 No more.....3 (Go to 401.)
362	Did you want to have that child (NAME) at a later time, or not to have another child at all?	Have child later..... 1 Not to have child.....2 (All go to next column)	Have child later..... 1 Not to have child..... 2 (All go to next column)	Have child later..... 1 Not to have child.....2 (All go to next column)	Have child later..... 1 Not to have child.....2 (Go to 401.)

Codes for 356, 357

Pill.....	01
IUD.....	02
Injection.....	03
Diaphragm/ Foam/ Jelly.....	04
Condom.....	05
Male Sterilization.....	07
Safe period.....	08
Withdrawal.....	09
Norplant.....	10
Other (specify).....	11
Prolonged Abstinence.....	12

Codes for 360

Not effective.....	02
Husband disapproved.....	03
Health concerns.....	04
Access/Availability.....	05
Cost too much.....	06
Inconvenient to use.....	07
Rumour of side effects.....	10
Other (specify).....	11
Don't know.....	98

Section 4: Health of Children

401 Check 214. HAD BIRTH SINCE JULY 1988

NO BIRTH SINCE JULY 1988

→ Go to 501.

402 AS RECORDED ON PAGES 12 & 13 WRITE THE NAMES AND LINE NUMBERS OF ALL BIRTHS SINCE JULY 1988 IN THE FOLLOWING TABLE. FOR EACH BIRTH, CHECK IF ALIVE OR DEAD, AND MARK THE "✓" APPROPRIATE BOX.

		LAST BIRTH 1	NEXT-TO- LAST BIRTH 2	SECOND-TO- LAST BIRTH 3
		Name	Name	Name
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> ASK QUESTIONS FOR ALL BIRTHS, ALIVE AND DEAD. </div>		Line No. <input type="text"/> <input type="text"/>	Line No. <input type="text"/> <input type="text"/>	Line No. <input type="text"/> <input type="text"/>
		Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>	Alive <input type="checkbox"/> Dead <input type="checkbox"/>
403	Did you receive a tetanus injection when you were pregnant with (NAME)?	Yes, 1 Dose 1 Yes, 2 Does..... 2 No..... 3 Don't Know..... 8	Yes, 1 Dose 1 Yes, 2 Does..... 2 No..... 3 Don't Know..... 8	Yes, 1 Dose 1 Yes, 2 Does..... 2 No..... 3 Don't Know..... 8
404	Did the Family Health Worker visit you when you were pregnant with (NAME)?	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes..... 1 No..... 2
405	Did you visit a doctor or a clinic for a check on this pregnancy?	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes..... 1 No..... 2
406	Where was (NAME) born?	Govt.Hosp/ Maternity Home.. 1 Pvt. Nursing Home..... 2 At Home..... 3 Other..... 4 (specify)	Govt.Hosp/ Maternity Home.. 1 Pvt. Nursing Home..... 2 At Home..... 3 Other..... 4 (specify)	Govt.Hosp/ Maternity Home.. 1 Pvt. Nursing Home..... 2 At Home..... 3 Other..... 4 (specify)
407	Who assisted with the delivery of (NAME)? PROBE AND RECORD MOST QUALIFIED PERSON.	Doctor 1 Govt. Nurse/ Family health worker..... 2 Traditional birth attendant..... 3 Rel/Neighbour.... 4 Other..... 5 (specify) No one 6	Doctor 1 Govt. Nurse/ Family health worker..... 2 Traditional birth attendant..... 3 Rel/Neighbour.... 4 Other..... 5 (specify) No one 6	Doctor 1 Govt. Nurse/ Family health worker..... 2 Traditional birth attendant..... 3 Rel/Neighbour.... 4 Other..... 5 (specify) No one 6
408	Did you ever feed (NAME) at the breast?	Yes..... 1 No..... 2 (Go to 415.) ←	Yes..... 1 No..... 2 (Go to 415.) ←	Yes..... 1 No..... 2 (Go to 415.) ←

		1	2	3
409	How long after birth did you begin feeding (NAME) at the breast? IF LESS THAN ONE HOUR, ENTER 00 IF MORE THAN ONE HOUR AND LESS THAN 24 HOURS, ENTER HOURS IF 24 HOURS OR MORE THAN 24 HOURS, ENTER DAYS	At the same time..... 000 Hours.... 1 <input type="text"/> <input type="text"/> Days..... 2 <input type="text"/> <input type="text"/>	At the same time..... 000 Hours.... 1 <input type="text"/> <input type="text"/> Days..... 2 <input type="text"/> <input type="text"/>	At the same time..... 000 Hours.... 1 <input type="text"/> <input type="text"/> Days..... 2 <input type="text"/> <input type="text"/>
410	Was the first milk produced was thrown away when you start breastfeeding?	Yes..... 1 No..... 2 (Go to 413.) ←	Yes..... 1 No..... 2 (Go to 414.) ←	Yes..... 1 No..... 2 (Go to 414.) ←
411	Why did you throw it away?	Milk bad for baby..... 1 Milk yellow 2 Baby refused 3 Habit..... 4 Other..... 5 (specify) 5 (Go to 413.) ← Advised to do so..... 6	Milk bad for baby..... 1 Milk yellow 2 Baby refused 3 Habit..... 4 Other..... 5 (specify) 5 (Go to 414.) ← Advised to do so..... 6	Milk bad for baby..... 1 Milk yellow 2 Baby refused 3 Habit..... 4 Other..... 5 (specify) 5 (Go to 414.) ← Advised to do so..... 6
412	Who advised?	Mother/ Mother in law.... 1 Family health worker..... 2 Hospital Staff..... 3 Other..... 4 (Specify)	Mother/ Mother in law.... 1 Family health worker..... 2 Hospital Staff..... 3 Other..... 4 (Specify)	Mother/ Mother in law.... 1 Family health worker..... 2 Hospital Staff..... 3 Other..... 4 (Specify)
413	Are you still breastfeeding (NAME)? (IF DEAD, CIRCLE '3')	Yes..... 1 (Go to 416.) ← No..... 2 Child dead..... 3	↓ ↓ ↓ ↓	↓ ↓ ↓ ↓
414	At what age did you totally stop breastfeeding (NAME)? IF LESS THAN ONE MONTH ENTER "00"	Month..... <input type="text"/> <input type="text"/> At death..... 96 (Go to 416.) ←	Month..... <input type="text"/> <input type="text"/> Still breastfeeding 95 (Go to 416.) ← At death.....96	Month..... <input type="text"/> <input type="text"/> Still breastfeeding 95 (Go to 416.) ← At death.....96

