

QUESTIONNAIRE NUMBER _____

1991 FAMILY HEALTH SURVEY - BELIZE

INDIVIDUAL QUESTIONNAIRE

(For women aged 15-44 years)

Identification No.

| GEO. CODE | | HH SCHED NO. | | |
|-----------|--|--------------|--|--|
| | | | | |

| Interview Calls | 1 | 2 | 3 | Final Visit |
|--------------------|---|---|---|-------------|
| Month of interview | | | | |
| Time started | | | | |
| Time ended | | | | |
| Duration | | | | |
| Interview Status * | | | | |
| Interviewer's Name | | | | |
| Supervisor's Name | | | | |
| Next Visit: Date | | | | |
| Time | | | | |

* Interview Status Codes:

- | | |
|----------------------------------|-------------------------|
| 1 Completed individual interview | 5 Total Refusal |
| 2 No eligible respondent | 6 Partial refusal |
| 3 Residents not at home | 7 Vacant Household |
| 4 Respondent not at home | 8 Other (specify) _____ |

FOR OFFICE USE ONLY

Reviewed by: _____ Date: _____

Edited by: _____ Date: _____

H100. What is the primary source of drinking water for members of this household?

- 1 Piped into residence
- 2 Piped into yard or plot
- 3 Public tap
- 4 Well with handpump
- 5 Well without handpump
- 6 River, spring, surface water
- 7 Tanker truck, other vendor
- 8 Vat, drum
- 9 Other (specify) _____

H101. What kind of toilet facility does this household have?

- 1 Flush
- 2 Bucket
- 3 Pit latrine
- 4 No facilities
- 8 Other (specify) _____

H102. Does this house have:

| | <u>YES</u> | <u>NO</u> |
|---------------------|------------|-----------|
| Electricity? | 1 | 2 |
| A radio? | 1 | 2 |
| A television? | 1 | 2 |
| A refrigerator? | 1 | 2 |
| A telephone? | 1 | 2 |
| A personal vehicle? | 1 | 2 |

H103. What is the floor of this house made of?

- 1 Wood
- 2 Concrete
- 3 Dirt
- 4 Tile
- 8 Other (specify) _____

H104. How many rooms does this house have (excluding the kitchen, bathroom, and those used for commercial purposes)?

No. of Rooms _____

H105. What fuel is generally used for cooking?

- 1 Electricity
- 2 Propane gas
- 3 Kerosene
- 4 Wood
- 5 Charcoal
- 8 Other (specify) _____
- 9 Doesn't cook

H106. How many people (including children) usually live in this household? This should include all who usually eat and sleep here.

Total _____
 No. of Men _____
 No. of Women _____

H107. How many women 15 to 44 years of age usually live in this household?

Number _____

INTERVIEWER: IF '0' TERMINATE THE INTERVIEW.

H108. NAME

H109. AGE

H110. Marital Status

H111. Education Level

Please give me the names of the women 15-44 who usually live in this household.

How old is she? (years)

What is her marital status? (see Q801)

What is her highest level of education attained? (see Q10')

YOU SHOULD START WITH THE OLDEST

| | | | | |
|---|-------|-------|-------|-------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ |
| 6 | _____ | _____ | _____ | _____ |
| 7 | _____ | _____ | _____ | _____ |
| 8 | _____ | _____ | _____ | _____ |

H112. Line Number of the Eligible Woman Selected _____

SELECTION OF RESPONDENT

| LAST DIGIT OF QUESTIONNAIRE NUMBER | NO. OF WOMEN 15-44 IN HOUSEHOL | | | | | | | |
|------------------------------------|--------------------------------|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| 0 | 1 | 1 | 1 | 3 | 4 | 3 | 3 | 1 |
| 1 | 1 | 2 | 2 | 4 | | 4 | 4 | 2 |
| 2 | 1 | 1 | 3 | 1 | 1 | 5 | 5 | 3 |
| 3 | 1 | 2 | 1 | 2 | 2 | 6 | 6 | 4 |
| 4 | 1 | 1 | 2 | 3 | 3 | 1 | 7 | 5 |
| 5 | 1 | 2 | 3 | 4 | 4 | 2 | 1 | 6 |
| 6 | 1 | 1 | 1 | 1 | 5 | 3 | 2 | 7 |
| 7 | 1 | 2 | 2 | 2 | 1 | 4 | 3 | 8 |
| 8 | 1 | 1 | 3 | 3 | 2 | 5 | 4 | 1 |
| 9 | 1 | 2 | 1 | 4 | 3 | 6 | 5 | 2 |

SECTION I - RESPONDENT'S CHARACTERISTICS

101. In what month and year were you born?

_____ Month _____ Year

98 Don't know

102. How old were you on your last birthday?

_____ Age

98 Don't know

INTERVIEWER: COMPARE 101 WITH 102 AND CORRECT Q 101 IF INCONSISTENT.
TERMINATE INTERVIEW IF THE RESPONDENT IS NOT BETWEEN
THE AGES OF 15 AND 44

103. In what country were you born?

- 1 Belize
 - 2 Mexico
 - 3 Guatemala
 - 4 El Salvador
 - 5 Honduras
 - 6 Nicaragua
 - 7 United States
 - 8 Other (specify) _____
 - 9 Don't know
-

104. In what country did you live mostly when you were growing up,
say up to age 15?

- 1 Belize
 - 2 Mexico
 - 3 Guatemala
 - 4 El Salvador
 - 5 Honduras
 - 6 Nicaragua
 - 7 United States
 - 8 Other (specify) _____
 - 9 Don't know
-

105. To which ethnic group do you belong?

- 1 Creole
- 2 Mestizo
- 3 Garifuna
- 4 Maya/Ketchi
- 5 Caucasian
- 6 East Indian
- 7 Asian
- 8 Other (specify) _____
- 9 No response

106. What language is usually spoken in your home?

- | | | | |
|---|----------|---|-----------------------|
| 1 | English | 5 | Maya |
| 2 | Spanish | 6 | Ketchi |
| 3 | Creole | 7 | German |
| 4 | Garifuna | 8 | Other (specify) _____ |
-

107. What is the highest level of education you have attained at school, college, or university?

| | <u>LEVEL</u> | | <u>YEARS</u> | | <u>NOT SPECIFIED</u> |
|---|------------------|-----------------|--------------|--|----------------------|
| 0 | None | 0 | | | |
| 1 | Primary | 1 2 3 4 5 6 7 8 | | | 9 |
| 2 | High School | 1 2 3 4 | | | 9 |
| 3 | Sixth Form | 1 2 | | | 9 |
| 4 | University | 1 2 3 4+ | | | 9 |
| 5 | Teachers College | 1 2 3 | | | 9 |
| 6 | Nursing School | 1 2 3 4 | | | 9 |
| 9 | Refused | | | | 9 |

108. What is your religion?

- 0 No religion (SKIP TO 110)
 - 1 Anglican
 - 2 Mennonite
 - 3 Methodist
 - 4 Pentecostal
 - 5 Roman Catholic
 - 6 Seventh Day Adventist
 - 7 Nazarene
 - 8 Other (specify) _____
 - 9 No response (SKIP TO 110)
-

109. About how often do you usually attend religious services?

- 1 Never
- 2 Less than once a month
- 3 Once or twice per month
- 4 Three to four times per month
- 5 Five or more times per month
- 9 No response

110. Now, I would like to ask you some questions about working. As you know, many women work - I mean aside from doing their own housework. Some take 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.

Have you ever worked?

- 1 Yes
- 2 No (SKIP TO 201)

111. How old were you when you first began to work? ___ ___ Age
98 Don't know

112. Are you currently working?

- 1 Yes
- 2 No (SKIP TO 201)

113. Do you work full or part time?

- 1 Full time
- 2 Part time

| | <u>Yes</u> | <u>No</u> | <u>NR</u> |
|------------------------------------|------------|-----------|-----------|
| 114. Do you work outside the home? | 1 | 2 | 9 |

| | | | |
|--|---|---|---|
| 115. Do you primarily work in agriculture? | 1 | 2 | 9 |
|--|---|---|---|

| | | | |
|-----------------------------|---|---|---|
| 116. Are you self-employed? | 1 | 2 | 9 |
|-----------------------------|---|---|---|

SECTION II. FERTILITY

201. Are you currently pregnant?

- 1 Yes (SKIP TO Q203)
 - 0 No
 - 9 Not sure
-

202. Have you ever been pregnant?

- 1 Yes (SKIP TO Q205)
 - 2 No (SKIP TO Q219)
-

203. When do you expect to give birth?

____ Month ____ Year

98 = DK

204. Is this your first pregnancy?

- 1 Yes (SKIP TO Q215)
 - 2 No
-

205. Do you have any sons or daughters to whom you have given birth who are now living with you?

- 1 Yes
 - 2 No (SKIP TO Q207)
-

206. How many sons live with you?

Sons at home: ____

INTERVIEWER: IF NONE, ENTER '00'.

And how many daughters live with you?

