

Appendix I

1998 SADHS HOUSEHOLD QUESTIONNAIRE



**SOUTH AFRICAN DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD SCHEDULE**

19/1/98

IDENTIFICATION																									
PROVINCE _____	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>																								
DISTRICT _____																									
EA NUMBER																									
EA TYPE																									
SADHS CLUSTER NUMBER																									
HOUSEHOLD NUMBER																									
NAME OF HOUSEHOLD HEAD _____																									
IS HOUSEHOLD SELECTED FOR ADULT HEALTH 1 = YES 2 = NO																									

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1"><tr><td> </td><td> </td></tr></table>								
PHONE NUMBER	_____	_____	_____	MONTH <table border="1"><tr><td> </td><td> </td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	YEAR <table border="1"><tr><td> </td><td> </td><td> </td></tr></table>								
RESULT*	_____	_____	_____	NAME <table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>								
NEXT VISIT: DATE	_____	_____		RESULT <table border="1"><tr><td> </td><td> </td></tr></table>								
TIME	_____	_____		TOTAL NO. OF VISITS <table border="1"><tr><td> </td><td> </td></tr></table>								
*RESULT CODES: 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ (SPECIFY)				TOTAL IN HOUSEHOLD <table border="1"><tr><td> </td><td> </td></tr></table> TOTAL ADULTS 15 YEARS AND OVER <table border="1"><tr><td> </td><td> </td></tr></table> TOTAL WOMEN 15-49 YEARS <table border="1"><tr><td> </td><td> </td></tr></table> LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1"><tr><td> </td><td> </td></tr></table>								

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY								
NAME _____ <table border="1"><tr><td> </td><td> </td></tr></table>			NAME _____ <table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>		
DATE _____	DATE _____										

HOUSEHOLD SCHEDULE

HH-ENG 2

* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:
 01 = HEAD
 02 = WIFE/HUSBAND/PARTNER
 03 = SON OR DAUGHTER
 04 = SON-IN-LAW OR DAUGHTER-IN-LAW
 05 = GRANDCHILD
 06 = PARENT
 07 = PARENT-IN-LAW
 08 = BROTHER OR SISTER
 09 = NIECE/NEPHEW
 10 = OTHER RELATIVE
 11 = ADOPTED/FOSTER/STEP CHILD
 12 = NOT RELATED
 98 = DONT KNOW

** CODES FOR Q.10 (EDUCATION GRADE)

00 = LESS THAN 1 YEAR COMPLETED
 71 = SUB A/CLASS 1
 72 = SUB B/CLASS 2
 01 = STANDARD 1
 02 = STANDARD 2
 03 = STANDARD 3
 04 = STANDARD 4
 05 = STANDARD 5
 06 = STANDARD 6
 07 = STANDARD 7
 08 = STANDARD 8
 09 = STANDARD 9
 10 = STANDARD 10
 11 = FURTHER STUDIES INCOMPLETE
 12 = DIPLOMA/OTHER POSTSCHOOL COMPLETE
 13 = FURTHER DEGREE COMPLETE
 98 = DONT KNOW

*** CODES FOR Q.14

11 = ASSAULT IN HOME
 12 = POLITICAL VIOLENCE
 13 = OTHER ASSAULT OUTSIDE OF HOME
 14 = SELF INFLICTED VIOLENCE
 21 = TRAFFIC COLLISION
 22 = ACCIDENT AT WORK
 23 = SPORT
 96 = OTHER UNINTENTIONAL

*** Q.15 THROUGH Q.18:

These questions refer to the biological parents of the child. Record 00 if parent not member of household.

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	GRANTS/PENSION	EDUCATION			WORK AGE 10+	INJURIES IN THE LAST MONTH		PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY	
			Does (NAME) usually live here?	Did (NAME) stay here last night?				Is (NAME) male or female?	How old is (NAME)? (WRITE 00 IF UNDER 1 YEAR). IF 95 OR OVER WRITE '95'	Does (NAME) receive a child maintenance grant, a disability grant or a pension from the government?		Has (NAME) ever been to school?	IF ATTENDED SCHOOL What is the highest level of school (NAME) completed?*** IF AGE LESS THAN 25 YEARS Is (NAME) still in school?	Did (NAME) work for pay during the last 7 days?	Did (NAME) have any injury that was treated by a doctor or nurse during the last 30 days?	IF INJURED IN LAST 1 MONTH What type of injury*** did (NAME) have?	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER	Is (NAME)'s natural father alive?
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
01			YES NO	YES NO	M F	IN YEARS	YES NO DK	YES NO	YES NO	YES NO	YES NO	YES NO DK	YES NO DK	YES NO DK	YES NO DK			01	01
02			YES NO	YES NO	M F	IN YEARS	YES NO DK	YES NO	YES NO	YES NO	YES NO	YES NO DK	YES NO DK	YES NO DK	YES NO DK			02	02
03			YES NO	YES NO	M F	IN YEARS	YES NO DK	YES NO	YES NO	YES NO	YES NO	YES NO DK	YES NO DK	YES NO DK	YES NO DK			03	03

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)
04			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2		1 2 8 1 2	1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		04	04
05			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2		1 2 8 1 2	1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		05	05
06			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2		1 2 8 1 2	1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		06	06
07			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2		1 2 8 1 2	1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		07	07
08			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2		1 2 8 1 2	1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		08	08
09			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2		1 2 8 1 2	1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		09	09
10			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2		1 2 8 1 2	1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		10	10
11			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2		1 2 8 1 2	1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (19)		1 2 8		1 2 8		11	11
12			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2		1 2 8 1 2	1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (15)		1 2 8		1 2 8		12	12
13			1 2 1 2 1 2	1 2 1 2 1 2	1 2 1 2		1 2 8 1 2	1 2		1 2 1 2	1 2 1 2	1 2 8 GO TO (19)		1 2 8		1 2 8		13	13

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)
TICK HERE IF CONTINUATION SHEET USED <input type="checkbox"/>													
Just to make sure that I have a complete listing:													
1) Are there any other persons such as small children or infants that we have not listed?											YES	<input type="checkbox"/>	E
2) In addition, are there any other people who may not be members of your family, such as domestic workers, lodgers or friends who usually live here?											YES	<input type="checkbox"/>	E
3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?											YES	<input type="checkbox"/>	E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
21	Has anyone in the household died in the last 12 months?	YES 1 NO 2	→ 25
22	In the last 12 months, how many people in your household died?	NUMBER OF PERSONS <input type="text"/>	
23	In the last 12 months, how many people in your household died from an injury sustained as a result of violence either between them and other people or from violence inflicted upon themselves?	NUMBER OF PERSONS <input type="text"/>	
24	In the last 12 months, how many persons in your household died from an unintentional injury they sustained such as from a traffic collision, or an injury (such as falls, burns or cuts) that happened at home/work/school/etc?	NUMBER OF PERSONS <input type="text"/>	
25	What is the main source of drinking water for members of your household?	PIPED WATER (TAP) IN DWELLING 11 PIPED WATER (TAP) IN SITE/YARD 12 PUBLIC TAP 13 WATER CARRIER/TANKER 21 BORE HOLE/WELL 31 DAM/RIVER/STREAM/SPRING 32 RAIN-WATER TANK 41 BOTTLED WATER 51 OTHER 96	→ 28 → 28 → 28
26	How long does it take you to get there, get water, and come back?	MINUTES <input type="text"/> ON PREMISES 996	
27	Who fetched the water yesterday? RECORD ALL MENTIONED.	FEMALE ADULT A MALE ADULT B FEMALE CHILD C MALE CHILD D DONT KNOW Z	
28	What kind of toilet facility does your household have?	FLUSH TOILET (OWN) 11 FLUSH TOILET (SHARED) 12 BUCKET LATRINE 21 PIT LATRINE 22 NO FACILITY/BUSH/FIELD 31 OTHER 96	
29	Does your household have: A radio? A television? A telephone? A refrigerator? A personal computer (PC)? A washing machine?	ELECTRICITY 1 RADIO 1 TELEVISION 1 TELEPHONE 1 REFRIGERATOR 1 PERSONAL COMPUTER 1 WASHING MACHINE 1	YES NO 1 2 1 2 1 2 1 2 1 2 1 2 1 2
30	What does your household use for cooking and heating? RECORD ALL MENTIONED.	ELECTRICITY A GAS B PARAFFIN C WOOD D COAL E ANIMAL DUNG F OTHER X	
31	How many rooms in your household are used for sleeping?	ROOMS <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
32	<p>MAIN MATERIAL OF THE FLOOR.</p> <p>RECORD OBSERVATION</p>	EARTH/SAND/DUNG 11 BARE WOOD PLANKS 21 CEMENT 31 VINYL 32 CARPET 33 CERAMIC TILES 34 PARQUET OR POLISHED WOOD 35 OTHER 96																			
33	<p>MAIN MATERIAL IN THE WALLS.</p> <p>RECORD OBSERVATION</p>	PLASTIC/CARDBOARD 11 MUD 12 MUD AND CEMENT 13 CORRUGATED IRON/ZINC 21 PREFAB 22 BARE BRICK/CEMENT BLOCK 23 PLASTER/FINISHED 31 OTHER 96																			
34	<p>Let us speak about the household and what it can afford. Would you say that the people here often, sometimes, seldom or never go hungry?</p>	OFTEN 1 SOMETIMES 2 SELDOM 3 NEVER 4																			
35	<p>Does any member of your household own:</p> <p>A bicycle?</p> <p>A motorcycle?</p> <p>A car?</p> <p>A donkey or a horse?</p> <p>Sheep or cattle?</p>	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR</td> <td>1</td> <td>2</td> </tr> <tr> <td>DONKEY/HORSE</td> <td>1</td> <td>2</td> </tr> <tr> <td>SHEEP/CATTLE</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE	1	2	MOTORCYCLE	1	2	CAR	1	2	DONKEY/HORSE	1	2	SHEEP/CATTLE	1	2	
	YES	NO																			
BICYCLE	1	2																			
MOTORCYCLE	1	2																			
CAR	1	2																			
DONKEY/HORSE	1	2																			
SHEEP/CATTLE	1	2																			

Appendix 2

1998 SADHS ADULT HEALTH QUESTIONNAIRE



12/1/98

SOUTH AFRICAN DEMOGRAPHIC AND HEALTH SURVEY
ADULT HEALTH QUESTIONNAIRE

IDENTIFICATION	
PROVINCE _____	
DISTRICT _____	
EA NUMBER	
EA TYPE	
SADHS CLUSTER NUMBER	
HOUSEHOLD NUMBER	
NAME AND LINE NUMBER OF ADULT _____	
NAME OF HOUSEHOLD HEAD _____	

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
INTERVIEWER'S NAME	_____	_____	_____	NAME _____
RESULT*	_____	_____	_____	RESULT _____
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS _____
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ (SPECIFY) 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED				

LANGUAGE	
LANGUAGE OF QUESTIONNAIRE	
LANGUAGE OF INTERVIEW	
HOME LANGUAGE OF RESPONDENT	
TRANSLATOR USED (YES = 1, NO = 2)	
LANGUAGE CODES 01 ENGLISH 04 isi ZULU 07 SePEDI 10 ZITSONGA 02 AFRIKAANS 05 SeSOTHO 08 SiSWATI 11 isiNDEBELA 03 isiXHOSA 06 SeTSWANA 09 TshIVENDA	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

SECTION 1: HEALTH SERVICE UTILIZATION


NO.	QUESTIONS AND FILTERS					
1.	During the last month have you been to any of the following health services for medical care for yourself :		PROBE		2. Were you satisfied with the care you received at (PLACE)?	3. Why were you not satisfied with the care you received at (PLACE)?
A	Day Hospital?	YES 1 *	NO 2 □	YES 1 □	NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER 96 (SPECIFY)
B	Government Hospital/Government Clinic?	YES 1 *	NO 2 □	YES 1 □	NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER 96 (SPECIFY)
C	Private Hospital/Private Clinic?	YES 1 *	NO 2 □	YES 1 □	NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER 96 (SPECIFY)
D	District Surgeon?	YES 1 *	NO 2 □	YES 1 □	NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER 96 (SPECIFY)
E	Private Doctor?	YES 1 *	NO 2 □	YES 1 □	NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER 96 (SPECIFY)
F	Chemist Shop?	YES 1 *	NO 2 □	YES 1 □	NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER 96 (SPECIFY)
G	Faith Healer?	YES 1 *	NO 2 □	YES 1 □	NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER 96 (SPECIFY)
H	Traditional Healer or Herbalist?	YES 1 *	NO 2 □	YES 1 □	NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER 96 (SPECIFY)
I	Health Services at the Workplace?	YES 1 *	NO 2 □	YES 1 □	NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER 96 (SPECIFY)

J	Home Based Care Services/House visits?	YES 1	NO 2	YES 1	NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER 96 (SPECIFY)
K	Dentist/Oral hygienist/Oral therapist?	YES 1	NO 2	YES 1	NO 2	LONG WAIT 01 SHORT CONSULTATION 02 STAFF RUDE/UNKIND 03 DIDN'T SEE DOCTOR 04 OTHER 96 (SPECIFY)
L	Other? _____ SPECIFY	YES 1	NO 2			
4.	Are you covered by a Medical Aid or Medical Benefit Scheme? (Any scheme that helps you pay for health/drug services)			YES 1 NO 2		
5.	Have you had your blood pressure measured in the past 12 months?			YES 1 NO 2		
6.	Do you know what your blood pressure is?			YES 1 NO 2		→ 8
7.	Is it high, normal or low?			HIGH 1 NORMAL 2 LOW 3 DON'T KNOW 8		

SECTION 2: FAMILY MEDICAL HISTORY





8	Now I would like to ask you about your family. Do you have a close blood relative (father, mother, brother, sister or child) who has ever had any of the following conditions:		
8A	High Blood Pressure?	YES 1 NO 2 DON'T KNOW 8	
8B	Heart attack or angina or chest pain when exerting himself/herself?	YES 1 NO 2 DON'T KNOW 8	→ 8D
8C	IF "YES", was it before the age of 50 years?	YES 1 NO 2 DON'T KNOW 8	
8D	Stroke?	YES 1 NO 2 DON'T KNOW 8	
8E	High blood cholesterol or Fats?	YES 1 NO 2 DON'T KNOW 8	
8F	Diabetes or Blood Sugar?	YES 1 NO 2 DON'T KNOW 8	
8G	Cancer?	YES 1 NO 2 DON'T KNOW 8	