		1	2	3
415	What is the main reason you never breastfed/ stopped breastfeeding (NAME)?	No Milk..... 01 Insufficient milk..... 02 Nipple injured..... 03 Mother ill..... 04 Mother busy..... 05 Other milk/food better for baby..... 06 Baby ill 07 Baby refused..... 08 Other..... 09 (specify) Became pregnant... 10 Baby died right after birth..... 11 (Go to 421.) ←	No Milk..... 01 Insufficient milk..... 02 Nipple injured..... 03 Mother ill..... 04 Mother busy..... 05 Other milk/food better for baby..... 06 Baby ill 07 Baby refused..... 08 Other..... 09 (specify) Became pregnant... 10 Baby died right after birth..... 11 (Go to 421.) ←	No Milk..... 01 Insufficient milk..... 02 Nipple injured..... 03 Mother ill..... 04 Mother busy..... 05 Other milk/food better for baby..... 06 Baby ill 07 Baby refused..... 08 Other..... 09 (specify) Became pregnant... 10 Baby died right after birth..... 11 (Go to 421.) ←
416	At what age did you begin to give the following foods to (NAME)? READ OUT CATEGORIES. Powdered milk: Cow/goat milk Cungee Eggs Mashed potatoes/cereal Fruit juice/ cordials Soup Water IF GIVEN IN FIRST MONTH 00 IF NEVER GIVEN 96 IF DON'T KNOW 98	Months Powdered milk <input type="checkbox"/> <input type="checkbox"/> Cow/ goat milk <input type="checkbox"/> <input type="checkbox"/> Cungee <input type="checkbox"/> <input type="checkbox"/> Eggs <input type="checkbox"/> <input type="checkbox"/> Potatoes <input type="checkbox"/> <input type="checkbox"/> Fruit juice <input type="checkbox"/> <input type="checkbox"/> Soup <input type="checkbox"/> <input type="checkbox"/> Water <input type="checkbox"/> <input type="checkbox"/>	Months Powdered milk <input type="checkbox"/> <input type="checkbox"/> Cow/ goat milk <input type="checkbox"/> <input type="checkbox"/> Cungee <input type="checkbox"/> <input type="checkbox"/> Eggs <input type="checkbox"/> <input type="checkbox"/> Potatoes <input type="checkbox"/> <input type="checkbox"/> Fruit juice <input type="checkbox"/> <input type="checkbox"/> Soup <input type="checkbox"/> <input type="checkbox"/> Water <input type="checkbox"/> <input type="checkbox"/>	Months Powdered milk <input type="checkbox"/> <input type="checkbox"/> Cow/ goat milk <input type="checkbox"/> <input type="checkbox"/> Cungee <input type="checkbox"/> <input type="checkbox"/> Eggs <input type="checkbox"/> <input type="checkbox"/> Potatoes <input type="checkbox"/> <input type="checkbox"/> Fruit juice <input type="checkbox"/> <input type="checkbox"/> Soup <input type="checkbox"/> <input type="checkbox"/> Water <input type="checkbox"/> <input type="checkbox"/>
417	At what age did you start at least one food except water on a daily basis?	Months..... <input type="checkbox"/> <input type="checkbox"/> Never given..... 96 <i>if child did go to 421</i>	Months..... <input type="checkbox"/> <input type="checkbox"/> Never given..... 96	Months..... <input type="checkbox"/> <input type="checkbox"/> Never given..... 96
418	Check 417:	6 MONTHS OR LESS <input type="checkbox"/> (Go to 420.) ← 7 MONTHS OR MORE <input type="checkbox"/>	6 MONTHS OR LESS <input type="checkbox"/> (Go to 420.) ← 7 MONTHS OR MORE <input type="checkbox"/>	6 MONTHS OR LESS <input type="checkbox"/> (Go to 420.) ← 7 MONTHS OR MORE <input type="checkbox"/>
419	Why did you wait so long to begin daily supplemental feeding of (NAME)? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