Daughters at home: ____

INTERVIEWER: IF NONE, ENTER '00'.

207. Do you have any sons or daughters to whom you have given birth who are alive, but do not live with you?

- 1 Yes
- 2 No (SKIP TO Q209)

208. How many sons are alive, but do not live with you?

Sons elsewhere: ___

INTERVIEWER: IF NONE, ENTER '00'.

And how many daughters are alive, but do not live with you?

Daughters elsewhere: ___

INTERVIEWER: IF NONE, ENTER '00'.

209. Have you ever given birth to a son or daughter who was born alive, but later died? IF NO, PROBE: Any (other) baby who cried or showed any sign of life, but only survived a few hours or days?

- 1 Yes
 - 2 No (SKIP TO Q211)
-

210. In all, how many sons have died?

Sons dead: ___

INTERVIEWER: IF NONE, ENTER '00'.

And how many daughters have died?

Daughters dead: ___

INTERVIEWER: IF NONE, ENTER '00'.

211. Have you ever given birth to a boy or girl that was born dead after completing the sixth month of pregnancy?

- 1 Yes
 - 2 No (SKIP TO Q213)
-

212. How many of your pregnancies terminated in stillbirths?

Number of stillbirths ___

213. Have you ever had a miscarriage or an abortion before completing your sixth month of pregnancy?

- 1 Yes
 - 2 No (SKIP TO Q215)
 - 9 No Response (SKIP TO Q215)
-

214. How many miscarriages or abortions have you had before completing your sixth month of pregnancy?

Number of abortions ___

215. INTERVIEWER: RECORD THE TOTALS OF QUESTIONS 201, 206, 208, 210, 212 AND 214.

| | | | |
|-----------------------------|---------------------------------------|-----|-----|
| 201 | CURRENTLY PREGNANT | ___ | ___ |
| 206 | TOTAL BOYS AND GIRLS AT HOME | ___ | ___ |
| 208 | TOTAL BOYS AND GIRLS LIVING ELSEWHERE | ___ | ___ |
| 210 | TOTAL CHILDREN BORN ALIVE THAT DIED | ___ | ___ |
| 212 | TOTAL STILLBIRTHS | ___ | ___ |
| 214 | TOTAL ABORTIONS | ___ | ___ |
| TOTAL NUMBER OF PREGNANCIES | | ___ | ___ |

ASK: In total, you have had ___ ___ pregnancies, is that correct?

216. Have you had multiple births?

Number of multiple births ___ ___

INTERVIEWER: IF THE TOTAL NUMBER OF PREGNANCIES IS INCORRECT AND THIS IS NOT DUE TO MULTIPLE BIRTHS, RETURN TO QUESTIONS 201 THRU 214 AND PROBE AND RECONCILE.

217. When you became pregnant (the last time), did you want to become pregnant?

- 1 Yes (SKIP TO Q219)
- 2 No
- 3 God's will, fate, didn't think about it (SKIP TO Q219)
- 9 Don't now, not sure (SKIP TO Q219)

218. Was it that you wanted no more children, or that you just wanted to wait longer before another pregnancy?

- 1 Wanted no more children
- 2 Wanted to wait longer
- 9 Don't know, not sure, don't remember

219. Do you currently desire to become pregnant?

- 1 Yes
- 2 No
- 3 CURRENTLY PREGNANT (SEE Q201)
- 9 Don't know

- 1 RESPONDENT HAS ONE OR MORE LIVE BIRTHS (CONTINUE WITH Q221)
- 2 RESPONDENT HAS NEVER BEEN PREGNANT (SKIP TO Q280)
- 3 RESPONDENT PREGNANT FOR FIRST TIME (SKIP TO Q280)
- 4 RESPONDENT HAS ONLY HAD STILLBIRTHS AND/OR ABORTIONS (SKIP TO Q280)

Now I would like to talk to you about all of your births, whether still alive or not, starting with the last one you had.

RECORD NAMES OF ALL THE BIRTHS IN Q221. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

| 221. | 222. | 223. | 224. | 225. |
|--|--------------------------|---|------------------------|--|
| What name was given to your (last, next to last, etc.) baby? | Is (name) a boy or girl? | In what month and year was (name) born? (ASK AGE IF MONTH AND/OR YEAR UNKNOWN) | Is (name) still alive? | IF DEAD: How old was he/she when he/she died? IF "1 Yr" PROBE: How many months old was (name)? Record Days if less than 1 month; months if less than 2 Yrs; or Yrs. |
| 01 _____ (name) | 1 Boy 2 Girl | Month _____ Year _____ DK 98 Age _____ | 1 Yes 2 No | 1 Days _____ 2 Months _____ 3 Years _____ DK 98 |
| 02 _____ (name) | 1 Boy 2 Girl | Month _____ Year _____ DK = 98 Age _____ | 1 Yes 2 No | 1 Days _____ 2 Months _____ 3 Years _____ DK 98 |
| 03 _____ (name) | 1 Boy 2 Girl | Month _____ Year _____ DK = 98 Age _____ | 1 Yes 2 No | 1 Days _____ 2 Months _____ 3 Years _____ DK 98 |
| 04 _____ (name) | 1 Boy 2 Girl | Month _____ Year _____ DK = 98 Age _____ | 1 Yes 2 No | 1 Days _____ 2 Months _____ 3 Years _____ DK 98 |
| 05 _____ (name) | 1 Boy 2 Girl | Month _____ Year _____ DK = 98 Age _____ | 1 Yes 2 No | 1 Days _____ 2 Months _____ 3 Years _____ DK 98 |
| 06 _____ (name) | 1 Boy 2 Girl | Month _____ Year _____ DK = 98 Age _____ | 1 Yes 2 No | 1 Days _____ 2 Months _____ 3 Years _____ DK 98 |
| 07 _____ (name) | 1 Boy 2 Girl | Month _____ Year _____ DK = 98 Age _____ | 1 Yes 2 No | 1 Days _____ 2 Months _____ 3 Years _____ DK 98 |
| 08 _____ (name) | 1 Boy 2 Girl | Month _____ Year _____ DK = 98 Age _____ | 1 Yes 2 No | 1 Days _____ 2 Months _____ 3 Years _____ DK 98 |

| | | | | |
|--------|-----------------|---|---------------|--|
| (name) | 1 Boy 2 Girl | Month ___ Year ___ DK = 98 Age ___ | 1 Yes 2 No | 1 Days ___ 2 Months ___ 3 Years ___ DK 98 |
| (name) | 1 Boy 2 Girl | Month ___ Year ___ DK = 98 Age ___ | 1 Yes 2 No | 1 Days ___ 2 Months ___ 3 Years ___ DK 98 |
| (name) | 1 Boy 2 Girl | Month ___ Year ___ DK = 98 Age ___ | 1 Yes 2 No | 1 Days ___ 2 Months ___ 3 Years ___ DK 98 |
| (name) | 1 Boy 2 Girl | Month ___ Year ___ DK = 98 Age ___ | 1 Yes 2 No | 1 Days ___ 2 Months ___ 3 Years ___ DK 98 |
| (name) | 1 Boy 2 Girl | Month ___ Year ___ DK = 98 Age ___ | 1 Yes 2 No | 1 Days ___ 2 Months ___ 3 Years ___ DK 98 |
| (name) | 1 Boy 2 Girl | Month ___ Year ___ DK = 98 Age ___ | 1 Yes 2 No | 1 Days ___ 2 Months ___ 3 Years ___ DK 98 |

INTERVIEWER: COMPARE THE SUM OF Q206, Q208 AND Q210 WITH NUMBER OF BIRTHS RECORDED IN HISTORY ABOVE. IF THE NUMBER ARE DIFFERENT, PROBE AND RECONCILE.

MAKE SURE THAT FOR EACH LIVE BIRTH, MONTH AND YEAR OF BIRTH IS RECORDED. SIMILARLY, FOR EACH CHILD THAT HAS DIED THAT THE AGE AT DEATH IS RECORDED.

6. **INTERVIEWER:** CHECK Q223 AND ENTER THE NUMBER OF LIVE BIRTHS SINCE JANUARY, 1986 ___

IF '00', SKIP TO Q280

w, I would like to make a list of all the live births that you've had since January, 1986 whether they are still alive or not. We will start with your first live birth.

INTERVIEWER:

- RECORD THE NAME OF EACH LIVE BIRTH AT THE TOP OF EACH COLUMN BEGINNING WITH THE LAST LIVE BIRTH IN COLUMN 1 AND CONTINUE IN ORDER OF BIRTH FROM YOUNGEST TO OLDEST.
- IF THERE ARE MORE THAN FIVE BIRTHS, TERMINATE THE LIST IN COLUMN 5.
- IF THERE ARE MULTIPLE BIRTHS (TWINS, TRIPLETS) REGISTER THESE LIVEBIRTHS IN SEPARATE COLUMNS. DRAW A LINE CONNECTING LIVEBIRTHS FROM THE SAME PREGNANCIES.

