



ARAB REPUBLIC OF EGYPT
CAPMAS

EGYPT FAMILY HEALTH SURVEY (EFHS)
2021

ELIGIBILITY WOMAN QUESTIONNAIRE
EVER-MARRIED WOMAN
AGED 15-49 YEARS

WOMAN QUESTIONNAIRE

IDENTIFICATION	
GOVERNORATE _____ PSU/SEGMENT NO. _____	GOVERNORATE <input type="text"/>
KISM/MARKAZ _____ BUILDING NO. _____	PSU/SEGMENT NO. <input type="text"/>
SHIAKHA/VILLAGE _____ HOUSING UNIT NO. _____	<input type="text"/>
URBAN _____ 1 RURAL _____ 2	URBAN/RURAL <input type="text"/>
HOUSEHOLD NUMBER _____	HOUSEHOLD NO. <input type="text"/>
HOUSEHOLD SUBSAMPLE: YEAS _____ 1 No _____ 2	HOUSEHOLD SUBSAMPLE <input type="text"/>
NAME OF HOUSEHOLD HEAD _____	LINE NUMBER <input type="text"/>
NAME OF WOMAN _____	NUMBER <input type="text"/>
LINE NUMBER OF WOMAN _____	
TELEPHONE: _____	

INTERVIEWER VISITS																
	1	2	3	FINAL VISIT												
DATE	_____	_____	_____	DAY MONTH YEAR <input type="text"/>												
TEAM	_____	_____	_____	TEAM												
INTERVIEWER	_____	_____	_____	INT. NUMBER ...												
SUPERVISOR	_____	_____	_____	SUP. NUMBER ..												
RESULT	_____	_____	_____	RESULT												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <input type="text"/>												
TIME	_____	_____														
<p>RESULT CODES:</p> <table style="width: 100%;"> <tr> <td style="width: 25%;">1 COMPLETED</td> <td style="width: 25%;">4 REFUSED</td> <td style="width: 25%;">7 OTHER _____</td> <td style="width: 25%;"></td> </tr> <tr> <td>2 NOT AT HOME</td> <td>5 PARTLY COMPLETED</td> <td></td> <td>(SPECIFY)</td> </tr> <tr> <td>3 POSTPONED</td> <td>6 INCAPACITATED</td> <td></td> <td></td> </tr> </table>					1 COMPLETED	4 REFUSED	7 OTHER _____		2 NOT AT HOME	5 PARTLY COMPLETED		(SPECIFY)	3 POSTPONED	6 INCAPACITATED		
1 COMPLETED	4 REFUSED	7 OTHER _____														
2 NOT AT HOME	5 PARTLY COMPLETED		(SPECIFY)													
3 POSTPONED	6 INCAPACITATED															

INTRODUCTION AND CONSENT

Hello. My name is _____. From CAPMAC (Show him the identification card).].

We are conducting a national survey about the Public Health and health of women and children. We will be very appreciative that you participate with us. I want to ask you about your health (and the health of your children).

The information we collect will help the government to plan health services. The questions usually take about 30 to 45 minutes.

All of the answers you give will be confidential. However, we would like to participate with us because your participation is a very important.

Do you have any questions in the survey?

May I begin the interview now?

In case you need more information about the survey, contact Mr./..... Phone number:.....

RESPONDENT AGREES TO BE INTERVIEWED ... 1 **RESPONDENT DOES NOT AGREE TO BE INTERVIEWED ... 2 → END**

↓

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	
102	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	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>	
104	What is your current marital status?	MARRIED 1 WIDOWED 2 DIVORCED 3 SEPARATED 4	
105	Now I would like to ask you some questions about your marriage(s). How many times have you been married?	NUMBER OF TIMES MARRIED <input type="text"/>	
106	CHECK 105: MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> a) In what month and year did you enter into a marriage contract with your husband? b) Now I would like to ask about your first husband. In what month and year did you enter into a marriage contract with your first husband?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 108
107	How old were you when you entered into a marriage contract with your (first) husband?	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>	
108	CHECK 105: MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/> a) In what month and year did you start living together with your husband? b) Now I would like to ask about your first husband. In what month and year did you start living together with your first husband?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 109A
109	How old were you when you started living together with your (first) husband?	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/>	
109A	CHECK 105: MARRIED ONLY ONCE <input type="checkbox"/> MARRIED MORE THAN ONCE <input type="checkbox"/>		→ 109D
109B	CHECK 104: WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/> CURRENTLY MARRIED <input type="checkbox"/>		→ 109L

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
109C	<p>CHECK 104:</p> <p>WIDOWED <input type="checkbox"/></p> <p>a) In what month and year your husband died?</p> <p>DIVORCED/SEPARATED <input type="checkbox"/></p> <p>b) In what month and year divorced (separated) from your husband?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 109L		
109D	<p>NOW I WOULD LIKE TO TALK WITH YOU ABOUT DATES OF THE OTHER MARRIAGS. I'M INTERESTED TO KNOW DATES OF BEGINING OF LIFE WITH YOUR HUSBAND(S) NOT DATE OF THE SIGNED CONTRACT. COMPLETE QUESTIONS 109E TO 109K IN THE APPROPRIATE WAY FOR EACH MARRIAGE BY NUMBER OF WOMEN MARRIAGES, STARTING WITH THE CURRENT (LAST) HUSBAND.</p>				
109E	RECORD NEAM OF HUSBAND	NEAM OF CURRENT HUSBAND (LAST ONE) _____	NEAM OF NEXT-TO-LAST HUSBAND _____	NEAM OF SECOND-FROM-LAST HUSBAND _____	
109F	In what month and year did you start living with (NEAM)?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	
109G	CHECK 104:	MARRIED 1 (SKIP TO 109I) ← WIDOWED/DIVORCED/ SEPARATED 2			
109H	In what month and year did your Marriage ended with (NEAM)?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/>	
109I	CHECK 109F: YEAR OF MARRIAGE	2016 OR AFTER 1 2015 OR BEFOR 2 (SKIP TO 109L) ←	2016 OR AFTER 1 2015 OR BEFOR 2 (SKIP TO 109L) ←	2016 OR AFTER 1 2015 OR BEFOR 2 (SKIP TO 109L) ←	
109J	CHECK 105: NUMBER OF MARRIAGE	NO OTHER MARRIAGE ... 1 (SKIP TO 109L) ← OTHER MARRIAGE 2	NO OTHER MARRIAGE ... 1 (SKIP TO 109L) ← OTHER MARRIAGE ... 2	NO OTHER MARRIAGE ... 1 (SKIP TO 109L) ← OTHER MARRIAGE ... 2	
109K	CHECK 105:	SKIP TO 109E IN THE NEXT COLUMN	SKIP TO 109E IN THE NEXT COLUMN	SKIP TO 109L	
109L	<p>DETERMINE ALL OF THE MONTHS SINCE JANUARY 2016 THAT THE RESPONDENT WAS MARRIED. ENTER 'X' IN COLUMN 1 OF CALENDAR FOR EACH MONTH MARRIED AND ENTER '0' FOR EACH MONTH NOT MARRIED, SINCE JANUARY 2016.</p> <p>FOR WOMEN WHO ARE NOT CURRENTLY MARRIED OR WHO HAVE MARRIED MORE THAN ONCE: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS SINCE JANUARY 2016.</p>				
110	Have you ever attended school?	YES 1 NO 2			→ 114
111	What is the highest level of school you attended?	PRIMARY 1 PREPARATORY 2 SECONDARY 3 UPPER INTERMEDIATE 4 UNIVERSITY 5 MORE THAN UNIVERSITY 6			
112	What is the highest grade you successfully completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '0'.	GRADE <input type="text"/>			
113	CHECK 111: PRIMARY OR PREPARATORY <input type="checkbox"/>		SECONDARY OR HIGHER <input type="checkbox"/>		→ 115
114	<p>Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT.</p> <p>IF RESPONDENT CANNOT READ A WHOLE SENTENCE, PROBE:</p> <p>Can you read any part of the sentence to me?</p>	<p>CANNOT READ AT ALL 1</p> <p>ABLE TO READ ONLY PARTS OF SENTENCE 2</p> <p>ABLE TO READ WHOLE SENTENCE ... 3</p> <p>NO CARD WITH REQUIRED BLIND/VISUALLY IMPAIRED 5</p>			→ 116 → 116

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
116	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
117	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
118	During the last three months, did you use a computer at least once a week, less than once a week or not at all? IF 'AT LEAST ONCE PER WEEK', PROBE: Would you say this happens almost every day? IF 'YES', RECORD 1; IF 'NO', RECORD 2.	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
119	Have you ever used the internet from any location or any device?	YES 1 NO 2	→ 121
120	During the last three months, did you use the internet at least once a week, less than once a week or not at all? IF 'AT LEAST ONCE PER WEEK', PROBE: Would you say this happens almost every day? IF 'YES', RECORD 1; IF 'NO', RECORD 2.	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
121	During the last three months, did you use a mobile telephone at least once a week, less than once a week or not at all? IF 'AT LEAST ONCE PER WEEK', PROBE: Would you say this happens almost every day? IF 'YES', RECORD 1; IF 'NO', RECORD 2.	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
122	Do you own a smart phone or any mobile phone?	YES, SMART 1 YES, MOBAIL PHONE 2 BOTH OF THEM 3 NO 4	
123	Do you yourself have an account in a bank or post office or any saving institution?	YES, BANK A YEA, POST OFFICE B ANY SAVING INSTITUTION C NO Y	
124	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→ 201

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	Before you moved here, which governorate did you live in?	CAIRO 01 ALEXANDRIA 02 SUEZ 03 PORT SAID 04 DAMIETTA 11 DAKHALIA 12 SHARKIA 13 KALYUBIA 14 KAFR EL-SHIEKH 15 GHARBIA 16 MENOUFIA 17 BEHERA 18 ISMAILIA 19 GIZA 21 BENI SUEF 22 FAYOUM 23 MENYA 24 ASSUIT 25 SOUHAG 26 QENA 27 ASWAN 28 LUXOR 29 RED SEA 31 NEW VALLEY 32 MATROH 33 NORTH SINAI 34 SOUTH SINAI 35 OUTSIDE EGYPT 97	→ 201 → 201
126	Is this place urban or rural? ?	URBAN 1 RURAL 2	

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	a) How many sons live with you? b) 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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
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	a) How many sons are alive but do not live with you? b) 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 style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DAUGHTERS ELSEWHERE . . . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
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, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input style="width: 20px; height: 15px;" type="checkbox"/> ↓ NO <input style="width: 20px; height: 15px;" type="checkbox"/> → PROBE AND CORRECT 201-209 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input style="width: 20px; height: 15px;" type="checkbox"/> ↓ NO BIRTHS <input style="width: 20px; height: 15px;" type="checkbox"/> → → 227										

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES
 IF THERE ARE MORE THAN 6 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

212	213	214	215	216	217	218	219	220	220a	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Was (NAME) a twin or triplet?	On what day, month, and year was (NAME) born? PROBE: What is his/her birthday? In what season was (NAME) born?	Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	RECORD HOUSE-HOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSE-HOLD).	IF DEAD: How old was (NAME) when he/she died? IF '12 MONTHS' OR '1 YR'; ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	You gave birth (name) after how many months of pregnancy?	Were there any other live births between (WHEN YOU FIRST MARRIED/ NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY . . 1 (NAME)	SING . . 1 MULT . . 2	DAY MONTH YEAR [][] [][] [][][][]	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS [][]	YES . . 1 NO . . . 2	HH LINE NO. [][] ↓ (GO TO 220a)	DAYS . . 1 MONTHS 2 YEARS . 3 [][][][] [][][][] [][][][]	MONTHS [][]	YES . . . 1 ADD BIRTH ↓ NO 2 NEXT BIRTH ↓
02	BOY . . 1 (NAME)	SING . . 1 MULT . . 2	DAY MONTH YEAR [][] [][] [][][][]	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS [][]	YES . . 1 NO . . . 2	HH LINE NO. [][] ↓ (GO TO 220a)	DAYS . . 1 MONTHS 2 YEARS . 3 [][][][] [][][][] [][][][]	MONTHS [][]	YES . . . 1 ADD BIRTH ↓ NO 2 NEXT BIRTH ↓
03	BOY . . 1 (NAME)	SING . . 1 MULT . . 2	DAY MONTH YEAR [][] [][] [][][][]	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS [][]	YES . . 1 NO . . . 2	HH LINE NO. [][] ↓ (GO TO 220a)	DAYS . . 1 MONTHS 2 YEARS . 3 [][][][] [][][][] [][][][]	MONTHS [][]	YES . . . 1 ADD BIRTH ↓ NO 2 NEXT BIRTH ↓
04	BOY . . 1 (NAME)	SING . . 1 MULT . . 2	DAY MONTH YEAR [][] [][] [][][][]	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS [][]	YES . . 1 NO . . . 2	HH LINE NO. [][] ↓ (GO TO 220a)	DAYS . . 1 MONTHS 2 YEARS . 3 [][][][] [][][][] [][][][]	MONTHS [][]	YES . . . 1 ADD BIRTH ↓ NO 2 NEXT BIRTH ↓
05	BOY . . 1 (NAME)	SING . . 1 MULT . . 2	DAY MONTH YEAR [][] [][] [][][][]	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS [][]	YES . . 1 NO . . . 2	HH LINE NO. [][] ↓ (GO TO 220a)	DAYS . . 1 MONTHS 2 YEARS . 3 [][][][] [][][][] [][][][]	MONTHS [][]	YES . . . 1 ADD BIRTH ↓ NO 2 NEXT BIRTH ↓
06	BOY . . 1 (NAME)	SING . . 1 MULT . . 2	DAY MONTH YEAR [][] [][] [][][][]	YES . . 1 NO . . . 2 (GO TO 220)	AGE IN YEARS [][]	YES . . 1 NO . . . 2	HH LINE NO. [][] ↓ (GO TO 220a)	DAYS . . 1 MONTHS 2 YEARS . 3 [][][][] [][][][] [][][][]	MONTHS [][]	YES . . . 1 ADD BIRTH ↓ NO 2 NEXT BIRTH ↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 RECORD BIRTH(S) IN TABLE ← NO 2	
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)		
224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2016 OR LATER	NUMBER OF BIRTHS <input type="text"/> NONE 0 → 227	
225	FOR EACH BIRTH IN JANUARY 2016, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 2 OF THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE RIGHT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF COMPLETED MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.		
226	ENTER THE MONTH AND YEAR OF THE MOST RECENT BIRTH PRIOR TO 2016 IN THE BOXES AT THE BOTTOM OF THE CALENDAR.		
227	Are you pregnant now?	YES 1 NO 2 UNSURE 8 → 232	
228	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS <input type="text"/> <input type="text"/>	
229	RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 2 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS PREGNANT.		
230	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2 → 232	
231	CHECK 208: TOTAL NUMBER OF BIRTHS. ONE OR MORE NONE a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?	LATER 1 NO MORE/NONE 2	
232	Have you ever had a pregnancy that ended in a miscarriage, abortion, or still birth?	YES 1 NO 2 → 242	
233	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
234	CHECK 233 LAST PREGNANCY ENDED IN 2016 OR LATER <input type="checkbox"/> → 236 ENDED IN 2015 OR EARLIER <input type="checkbox"/> → 242		