SECTION 3: CLINICAL CONDITIONS

9	Now I would like to ask you about your own health. Has a doctor or nurse or staff member at a clinic or at hospital told you that you had or have any of the following conditions:		
9A	High Blood Pressure?	YES 1 NO 2 DON'T KNOW 8	↳9C
9B	IF "YES", when was the first time that you were told you had high blood pressure?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
9C	Heart attack or angina?	YES 1 NO 2 DON'T KNOW 8	↳9E
9D	IF "YES", when was your heart attack or angina?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
9E	Stroke?	YES 1 NO 2 DON'T KNOW 8	↳9G
9F	IF "YES", when did you have your stroke?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
9G	High blood cholesterol or fats?	YES 1 NO 2 DON'T KNOW 8	↳9I
9H	IF "YES", when was the first time that you were told that you had blood cholesterol or fats?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
9I	Diabetes or Blood Sugar?	YES 1 NO 2 DON'T KNOW 8	↳9K
9J	IF "YES", when was the first time that you were told that you had diabetes or blood sugar?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
9K	Emphysema/Bronchitis?	YES 1 NO 2 DON'T KNOW 8	↳9M
9L	IF "YES", when was the first time that you were told that you had emphysema or bronchitis?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
9M	Asthma?	YES 1 NO 2 DON'T KNOW 8	↳9O
9N	IF "YES" when was the first time that you were told that you had asthma?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
9O	TB?	YES 1 NO 2 DON'T KNOW 8	↳9Q
9P	IF "YES" when was the first time that you were told that you had TB?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	
9PP	How many episodes of TB have you ever been treated for?		
9Q	Cancer?	YES 1 NO 2 DON'T KNOW 8	↳12
9R	IF "YES", when was the first time that you were told that you had cancer?	IN THE LAST 12 MONTHS 1 MORE THAN A YEAR AGO 2	




10	Did the doctor/nurse/staff member at a hospital tell you what kind of cancer you have?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> →12
11	What kind of cancer were you told you had or have? DO NOT READ THE LIST OF CANCERS.	LUNG CANCER A CERVICAL/WOMB CANCER B SKIN CANCER C BREAST CANCER D PROSTATE CANCER E ESOPHAGEAL CANCER F OTHER _____ X (SPECIFY)	
12	Do you feel you have less breath when exerting yourself when compared to other people your age?	YES 1 NO 2 DON'T KNOW 8	
13	During the last year have you had wheezing or tightness of your chest?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> →16
14	If "YES" were you also short of breath?	YES 1 NO 2 DON'T KNOW 8	
15	Do you only get wheezing when you have a cold?	YES 1 NO 2 DON'T KNOW 8	
16	Is your sleep ever interrupted by you coughing?	YES 1 NO 2 DON'T KNOW 8	
17	Is your sleep ever interrupted by wheezing or a tight chest?	YES 1 NO 2 DON'T KNOW 8	
18	Do you usually cough?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> →21
19	When you cough, do you usually bring up phlegm from your chest?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> →21
20	If "yes", have you brought up phlegm every day for at least three months during the last year?	YES 1 NO 2 DON'T KNOW 8	<input type="checkbox"/> →21
20A	If "yes" for how many years have you brought up phlegm in this way?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
21	IS THE RESPONDENT A MAN OR A WOMAN?	MAN <input type="checkbox"/> WOMAN <input type="checkbox"/>	→26
22	Now I am going to ask you some personal questions. Please remember that this information will be kept strictly confidential. Some men experience pain during urination or have a discharge from the penis. During the last 3 months, have you noticed any such pain or discharge?	YES 1 NO 2	
24	Some men experience sores in the genital area. During the last 3 months, have you noticed any such sores?	YES 1 NO 2	

SECTION 4: DENTAL HEALTH

26	Now I want to ask you about your teeth. Do you think that there is anything wrong in your mouth, teeth or gums?	YES 1 NO 2	→2 8
27	Which of the following items do you feel is a problem: Your Teeth? Your Gums? Ulcers/sores in the mouth? Dentures? Any other problems? RECORD ALL MENTIONED.	TEETH A GUMS B ULCERS/SORES IN THE MOUTH ... C DENTURES D OTHER _____ X (SPECIFY)	
28	Have you ever visited a dentist, an oral hygienist, or an oral therapist ?	YES 1 NO 2	
29	Have you lost any of your natural teeth?	YES 1 NO 2	→34
30	Do you have any of your natural teeth?	YES 1 NO 2	
31	Do you wear a denture (false teeth)?	YES, PARTIAL 1 YES, TOTAL/COMPLETE 2 NO 3	
32	CHECK 30: HAS NO NATURAL TEETH 	HAS NATURAL TEETH 	r - 1 34
33	Do you usually rinse or clean your mouth everyday?	YES 1 NO 2	→ 38
34	What do you do to look after your teeth. Do you Clean/Brush your teeth? Watch your diet/Eat special foods? Visit the dentist? Anything else?	YES NO CLEAN/BRUSH 1 2 DIET/FOOD 1 2 VISIT DENTIST 1 2 OTHER _____ 1 2 (SPECIFY)	
35	CHECK 34: CLEAN/BRUSH 	DOES NOT CLEAN/BRUSH 	37
36	Do you usually brush/wash your teeth everyday?	YES 1 NO 2	
37	Do you own a toothbrush?	YES 1 NO 2	

38	Some people say that fluoride mineral in the water makes the children and adults' natural teeth strong and healthy; Other people say it does not. What do you think?	MAKES TEETH STRONG 1 DOES NOT MAKE TEETH STRONG . 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
----	--	--	--

SECTION 5: OCCUPATIONAL HEALTH

39	In the last 12 months, have you worked for payment?	YES 1 NO 2	→45A
40	In the last 12 months, have you had any injury or health problem related to your work?	YES 1 NO 2	→43
41	Did you stay away from work because of this injury or problem?	YES 1 NO 2	
42	What was the injury or health problem?	 _____ _____ _____	
43	In the last 12 months, have you had an existing injury or health problem that was aggravated or became worse at work?	YES 1 NO 2	→45A
44	Did you stay away from work because of this injury or problem?	YES 1 NO 2	
45	What was the injury or health problem?	 _____ _____ _____	
45A	Have you ever worked underground in a mine?	YES 1 NO 2	→46
45B	If "yes", what kind of mine was it? RECORD ALL	GOLD A COAL B ASBESTOS C OTHER _____ X (SPECIFY)	
45C	How many years in total did you work underground?		

SECTION 6: MEDICATION

46	Now I want to ask you about any medication you take. Do you use any medicine regularly that has been prescribed by a doctor or nurse?	YES 1 NO 2 DONT KNOW 8	└─→65
47	How many different medicines do you use regularly?	NUMBER <input type="text"/>	
48	Do you know what the medication is for?	YES 1 NO 2	→65
49	Is it for High Blood Pressure?	YES 1 NO 2 DONT KNOW 8	└─→51
50	Can you name the medication? WRITE DOWN THE NAME(S) OF THE MEDICATION.	YES 1 NO 2	→51
<input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____			
51	Is it for Diabetes/Sugar?	YES 1 NO 2 DONT KNOW 8	└─→53

52	<p>Can you name the medication?</p> <p>WRITE DOWN THE NAME(S) OF THE MEDICATION.</p>	<p>YES 1</p> <p>NO 2</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>→53</p>
53	<p>Is it for High Blood Cholesterol?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→55</p>
54	<p>Can you name the medication?</p> <p>WRITE DOWN THE NAME(S) OF THE MEDICATION.</p>	<p>YES 1</p> <p>NO 2</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>	<p>→55</p>
55	<p>Is it for Angina/chestpain?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→57</p>

56	Can you name the medication?	YES 1 NO 2	→57
WRITE DOWN THE NAME(S) OF THE MEDICATION.		<input type="checkbox"/> _____] <input type="checkbox"/> _____] <input type="checkbox"/> _____] <input type="checkbox"/> _____] <input type="checkbox"/> _____]	
57	Is it for any other Heart condition?	YES 1 NO 2 DON'T KNOW 8]→59
58	Can you name the medication?	YES 1 NO 2	→59
WRITE DOWN THE NAME(S) OF THE MEDICATION.		<input type="checkbox"/> _____] <input type="checkbox"/> _____] <input type="checkbox"/> _____] <input type="checkbox"/> _____] <input type="checkbox"/> _____]	
59	Is it for Asthma, Emphysema or Bronchitis?	YES 1 NO 2 DON'T KNOW 8]→61

60	Can you name the medication? WRITE DOWN THE NAME(S) OF THE MEDICATION.	YES 1 NO 2 [] _____ [] [] _____ [] [] _____ [] [] _____ [] [] _____ [] [] _____ [] [] _____ [] [] _____ []	→61
61	Is it for Tuberculosis?	YES 1 NO 2 DON'T KNOW 8	↘63
62	Can you name the medication? WRITE DOWN THE NAME(S) OF THE MEDICATION.	YES 1 NO 2 [] _____ [] [] _____ [] [] _____ [] [] _____ [] [] _____ [] [] _____ [] [] _____ [] [] _____ []	→63
63	Do you take it because you had a Stroke?	YES 1 NO 2 DON'T KNOW 8	↘65

64	<p>Can you name the medication?</p> <p>WRITE DOWN THE NAME(S) OF THE MEDICATION.</p>	<p>YES 1</p> <p>NO 2</p> <p>[] _____ []</p> <p>[] _____ []</p> <p>[] _____ []</p> <p>[] _____ []</p> <p>[] _____ []</p> <p>[] _____ []</p>	<p>→65</p>
----	---	---	------------

<p>65</p>	<p>NOW, ASK THE RESPONDENT TO SHOW YOU ALL THE MEDICATION TAKEN EVERY DAY DURING THE LAST MONTH. THEN WRITE DOWN THE NAMES OF ALL THE MEDICATIONS BELOW.</p> <p><u>NAME</u></p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p> <p>_____ [] [] [] [] [] [] [] []</p>	<p><u>MEDICATIONS ARE LISTED</u></p> <p>YES 1</p> <p>NO 2 → 66</p> <p><u>NUMBER OF MEDICATIONS LISTED</u> [] []</p>
<p>65A</p>	<p>Who pays for most of the prescribed medication that you use?</p>	<p>RESPONDENT 01</p> <p>FAMILY 02</p> <p>MEDICAL AID 03</p> <p>PROVIDED AT CLINIC OR PUBLIC HOSPITAL 04</p> <p>EMPLOYER 05</p> <p>OTHER _____ 96 (SPECIFY)</p>

SECTION 7: HABITS AND LIFESTYLE

Now I would like to ask you a few questions about your diet and other habits.		
66	How old were you at your last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>
66a	Which race group do you consider yourself?	BLACK/AFRICAN 1 COLOURED 2 WHITE 3 ASIAN/INDIAN 4
67	Do you usually eat your food very salty, lightly salted or not salted?	VERY SALTY 1 LIGHTLY SALTED 2 NOT SALTED 3 DON'T KNOW 8
68	Do you usually add salt or Aromat/Fondor to your serving of food? IF YES, Before or after tasting the food?	NO, I NEVER ADD SALT/AROMAT 1 YES, BUT I TASTE FIRST AND THEN ADD . 2 YES, EVEN BEFORE HAVING TASTED FOOD 3 DON'T KNOW 8
69	Do you eat salty snacks more often than three times per week (Such as chips, nknaks, salted peanuts, salty biscuits, biltong, dried sausage, dried fish)?	YES 1 NO 2
70	Do you personally think that you are underweight, normal weight or overweight?	UNDERWEIGHT 1 NORMAL WEIGHT 2 OVERWEIGHT..... 3 DON'T KNOW 8
71	Have you ever smoked tobacco, used snuff or chewed tobacco?	YES 1 NO 2
72	Have you ever smoked at least 100 cigarettes (5 packets of 20 cigarettes) or the equivalent amount of tobacco in your lifetime?	YES 1 NO 2
73	Have you ever smoked daily?	YES 1 NO 2
74	On average, what number of the following items do or did you smoke or use per day? PROBE AND FILL IN NUMBER FOR EACH ITEM.	MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> PIPEFULS OF TOBACCO <input type="text"/> <input type="text"/> CIGARS/CHEROOTS/CIGARILLOS <input type="text"/> <input type="text"/> SNUFF <input type="text"/> <input type="text"/> CHEWING TOBACCO/PRUIMPE <input type="text"/> <input type="text"/>
75	CHECK 74: EVER SMOKED CIGARETTES, PIPES OR CIGARS <input type="checkbox"/>	USES SNUFF OR CHEWING TOBACCO <input type="checkbox"/> → 81
76	How many years have you smoked or did you smoke on a daily basis? (IF RESPONDENT HAS STOPPED AND STARTED AGAIN, ASK FOR TOTAL YEARS)	NUMBER OF YEARS <input type="text"/> <input type="text"/>

Appendix 3

1998 SADHS WOMEN'S HEALTH QUESTIONNAIRE



15/1/98

**SOUTH AFRICAN DEMOGRAPHIC AND HEALTH SURVEY
WOMEN QUESTIONNAIRE**

IDENTIFICATION																						
PROVINCE _____	<table border="1"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>																					
DISTRICT _____																						
EA NUMBER _____																						
EA TYPE _____																						
SADHS CLUSTER NUMBER _____																						
HOUSEHOLD NUMBER _____																						
NAME AND LINE NUMBER OF WOMAN _____																						
NAME OF HOUSEHOLD HEAD _____																						

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
INTERVIEWER'S NAME	_____	_____	_____	NAME _____
RESULT*	_____	_____	_____	RESULT _____
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS _____
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED 7 OTHER _____ (SPECIFY)				

LANGUAGE									
LANGUAGE OF QUESTIONNAIRE	<table border="1"> <tr><td>0</td><td>1</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	0	1						
0		1							
LANGUAGE OF INTERVIEW									
HOME LANGUAGE OF RESPONDENT									
TRANSLATOR USED (YES = 1, NO = 2)									
LANGUAGE CODES 01 ENGLISH 04 isi ZULU 07 SePEDI 10 ZITSONGA 02 AFRIKAANS 05 SeSOTHO 08 SiSWATI 11 isiNDEBELA 03 isiXHOSA 06 SeTSWANA 09 TshiVENDA									