BIRTH HISTORY CHART

| RECORD NAME | (1) Last Birth | | (2) Next to Last Birth | | (3) Second From Last Birth | | (4) Third From Last Birth | | (5) Fourth From Last Birth | |
|--|-------------------|---------------|---------------------------|---------------|-------------------------------|---------------|------------------------------|---------------|-------------------------------|---------------|
| | 1 Alive | 2 Dead | 1 Alive | 2 Dead | 1 Alive | 2 Dead | 1 Alive | 2 Dead | 1 Alive | 2 Dead |
| CHECK 224. CHILD ALIVE OR DEAD? | 1 Alive | 2 Dead | 1 Alive | 2 Dead | 1 Alive | 2 Dead | 1 Alive | 2 Dead | 1 Alive | 2 Dead |
| 227. How many pounds and ounces did the baby weigh at birth? | Lbs. ___ | Ozs. ___ | Lbs. ___ | Ozs. ___ | Lbs. ___ | Ozs. ___ | Lbs. ___ | Ozs. ___ | Lbs. ___ | Ozs. ___ |
| | 98 Don't know | 98 Don't know | 98 Don't know | 98 Don't know | 98 Don't know | 98 Don't know | 98 Don't know | 98 Don't know | 98 Don't know | 98 Don't know |

IF WEIGHT IS GIVEN, SKIP TO Q229, OTHERWISE CONTINUE

228. Did (s/he) weigh more or less than five and one half pounds?

1 More
2 5 1/2 or less

1 Yes
2 No (SKP TO 235)

1 More
2 5 1/2 or less

1 Yes
2 No (SKP TO 235)

1 More
2 5 1/2 or less

1 Yes
2 No (SKP TO 235)

230. Where did you go for most of this care?

1 Gov't Health Centre/Clinic
2 Gov't Hospital
3 Private Hospital
4 Pvt. Doctor/Clinic
5 Midwife/TBA
8 Other

1 Gov't Health Centre/Clinic
2 Gov't Hospital
3 Private Hospital
4 Pvt. Doctor/Clinic
5 Midwife/TBA
8 Other

1 Gov't Health Centre/Clinic
2 Gov't Hospital
3 Private Hospital
4 Pvt. Doctor/Clinic
5 Midwife/TBA
8 Other

1 Gov't Health Centre/Clinic
2 Gov't Hospital
3 Private Hospital
4 Pvt. Doctor/Clinic
5 Midwife/TBA
8 Other

231. How many months were you pregnant when you made your first visit?

Number of months pregnant ___

DK = 70

232. How many times did you go?

Number of months pregnant ___

DK = 98

233. (FOR THE LAST TWO CHILDREN ONLY)
How much, in total, did you spend on these visits when you were pregnant with (NAME)?

Amount for visits: \$ ___

FREE = 7777
DK = 9999

234. (FOR THE LAST TWO CHILDREN ONLY) How much, in total, did you spend on drugs or vitamins required for your pregnancy when you were pregnant with (NAME)?

Amount for drugs or vitamins: \$ ___

FREE = 777
DK = 999

235. When you were pregnant with (NAME) were you given any injection (shot in the arm) to prevent the baby from getting tetanus, that is, lock jaw?

1 Yes 1 Yes 1 Yes 1 Yes
 2 No 2 No 2 No 2 No
 9 Don't know 9 Don't know 9 Don't know 9 Don't know

236. Where did you give birth to (NAME)?

1 Gov't Hospital 1 Gov't Hospital 1 Gov't Hospital 1 Gov't Hospital
 2 Pvt. Hospital 2 Pvt. Hospital 2 Pvt. Hospital 2 Pvt. Hospital
 3 Own Home 3 Own Home 3 Own Home 3 Own Home
 4 Home of a relative 4 Home of a relative 4 Home of a relative 4 Home of a relative
 or friend or friend or friend or friend
 8 Other 8 Other 8 Other 8 Other

237. Who assisted with the delivery of (NAME)?

1 Doctor 1 Doctor 1 Doctor 1 Doctor
 2 Nurse Midwife 2 Nurse Midwife 2 Nurse Midwife 2 Nurse Midwife
 3 Midwife/TBA 3 Midwife/TBA 3 Midwife/TBA 3 Midwife/TBA
 5 No one 5 No one 5 No one 5 No one
 8 Other 8 Other 8 Other 8 Other

238. Was this a normal delivery (vaginal) or was it a forcep/caesarean delivery?

1 Normal delivery 1 Normal delivery 1 Normal delivery 1 Normal delivery
 2 Forceps Delivery 2 Forceps Delivery 2 Forceps Delivery 2 Forceps Delivery
 3 Caesarean Section 3 Caesarean Section 3 Caesarean Section 3 Caesarean Section

239. (FOR THE LAST TWO CHILDREN ONLY) Did you make any payments to the facility or birth attendant for the delivery of (NAME)?

1 Yes 1 Yes
 2 No (SKIP TO 241) 2 No (SKIP TO 241)
 9 Don't know (SKIP TO 241) 9 Don't know (SKIP TO 241)

240. (FOR THE LAST TWO CHILDREN ONLY) How much did you pay, in total, for the delivery of (NAME)?

Amount for delivery: \$ _____
 DK = 9999

241. After the delivery of (NAME), did you have any of these? (READ EACH ONE)

A. Did you receive a medical checkup, that is a postpartum check up, about 5 to 6 weeks after (name) was born?

1 Yes 1 Yes
 2 No 2 No
 9 Don't Remember 9 Don't Remember

B. After (name) was born did you take him/her for a newborn medical check up?

1 Yes 1 Yes
 2 No 2 No
 9 Don't Remember 9 Don't Remember

242. When you became pregnant did you want to become pregnant?

1 Yes (SKP TO Q244) 1 Yes (SKP TO Q244)
 2 No 2 No
 9 Don't know 9 Don't know

1 Yes
 2 No
 9 Don't know

1 Gov't Hospital
 2 Pvt. Hospital
 3 Own Home
 4 Home of a relative
 or friend
 8 Other

1 Doctor
 2 Nurse Midwife
 3 Midwife/TBA
 5 No one
 8 Other

1 Normal delivery
 2 Forceps Delivery
 3 Caesarean Section

1 Yes
 2 No (SKIP TO 241)
 9 Don't know (SKIP TO 241)

Amount for delivery: \$ _____
 DK = 9999

1 Yes (SKP TO Q244)
 2 No
 9 Don't know

1 Yes
 2 No
 9 Don't Remember

1 Yes (SKP TO Q244)
 2 No
 9 Don't know

1 Yes
 2 No
 9 Don't know

243. Was it that you wanted no more children, or that you just wanted to wait longer before another pregnancy?

| | | | | | | | |
|---|-------------------------|---|-------------------------|---|-------------------------|---|-------------------------|
| 1 | Wanted no more children | 1 | Wanted no more children | 1 | Wanted no more children | 1 | Wanted no more children |
| 2 | Wanted to wait longer | 2 | Wanted to wait longer | 2 | Wanted to wait longer | 2 | Wanted to wait longer |
| 9 | Don't know | 9 | Don't know | 9 | Don't know | 9 | Don't know |

244. Did you ever breastfeed (NAME)?

| | | | | | | | |
|---|-------------------|---|-------------------|---|-------------------|---|-------------------|
| 1 | Yes (SKIP TO 246) | 1 | Yes (SKIP TO 252) | 1 | Yes (SKIP TO 252) | 1 | Yes (SKIP TO 252) |
| 2 | No | 2 | No | 2 | No | 2 | No |

245. Why did you not breastfeed (NAME)?

| | | | | | | | |
|---|-----------------------|---|-----------------------|---|-----------------------|---|-----------------------|
| 1 | Mother ill/weak | 1 | Mother ill/weak | 1 | Mother ill/weak | 1 | Mother ill/weak |
| 2 | Child ill/weak | 2 | Child ill/weak | 2 | Child ill/weak | 2 | Child ill/weak |
| 3 | Child died | 3 | Child died | 3 | Child died | 3 | Child died |
| 4 | Nipple/Breast problem | 4 | Nipple/Breast problem | 4 | Nipple/Breast problem | 4 | Nipple/Breast problem |
| 5 | No milk | 5 | No milk | 5 | No milk | 5 | No milk |
| 6 | Working | 6 | Working | 6 | Working | 6 | Working |
| 7 | Child refused | 7 | Child refused | 7 | Child refused | 7 | Child refused |
| 8 | Other (specify) | 8 | Other (specify) | 8 | Other (specify) | 8 | Other (specify) |

246. How long after birth did you first put (NAME) to the breast?
RECORD IN DAYS IF MORE THAN 24 HOURS.

000 Immediately
1 Hours ___
2 Days ___

247. IF STILL ALIVE: Are you still breastfeeding (NAME)? (IF DEAD, CIRCLE '2')

| | | | |
|---|-----|---|-------------------|
| 1 | Yes | 1 | Yes (SKIP TO 252) |
| 2 | No | 2 | No |

248. How many times did you breastfeed last night between 6 p.m. and 6 a.m. (IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NO.)