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
	235	236	237	238	
Line No.	In what month and year did this pregnancy end?	Did that pregnancy end in a miscarriage, an abortion, or a still birth?	How many months pregnant were you when that pregnancy ended?	Since January 2016, have you any other pregnancies that did not result in a live birth?	
01		Miscarriage M Abortion A Still birth S	<input type="checkbox"/> NUMBER OF MONTHS	YES 1 NO 2	T → LINE → 239
02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR	Miscarriage M Abortion A Still birth S	<input type="checkbox"/> NUMBER OF MONTHS	YES 1 NO 2	T → LINE → 239
03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Miscarriage M Abortion A Still birth S	<input type="checkbox"/> NUMBER OF MONTHS	YES 1 NO 2	T → LINE → 239
04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Miscarriage M Abortion A Still birth S	<input type="checkbox"/> NUMBER OF MONTHS	YES 1 NO 2	→ 239
239	FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN JANUARY 2016, ENTER 'M' FOR MISCARRIAGE, 'A' FOR ABORTION, OR 'S' FOR STILL BIRTH IN COLUMN 2 OF THE CALENDAR IN THE MONTH THAT THE PREGNANCY ENDED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF THERE ARE MORE THAN FOUR PREGNANCIES THAT DID NOT END IN A LIVE BIRTH, USE AN ADDITIONAL QUESTIONNAIRE, STARTING ON THE SECOND LINE.				
240	Did you have any (other) pregnancies before 2016 that ended in a stillbirth, miscarriage or abortion?		YES 1 NO 2		→ 242
241	When did the last such pregnancy that terminated before 2016 end?		MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
242	When did your last menstrual period start? _____ (DATE, IF GIVEN)		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
243	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> → 245
244	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
245	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8	

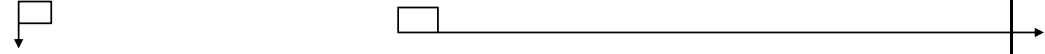
SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2	
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2	
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2	
08	Diaphragm, Foam, Jelly. PROBE: A woman can place a sponge, suppository, diaphragm, jelly or cream inside her vagina before intercourse.	YES 1 NO 2	
09	Emergency Contraception PROBE: As an emergency measure, within five days after they have sexual intercourse without using a family planning methods, women can take special pills to prevent pregnancy.	YES 1 NO 2	
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES 1 NO 2	
12	Prolonged Breastfeeding.	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES MODERN A _____ (SPECIFY) YES TRADITIONAL B _____ (SPECIFY) NO Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/>		312
303	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		312
304	Are you or your husband currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	312
305	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C MONTHLY INJECTION (MESOCEPT) D 3-MONTH INJECTION (DEPO-PROVERA) E IMPLANTS F PILL G CONDOM H DIAPHRAGM/FOAM/JELLY I RHYTHM METHOD J WITHDRAWAL K PROLONGED BREASTFEEDING L OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	307 309 309
306	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROGENIST 01 MICROLOT 02 LACTIFINOR 03 GINOCEPT 04 GENERA 05 NORDETTE 06 JASMINE 07 MARVELON 08 CELESTE 09 CONTRAPLAN 2 10 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	309
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	MINISTRY OF HEALTH AND POPULATION URBAN HOSP'L (GENERAL/DISTRICT) ... 11 URBAN HEALTH UNIT 12 RURAL HOSP'L (CENTRAL) 14 OTHER GOVERNMENTAL UNIVERSITY/TEACHING HOSPITAL 21 HEALTH INSURANCE ORG 22 CURATIVE CARE ORGANIZATION 23 OTHER GOVERNMENTAL 26 NON-GOVERNMENTAL ORGANIZATION OTHER NON-GOVERNMENTAL 36 PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC 41 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	In what month and year was the sterilization performed?	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> → 310
309	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
310	CHECK 308, 309, 215, 233 AND THE CALENDAR: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308 OR 309 YES <input type="checkbox"/> NO <input type="checkbox"/> GO BACK TO 308 OR 309, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		
CALENDAR CONTRACEPTIVE HISTORY (CAPI USE) .			
311	CHECK 308 AND 309: YEAR IS 2016 OR LATER <input type="checkbox"/> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE		YEAR IS 2015 OR EARLIER <input type="checkbox"/> ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY THEN (SKIP TO 315)

312	I would like to ask you some questions about the times you or your husband may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE/ NONUSE, BACK TO JANUARY 2016 USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.			
		COLUMN 1	COLUMN 2	COLUMN 3
312A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> YEAR
312B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your husband use any method of contraception?	YES 1 NO 2 (SKIP TO 312I) ←	YES 1 NO 2 (SKIP TO 312I) ←	YES 1 NO 2 (SKIP TO 312I) ←
312C	Which method was that?	METHOD CODE <input type="text"/>	METHOD CODE <input type="text"/>	METHOD CODE <input type="text"/>
312D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY 00 MONTHS <input type="text"/> (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY 00 MONTHS .. <input type="text"/> (SKIP TO 312F) ← DATE GIVEN 95	IMMEDIATELY 00 MONTHS .. <input type="text"/> (SKIP TO 312F) ← DATE GIVEN 95
312E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> YEAR
312F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS <input type="text"/> (SKIP TO 312H) ← DATE GIVEN 95	MONTHS <input type="text"/> (SKIP TO 312H) ← DATE GIVEN 95	MONTHS <input type="text"/> (SKIP TO 312H) ← DATE GIVEN 95
312G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> YEAR	MONTH <input type="text"/> <input type="text"/> YEAR
312H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>	REASON STOPPED <input type="text"/>
312I		GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEXT COLUMN; OR, IF NO MORE GAPS, GO TO 313.	GO BACK TO 312A IN NEW QUESTIONNAIRE; OR, IF NO MORE GAPS, GO TO 313.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH: NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/> 		315
314	Have you/ or your husband ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	326
315	CHECK 305: CIRCLE METHOD CODE. IF MORE THAN ONE METHOD CODE CIRCLED IN 305, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 → 326 FEMALE STERILIZATION 01 → 319 MALE STERILIZATION 02 → 328 IUD 03 MONTHLY INJECTION (MESOCEPT 04 3-MONTH INJECTION (DEPO-PROVERA) 05 IMPLANTS 06 PILL 07 CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 RHYTHM METHOD 10 WITHDRAWAL 11 → 323 PROLONGED BREASTFEEDING 12 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96 → 323	
316	You started using (CURRENT METHOD) in (DATE FROM 308 OR 309). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	MINISTRY OF HEALTH AND POPULATION URBAN HOSP'L (GENERAL/DISTRICT) . 11 URBAN HEALTH UNIT 12 HEALTH OFFICE 13 RURAL HOSP'L (CENTRAL) 14 RURAL HEALTH UNIT 15 MCH CENTER 16 MOBILE UNIT 17 OTHER GOVERNMENTAL UNIVERSITY/TEACHING HOSPITAL 21 HEALTH INSURANCE ORG. 22 CURATIVE CARE ORGANIZATION 23 OTHER GOVERNMENTAL 26 NON-GOVERNMENTAL ORGANIZATION EGYPT FAMILY PLANNING ASSOC. ... 31 CSI PROJECT 32 OTHER NON-GOVERNMENTAL 36 PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC 41 PRIVATE DOCTOR 42 PHARMACY 43 OTHER PRIVATE MEDICAL MOSQUE HEALTH UNIT 44 CHURCH HEALTH UNIT 45 OTHER PRIVATE MEDICAL SECTOR _____ 46 (SPECIFY) OTHER NON-MEDICAL VENDOR (SHOP, KIOSK, ...ETC) 61 FRIEND/RELATIVE 62 OTHER _____ 66 (SPECIFY) NO ONE 94 DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
317	CHECK 305: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 305, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	IUD 03 MONTHLY INJECTION (MESOCEPT 04 3-MONTH INJECTION (DEPO-PROVERA) 05 IMPLANTS 06 PILL 07 CONDOM 08 → 323 DIAPHRAGM/FOAM/JELLY 09 OTHER MODERN METHOD 95	
318	At that time, were you told about side effects or problems you might have with the method?	YES 1 → 321 NO 2 → 320	
319	When you got sterilized, were you told about side effects or health problems you might have with the method?	YES 1 → 321 NO 2	
320	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES 1 NO 2 → 322	
321	Were you told what to do if you experienced side effects or health problems?	YES 1 NO 2	
322	CHECK 318 AND 319: CODE '1' CIRCLED <input type="checkbox"/> → At that time, were you told about other methods of family planning that you could use? CODE '1' NOT CIRCLED <input type="checkbox"/> → When you obtained (CURRENT METHOD FROM 315) from (SOURCE OF METHOD FROM 307 OR 316), were you told about other methods of family planning that you could use?	YES 1 → 324 NO 2	
323	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
324	CHECK 305: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 305, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 → 328 IUD 03 → 328 MONTHLY INJECTION (MESOCEI 04 3-MONTH INJECTION (DEPO-PROVERA 05 IMPLANTS 06 → 328 PILL 07 CONDOM 08 DIAPHRAGM/FOAM/JELLY 09 RHYTHM METHOD 10 WITHDRAWAL 11 → 328 PROLONGED BREASTFEEDIN. 12 OTHER MODERN METHC 95	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE)</p>	<p>MINISTRY OF HEALTH AND POPULATION</p> <p>URBAN HOSP'L (GENERAL/DISTRICT) ... 11</p> <p>URBAN HEALTH UNIT 12</p> <p>HEALTH OFFICE 13</p> <p>RURAL HOSP'L (CENTRAL) 14</p> <p>RURAL HEALTH UNIT 15</p> <p>MCH CENTER 16</p> <p>MOBILE UNIT 17</p> <p>OTHER GOVERNMENTAL</p> <p>UNIVERSITY/TEACHING HOSPITAL 21</p> <p>HEALTH INSURANCE ORG. 22</p> <p>CURATIVE CARE ORGANIZATION 23</p> <p>OTHER GOVERNMENTAL 26</p> <p>NON-GOVERNMENTAL ORGANIZATION</p> <p>EGYPT FAMILY PLANNING ASSOC. ... 31</p> <p>CSI PROJECT 32</p> <p>OTHER NON-GOVERNMENTAL 36</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/ CLINIC 41</p> <p>PRIVATE DOCTOR 42</p> <p>PHARMACY 43</p> <p>OTHER PRIVATE MEDICAL</p> <p>MOSQUE HEALTH UNIT 44</p> <p>CHURCH HEALTH UNIT 45</p> <p>OTHER PRIVATE MEDICAL SECTOR 46</p> <p>(SPECIFY)</p> <p>OTHER NON-MEDICAL</p> <p>VENDOR (SHOP, KIOSK, ...ETC) 61</p> <p>FRIEND/RELATIVE 62</p> <p>OTHER 66</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 328</p>
326	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 328</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	<p>Where is that?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <hr/> <p>(NAME OF PLACE(S))</p>	<p>MINISTRY OF HEALTH AND POPULATION</p> <p>URBAN HOSP'L (GENERAL/DISTRICT) . 11</p> <p>URBAN HEALTH UNIT 12</p> <p>HEALTH OFFICE 13</p> <p>RURAL HOSP'L (CENTRAL) 14</p> <p>RURAL HEALTH UNIT 15</p> <p>MCH CENTER 16</p> <p>MOBILE UNIT 17</p> <p>OTHER GOVERNMENTAL</p> <p>UNIVERSITY/TEACHING HOSPITAL 21</p> <p>HEALTH INSURANCE ORG. 22</p> <p>CURATIVE CARE ORGANIZATION 23</p> <p>OTHER GOVERNMENTAL 26</p> <p>NON-GOVERNMENTAL ORGANIZATION</p> <p>EGYPT FAMILY PLANNING ASSOC. ... 31</p> <p>CSI PROJECT 32</p> <p>OTHER NON-GOVERNMENTAL 36</p> <p>PRIVATE MEDICAL</p> <p>PRIVATE HOSPITAL/ CLINIC 41</p> <p>PRIVATE DOCTOR 42</p> <p>PHARMACY 43</p> <p>OTHER PRIVATE MEDICAL</p> <p>MOSQUE HEALTH UNIT 44</p> <p>CHURCH HEALTH UNIT 45</p> <p>OTHER PRIVATE MEDICAL SECTOR 46</p> <p>(SPECIFY)</p> <p>OTHER NON-MEDICAL</p> <p>VENDOR (SHOP, KIOSK, ...ETC) 61</p> <p>FRIEND/RELATIVE 62</p> <p>OTHER 66</p> <p>(SPECIFY)</p>	
328	<p>Did a health worker, a raida rifa or anyone else visit you during the past 6 months?</p> <p>IF YES: Who visited you?</p>	<p>VISITED BY:</p> <p>HEALTH WORKER A</p> <p>RAIDA RIFIA B</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NOT VISITED Y → 330</p>	
329	<p>Did this person (any of these persons) talk to you about family planning?</p> <p>IF YES: Who talked with you about family planning?</p>	<p>PERSON TALKING ABOUT FAMILY PLANNING</p> <p>HEALTH WORKER A</p> <p>RAIDA RIFIA B</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO ONE Y</p>	
330	<p>Have you visited a governmental health facility for any reason during the past 6 months?</p>	<p>YES 1</p> <p>NO 2 → 332</p>	
331	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	
332	<p>Have you visited a private doctor or clinic for any reason during the past 6 months?</p>	<p>YES 1</p> <p>NO 2 → 401</p>	
333	<p>Did the doctor or any other staff member there speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> ↓ WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>	<input type="checkbox"/> →	413
402	CHECK 305: USING STERILIZATION NEITHER STERILIZED <input type="checkbox"/> ↓ HE OR SHE STERILIZED <input type="checkbox"/>	<input type="checkbox"/> →	413
403	CHECK 227: CURRENTLY PREGNANT PREGNANT <input type="checkbox"/> ↓ NOT PREGNANT/ UNSURE <input type="checkbox"/>	<input type="checkbox"/> →	405
404	Now I have some questions about the future After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD 1 → NO MORE/NONE 2 → UNDECIDED/DON'T KNOW 8 →	406 412
405	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 → NO MORE/NONE 2 → SAYS SHE CAN'T GET PREGNANT ... 3 → UNDECIDED/DON'T KNOW 8 →	408 413 411
406	CHECK 227: CURRENTLY PREGNANT NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT <input type="checkbox"/> ↓ b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <input type="checkbox"/> <input type="checkbox"/> YEARS 2 <input type="checkbox"/> <input type="checkbox"/> SOON/NOW 994 → SAYS SHE CAN'T GET PREGNANT 995 → OTHER 996 (SPECIFY) DON'T KNOW 998 →	411 413 413
407	CHECK 227: CURRENTLY PREGNANT NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/>	<input type="checkbox"/> →	412
408	CHECK 304: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> ↓ CURRENTLY USING <input type="checkbox"/>	<input type="checkbox"/> →	413
409	CHECK 406: PREFERRED TIME BEFORE NEXT BIRTH NOT ASKED <input type="checkbox"/> ↓ 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> ↓ 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>	<input type="checkbox"/> →	412