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____	_____	_____

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
DATE _____	DATE _____		

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	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a large town, on a farm or in rural areas?	CITY 1 TOWN 2 RURAL/FARM 3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN 1 YEAR, WRITE '00'	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96 →105	
104	Just before you moved here, did you live in a city, in a town, or in the rural area /farm?	CITY 1 TOWN 2 RURAL/FARM 3	
105	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2 →114	
109	What is the highest (standard/year) you completed ?	LESS THAN ONE YEAR COMPLETED00 SUB A/CLASS 1 71 SUB B/CLASS 2 72 STANDARD 1 01 STANDARD 2 02 STANDARD 3 03 STANDARD 4 04 STANDARD 5 05 STANDARD 6 06 STANDARD 7 07 STANDARD 8 08 STANDARD 9 09 STANDARD 10 10 FURTHER STUDIES INCOMPLETE . 11 DIPLOMA/OTHER POSTSCHOOL COMPLETE 12 FURTHER DEGREE COMPLETE .. 13	
110	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/> →114	
111	Are you currently attending school?	YES 1 NO 2 →114	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	What was the main reason you stopped attending school?	GOT PREGNANT 01 GOT MARRIED 02 TO CARE FOR YOUNGER CHILDREN 03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS 04 COULD NOT PAY SCHOOL FEES .. 05 NEEDED TO EARN MONEY 06 GRADUATED/HAD ENOUGH SCHOOLING 07 DID NOT PASS ENTRANCE EXAMS 08 DID NOT LIKE SCHOOL 09 SCHOOL NOT ACCESSIBLE/ TOO FAR 10 OTHER _____ 96 (SPECIFY) DONT KNOW 98	
114	Can you read and understand a letter or newspaper in your home language easily, with difficulty, or not at all?	EASILY 1 WITH DIFFICULTY 2 NOT AT ALL 3	→116
115	Have you read a newspaper or magazine in the last week?	YES 1 NO 2	
116	Do you usually listen to a radio every day?	YES 1 NO 2	
117	Do you usually watch television at least once a week?	YES 1 NO 2	
119	Which race group do you consider yourself?	BLACK/AFRICAN 1 COLOURED 2 WHITE 3 ASIAN/INDIAN 4	
120	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/>	THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>	→201
121	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? _____ (NAME OF PLACE) Is that a large city, town, or rural area/farm?	CITY 1 TOWN 2 RURAL/FARM 3	
122	In which PROVINCE is that located?	EASTERN CAPE 01 FREE STATE 02 GAUTENG 03 KWAZULU/NATAL 04 MPUMALANGA 05 NORTHERN CAPE 06 NORTHERN PROVINCE 07 NORTH WEST 08 WESTERN CAPE 09 OTHER COUNTRY 10	
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER (tap), IN DWELLING 11 PIPED WATER (tap), IN SITE/YARD 12 PUBLIC TAP 13 WATER CARRIER/ TANKER 21 BOREHOLE/WELL 31 DAM /RIVER/STREAM/SPRING 32 RAIN-WATER TANK 41 BOTTLED WATER 51 OTHER _____ 96 (SPECIFY)	
125	What kind of toilet facility does your household have?	FLUSH TOILET (OWN) 11 FLUSH TOILET (SHARED) 12 BUCKET LATRINE 21 PIT LATRINE 22 NO FACILITY/BUSH/FIELD 31 OTHER _____ 96 (SPECIFY)	

















NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
126	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? A personal computer (PC)? A washing machine?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</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>TELEPHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PERSONAL COMPUTER ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WASHING MACHINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY	1	2	RADIO	1	2	TELEVISION	1	2	TELEPHONE	1	2	REFRIGERATOR	1	2	PERSONAL COMPUTER ...	1	2	WASHING MACHINE	1	2	
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WASHING MACHINE	1	2																									
127	Could you describe the main material of the walls of your home?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>PLASTIC/CARDBOARD</td> <td style="text-align: right;">11</td> </tr> <tr> <td>MUD</td> <td style="text-align: right;">12</td> </tr> <tr> <td>MUD AND CEMENT</td> <td style="text-align: right;">13</td> </tr> <tr> <td>CORRUGATED IRON/ZINC</td> <td style="text-align: right;">21</td> </tr> <tr> <td>PREFAB</td> <td style="text-align: right;">22</td> </tr> <tr> <td>BARE BRICK/CEMENT BLOCK</td> <td style="text-align: right;">23</td> </tr> <tr> <td>PLASTER/FINISHED</td> <td style="text-align: right;">31</td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: right;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> </tr> </tbody> </table>	PLASTIC/CARDBOARD	11	MUD	12	MUD AND CEMENT	13	CORRUGATED IRON/ZINC	21	PREFAB	22	BARE BRICK/CEMENT BLOCK	23	PLASTER/FINISHED	31	OTHER _____	96	(SPECIFY)								
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(SPECIFY)																											

SECTION 2. REPRODUCTION

<p>Now I would like to ask you about all the pregnancies that you have had in your lifetime. By this I mean all the children born to you, whether they were born alive or dead, whether still living or not, whether living with you or elsewhere, and all the pregnancies that you have had that did not result in a live birth. I understand that it is not easy to talk about children who have died, or pregnancies that have terminated before full term, but it is extremely important that you tell us about <u>all</u> of them, so that we can develop programs that will help the Government of South Africa improve children's health in the future.</p>			
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 living with you?	YES 1 NO 2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <input type="text"/> DAUGHTERS AT HOME .. <input type="text"/>	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <input type="text"/> DAUGHTERS ELSEWHERE <input type="text"/>	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES 1 NO 2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <input type="text"/> GIRLS DEAD <input type="text"/>	
208	Women sometimes have pregnancies that do not result in a live born child. That is, a pregnancy can end very early, in a miscarriage or an abortion or the child can be born dead. Have you had any such pregnancy that did not result in a live birth?	YES 1 NO 2	→210
209	In all, how many such pregnancies have there been?	PREGNANCY LOSSES ... <input type="text"/>	
210	SUM ANSWERS TO 203, 205, 207 AND 209, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <input type="text"/>	
212	CHECK 210: ONE OR MORE <input type="checkbox"/> PREGNANCIES NO <input type="checkbox"/> PREGNANCIES _____		→234

213 Now I would like to ask you about all of your pregnancies, whether born alive, born dead, or lost before full term, starting with the first one you had. RECORD ALL THE PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.															
214	215	216	217	218	219	220	221								
Think back to the time of your (first/next) pregnancy.	Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before full term?	Did that baby cry, move, or breathe when it was born?	What was the name given to that child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?								
01	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ... <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR . 19 <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES 1 NO .. 2 ↓ 224
02	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ... <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR . 19 <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES 1 NO .. 2 ↓ 224
03	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ... <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR . 19 <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES 1 NO .. 2 ↓ 224
04	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ... <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR . 19 <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES 1 NO .. 2 ↓ 224
05	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ... <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR . 19 <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES 1 NO .. 2 ↓ 224
06	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ... <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR . 19 <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES 1 NO .. 2 ↓ 224
07	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ... <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR . 19 <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES 1 NO .. 2 ↓ 224
08	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES .. 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ... <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEAR . 19 <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									YES 1 NO .. 2 ↓ 224

IF BORN ALIVE AND STILL LIVING:		IF BORN ALIVE BUT NOW DEAD:	IF BORN ALIVE BUT NOW DEAD:	IF BORN DEAD OR LOST BEFORE FULL TERM:			
222	223	224	224A	225	226	228	229
How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Did (NAME) die from diarrhoea?	In what year and month did this pregnancy end?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 2 OR MORE YEARS?	Were there any other pregnancies between the previous pregnancy mentioned and this pregnancy?
01 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREG.)	DAYS .. 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES 1 NO 2 DK 8 (NEXT PREG.)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/> (next preg.)		
02 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 228)	DAYS .. 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES 1 NO 2 DK 8 (GO TO 228)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
03 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 228)	DAYS .. 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES 1 NO 2 DK 8 (GO TO 228)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
04 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 228)	DAYS .. 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES 1 NO 2 DK 8 (GO TO 228)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
05 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 228)	DAYS .. 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES 1 NO 2 DK 8 (GO TO 228)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
06 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 228)	DAYS .. 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES 1 NO 2 DK 8 (GO TO 228)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
07 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 228)	DAYS .. 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES 1 NO 2 DK 8 (GO TO 228)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2
08 AGE IN YEARS <input type="text"/> <input type="text"/>	YES 1 NO 2 (GO TO 228)	DAYS .. 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS . 3 <input type="text"/> <input type="text"/>	YES 1 NO 2 DK 8 (GO TO 228)	MONTH <input type="text"/> <input type="text"/> YEAR 19 <input type="text"/> <input type="text"/>	MONTHS <input type="text"/> <input type="text"/>	YES 1 NO 2 (NEXT PREGNANCY)	YES 1 NO 2

214	215	216	217	218	219	220	221
Think back to the time of your next pregnancy.	Was that a single or multiple pregnancy?	Was the baby born alive, born dead, or lost before full term?	Did that baby cry, move, or breathe when it was born?	What was the name given to that child?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?
09	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES ... 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ...  YEAR 19 	YES 1 NO .. 2 ↓ 224
10	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES ... 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ...  YEAR 19 	YES 1 NO .. 2 ↓ 224
11	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES ... 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ...  YEAR 19 	YES 1 NO .. 2 ↓ 224
12	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES ... 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ...  YEAR 19 	YES 1 NO .. 2 ↓ 224
13	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES ... 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ...  YEAR 19 	YES 1 NO .. 2 ↓ 224
14	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES ... 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ...  YEAR 19 	YES 1 NO .. 2 ↓ 224
15	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES ... 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ...  YEAR 19 	YES 1 NO .. 2 ↓ 224
16	SINGLE ... 1 MULTIPLE 2	BORN ALIVE 1 (SKIP TO 218)← BORN DEAD 2 LOST BEFORE FULL TERM 3 (SKIP TO 225)←	YES ... 1 NO ... 2 ↓ 225	_____ (NAME)	BOY . 1 GIRL . 2	MONTH ...  YEAR 19 	YES 1 NO .. 2 ↓ 224

IF BORN ALIVE AND STILL LIVING:		IF BORN ALIVE BUT NOW DEAD:	IF BORN ALIVE BUT NOW DEAD:	IF BORN DEAD OR LOST BEFORE FULL TERM:			
222	223	224	224A	225	226	228	229
How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Did (NAME) die from diarrhoea	In what year and month did this pregnancy end?	How many months did the pregnancy last? RECORD IN COMPLETED MONTHS.	FROM YEAR OF THIS PREGNANCY SUBTRACT YEAR OF PREVIOUS PREGNANCY. IS THE DIFFERENCE 2 OR MORE?	Were there any other pregnancies between the previous pregnancy mentioned and this pregnancy?
09 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS ... 2 YEARS 3	YES 1 NO 2 DK 8 (GO TO 228)↵	MONTH YEAR 19	MONTHS	YES 1 NO 2 (NEXT PREGNANCY)↵	YES 1 NO 2
10 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS ... 2 YEARS 3	YES 1 NO 2 DK 8 (GO TO 228)↵	MONTH YEAR 19	MONTHS	YES 1 NO 2 (NEXT PREGNANCY)↵	YES 1 NO 2
11 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS ... 2 YEARS 3	YES 1 NO 2 DK 8 (GO TO 228)↵	MONTH YEAR 19	MONTHS	YES 1 NO 2 (NEXT PREGNANCY)↵	YES 1 NO 2
12 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS ... 2 YEARS 3	YES 1 NO 2 DK 8 (GO TO 228)↵	MONTH YEAR 19	MONTHS	YES 1 NO 2 (NEXT PREGNANCY)↵	YES 1 NO 2
13 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS ... 2 YEARS 3	YES 1 NO 2 DK 8 (GO TO 228)↵	MONTH YEAR 19	MONTHS	YES 1 NO 2 (NEXT PREGNANCY)↵	YES 1 NO 2
14 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS ... 2 YEARS 3	YES 1 NO 2 DK 8 (GO TO 228)↵	MONTH YEAR 19	MONTHS	YES 1 NO 2 (NEXT PREGNANCY)↵	YES 1 NO 2
15 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS ... 2 YEARS 3	YES 1 NO 2 DK 8 (GO TO 228)↵	MONTH YEAR 19	MONTHS	YES 1 NO 2 (NEXT PREGNANCY)↵	YES 1 NO 2
16 AGE IN YEARS 	YES 1 NO 2 (GO TO 228)	DAYS 1 MONTHS ... 2 YEARS 3	YES 1 NO 2 DK 8 (GO TO 228)↵	MONTH YEAR 19	MONTHS	YES 1 NO 2 (NEXT PREGNANCY)↵	YES 1 NO 2

230	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST PREGNANCY. IS THE DIFFERENCE 2 YEARS OR MORE?	YES 1 NO 2	→232
231	Have you had any pregnancies since the last pregnancy mentioned?	YES 1 NO 2	→214
232	COMPARE 210 WITH NUMBER OF PREGNANCIES IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: FOR EACH PREGNANCY: YEAR IS RECORDED IN 220 OR 225. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED IN 222. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED IN 224. FOR EACH PREGNANCY LOSS: DURATION IS RECORDED IN 226. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
233	CHECK 220 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1993. IF NONE, RECORD '0'.		<input type="checkbox"/>
234	Are you pregnant now?	YES 1 NO 2 UNSURE 8	→237 →237
235	How many months pregnant are you?	MONTHS <input type="checkbox"/> <input type="checkbox"/>	
236	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to have anymore children at all?	THEN 1 LATER 2 NOT WANT MORE CHILDREN 3	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="checkbox"/> <input type="checkbox"/> WEEKS AGO 2 <input type="checkbox"/> <input type="checkbox"/> MONTHS AGO 3 <input type="checkbox"/> <input type="checkbox"/> YEARS AGO 4 <input type="checkbox"/> <input type="checkbox"/> IN MENOPAUSE 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	
238	Do you have any of the following problems: Wet yourself when you cough, sneeze or lift heavy weights? Are you constantly wet? Are you constantly soiled?	YES NO WET WHEN COUGH/SNEEZE ... 1 2 CONSTANTLY WET 1 2 CONSTANTLY SOILED 1 2	

SECTION 3. CONTRACEPTION

<p>Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.</p> <p>CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.</p>					
301	Which ways or methods have you heard about?	302 Have you ever heard of (METHOD)?			303 Have you ever used (METHOD)?
		SPONTANEOUS YES	PROBED YES	NO	
01	PILL Women can take a pill every day.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
02	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
03	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
04	DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
05	CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
06	FEMALE STERILIZATION Tie the tubes. Women can have an operation to avoid having any more children.	1	2	3 <input type="checkbox"/>	Have you ever had an operation to avoid having any more children? YES 1 NO 2
07	MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2	3 <input type="checkbox"/>	Have you ever had a partner who had an operation to avoid having children? YES 1 NO 2
08	RHYTHM, CALENDAR METHOD Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
09	WITHDRAWAL Men can be careful and pull out before climax.	1	2	3 <input type="checkbox"/>	YES 1 NO 2
10	HERBS. Women use natural herbs or Dutch remedies to avoid pregnancy	1	2	3 <input type="checkbox"/>	YES 1 NO 2
11	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1		3	YES 1 NO 2
		_____ (SPECIFY)			YES 1 NO 2
		_____ (SPECIFY)			YES 1 NO 2
304	CHECK 303:				
	NOT A SINGLE "YES" <input type="checkbox"/>	AT LEAST ONE "YES" <input type="checkbox"/>		308	→ SKIP TO
	(NEVER USED)	(EVER USED)			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→331
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
308	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used?	PILL 01 IUD 02 INJECTIONS 03 DIAPHRAGM/FOAM/JELLY 04 CONDOM 05 FEMALE STERILIZATION 06 MALE STERILIZATION 07 RHYTHM/ CALENDER METHOD ... 08 WITHDRAWAL 09 HERB/REMEDIES 10 OTHER _____ 96 (SPECIFY)	
309	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN .. <input type="text"/> <input type="text"/>	
309A	How old were you when you first used something to avoid getting pregnant?	AGE <input type="text"/> <input type="text"/>	
309B	From whom did you first get information about methods to avoid pregnancy?	MOTHER A SISTER B FATHER C OTHER RELATIVE D FRIEND E TEACHER F NURSE G DOCTOR H POSTER/LEAFLET/MAGAZINE I RADIO/TELEVISION J OTHER _____ X (SPECIFY)	
309C	CHECK 309A: AGE LESS THAN 19 YEARS <input type="checkbox"/> AGE 19 YEARS OR OLDER <input type="checkbox"/>		→311
309E	Did your parent(s) or guardian give advice on contraceptives or explain how to use them?	YES 1 NO 2	
311	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→314A
312	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→331
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→331
314	Which method are you using?	PILL 01 IUD 02 INJECTIONS 03 DIAPHRAGM/FOAM/JELLY 04 CONDOM 05	→328
314A	CIRCLE '06' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION 06 MALE STERILIZATION 07 RHYTHM, CALENDER METHOD ... 08 WITHDRAWAL 09 HERB/REMEDIES 10 OTHER _____ 96 (SPECIFY)	→323 →332