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420	When you begin daily supplemental feeding of (NAME), did you continue full breastfeeding, did you reduce, or did you stop completely?	Continued full..... 1 Reduced..... 2 Stopped..... 3 Never Breastfed.... 4	Continued full..... 1 Reduced..... 2 Stopped..... 3 Never Breastfed.... 4	Continued full..... 1 Reduced..... 2 Stopped..... 3 Never Breastfed.... 4																																																																																																																																																																					
421	How many months after the birth of (NAME) did your period return?	Months..... <input type="text"/> <input type="text"/> Not returned..... 96	Months..... <input type="text"/> <input type="text"/> Never returned... 96	Months..... <input type="text"/> <input type="text"/> Never returned... 96																																																																																																																																																																					
422	Have you resumed sexual relations since the birth of (NAME)?	Yes (or preg)..... 1 No 2 (Go to 424.) ↙	↓ ↓ ↓ ↓	↓ ↓ ↓ ↓																																																																																																																																																																					
423	How many months after the birth of (NAME) did you resume sexual relations?	Months..... <input type="text"/> <input type="text"/> Not yet resumed 96	Months..... <input type="text"/> <input type="text"/> Not yet resumed 96	Months..... <input type="text"/> <input type="text"/> Not yet resumed 96																																																																																																																																																																					
424	Do you have a clinic card, a child growth card or any other document showing what immunizations (NAME) was given? IF YOU HAVE, please show it?	Yes, card seen 1 Yes, not seen.....2 (Go to 427.) ← No card3	Yes, card seen 1 Yes, not seen.....2 (Go to 427.) ← No card3	Yes, card seen 1 Yes, not seen.....2 (Go to 427.) ← No card3																																																																																																																																																																					
425	RECORD THE DATES OF INJECTIONS FROM THE CARD. CIRCLE "1" IF NOT GIVEN.	<table border="1"> <thead> <tr> <th></th> <th>Not Gvn</th> <th>Ye ar</th> <th>Mo nth</th> <th>Day</th> </tr> </thead> <tbody> <tr><td>BCG</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>TRIPLE 1</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>POLIO 1</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>TRIPLE 2</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>POLIO 2</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>TRIPLE 3</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>POLIO 3</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>MEASLES</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>TRIPLE 4</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>POLIO 4</td><td>1</td><td></td><td></td><td></td></tr> </tbody> </table>		Not Gvn	Ye ar	Mo nth	Day	BCG	1				TRIPLE 1	1				POLIO 1	1				TRIPLE 2	1				POLIO 2	1				TRIPLE 3	1				POLIO 3	1				MEASLES	1				TRIPLE 4	1				POLIO 4	1				<table border="1"> <thead> <tr> <th></th> <th>Not Gvn</th> <th>Ye ar</th> <th>Mo nth</th> <th>Day</th> </tr> </thead> <tbody> <tr><td>BCG</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Triple 1</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Polio 1</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Triple 2</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Polio 2</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Triple 3</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Polio 3</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Measles</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Triple 4</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Polio 4</td><td>1</td><td></td><td></td><td></td></tr> </tbody> </table>		Not Gvn	Ye ar	Mo nth	Day	BCG	1				Triple 1	1				Polio 1	1				Triple 2	1				Polio 2	1				Triple 3	1				Polio 3	1				Measles	1				Triple 4	1				Polio 4	1				<table border="1"> <thead> <tr> <th></th> <th>Not Gvn</th> <th>Ye ar</th> <th>Mo nth</th> <th>Day</th> </tr> </thead> <tbody> <tr><td>BCG</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Triple 1</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Polio 1</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Triple 2</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Polio 2</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Triple 3</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Polio 3</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Measles</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Triple 4</td><td>1</td><td></td><td></td><td></td></tr> <tr><td>Polio 4</td><td>1</td><td></td><td></td><td></td></tr> </tbody> </table>		Not Gvn	Ye ar	Mo nth	Day	BCG	1				Triple 1	1				Polio 1	1				Triple 2	1				Polio 2	1				Triple 3	1				Polio 3	1				Measles	1				Triple 4	1				Polio 4	1			
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426	LOOKING AT THE CARD, ENTER THE WEIGHT AT BIRTH?	Kg. <input type="text"/> <input type="text"/> . <input type="text"/> (Go to 432.)	Kg. <input type="text"/> <input type="text"/> . <input type="text"/> (Go to 432.)	Kg. <input type="text"/> <input type="text"/> . <input type="text"/> (Go to 432.)																																																																																										
427	What is the weight at birth (NAME)?	Kg. <input type="text"/> <input type="text"/> . <input type="text"/>	Kg. <input type="text"/> <input type="text"/> . <input type="text"/>	Kg. <input type="text"/> <input type="text"/> . <input type="text"/>																																																																																										
428	Has (NAME) ever had an immunization to prevent him/her from getting diseases?	Yes..... 1 No..... 2 (Go to 432.) ← Don't know..... 8	Yes..... 1 No..... 2 (Go to 432.) ← Don't know..... 8	Yes..... 1 No..... 2 (Go to 432.) ← Don't know..... 8																																																																																										
429	Please tell me if (NAME) has had any of the following injections:	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>BCG</td><td>1</td><td>2</td></tr> <tr><td>Triple 1</td><td>1</td><td>2</td></tr> <tr><td>Polio 1</td><td>1</td><td>2</td></tr> <tr><td>Triple 2</td><td>1</td><td>2</td></tr> <tr><td>Polio 2</td><td>1</td><td>2</td></tr> <tr><td>Triple 3</td><td>1</td><td>2</td></tr> <tr><td>Polio 3</td><td>1</td><td>2</td></tr> <tr><td>Triple 4</td><td>1</td><td>2</td></tr> <tr><td>Polio 4</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	BCG	1	2	Triple 1	1	2	Polio 1	1	2	Triple 2	1	2	Polio 2	1	2	Triple 3	1	2	Polio 3	1	2	Triple 4	1	2	Polio 4	1	2	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>BCG</td><td>1</td><td>2</td></tr> <tr><td>Triple 1</td><td>1</td><td>2</td></tr> <tr><td>Polio 1</td><td>1</td><td>2</td></tr> <tr><td>Triple 2</td><td>1</td><td>2</td></tr> <tr><td>Polio 2</td><td>1</td><td>2</td></tr> <tr><td>Triple 3</td><td>1</td><td>2</td></tr> <tr><td>Polio 3</td><td>1</td><td>2</td></tr> <tr><td>Triple 4</td><td>1</td><td>2</td></tr> <tr><td>Polio 4</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	BCG	1	2	Triple 1	1	2	Polio 1	1	2	Triple 2	1	2	Polio 2	1	2	Triple 3	1	2	Polio 3	1	2	Triple 4	1	2	Polio 4	1	2	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td>BCG</td><td>1</td><td>2</td></tr> <tr><td>Triple 1</td><td>1</td><td>2</td></tr> <tr><td>Polio 1</td><td>1</td><td>2</td></tr> <tr><td>Triple 2</td><td>1</td><td>2</td></tr> <tr><td>Polio 2</td><td>1</td><td>2</td></tr> <tr><td>Triple 3</td><td>1</td><td>2</td></tr> <tr><td>Polio 3</td><td>1</td><td>2</td></tr> <tr><td>Triple 4</td><td>1</td><td>2</td></tr> <tr><td>Polio 4</td><td>1</td><td>2</td></tr> </tbody> </table>		Yes	No	BCG	1	2	Triple 1	1	2	Polio 1	1	2	Triple 2	1	2	Polio 2	1	2	Triple 3	1	2	Polio 3	1	2	Triple 4	1	2	Polio 4	1	2
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430	At what age was (NAME) given the last of these immunizations	Months..... <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>	Months..... <input type="text"/> <input type="text"/>																																																																																										
431	Was (NAME) given a measles injection?	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes..... 1 No..... 2																																																																																										
432	Has (NAME) had diarrhea four or more times a day in the last 24 hours?	Yes..... 1 (Go to 434.) ← No..... 2 <i>child died 3</i>	Yes..... 1 (Go to 434.) ← No..... 2 <i>child died 3</i>	Yes..... 1 (Go to 434.) ← No..... 2																																																																																										