Number of nighttime feedings ___

249. How many times did you breastfeed yesterday during the daylight hours? (IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NO.)

Number of daylight feedings ___

250. At any time yesterday or last night was (NAME) given any of the following?:

| | | |
|---------------------------|-----|----|
| Plain water? | Yes | No |
| Sugar water? | 1 | 2 |
| Juice? | 1 | 2 |
| Herbal tea? | 1 | 2 |
| Baby formula? | 1 | 2 |
| Fresh milk? | 1 | 2 |
| Tinned or powdered milk? | 1 | 2 |
| Other liquids? | 1 | 2 |
| Any solid or mashed food? | 1 | 2 |

251. CHECK Q250

FOOD OR LIQUID GIVEN YESTERDAY?

Yes to one or more (SKIP TO 256)

No to all (SKIP TO 255)

252. For how many months did you breastfeed (NAME)?

Months 00 < 1 month
95 Until died (SKIP TO Q255)

Months 00 < 1 month
95 Until died (SKIP TO Q255)

Months 00 < 1 month
95 Until died (SKIP TO Q255)

253. Why did you stop breastfeeding (NAME)?

- 01 Mother ill/weak
- 02 Child ill/weak
- 03 Child died
- 04 Nipple/Breast problem
- 05 No milk
- 06 Working
- 07 Child refused
- 08 Weaning age
- 09 Became pregnant
- 10 Other (specify)

- 01 Mother ill/weak
- 02 Child ill/weak
- 03 Child died
- 04 Nipple/Breast problem
- 05 No milk
- 06 Working
- 07 Child refused
- 08 Weaning age
- 09 Became pregnant
- 10 Other (specify)

- 01 Mother ill/weak
- 02 Child ill/weak
- 03 Child died
- 04 Nipple/Breast problem
- 05 No milk
- 06 Working
- 07 Child refused
- 08 Weaning age
- 09 Became pregnant
- 10 Other (specify)

254. INTERVIEWER: REFER TO TOP OF CHART: CHILD ALIVE?

1 Alive (SKIP TO 256)
2 Dead

1 Alive (SKIP TO 256)
2 Dead

1 Alive (SKIP TO 256)
2 Dead

255. Was (NAME) ever given any water, or something else to drink or eat (other than breastmilk)?

1 Yes
2 No (SKIP TO 257)

1 Yes
2 No (SKIP TO 257)

1 Yes
2 No (SKIP TO 257)

256. How many months old was (NAME) when you started giving him/her the following?

Formula or milk other than breastmilk?

Age in months 96 Not given

Age in months 96 Not given

Age in months 96 Not given

Water or other liquids?

Age in months 96 Not given

Age in months 96 Not given

Age in months 96 Not given

Any solid or mashed food?

Age in months 96 Not given

Age in months 96 Not given

Age in months 96 Not given

(IF LESS THAN ONE MONTH, RECORD '00') (DK = 98)

(IF LESS THAN ONE MONTH, RECORD '00') (DK = 98)

(IF LESS THAN ONE MONTH, RECORD '00') (DK = 98)

257. How many months after the birth of (NAME) did your menstrual period first return?

Months 96 Hasn't returned
98 Don't remember

Months 96 Hasn't returned
98 Don't remember

Months 96 Hasn't returned
98 Don't remember

258. Have you resumed sexual relations since the birth of (NAME)?

1 Yes
2 No (SKIP TO Q260)

Months 96 Hasn't returned
98 Don't remember

Months 96 Hasn't returned
98 Don't remember

259. How many weeks after the birth of (NAME) did you resume sexual relations? Weeks DK = 98

260. INTERVIEWER: CHECK TOP OF CHART ON PAGE 10. IS CHILD ALIVE OR DEAD?

1 Alive 1 Alive 1 Alive 1 Alive
 2 Dead (NEXT CHILD) 2 Dead (NEXT CHILD) 2 Dead (NEXT CHILD) 2 Dead (GO TO 280)

261. In the last two weeks has (NAME) had any of the following symptoms?

| | YES | | NO | | DR | | YES | | NO | | DR | | YES | | NO | | DR | |
|-------------------------------------|-----|---|----|---|----|---|-----|---|----|---|----|---|-----|---|----|---|----|---|
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Red/teary eyes | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| Stuffed/runny nose | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| Sneezing | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| Cough | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| High fever | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| Sore throat | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| Hoarseness | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| Difficulty swallowing | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| Earache (or ear secretions) | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| Rapid, difficult and loud breathing | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| Sunken chest | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| Blue or purple lips | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |
| Periods of not breathing | 1 | 2 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 | 1 | 2 | 9 | 9 |

*** ALL RESPONSES IN 261 ARE CODE 2 AND/OR 9 THEN GO TO 268)

262. How many days did the symptoms last?

| | Number of days | | Number of days | | Number of days | | Number of days | | Number of days | |
|---|----------------|----------|----------------|----------|----------------|----------|----------------|----------|----------------|----------|
| | 00 Began today | 98 DK/DR | 00 Began today | 98 DK/DR | 00 Began today | 98 DK/DR | 00 Began today | 98 DK/DR | 00 Began today | 98 DK/DR |
| 1 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

263. Did you do anything to improve (NAME)'s condition?

| | Number of days | | Number of days | | Number of days | | Number of days | |
|---|----------------|------|----------------|------|----------------|------|----------------|------|
| | 1 Yes | 2 No | 1 Yes | 2 No | 1 Yes | 2 No | 1 Yes | 2 No |
| 1 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

264. Did you seek advice or treatment from any of the following?

- 0 None
- 1 Community Health Worker
- 2 Govt. Health Ctr/Clinic
- 3 Govt. Hospital
- 4 Private or Mission Hospital
- 5 Private Doctor/Clinic
- 6 Traditional Healer
- 7 Private Pharmacy
- 8 Other (specify)

Location: --- Location: --- Location: --- Location: --- Location: --- Location: ---

265. What type of treatment did the chi
[READ EACH ONE]

| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| Antibiotics | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Were these prescribed by the health center or doctor? | | | | | | | | | | |
| Aspirin/Antifebril | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Expectorant/Antidecongestant Pills, syrups, other unspecified treatment | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Home remedies | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Specify | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Hospitalized for more than 24 hours | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Other (specify) | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

266. During this illness how much was spent for treatment and medicines?

| | \$ | FREE = 777 | DK = 999 | (GO TO Q268) | \$ | FREE = 777 | DK = 999 | (GO TO Q268) | \$ | FREE = 777 | DK = 999 | (GO TO Q268) |
|--|----|------------|----------|--------------|----|------------|----------|--------------|----|------------|----------|--------------|
| | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

267. Why did you do nothing?

| | | | | |
|---|----|----|----|----|
| Was not necessary, was not serious | 1 | 1 | 1 | 1 |
| Perhaps should have, but didn't have time | 2 | 2 | 2 | 2 |
| Didn't know what to do or what to give the child | 3 | 3 | 3 | 3 |
| Did not have any remedies to give the child | 4 | 4 | 4 | 4 |
| Unable to go to health center/doctor | 5 | 5 | 5 | 5 |
| Did not have enough money | 6 | 6 | 6 | 6 |
| Went to the health center, but they did not see us; it was closed | 7 | 7 | 7 | 7 |
| The health center is too far away or hard to get to | 8 | 8 | 8 | 8 |
| Other (specify) | 9 | 9 | 9 | 9 |
| Don't know/don't remember | 98 | 98 | 98 | 98 |

268. Sometimes, children have diarrhea, that is to say more frequent liquid stools in a day than what is normal. Has (NAME) had diarrhea in the last two weeks?

| | | | |
|---------------------|---------------------|---------------------|---------------------|
| 1 Yes (GO TO 269) | 1 Yes (GO TO 269) | 1 Yes (GO TO 269) | 1 Yes (GO TO 269) |
| 2 No (GO TO 279) | 2 No (GO TO 279) | 2 No (GO TO 279) | 2 No (GO TO 279) |
| 9 DK/DR (GO TO 279) | 9 DK/DR (GO TO 279) | 9 DK/DR (GO TO 279) | 9 DK/DR (GO TO 279) |

269. How long has the diarrhea lasted/ did the diarrhea last?

| | | | |
|--------------------------------------|--------------------------------------|--------------------------------------|--------------------------------------|
| Days (IF LESS THAN 1 DAY ENTER '00') | Days (IF LESS THAN 1 DAY ENTER '00') | Days (IF LESS THAN 1 DAY ENTER '00') | Days (IF LESS THAN 1 DAY ENTER '00') |
| 98 = DK | 98 = DK | 98 = DK | 98 = DK |
| 1 Yes | 1 Yes | 1 Yes | 1 Yes |
| 2 No | 2 No | 2 No | 2 No |
| 9 DK | 9 DK | 9 DK | 9 DK |