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
410	<p>CHECK 404: DESIRE FOR A(NOTHER) CHILD</p> <p>WANTS TO HAVE A/(ANOTHER) CHILD <input type="checkbox"/></p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>a) You have said that you do not want a/(another) child soon. Can you tell me why you are not using a method to avoid pregnancy?</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? _____</p> <p>Any other reason? _____</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX A</p> <p>INFREQUENT SEX B</p> <p>MENOPAUSAL/HYSTERECTOMY C</p> <p>SUBFECUND/INFECUND D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND OPPOSED J</p> <p>MOTHER / IN-LAW OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS O</p> <p>HEALTH CONCERNS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COSTS TOO MUCH R</p> <p>PREFERRED METHOD NOT AVAILABLE S</p> <p>NO METHOD AVAILABLE T</p> <p>INCONVENIENT TO USE U</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES V</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>DON'T KNOW Z</p>	413
411	<p>CHECK 304: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>YES, CURRENTLY USING <input type="checkbox"/></p>		413
412	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
413	<p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY)</p>	415

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
414	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or girl?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">BOYS</td> <td style="width: 33%; text-align: center;">GIRLS</td> <td style="width: 33%; text-align: center;">EITHER</td> </tr> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> <tr> <td>NUMBER</td> <td colspan="3"></td> </tr> <tr> <td>OTHER _____</td> <td colspan="3" style="text-align: right;">96</td> </tr> <tr> <td></td> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </table>		BOYS	GIRLS	EITHER					NUMBER				OTHER _____	96				(SPECIFY)							
	BOYS	GIRLS	EITHER																								
NUMBER																											
OTHER _____	96																										
	(SPECIFY)																										
415	<p>In your opinion, what is the ideal length of time that a woman should wait between births?</p> <p>RECORD RESPONSE EXACTLY AS GIVEN.</p>	<p>MONTHS 1 <table style="display: inline-table; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></table></p> <p>YEARS 2 <table style="display: inline-table; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></table></p> <p>DON'T KNOW 998</p>																									
416	Have you ever heard (know) of "premarital examination" that is a consultation with a doctor or other health staff as part of the preparation for marriage?	<p>YES 1</p> <p>NO 2</p>	→ 418																								
417	<p>Did you have a premarital examination before you got married?</p> <p>IF NO: Did you have an consultation within two months after you married?</p>	<p>HAD EXAM BEFORE MARRIAGE 1</p> <p>HAD EXAM WITHIN TWO MONTHS AFTER MARRIAGE 2</p> <p>DID NOT HAVE EXAMINATION 3</p>																									
418	<p>In the last 6 months have you Heard about family planning :</p> <p>a) on the radio?</p> <p>b) on the television?</p> <p>c) a newspaper or magazine?</p> <p>d) Saw a poster, billboard, or sign about family planning?</p> <p>e) At a community meeting?</p> <p>f) From a religious leader?</p> <p>g) Internet/Social Media?</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER/BILLBOARD/SIGN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMUNITY MEETING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RELIGIOUS LEADERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INTERNET/SOCIAL MEDIA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER/MAGAZINE	1	2	POSTER/BILLBOARD/SIGN	1	2	COMMUNITY MEETING	1	2	RELIGIOUS LEADERS	1	2	INTERNET/SOCIAL MEDIA	1	2	
	YES	NO																									
RADIO	1	2																									
TELEVISION	1	2																									
NEWSPAPER/MAGAZINE	1	2																									
POSTER/BILLBOARD/SIGN	1	2																									
COMMUNITY MEETING	1	2																									
RELIGIOUS LEADERS	1	2																									
INTERNET/SOCIAL MEDIA	1	2																									
419	<p>CHECK 301: METHOD 12</p> <p style="text-align: center;"> PROLONGED BREASTFEEDING NOT MENTIONED <input type="checkbox"/> PROLONGED BREASTFEEDING MENTIONED <input type="checkbox"/> </p>		→ 421																								
420	Do you believe that breastfeeding can be a family planning method, that is, that breastfeeding can help a woman avoid becoming pregnant?	<p>YES 1</p> <p>NO 2</p>	→ 424																								
421	<p>Now I would like to ask some questions about the use of breastfeeding as a family planning method.</p> <p>For how many months after a baby is born is a woman protected from pregnancy if she breastfeeds?</p>	<p>NUMBER OF MONTHS <table style="display: inline-table; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></table></p> <p>UNTIL PERIOD RETURNS 93</p> <p>UNTIL SHE STOPS/CHILD WEANED 94</p> <p>OTHER _____ 96</p> <p style="text-align: center;">(SPECIFY)</p> <p>DON'T KNOW 98</p>																									
422	If a breastfeeding mother's menstrual period returns, is she protected from pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																									
423	If the child is given other liquids or solids, is a breastfeeding mother protected from pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																									
423a	If her baby sleeps through the night without feeding or feeds on only a few times during the day, is a breastfeeding mother protected from pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
424	<p>Is there a special brand of pill that is appropriate for a woman to use while breastfeeding?</p> <p>IF YES: What brand is that?</p>	<p>YES AND NAMED 1</p> <p>BRAND NAME _____ (SPECIFY) <input type="text"/></p> <p>YES BUT DO NOT KNOW BRAND 2</p> <p>DON'T KNOW 8</p>	
425	<p>CHECK 104: MARITAL STATUS</p> <p>CURRENTLY MARRIED <input type="checkbox"/></p>	<p>WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/></p>	501
426	<p>CHECK 304: USING A CONTRACEPTIVE METHOD?</p> <p>NOT CURRENTLY USING <input type="checkbox"/></p>	<p>CURRENTLY USING <input type="checkbox"/></p> <p>NOT ASKED <input type="checkbox"/></p>	<p>428</p> <p>430</p>
427	<p>Would you say that not using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?</p>	<p>MAINLY RESPONDENT 1</p> <p>MAINLY HUSBAND 2</p> <p>JOINT DECISION 3</p> <p>OTHER 6</p> <p>(SPECIFY) _____</p>	430
428	<p>Would you say that using contraception is mainly your decision, mainly your husband's decision, or did you both decide together?</p>	<p>MAINLY RESPONDENT 1</p> <p>MAINLY HUSBAND 2</p> <p>JOINT DECISION 3</p> <p>OTHER 6</p> <p>(SPECIFY) _____</p>	
429	<p>CHECK 305:</p> <p>NEITHER STERILIZED <input type="checkbox"/></p>	<p>HE OR SHE STERILIZED <input type="checkbox"/></p>	501
430	<p>How many children do you think your husband wants?</p>	<p>NONE00</p> <p>NUMBER <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	<p>501</p> <p>501</p>
431	<p>How many of these children would your husband like to be boys, how many like to be girls and for how many would it not matter if it's a boy or girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER 96</p> <p>(SPECIFY) _____</p>	

SECTION 5. PREGNANCY, POSTNATAL CARE, AND BREASTFEEDING

501	CHECK 224: ONE OR MORE BIRTHS IN 2016 OR LATER <input type="checkbox"/> NO BIRTHS IN 2016 OR AFTER <input type="checkbox"/> → 651			
502	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2016 OR AFTER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES. Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
503	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
504	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
505	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2	YES 1 (SKIP TO 508) ← NO 2
506	Did you want to have a baby later on, or did you not want any children?	LATER 1 NO MORE 2 (SKIP TO 508) ←	LATER 1 NO MORE 2 (SKIP TO 508) ←	LATER 1 NO MORE 2 (SKIP TO 508) ←
507	How much longer did you want to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
508	Did you see anyone for antenatal care for your pregnancy in (NEAM)?	YES 1 NO 2 (SKIP TO 514) ←	YES 1 NO 2 (SKIP TO 522) ←	YES 1 NO 2 (SKIP TO 522) ←
509	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON DAYA C OTHER _____ X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON DAYA C OTHER _____ X (SPECIFY)	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON DAYA C OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTRCT) . C</p> <p>URBAN H'LTH UNIT . D</p> <p>HEALTH OFFICE ... E</p> <p>RURAL HOSPITAL (CENTRAL) F</p> <p>RURAL HEALTH UNIT G</p> <p>MCH CENTER H</p> <p>OTHER GOV'T I</p> <p>(SPECIFY) _____</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J</p> <p>CSI PROJECT K</p> <p>OTHER NGO L</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/CLINIC M</p> <p>PVT. DOCTOR ... N</p> <p>OTHER PVT. MED. P</p> <p>OTHER NON-MEDICAL X</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTRCT) . C</p> <p>URBAN H'LTH UNIT . D</p> <p>HEALTH OFFICE ... E</p> <p>RURAL HOSPITAL (CENTRAL) F</p> <p>RURAL HEALTH UNIT G</p> <p>MCH CENTER H</p> <p>OTHER GOV'T I</p> <p>(SPECIFY) _____</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J</p> <p>CSI PROJECT K</p> <p>OTHER NGO L</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/CLINIC M</p> <p>PVT. DOCTOR ... N</p> <p>OTHER PVT. MED. P</p> <p>OTHER NON-MEDICAL X</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTRCT) . C</p> <p>URBAN H'LTH UNIT . D</p> <p>HEALTH OFFICE ... E</p> <p>RURAL HOSPITAL (CENTRAL) F</p> <p>RURAL HEALTH UNIT G</p> <p>MCH CENTER H</p> <p>OTHER GOV'T I</p> <p>(SPECIFY) _____</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J</p> <p>CSI PROJECT K</p> <p>OTHER NGO L</p> <p>(SPECIFY) _____</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/CLINIC M</p> <p>PVT. DOCTOR ... N</p> <p>OTHER PVT. MED. P</p> <p>OTHER NON-MEDICAL X</p>
511	How many times did you receive antenatal care during this pregnancy?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW98</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW98</p>	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>DON'T KNOW98</p>
512	How many months pregnant were you when you first received antenatal care for this pregnancy?	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW98</p>		
513	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p> <p>a) Was your blood pressure measured?</p> <p>b) Did you give a urine sample?</p> <p>c) Did you give a blood sample?</p> <p>d) Were you weighed?</p>	<p>YES NO</p> <p>BP 1 2</p> <p>URINE 1 2</p> <p>BLOOD 1 2</p> <p>WEIGHED ... 1 2</p>		
514	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 517) ←</p> <p>DON'T KNOW 8</p>		
515	During this pregnancy, how many times did you get a tetanus injection?	<p>TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
516	CHECK 515:	2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 520)		
517	At any time before your pregnancy with (NAME), did you receive any tetanus injection either to protect yourself or another baby?	YES 1 NO 2 (SKIP TO 520) ← DON'T KNOW ... 8		
518	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="text"/> DON'T KNOW 8		
519	CHECK 518: <input type="checkbox"/> ONLY ONE a) How many years ago did you receive that tetanus injection? <input type="checkbox"/> MORE THAN ONE/ DON'T KNOW b) How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>		
520	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES 1 NO 2 (SKIP TO 522) ← DON'T KNOW 8		
521	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"/> DON'T KNOW ... 998		
522	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL PERSONS ASSISTING. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON DAYA C RELATIVE/FRIEND . D OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON DAYA C RELATIVE/FRIEND . D OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE . B OTHER PERSON DAYA C RELATIVE/FRIEND . D OTHER _____ X (SPECIFY) NO ONE ASSISTED Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
523	<p>Where did you give birth to (NAME)?</p> <p>IF SOURCE IS HOSPITAL, HEALTH UNIT, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>(1) _____ (NAME OF PLACE(S))</p> <p>(2) _____ (NAME OF PLACE(S))</p> <p>(3) _____ (NAME OF PLACE(S))</p>	<p>HOME HER HOME 11 (SKIP TO 527) ←</p> <p>OTHER HOME ... 12</p> <p>GOVERNMENT URBAN HOSPITAL (GNRAL/DSTRCT) 21 URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL (CENTRAL) 24 RURAL HLTH UNIT 25 MCH CENTER ... 26 OTHER GOV'T _____ 27 (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT ... 32 OTHER NGO _____ 36 (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED. _____ 46 (SPECIFY)</p> <p>PRIVATE NON-MEDICAL _____ 96 (SPECIFY) (SKIP TO 527) ←</p>	<p>HOME HER HOME 11 (SKIP TO 527) ←</p> <p>OTHER HOME ... 12</p> <p>GOVERNMENT URBAN HOSPITAL 21 (GNRAL/DSTRCT) URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 (CENTRAL) 24 RURAL HLTH UNIT 25 MCH CENTER ... 26 OTHER GOV'T _____ 27 (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT ... 32 OTHER NGO _____ 36 (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED. _____ 46 (SPECIFY)</p> <p>PRIVATE NON-MEDICAL _____ 96 (SPECIFY) (SKIP TO 527) ←</p>	<p>HOME HER HOME 11 (SKIP TO 527) ←</p> <p>OTHER HOME ... 12</p> <p>GOVERNMENT URBAN HOSPITAL 21 (GNRAL/DSTRCT) URBAN HLTH UNIT 22 HEALTH OFFICE . 23 RURAL HOSPITAL 24 (CENTRAL) 24 RURAL HLTH UNIT 25 MCH CENTER ... 26 OTHER GOV'T _____ 27 (SPECIFY)</p> <p>NONGOVERNMENTAL EGYPTIAN FP ASSOC 31 CSI PROJECT ... 32 OTHER NGO _____ 36 (SPECIFY)</p> <p>PRIVATE MEDICAL PVT. HOSPITAL/ CLINIC 41 PVT. DOCTOR . 42 OTHER PVT. MED. _____ 46 (SPECIFY)</p> <p>PRIVATE NON-MEDICAL _____ 96 (SPECIFY) (SKIP TO 527) ←</p>						
524	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW ... 998</p>								
525	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1 NO 2 (SKIP TO 527) ←</p>	<p>YES 1 NO 2 (SKIP TO 527) ←</p>	<p>YES 1 NO 2 (SKIP TO 527) ←</p>						
526	<p>When was the decision made to have the caesarean section? Was it before or after your labor pains</p>	<p>BEFORE 1 AFTER LABOR START 2</p>	<p>BEFORE 1 AFTER LABOR START 2</p>	<p>BEFORE 1 AFTER LABOR START 2</p>						
526a	<p>Who decided that you give birth by caesarean section?</p>	<p>DOCTOR 1 MY SELF 2 OTHER _____ 6 (SPECIFY)</p>	<p>DOCTOR 1 MY SELF 2 OTHER _____ 6 (SPECIFY)</p>	<p>DOCTOR 1 MY SELF 2 OTHER _____ 6 (SPECIFY)</p>						

