

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES						SKIP
901	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
902	CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/> ? ONLY ONE BIRTH <input type="checkbox"/> _____ (RESPONDENT ONLY)							—<914
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____	
905	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	
906	Is (NAME) still alive?	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [2]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [3]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [4]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [5]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [6]	YES 1 NO 2 ↳GO TO 908 DK 8 ↳GO TO [7]	
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]	<input type="text"/> <input type="text"/> GO TO [7]	
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]	
910	Was (NAME) pregnant when she died?	YES 1 GO TO 913= NO 2	YES 1 GO TO 913= NO 2	YES 1 GO TO 913= NO 2	YES 1 GO TO 913= NO 2	YES 1 GO TO 913= NO 2	YES 1 GO TO 913= NO 2	
911	Did (NAME) die during childbirth?	YES 1 GO TO 913= NO 2	YES 1 GO TO 913= NO 2	YES 1 GO TO 913= NO 2	YES 1 GO TO 913= NO 2	YES 1 GO TO 913= NO 2	YES 1 GO TO 913= NO 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	

IF NO MORE BROTHERS OR SISTERS, GO TO 914								
904	What was name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____	
905	Is (NAME) male or female?	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	MALE..... 1 FEMALE..... 2	
906	Is (NAME) still alive?	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [8]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [9]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [10]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [11]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [12]	YES..... 1 NO..... 2 ↳GO TO 908 DK..... 8 ↳GO TO [13]	
907	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]	
908	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
909	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]	
910	Was (NAME) pregnant when she died?	YES..... 1 GO TO 913=┐ NO..... 2	YES..... 1 GO TO 913=┐ NO..... 2	YES..... 1 GO TO 913=┐ NO..... 2	YES..... 1 GO TO 913=┐ NO..... 2	YES..... 1 GO TO 913=┐ NO..... 2	YES..... 1 GO TO 913=┐ NO..... 2	
911	Did (NAME) die during childbirth?	YES..... 1 GO TO 913=┐ NO..... 2	YES..... 1 GO TO 913=┐ NO..... 2	YES..... 1 GO TO 913=┐ NO..... 2	YES..... 1 GO TO 913=┐ NO..... 2	YES..... 1 GO TO 913=┐ NO..... 2	YES..... 1 GO TO 913=┐ NO..... 2	
912	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	YES..... 1 NO..... 2	
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
IF NO MORE BROTHERS OR SISTERS, GO TO 914								
914	RECORD THE TIME.						HOURS <input type="text"/> <input type="text"/>	MINUTES <input type="text"/> <input type="text"/>