270. Was there any blood and/or mucous in the stools?

| | |
|-------|-------|
| 1 Yes | 1 Yes |
| 2 No | 2 No |
| 9 DK | 9 DK |

271. When (NAME) had diarrhea did she/he have?

| | | | | | | | | | | | |
|-----|----|-------|-----|----|-------|-----|----|-------|-----|----|-------|
| YES | NO | DK/DR | YES | NO | DK/DR | YES | NO | DK/DR | YES | NO | DK/DR |
| 1 | 2 | 9 | 1 | 2 | 9 | 1 | 2 | 9 | 1 | 2 | 9 |
| 1 | 2 | 9 | 1 | 2 | 9 | 1 | 2 | 9 | 1 | 2 | 9 |
| 1 | 2 | 9 | 1 | 2 | 9 | 1 | 2 | 9 | 1 | 2 | 9 |
| 1 | 2 | 9 | 1 | 2 | 9 | 1 | 2 | 9 | 1 | 2 | 9 |

Dry/wrinkled skin
 Sunken/dry eyes
 Sunken fontanel (Mole drop)
 Dry lips

272. Did you do anything to improve the child's condition?

| | |
|------------------|------------------|
| 1 Yes | 1 Yes |
| 2 No (GO TO 278) | 2 No (GO TO 278) |

273. Did you seek advice or treatment from any of the following?

- 0 None
- 1 Community Health Worker
- 2 Govt. Health Ctr/Clinic
- 3 Govt. Hospital
- 4 Private or Mission Hospital
- 5 Private Doctor/Clinic
- 6 Traditional Healer
- 7 Private Pharmacy
- 8 Other (specify) _____

Location: _____ Location: _____ Location: _____ Location: _____

274. What type of treatment did the child receive?
[READ EACH ONE]

| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| Antibiotics | | | | | | | | | | |
| Were these prescribed by the health center or a doctor? | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Antidiarrhetics | | | | | | | | | | |
| Were these prescribed by the health center or a doctor? | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Remedies (over the counter syrup, tablets, etc.) | | | | | | | | | | |
| ORS (Oral Rehydration Salts) | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Homemade salt/sugar solution | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Traditional remedies | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| IV (Intravenous treatment) | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Hospitalization more than 24 hours | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Other treatments (specify): | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

\$ FREE = 777 DK = 999 \$ FREE = 777 DK = 999 \$ FREE = 777 DK = 999

275. During this illness how much was spent for treatment and medicines?

276. During the time of the diarrhea, did you change the child's feeding patterns?

| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
|-------------------------------------|-----|----|-----|----|-----|----|-----|----|-----|----|
| Gave normal diet | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Gave only soft foods | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Gave less food | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Gave more frequent feedings | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Gave other types of food (specify): | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

277. During the time of the diarrhea did you change the amount of liquids you were giving him/her?

| | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
|-------------------|-----|----|-----|----|-----|----|-----|----|-----|----|
| Decreased liquids | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Increased liquids | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Only breastfed | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |
| Withheld milk | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 | 1 | 2 |

(GO TO 279)

(GO TO 279)

(GO TO 279)

(GO TO 279)

(GO TO 279)

(GO TO 279)

(GO TO 279)

278. Why did you do nothing?

| | | | | | |
|--|----|----|----|----|----|
| Was not necessary, was not serious | 1 | 1 | 1 | 1 | 1 |
| Perhaps should have, but didn't think it would make any difference | 2 | 2 | 2 | 2 | 2 |
| Didn't know what to do or what to give the child | 3 | 3 | 3 | 3 | 3 |
| Did not have any remedies to give the child | 4 | 4 | 4 | 4 | 4 |
| Unable to go to health center/doctor | 5 | 5 | 5 | 5 | 5 |
| Did not have enough money | 6 | 6 | 6 | 6 | 6 |
| The health center was too far away | 8 | 8 | 8 | 8 | 8 |
| Other (specify) | 9 | 9 | 9 | 9 | 9 |
| Don't know/don't remember | 98 | 98 | 98 | 98 | 98 |

279. For your children under five, I'd like to get some information about their vaccinations. Do you have a card where (NAME'S) vaccinations are written down? IF YES, may I please see it?

INTERVIEWER:

RECORD THE INFORMATION FOR EACH DOSE, MONTH AND YEAR, VERY CAREFULLY. IF THE MOTHER DOES NOT HAVE A VACCINATION CARD FOR THE CHILD, COMPLETE THE TABLE BELOW CONSULTING WITH THE MOTHER

| | <u>LAST BIRTH</u> | | | <u>NEXT TO LAST BIRTH</u> | | | <u>SECOND TO LAST BIRTH</u> | | | <u>THIRD TO LAST BIRTH</u> | | | <u>FOURTH TO LAST BIRTH</u> | | |
|----------|-------------------|----|----|---------------------------|----|----|-----------------------------|----|----|----------------------------|----|----|-----------------------------|----|----|
| | NAME | | | NAME | | | NAME | | | NAME | | | NAME | | |
| | CODE | MO | YR | CODE | MO | YR | CODE | MO | YR | CODE | MO | YR | CODE | MO | YR |
| BCG? | BCG | | | BCG | | | BCG | | | BCG | | | BCG | | |
| POLIO 1? | P1 | | | P1 | | | P1 | | | P1 | | | P1 | | |
| POLIO 2? | P2 | | | P2 | | | P2 | | | P2 | | | P2 | | |
| POLIO 3? | P3 | | | P3 | | | P3 | | | P3 | | | P3 | | |
| POLIO B | PB | | | PB | | | PB | | | PB | | | PB | | |
| DPT 1? | D1 | | | D1 | | | D1 | | | D1 | | | D1 | | |
| DPT 2? | D2 | | | D2 | | | D2 | | | D2 | | | D2 | | |
| DPT 3? | D3 | | | D3 | | | D3 | | | D3 | | | D3 | | |
| DPT B? | DPTB | | | DPTB | | | DPTB | | | DPTB | | | DPTB | | |
| MEASLES1 | MEA1 | | | MEA1 | | | MEA1 | | | MEA1 | | | MEA1 | | |
| MEASLES2 | MEAZ | | | MEAZ | | | MEAZ | | | MEAZ | | | MEAZ | | |

CODES:

- 1 HAS DOSE ACCORDING TO VACCINATION CARD
- 2 HAS DOSE ACCORDING TO MOTHER
- 3 DOES NOT HAVE DOSE
- 9 DOESN'T KNOW/REMEMBER

MONTH/YEAR: DON'T KNOW/REMEMBER = 98

280. Now I would like to ask about your opinion towards child-bearing. What is the main reason a woman might wish to limit the number of children that she has?

- 01 Financial
- 02 Work Related
- 03 Schooling
- 04 Health of Mother
- 05 Physical Appearance
- 06 Child Care Problems
- 07 Health of Child

- 88 Other (specify) _____
- 98 Don't know
- 99 No answer

281. How old do you think a child should be before the mother stops giving only breast milk to him/her?

- ____ Months
77 As long as possible
98 Don't know

282. How many months old do you think it is best for a child to be before another child is born?

- ____ Months
98 Don't know

283. Who should decide the number of children a couple wants to have?

- 1 Husband/Partner
- 2 Wife/Woman
- 3 Both
- 4 Mother-in-law
- 5 Fate, Up to God
- 8 Other (specify) _____

284. During a woman's menstrual cycle, when is it most likely that she will become pregnant? [READ]

- 1 During her period
- 2 Right after her period has ended
- 3 In the middle of the cycle
- 4 Just before her period begins
- 5 At any time
- 8 Other (specify) _____
- 9 Don't know

INTERVIEWER: CHECK Q215

- 1 IF NO LIVE BIRTHS (CONTINUE WITH Q285)
 - 2 IF ONE OR MORE LIVE BIRTHS (SKIP TO Q286)
-

85. If you could choose exactly the number of children to have in your whole life, how many would that be?

Number
77 God's Will
98 Don't know
99 No response

(SKIP TO Q301)

86. If you could go back to the time when you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?

Number
77 God's Will
98 Don't know
99 No response

(CONTINUE WITH Q301)

SECTION III - FAMILY PLANNING

301. Now, I would like to talk about methods that people use to space or limit the number of children they have.

- a. **FIRST ASK:** Please tell me all the methods you have heard of to space or limit the number of children a person has. [CIRCLE NUMBER NEXT TO EACH METHOD MENTIONED.]
- b. **THEN:** READ EACH METHOD NOT MENTIONED AND CIRCLE "2" OR "3", APPROPRIATE.
- c. **THEN:** ASK QUESTIONS ABOUT USE FOR EVERY METHOD KNOWN BY THE RESPONDENT [CIRCLE "4" OR "5" AS APPROPRIATE.]