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP										
318	<p>Where did the sterilization take place?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>DAY HOSPITAL/CLINIC/</p> <p>COMMUNITY HEALTH CENTRE 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . . 21</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>											
319	<p>Do you regret that (you/your partner) had the operation not to have any (more) children?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 321</p>										
320	<p>Why do you regret the operation?</p>	<p>RESPONDENT WANTS ANOTHER</p> <p>CHILD 01</p> <p>PARTNER WANTS ANOTHER CHILD 02</p> <p>SIDE EFFECTS 03</p> <p>CHILD DIED 04</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>											
321	<p>In what month and year was the sterilization performed?</p>	<p>MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p> <p>YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table></p>											<p>→ 335</p>
323	<p>How do you determine which days of your monthly cycle not to have sexual relations?</p>	<p>BASED ON CALENDAR 01</p> <p>BASED ON BODY TEMPERATURE . 02</p> <p>BASED ON CERVICAL MUCUS</p> <p>(BILLINGS METHOD) 03</p> <p>BASED ON BODY TEMPERATURE</p> <p>AND CERVICAL MUCUS 04</p> <p>NO SPECIFIC SYSTEM 05</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 332</p>										
328	<p>Where did you obtain (METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>DAY HOSPITAL/CLINIC/</p> <p>COMMUNITY HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC . . . 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER 15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR/</p> <p>GYNECOLOGIST 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 330A</p>										

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>DAY HOSPITAL/CLINIC/ COMMUNITY HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC . . . 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER 15</p> <p>OTHER PUBLIC _____16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC . . . 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR/ GYNECOLOGIST 23</p> <p>OTHER PRIVATE MEDICAL _____26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIEND/RELATIVE 33</p> <p>OTHER _____96</p> <p>(SPECIFY)</p>	
335	Have you visited any type of health facility for any reason in the last 12 months?	<p>YES 1</p> <p>NO 2</p>	→ 337
336	Did any staff member at the health facility speak to you about family planning methods?	<p>YES 1</p> <p>NO 2</p>	
337	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	<p>DURING HER PERIOD 01</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 02</p> <p>IN THE MIDDLE OF THE CYCLE . . . 03</p> <p>JUST BEFORE HER PERIOD BEGINS 04</p> <p>OTHER _____96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
338	I would like to ask you a question about the law on abortion in South Africa. Does the present law allow a woman in early pregnancy, which is up to 12 weeks, to have an abortion?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 4A. PREGNANCY AND CHILD HEALTH

401	CHECK 233: ONE OR MORE BIRTHS SINCE JAN. 1993 <input type="checkbox"/> * NO BIRTHS SINCE JAN. 1993 <input type="checkbox"/> (SKIP TO 465)		
402	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about your pregnancies and the health of all your children born in the last five years. (We will talk about one child at a time.)		
403	LINE NUMBER FROM Q214	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>
404	FROM Q218 AND Q221	NAME _____ ALIVE <input type="checkbox"/> * DEAD <input type="checkbox"/> *	NAME _____ ALIVE <input type="checkbox"/> * DEAD <input type="checkbox"/> *
405	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?	THEN 1 (SKIP TO 407) ← _____ LATER 2 NO MORE 3 (SKIP TO 407) ← _____	THEN 1 (SKIP TO 407) ← _____ LATER 2 NO MORE 3 (SKIP TO 407) ← _____
406	How much longer would you like to have waited?	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
407	When you were pregnant with (NAME), did you go for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 410) ← _____	HEALTH PROFESSIONAL DOCTOR A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D OTHER _____ X (SPECIFY) NO ONE Y (SKIP TO 410) ← _____
407A	Where did you go the majority of times? PROBE FOR THE ONE PLACE VISITED MOST OFTEN	PUBLIC HOSPITAL 01 PRIVATE HOSPITAL 02 PUBLIC CLINIC 03 PRIVATE CLINIC/SURGERY 04 PRIVATE MIDWIFE'S OFFICE 05 OTHER _____ 96 (SPECIFY)	PUBLIC HOSPITAL 01 PRIVATE HOSPITAL 02 PUBLIC CLINIC 03 PRIVATE CLINIC/SURGERY 04 PRIVATE MIDWIFE'S OFFICE 05 OTHER _____ 96 (SPECIFY)
408	How many months pregnant were you when you first received antenatal care?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98	NO. OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98
410	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8



426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>	IMMEDIATELY 000 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/>
427	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 429) ←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 429) ←
428	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 432) ← NO 2	YES 1 (SKIP TO 432) ← NO 2
429	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
430	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM . 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER _____ 96 (SPECIFY)	MOTHER ILL/WEAK 01 CHILD ILL/WEAK 02 CHILD DIED 03 NIPPLE/BREAST PROBLEM . 04 NOT ENOUGH MILK 05 MOTHER WORKING 06 CHILD REFUSED 07 WEANING AGE/AGE TO STOP 08 BECAME PREGNANT 09 STARTED USING CONTRACEPTION 10 OTHER _____ 96 (SPECIFY)
431	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)
432	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS <input type="text"/> <input type="text"/>
433	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS <input type="text"/> <input type="text"/>
434	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

435	At any time yesterday or last night, was (NAME) given any of the following: Plain water? Sugar water/Juice Herbal tea/Rooibos? Baby formula? Any kind of milk? Any other liquid? Any food made from [MAIZE or RICE or WHEAT], such as PORRIDGE or BREAD Eggs, fish or poultry? Meat? Fruits or vegetables? Any other solid or semi-solid foods?	YES NO DK PLAIN WATER 1 2 8 SUGAR WATER/JUICE 1 2 8 HERBAL/ROOIBOS TEA 2 8 BABY FORMULA 1 2 8 ANY KIND OF MILK ... 1 2 8 OTHER LIQUIDS 1 2 8 FOOD MADE FROM MAIZE/RICE/WHEAT 1 2 8 EGGS/FISH/POULTRY 1 2 8 MEAT 1 2 8 FRUITS OR VEG. ... 1 2 8 OTHER SOLID/ SEMI-SOLID FOODS . 1 2 8	YES NO DK PLAIN WATER 1 2 8 SUGAR WATER/JUICE 1 2 8 HERBAL/ROOIBOS TEA 2 8 BABY FORMULA 1 2 8 ANY KIND OF MILK ... 1 2 8 OTHER LIQUIDS 1 2 8 FOOD MADE FROM MAIZE/RICE/WHEAT 1 2 8 EGGS/FISH/POULTRY 1 2 8 MEAT 1 2 8 FRUITS OR VEG. ... 1 2 8 OTHER SOLID/ SEMI-SOLID FOODS . 1 2 8
436	CHECK 435: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE MORE <input type="checkbox"/> "NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 439)	"YES" TO ONE MORE <input type="checkbox"/> "NO/DK" TO ALL <input type="checkbox"/> (SKIP TO 439)
437	(Aside from breast-feeding,) how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
439		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.

SECTION 4B: IMMUNIZATION AND HEALTH

440	ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1993 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).																																																																																																																																				
441	LINE NUMBER FROM Q214	LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> <input type="text"/>																																																																																																																																		
442	FROM Q218 AND Q221	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)																																																																																																																																		
443	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 445) ← YES, NOT SEEN 2 (SKIP TO 447) ← NO CARD 3	YES, SEEN 1 (SKIP TO 445) ← YES, NOT SEEN 2 (SKIP TO 447) ← NO CARD 3																																																																																																																																		
444	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 447) ← NO 2	YES 1 (SKIP TO 447) ← NO 2																																																																																																																																		
445	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED BCG Polio 0 (at birth) Polio 1 Polio 2 Polio 3 DPT 1 DPT 2 DPT 3 Hep. B 1 Hep. B 2 Hep. B 3 Measles	<table border="0"> <tr> <td></td> <td>DAY</td> <td>MO</td> <td>YR</td> <td></td> </tr> <tr> <td>BCG</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19 <input type="checkbox"/></td> </tr> <tr> <td>P0</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19 <input type="checkbox"/></td> </tr> <tr> <td>P1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19 <input type="checkbox"/></td> </tr> <tr> <td>P2</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19 <input type="checkbox"/></td> </tr> <tr> <td>P3</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>19 <input type="checkbox"/></td> </tr> <tr> <td>D1</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> 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446	Did (NAME) receive any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONES BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES (PROBE FOR VACCINATIONS) AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) 1 NO 2 DON'T KNOW 8 (SKIP TO 450) ←	YES (PROBE FOR VACCINATIONS) AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) 1 NO 2 DON'T KNOW 8 (SKIP TO 450) ←																																																																																																																																		
447	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8																																																																																																																																		

448	Please tell me if (NAME) received any of the following vaccinations:		
448A	A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that caused a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 448E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448E) ← DON'T KNOW 8
448C	How many times?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
448D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
448E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES 1 NO 2 (SKIP TO 448G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 448G) ← DON'T KNOW 8
448F	How many times?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
448G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
448H	An injection to prevent hepatitis B?	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 450) ← DON'T KNOW 8
448I	How many times?	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8
450	Has (NAME) been ill or feverish with a cough at any time in the last 2 weeks?	YES 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 454) ← DON'T KNOW 8
451	When (NAME) was ill with a cough, did he/she breathe with difficulty or faster than usual with short, fast breaths?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
452	Did you seek advice or treatment for the illness?	YES 1 NO 2 (SKIP TO 454) ←	YES 1 NO 2 (SKIP TO 454) ←
453	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. _____ NAME OF PLACE	PUBLIC SECTOR GOVT. HOSPITAL A DAY HOSP/CLINIC/ COMMUNITY HEALTH CENTER B MOBILE CLINIC D COMM. HEALTH WORKER .. E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ... G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. HEALER L OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL A DAY HOSP/CLINIC/ COMMUNITY HEALTH CENTER B MOBILE CLINIC D COMM. HEALTH WORKER . E OTHER PUBLIC _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ... G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ J (SPECIFY) OTHER SOURCE SHOP K TRAD. HEALER L OTHER _____ X (SPECIFY)

454	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 464) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 464) ← DON'T KNOW 8
455	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
456	On the worst day of the diarrhoea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS  DON'T KNOW 98	NUMBER OF BOWEL MOVEMENTS  DON'T KNOW 98
457	Was he/she given the same amount to drink as before the diarrhoea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
458	Was he/she given the same amount of food to eat as before the diarrhoea, or more, or less?	SAME 1 MORE 2 LESS 3 DON'T KNOW 8	SAME 1 MORE 2 LESS 3 DON'T KNOW 8
459	When (NAME) had diarrhoea, was he/she given any of the following to drink: A fluid, made from a special rehydration packet? Thin watery porridge? Soup? Home-made sugar-salt-water solution? Milk or infant formula? Yoghurt-based drink? Black Tea? Water? Coke? Any other liquid?	YES NO DK FLUID FROM ORS PKT 1 2 8 THIN WATERY PORRIDGE 1 2 8 SOUP 1 2 8 SUG.-SALT-WAT. SOL. 1 2 8 MILK/INFANT FORM. .. 1 2 8 YOGHURT-BASED DR. 1 2 8 BLACK TEA 1 2 8 WATER 1 2 8 COKE 1 2 8 OTHER LIQUID 1 2 8	YES NO DK FLUID FROM ORS PKT 1 2 8 THIN WATERY PORRIDGE 1 2 8 SOUP 1 2 8 SUG.-SALT-WAT. SOL. 1 2 8 MILK/INFANT FORM. .. 1 2 8 YOGHURT-BASED DR. 1 2 8 BLACK TEA 1 2 8 WATER 1 2 8 COKE 1 2 8 OTHER LIQUID 1 2 8
460	Was anything (else) given to treat the diarrhoea?	YES 1 NO 2 (SKIP TO 462) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 462) ← DON'T KNOW 8
461	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	HOMEMADE SUGAR-SALT- WATER SOLUTION A PILL OR SYRUP B INJECTION C (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER _____ X (SPECIFY)	HOMEMADE SUGAR-SALT- WATER SOLUTION A PILL OR SYRUP B INJECTION C (I.V.) INTRAVENOUS D HOME REMEDIES/ HERBAL MEDICINES E OTHER _____ X (SPECIFY)
462	Did you seek advice or treatment for the diarrhoea?	YES 1 NO 2 (SKIP TO 464) ←	YES 1 NO 2 (SKIP TO 464) ←

463	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL A DAY HOSP/CLINIC/ COMMUNITY HEALTH CENTER B MOBILE CLINIC D COMM. HEALTH WORKER .. E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ... G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ J (SPECIFY)</p> <p>OTHER SOURCE SHOP K TRAD. HEALER L OTHER _____ X (SPECIFY)</p>	<p>PUBLIC SECTOR GOVT. HOSPITAL A DAY HOSP/CLINIC/ COMMUNITY HEALTH CENTER B MOBILE CLINIC D COMM. HEALTH WORKER . E OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC ... G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ J (SPECIFY)</p> <p>OTHER SOURCE SHOP K TRAD. HEALER L OTHER _____ X (SPECIFY)</p>
464	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.		GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.
465	<p>Now I am going to ask you some general questions about caring for children with diarrhoea and cough.</p> <p>When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual?</p>	<p>LESS TO DRINK 1 ABOUT SAME AMOUNT TO DRINK . 2 MORE TO DRINK 3 DON'T KNOW 8</p>	
466	<p>When a child has diarrhoea, should he/she be given less to eat than usual, about the same amount, or more than usual?</p>	<p>LESS TO EAT 1 ABOUT SAME AMOUNT TO EAT ... 2 MORE TO EAT 3 DON'T KNOW 8</p>	
467	<p>When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker?</p> <p>RECORD ALL MENTIONED. DO NOT PROBE</p>	<p>REPEATED WATERY STOOLS A ANY WATERY STOOLS B REPEATED VOMITING C ANY VOMITING D BLOOD IN STOOLS E FEVER F MARKED THIRST G NOT EATING/NOT DRINKING WELL . H GETTING SICKER/VERY SICK I NOT GETTING BETTER J SUNKEN FONTANELLE K OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	
468	<p>CHECK 459, ALL COLUMNS:</p> <p>NO CHILD RECEIVED ORS <input type="checkbox"/> ANY CHILD RECEIVED ORS <input type="checkbox"/></p>		→470
469	<p>Have you ever heard of a special product called ORSOL OR SOROL that you can get for the treatment of diarrhoea?</p>	<p>YES 1 NO 2</p>	
470	<p>When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker?</p> <p>RECORD ALL MENTIONED.</p>	<p>FAST BREATHING A DIFFICULT BREATHING B NOISY BREATHING C FEVER/HIGH TEMPERATURE D UNABLE TO DRINK E NOT EATING/NOT DRINKING WELL . F GETTING SICKER/VERY SICK G NOT GETTING BETTER H COUGHING A LOT I OTHER _____ X (SPECIFY) DON'T KNOW Z</p>	