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____								
526b	Why was the give birth by caesarean section?	BECAUSE I GIVE BIRTH BEFORE BY CAESAREAN SECTION A PROBLEMS DURING PREGNANCY PREECLAMPSIAL B THE PLACENTA IS OUT OF NATURAL PLACE C OTHER PROBLEMS WITH PREGNANCY D PROBLEMS DURING GIVE BIRTH: OBSTRUCTED GIVE BIRTH THE BIRTH LASTED A E LONG TIME F PULSE DISORDER/ MOVEMENT DISTURBED ... G OTHER PROBLEMS DURING GIVE BIRTH H TWINS/3 TWINS I I ASKED FOR IT/I DON'T WANT A NATURAL BIRTH J OTHER _____ X (SPECIFY) DON'T KNOW Z	BECAUSE I GIVE BIRTH BEFORE BY CAESAREAN SECTION A PROBLEMS DURING PREGNANCY PREECLAMPSIAL B THE PLACENTA IS OUT OF NATURAL PLACE C OTHER PROBLEMS WITH PREGNANCY D PROBLEMS DURING GIVE BIRTH: OBSTRUCTED GIVE BIRTH THE BIRTH LASTED A E LONG TIME F PULSE DISORDER/ MOVEMENT DISTURBED ... G OTHER PROBLEMS DURING GIVE BIRTH H TWINS/3 TWINS I I ASKED FOR IT/I DON'T WANT A NATURAL BIRTH J OTHER _____ X (SPECIFY) DON'T KNOW Z	BECAUSE I GIVE BIRTH BEFORE BY CAESAREAN SECTION A PROBLEMS DURING PREGNANCY PREECLAMPSIAL B THE PLACENTA IS OUT OF NATURAL PLACE C OTHER PROBLEMS WITH PREGNANCY D PROBLEMS DURING GIVE BIRTH: OBSTRUCTED GIVE BIRTH THE BIRTH LASTED A E LONG TIME F PULSE DISORDER/ MOVEMENT DISTURBED ... G OTHER PROBLEMS DURING GIVE BIRTH H TWINS/3 TWINS I I ASKED FOR IT/I DON'T WANT A NATURAL BIRTH J OTHER _____ X (SPECIFY) DON'T KNOW Z								
527	Immediately after the birth, was (NAME) put on your chest?	YES 1 NO 2 (SKIP TO 530) ← DON'T KNOW 8										
528	Was (NAME)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8										
529	Before being placed on the bare skin of your chest, was (NAME) wrapped up?	YES 1 NO 2 DON'T KNOW 8										
530	Was (NAME) dried or wiped soon after birth?	YES 1 NO 2 DON'T KNOW 8										
531	How long after birth was (NAME) bathed for the first time? IF "IMMEDIATELY" OR LESS THAN 1 HOUR, RECORD IF LESS THAN 24 HOURS, RECORD HOURS. IF MORE THAN 24 HOURS, RECORD DAYS. IF "1 DAY" OR "NEXT DAY", PROBE: About how many hours after the delivery? IF "24 HOURS", PROBE TO OBTAIN BEST ESTIMATE OF TIME.	IMMEDIATELY/LESS THAN 1 HOUR . 000 HOURS 1 <table border="1" data-bbox="812 1323 901 1386"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> DAYS 2 <table border="1" data-bbox="812 1396 901 1459"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> NEVER BATHED . 997 DON'T KNOW 998										

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
532	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
533	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 535) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 565) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 565) ← DON'T KNOW 8
534	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .. 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .. 99.998	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW .. 99.998
535	CHECK 523: PLACE OF DELIVERY?	CODE <input type="text"/> OTHER <input type="text"/> 11, 12 OR 96 CIRCLED (SKIP TO 550) ←		
536	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES 1 NO 2 (SKIP TO 539) ←		
537	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> WEEKS 3 <input type="text"/> <input type="text"/> DON'T KNOW 998		
538	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE ... 12 OTHER PERSON DAYA 21 OTHER 96 (SPECIFY)		
539	Now I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. Did anyone check on (NAME)'s health while you were still in the (FACILITY IN 523)?	YES 1 NO 2 (SKIP TO 542) ← DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
540	<p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HRS AFTER BIRTH . 1 <input type="checkbox"/> <input type="checkbox"/></p> <p>DAYS AFTER BIRTH .. 2 <input type="checkbox"/> <input type="checkbox"/></p> <p>WKS AFTER BIRTH . 3 <input type="checkbox"/> <input type="checkbox"/></p> <p>DON'T KNOW 998</p>		
541	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE ... 12 OTHER PERSON DAYA 21 OTHER _____ 96 (SPECIFY)</p>		
542	<p>Now I would like to talk with you about what happened after you left the facility. Did anyone check on your health after you left the (FACILITY IN 523)?</p>	<p>YES 1</p> <p>NO 2 (SKIP TO 546) ←</p>		
543	<p>How long after delivery did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="checkbox"/> <input type="checkbox"/></p> <p>DAYS 2 <input type="checkbox"/> <input type="checkbox"/></p> <p>WEEKS 3 <input type="checkbox"/> <input type="checkbox"/></p> <p>DON'T KNOW ... 998</p>		
544	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE ... 12 OTHER PERSON DAYA 21 OTHER _____ 96 (SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
545	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTRCT).. 21</p> <p>URBAN HLTH UNIT 22</p> <p>HEALTH OFFICE ... 23</p> <p>RURAL HOSPITAL (CENTRAL) 24</p> <p>RURAL HLTH UNIT 25</p> <p>MCH CENTER 26</p> <p>OTHER GOV'T _____ 27</p> <p>(SPECIFY)</p> <p>NONGOVERNMENT</p> <p>EGYPTIAN FP ASSOC 31</p> <p>CSI PROJECT 32</p> <p>OTHER NGO _____ 36</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/ CLINIC 41</p> <p>PVT. DOCTOR ... 42</p> <p>OTHER PVT. MED. _____ 46</p> <p>(SPECIFY)</p> <p>OTHER NON-MEDICAL _____ 96</p> <p>(SPECIFY)</p>														
546	<p>I would like to talk to you about checks on (NAME)'s health after you left (FACILITY IN 523). Did any health care provider or a traditional birth attendant check on (NAME)'s health in the two months after you left?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 558) ←</p>														
547	<p>How many hours, days or weeks after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="812 1247 902 1310"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="812 1310 902 1373"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="812 1373 902 1436"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>														
548	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE ... 12</p> <p>OTHER PERSON</p> <p>DAYA 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
549	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTRCT).. 21</p> <p>URBAN HLTH UN ... 22</p> <p>HEALTH OFFICE ... 23</p> <p>RURAL HOSPITAL (CENTRAL) 24</p> <p>RURAL HLTH UNIT 25</p> <p>MCH CENTER 26</p> <p>OTHER GOV'T _____ 27</p> <p>(SPECIFY)</p> <p>NONGOVERNMENT</p> <p>EGYPTIAN FP ASSOC 31</p> <p>CSI PROJECT 32</p> <p>OTHER NGO _____ 36</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/ CLINIC 41</p> <p>PVT. DOCTOR ... 42</p> <p>OTHER PVT. MED. _____ 46</p> <p>(SPECIFY)</p> <p>OTHER NON-MEDICAL _____ 96</p> <p>(SPECIFY)</p> <p>(SKIP TO 558) ←</p>								
550	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 554) ←</p>								
551	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="812 1270 901 1318"><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="812 1323 901 1371"><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="812 1375 901 1423"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>								
552	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE . 12</p> <p>OTHER PERSON</p> <p>DAYA 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
553	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTRCT).. 21</p> <p>URBAN HLTH UNIT 22</p> <p>HEALTH OFFICE ... 23</p> <p>RURAL HOSPITAL (CENTRAL) 24</p> <p>RURAL HLTH UNIT 25</p> <p>MCH CENTER 26</p> <p>OTHER GOV'T _____ 27</p> <p>(SPECIFY)</p> <p>NONGOVERNMENT</p> <p>EGYPTIAN FP ASSOC 31</p> <p>CSI PROJECT 32</p> <p>OTHER NGO _____ 36</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/ CLINIC 41</p> <p>PVT. DOCTOR ... 42</p> <p>OTHER PVT. MED. _____ 46</p> <p>(SPECIFY)</p> <p>OTHER NON-MEDICAL _____ 96</p> <p>(SPECIFY)</p>								
554	<p>I would like to talk to you about checks on (NAME)'s health after delivery – for example, someone examining (NAME), checking the cord, or seeing if (NAME) is OK. In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 558) ←</p>								
555	<p>How many hours, days or weeks after the birth of (NAME) did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS.</p> <p>IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="812 1270 901 1318"><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="812 1323 901 1371"><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="812 1375 901 1423"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>								
556	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE ... 12</p> <p>OTHER PERSON</p> <p>DAYA 21</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
557	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTRCT).. 21</p> <p>URBAN HLTH UNIT 22</p> <p>HEALTH OFFICE ... 23</p> <p>RURAL HOSPITAL (CENTRAL) 24</p> <p>RURAL HLTH UNIT 25</p> <p>MCH CENTER 26</p> <p>OTHER GOV'T _____ 27</p> <p>(SPECIFY)</p> <p>NONGOVERNMENT</p> <p>EGYPTIAN FP ASSOC 31</p> <p>CSI PROJECT 32</p> <p>OTHER NGO _____ 36</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/ CLINIC 41</p> <p>PVT. DOCTOR ... 42</p> <p>OTHER PVT. MED. _____ 46</p> <p>(SPECIFY)</p> <p>OTHER NON-MEDICAL _____ 96</p> <p>(SPECIFY)</p>		
558	<p>During the first two days after (NAME)'s birth, did any health care provider do the following:</p> <p>a) Examine the cord?</p> <p>b) Measure (NAME)'s temperature?</p> <p>c) Counsel you on breastfeeding?</p> <p>d) Observe (NAME) breastfeeding?</p>	<p>YES NO</p> <p>CORD 1 2</p> <p>TEMP 1 2</p> <p>COUNSEL ON BF 1 2</p> <p>OBSERVE BF 1 2</p>		
559	<p>During the first two days after (name)'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
560	CHECK 533: <input type="checkbox"/> CHILD WEIGHED AT BIRTH a) You mentioned that (NAME) was weighed at birth. After that, was (NAME) weighed again by a health care provider within two days? <input type="checkbox"/> CHILD NOT WEIGHED b) You mentioned that (NAME) was not weighed at birth. Was (NAME) weighed at all by a health care provider within two days after birth? <input type="checkbox"/> DON'T KNOW IF CHILD WEIGHED c) You mentioned that you do not know if (NAME) was weighed at birth. Was (NAME) weighed at all by a health care provider within two days after birth?	YES 1 NO 2		
561	During the two weeks after birth, was a blood sample taken from (NAME)'S heel?	YES 1 NO 2 (SKIP TO 562a) ← DON'T KNOW 8		
562	How many days after birth was the blood sample taken from (NAME)'s heel?	NUMBER OF DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98		
562a	Was an ear test for (the name)?	YES 1 NO 2 (SKIP TO 563) ← DON'T KNOW 8		
562b	How many days after birth was the ear test done from (NAME)'s heel?	NUMBER OF DAYS <input type="text"/> <input type="text"/> DON'T KNOW 98		
563	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8		
564	Has your menstrual period returned since the birth of (NAME)?	YES 1 (SKIP TO 566) ← NO 2 (SKIP TO 567) ←		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____			
565	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 569) ←	YES 1 NO 2 (SKIP TO 569) ←			
566	For how many months after the birth of (NAME) did you not have a period?	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98			
567	CHECK 227: IS RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT OR <input type="checkbox"/> NANT UNSURE (SKIP TO 569) ←					
568	Have you had sexual intercourse since the birth of (NAME)?				YES 1 NO 2 (SKIP TO 570) ←		
569	For how many months after the birth of (NAME) did you not have sexual intercourse?						
570	Did you ever breastfeed (NAME)?	YES 1 (SKIP TO 572) ← NO 2					
571	CHECK 504: IS CHILD LIVING?				LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 577) (SKIP TO 578)		
572	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '000'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.						
573	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 575) ←					
574	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.				MILK (OTHER THAN BREAST MILK) A PLAIN WATER ... B SUGAR OR GLU- COSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA G TEA/INFUSIONS ... H COFFEE I HONEY J OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
575	CHECK 504: IS CHILD LIVING?	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (SKIP TO 578)	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (SKIP TO 578)	LIVING <input type="checkbox"/> ↓ DEAD <input type="checkbox"/> ↓ (SKIP TO 578)
576	Are you still breastfeeding (NAME)?	YES 1 NO 2		
577	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
578		GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 505 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601.