| <u>Method</u> | <u>Spontaneous</u> | <u>Have you Ever Heard of (method)?</u> | | <u>Have you/your Partner ever used (method)?</u> | |
|--|--------------------|---|-----------|--|-----------|
| | | <u>Yes</u> | <u>No</u> | <u>Yes</u> | <u>No</u> |
| 1. Female Sterilization, Tubal Ligation, Tying Off | 1 | 2 | 3 | 4 | 5 |
| 2. Male Sterilization, Vasectomy | 1 | 2 | 3 | 4 | 5 |
| 3. Pill, oral contraceptives | 1 | 2 | 3 | 4 | 5 |
| 4. Injection | 1 | 2 | 3 | 4 | 5 |
| 5. Inter-Uterine Device/Coil (IUD) | 1 | 2 | 3 | 4 | 5 |
| 6. Condoms | 1 | 2 | 3 | 4 | 5 |
| 7. Diaphragm | 1 | 2 | 3 | 4 | 5 |
| 8. Vaginal Foaming Tablets | 1 | 2 | 3 | 4 | 5 |
| 9. Vaginal Creams/Jellies/Foam | 1 | 2 | 3 | 4 | 5 |
| 10. Rhythm (Calendar Method) | 1 | 2 | 3 | 4 | 5 |
| 11. Billings Method | 1 | 2 | 3 | 4 | 5 |
| 12. Withdrawal | 1 | 2 | 3 | 4 | 5 |

02. INTERVIEWER: RESPONDENT HAS EVER USED AT LEAST ONE METHOD OF CONTRACEPTION (CODE "4" IN QUESTION Q301)?

- 1 Yes
- 2 No (SKIP TO Q305)

03. Are you currently using a method of contraception?

- 1 Yes
- 2 No (SKIP TO Q305)

04. What is the method you are currently using? [RECORD ONLY ONE METHOD, THE MOST EFFECTIVE]

- | | |
|--|-----------------------------|
| 1 Female Sterilization, Tubal Ligation, Tie Off | 7 Diaphragm |
| 2 Male Sterilization, Vasectomy | 8 Foaming Tablets |
| 3 Pill | 9 Creams/Jellies |
| 4 Injection | 10 Rhythm (Calendar Method) |
| 5 Inter-Uterine Device/Coil/IUD | 11 Billings Method |
| 6 Condom | 12 Withdrawal |

05. Who should decide whether a person should use a method of contraception?

- 01 Husband/Partner
- 02 Wife/Woman
- 03 Both
- 04 Mother-in-law
- 05 Nurse
- 06 Doctor
- 07 Midwife
- 08 Doesn't believe in using contraception
- 88 Other (specify) _____
- 98 Don't know

INTERVIEWER: OBSERVE THE FOLLOWING SKIPS:

- IF RESPONDENT HAS NEVER USED CONTRACEPTION (Q302 = "NO") SKIP TO Q312.
- IF RESPONDENT IS USING CONTRACEPTION NOW (Q303 = "YES" AND Q304 = "METHODS 3 - 12") SKIP TO Q320.
- IF RESPONDENT OR HUSBAND IS STERILIZED (Q304 = "METHODS 1 OR 2"), SKIP TO Q501.
- IF RESPONDENT HAS USED CONTRACEPTION IN THE PAST, BUT IS NOT USING IT NOW (Q302 = "YES" AND Q 303 = "NO"), CONTINUE.

306. How old were you when you first used contraception?

_____ Age
98 Don't know
99 No response

307. How many living children did you have when you first used contraception?

_____ Number
98 Don't know
99 No response

308. What was the family planning method you used most recently?

- | | |
|--|-----------------------------|
| 1 Female Sterilization, Tubal Ligation, Tie Off | 7 Diaphragm |
| 2 Male Sterilization, Vasectomy | 8 Foaming Tablets |
| 3 Pill | 9 Creams/Jellies |
| 4 Injection | 10 Rhythm (Calendar Method) |
| 5 Intra-Uterine Device/Coil/IUD | 11 Billings Method |
| 6 Condom | 12 Withdrawal |

309. What was the month and year you stopped using this method?

_____ Month _____ Year
98 Don't know

310. Why did you stop using that method?

- 01 Desire Pregnancy
- 02 Not Sexually Active
- 03 Fears Side Effects
- 04 Spouse Opposes
- 05 Religion
- 06 Had Bad Side Effects
- 07 Advanced Age
- 08 Lack of Knowledge
- 09 Far Distance to Source
- 10 Doesn't Like or Want to Use
- 11 Sexual Intercourse Not Satisfying
- 12 Method Not Effective
- 13 Method Difficult to Use
- 14 Lack of Money
- 15 Health/Medical Reasons
- 16 Infertile
- 17 Embarrassed to Use
- 88 Other (specify) _____
- 98 Don't know

1. Where did you/your partner get your family planning supplies?

- 1 Clinic
- 2 Gov't Hospital
- 3 Private Hospital
- 4 Private Doctor/Clinic
- 5 BFLA
- 6 Pharmacy/Drug Store
- 7 Guatemala or Mexico
- 8 Herself/Partner
- 9 Church
- 10 Friend/neighbor/family member
- 88 Other (specify) _____
- 98 DK/DR

INTERVIEWER: IF PREGNANT NOW (CHECK Q201), SKIP TO Q316

2. Do you think you are able to get pregnant at the present time?

- 1 Yes (SKIP TO Q314)
- 2 No
- 3 Not sure, don't know (SKIP TO Q314)

3. Why not?

- 1 Menopause (SKIP TO Q701)
- 2 Has had an operation for medical reasons which makes pregnancy impossible (or husband/partner has had an operation) (SKIP TO Q701)
- 3 Has tried to get pregnant for at least 2 years without success (or has not gotten pregnant despite at least 2 years of non-contraception) (SKIP TO Q701)
- 4 Not sexually active (SKIP TO Q316)
- 5 Postpartum/breast-feeding (SKIP TO Q316)
- 8 Other (specify) _____

4. Would you like to become pregnant now?

- 1 Yes (SKIP TO Q316)
- 2 No
- 3 God's will, Fate
- 8 Don't know, not sure

315. Why are you not using a method to prevent pregnancy now?

- 01 Desire Pregnancy
- 02 Not Sexually Active Now
- 03 Fears Side Effects
- 04 Spouse Opposes
- 05 Religion
- 06 Had Bad Side Effects
- 07 Advanced Age
- 08 Lack of Knowledge
- 09 Far Distance to Source
- 10 Doesn't Like or Want to Use
- 11 Sexual Intercourse Not Satisfying
- 12 Method Not Effective
- 13 Method Difficult to Use
- 14 Lack of Money
- 15 Health/Medical Reasons
- 16 Infertile
- 17 Embarrassed to Use
- 88 Other (specify) _____
- 98 Don't know

316. In the future, do you think you will want to use a method to prevent pregnancy?

- 1 Yes
- 2 No (SKIP TO Q318)
- 3 Not sure (SKIP TO Q318)

317. What method would you most like to use?

- | | |
|--|-----------------------------|
| 1 Female Sterilization, Tubal Ligation, Tie Off | 7 Diaphragm |
| 2 Male Sterilization, Vasectomy | 8 Foaming Tablets |
| 3 Pill | 9 Creams/Jellies |
| 4 Injection | 10 Rhythm (Calendar Method) |
| 5 Inter-Uterine Device/Coil/IUD | 11 Billings Method |
| 6 Condom | 12 Withdrawal |
| | 88 Other (specify) _____ |
| | 98 Don't know |

318. Do you know where to obtain contraceptive methods for preventing pregnancy or information about contraceptive methods?

- 1 Yes
- 2 No (SKIP TO Q329)

9. Where? (IF MORE THAN ONE PLACE MENTIONED,
CIRCLE THE ONE SHE WOULD MOST LIKELY USE)

- 1 Clinic/Health Centre
- 2 Gov't Hospital
- 3 Private Hospital
- 4 Private Doctor/Clinic
- 5 BFLA
- 6 Pharmacy/Drug Store
- 7 Guatemala or Mexico (Melcohor or Chetumal)
- 8 Church
- 9 Herself/partner
- 10 Friend/neighbor/family member
- 88 Other (specify) _____
- 98 DK/DR .

(SKIP TO Q329)

INTERVIEWER: FOR CURRENT USERS OF REVERSIBLE METHODS, IF RESPONDENT OR PARTNER IS STERILIZED, SKIP TO Q501.