SECTION 5. MARITAL AND SEXUAL RELATIONS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
501	PRESENCE OF OTHERS AT THIS POINT.	<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>CHILDREN UNDER 10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER MALES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER FEMALES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10	1	2	HUSBAND/PARTNER	1	2	OTHER MALES	1	2	OTHER FEMALES	1	2	
	YES	NO																
CHILDREN UNDER 10	1	2																
HUSBAND/PARTNER	1	2																
OTHER MALES	1	2																
OTHER FEMALES	1	2																
Now I am going to ask you some sensitive questions about your marital and sexual relations. All information you give me is completely confidential.																		
502	Are you currently married or living with a man?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 507															
503	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER 1 TWO OR MORE REGULAR PARTNERS ... 2 OCCASIONAL SEXUAL PARTNER 3 NO SEXUAL PARTNER 4																
504	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 511 → 514															
506	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 511															
507	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2																
508	Does your husband have any other wives besides yourself?	YES 1 NO 2 DONT KNOW 8	→ 511															
509	How many other wives does he have?	NUMBER OF OTHER WIVES <input type="text"/> <input type="text"/> DONT KNOW98																
511	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2																
512	CHECK 511: MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> In what month and year did you start living with your husband/partner? Now we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DONT KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DONT KNOW YEAR 9998	→ 514															
513	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>																
514	How old were you when you had your first period?	AGE <input type="text"/> <input type="text"/>																
515	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some health and family planning issues. When was the last time you had sexual intercourse (if ever)?	NEVER 000 DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> BEFORE LAST BIRTH 996	→ 608 → 517															

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515A	Can you describe your relationship with the person you last had sexual intercourse with?	MARITAL PARTNER 01 OTHER REGULAR PARTNER 02 CASUAL ACQUAINTANCE 03 SOMEONE JUST MET 04 COMMERCIAL SEX WORKER 05 OTHER _____ 96 (SPECIFY)	
516	CHECK 301 AND 302: KNOWS CONDOM <input type="checkbox"/> DOES NOT KNOW CONDOM <input type="checkbox"/> The last time you had sex, was a condom used? Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?	YES 1 NO 2 DONT KNOW 8	→516B →516B
516A	If not, what are the reasons why you didn't use one? RECORD ALL MENTIONED What is the Main Reason? <input type="checkbox"/>	WANTS CHILDREN A PERCEIVED LOW OR NO RISK OF STD/HIV B RESPONDENT DISLIKE C PARTNER DISLIKE D CULTURAL/RELIGIOUS PROHIBITION E DID NOT KNOW CONDOMS F DID NOT KNOW HOW TO USE CONDOM G BAD PREVIOUS EXPERIENCE WITH CONDOM H INCONVENIENT TO USE I LACK OF SPONTANEITY J DID NOT KNOW SOURCE OF CONDOMS K EMBARRASSED TO GET L INCONVENIENT TO GET M DIDNT HAVE A CONDOM N COST TOO MUCH O NO/LESS SENSATION WITH CONDOM P SUGGESTS LACK OF TRUST OF PARTNER Q SUGGESTS LACK OF LOVE OF PARTNER R FEAR OF LOSING IT INSIDE S WASTES SPERM T RUBBER SMELL U PARTNER OR SELF HAS BURNING/DISCOMFORT WHEN USING CONDOM V PREFER SEX 'FLESH TO FLESH' W CONDOM USE NOT COOL/MANLY/TRENDY Y OTHER _____ X (SPECIFY) DONT KNOW Z	
516B	In the last 12 months, with how many different men have you had sexual intercourse?	NUMBER <input type="checkbox"/> <input type="checkbox"/>	
517	Do you know of a place where you can get condoms?	YES 1 NO 2	→519

<p>518</p>	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>DAY HOSP/CLINIC</p> <p>COMMUNITY HEALTH CENTER 12</p> <p>FAMILY PLANNING CLINIC 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER .. 15</p> <p>OTHER PUBLIC 16</p> <p>_____</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY 22</p> <p>PRIVATE DOCTOR 23</p> <p>OTHER PRIVATE</p> <p>MEDICAL 26</p> <p>_____</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>CHURCH 32</p> <p>FRIENDS/RELATIVES 33</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p>	
<p>519</p>	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE <input type="text"/></p> <p>FIRST TIME WHEN MARRIED 96</p>	



SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 314: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→612
602	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting 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 SAYS SHE CAN'T GET PREGNANT .. 3 UNDECIDED/DONT KNOW 8	→604 →606 →604
603	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DONT KNOW 998	→606
604	CHECK 234: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→607
605	If you became pregnant in the next few weeks, would you be <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY 1 UNHAPPY 2 WOULD NOT MATTER 3	
606	CHECK 313: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→612
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES 1 NO 2 DONT KNOW 8	→609
608	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DONT KNOW 8	→610
609	Which method would you prefer to use?	PILL 01 IUD 02 INJECTIONS 03 DIAPHRAGM/FOAM/JELLY 04 CONDOM 05 FEMALE STERILIZATION 06 MALE STERILIZATION 07 CALENDER/RHYTHM 08 WITHDRAWAL 09 HERB/REMEDIES 10 OTHER 96 (SPECIFY) UNSURE 98	→612


NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
610	What is the main reason that you think you will never use a method?	FERTILITY-RELATED REASONS INFREQUENT SEX 22 MENOPAUSAL/HYSTERECTOMY 23 INFERTILE 24 WANTS MORE CHILDREN 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED . 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98																			
612	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> OTHER _____ 96 (SPECIFY)																			
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 NO OPINION 3																			
615	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">ACCEPT- ABLE</th> <th style="text-align: center;">NOT ACCEPT- ABLE</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>RADIO 1</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>TELEVISION . . . 1</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>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DK	RADIO 1	1	2	8	TELEVISION . . . 1	1	2	8							
	ACCEPT- ABLE	NOT ACCEPT- ABLE	DK																		
RADIO 1	1	2	8																		
TELEVISION . . . 1	1	2	8																		
616	In the last few months have you heard about family planning and sterilization: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE . 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>POSTER 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES . 1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	RADIO 1	1	2	TELEVISION 1	1	2	NEWSPAPER OR MAGAZINE . 1	1	2	POSTER 1	1	2	LEAFLETS OR BROCHURES . 1	1	2	
	YES	NO																			
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NEWSPAPER OR MAGAZINE . 1	1	2																			
POSTER 1	1	2																			
LEAFLETS OR BROCHURES . 1	1	2																			
618	In the last few months have you discussed the practice of family planning with your friends, neighbours, or relatives?	YES 1 NO 2	→ 620																		
619	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F MOTHER-IN-LAW G FRIENDS/NEIGHBOURS H OTHER _____ X (SPECIFY)																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
620	CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> * YES, LIVING WITH A MAN <input type="checkbox"/> * NO, NOT IN UNION <input type="checkbox"/>		→701
621	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
622	How often have you talked to your husband/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
623	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DONT KNOW 8	
624	Who makes the decisions about using methods to avoid pregnancy?	REPENDENT DECIDES 01 HUSBAND/PARTNER DECIDES 02 JOINTLY 03 OTHER 96 (SPECIFY)	

SECTION 7: TREATMENT OF WOMEN IN THE HOUSEHOLD

Now I would like to ask you some difficult questions about how you have been treated in your life by other people.			
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502: MARRIED, LIVING WITH A MAN 	NO UNION 	→703
702	Within the last year, has your partner/husband regularly not provided money you need for food, rent or bills but has money for other things?	YES 1 NO 2	
703	Over the last year, has anyone ever kicked, bitten, slapped, hit you with a fist, threaten you with a weapon, such as a knife, a stick, or a gun, or thrown something at you?	YES 1 NO 2 NO ANSWER 3	→705
704	Have any of your boyfriends or husbands ever kicked, bitten, slapped, hit you with a fist, threaten you with a weapon, such as a knife, a stick, or a gun, or thrown something at you?	YES 1 NO 2 NO ANSWER 3	→707 ↳712
705	Can you tell me who has done this to you? Anyone else? RECORD ALL MENTIONED PROBE IF NOT MENTIONED	CURRENT HUSBAND/PARTNER A FORMER HUSBAND/PARTNER B BOYFRIEND C FATHER D BROTHER E SON F DAUGHTER G MOTHER H FATHER-IN-LAW I MOTHER-IN-LAW J OTHER MALE RELATIVE K OTHER FEMALE RELATIVE L MANAGER/FOREMAN/EMPLOYER M ASSAILANT N OTHER _____ X (SPECIFY) NO ANSWER Y	
706	Who is the person who did or does beat you most often?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 BOYFRIEND 03 FATHER 04 BROTHER 05 SON 06 DAUGHTER 07 MOTHER 08 FATHER-IN-LAW 09 MOTHER-IN-LAW 10 OTHER MALE RELATIVE 11 OTHER FEMALE RELATIVE 12 MANAGER/FOREMAN/EMPLOYER 13 OTHER _____ 96 (SPECIFY) NO ANSWER 98	
707	Is or was this person always, sometimes or never "on something" (drugs or alcohol) when he/she did this to you?	ALWAYS 1 SOMETIMES 2 NEVER 3 NO ANSWER 8	

708	In the past one year, approximately how many times did this happen to you? IF NONE WRITE '00'	TIMES <input type="text"/> <input type="text"/> NO ANSWER 96	
709	Have you ever left a husband/partner because you were being beaten?	YES 1 NO 2	
710	When you were pregnant, has anyone ever kicked, bitten, slapped, hit you with a fist, threaten you with a weapon, such as a knife, a stick, or a gun, or thrown something at you?	YES 1 NO 2 NEVER BEEN PREGNANT 3	
711	In the past year, have you ever been so seriously hurt during a beating that you needed medical attention even if you did not see a doctor?	YES 1 NO 2 NO ANSWER 3	
712	Has anyone ever forced you to have sexual intercourse against your will by threatening, holding you down or hurting you in some way?	YES 1 NO 2	→715
713	Has anyone ever persuaded you to have sexual intercourse when you did not want to?	YES 1 NO 2	→718
715	Did this happen before you were 15 years old?	YES 1 NO 2 NO ANSWER 3	└→718
716	How old were you when this first happened?	AGE <input type="text"/> <input type="text"/>	
717	Who did this to you?	FATHER 01 OTHER MALE RELATIVE 02 BROTHER 03 FAMILY FRIEND/LODGER 04 LANDLORD/FARMER 05 SCHOOL TEACHER/PRINCIPAL 06 MAN/BOY FROM NEIGHBOURHOOD/ SCHOOL/CHURCH 07 MANAGER/FOREMAN/EMPLOYER 08 STEPFATHER/MOTHER'S BOYFRIEND 09 BOYFRIEND/HUSBAND 10 STRANGER/RECENT ACQUAINTANCE 11 OTHER _____ 96 (SPECIFY)	└→724
718	Before you were 15 years old, did any man touch you against your will in a sexual way, such as unwanted touching, kissing, grabbing or fondling?	YES 1 NO 2 NO ANSWER 3	└→721
719	How old were you when this first happened?	AGE <input type="text"/> <input type="text"/>	
720	Who did this to you?	FATHER 01 OTHER MALE RELATIVE 02 BROTHER 03 FAMILY FRIEND/LODGER 04 LANDLORD/FARMER 05 SCHOOL TEACHER/PRINCIPAL 06 MAN/BOY FROM NEIGHBOURHOOD/ SCHOOL/CHURCH 07 MANAGER/FOREMAN/EMPLOYER 08 STEPFATHER/MOTHER'S BOYFRIEND 09 BOYFRIEND/HUSBAND 10 STRANGER/RECENT ACQUAINTANCE 11 OTHER _____ 96 (SPECIFY)	







721	Before you were 15 years old, did any man force you to touch his private parts against your will?	YES 1 NO 2 NO ANSWER 8	└─724
722	How old were you when this first happened	AGE 	
723	Who did this to you?	FATHER 01 OTHER MALE RELATIVE 02 BROTHER 03 FAMILY FRIEND/LODGER 04 LANDLORD/FARMER 05 SCHOOL TEACHER/PRINCIPAL 06 MAN/BOY FROM NEIGHBOURHOOD/ SCHOOL/CHURCH 07 MANAGER/FOREMAN/EMPLOYER 08 STEPFATHER/MOTHER'S BOYFRIEND 09 BOYFRIEND/HUSBAND 10 STRANGER/RECENT ACQUAINTANCE 11 OTHER _____ 96 (SPECIFY)	
724	Have you tried to get help from services of any kind because of beatings or other bad treatment?	YES 1 NO 2	───726
725	What do or did you use?	SHELTER A COUNSELLING B WOMEN'S CENTRE C SOCIAL WORKER D POLICE E CLINIC/HOSPITAL F OTHER _____ X (SPECIFY)	
726	Would you have liked to have had help from a service that was not available?	YES 1 NO 2	───801
727	What service would have been helpful to you?	SHELTER A COUNSELLING B WOMEN'S CENTRE C SOCIAL WORKER D POLICE E CLINIC/HOSPITAL F OTHER _____ X (SPECIFY)	