SECTION 6. CHILD IMMUNIZATION AND TREATMENT OF CHILD ILLNESSES

601	CHECK 215 IN THE BIRTH HISTORY: ANY BIRTHS IN 2018 OR LATER. ONE OR MORE BIRTHS IN JANUARY 2018 <input type="checkbox"/> NO BIRTHS IN JANUARY 2018 <input type="checkbox"/> → 621			
602	RECORD THE NAME AND BIRTH HISTORY NUMBER IN JANUARY 2018 FROM 212	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
603	CHECK 216 FOR CHILD	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 603 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 621)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 603 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 621)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 603 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 621)
604	Now I would like to ask you some questions about the vaccinations your children born in the last three years have had. Do you have a card where (NAME)'s vaccinations are written down?	YES, SEEN AND VACCINATION RECORDED 1 YES, SEEN AND VACCINATION NOT RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605A) ← NO CARD 4	YES, SEEN AND VACCINATION RECORDED 1 YES, SEEN AND VACCINATION NOT RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605A) ← NO CARD 4	YES, SEEN AND VACCINATION RECORDED 1 YES, SEEN AND VACCINATION NOT RECORDED 2 YES, NOT SEEN 3 (SKIP TO 605A) ← NO CARD 4
605	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
605A	Do you have a birth certificate where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN AND VACCINATION RECORDED 1 YES, SEEN AND VACCINATION NOT RECORDED 2 YES, NOT SEEN 3 (SKIP TO 606) ← NO CARD 4	YES, SEEN AND VACCINATION RECORDED 1 YES, SEEN AND VACCINATION NOT RECORDED 2 YES, NOT SEEN 3 (SKIP TO 606) ← NO CARD 4	YES, SEEN AND VACCINATION RECORDED 1 YES, SEEN AND VACCINATION NOT RECORDED 2 YES, NOT SEEN 3 (SKIP TO 606) ← NO CARD 4
605B	Did you ever have a birth certificate for (NAME) where vaccinations were written down?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
606	RECORD AVAILABILITY OF CARD AND/OR CERTIFICATE WITH VACCINATION DATES.	CARD AND CERTIFICATE SEEN AND DATES RECORDED 1 ONLY CARD SEEN AND DATES RECORDED 2 ONLY CERTIFICATE SEEN AND DATES RECORDED 3 NEITHER NOT SEEN/ VACCINATION VOT RECORDED 4 (SKIP TO 610) ←	CARD AND CERTIFICATE SEEN AND DATES RECORDED 1 ONLY CARD SEEN AND DATES RECORDED 2 ONLY CERTIFICATE SEEN AND DATES RECORDED 3 NEITHER NOT SEEN/ VACCINATION VOT RECORDED 4 (SKIP TO 610) ←	CARD AND CERTIFICATE SEEN AND DATES RECORDED 1 ONLY CARD SEEN AND DATES RECORDED 2 ONLY CERTIFICATE SEEN AND DATES RECORDED 3 NEITHER NOT SEEN/ VACCINATION VOT RECORDED 4 (SKIP TO 610) ←

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		BIRTH HISTORY NUMBER <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/>	BIRTH HISTORY NUMBER <input type="text"/>
607	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.			
	BCG	LAST BIRTH DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
	HEPATITIS 0	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR <input type="text"/> <input type="text"/> <input type="text"/>
	POLIO 0 (POLIO GIVEN AT BIRTH)	P0	<input type="text"/> <input type="text"/> <input type="text"/>	P0
	POLIO 1	P1	<input type="text"/> <input type="text"/> <input type="text"/>	P1
	POLIO 2	P2	<input type="text"/> <input type="text"/> <input type="text"/>	P2
	POLIO 3	P3	<input type="text"/> <input type="text"/> <input type="text"/>	P3
	POLIO 4	P4	<input type="text"/> <input type="text"/> <input type="text"/>	P4
	POLIO 5	P5	<input type="text"/> <input type="text"/> <input type="text"/>	P5
	ACTIVATED POLIO DOSE	AP	<input type="text"/> <input type="text"/> <input type="text"/>	AP
	POLIO INJECTION	PI	<input type="text"/> <input type="text"/> <input type="text"/>	PI
	PENTAVALENT 1	PVT1	<input type="text"/> <input type="text"/> <input type="text"/>	PVT1
	PENTAVALENT 2	PVT2	<input type="text"/> <input type="text"/> <input type="text"/>	PVT2
	PENTAVALENT 3	PVT3	<input type="text"/> <input type="text"/> <input type="text"/>	PVT3
	ACTIVATED DPT DOSE	AD	<input type="text"/> <input type="text"/> <input type="text"/>	AD
	MMR 1	M1	<input type="text"/> <input type="text"/> <input type="text"/>	M1
	MMR 2	M2	<input type="text"/> <input type="text"/> <input type="text"/>	M2
	OTHER (SPECIFY)	OTH	<input type="text"/> <input type="text"/> <input type="text"/>	OTH

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
608	CHECK 607: 'BCG' TO 'MMR 2' ALL RECORDED?	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 620) ↓	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 620) ↓	YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO 620) ↓
609	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 607 THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) THEN SKIP TO 620) NO 2 DON'T KNOW 8 (WRITE '55' IN THE ←) CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT CONFIRMED AS GIVEN), THEN SKIP TO 620	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 607 THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) THEN SKIP TO 620) NO 2 DON'T KNOW 8 (WRITE '55' IN THE ←) CORRESPONDING DAY COLUMN FOR ALL CONFIRMED AS GIVEN), THEN SKIP TO 620	YES 1 (PROBE FOR ←) VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 607 THEN WRITE '00' IN THE CORRESPONDING DAY COLUMN FOR ALL VACCINATIONS NOT GIVEN) THEN SKIP TO 620) NO 2 DON'T KNOW 8 (WRITE '55' IN THE ←) CORRESPONDING DAY COLUMN FOR ALL CONFIRMED AS GIVEN), THEN SKIP TO 620
610	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns?	YES 1 NO 2 (SKIP TO 620) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 620) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 620) ← DON'T KNOW 8
611	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
612	Has (NAME) ever received vaccination against DPT, that is, an injection in the thigh?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
613	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES 1 NO 2 (SKIP TO 615a) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 615a) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 615a) ← DON'T KNOW 8
614	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS 1 LATER 2	FIRST 2 WEEKS 1 LATER 2	FIRST 2 WEEKS 1 LATER 2
615	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
615a	Has (NAME) ever received injection against polio Usually taken in the 4 months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
616	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the thigh or buttocks sometimes at the same time as polio drops, which protects the child against diphtheria, tetanus, pertussis, hepatitis B and haemophilus influenza?	YES 1 NO 2 (SKIP TO 618) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 618) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 618) ← DON'T KNOW 8
617	How many times was the pentavalent vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
618	Has (NAME) ever received an MMR vaccination, that is, an injection in the arm to prevent measles, mumps and rubella?	YES 1 NO 2 (SKIP TO 620) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 620) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 620) ← DON'T KNOW 8
619	How many times did (NAME) receive the MMR vaccine?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
620		GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 621.	GO BACK TO 603 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 621.	IF NO MORE BIRTHS, GO TO 621.
621	CHECK 224: ONE OR MORE BIRTHS SINCE JANUARY 2016 <input type="checkbox"/>			NO BIRTHS SINCE 2016 <input type="checkbox"/> → 651

622	<p>CHECK 215: RECORD THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE 2016, IN THE TABLE, BEGINNING WITH THE LAST BIRTH. IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES.</p> <p>Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)</p>			
623	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
624	FROM 212	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 649) ←	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 649) ←	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 649) ←
625	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
626	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
627	Has (NAME) had diarrhea in the last two weeks?	YES 1 NO 2 (SKIP TO 637) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 637) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 637) ← DON'T KNOW 8
628	Now I would like to know how much (NAME) was given to drink during the diarrhea including breastmilk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS 1 SOMEWHAT LESS: 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK ... 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS: 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK ... 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS: 2 ABOUT THE SAME 3 MORE 4 NOTHING TO DRINK ... 5 DON'T KNOW 8
629	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD ... 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD ... 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS ... 2 ABOUT THE SAME ... 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD ... 6 DON'T KNOW 8
630	Did you seek advice or treatment for the diarrhea from any source?	YES 1 NO 2 (SKIP TO 634) ←	YES 1 NO 2 (SKIP TO 634) ←	YES 1 NO 2 (SKIP TO 634) ←

631	<p>Where did you seek advice or treatment?</p> <p>Anywhere else? IF SOURCE IS A HOSPITAL, HEALTH UNIT OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>Anywhere else? RECORD ALL PLACES MENTIONED.</p> <p>(1) _____ (NAME OF PLACE(S))</p> <p>(2) _____ (NAME OF PLACE(S))</p> <p>(3) _____ (NAME OF PLACE(S))</p>	<p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTCT) ... C URBAN HLTH UNIT.. D HEALTH OFFIC E RURAL HOSPITAL (CENTRAL) F RURAL HLTH UNIT G MCH CENTER H OTHER GOV'T I (SPECIFY)</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO L (SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/ CLINIC M PVT. DOCTOR N PHARMACY O OTHER PVT. MED. P (SPECIFY)</p> <p>OTHER NON-MEDICAL X</p>	<p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTCT) ... C URBAN HLTH UNIT.. D HEALTH OFFIC E RURAL HOSPITAL (CENTRAL) F RURAL HLTH UNIT G MCH CENTER H OTHER GOV'T I (SPECIFY)</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO L (SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/ CLINIC M PVT. DOCTOR N PHARMACY O OTHER PVT. MED. P (SPECIFY)</p> <p>OTHER NON-MEDICAL X</p>	<p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTCT) ... C URBAN HLTH UNIT.. D HEALTH OFFIC E RURAL HOSPITAL (CENTRAL) F RURAL HLTH UNIT G MCH CENTER H OTHER GOV'T I (SPECIFY)</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J CSI PROJECT K OTHER NGO L (SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/ CLINIC M PVT. DOCTOR N PHARMACY O OTHER PVT. MED. P (SPECIFY)</p> <p>OTHER NON-MEDICAL X</p>
632	CHECK 631:	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 634)</p>	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 634)</p>	<p>TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 634)</p>
633	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 631.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
634	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a special packet called <i>mahloul moalget el gafaf</i>?</p> <p>b) A pre-packaged ORS liquid?</p> <p>c) A government-recommended homemade fluid?</p> <p>d) Zinc tablets or syrup?</p>	<p>YES NO DK</p> <p>MAHLOUL MOALGET EL GAFAF 1 2 8</p> <p>ORS LQD 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p> <p>ZINC ... 1 2 8</p>	<p>YES NO DK</p> <p>MAHLOUL MOALGET EL GAFAF 1 2 8</p> <p>ORS LQD 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p> <p>ZINC ... 1 2 8</p>	<p>YES NO DK</p> <p>MAHLOUL MOALGET EL GAFAF 1 2 8</p> <p>ORS LQD 1 2 8</p> <p>HOMEMADE FLUID ... 1 2 8</p> <p>ZINC ... 1 2 8</p>

635	CHECK 634: <input type="checkbox"/> ANY 'YES' a) Was anything else given to treat the diarrhea? <input type="checkbox"/> ALL 'NO' OR 'DK' b) Was anything given to treat the diarrhea?	YES 1 NO 2 (SKIP TO 637) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 637) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 637) ← DON'T KNOW 8
636	CHECK 634: <input type="checkbox"/> ANY 'YES' a) What else was given to treat the diarrhea? Anything else? <input type="checkbox"/> ALL 'NO' OR 'DK' b) What was given to treat the diarrhea? Anything else?	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC ... G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY HERBAL MEDICINE J OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC A ANTIMOTILITY B ZINC C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC) D UNKNOWN PILL OR SYRUP ... E INJECTION ANTIBIOTIC F NON-ANTIBIOTIC G UNKNOWN INJECTION ... H (IV) INTRAVENOUS I HOME REMEDY/ HERBAL MEDICINE J OTHER X (SPECIFY)
637	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
638	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 641) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 641) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 641) ← DON'T KNOW 8
639	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 642) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 642) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 642) ← DON'T KNOW 8
640	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 642) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 642) ←	CHEST ONLY ... 1 NOSE ONLY 2 BOTH 3 OTHER 6 (SPECIFY) DON'T KNOW 8 (SKIP TO 642) ←
641	CHECK 637: HAD FEVER?	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 649) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 649) ←	YES NO OR DK <input type="checkbox"/> <input type="checkbox"/> (SKIP TO 649) ←

642	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 647) ←	YES 1 NO 2 (SKIP TO 647) ←	YES 1 NO 2 (SKIP TO 647) ←
643	<p>Where did you seek advice or treatment?</p> <p>Anywhere else? IF SOURCE IS A HOSPITAL, HEALTH UNIT OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>Anywhere else? RECORD ALL PLACES MENTIONED.</p> <p>(1) _____ _____ (NAME OF PLACE(S))</p> <p>(2) _____ _____ (NAME OF PLACE(S))</p> <p>(3) _____ _____ (NAME OF PLACE(S))</p>	<p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTCT) . C</p> <p>URB HLTH UNI... D</p> <p>HEALTH OFFIC... E</p> <p>RURAL HOSPITAL (CENTRAL) ... F</p> <p>RURAL HLTH UNIT G</p> <p>MCH CENTER ... H</p> <p>OTHER GOV'T _____ I (SPECIFY)</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J</p> <p>CSI PROJECT ... K</p> <p>OTHER NGO _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/CLINIC M</p> <p>PVT. DOCTOR ... N</p> <p>PHARMACY O</p> <p>OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X</p>	<p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTCT) . C</p> <p>URB HLTH UNI... D</p> <p>HEALTH OFFIC... E</p> <p>RURAL HOSPITAL (CENTRAL) ... F</p> <p>RURAL HLTH UNIT G</p> <p>MCH CENTER ... H</p> <p>OTHER GOV'T _____ I (SPECIFY)</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J</p> <p>CSI PROJECT ... K</p> <p>OTHER NGO _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/CLINIC M</p> <p>PVT. DOCTOR ... N</p> <p>PHARMACY O</p> <p>OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X</p>	<p>GOVERNMENT</p> <p>URBAN HOSPITAL (GNRL/DSTCT) . C</p> <p>URB HLTH UNI... D</p> <p>HEALTH OFFIC... E</p> <p>RURAL HOSPITAL (CENTRAL) ... F</p> <p>RURAL HLTH UNIT G</p> <p>MCH CENTER ... H</p> <p>OTHER GOV'T _____ I (SPECIFY)</p> <p>NONGOVERNMENTAL</p> <p>EGYPTIAN FP ASSOC J</p> <p>CSI PROJECT ... K</p> <p>OTHER NGO _____ L (SPECIFY)</p> <p>PRIVATE MEDICAL</p> <p>PVT. HOSPITAL/CLINIC M</p> <p>PVT. DOCTOR ... N</p> <p>PHARMACY O</p> <p>OTHER PVT. MED. _____ P (SPECIFY)</p> <p>OTHER NON-MEDICAL _____ X</p>
644	CHECK 643:	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 646) ←</p>	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 646) ←</p>	<p>TWO OR ONLY [] MORE ONE [] CODES CODE CIRCLED CIRCLED</p> <p>(SKIP TO 646) ←</p>
645	Where did you first seek advice or treatment? USE LETTER CODE FROM 643.	FIRST PLACE ... []	FIRST PLACE ... []	FIRST PLACE ... []
646	How many days after the illness began, did you first seek advice or treatment for (NAME)?	DAYS []	DAYS []	DAYS []
647	At any time during the fever /cough, did (NAME) take any drugs for the illness?	YES 1 NO 2 (SKIP TO 649) ←	YES 1 NO 2 (SKIP TO 649) ←	YES 1 NO 2 (SKIP TO 649) ←

648	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B OTHER DRUGS ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC F (SPECIFY) COUGH DRUG ... G OTHER X (SPECIFY) DON'T KNOW Z	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B OTHER DRUGS ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC F (SPECIFY) COUGH DRUG ... G OTHER X (SPECIFY) DON'T KNOW Z	ANTIBIOTIC DRUGS PILL/SYRUP ... A INJECTION ... B OTHER DRUGS ASPIRIN C ACETA- MINOPHEN ... D IBUPROFEN ... E OTHER ANTI PYRETIC F (SPECIFY) COUGH DRUG ... G OTHER X (SPECIFY) DON'T KNOW Z
649	GO BACK TO 623 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 650.			
650	CHECK 634 (ITEMS (a) AND (b)), ALL COLUMNS: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> NO CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/> </div> <div style="text-align: center;"> ANY CHILD RECEIVED FLUID FROM ORS PACKET OR PRE-PACKAGED ORS LIQUID <input type="checkbox"/> </div> </div>			→ 701
651	Have you ever heard of a special product called mahloul moalget el gafaf you can get for the treatment of diarrhea?	YES 1 NO 2		