320. Where do you/your partner get your family planning supplies?

- 1 Clinic/Health Centre
- 2 Gov't Hospital
- 3 Private Hospital
- 4 Private Doctor/Clinic
- 5 BFLA
- 6 Pharmacy/Drug Store
- 7 Guatemala or Mexico
- 8 Church
- 9 Herself/partner
- 10 Friend/neighbor/family member
- 88 Other (specify) _____
- 98 DK/DR

321. Are you using a contraceptive method to space pregnancies or because you do not want anymore children?

- 1 Space pregnancies
- 2 Want no more children

322. In the future do you think you will want to use a different method to prevent pregnancy?

- 1 Yes
- 2 No (SKIP TO Q326)
- 3 Don't know, not sure (SKIP TO Q326)

323. What method would you most like to use?

- | | |
|---|-----------------------------|
| 1 Female Sterilization, Tubal Ligation, Tie Off | 7 Diaphragm |
| 2 Male Sterilization, Vasectomy | 8 Foaming Tablets |
| 3 Pill | 9 Creams/Jellies |
| 4 Injection | 10 Rhythm (Calendar Method) |
| 5 Inter-Uterine Device/Coil/IUD | 11 Billings Method |
| 6 Condom | 12 Withdrawal |
| | 88 Other (specify) _____ |
| | 98 Don't know |

324. Do you know where to obtain this method or information about this method?

- 1 Yes
- 2 No (SKIP TO Q326)

25. Where? (IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE)

- 1 Clinic/Health Centre
- 2 Gov't Hospital
- 3 Private Hospital
- 4 Private Doctor/Clinic
- 5 BFLA
- 6 Pharmacy/Drug Store
- 7 Guatemala or Mexico (Melochor or Chetumal)
- 8 Church
- 9 Herself/partner
- 10 Friend/neighbor/family member
- 88 Other (specify) _____
- 98 DK/DR

26. How old were you when you first used contraception?

- _____ Age
98 Don't know
99 No response

27. How many living children did you have when you first used contraception?

- _____ Number
98 Don't know
99 No response

28. What was the first method you used?

- | | |
|--|-----------------------------|
| 1 Female Sterilization, Tubal Ligation, Tie Off | 7 Diaphragm |
| 2 Male Sterilization, Vasectomy | 8 Foaming Tablets |
| 3 Pill | 9 Creams/Jellies |
| 4 Injection | 10 Rhythm (Calendar Method) |
| 5 Inter-Uterine Device/Coil/IUD | 11 Billings Method |
| 6 Condom | 12 Withdrawal |
| | 88 Other (specify) _____ |
| | 98 Don't know |

29. Would you accept receiving family planning supplies from someone in your local community?

- 1 Yes
- 2 No (SKIP TO Q401)
- 9 Don't know, maybe (SKIP TO Q401)

130 ~~237~~ ~~WDC~~ ~~should~~ dispense the family planning supplies?

- 1 Trained Nurse
- 2 Trained Midwife
- 3 Other (specify) _____
- 9 Don't know

SECTION IV. INTEREST IN STERILIZATION

Q01. INTERVIEWER: CIRCLE THE CORRECT STATUS. REFER TO Q215.

- 1 RESPONDENT HAS LIVING CHILDREN (CONTINUE WITH Q402)
- 2 RESPONDENT DOES NOT HAVE LIVING CHILDREN (SKIP TO 408)

Q02. Do you want to have anymore children?

- 1 Yes (SKIP TO Q408)
- 2 No
- 3 God's will, Fate
(SKIP TO Q409)
- 4 Not sure (SKIP TO Q409)

Q03. Would you be interested in an operation that would prevent you from having any more children?

- 1 Yes
- 2 No (SKIP TO Q407)
- 9 Don't know/not sure
(SKIP TO Q409)

Q04. Do you know where to go for this operation or to get information about it?

- 1 Yes
- 2 No (SKIP TO Q701)

Where? (IF MORE THAN ONE PLACE MENTIONED, CIRCLE THE ONE SHE WOULD MOST LIKELY USE.)

- 1 Clinic/Health Centre
- 2 Gov't Hospital
- 3 Private Hospital
- 4 Private Doctor/Clinic
- 8 Other (specify) _____

406. Since you have all the children you want and you know where to get this operation, why have you not had it?

- 01 Not Sexually Active
- 02 Fears Side Effects
- 03 Spouse Opposes
- 04 Religion
- 05 Advanced Age
- 06 Lack of Knowledge
- 07 Far Distance to Source
- 08 Doesn't Like or Want to Use
- 09 Fear of Operation
- 10 Prefers Using Other Methods
- 11 Considers Self Too Young
- 12 Needs More Information
- 13 Lack of Money
- 14 Health/Medical Reasons
- 15 Infertile
- 88 Other (specify) _____
- 98 Don't Know

(SKIP TO Q701)

407. Why are you not interested in this operation?

- 01 Not Sexually Active
- 02 Fears Side Effects
- 03 Spouse Opposes
- 04 Religion
- 05 Advanced Age
- 06 Lack of Knowledge
- 07 Far Distance to Source
- 08 Doesn't Like or Want to Use
- 09 Fear of Operation
- 10 Prefers Using Other Methods
- 11 Considers Self Too Young
- 12 Needs More Information
- 13 Lack of Money
- 14 Health/Medical Reasons
- 15 Infertile
- 88 Other (specify) _____
- 98 Don't Know

(SKIP TO Q701)

408. How many (more) children would you like to have?

- _____ children
66 As many as possible
77 As many as God sends, up to Fate
98 Don't know

409. After you have all the children you want, would you be interested in an operation that would prevent you from having any (more) children?

- 1 Yes
2 No (SKIP TO Q412)
9 Don't know/not sure (SKIP TO Q412)

410. Do you know where to get this operation or information about it?

- 1 Yes
2 No (SKIP TO Q701)

411. Where could you get the operation?

- 1 Clinic/Health Centre
2 Gov't Hospital
3 Private Hospital
4 Private Doctor/Clinic
8 Other (specify) _____

(SKIP TO Q701)

412. Why would you not be interested in this operation?

- 01 Not Sexually Active
02 Fears Side Effects
03 Spouse Opposes
04 Religion
05 Advanced Age
06 Lack of Knowledge
07 Far Distance to Source
08 Doesn't Like or Want to Use
09 Fear of Operation
10 Prefers Using Other Methods
11 Considers Self Too Young
12 Needs More Information
13 Lack of Money
14 Health/Medical Reasons
15 Infertile
88 Other (specify) _____
98 Don't Know

(SKIP TO Q701)

SECTION V. STERILIZATION

INTERVIEWER: QUESTIONS 501-507 ARE FOR WOMEN WHO HAVE BEEN STERILIZED OR WHOSE HUSBANDS/PARTNERS HAVE HAD A VASECTOMY (SEE Q303 AND Q304)

501. Where was your tubal ligation, tie off (your husband's/partner's vasectomy) done?

- 1 Gov't Hospital
- 2 Private Hospital
- 3 Private Doctor/Clinic
- 8 Other (specify) _____

502. In which country?

- 1 Belize
- 2 Guatemala
- 3 Mexico
- 4 El Salvador
- 5 Honduras
- 6 Nicaragua
- 7 United States
- 8 Other (specify) _____
- 9 Doesn't know

503. How old were you when you/he had the operation?

____ Age
98 Don't know

504. Are you satisfied with having had the operation?

- 1 Yes
- 2 No

505. How old were you when you first used contraception?

____ Age
98 Don't know

506. How many living children did you have when you first used contraception?

____ Number

507. ~~What was~~ the first method of contraception that you used?

- | | |
|--|-----------------------------|
| 1 Female Sterilization, Tubal Ligation, Tie Off | 7 Diaphragm |
| 2 Male Sterilization, Vasectomy | 8 Foaming Tablets |
| 3 Pill | 9 Creams/Jellies |
| 4 Injection | 10 Rhythm (Calendar Method) |
| 5 Inter-Uterine Device/Coil/IUD | 11 Billings Method |
| 6 Condom | 12 Withdrawal |
| | 88 Other (specify) _____ |

(CONTINUE WITH Q701)

SECTION VII - KNOWLEDGE OF AND OPINIONS ON AIDS

Q1. Have you ever heard of AIDS or the AIDS virus?

- 1 Yes
2 No (GO TO Q801)

Q2. In which of the following ways do you think a person can get the AIDS virus? [READ]

| | Yes | No | Don't Know |
|--|-----|----|------------|
| 1. Shaking hands or hugging | 1 | 2 | 9 |
| 2. Being in the same room with a person who has the AIDS virus | 1 | 2 | 9 |
| 3. Sharing personal items like dishes, toilets, etc. | 1 | 2 | 9 |
| 4. Sharing needles used for drugs | 1 | 2 | 9 |
| 5. Sexual intercourse between men | 1 | 2 | 9 |
| 6. Sexual intercourse between a man and a woman | 1 | 2 | 9 |
| 7. Giving a blood donation | 1 | 2 | 9 |
| 8. Receiving a blood transfusion | 1 | 2 | 9 |
| 9. Being bitten by an insect that has bitten someone with the AIDS virus | 1 | 2 | 9 |

Q3. What risk do you think there is of your getting AIDS?
Would you say that you have . . . [READ]

- 1 A great risk
2 Some risk
3 Not much risk, or
4 No risk at all
9 Doesn't know

Q4. Did you begin to use any of these methods for protection since you first heard about AIDS? [READ]

| | Yes | No | Not Sexually Active | Already Using |
|-------------------------------------|-----|----|---------------------|---------------|
| Condom | 1 | 2 | 3 | 8 |
| Diaphragm | 1 | 2 | 3 | 8 |
| Spermicidal Jelly, Foam or Cream | 1 | 2 | 3 | 8 |
| Other _____ (specify) | 1 | 2 | 3 | 8 |

SECTION VIII - CURRENT AND PAST MARITAL STATUS

INTERVIEWER: NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR PERSONAL LIFE. YOU MAY FIND SOME OF THE QUESTIONS TOO PERSONAL. REMEMBER, YOU ARE NOT OBLIGATED TO ANSWER THEM.