SECTION 8: AIDS










NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
801	Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 901																																								
802	How much information about HIV/AIDS did you obtain from each of the following sources: Answer each question with a lot, some or none a) TV? b) Radio? c) Newspaper? d) Pamphlets? e) Health Workers? f) Friends? g) Partner(s)? h) Relatives?	<table border="1"> <thead> <tr> <th></th> <th>A LOT</th> <th>SOME</th> <th>NONE</th> </tr> </thead> <tbody> <tr> <td>TV</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>RADIO</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NEWSPAPER</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>PAMPHLETS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HEALTH WORKERS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FRIENDS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>PARTNER(S)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>RELATIVES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		A LOT	SOME	NONE	TV	1	2	3	RADIO	1	2	3	NEWSPAPER	1	2	3	PAMPHLETS	1	2	3	HEALTH WORKERS	1	2	3	FRIENDS	1	2	3	PARTNER(S)	1	2	3	RELATIVES	1	2	3					
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HEALTH WORKERS	1	2	3																																								
FRIENDS	1	2	3																																								
PARTNER(S)	1	2	3																																								
RELATIVES	1	2	3																																								
803	I am going to read out some statements about protection against HIV/AIDS. For each statement, please tell me whether you think it is true or not. People can protect themselves from HIV/AIDS by: a) having a good diet b) staying with one faithful partner c) avoiding public toilets d) using condoms during sexual intercourse e) avoiding touching a person who has AIDS f) avoiding sharing food with a person who has AIDS g) avoiding being bitten by mosquitos or similar insects h) making sure any injection they have is done with a clean needle i) avoid shaving razor blades	<table border="1"> <thead> <tr> <th></th> <th>TRUE</th> <th>NOT TRUE</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>DIET</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FAITHFUL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AVOID TOILETS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CONDOMS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AVOID TOUCH</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AVOID SHARED FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AVOID MOSQUITOS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>CLEAN INJECTION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AVOID RAZOR</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		TRUE	NOT TRUE	DON'T KNOW	DIET	1	2	8	FAITHFUL	1	2	8	AVOID TOILETS	1	2	8	CONDOMS	1	2	8	AVOID TOUCH	1	2	8	AVOID SHARED FOOD	1	2	8	AVOID MOSQUITOS	1	2	8	CLEAN INJECTION	1	2	8	AVOID RAZOR	1	2	8	
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CLEAN INJECTION	1	2	8																																								
AVOID RAZOR	1	2	8																																								
804	Do you think that a person infected with the AIDS virus always shows symptoms or can such a person look perfectly healthy?	ALWAYS SHOWS SYMPTOMS 1 CAN LOOK HEALTHY 2 DON'T KNOW 8																																									
804A	I am going to ask you some questions about the need for people to be informed about their HIV/AIDS status: a) should people with AIDS be told about their status? b) should people diagnosed HIV positive be told about their status? c) should HIV/AIDS patients tell their partner(s) about their status? d) should the reporting of AIDS status to health authorities be made mandatory by law? e) should the reporting of HIV status to health authorities be made mandatory by law?	<table border="1"> <thead> <tr> <th></th> <th>TRUE</th> <th>NOT TRUE</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>TOLD ABOUT AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TOLD ABOUT HIV</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELL PARTNERS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REPORT AIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>REPORT HIV</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		TRUE	NOT TRUE	DON'T KNOW	TOLD ABOUT AIDS	1	2	8	TOLD ABOUT HIV	1	2	8	TELL PARTNERS	1	2	8	REPORT AIDS	1	2	8	REPORT HIV	1	2	8																	
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805	Do you personally know someone who has been diagnosed with HIV/AIDS or who has died of AIDS?	YES 1 NO 2	→ 901																																								
805A	How much assistance and support do you think AIDS patients receive from each of the following: Answer the questions with a lot, some or none. a) employers? b) co-workers? c) insurance companies? d) health workers? e) friends? f) partner(s)? g) relatives?	<table border="1"> <thead> <tr> <th></th> <th>A LOT</th> <th>SOME</th> <th>NONE</th> </tr> </thead> <tbody> <tr> <td>A) EMPLOYERS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>B) CO-WORKERS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>C) INSURANCE C.</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>D) HEALTH WORKERS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>E) FRIENDS</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>F) PARTNER(S)</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>G) RELATIVES</td> <td></td> <td>1</td> <td>23</td> </tr> </tbody> </table>		A LOT	SOME	NONE	A) EMPLOYERS	1	2	3	B) CO-WORKERS	1	2	3	C) INSURANCE C.	1	2	3	D) HEALTH WORKERS	1	2	3	E) FRIENDS	1	2	3	F) PARTNER(S)	1	2	3	G) RELATIVES		1	23									
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G) RELATIVES		1	23																																								

SECTION 9 - MATERNAL MORTALITY

No.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
901	<p>Now I would like to ask some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>					
	<p>NUMBER OF BIRTHS TO NATURAL MOTHER</p>	<input type="text"/>				
902	<p>CHECK 901: TWO OR MORE BIRTHS ONLY ONE BIRTH (RESPONDENT ONLY)</p> <p><input type="checkbox"/> <input type="checkbox"/> → 1001</p>					
903	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS</p>	<input type="text"/>			
904	905	906	907	908	909	910
<p>What was the name given to your eldest (next oldest) brother or sister?</p>	<p>Is (NAME) male or female?</p>	<p>Is (NAME) still alive?</p>	<p>How old is (NAME)?</p>	<p>In what year did (NAME) die?</p>	<p>How many years ago did (NAME) die?</p>	<p>How old was (NAME) when she/he died?</p>
[1]	<p>MALE 1</p> <p>FEMALE ... 2</p>	<p>YES 1</p> <p>NO 2</p> <p>GO TO 908 ↓</p> <p>DK 8</p> <p>GO TO [2] ↓</p>	<p><input type="text"/></p> <p>GO TO [2]</p>	<p><input type="text"/></p> <p>GO TO 910 ↓</p> <p>DK..... 9998</p>	<p><input type="text"/></p>	<p><input type="text"/></p> <p>IF MALE OR DIED BEFORE AGE 12 GO TO [2]</p>
[2]	<p>MALE 1</p> <p>FEMALE ... 2</p>	<p>YES 1</p> <p>NO 2</p> <p>GO TO 908 ↓</p> <p>DK 8</p> <p>GO TO [3] ↓</p>	<p><input type="text"/></p> <p>GO TO [3]</p>	<p><input type="text"/></p> <p>GO TO 910 ↓</p> <p>DK..... 9998</p>	<p><input type="text"/></p>	<p><input type="text"/></p> <p>IF MALE OR DIED BEFORE AGE 12 GO TO [3]</p>
[3]	<p>MALE 1</p> <p>FEMALE ... 2</p>	<p>YES 1</p> <p>NO 2</p> <p>GO TO 908 ↓</p> <p>DK 8</p> <p>GO TO [4] ↓</p>	<p><input type="text"/></p> <p>GO TO [4]</p>	<p><input type="text"/></p> <p>GO TO 910 ↓</p> <p>DK..... 9998</p>	<p><input type="text"/></p>	<p><input type="text"/></p> <p>IF MALE OR DIED BEFORE AGE 12 GO TO [4]</p>
[4]	<p>MALE 1</p> <p>FEMALE ... 2</p>	<p>YES 1</p> <p>NO 2</p> <p>GO TO 908 ↓</p> <p>DK 8</p> <p>GO TO [5] ↓</p>	<p><input type="text"/></p> <p>GO TO [5]</p>	<p><input type="text"/></p> <p>GO TO 910 ↓</p> <p>DK..... 9998</p>	<p><input type="text"/></p>	<p><input type="text"/></p> <p>IF MALE OR DIED BEFORE AGE 12 GO TO [5]</p>
[5]	<p>MALE 1</p> <p>FEMALE ... 2</p>	<p>YES 1</p> <p>NO 2</p> <p>GO TO 908 ↓</p> <p>DK 8</p> <p>GO TO [6] ↓</p>	<p><input type="text"/></p> <p>GO TO [6]</p>	<p><input type="text"/></p> <p>GO TO 910 ↓</p> <p>DK..... 9998</p>	<p><input type="text"/></p>	<p><input type="text"/></p> <p>IF MALE OR DIED BEFORE AGE 12 GO TO [6]</p>
[6]	<p>MALE 1</p> <p>FEMALE ... 2</p>	<p>YES 1</p> <p>NO 2</p> <p>GO TO 908 ↓</p> <p>DK 8</p> <p>GO TO [7] ↓</p>	<p><input type="text"/></p> <p>GO TO [7]</p>	<p><input type="text"/></p> <p>GO TO 910 ↓</p> <p>DK..... 9998</p>	<p><input type="text"/></p>	<p><input type="text"/></p> <p>IF MALE OR DIED BEFORE AGE 12 GO TO [7]</p>

<p>911 Was (NAME) pregnant when she died?</p>	<p>912 Did (NAME) die during childbirth?</p>	<p>913 Did (NAME) die within two months after the end of a pregnancy or childbirth?</p>	<p>914 Was her death due to complications of pregnancy or childbirth?</p>	<p>915 How many children did (NAME) give birth to during her lifetime?</p>
<p>YES 1 } GO TO 914 } NO 2</p>	<p>YES 1 } GO TO 915 } NO 2</p>	<p>YES 1 NO 2 } GO TO 915 }</p>	<p>YES 1 NO 2</p>	<p> GO TO [2]</p>
<p>YES 1 } GO TO 914 } NO 2</p>	<p>YES 1 } GO TO 915 } NO 2</p>	<p>YES 1 NO 2 } GO TO 915 }</p>	<p>YES 1 NO 2</p>	<p> GO TO [3]</p>
<p>YES 1 } GOT TO 914 } NO 2</p>	<p>YES 1 } GO TO 915 } NO 2</p>	<p>YES 1 NO 2 } GO TO 915 }</p>	<p>YES 1 NO 2</p>	<p> GO TO [4]</p>
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<p>YES 1 } GO TO 914 } NO 2</p>	<p>YES 1 } GO TO 915 } NO 2</p>	<p>YES 1 NO 2 } GO TO 915 }</p>	<p>YES 1 NO 2</p>	<p> GO TO [6]</p>
<p>YES 1 } GO TO 914 } NO 2</p>	<p>YES 1 } GO TO 915 } NO 2</p>	<p>YES 1 NO 2 } GO TO 915 }</p>	<p>YES 1 NO 2</p>	<p> GO TO [7]</p>

904 What was the name given to your eldest (next oldest) brother or sister?	905 Is (NAME) male or female?	906 Is (NAME) still alive?	907 How old is (NAME)?	908 In what year did (NAME) die?	909 How many years ago did (NAME) die?	910 How old was (NAME) when she/he died?
[7] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 DK 8 GO TO [8]	<input type="text"/> GO TO [8]	<input type="text"/> GO TO 910 DK..... 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [8]
[8] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 DK 8 GO TO [9]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO 910 DK..... 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [9]
[9] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 DK 8 GO TO [10]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO 910 DK..... 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [10]
[10] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 DK 8 GO TO [11]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO 910 DK..... 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [11]
[11] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 DK 8 GO TO [12]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO 910 DK..... 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [12]
[12] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 DK 8 GO TO [13]	<input type="text"/> GO TO [13]	<input type="text"/> GO TO 910 DK..... 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [13]
[13] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 DK 8 GO TO [14]	<input type="text"/> GO TO [14]	<input type="text"/> GO TO 910 DK..... 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [14]
[14] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 DK 8 GO TO [15]	<input type="text"/> GO TO [15]	<input type="text"/> GO TO 910 DK..... 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [15]
[15] _____	MALE 1 FEMALE ... 2	YES 1 NO 2 GO TO 908 DK 8 GO TO [16]	<input type="text"/> GO TO [16]	<input type="text"/> GO TO 910 DK..... 9998	<input type="text"/>	<input type="text"/> IF MALE OR DIED BEFORE AGE 12 GO TO [16]

911 Was (NAME) pregnant when she died?	912 Did (NAME) die during childbirth?	913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	914 Was her death due to complications of pregnancy or childbirth?	915 How many children did (NAME) give birth to during her lifetime?
YES 1 } GO TO 914 } NO 2	YES 1 } GO TO 915 } NO 2	YES 1 NO 2 } GO TO 915 }	YES 1 NO 2	 GO TO [8]
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YES 1 } GO TO 914 } NO 2	YES 1 } GO TO 915 } NO 2	YES 1 NO 2 } GO TO 915 }	YES 1 NO 2	 GO TO [13]
YES 1 } GO TO 914 } NO 2	YES 1 } GO TO 915 } NO 2	YES 1 NO 2 } GO TO 915 }	YES 1 NO 2	 GO TO [14]
YES 1 } GO TO 914 } NO 2	YES 1 } GO TO 915 } NO 2	YES 1 NO 2 } GO TO 915 }	YES 1 NO 2	 GO TO [15]
YES 1 } GO TO 914 } NO 2	YES 1 } GO TO 915 } NO 2	YES 1 NO 2 } GO TO 915 }	YES 1 NO 2	 GO TO [16]

SECTION 10. HUSBAND'S BACKGROUND, WOMAN'S WORK AND RESIDENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	CHECK 502 AND 504: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/>		→1003 →1009
1002	How old was your husband/partner on his last birthday?	AGE <input type="text"/>	
1003	Did your (last) husband/partner ever attend school?	YES 1 NO 2	→1005
1004	What was the highest (standard/year) he completed at school?	LESS THAN 1 YEAR COMPLETED . 00 SUB A/CLASS 1 71 SUB B/CLASS 2 72 STANDARD 1 01 STANDARD 2 02 STANDARD 3 03 STANDARD 4 04 STANDARD 5 05 STANDARD 6 06 STANDARD 7 07 STANDARD 8 08 STANDARD 9 09 STANDARD 10 10 FURTHER STUDIES INCOMPLETE . 11 DIPLOMA/OTHER POSTSCHOOL COMPLETE 12 FURTHER DEGREE COMPLETE . . 13 DONT KNOW 98	
1005	Does your husband/partner currently work?	YES 1 NO 2 DONT KNOW 8	
1006	What (is/was) your (last) husband/partner's occupation? That is, what kind of work (does/did) he mainly do?	<input type="text"/> _____ _____	
1009	Aside from your own housework, are you currently working for money?	YES 1 NO 2	→101 2
1010	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. Are you currently doing any of these things or any other work?	YES 1 NO 2	→101 2
1011	Have you done any work in the last 12 months?	YES 1 NO 2	→102 6
1012	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> _____ _____	
1015	Do you do this work for a family business, are you employed by someone outside the family or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
1016	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	→1018 →1019

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1017	During the last 12 months, how many months did you work?	NUMBER OF MONTHS ... <input type="text"/> <input type="text"/>	
1018	During the last 12 months, how many days a week did you usually work (in the months that you worked)?	NUMBER OF DAYS <input type="text"/>	→1020
1019	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS .. <input type="text"/> <input type="text"/> <input type="text"/>	
1020	Do you earn cash for your work? PROBE: Do you make money for working?	YES 1 NO 2	→1023
1021	How much do you usually earn for this work? PROBE: Is this by the day, by the week, or by the month?	PER HOUR 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER DAY . 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER WEEK 3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER MONTH 4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER YEAR 5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 999999 (SPECIFY)	
1022	CHECK 502: YES, <input type="checkbox"/> CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? O, NOT IN UNION <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES 1 HUSBAND/PARTNER DECIDES 2 JOINTLY WITH HUSBAND/PARTNER 3 SOMEONE ELSE DECIDES 4 JOINTLY WITH SOMEONE ELSE ... 5	
1023	Do you usually work at home or away from home?	HOME 1 AWAY 2	
1024	CHECK 222 AND 223: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→1026
1025	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT 01 HUSBAND/PARTNER 02 OLDER FEMALE CHILD 03 OLDER MALE CHILD 04 OTHER RELATIVES 05 NEIGHBORS 06 FRIENDS 07 SERVANTS/HIRED HELP 08 CHILD IS IN SCHOOL 09 INSTITUTIONAL CHILD CARE 10 HAS NOT WORKED SINCE LAST BIRTH 95 OTHER _____ 96 (SPECIFY)	
1026	RECORD THE TIME	HOURS <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/>	

INTERVIEWERS OBSERVATION

Comments about the respondent/s:

Comments on Specific Questions:

Any other comments:

SUPERVISOR'S OBSERVATION

Name of Supervisor: _____

Date: _____

EDITOR'S OBSERVATIONS

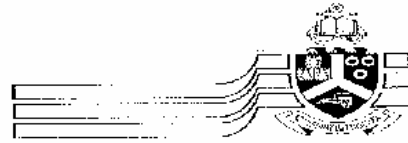
Name of Editor: _____

Date: _____

Appendix 4

UNIVERSITY OF PRETORIA ETHICS COMMITTEE APPROVAL LETTER

IWA Nr. 0000 2567
IRB Nr. 0000 2235



Soutpansberg Road
MRC-Building
Room 2 - 13

Private Bag x 396
Pretoria
0001

University of Pretoria
Faculty of Health Sciences Research Ethics Committee
University of Pretoria
Date: 4/07/2005

Number	:	77/2005
Title	:	Probing secondary exposure and health data as a tool to improve public health in South Africa.
Investigators	:	Janine Wichman, School of Health Systems and Public Health, University of Pretoria <small>vwichmann@rcod.up.ac.za</small>
Sponsor	:	NRF

This Protocol and Informed Consent have been considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 29/06/2005 and found to be acceptable.