		1	2	3
433	<p>Has (NAME) had diarrhea four or more times a day in the last two weeks?</p> <p>INTERVIEWER:</p> <p>IF 2 OR 8 IS CIRCLED GO BACK TO PAGE 28 AND ASK 403 FOR NEXT BIRTH. IF NO OTHER BIRTHS GO TO Q437.</p>	<p>Yes..... 1</p> <p>No..... 2 <i>could die 3</i></p> <p>(GO BACK TO PAGE 28 AND ASK 403 FOR NEXT BIRTH) ←</p> <p>Do not know..... 8</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>(GO BACK TO PAGE 28 AND ASK 403 FOR NEXT BIRTH) ←</p> <p>Do not know..... 8</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>(Go to 437.) ←</p> <p>Don't know..... 8</p>
434	<p>Did you take (NAME) to a government hospital or clinic, to a Western doctor, or to an Ayurvedic doctor to treat the diarrhea (the last time)?</p> <p>IF YES: where did you take him/her?</p>	<p>Yes, Govt.Hosp/ Clinic..... 1</p> <p>Yes, Western doctor..... 2</p> <p>Yes, Ayurvedic doctor..... 3</p> <p>No, not taken..... 4</p>	<p>Yes, Govt.Hosp/ Clinic..... 1</p> <p>Yes, Western doctor..... 2</p> <p>Yes, Ayurvedic doctor..... 3</p> <p>No, not taken..... 4</p>	<p>Yes, Govt.Hosp/ Clinic..... 1</p> <p>Yes, Western doctor..... 2</p> <p>Yes, Ayurvedic doctor..... 3</p> <p>No, not taken..... 4</p>
435	<p>Was (NAME) given any packet of Jeevancee or any other ORS salts to treat the diarrhea (the last time)?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Dont Know..... 8</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Dont Know..... 8</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Dont Know..... 8</p>
436	<p>Was there anything (else) you or somebody did to treat the diarrhea?</p> <p>IF YES: What was done?</p> <p>CIRCLE CODE 1 FOR ALL MENTIONED.</p> <p>INTERVIEWER: IF NO OTHER BIRTHS GO TO 437.</p>	<p>Water..... 1</p> <p>Tablets/injections/ syrups..... 1</p> <p>Increase fluids..... 1</p> <p>Increase foods..... 1</p> <p>Give cunjee..... 1</p> <p>Decrease fluids.... 1</p> <p>Decrease foods.... 1</p> <p>Other (specify)... 1</p> <p>Nothing..... 1</p> <p>(Go back to page 28 and ask Q403 for next birth)</p>	<p>Water..... 1</p> <p>Tablets/injections/ syrups..... 1</p> <p>Increase fluids..... 1</p> <p>Increase foods..... 1</p> <p>Give cunjee..... 1</p> <p>Decrease fluids.... 1</p> <p>Decrease foods.... 1</p> <p>Other (specify)... 1</p> <p>Nothing..... 1</p> <p>(Go back to page 28 and ask Q403 for next birth)</p>	<p>Water..... 1</p> <p>Tablets/injections/ syrups..... 1</p> <p>Increase fluids..... 1</p> <p>Increase foods..... 1</p> <p>Give cunjee..... 1</p> <p>Decrease fluids.... 1</p> <p>Decrease foods.... 1</p> <p>Other (specify)... 1</p> <p>Nothing..... 1</p> <p>(Go to 437.)</p>