SECTION 7. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
701	CHECK 215 AND 216: ONE OR MORE IN JANUARY 2017 <input type="checkbox"/>	NONE <input type="checkbox"/> →	801																																			
702	THE CHILD WILL BE RANDOMLY SELECTED BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> NAME OF CHILD _____ (NAME)																																					
703	How many books and picture books for children do you have in the house, And can (name) use?	NON ANY BOOKS 97 NUMBER OF CHILDREN BOOKS <input type="text"/> <input type="text"/> 10 OR MORE BOOKS 95																																				
704	I'm interested in learning about the things that (name) Plays with when he/she is at home Does he/she play with: a) Homemade toys (such as dolls, cars, or other toys made at home?) b) Toys from a shop or manufactured?) Household objects (such as bowls or pots) or objects found outside (such as sticks, rocks, animal shells or leaves)?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>HOMEMADE TOYS ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>TOYS FROM A SHOP</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>HOUSEHOLD OBJECTS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	HOMEMADE TOYS ...	1	2	8	TOYS FROM A SHOP	1	2	8	HOUSEHOLD OBJECTS	1	2	8																				
	YES	NO	DK																																			
HOMEMADE TOYS ...	1	2	8																																			
TOYS FROM A SHOP	1	2	8																																			
HOUSEHOLD OBJECTS	1	2	8																																			
705	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week, was (NAME) left alone : a) for more than one hour? b) in the care of another child, that is, someone less than 10 years old, for more than one hour? IF NONE, RECORD '0'. IF 'DON'T KNOW', RECORD '8'.	<table border="0"> <tr> <td></td> <td align="center">DAYS</td> </tr> <tr> <td>LEFT ALONE FOR MORE THAN ONE HOUR</td> <td align="center"><input type="text"/></td> </tr> <tr> <td>LEFT ALONE WITH ANOTHER CHILD FOR MORE THAN ONE HOUR</td> <td align="center"><input type="text"/></td> </tr> </table>		DAYS	LEFT ALONE FOR MORE THAN ONE HOUR	<input type="text"/>	LEFT ALONE WITH ANOTHER CHILD FOR MORE THAN ONE HOUR	<input type="text"/>																														
	DAYS																																					
LEFT ALONE FOR MORE THAN ONE HOUR	<input type="text"/>																																					
LEFT ALONE WITH ANOTHER CHILD FOR MORE THAN ONE HOUR	<input type="text"/>																																					
706	CHECK 217:	0- 1 YEAR 1 2 OR 3 OR 4 YEARS 2	→ 710																																			
707	In the past 3 days , did you or any household member age 15 and older engage in any of the following activities with (NAME)? IF YES, ASK: Who engaged in this activity with name? step-mother/ step-father who living within the household recored mother or father The code "NO ONE" cannot be recorded if there is a family member aged 15 years and over doing activities with the child a) Read books or looked at picture books? b) Told stories to (NAME)? c) Sang songs to or with (NAME) including lullabies? d) Took (NAME) outside the home? e) Played with (NAME)? f) Named, counted or drew things for or with (NAME)?	<table border="0"> <tr> <td></td> <td align="center">MOTHER</td> <td align="center">FATHER</td> <td align="center">OTHER</td> <td align="center">NO ONE</td> </tr> <tr> <td>BOOKS .</td> <td align="center">A</td> <td align="center">B</td> <td align="center">X</td> <td align="center">Y</td> </tr> <tr> <td>STORIES . .</td> <td align="center">A</td> <td align="center">B</td> <td align="center">X</td> <td align="center">Y</td> </tr> <tr> <td>SONGS .</td> <td align="center">A</td> <td align="center">B</td> <td align="center">X</td> <td align="center">Y</td> </tr> <tr> <td>OUTSIDE</td> <td align="center">A</td> <td align="center">B</td> <td align="center">X</td> <td align="center">Y</td> </tr> <tr> <td>PLAYED</td> <td align="center">A</td> <td align="center">B</td> <td align="center">X</td> <td align="center">Y</td> </tr> <tr> <td>NAMED</td> <td align="center">A</td> <td align="center">B</td> <td align="center">X</td> <td align="center">Y</td> </tr> </table>		MOTHER	FATHER	OTHER	NO ONE	BOOKS .	A	B	X	Y	STORIES . .	A	B	X	Y	SONGS .	A	B	X	Y	OUTSIDE	A	B	X	Y	PLAYED	A	B	X	Y	NAMED	A	B	X	Y	
	MOTHER	FATHER	OTHER	NO ONE																																		
BOOKS .	A	B	X	Y																																		
STORIES . .	A	B	X	Y																																		
SONGS .	A	B	X	Y																																		
OUTSIDE	A	B	X	Y																																		
PLAYED	A	B	X	Y																																		
NAMED	A	B	X	Y																																		
708	CHECK 217:	2 YEAR OLD 1 3 OR 4 YEARS 2	→ 710																																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	I would like to ask you some questions about the health and development of (name). children do not all develop and learn at the same rate. for example, some walk earlier than others. these questions are related to several aspects of (name)'s development.		
A	can (name) identify or name at least ten letters of the alphabet?	YES 1 NO 2 DON'T KNOW 8	
B	can (name) read at least four simple, popular words?	YES 1 NO 2 DON'T KNOW 8	
C	does (name) know the name and recognize the symbol of all numbers from 1 to 10?	YES 1 NO 2 DON'T KNOW 8	
D	can (name) pick up a small object with two fingers, like a stick or a rock from the ground?	YES 1 NO 2 DON'T KNOW 8	
E	is (name) sometimes too sick to play?	YES 1 NO 2 DON'T KNOW 8	
F	does (name) follow simple directions on how to do something correctly?	YES 1 NO 2 DON'T KNOW 8	
G	when given something to do, is (name) able to do it independently? I mean, he can sit and do something on his own, like he paints or builds a house without asking for help from anyone?	YES 1 NO 2 DON'T KNOW 8	
H	does (name) get along well with other children?	YES 1 NO 2 DON'T KNOW 8	
I	does (name) kick, bite, or hit other children or adults?	YES 1 NO 2 DON'T KNOW 8	
J	does (name) get distracted easily?	YES 1 NO 2 DON'T KNOW 8	
710	<p>CHECK 215 AND 218, ALL ROWS:</p> <p>NUMBER OF CHILDREN BORN IN JANUARY 2019 OR LATER LIVING WITH THE RESPONDENT</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p style="margin-left: 100px;">↓</p> <p>RECORD NAME OF YOUNGEST CHILD LIVING WITH HER</p> <p>_____</p> <p style="text-align: center;">(NAME)</p>		801

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP				
711	Now I would like to ask you about liquids or foods that (NAME FROM 710) had yesterday during the day or at night. Did (NAME FROM 710) drink or eat:		YES	NO	DK				
	a) Plain water?	a)	1	2	8				
	b) Juice?	b)	1	2	8				
	c) Clear broth?	c)	1	2	8				
	d) Any Milk such as tinned, powdered, or fresh animal milk?	d)	1	2	8				
	IF 7 OR MORE TIMES, RECORD '7'.					NUMBER OF TIMES DRANK MILK <input type="text"/>			
	e) Infant formula, that is, a special commercially produced breastmilk substitutes such as Similac, Bebelack and Biomeal?	e)	1	2	8				
	IF 7 OR MORE TIMES, RECORD '7'.					NUMBER OF TIMES DRANK FORMULA <input type="text"/>			
f) Any other liquids?	f)	1	2	8					
g) Yogurt?	g)	1	2	8					
IF 7 OR MORE TIMES, RECORD '7'.					NUMBER OF TIMES ATE YOGURT <input type="text"/>				
h) Any fortified baby cereal, e.g., Cerelac, that you buy from a store or other place?	h)	1	2	8					
711a	Now I would like to ask you about liquids or foods(OTHER) that (NAME FROM 710) or you had yesterday during the day or at night. I am interested in whether your child or you had the item I mention even if it was combined with other foods. Did (NAME/ you) drink or eat:		CHILD			MOTHER			
			YES	NO	DK	YES	NO	DK	
	a) Bread, rice, noodles, porridge, or other foods made from grains?		1	2	8	1	2	8	
	b) Pumpkin, carrots, squash or potatoes that are yellow or orange inside?		1	2	8	1	2	8	
	c) potatoes/White potatoes, white yams, or any other foods made from		1	2	8	1	2	8	
	d) Any dark green, leafy vegetables?		1	2	8	1	2	8	
	e) Ripe mangoes, papayas (yellow) or apricots?		1	2	8	1	2	8	
	f) Any other fruits or vegetables?		1	2	8	1	2	8	
	g) Liver, kidney, heart or other organ meats?		1	2	8	1	2	8	
	h) Any meat, such as beef, pork, lamb, goat, chicken, or duck?		1	2	8	1	2	8	
	i) Eggs?		1	2	8	1	2	8	
	j) Fresh or dried fish or shellfish?		1	2	8	1	2	8	
	k) Any foods made from beans, peas, lentils, or nuts?		1	2	8	1	2	8	
	l) Cheese or other food made from milk?		1	2	8	1	2	8	
	m) Fast food that is spicy or fried like chips or karate or Crackers and snacks?		1	2	8	1	2	8	
	n) Sweets like chocolate, biscuits, and bonbons..... Etc?		1	2	8	1	2	8	
	o) Drinks like Pepsi and Tang or any sugar-sweetened juices?		1	2	8	1	2	8	
	p) Nuts like pulp, peanuts, hummus, sesame paste and peanut butter?					1	2	8	
q) Milk, cheese, yogurt or any other dairy products?					1	2	8		
r) Seasonings, spices, sauce or any other seasoning blends					1	2	8		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	s) Tea or coffee without sugar?		1 2 8
	t) Any other solid, semi-solid, or soft food?	1 . 2 8	1 2 8
712	CHECK 711 (CATEGORIES "h,g" and 711a for child : NOT A SINGLE "YES" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/> → 714		
713	Did (NAME FROM 710) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 711, 711A TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 714) NO 2 → 715	
714	How many times did (NAME FROM 710) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="checkbox"/> DON'T KNOW 8	
715	CHECK 711 INFANT FORMULA (CATEGORY "e"): NO/DON'T KNOW <input type="checkbox"/> YES <input type="checkbox"/> → 717		
716	You told me that you did not give (NAME FROM 710) infant formula yesterday during the day or night. Are you giving (NAME) infant formula at all now?	YES 1 NO 2 → 719	
717	Is the infant formula you are giving (NAME) subsidized by the government?	YES 1 NO 2 DON'T KNOW 8	
718	Is the infant formula you are giving (NAME) available at your local primary health care clinic?	YES 1 NO 2 DON'T KNOW 8	
719	The last time (NAME FROM 710) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)	