Advocate AG Nienaber	(female)BA(Hons) (Wits); LLB, LLM (UP); Dipl. Datometrics (UNISA)
Prof S V Grey	(female) BSc (Hons); MSc; DSc; Deputy Dean
*Prof V O L Karusseit	MBChB; MFGP (SA); M Med (Chir); FCS (SA); Surgeon
Dr M F Kenosthi	MB,ChB; DTM & H (Wits); C.E.O. of the Pretoria Academic Hospital
*Prof M Kruger	(female) MB ChB (Pret); Mmed Paed.(Pret); PhDd (Leuven)
*Dr N K Likibi	MB BCh; Med Adviser (Gauteng Dept of Health)
Dr F M Mulaudzi	(female) Department of Nursing,
Snr Sr J. Phatoli	(female) BCur (Et. Al) Senior Nursing-Sister
*Dr L Schoeman	(female) Bpharm, BA Hons (Psy), PhD
Prof H W. Pretorius	MBChB; M Med (Psych) MD: Psychiatrist
Prof J R. Snyman	MBChB, M Pharm Med; MD: Pharmacologist
*Dr R Sommers	(female) MBChB; M Med (Int); MPhar Med;
Prof TJP Swart	BChD, MSc (Odont), MChD (Oral Path) Senior Specialist: Oral Pathology
Prof C W van Staden	MBChB; Mmed (Psych); MD; FTCL; UPLM; Dept of Psychiatry

DR R SOMMERS; MBChB; M Med (Int); MPhar Med

is CHIEF CLERK of the Faculty of Health Sciences Research Ethics Committee - University of Pretoria

* Members attended the meeting on 29/06/2005

ETHICAL APPROVAL OF 1998 SOUTH AFRICAN DEMOGRAPHIC AND HEALTH SURVEY BY MEDICAL RESEARCH COUNCIL



AL RESEARCH
COUNCIL

MEDISE
RSINGSRAAD

MKHANDLU
SUCWANINGA
ZOKWELAPHA

KGOTLA LA
HLUPUTSO
TSA KALAPO

Office of the President

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Tel: +27 21 938-0211/938-0911 • Fax: +27 21 938-0201
E-mail: CWPROZES@EAGLE.MRC.AC.ZA

15 December 1997

Dr D Bradshaw
SADHS Project Team Leader
CERSA
MRC

Dear Dr Bradshaw,

South African Demographic and Health Survey

The Committee, at its meeting on 1 December 1997, approved the study, with the following comments:

The length of the questionnaire would be closer to 1,5 or 2 hours rather than 30 minutes. This should be indicated on the consent form; and it could also impact on the cost. Furthermore, interviews must preferably be done privately.

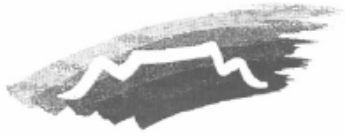
Wishing you well with your research.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'P. C. Belonje'.

PROF PC BELONJE
CHAIRPERSON: MRC ETHICS COMMITTEE

DATA USE AGREEMENT LETTER FROM CITY OF CAPE TOWN



CITY OF CAPE TOWN | ISIXEKO SASEKAPA | STAD KAAPSTAD

Vasco Clinic
246 Voortrekker Road
Vasco 7460
P O Box 16548, Cape Town 8000
Ask for: Mr H Linde
Tel: 021 590-1419
Cell: 084 222 1486
Fax: 021 590-1621

E-mail: hans.linde@capetown.gov.za
Webmail:
Ref: kc

Filename: G:\APolk\Jon-Shared\STAFF DOCUMENTS\Hans Linde\Letters and Notices\Letters - 2005\Janine Wichmann.doc

Vasco Clinic
246 Voortrekker Road
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Cell: 084 222 1486
Faks: 021 590-1621

Vasco Kliniek
Voortrekkerweg 246
Vasco 7460
Posbus 16548, Kaapstad 8000
Vra vir: Mnr H Linde
Tel: 021 590-1419
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Faks: 021 590-1621

COMMUNITY SERVICES — City Health — Air Pollution Control

2005-06-06

To Whom It May Concern:

The City of Cape Town Air Pollution Control Section has agreed that the student, Janine Wichmann, PhD Student: Environmental Health, School of Health Systems and Public Health, University of Pretoria, CSIR Campus, Building 22, Room A126, Meiring Naude Road, Pretoria, 0001, South Africa may use the air quality data of Cape Town for the period 1 August 1998 – 31 July 2003 for the project "Probing secondary exposure and health data as a tool to improve public health in South Africa".

for DIRECTOR: CITY HEALTH

Appendix 5

PROOF OF ARTICLE SUBMISSIONS AND/OR ACCEPTANCE

Chapter 2

This chapter has been submitted as an article titled “Air pollution epidemiological studies in South Africa: Need for freshening up” *South African Medical Journal* on 25 January 2005. Feedback was received on 23 March 2005. The article was found to be unsuitable for *South African Medical Journal*. The article was then submitted to *Reviews on Environmental Health* on 12 July 2005. Feedback was provided on 20 September 2005. The article was accepted for publication after slight modification on 19 October 2005.

Authors' Roles

Janine Wichmann: Conception and design of the analysis, interpretation of data and writing the paper.

Kuku V. V. Voyi: Revising it critically for substantial intellectual content.

Acknowledgements

Gratitude is expressed to Dr. Petro Terblanche for her useful comments, Ms. Liz Wolvaardt for proof reading this article, and the Institute for Risk Assessment Sciences, Utrecht University, the Netherlands for using its facilities whilst writing part of this article. The first author's PhD studies were funded by scholarships from the South African National Research Foundation (NRF) (2001-2003) and the University of Pretoria (2001) along with a High-level University Year to Gain Excellence in the Netherlands (HUYGENS) Scholarship (2002-2003) and a Dutch Education: Learning at Top Level Abroad (DELTA) Scholarship (2004).

Proof of submission and acceptance of Chapter 2 as journal article in *Reviews on Environmental Health*

Yahoo! Mail - jwichmannza@yahoo.co.uk

Page 1 of 1



Print - Close Window

From: "J Wichmann" <janine.wichmann@up.ac.za>
To: "Janine Yahoo" <jwichmannza@yahoo.co.uk>
Subject: Fw: Final version of proof for REH article
Date: Tue, 1 Nov 2005 13:22:32 +0200

----- Original Message -----

From: J Wichmann
To: Virginia Buchner
Cc: K Voyi ; Samantha Hodgson
Sent: Tuesday, November 01, 2005 12:45 PM
Subject: Final version of proof for REH article

Dear Virginia
Please find attached our final version of the proof.

Regards
Janine Wichmann & Kuku V.V. Voyi

School of Health Systems and Public Health
University of Pretoria
CSIR Campus, Building 22, Room A126
Meiring Naude Road
Pretoria
0001
South Africa

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Attachments

Files:

 REH_20_4_Wichmann_PROOF_final_version.doc (251k)

Chapter 3

This chapter has been submitted as an article titled “Seasonal spatial correlation of air pollution in Cape Town, South Africa” to *Atmospheric Environment* on 10 February 2005. Feedback was received on 4 June 2005. A modified version was submitted on 10 January 2006 to *Atmospheric Environment*. The article is currently under review.

The internal examiner and the two external examiners of this thesis did not provide the same feedback as the reviewers from the journal *Atmospheric Environment*. Therefore the chapter contents may differ substantially from that of the journal article version submitted to *Atmospheric Environment*. The reader of this thesis is advised to monitor *Atmospheric Environment* for publication of the article. Otherwise, please contact the PhD candidate to obtain information on the article.

Authors’ Roles

Janine Wichmann: Conception and design of the analysis, interpretation of data and writing the paper.

Kuku V. V. Voyi: Revising it critically for substantial intellectual content.

Zelege Worku: Providing recommendations for statistical analyses.

Grant Ravenscroft: Supplying the data in the correct electronic format. Involved in design of Cape Town air quality network.

Hans Linde: Giving permission to use the data. Involved in design of Cape Town air quality network.

Acknowledgements

Gratitude is expressed towards Dr Petro Terblanche for her useful comments and the Institute for Risk Assessment Sciences, Utrecht University, the Netherlands for using its facilities whilst writing part of this article. The corresponding author received PhD scholarships from the South African National Research Foundation (NRF) (2001-2003) and the University of Pretoria (2001) along with a High-level University Year to Gain Excellence in the Netherlands (HUYGENS) Scholarship (2002-2003) and a Dutch Education: Learning at Top Level Abroad (DELTA) Scholarship (2004).

Yahoo! Mail - jwichmannza@yahoo.co.uk

Page 1 of 11



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From: "J Wichmann" <janine.wichmann@up.ac.za>
To: "Janine Yahoo" <jwichmannza@yahoo.co.uk>
Subject: Fw: Manuscript # 25107
Date: Tue, 10 Jan 2006 11:50:28 +0200

----- Original Message -----

From: Atmos_Env
To: J Wichmann
Sent: Tuesday, January 10, 2006 11:44 AM
Subject: Re: Manuscript # 25107

Dear Dr. Wichmann,
 Thank you for your email and revised manuscript etc. I will get back to you as soon as possible with further news.

Yours Sincerely,
 Michele Raychaudhuri.

Karen Sturges and Michele Raychaudhuri
 Senior Editorial Assistants
 Atmospheric Environment
 School of Environmental Sciences
 University of East Anglia
 Norwich NR4 7TJ
 UK

email: atmos_env@uea.ac.uk
 Tel: +44 (0)1603 592543
 Fax: +44 (0)1603 591327
 WWW: <http://www.uea.ac.uk/~e044/ae.htm>

----- Original Message -----

From: J Wichmann
To: Atmos_Env
Cc: K Vuyi ; Zelege Worku ; Hans Linde ; Grant Ravenscroft ; J Wichmann
Sent: Monday, January 09, 2006 4:47 PM
Subject: Re: Manuscript # 25107

Dear Michele Raychaudhuri

Please find attached my detailed reply regarding the reviewers' comments of manuscript 25107 as requested in a letter dated 22 December 2005.

I have also attached the final version of the document. All additions or changes are indicated in red.

Regards
 Janine Wichmann

Lecturer: Environmental Health
 School of Health Systems and Public Health
 University of Pretoria
 CSIR Campus, Building 22, Room A126
 Meiring Naude Road
 Pretoria

Chapter 4

Not submitted.

Authors' Roles

Janine Wichmann: Conception and design of the analysis, interpretation of data and writing the paper.

Kuku V. V. Voyi: Revising it critically for substantial intellectual content.

Acknowledgements

The author would like to thank Mr Hans Linde from the City of Cape Town for giving permission to use the data and for reviewing this article and Mr Grant Ravescroft from the City of Cape Town for supplying the data in the correct electronic format and reviewing this article. Gratitude is also expressed towards the Institute for Risk Assessment Sciences, Utrecht University, the Netherlands for using its facilities whilst writing part of this article. The first author received PhD scholarships from the South African National Research Foundation (NRF) (2001-2003) and the University of Pretoria (2001) along with a Netherlands Organisation for International Cooperation in Higher Education (NUFFIC) Scholarship (2002-2003) and a Dutch Education: Learning at Top Level Abroad (DELTA) Scholarship (2004).

Chapter 5

This chapter has been submitted as an article titled "Determinants of respiratory diseases and symptoms amongst adults in South Africa" to *Tropical Medicine and International Health* on 1 February 2005. Feedback was received on 13 September 2005. The reviewers raised major issues. The article was found to be unsuitable for the journal. A substantially shortened modified version was submitted to *Occupational Health Southern Africa* on 10 October 2005 with a slightly changed title "Association between risk factors and asthma prevalence amongst South African adults". The article is currently under review.

The internal examiner and the two external examiners of this thesis did not provide the same feedback as the reviewers from the journal *Tropical Medicine and International Health*. Therefore the chapter contents may differ substantially from that of the journal article version submitted to *Occupational Health Southern*

Africa. The reader of this thesis is advised to monitor *Occupational Health Southern Africa* for publication of the article. Otherwise, please contact the PhD candidate to obtain information on the article.

Authors' Roles

Janine Wichmann: Conception and design of the analysis, interpretation of data and writing the paper.

Kuku V. V. Voyi: Revising it critically for substantial intellectual content.

Acknowledgements

The authors would like to thank the South African National Department of Health for supplying the SADHS 1998 data freely. Gratitude is also expressed towards Dr Petro Terblanche for her useful comments and the Institute for Risk Assessment Sciences, Utrecht University, the Netherlands for using its facilities whilst writing part of this article. The first author received PhD scholarships from the South African National Research Foundation (2001-2003) and the University of Pretoria (2001) along with a High-level University Year to Gain Excellence in the Netherlands (HUYGENS) Scholarship (2002-2003) and a Dutch Education: Learning at Top Level Abroad (DELTA) Scholarship (2004).

Proof of submission of Chapter 5 as journal article to *Occupational Health Southern Africa*

Refer to next page



Print - Close Window

From: "J Wichmann" <janine.wichmann@up.ac.za>
To: "Janine Yahoo" <jwichmannza@yahoo.co.uk>
Subject: Fw: Publication submission to Occupational Health Southern Africa
Date: Mon, 10 Oct 2005 15:23:01 +0200

----- Original Message -----

From: J Wichmann
To: fiona.robinson@up.ac.za
Cc: K Voyi ; Samantha Hodgson
Sent: Monday, October 10, 2005 3:22 PM
Subject: Publication submission to Occupational Health Southern Africa

Dear Dr Robinson

We would like to submit our publication titled *Association between risk factors and asthma prevalence amongst South African adults* to *Occupational Health Southern Africa*.