No	Questions and filters	Coding categories
437	<p>CHECK 435:</p> <p>IF "1" MARKED FOR ANY BIRTH TICK "✓" YES <input type="checkbox"/> ⇒ Go to 440.</p> <p>IF 435 IS EMPTY OR "2" OR "8" IS MARKED TICK "✓" NO <input type="checkbox"/></p>	
438	<p>Have you ever heard of Jeevane or any other ORS Salts which you can give to a child with diarrhea?</p>	<p>Yes..... 1</p> <p>No..... 2</p> <p>Don't know..... 8</p> <p>Go to 441.</p>
439	<p>Have you ever given either JEEVANEE or any other ORS Salts to any of your children?</p>	<p>Yes..... 1</p> <p>No..... 2 ⇒ Go to 441.</p>
440	<p>Where did you obtain the packet (the last time)?</p>	<p>Govt.Hospital/Clinic..... 1</p> <p>MOH office..... 2</p> <p>Pharmacy..... 3</p> <p>Pvt. doctor..... 4</p> <p>Other..... 5 (specify)</p>
441	<p>CHECK 413 FOR LAST BIRTH:</p> <p>LAST CHILD STILL BREASTFED <input type="checkbox"/> ALL OTHERS <input type="checkbox"/> ⇒ Go to 501.</p>	
442	<p>How many times did you breastfeed (NAME OF LAST BIRTH) last night, between sundown and sunrise?</p>	<p>Number of times..... <input type="text"/> <input type="text"/></p> <p>Child sleeps at breast 96</p>
443	<p>How many times did you breastfeed (NAME OF LAST BIRTH) yesterday during the daylight hours?</p>	<p>Number of times..... <input type="text"/> <input type="text"/></p> <p>As often as wanted..... 96</p>

No	Questions and filters	Coding categories																								
444	<p>At any time yesterday or last night, was (NAME OF LAST BIRTH) given any of the following?</p> <p>READ OUT CODING CATEGORIES</p> <p>Water</p> <p>Fruit Juice</p> <p>Powdered milk</p> <p>Cow's or Goat's milk</p> <p>Vitamin Syrups/ Medicine</p> <p>Any other liquid</p> <p>Any solid or mushy food</p>	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Water.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Fruit Juice.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Powdered milk.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Cow's or Goat's milk.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Vitamin Syrups/ Medicine</td> <td>1</td> <td>2</td> </tr> <tr> <td>Any other liquid.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Any solid or mushy food...</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Water.....	1	2	Fruit Juice.....	1	2	Powdered milk.....	1	2	Cow's or Goat's milk.....	1	2	Vitamin Syrups/ Medicine	1	2	Any other liquid.....	1	2	Any solid or mushy food...	1	2
	Yes	No																								
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Vitamin Syrups/ Medicine	1	2																								
Any other liquid.....	1	2																								
Any solid or mushy food...	1	2																								
445	<p>CHECK 444:</p> <p>NO FOOD OR LIQUIDS GIVEN (ALL "2"s CIRCLED IN 444) <input type="checkbox"/> ⇒ Go to 447.</p> <p>WAS GIVEN FOOD OR LIQUIDS (AT LEAST ONE "1" CIRCLED IN 444) <input type="checkbox"/></p>																									
446	<p>Were any of these given in a bottle with a nipple?</p>	<p>Yes..... 1</p> <p>No..... 2</p>																								
447	<p>Check 432 and 433 for last birth:</p> <p>NO DIARRHEA IN LAST 2 WEEKS. <input type="checkbox"/> ⇒ Go to 501.</p> <p>HAD DIARRHEA IN LAST 2 WEEKS. <input type="checkbox"/></p>																									
448	<p>When (NAME) had diarrhea recently, did you continue (full) breastfeeding, did you reduce, or did you stop completely?</p>	<p>Continued full..... 1 ⇒ Go to 501.</p> <p>Reduced..... 2</p> <p>Stopped completely..... 3</p>																								
449	<p>Why did you reduce/stop?</p>	<p>Bad for the child..... 1</p> <p>Parents advised..... 2</p> <p>Doctor/ family health worker advised..... 3</p> <p>Child refused..... 4</p> <p>Other..... 5</p>																								

Section 5: Marriage

No.	Questions and filters	Coding categories												
501	Are you currently married, widowed, divorced, or separated?	Married..... 1 Widowed..... 2 Divorced..... 3 Separated..... 4 } Go to 502.												
501 A	Are you and your husband currently living together?	Yes..... 1 No..... 2												
502	Have you been married once, or more than once?	Once..... 1 More than once..... 2												
503	In what month and year did you start living with your (first) husband as husband and wife?	Month..... <input type="text"/> <input type="text"/> Don't know month..... 98 Year..... <input type="text"/> <input type="text"/> ⇒ Go to 505. Don't know year..... 98												
504	How old were you when you started living with him?	Age in years..... <input type="text"/> <input type="text"/>												
505	Where did you live before you began living with your husband in as urban area, in a village, or on an estate? SEE INSIDE OF THE BACK COVER PAGE FOR THE AREAS OF COLOMBO METROPOLITAN	Colombo metro..... 1 Other urban..... 2 Rural..... 3 Estate..... 4 Abroad..... 5												
506	Did your (first) husband live in the same place before marriage, or in a different urban area, village, or estate?	Same area /Village/Estate.... 1 ⇒ Go to 508. Different urban area..... 2 Different village..... 3 Different estate..... 4 Abroad..... 5												
507	How many miles was his place from yours?	Miles..... <input type="text"/> <input type="text"/> <input type="text"/>												
508	Are your mother and father still alive?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>Woman's mother</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>Woman's father</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	Woman's mother	1	2	8	Woman's father	1	2	8
	Yes	No	DK											
Woman's mother	1	2	8											
Woman's father	1	2	8											

