

UNITED REPUBLIC OF TANZANIA  
BUREAU OF STATISTICS, PLANNING COMMISSION  
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2

WOMAN'S QUESTIONNAIRE

IDENTIFICATION																															
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																														
CLUSTER NUMBER.....																															
HOUSEHOLD NUMBER.....																															
REGION _____																															
DISTRICT _____																															
WARD _____																															
ENUMERATION AREA _____																															
LARGE CITY=1; SMALL CITY*=2; TOWN=3; COUNTRYSIDE=4....																															
NAME AND LINE NUMBER OF WOMAN _____																															
NAME AND LINE NUMBER OF HUSBAND _____																															

\*SMALL CITIES ARE: MWANZA, ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA, MBEYA, & TABORA. ALL OTHER URBAN AREAS ARE TOWN.

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle; text-align: center;">9</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle; text-align: center;">6</table>
INTERVIEWER'S NAME	_____	_____	_____	ID NO. <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>

\* RESULT CODES:  
 1 COMPLETED                      4 REFUSED                      7 OTHER \_\_\_\_\_  
 2 NOT AT HOME                      5 PARTLY COMPLETED                      (SPECIFY)  
 3 POSTPONED                      6 INCAPACITATED

TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)....

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
DATE _____	DATE _____	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	MORNING/AM...1 HOURS..... <input type="text"/> AFTERNOON/PH..2 MINUTES.... <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 Dar es Salaam city, another urban area or in a rural area?	DAR ES SALAAM.....1 OTHER URBAN AREA.....2 RURAL AREA/VILLAGE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... <input type="text"/> ALWAYS.....95 VISITOR.....96	→ 105
104	Just before you moved here, did you live in Dar es Salaam city, another urban area or in a rural area?	DAR ES SALAAM.....1 OTHER URBAN AREA.....2 RURAL AREA/VILLAGE.....3	
105	In what month and year were you born?	MONTH..... <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> DOES NOT KNOW YEAR.....98	
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"/>	
107	Can you read and write kiswahili easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→ 109
108	How often do you read a newspaper?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 ONCE A MONTH.....4 HARDLY EVER/ACTUALLY NEVER.....5 DOES NOT KNOW.....8	
109	Have you ever attended school?	YES.....1 NO.....2	→ 114
110	What is the highest formal school you completed?	LESS THAN 1 YEAR.....00 STANDARD 1.....01 STANDARD 2.....02 STANDARD 3.....03 STANDARD 4.....04 STANDARD 5.....05 STANDARD 6.....06 STANDARD 7.....07 STANDARD 8.....08 FORM 1.....09 FORM 2.....10 FORM 3.....11 FORM 4.....12 FORM 5.....13 FORM 6.....14 UNIVERSITY.....15 OTHER.....96 (SPECIFY)	



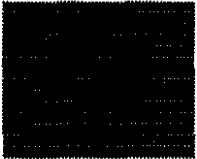


**SECTION 2. REPRODUCTION**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<input type="text"/> <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..... DAUGHTERS ELSEWHERE.....	<input type="text"/> <input type="text"/>
206	Have you ever given birth to a boy or a 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..... GIRLS DEAD.....	<input type="text"/> <input type="text"/>
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	<input type="text"/> <input type="text"/>
209	CHECK 208:  Just to make sure that I have this right: you have had in TOTAL ___ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NEEDED		
210	CHECK 208:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→226

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	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?	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.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH.  IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (NEXT ← BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>		
02	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO....2 (NEXT ← BIRTH)	YES..1 NO...2
03	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO....2 (NEXT ← BIRTH)	YES..1 NO...2
04	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO....2 (NEXT ← BIRTH)	YES..1 NO...2
05	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO....2 (NEXT ← BIRTH)	YES..1 NO...2
06	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO....2 (NEXT ← BIRTH)	YES..1 NO...2
07	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (GO TO ← 220)	DAYS...1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>	YES...1 NO....2 (NEXT ← BIRTH)	YES..1 NO...2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF DEAD:	220	221
What name was given to your next baby?  (NAME)	Were any of these births twins?	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?	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.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH.  IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?

08	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
09	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
10	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
11	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
12	SING..1 MULT..2	BOY...1 GIRL..2	MONTH.. YEAR... <input type="text"/> <input type="text"/>	YES..1 NO...2 ↓ 219	AGE IN YEARS <input type="text"/> <input type="text"/>	YES...1 NO....2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3 <input type="text"/> <input type="text"/> <input type="text"/>	YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2

222 FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. YES.....1 → GO TO 223  
IS THE DIFFERENCE 4 YEARS OR MORE? NO.....2 → GO TO 224

223 Have you had any live births since the birth of (NAME OF LAST BIRTH)? YES.....1  
NO.....2

224 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME  NUMBERS ARE DIFFERENT  (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.

FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

225 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1991. IF NONE, RECORD '0'.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	   } → 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS..... <input type="text"/>	
228	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 any more children at all?	THEN.....1 LATER.....2 NOT WANT MORE CHILDREN.....3	
229	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
230	Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DON'T KNOW.....8	   } → 301
231	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS.....4 OTHER.....6 (SPECIFY) DON'T KNOW.....8	



SECTION 3. CONTRACEPTION

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. 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.