The authors hereby declare that the publication submitted to *Occupational Health Southern Africa* has neither been published elsewhere nor is being considered elsewhere for publication. No competing interests are declared. Both authors hereby transfer copyright of the submitted publication to *Occupational Health Southern Africa*.

Yours sincerely,
 Miss Janine Wichmann and Prof Kuku V.V. Voyi

School of Health Systems and Public Health
 University of Pretoria
 CSIR Campus, Building 22, Room A126
 Meiring Naude Road
 Pretoria
 0001
 South Africa

Tel: +27 12 841 2236
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Attachments

Files:

 [Asthma_SA_adults.doc](#) (82k)

Chapter 6

This chapter has been submitted as an article titled “Acute respiratory health implications amongst preschool children and indoor fossil and biomass fuel use in South Africa” to *Environmental Research* on 18 January 2005. Feedback was received on 15 July 2005. The reviewers raised major issues. The article was found to be not suitable for the journal. A substantially shortened modified version was submitted to *Southern African Journal of Epidemiology and Infection* on 5 October 2005 with a slightly different title “Potential impact of cooking and heating fuel use on acute respiratory health of preschool children in South Africa”. The article is currently under review.

The internal examiner and the two external examiners of this thesis did not provide the same feedback as the reviewers from the journal *Environmental Research*. Therefore the chapter contents may differ substantially from that of the journal article version submitted to *Southern African Journal of Epidemiology and Infection*. The reader of this thesis is advised to monitor *Southern African Journal of Epidemiology and Infection* for publication of the article. Otherwise, please contact the PhD candidate to obtain information on the article.

Authors' Roles

Janine Wichmann: Conception and design of the analysis, interpretation of data and writing the paper.

Kuku V. V. Voyi: Revising it critically for substantial intellectual content.

Acknowledgements


The authors would like to thank the South African National Department of Health for supplying the SADHS 1998 data freely. Gratitude is also expressed towards the Institute for Risk Assessment Sciences, Utrecht University, the Netherlands for making use of its facilities whilst writing part of this article. The first author received PhD scholarships from the South African National Research Foundation (2001-2003) and the University of Pretoria (2001) along with a High-level University Year to Gain Excellence in the Netherlands (HUYGENS) Scholarship (2002-2003) and a Dutch Education: Learning at Top Level Abroad (DELTA) Scholarship (2004).



Proof of submission of Chapter 6 as journal article to *Southern African Journal of Epidemiology and Infection*

INBOX: RE: Submission of paper to SA Journal of Epidemiology and Infection

Page 1 of 2


INBOX: 245 of 590



Move | Copy this message to: 

Delete | Reply | Reply to all | Forward | Bounce | Resume | Save as Back to  

Date Mon, 30 Jan 2006 10:51:33 +0200

From Hendrik Koornhof <Hendrik.Koornhof@nhls.ac.za> 

To "jwichmann@med.up.ac.za" <jwichmann@med.up.ac.za> 

Cc "feldmanc@medicine.wits.ac.za" <feldmanc@medicine.wits.ac.za> , Priscilla May <priscilla.may@nhls.ac.za> 

Subject RE: Submission of paper to SA Journal of Epidemiology and Infection

Parts  Message Source

Dear authors,

Your paper is in the process of being reviewed and we are awaiting the referees' reports. We will let you know the outcome as soon as our journal's editorial committee has perused their response.

Thank you for supporting our journal.

Regards,

Professor H Koornhof
Emeritus Editor

-----Original Message-----

From: jwichmann@med.up.ac.za [mailto:jwichmann@med.up.ac.za]

Sent: 27 January 2006 06:30 PM

To: Hendrik Koornhof

Cc: Priscilla May; feldmanc@medecine.wits.ac.za; kvoyi@med.up.ac.za; shsph@up.ac.za

Subject: Submission of paper to SA Journal of Epidemiology and Infection

Dear Dr Koornhof

We have submitted a paper titled "Impact of cooking and heating fuel use on acute respiratory health of preschool children in South Africa" to Southern African Journal of Epidemiology on 10 October 2005.

Can you please provide us with an update regarding its review process?

Regards

Dr Janine Wichmann and Prof Kuku V.V. Voyi

School of Health Systems and Public Health
University of Pretoria
CSIR Campus, Building 22, Room A126
Meiring Naude Road
Pretoria
0001
South Africa

Tel: +27 12 841 3240

Fax: +27 12 841 3308

Website: <http://shsph.up.ac.za>

Chapter 7

This chapter has been submitted as an article titled “Influence of cooking and heating fuel use on 1-59 month old mortality in South Africa” to *Annals of Tropical Paediatrics: International Child Health* on 31 March 2005. Feedback was received on 1 June 2005. The reviewers raised major issues. The article was found to be unsuitable for *Annals of Tropical Paediatrics: International Child Health*. A substantially shortened modified version was submitted to *Maternal and Child Health Journal* on 10 October 2005. The article is currently under review.

The internal examiner and the two external examiners of this thesis did not provide the same feedback as the reviewers from the journal *Annals of Tropical Paediatrics: International Child Health*. Therefore the chapter contents may differ substantially from that of the journal article version submitted to *Maternal and Child Health Journal*. The reader of this thesis is advised to monitor *Maternal and Child Health Journal* for publication of the article. Otherwise, please contact the PhD candidate to obtain information on the article.

Authors' Roles

Janine Wichmann: Conception and design of the analysis, interpretation of data and writing the paper.

Kuku V. V. Voyi: Revising it critically for substantial intellectual content.

Acknowledgements

The authors would like to thank the South African National Department of Health for supplying the 1998 SADHS data freely. The first author received PhD scholarships from the South African National Research Foundation (NRF) (2001-2003) and the University of Pretoria (2001) along with a High-level University Year to Gain Excellence in the Netherlands (HUYGENS) Scholarship (2002-2003) and a Dutch Education: Learning at Top Level Abroad (DELTA) Scholarship (2004).


Proof of submission and acceptance of Chapter 7 as journal article in *Maternal and Child Health Journal*

Refer to next page

INBOX: Decision on your Manuscript #MACI197

Page 1 of 3

INBOX: 559 of 590

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Date Sat, 18 Feb 2006 09:14:05 -0500

From Maternal and Child Health Journal <tsinger@hsc.usf.edu> To jwichmann@med.up.ac.za 

Subject Decision on your Manuscript #MACI197

Parts  Message Source

Dear Dr Janine - Wichmann, PhD,



Thank you for submitting manuscript #MACI197 entitled "Influence of cooking and heating fuel use on 1-59 month old mortality in South Africa" to the Maternal and Child Health Journal. We have concluded our review of this manuscript and are pleased to inform you that this article has been accepted for publication in the MCH Journal provided the recommended revisions are made.

When compiling your response to reviewer comments, please be sure NOT to include author contact information as this is a doubleblind reviewing journal should this need to go back to the reviewers.

Below, please find copies of the reviewer comments. Please consider these comments in preparing your revision and include with your response an explanation of how you chose to incorporate their suggestions. We would like to receive your revised manuscript within the next 60 days. If this is not possible, or you elect not to revise the manuscript for us, please let us know immediately by contacting Terri Singer, Managing Editor, at 813-974-7273 or at tsinger@hsc.usf.edu.

In order to submit your revised manuscript electronically, please access the following web site:

<http://maci.edmgr.com/>

Your login is: 
Your password is: 

Click "Author Login" to submit your revision.

If you haven't already sent the signed Copyright Transfer Form, we will need to receive it. You can locate the form on the journal's Welcome Page at:

<http://maci.edmgr.com/>

Please print the form, sign it, and return it to us. Thank you.

We appreciate your interest in the MCH Journal and look forward to receiving your revision. Please let us know if you have any questions. We look forward to hearing from you within the next two months. Thank you.

Sincerely,

Donna J. Petersen, MHS, ScD
Co-Editor-in-Chief

Greg R. Alexander, MPH, ScD
Co-Editor-in-Chief

COMMENTS FOR THE AUTHOR:

http://vagus.up.ac.za/horde/imp/message.php3?index=4794&array_index=168

2006-02-20

Appendix 6

CURRICULUM VITAE

I was born on 7 May 1973 in Sisheng, Northern Cape Province. I matriculated at Montana Hoërskool, Pretoria in December 1991. I graduated in December 1994 and March 1995 with a B.Sc (Chemistry) and a B.Sc(Hons) (Analytical Chemistry) from the University of Pretoria. I continued with M.Sc(Med) (Chemical Pathology) studies at the University of Cape Town during 1996-1997 and graduated in June 1998. I worked at the Environmentek Divison, CSIR during 1998-2000 as an environmental scientist. In 2001 I graduated with an M.Sc (Environmental Ecology) from the University of Pretoria. My doctoral studies started in 2001 at the School of Health Systems and Public Health (SHSPH), University of Pretoria. I furthermore conducted two research projects on personal air pollution exposure assessment at the Institute for Risk Assessment Sciences, Utrecht University, the Netherlands during 2002-2004 under the supervision of Prof Bert Brunekreef. I was appointed on a temporary part-time basis and lectured postgraduate modules at the SHSPH during 2003 and 2005. My appointment with the SHSPH was extended on a temporary permanent basis during 1 March – 31 December 2005. I was awarded a National Research Foundation Postdoctoral Fellowship for Abroad during January 2006. I am conducting the postdoctoral project at the Institute of Environmental Medicine, Karolinska Institute in Sweden during January - December 2006 under the guidance of Prof Tom Bellander. The project investigates the relationship and contributing factors of personal, indoor and outdoor air pollution.

List of Dissertations

- Wichmann J. *The role of TNP-nucleotides, LYS-492 and Ca²⁺ chelators in the skeletal muscle sarcoplasmic reticulum Ca²⁺ATPase cycle.* M.Sc(Med) thesis; University of Cape Town; 1997.
- Wichmann J, Kubheka L, Jones J, Howland J, Ashan N. *Colbyn Valley Case Study 2000: An Enquiry into Environmental Issues and Management.* M.Sc(Environmental Studies) Group Project Report; University of Pretoria; 2000.

List of Research Reports

- Wichmann J, Henning NJ, Taljaard JF. *Exposures to pollutants from low-smoke fuels compared to ordinary coal, measured during a macro-scale experiment.* CSIR Report; ENV-P-CONF 98047; 1998.
- Henning NJ, Wichmann J, McCormick SG. *Determination of chromium in ambient air at Chrome International, Newcastle.* CSIR Report; ENV-P-C 98101; 1998.
- Wichmann J. *CALINE 4 model vs IVL passive sampler results for NO₂ concentrations in Pretoria.* CSIR Report; ENV-P-CONF 99001; 1999.
- Voyi KVV, Wichmann J. *Material safety data sheet for p-hydroxybenzyl methyl ether solution, and data sheet for p-hydroxybenzyl methyl ether crystals.* CSIR Report, ENV-P-C 99052, 1999.
- Wichmann J. *Human Health Risk Assessment Case Study – Value addition of passive sampler generated data.* CSIR Report, ENV-P-I-99008; 1999.
- Wichmann J, Henning NJ. *Implementation of the IVL passive sampler technology in Durban and Pretoria.* CSIR Report; ENV-P-I-99009; 1999.
- John J, Wichmann J, Matookane L, Oosthuizen R, Crookes D. *Economic evaluation of health risks resulting from air pollution: Health deliverable.* CSIR Report; ENV-P-I-2000-062; 2000.

List of Conference Presentations

- Wichmann J, Henning NJ, Taljaard JF. *Exposures to pollutants from low-smoke fuels compared to ordinary coal, measured during a macro-scale experiment*. 1998 (Oral presentation at the 11th World Clean Air Congress, Durban, South Africa, 13-18 September 1998).
- Wichmann J. *Utilising diffusive (passive) samplers - a modern cost-effective approach to air quality measurement and monitoring*. 1999 (Oral presentation at the Air Pollution Control Conference, Johannesburg, South Africa, August 1999).
- Wichmann J. *CALINE 4 model vs IVL passive sampler results for NO₂ concentrations in Pretoria*. 1999 (Oral presentation at the National Association for Clean Air Conference, Cape Town, South Africa, 7-8 October 1999)
- Boer A, Genthe B, Wichmann J. *Human Health Risk Assessment - A tool in the way forward*. 1999 (Oral presentation at the National Association for Clean Air Conference, Cape Town, South Africa, 7-8 October 1999).
- Ferm M, Wichmann J. *Mapping SO₂ concentrations in Durban South*. 2001 (Poster presented at the International Conference Measuring Air Pollutants by Diffusive Sampling, Montpellier, France; p93; 2001).
- Van Roosbroeck S, Wichmann J, Janssen N, Hoek G, Brunekreef B. *Personal exposure to traffic-related air pollution among school children in Amsterdam*. 2004 (Oral presentation at the XXIII Congress of the European Academy of Allergology and Clinical Immunology, Utrecht, the Netherlands, 16-18 June 2004).
- Wichmann J, KVV Voyi. Determinants of respiratory diseases and symptoms amongst adults in South Africa. *Epidemiology* 2005;16(5):S19-S20. (Oral presentation at the 17th International Society of Environmental Epidemiology Conference, Johannesburg, South Africa, 13-16 September 2005).
- Wichmann J, Janssen NAH, van der Zee S, Brunekreef B. Traffic-related differences in indoor and personal absorption coefficient measurements in Amsterdam, the Netherlands. *Epidemiology* 2005; 16(5):S27. (Poster presentation at the 17th International Society of Environmental Epidemiology Conference, Johannesburg, South Africa, 13-16 September 2005).
- Wichmann J, KVV Voyi. Air Pollution Epidemiological Studies in South Africa: Need for freshening up. *Epidemiology* 2005; 16(5): S20. (Poster presentation at the 17th International Society of Environmental Epidemiology Conference, Johannesburg, South Africa, 13-16 September 2005).
- Wichmann J, KVV Voyi. Acute respiratory health implications amongst preschool children and indoor fossil and biomass fuel use in South Africa. *Epidemiology* 2005; 16(5): S20. (Poster presentation at the 17th International Society of Environmental Epidemiology Conference, Johannesburg, South Africa, 13-16 September 2005).

List of Publications

- Wichmann J. Particulate matter associated transition metals: Is there a possible link with childhood respiratory diseases in South Africa? December 2003, *Medical Research Council Urban Health and Development Bulletin* (<http://www.mrc.ac.za/urbanbulletin/dec2003.pdf>).
- Wichmann J, Janssen NAH, van der Zee S, Brunekreef B. Traffic-related differences in indoor and personal absorption coefficient measurements in Amsterdam, The Netherlands. *Atmospheric Environment* 2005; 39:7384–7392.
- Wichmann J, KVV Voyi. Air Pollution Epidemiological Studies in South Africa: Need for Freshening Up. *Reviews on Environmental Health* 2005;20(4): 265-301.
- Wichmann J, Voyi KVV. Influence of cooking and heating fuel use on 1-59 month old mortality in South Africa. Accepted by *Maternal and Child Health Journal* on 20 February 2006.