No.	Questions and filters	Coding categories																				
509	Are your (first) husband's parents still alive?	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Husband's mother</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Husband's father</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Husband's mother	1	2	8	Husband's father	1	2	8								
	Yes	No	DK																			
Husband's mother	1	2	8																			
Husband's father	1	2	8																			
510	<p>CHECK 508 AND 509.</p> <p>AT LEAST ONE PARENT NOT LIVING OR DON'T KNOW (NOT ALL '1' S CIRCLED)</p> <p>ALL PARENTS LIVING (ALL '1' S CIRCLED)</p> <p><input type="checkbox"/> <input type="checkbox"/> ⇒ Go to 514.</p>																					
511	<p>FOR EACH "1" CIRCLED IN 508 AND 509, CIRCLE A "1" FOR THE CORRESPONDING PARENT IN 512.</p> <p>THEN ASK 512 FOR THOSE PARENTS NOT HAVING A "1" CIRCLED.</p>																					
512	Was (MENTION PARENTS NOT ALIVE NOW) alive at the time you began living with your (first) husband?	<table> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Woman's mother</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Woman's father</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Husband's mother</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Husband's father</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	Woman's mother	1	2	8	Woman's father	1	2	8	Husband's mother	1	2	8	Husband's father	1	2	8
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Woman's father	1	2	8																			
Husband's mother	1	2	8																			
Husband's father	1	2	8																			
513	<p>CHECK 512.</p> <p>SOME PARENT ALIVE AT MARRIAGE</p> <p>NO PARENT ALIVE AT MARRIAGE/ DON'T KNOW</p> <p><input type="checkbox"/> <input type="checkbox"/> ⇒ Go to 517.</p>																					
514	At any time since you began living with your (first) husband, did you and he live with any of these parents for at least 6 months?	<p>Yes..... 1</p> <p>No..... 2 ⇒ Go to 516.</p>																				
515	For about how many years did you live with the parents at that time?	<p>Years..... <input type="text"/> <input type="text"/></p> <p>Up to the present..... 96 ⇒ Go to 517.</p>																				
516	Are you now living either with your parents or with your husband's parents?	<p>Yes..... 1</p> <p>No..... 2</p>																				

No.	Questions and filters	Coding categories
517	CHECK 501. CURRENTLY MARRIED <input type="checkbox"/> OTHER <input type="checkbox"/> → Go to 601.	
518	Have you had sexual intercourse in the last four weeks? ↓	Yes..... 1 No..... 2 → Go to 520.
519	How many times? IF DON'T KNOW WRITE '98'	No. of times..... <input type="text"/> <input type="text"/>
520	When was the last time you had sexual intercourse?	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"/> Before last birth..... 995 → Go to 525.
521	CHECK 223. NOT PREGNANT/ NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> → Go to 525.	
522	CHECK 318. NOT USING CONTRACEPTION <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> → Go to 525.	
523	If you become pregnant in the next few weeks, would you feel happy, unhappy, or would it not matter very much?	Happy..... 1 → Go to 525. Unhappy..... 2 Would not matter..... 3

No.	Questions and filters	Coding categories															
524	What is the main reason that you are not using a method to avoid pregnancy?	Lack of knowledge or lack of source..... 01 Opposed to FP..... 02 Husband disapproves..... 03 Other people disapprove..... 04 Infrequent sex..... 05 Postpartum BF..... 06 Menopausal/Subfecund..... 07 Health concerns..... 08 Access/Availability..... 09 Costs too much..... 10 Religion..... 11 Inconvenient to use..... 12 Rumour of side effects..... 13 Other (specify)..... 14 Don't know..... 98															
525	PRESENCE OF OTHERS AT THIS POINT:	<table border="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Children under 10 years</td> <td>1</td> <td>2</td> </tr> <tr> <td>Husband</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other males</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other females</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Children under 10 years	1	2	Husband	1	2	Other males	1	2	Other females	1	2
	Yes	No															
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Husband	1	2															
Other males	1	2															
Other females	1	2															