801. What is your current marital status? Are you married, have a common-law marriage, separated, divorced, widow, have a visiting gentleman, or are you single?

- 1 Married (SKIP TO Q804)
- 2 Common-law (SKIP TO Q804)
- 3 Separated (SKIP TO Q804)
- 4 Divorced (SKIP TO Q804)
- 5 Widow (SKIP TO Q804)
- 6 Visiting gentleman (SKIP TO Q804)
- 7 Single

802. Have you ever been married or lived in a common-law marriage?

- 1 Yes (SKIP TO Q804)
- 2 No

803. Do you currently have a boyfriend?

- 1 Yes (SKIP TO Q806)
- 2 No (SKIP TO Q806)

804. What was the month and year of your first marriage/common-law marriage/visiting partnership?

Month _____ Year _____
98 Doesn't remember

805. How old were you when you first began to live with your first husband/common-law partner/visiting gentleman?

Age _____
98 Doesn't remember

806. In what month and year did you first have sexual intercourse?

Month _____ Year _____
Never = 2222 (SKIP TO Q901)
Doesn't remember = 9898
No response = 9999 (SKIP TO Q901)

807. How old were you when you had your first sexual intercourse?

Age _____
98 Doesn't remember
99 No Response

808. Who was your first sexual partner?

- 1 Husband
- 2 Visiting partner
- 3 Fiancée
- 4 Boyfriend
- 5 Friend
- 6 Rape
- 7 Incest (Relative)
- 8 Other (specify) _____

809. Have you had sexual relations in the last 4 weeks?

- 1 Yes
- 2 No (SKIP TO Q901)
- 9 No response
(SKIP TO Q901)

810. How many times?

- _____ No. of Times
- 98 Doesn't remember
- 99 No response

(CONTINUE WITH 901)

SECTION IX - HEALTH CARE UTILIZATION

901. I have asked whether your children have had symptoms or diarrhea during the previous two weeks. I would also like to know if you or anyone else in your household has been ill during the last two weeks. That is, has anyone been sick so that they could not perform their normal routine, such as going to work or school? Please give me the name of each person who was sick so we can identify him or her for other questions.

(INTERVIEWER: WRITE DOWN ALL NAMES FIRST, THEN ASK QUESTIONS 902 TO 906 FOR EACH ONE. IF NO ONE WAS SICK, RECORD THIS ON THE TABLE, AND SKIP TO Q907).

902. What is (NAME'S) sex?

903. What is (NAME'S) age in years?

904. Where was advice or treatment sought for (NAME'S) illness?

(INTERVIEWER: PROBE FOR UPTO 4 RESPONSES AND WRITE THEM DOWN. 0167, FOR EXAMPLE, WOULD BE INTERPRETED AS 3 VISITS TO PROVIDERS 1, 6, AND 7)

0 None --> (INTERVIEWER: ASK EXPENDITURE QUESTIONS ANYWAY, PROBING TO FIND OUT IF ANYTHING WAS SPENT. THEN RETURN TO THIS QUESTION TO VERIFY THE RESPONSE)

- 1 Community Health Worker
 - 2 Govt. Health Center/Clinic
 - 3 Govt. Hospital
 - 4 Private or Mission Hospital
 - 5 Private Doctor/Clinic
 - 6 Traditional Healer
 - 7 Private Pharmacy
 - 8 Other(specify) _____
 - 9 Don't know
-

905. How much was spent for treatment or advice for (NAME'S) illness on each of the following: (INTERVIEWER: IF NOTHING WAS SPENT, WRITE A ZERO)

- (a) Visits
 - (b) Medicines
 - (c) Other treatment-related expenses, such as X-rays or laboratory tests
 - (d) Transport for the visit(s)
-

906. Were any of these expenditures for (NAME) paid by an employer, social security, or other insurance?

- 0 No coverage
- 1 Employer
- 2 Social Security
- 3 Private insurance
- 4 Don't know

Table 9 - Illnesses and Injuries in the Last Two Weeks

CHECK IF NONE

| | (901) Name (Write) | (902) Sex (Circle) | (903) Age (Years) | (904) Visit Location (Enter Code) | (905) Expenditures in \$ | | | (906) Insurance (Circle) |
|---|--------------------------|--------------------------|-------------------------|--|-----------------------------|-----------------|--------------|--------------------------------|
| | | | | | (a) Visits | (b) Medicine | (c) Other | |
| a | | 1-M 2-F | | | | | | 0 1 2 3 4 |
| b | | 1-M 2-F | | | | | | 0 1 2 3 4 |
| c | | 1-M 2-F | | | | | | 0 1 2 3 4 |
| d | | 1-M 2-F | | | | | | 0 1 2 3 4 |
| e | | 1-M 2-F | | | | | | 0 1 2 3 4 |
| f | | 1-M 2-F | | | | | | 0 1 2 3 4 |
| g | | 1-M 2-F | | | | | | 0 1 2 3 4 |
| h | | 1-M 2-F | | | | | | 0 1 2 3 4 |
| i | | 1-M 2-F | | | | | | 0 1 2 3 4 |
| j | | 1-M 2-F | | | | | | 0 1 2 3 4 |
| k | | 1-M 2-F | | | | | | 0 1 2 3 4 |

CODES FOR (904) VISIT LOCATION

0 None --> (INTERVIEWER: ASK EXPENDITURE QUESTIONS ANYWAY, PROBING TO FIND OUT IF ANYTHING WAS SPENT. THEN RETURN TO THIS QUESTION TO VERIFY THE RESPONSE)

- 1 Community Health Worker
- 2 Govt. Health Center/Clinic
- 3 Govt. Hospital
- 4 Private Mission Hospital
- 5 Private Doctor/Clinic
- 6 Traditional Healer
- 7 Private Pharmacy
- 8 Other (specify) _____
- 9 Don't Know

CODES FOR (906) INSURANCE

- 0 No coverage
- 1 Employer
- 2 Social Security
- 3 Private insurance
- 4 Don't know

907. Now I will ask you several questions about fees you might be willing to pay for government health services. Suppose you become ill today and visit a government health center or hospital. Would you be willing to pay a \$15 fee in total for the visit and any medicines you might receive?

- 1 Yes --> GO TO Q912
 - 2 No --> GO TO Q908
-

908. Would you be willing to pay a \$2 fee in total for the visit and any medicines you might receive at the government facility?

- 1 Yes --> GO TO Q909
 - 2 No --> GO TO Q912
-

909. Would you be willing to pay a \$10 fee in total for the visit and any medicines you might receive at the government facility?

- 1 Yes --> GO TO Q912
 - 2 No --> GO TO Q910
-

910. Would you be willing to pay a \$5 fee in total for the visit and any medicines you might receive at the government facility?

- 1 Yes --> GO TO Q911
 - 2 No --> GO TO Q912
-

911. Would you be willing to pay a \$7 fee in total for the visit and any medicines you might receive at the government facility?

- 1 Yes --> GO TO Q912
 - 2 No --> GO TO Q912
-

912. Have you ever used any of the following?

a. Government clinic

- 1 Yes
- 2 No

b. Government hospital

- 1 Yes
- 2 No

c. Private doctor/clinic

- 1 Yes --> GO TO Q913
- 2 No --> GO TO Q914

913. How much did you pay for your most recent visit to a private doctor or clinic, including any drugs you purchased?

Amount for private visit and drugs: \$ _____
999 Don't Remember

914. Now I would like to ask you several more questions about fees in government facilities, but this time suppose that the facilities are improved. Waiting time is rarely more than one hour, waiting rooms are more pleasant, and medicines are always available. Suppose services are improved in this way, and you become ill today. If you visit one of these improved government health centers or hospitals, would you be willing to pay a \$15 fee in total for a visit and any medicines?

1 Yes --> GO TO Q919
2 No --> GO TO Q915

915. Would you be willing to pay a \$2 fee in total for a visit and any medicines at the improved government facility?

1 Yes --> GO TO Q916
2 No --> GO TO Q919

916. Would you be willing to pay a \$10 fee in total for a visit and any medicines at the improved government facility?

1 Yes --> GO TO Q919
2 No --> GO TO Q917

917. Would you be willing to pay a \$5 fee in total for a visit and any medicines at the improved government facility?

1 Yes --> GO TO Q918
2 No --> GO TO Q919

918. Would you be willing to pay a \$7 fee in total for a visit and any medicines at the improved government facility?

1 Yes
2 No

919. Please estimate the total annual income for the past year for your household. This estimate should include income from wages or salaries, rental property, farm products, business or trade, and any other income-producing activities by members of your household.

Was the total income of your household: [READ]

1. 0
2. 1 < 3000
3. 3000 < 7000
4. 7000 < 10000
5. 10000 < 14000
6. 14000 < 19000
7. 19000 < 26000
8. > 26000
9. Don't Know