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>	→ 804	
802	RECORD LINE NUMBER OF HUSBAND FROM HOUSEHOLD SCHEDULE. IF HUSBAND IS NOT PRESENT IN THE HOUSEHOLD, RECORD '00'.	HUSBAND'S LINE NUMBER . . . <input type="text"/> <input type="text"/>	
803	How old was your husband on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
804	In what month and year was your (last) husband born? FOR CURRENTLY MARRIED WOMEN COMPARE AND CORRECT 803 AND/OR 804 IF INCONSISTENT.	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	
805	Before you got married, was your (last) husband related to you in anyway through blood or marriage?	YES 1 NO 2	→ 806A
806	What type of relationship was it?	FIRST COUSIN FATHER'S SIDE . . . 1 FIRST COUSIN MOTHER'S SIDE . . . 2 SECOND COUSIN FATHER'S SIDE . . . 3 SECOND COUSIN MOTHER'S SIDE . . . 4 OTHER RELATIVE FATHER'S SIDE . . . 5 OTHER RELATIVE MOTHER'S SIDE . . . 6 RELATIVE BY MARRIAGE 7	
806A	Does your husband (did your last husband) have other wives?	YES 1 NO 2 DON'T KNOW 8	→ 807
806B	Including yourself, in total, how many wives does (did) he have?	TOTAL NUMBER OF WIVES <input type="text"/> DON'T KNOW 98	
806C	Are you the first, second, ... wife?	RANK <input type="text"/>	
807	Did your (last) husband ever attend school?	YES 1 NO 2	→ 810
808	What is the highest level of school he attended?	PRIMARY 1 PREPARATORY 2 SECONDARY 3 UPPER INTERMEDIATE 4 UNIVERSITY 5 MORE THAN UNIVERSITY 6	
809	What was the highest grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '0'.	GRADE <input type="text"/> DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/>		813
811	Has your husband done any work in the past seven days?	YES 1 NO 2 DON'T KNOW 8	→ 813
812	Has your husband done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	↓ 814
813	CHECK 104: CURRENTLY MARRIED <input type="checkbox"/> WIDOWED/DIVORCED/SEPARATED <input type="checkbox"/> a) What is your husband's occupation? That is, what kind of work does he mainly do? b) What was your (last) husband's occupation? That is, what kind of work did he mainly do?	PROFESSIONAL/ TECHNICAL/ MANAGERIAL 01 CLERICAL 02 SALES AND SERVICES 03 SKILLED SERVICES 04 UN SKILLED MANUAL 05 AGRICULTURAL 06 OTHER 96 (SPECIFY)	
814	Aside from your own housework, have you done any work in the last seven days?	YES 1 NO 2	→ 818
815	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES 1 NO 2	→ 818
816	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES 1 NO 2	→ 818
817	Have you done any work in the last 12 months?	YES 1 NO 2	→ 823
818	What is your occupation, that is, what kind of work do you mainly do?	PROFESSIONAL/ TECHNICAL/ MANAGERIAL 01 CLERICAL 02 SALES AND SERVICES 03 SKILLED SERVICES 04 UN SKILLED MANUAL 05 AGRICULTURAL 06 OTHER 96 (SPECIFY)	
819	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
820	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
821	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
822	Is this work outside the home or inside the home?	OUTSIDE THE HOME 1 INSIDE THE HOME 2	
823	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/> ↓ WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>		→ 831
824	CHECK 821: CODE 1 OR 2 CIRCLED <input type="checkbox"/> ↓ OTHER <input type="checkbox"/>		→ 827
825	Who decides how the money you earn will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 OTHER 6 (SPECIFY)	
826	Would you say that the money that you earn is more than what your husband earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND HAS NO EARNINGS 4 DON'T KNOW 8	→ 828
827	Who decides how your husband's earnings will be used: you, your husband, or you and your husband jointly?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 HUSBAND HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	
828	Who usually makes decisions about health care for yourself: you, your husband, you and your husband jointly, or someone else?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY)	
829	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY)	
830	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND 2 RESPONDENT AND HUSBAND JOINTLY 3 SOMEONE ELSE 4 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
831	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																																		
832	Do you own any agricultural or nonagricultural land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																																		
833	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <tr> <td></td> <td>PRES/</td> <td>PRES/</td> <td>NOT</td> </tr> <tr> <td></td> <td>LISTEN.</td> <td>NOT</td> <td>PRES</td> </tr> <tr> <td></td> <td></td> <td>LISTEN.</td> <td></td> </tr> <tr> <td>CHILDREN < 10</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>..... 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>... 1</td> <td>2</td> <td>3</td> </tr> </table>		PRES/	PRES/	NOT		LISTEN.	NOT	PRES			LISTEN.		CHILDREN < 10 1	2	3	HUSBAND 1	2	3	OTHER MALES 1	2	3	OTHER FEMALES	... 1	2	3						
	PRES/	PRES/	NOT																																	
	LISTEN.	NOT	PRES																																	
		LISTEN.																																		
CHILDREN < 10 1	2	3																																	
HUSBAND 1	2	3																																	
OTHER MALES 1	2	3																																	
OTHER FEMALES	... 1	2	3																																	
834	<p>In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td>GOES OUT</td> <td>..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>NEGL. CHILDREN</td> <td>... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ARGUES</td> <td>..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REFUSES SEX</td> <td>..... 1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS FOOD</td> <td>..... 1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	GOES OUT 1	2	8	NEGL. CHILDREN	... 1	2	8	ARGUES 1	2	8	REFUSES SEX 1	2	8	BURNS FOOD 1	2	8										
	YES	NO	DK																																	
GOES OUT 1	2	8																																	
NEGL. CHILDREN	... 1	2	8																																	
ARGUES 1	2	8																																	
REFUSES SEX 1	2	8																																	
BURNS FOOD 1	2	8																																	
835	<p>Now I would like to ask you some questions about medical care for yourself.</p> <p>Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not?</p> <p>a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Having to take transportation? e) Not wanting to go alone? f) Concern that there may not be a female health provider? g) Concern that there may not be any health provider? h) Concern that there may be no drugs available?</p>	<table border="0"> <tr> <td></td> <td>BIG</td> <td>NOT A BIG</td> </tr> <tr> <td></td> <td>PROB-</td> <td>PROB-</td> </tr> <tr> <td></td> <td>LEM</td> <td>LEM</td> </tr> <tr> <td>PERMISSION TO GO</td> <td>.. 1</td> <td>2</td> </tr> <tr> <td>GETTING MONEY</td> <td>... 1</td> <td>2</td> </tr> <tr> <td>DISTANCE</td> <td>..... 1</td> <td>2</td> </tr> <tr> <td>TAKING TRANSPORT</td> <td>.. 1</td> <td>2</td> </tr> <tr> <td>GO ALONE</td> <td>..... 1</td> <td>2</td> </tr> <tr> <td>NO FEMALE PROV.</td> <td>... 1</td> <td>2</td> </tr> <tr> <td>NO PROVIDER</td> <td>..... 1</td> <td>2</td> </tr> <tr> <td>NO DRUGS</td> <td>..... 1</td> <td>2</td> </tr> </table>		BIG	NOT A BIG		PROB-	PROB-		LEM	LEM	PERMISSION TO GO	.. 1	2	GETTING MONEY	... 1	2	DISTANCE 1	2	TAKING TRANSPORT	.. 1	2	GO ALONE 1	2	NO FEMALE PROV.	... 1	2	NO PROVIDER 1	2	NO DRUGS 1	2	
	BIG	NOT A BIG																																		
	PROB-	PROB-																																		
	LEM	LEM																																		
PERMISSION TO GO	.. 1	2																																		
GETTING MONEY	... 1	2																																		
DISTANCE 1	2																																		
TAKING TRANSPORT	.. 1	2																																		
GO ALONE 1	2																																		
NO FEMALE PROV.	... 1	2																																		
NO PROVIDER 1	2																																		
NO DRUGS 1	2																																		
836	Are you covered by any health insurance?	YES 1 NO 2	→ 901																																	
837	What type of health insurance are you covered by? RECORD ALL MENTIONED.	HEALTH INSURANCE THROUGH THE GENERAL AGENCY OF HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B HEALTH INSURANCE THROUGH ANY OF THE SYNDICATES C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D OTHER X (SPECIFY)																																		

SECTION 9: FEMALE CIRCUMCISION



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	INTERVIEWER:CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWING QUESTIONS IF THERE IS NO PRIVACY		
901	Now I would like to talk about the practice of female circumcision. Have you yourself been circumcised?	YES 1 NO 2	→ 904
902	How old were you when you were circumcised? RECORD '00' FOR RESPONSE 'AS A BABY/DURING INFANCY'.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
903	Who performed the circumcision?	DOCTOR 1 NURSE/OTHER HLTH PROVIDER 2 DAYA 3 BARBER 4 GHAGARIA 5 OTHER 6 (SPECIFY) DON'T KNOW 8	
904	CHECK 213, 216, AND 217 AT LEAST ONE SURVIVING DAUGHTER AGE 0-19 YEARS <input type="checkbox"/> NO SURVIVING DAUGHTERS 0-19 YEARS <input type="checkbox"/>		→ 915
905	CHECK QUESTIONS 213 AND 217 AND IDENTIFY ALL OF THE WOMAN'S SURVIVING DAUGHTERS AGES 0-19 YEARS. ENTER THE NAME, AND LINE NUMBER FOR EACH DAUGHTER IN 906 BELOW BEGINNING WITH THE YOUNGEST DAUGHTER. USE AN ADDITIONAL QUESTIONNAIRE IF MORE THAN FOUR DAUGHTERS. Now I would like to ask you some questions about your (daughter/daughters).		
906	CHECK 212: RECORD NAME(S) AND LINE NUMBER(S) FOR DAUGHTERS	<input type="text"/> <input type="text"/> LINE NO. _____ (NAME)	<input type="text"/> <input type="text"/> LINE NO. _____ (NAME)
907	CHECK 217:	AGE 15-19 YRS <input type="text"/> 0-14 YRS <input type="text"/> (GO TO 909) ←	AGE 15-19 YRS <input type="text"/> 0-14 YRS <input type="text"/> (GO TO 909) ←
908	What is (NAME'S) marital status?	EVER MARRIED 1 NEVER MARRIED/ SIGNED CONTRACT 2	EVER MARRIED 1 NEVER MARRIED/ SIGNED CONTRACT 2
909	Is (NAME) circumcised?	YES 1 NO 2 DK 8 (GO TO NEXT DAUGHTER OR TO 912)	YES 1 NO 2 DK 8 (GO TO 906 IN NEW QUESTIONNAIRE OR IF NO MORE DAUGHTERS, GO TO 912)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
NO.	QUESTIONS AND FILTERS	(NAME)	(NAME)	(NAME)	(NAME)	
910	How old was (NAME) when she was circumcised?	AGE <input type="text"/> <input type="text"/> DK 98	AGE <input type="text"/> <input type="text"/> DK 98	AGE <input type="text"/> <input type="text"/> DK 98	AGE <input type="text"/> <input type="text"/> DK 98	
911	Who performed the circumcision to (NAME)?	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA 3 BARBER . 4 GHAGARIA 5 OTHER 6 (SPECIFY) DK 8	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA 3 BARBER . 4 GHAGARIA 5 OTHER 6 (SPECIFY) DK 8	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA 3 BARBER . 4 GHAGARIA 5 OTHER 6 (SPECIFY) DK 8	DOCTOR .. 1 NURSE/ OTHER HLTH PRV. 2 DAYA 3 BARBER . 4 GHAGARIA 5 OTHER 6 (SPECIFY) DK 8	
911A		(GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	(GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	(GO TO NEXT DAUGHTER OR IF NO MORE DAUGHTERS, GO TO 912)	(GO TO 906 IN NEW QUESTIONNAIRE OR IF NO MORE DAUGHTERS, GO TO 912)	
912	CHECK 909 AND RECORD THE NUMBER OF DAUGHTERS AGE 0-19 YEARS WHO HAVE NOT BEEN CIRCUMCISED.	NUMBER <input type="text"/> <input type="text"/>				
913	CHECK 912: AT LEAST ONE DAUGHTER NOT CIRCUMCISED <input type="checkbox"/> ALL DAUGHTERS CIRCUMCISED <input type="checkbox"/> → 915					
914	You have (NUMBER IN 912) daughter(s) who (has/have) not been circumcised. Do you intend that (she/they) will be circumcised in the future?	YES 1 NO 2 HAVE NOT DECIDED/UNSURE ... 8				
915	During the past year have you discussed female circumcision with your relatives, friends, or neighbors?	YES 1 NO 2				
916	During the past year have you heard, seen or received any information about female circumcision?	YES 1 NO 2 UNSURE 8				→ 918

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
917	Where did you hear or see that information? Anywhere else? RECORD ALL MENTIONED	TELEVISION A RADIO B NEWSPAPER/MAGAZINE C PAMPHLET/BROCHURE D POSTER E COMMUNITY MEETING F EDUCATIONAL SEMINAR G HOME VISIT BY HEALTH WORKER .. H FACILITY-BASED HEALTH WORKER .. I HUSBAND J OTHER RELATIVE/FRIENDS K INTERNET/SOCIAL MEDIA L OTHER X (SPECIFY)																	
918	Do you believe that the practice of female circumcision is required by religious precepts?	YES 1 NO 2 DON'T KNOW 8																	
919	Do you think that the practice of female circumcision should be continued or should it be stopped?	CONTINUED 1 STOPPED 2 DON'T KNOW 8																	
920	Do you think that men want this practice to continue or to stop?	CONTINUED 1 STOPPED 2 DON'T KNOW 8																	
921	Who in your family has the final say on whether a girl is circumcised? Is the women in the family or the men?	MOTHER 1 FATHER 2 ANOTHER FAMILY MEMBERS 3 OTHER 4 (SPECIFY) DON'T KNOW 8																	
922	Is there a law in Egypt that criminalizes female circumcision?	YES 1 NO 2 DON'T KNOW 8																	
923	I will read you some statements about circumcision. Please tell me if you agree or disagree. a) A husband will prefer his wife to be circumcised. b) Circumcision prevents adultery. c) Circumcision can cause severe consequences that can lead to a girl's death.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DIS- AGREE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>HUSBAND PREFER..</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>PREVENTS ADULTERY</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>MAY LEAD TO GIRL'S DEATH ...</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>		AGREE	DIS- AGREE	DK	HUSBAND PREFER..	1	2	8	PREVENTS ADULTERY	1	2	8	MAY LEAD TO GIRL'S DEATH ...	1	2	8	
	AGREE	DIS- AGREE	DK																
HUSBAND PREFER..	1	2	8																
PREVENTS ADULTERY	1	2	8																
MAY LEAD TO GIRL'S DEATH ...	1	2	8																

SECTION 10. KNOWLEDGE OF SEXUALLY TRANSMITTED INFECTIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/>	WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/>	1010
INTERVIEWER: CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. DO NOT READ THE FOLLOWING QUESTIONS IF THERE IS NO PRIVACY			
1002	Now I would like to ask you some questions about other health services you may have received. Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	1005
1003	What infections have you heard about? PROBE: what else?	GONORRHEA A SYPHILIS B PAPILLOMA C GENITAL HERPES D HEPATITIS B E HIV F TRYPKOMONAS PARASITE G SOFT ULCERS H OTHER X (SPECIFY)	
1004	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
1005	Sometimes women experience a bad smelling abnormal genital discharge. During the last 12 months, have you had a bad smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
1006	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
1007	CHECK 1004, 1005, AND 1006: HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/>	HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/>	1010
1008	The last time you had (PROBLEM FROM 1004/1005/1006), did you seek any kind of advice or treatment?	YES 1 NO 2	1010

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	Where did you go? Any other place? RECORD ALL SOURCES MENTIONED.	MINISTRY OF HEALTH AND POPULATION URBAN HOSPITAL (GNRL/DSTRCT) A URBAN HEALTH UNIT B HEALTH OFFICE C RURAL HOSPITAL (CENTRAL) D RURAL HEALTH UNIT E MCH CENTER F MOBILE UNIT G OTHER GOVERNMENTAL UNIVERSITY/TEACHING HOSPITAL H HEALTH INSURANCE ORG. I CURATIVE CARE ORGANIZATION J OTHER GOVERNMENTAL K NON-GOVERNMENTAL EGYPT FAMILY PLANNING ASSOC. L CSI PROJECT M OTHER NON-GOVERNMENTAL N PRIVATE MEDICAL PRIVATE HOSPITAL/ CLINIC O PRIVATE DOCTOR P PHARMACY Q MOSQUE HEALTH UNIT R CHURCH HEALTH UNIT S OTHER NON-MEDICAL VENDOR (SHOP, KIOSK, ETC.) T FRIEND/RELATIVE U OTHER _____ X (SPECIFY)	
1010	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
1011	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	
1012	CHECK 104: MARITAL STATUS CURRENTLY MARRIED <input type="checkbox"/>  WIDOWED/ DIVORCED/ SEPARATED <input type="checkbox"/> 	1100	
1013	Can you say no to your husband if you do not want to have sexual intercourse?	YES 1 NO 2 DON'T KNOW 8	
1014	Could you ask your husband to use a condom if you wanted him to?	YES 1 NO 2 DON'T KNOW 8	