Section 6: Fertility Preferences

No.	Questions and filters	Coding categories
601	<p>CHECK 318.</p> <p style="text-align: center;"> WOMAN STERILIZED HUSBAND STERILIZED OTHER </p> <p style="text-align: center;"> Yes <input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> </p> <p style="text-align: center;"> ↓ ↓ ↓ </p> <p style="text-align: center;"> (Go to 609.) (Go to 610.) </p>	
602	<p>CHECK 501.</p> <p style="text-align: center;">CURRENTLY MARRIED</p> <p style="text-align: center;"><input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p style="text-align: center;">OTHER</p> <p style="text-align: center;"><input type="checkbox"/> ⇒ (Go to 612.)</p>	
603	<p>Now I have some questions about the future.</p> <p>CHECK 223.</p> <p><input type="checkbox"/> NOT PREGNANT/ NOT SURE</p> <p>Would you like to have a (another) child or would you prefer not to have any (any more) children?</p> <p><input type="checkbox"/> PREGNANT</p> <p>After the child you are expecting, would you like to have another child or would you prefer not to have any more children?</p>	<p>Have a/ another child..... 1 ⇒ (Go to 606.)</p> <p>No (More) children..... 2</p> <p>Undecided/ Don't know..... 8 ⇒ (Go to 605.)</p>
604	<p>Would you say that you definitely do not want to have (more) children, or are you not sure?</p>	<p>Definitely no more..... 1</p> <p>Not sure..... 2] (Go to 612.)</p>
605	<p>Are you more inclined toward having a (another) child, or toward not having a (another) child?</p>	<p>Have another..... 1 ⇒ (Go to 607.)</p> <p>Not have another..... 2</p> <p>Not decided..... 8] (Go to 612.)</p>

No.	Questions and filters	Coding categories
606	Would you say that you definitely want a (another) child, or are you not sure?	Definitely more..... 1 Not sure..... 2
607	How long would you like to wait from now before the birth of a (another) child?	Months..... 1 <input type="text"/> <input type="text"/> ⇒ (Go to 612.) Years..... 2 <input type="text"/> <input type="text"/> ⇒ (Go to 612.) Don't know..... 998
608	How old would your youngest child be? IF NO LIVING CHILDREN, CIRCLE '96'	Years..... <input type="text"/> <input type="text"/> } (Go to 612.) No living children..... 96 Don't know..... 98
609	Was your last child born by caesarean section?	Yes..... 1 No..... 2
610	Do you regret that you (your husband) had the operation not to have any more children?	Yes..... 1 No..... 2 ⇒ (Go to 612.)
611	Would you like to have another child or would you prefer not to have any more children?	Have another..... 1 No more..... 2 Undecided/ Don't know..... 8
612	CHECK 202 AND 204 AND TICK "✓" CORRECT BOX. RECORD SINGLE NUMBER, RANGE OR OTHER ANSWER. <input type="checkbox"/> HAS NO LIVING CHILDREN: If you could choose exactly the number of children to have in your whole life, how many would that be? <input type="checkbox"/> HAS LIVING CHILDREN: 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?	Number..... <input type="text"/> <input type="text"/> Range: <input type="text"/> <input type="text"/> and <input type="text"/> <input type="text"/> between Other answer:..... (specify)

No.	Questions and filters	Coding categories
707	What kind of work does (did) your husband mainly do?	Farming..... 01 Go to 709. ← Fishing/Hunting..... 02 Estate worker..... 03 Unskilled labourer (Own account) 04 Unskilled labourer (Pvt. or Govt. Institute)..... 05 Skilled labourer (Own account).... 06 Skilled labourer (Pvt. or Govt. Institute)..... 07 Petty Trader/Hawker..... 08 Cottage Industry..... 09 Domestic Worker..... 10 Teacher: Primary/Secondary..... 11 Teacher: University/Other..... 12 Nurse/Health worker..... 13 Technical/Mgrl/Professional..... 14 Other..... 15 (specify) Pensionner..... 16 Don't know..... 98
708	Does (did) he earn a regular wage or salary?	Yes..... 1 No..... 2 Don't know..... 8 Go to 711.
709	Does (did) your husband work MAINLY on his or his family's or on someone else's land?	His/Family land..... 1 Someone else's land..... 2 → Go to 710.
709 A	Does (did) he hire others to work the land for him?	Yes..... 1 No..... 2 Go to 711.
710	Does (did) he work MAINLY for money or does (did) he work for a share of the crops?	Money..... 1 Share of crops..... 2

No.	Questions and filters	Coding categories
711	<p>Now I have some questions about your work.</p> <p>Before you married your (first) husband, did you ever work regularly to earn money, other than on a farm or in a business run by your family?</p>	<p>Yes..... 1</p> <p>No..... 2 ➡ Go to 713.</p>
712	<p>When you were earning money then, did you turn most of it over to your family or did you keep most of it for yourself?</p>	<p>Turned over to family..... 1</p> <p>Keep for self..... 2</p>
713	<p>Since you were first married, have you ever worked regularly to earn money other than on a farm or in a business run by your family?</p>	<p>Yes..... 1</p> <p>No..... 2 ➡ Go to 715.</p>
714	<p>Are you now working to earn money, other than on a farm or in a business run by your family?</p>	<p>Yes..... 1 ➡ Go to 716.</p> <p>No..... 2</p>
715	<p>Are you now working to earn money on a farm or in a business run by your family?</p>	<p>Yes..... 1</p> <p>No..... 2 ➡ Go to 717.</p>
716	<p>What kind of work do you mainly do?</p>	<p>Farming..... 01</p> <p>Fishing/Hunting..... 02</p> <p>Estate worker..... 03</p> <p>Unskilled labourers (Own account) 04</p> <p>Unskilled labourers (Pvt. or Govt. Institute)..... 05</p> <p>Skilled labourers (own account)... 06</p> <p>Skilled labourers (Pvt. or Govt. Institute)..... 07</p> <p>Petty trader/Hawker..... 08</p> <p>Cottage industry..... 09</p> <p>Domestic worker..... 10</p> <p>Teacher: Primary/Secondary..... 11</p> <p>Teacher: University/Other..... 12</p> <p>Nurse/Health worker..... 13</p> <p>Technical/Mgrl/Professional..... 14</p> <p>Other..... 15 (specify)</p> <p>Pensionner..... 16</p> <p>Don't know..... 98</p>
717	<p>INTERVIEWER:</p> <p>NOW RECORD THE TIME IN HOURS TIME.</p>	<p>Hour..... <input type="text"/></p> <p>Minutes..... <input type="text"/></p>

Section 8: Length and Weight

INTERVIEWER: FROM PAGE 12 & 13, RECORD NAMES AND LINE NUMBERS OF ALL LIVING CHILDREN BORN SINCE JULY 1, 1988. START WITH THE YOUNGEST CHILD.

RECORD DATE OF BIRTH IN 802 AND CHECK AGE IN 803.

801

Name of the Measurer:.....

--	--

	1 Youngest living child	2 Next-to-youngest living child	3 Second-to-youngest living child	4 Third-to-youngest living child
	..... Name	..... Name	..... Name	..... Name
	Line No	Line No	Line No	Line No <input style="width: 30px;" type="text"/>
802 Date of birth	Month..... <input style="width: 30px;" type="text"/> Year..... <input style="width: 30px;" type="text"/>	Month..... <input style="width: 30px;" type="text"/> Year..... <input style="width: 30px;" type="text"/>	Month..... <input style="width: 30px;" type="text"/> Year..... <input style="width: 30px;" type="text"/>	Month..... <input style="width: 30px;" type="text"/> Year..... <input style="width: 30px;" type="text"/>
803 Check Age: 3-60 months?	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes..... 1 No..... 2	Yes..... 1 No..... 2 GO TO NEXT PAGE
804 Length (in cms)	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>
805 Weight (in kg)	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>	<input style="width: 30px;" type="text"/> <input style="width: 30px;" type="text"/> . <input style="width: 30px;" type="text"/>
806 Result	Measured..... 1 Not at home..... 2 Refused..... 3 Child cried..... 4 Other..... 5	Measured..... 1 Not at home..... 2 Refused..... 3 Child cried..... 4 Other..... 5	Measured..... 1 Not at home..... 2 Refused..... 3 Child cried..... 4 Other..... 5	Measured..... 1 Not at home..... 2 Refused..... 3 Child cried..... 4 Other..... 5

Interviewer's Observations.

(To be filled in after completing interview)

Person Interviewed:

.....

.....

Problems arose at the interview

.....

.....

Other Aspects:

.....

Name of Interviewer:..... Date:.....

Supervisor's Observations

.....

.....

.....

.....

Name of Supervisor:..... Date:.....

Editor's Observations

.....

.....

.....

.....

Name of Editor:..... Date:.....

Name of Keyer:..... Date:.....

Tear-Off Measurement Sheet

INTERVIEWER: FILL IN IDENTIFICATION INFORMATION AND 802-T WITH CHILD NAME;
GIVE THIS TEAR-OFF SHEET TO MEASURER.

MEASURER: COMPLETE 801-T, 804-T, 805-T AND 806T. GIVE THIS TEAR-OFF SHEET TO TEAM SUPERVISOR.

Identification

PSU (Ward/ GN Div./ Estate):				
SSU (Survey book number):				
Housing unit number:				
Household number:				
Line number of eligible woman:				

801-T

Name of the measurer:.....

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	1 Youngest living child	2 Next-to-youngest living child	3 Second-to-youngest living child	4 Third-to-youngest living child
 Name Name Name Name
	Line No <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>	Line No <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>	Line No <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>	Line No <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>
802-T				
Date of birth	Month..... <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>	Month..... <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>	Month..... <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>	Month..... <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>
	Year..... <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>	Year..... <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>	Year..... <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>	Year..... <table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table>
804-T				
Length (in cms)	<table border="1" style="display: inline-table; width: 30px; height: 15px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 15px; height: 15px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 15px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 15px; height: 15px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 15px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 15px; height: 15px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 15px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 15px; height: 15px; vertical-align: middle;"></table>
805-T				
Weight (in kg)	<table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 15px; height: 15px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 15px; height: 15px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 15px; height: 15px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 20px; height: 15px; vertical-align: middle;"></table> . <table border="1" style="display: inline-table; width: 15px; height: 15px; vertical-align: middle;"></table>
806-T				
State reason unable to record	Measured..... 1	Measured..... 1	Measured..... 1	Measured..... 1
	Not at home..... 2			
	Refused..... 3	Refused..... 3	Refused..... 3	Refused..... 3
	Child cried..... 4	Child cried..... 4	Child cried..... 4	Child cried..... 4
	Other..... 5	Other..... 5	Other..... 5	Other..... 5

INTERVIEWER: RECORD THE INFORMATION FROM 801-T, 804-T, 805-T AND 806-T ON THIS PAGE.
INTO 801, 804, 805 AND 806 IN PAGE 45.

Colombo Metropolitan Area

District	Local Government* <i>President on</i>
Colombo	Colombo Municipal Council Kolonnawa Urban Council Kotikawatta Town Council Moratuwa Urban Council Dehiwala Municipal Council <i>- At Lavinia</i> Kotte Urban Council Maharagama Town Council Battaramulla Town Council
Gampaha	Peliyagoda Urban Council Dalugama Town Council Kelaniya Town Council Negombo Municipal Council Ja-Ela Urban Council Kandana Town Council Ragama Town Council Hendala Town Council Wattala Mabola Urban Council Welisara Town Council <i>Katunayaka -</i> Seedoowa Urban Council

* Definition according to the 1981 Census.