SECTION 11 DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1100	<p>CHECK HOUSEHOLD QUESTIONNAIRE: IDENTIFICATION PAGE FOR SUB-SAMPLE AND Q001 FOR LINE NUMBER:</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/> WOMAN NOT SELECTED <input type="checkbox"/></p>		1201																																			
1101	<p>CHECK FOR PRESENCE OF OTHERS:</p> <p>DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2</p>		1127																																			
<p>READ TO THE RESPONDENT</p> <p>Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Egypt. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.</p>																																						
1102	<p>CHECK 104:</p> <p>CURRENTLY MARRIED <input type="checkbox"/> FORMERLY MARRIED (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND') <input type="checkbox"/></p>																																					
1103	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>JEALOUS</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>ACCUSES</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>NOT MEET FRIENDS ...</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>NO FAMILY</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>WHERE YOU ARE</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	JEALOUS	1	2	8	ACCUSES	1	2	8	NOT MEET FRIENDS ...	1	2	8	NO FAMILY	1	2	8	WHERE YOU ARE	1	2	8												
	YES	NO	DK																																			
JEALOUS	1	2	8																																			
ACCUSES	1	2	8																																			
NOT MEET FRIENDS ...	1	2	8																																			
NO FAMILY	1	2	8																																			
WHERE YOU ARE	1	2	8																																			
1104	<p>Now I need to ask some more questions about your relationship with your (last) husband.</p> <p>A Did your (last) husband ever:</p> <p>a) say or do something to humiliate you in front of others? b) threaten to hurt or harm you or someone you care about? c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>a) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	a) NO	2 ↓				b) YES	1 →	1	2	3	b) NO	2 ↓				c) YES	1 →	1	2	3	c) NO	2 ↓				
	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																		
a) YES	1 →	1	2	3																																		
a) NO	2 ↓																																					
b) YES	1 →	1	2	3																																		
b) NO	2 ↓																																					
c) YES	1 →	1	2	3																																		
c) NO	2 ↓																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																															
1105	<p>A Did your (last) husband ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				YES	1 →	1	2	3	NO	2					↓				
	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																																																																																														
YES	1 →	1	2	3																																																																																														
NO	2																																																																																																	
	↓																																																																																																	
YES	1 →	1	2	3																																																																																														
NO	2																																																																																																	
	↓																																																																																																	
YES	1 →	1	2	3																																																																																														
NO	2																																																																																																	
	↓																																																																																																	
YES	1 →	1	2	3																																																																																														
NO	2																																																																																																	
	↓																																																																																																	
YES	1 →	1	2	3																																																																																														
NO	2																																																																																																	
	↓																																																																																																	
YES	1 →	1	2	3																																																																																														
NO	2																																																																																																	
	↓																																																																																																	
1106	<p>CHECK 1105A:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p> <p style="text-align: right;">→ 1109</p>																																																																																																	
1107	<p>How long after you first got married to your (last) husband did (this/any of these things) first happen?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>BEFORE MARRIAGE 995</p>																																																																																																
1108	<p>Did the following ever happen as a result of what your (last) husband did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p> <p>YES 1</p> <p>NO 2</p>																																																																																																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1109	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) husband at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ 1111
1110	In the last 12 months, how often have you done this to your (last) husband: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1111	Does (did) your (last) husband drink alcohol or use drugs?	YES, DRINKS A YES, USES DRUGS B DOES NOT DRINK OR USE DRUGS ... C	→ 1113
1112	How often does (did) he do this: often, sometimes, or very rarely?	OFTEN 1 SOMETIMES 2 RARELY 3	
1113	Are (were) you afraid of your (last) husband: most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	
1114	CHECK 105: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ 1116
1115	A So far we have been talking about the behavior of your (current/last) husband. Now I want to ask you about the behavior of any previous husband. a) Did any previous husband ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous husband physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen? EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER YES 1 → 1 2 3 NO 2 YES 1 → 1 2 3 NO 2	
1116	From the time you were 15 years old has anyone other than (your/any) husband hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1119
1117	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK L POLICE/SOLDIER M OTHER X (SPECIFY)	
1118	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
1119	CHECK CALENDAR AND BOTTOM OF CALENDAR: EVER BEEN PREGNANT <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		→ 1122																				
1120	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1122																				
1121	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND G MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMI N POLICE/SOL O OTHER X (SPECIFY) _____																					
1122	CHECK 1105A (a-j), 1115, 1116, AND 1120: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		→ 1125																				
1123	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ 1125																				
1124	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S FAMILY B CURRENT/FORMER HUSBAND C FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION K OTHER X (SPECIFY) _____																					
1125	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DONT KNOW 8																					
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																							
1126	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td>YES</td> <td>YES, MORE</td> <td>NO</td> </tr> <tr> <td></td> <td>ONCE</td> <td>THAN ONCE</td> <td></td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES	YES, MORE	NO		ONCE	THAN ONCE		HUSBAND	1	2	3	OTHER MALE ADULT ...	1	2	3	FEMALE ADULT	1	2	3	
	YES	YES, MORE	NO																				
	ONCE	THAN ONCE																					
HUSBAND	1	2	3																				
OTHER MALE ADULT ...	1	2	3																				
FEMALE ADULT	1	2	3																				
1127	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE																						

SECTION 12: COVID PANDEMIC

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Have you ever heard about coronavirus (COVID-19)?	YES 1 NO 2	→ 1217
1202	What have you heard or what information have you received about the virus? (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	PREVENTIVE MEASURES AGAINST COVID A COVID SYMPTOMS B MODES OF TRANSMISION C SELF-CARE AND PROTECTIVE MEASURES D RISKS AND COMPLICATIONS RELATED TO COVID E CALLING COVID-19 HOTLINE IN CASE OF FEELING ANY SYMPTOMS F OTHER X (SPECIFY)	
1203	Where did you receive information about COVID-19? (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	RADIO A TELEVISION B WHATSAPP C MOHP WEBSITE D SOCIAL MEDIA (EXCLUDING WHATSAPP) E HEALTH WORKER F FAMILY MEMBERS G FRIENDS H COMMUNITY HEALTH WORKERS I OTHER ORGANIZATIONS WORKING IN COMMUNITY MOBILIZATION J COMMUNITY LEADERS K MARKET L WORKERS IN PHARMACIES M ANYONE IN THE COMMUNITY N WORLD HEALTH ORG. (WHO) O OTHER X (SPECIFY)	
1204	To your information, What are the main symptoms of COVID-19? (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	FEVER OR CHILLS A DRY COUGH B COUGH WITH PHLEGM/MUCUS C CONGESTION OR RUNNY NOSE D SORE THROAT E LOSS OF TASTE OR SMELL F SHORTNESS OF BREATH / DIFFICULTY BREATHING G MUSCLE AND BODY ACHE H HEADACHE I DIARRHEA J OTHER X (SPECIFY) DON'T KNOW Z NO SYMPTOMS Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1205	Is the following statements true or false?		
	a) A person can be infected with COVID-19 without showing any symptoms	TRUE 1 FALSE 2	
	b) Infected person with COVID-19 does not transmit the virus if he/she doesn't have fever/chills	TRUE 1 FALSE 2	
	c) Eating contaminated foods causes infection with COVID-19	TRUE 1 FALSE 2	
	d) Dealing with animals does not cause infection of COVID-19	TRUE 1 FALSE 2	
	e) Transporting and burying the bodies of those who died due to COVID doesn't transmit the infection during this procedure	TRUE 1 FALSE 2	
	f) A very small percentage of people infected with the COVID-19 develop severe symptoms that threaten their lives	TRUE 1 FALSE 2	
	g) Recovery rate of COVID-19 is high	TRUE 1 FALSE 2	
1206	How does COVID-19 infection spread? (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	BLOOD TRANSFUSION A DROPLETS (COUGH AND SNEEZE) OF INFECTED PERSONS B AIRBORNE C DEALING DIRECTLY WITH INFECTED PERSON D TOUCHING CONTAMINATED OBJECTS/ SURFACES E SEXUAL INTERCOURSE F CONTACT WITH ANIMALS G MOSQUITO BITES H EATING CONTAMINATED FOODS I DRINKING UNCLEAN WATER J OTHER X (SPECIFY) DON'T KNOW Z	
1207	Who are the high-risk groups for COVID-19? (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	YOUNG CHILDREN A ADOLESCENTS B ADULTS C ELDERLY D PREGNANT WOMEN E HEALTH CARE WORKERS F SMOKERS G PEOPLE WITH IMMUNODEFICIENCY H PEOPLE WITH HEART DISEASE I PEOPLE SUFFERING FROM CHEST DISEASES J PEOPLE WITH DIABETES K OTHER X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1208	Do you worry about getting infected with COVID-19?	YES 1 NO 2	
1209	What are the preventive measures have you and your household members adopted to avoid getting infected with COVID_19 during last days? (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	WASHING HANDS REGULARLY WITH SOAP AND WATER A USING ALCOHOL AND CHLORINE FOR CLEANING B COVER MOUTH AND NOSE WHEN COUGH OR SNEEZE C AVOID CLOSE CONTACT WITH ANYONE WITH FEVER/ COUGHING D GET RID OF STANDING WATER E COOKING MEAT AND EGGS WELL F AVOID UNPROTECTED DIRECT CONTACT WITH LIVE ANIMALS G STAY AT HOME AND GO OUT WHEN NECESSARY H SELF-QUARANTINE I BE SURE TO BE AT LEAST 2 METERS APART FROM OTHERS IN PUBLIC PLACES AND MARKET J COVER NOSE AND MOUTH WHEN LEAVING HOUSE K CLEAN AND SANITIZE PURCHASES L CONSUME RECIPES FOR IMMUNITY FROM LOCAL SPICE DEALER (ATAR) M EATING GARLIC N TAKE SESAME OIL O ALWAYS GARGLE WITH WATER & SALT P KEEP DRINKING HOT DRINKS Q OTHER X (SPECIFY)	
1210	Have you or any of your household members been infected with COVID-19?	YES, ME ONLY 1 YES, HH MEMBER 2 YES, ME AND HH MEMBER 3 NO 7	→ 1212
1211	What did you do when you or anyone of your household members contracted COVID-19? (RECORD ALL MENTIONED- MULTIPLE ANSWERS IS ALLOWED)	ASKED ONE OF THE MORE EXPERIENCED RELATIVES FOR ADVICE A CALLED MOHP COVID-19 HOTLINE B WENT TO HOSPITAL/ HEALTH UNIT C WENT TO A NURSE IN NEIGHBOURHOOD D BOUGHT MEDICINES FROM PHARMACY E STAYED IN SELF-QUARANTINE F DID A COVID TEST G DID LAB WORK H OTHER X (SPECIFY)	
1212	Did COVID-19 affect your visits to health unit or any health facility to take the health care you need (antenatal and postnatal care, consultation, vaccination of children...)?	YES, VISIT LESS 1 YES, VISIT MORE 2 I DIDN'T NEED SERVICE 3 NON 4	
1213	Do you think that COVID-19 impacted the quality of health care services? IF YES, Was the service improved or offended?	YES, IMPROVED 1 GOT WORSE 2 NO IMPACT 3 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
1214	Have you registered to take COVID vaccine?	YES 1 NO 2	→ 1216				
1215	Have you took the vaccine?	YES 1 NO 2 I HAVE A SCHEDULED APPOINTMENT 3	→ 1217				
1216	Why have not you registered? PROBE: Why else?	AFRAID OF SIDE EFFECTS A DON'T KNOW HOW TO REGISTER B UNDER AGE/ NOT ELIGIBLE FOR TAKING VACCINE C OTHER X (SPECIFY)					
1217	RECORD THE TIME.	HOUR <table border="1" data-bbox="1198 489 1297 525"><tr><td></td><td></td></tr></table> MINUTES <table border="1" data-bbox="1198 525 1297 560"><tr><td></td><td></td></tr></table>					

OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

1301 INTERVIEWER'S OBSERVATIONS

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

1302 SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

CHILD'S

1 2 NAME 3

2	04	APR	01					01	APR	2
0	03	MAR	02					02	MAR	0
2	02	FEB	03					03	FEB	2
2	01	JAN	04					04	JAN	2
	12	DEC	05					05	DEC	
	11	NOV	06					06	NOV	
	10	OCT	07					07	OCT	
	09	SEP	08					08	SEP	
2	08	AUG	09					09	AUG	2
0	07	JUL	10					10	JUL	0
2	06	JUN	11					11	JUN	2
1	05	MAY	12					12	MAY	1
	04	APR	13					13	APR	
	03	MAR	14					14	MAR	
	02	FEB	15					15	FEB	
	01	JAN	16					16	JAN	
	12	DEC	17					17	DEC	
	11	NOV	18					18	NOV	
	10	OCT	19					19	OCT	
	09	SEP	20					20	SEP	
2	08	AUG	21					21	AUG	2
0	07	JUL	22					22	JUL	0
2	06	JUN	23					23	JUN	2
0	05	MAY	24					24	MAY	0
	04	APR	25					25	APR	
	03	MAR	26					26	MAR	
	02	FEB	27					27	FEB	
	01	JAN	28					28	JAN	
	12	DEC	29					29	DEC	
	11	NOV	30					30	NOV	
	10	OCT	31					31	OCT	
	09	SEP	32					32	SEP	
2	08	AUG	33					33	AUG	2
0	07	JUL	34					34	JUL	0
1	06	JUN	35					35	JUN	1
9	05	MAY	36					36	MAY	9
	04	APR	37					37	APR	
	03	MAR	38					38	MAR	
	02	FEB	39					39	FEB	
	01	JAN	40					40	JAN	
	12	DEC	41					41	DEC	
	11	NOV	42					42	NOV	
	10	OCT	43					43	OCT	
	09	SEP	44					44	SEP	
2	08	AUG	45					45	AUG	2
0	07	JUL	46					46	JUL	0
1	06	JUN	47					47	JUN	1
8	05	MAY	48					48	MAY	8
	04	APR	49					49	APR	
	03	MAR	50					50	MAR	
	02	FEB	51					51	FEB	
	01	JAN	52					52	JAN	
	12	DEC	53					53	DEC	
	11	NOV	54					54	NOV	
	10	OCT	55					55	OCT	
	09	SEP	56					56	SEP	
2	08	AUG	57					57	AUG	2
0	07	JUL	58					58	JUL	0
1	06	JUN	59					59	JUN	1
7	05	MAY	60					60	MAY	7
	04	APR	61					61	APR	
	03	MAR	62					62	MAR	
	02	FEB	63					63	FEB	
	01	JAN	64					64	JAN	
	12	DEC	65					65	DEC	
	11	NOV	66					66	NOV	
	10	OCT	67					67	OCT	
	09	SEP	68					68	SEP	
2	08	AUG	69					69	AUG	2
0	07	JUL	70					70	JUL	0
1	06	JUN	71					71	JUN	1
6	05	MAY	72					72	MAY	6
	04	APR	73					73	APR	
	03	MAR	74					74	MAR	
	02	FEB	75					75	FEB	
	01	JAN	76					76	JAN	

INSTRUCTIONS:
 ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
 FOR COLUMNS 1, 2 ALL MONTHS SHOULD BE FILLED.

COL. 1: MARRIAGE/UNION
 X IN UNION (MARRIED OR LIVING TOGETHER)
 0 NOT IN UNION

COL. 2: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE
 B BIRTHS
 P PREGNANCIES
 M MISCARRIAGE
 A ABORTION
 S STILL BIRTH
 0 NO METHOD
 1 FEMALE STERILIZATION
 2 MALE STERILIZATION
 3 IUD
 4 MONTHLY INJECTION
 5 THREE-MONTH INJECTION
 6 IMPLANTS
 7 PILL
 8 CONDOM
 9 EMERGENCY CONTRACEPTION
 D DIAPHRAGM/FOAM OR JELLY
 R RHYTHM METHOD
 W WITHDRAWAL
 U PROLONGED BREASTFEEDING
 X OTHER MODERN _____
 (SPECIFY)
 Y OTHER TRADITIONAL _____
 (SPECIFY)

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

BIRTH DATE OF LAST CHILD BORN PRIOR TO 2016 MONTH YEAR

--	--	--	--