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	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	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	YES.....1 NO.....2
04] IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	YES.....1 NO.....2
05] DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	YES.....1 NO.....2
06] CONDOM, RUBBER, RAINCOAT, DUREX A man can wear a rubber bag on his penis during sex to prevent pregnancy. The rubber bag is also used to prevent passing diseases such as AIDS and for cleanliness.	1	2	YES.....1 NO.....2
07] FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08] MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
09] CALENDAR/SAFE PERIOD Couples can have sexual intercourse only during the safe period of the monthly cycle that is the times during monthly cycle when women is least likely to get pregnant.	1	2	YES.....1 NO.....2
10] MUCUS METHOD A woman can observe daily the state of the mucus and avoid sexual intercourse at the time when the mucus is colorless and extremely elastic.	1	2	YES.....1 NO.....2
11] WITHDRAWAL Men can be careful and pull out before climax.	1	2	YES.....1 NO.....2
12] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1 (SPECIFY)  (SPECIFY)	3	YES.....1 NO.....2  YES.....1 NO.....2

304 CHECK 303: NOT A SINGLE "YES" (NEVER USED)  AT LEAST ONE "YES" (EVER USED)  → SKIP TO 307

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	→330
306	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/>	
308	CHECK 303: WOMAN NOT STERILISED <input type="checkbox"/>	WOMAN STERILISED <input type="checkbox"/>	→311A
309	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→331
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→330
311	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILISATION.....07 MALE STERILISATION.....08 CALENDAR/SAFE PERIOD.....09 MUCUS METHOD.....10 WITHDRAWAL.....11 OTHER _____ 96 (SPECIFY)	→324 →319 →323 →324
311A	CIRCLE '07' FOR FEMALE STERILISATION.		
312	May I see the package of pills you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN.	PACKAGE SEEN.....1 BRAND NAME _____ <input type="text"/> PACKAGE NOT SEEN.....2	→314
313	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND.	BRAND NAME _____ <input type="text"/> DOES NOT KNOW.....98	
314	How much does one packet (cycle) of pills cost you?	COST..... <input type="text"/> FREE.....996 DOES NOT KNOW.....998	
315	When was the last time you took a pill?	DAYS AGO..... <input type="text"/> MORE THAN ONE MONTH AGO.....97	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 315:		
	MORE THAN 2 DAYS AGO <input type="checkbox"/>	TWO DAYS AGO OR LESS <input type="checkbox"/>	→318
	y		
317	Why aren't you taking the pill these days?	HUSBAND AWAY.....A FORGOT.....B HEALTH REASONS.....C COST TOO MUCH.....D NO NEED TO TAKE EVERY DAY.....E RAN OUT.....F CBD HAS NOT BROUGHT RESUPPLY.....G MENSTRUATING.....H OTHER _____ X (SPECIFY)	
318	Just about everyone forgets to take a pill sometime. What do you do when you forget to take a pill for two days in a row?	START TAKING AGAIN AS USUAL.....1 TAKE EXTRA/MISSED PILLS.....2 USE ANOTHER METHOO.....3 TAKE EXTRA PILL AND USE ANOTHER METHOD.....4 NEVER FORGOT.....5 OTHER _____ 6 (SPECIFY)	→324
319	Where did the sterilisation take place?  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL...11 DISTRICT HOSPITAL.....12 HEALTH CENTRE.....13 DISPENSARY/PARASTATAL FACILITY..14 VILLAGE HEALTH POST/WORKER.....15 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV.DOCTOR/CLINIC/HOSPITAL....22 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
320	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	→322
321	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD.....1 PARTNER WANTS ANOTHER CHILD.....2 SIDE EFFECTS.....3 CHILD DIED.....4 OTHER _____ 6 (SPECIFY)	
322	In what month and year was the sterilisation performed?	MONTH..... YEAR.....	→325
323	You said that you have avoided having sexual intercourse on certain days of the month to avoid getting pregnant.  How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR.....1 BASED ON BODY TEMPERATURE.....2 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....3 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....4 NO SPECIFIC SYSTEM.....5 OTHER _____ 6 (SPECIFY)	
324	For how many months have you been using (METHOD) continuously?  IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... 8 YEARS OR LONGER.....96	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>CHECK 311:</p> <p>CIRCLE METHOD CODE:</p>	<p>PILL.....01</p> <p>IUD.....02</p> <p>INJECTIONS.....03</p> <p>IMPLANTS.....04</p> <p>DIAPHRAGM/FOAM/JELLY.....05</p> <p>CONDOM.....06</p> <p>FEMALE STERILISATION.....07</p> <p>MALE STERILISATION.....08 → 328A</p> <p>CALENDAR/SAFE PERIOD.....09</p> <p>MUCUS METHOD.....10</p> <p>WITHDRAWAL.....11 → 331</p> <p>OTHER.....96</p>	
326	<p>Where did you obtain (METHOD) the last time?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, 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>GOVERNMENT AND PARASTATAL</p> <p>REGIONAL/CONSULTANT HOSPITAL.....11</p> <p>DISTRICT HOSPITAL.....12</p> <p>HEALTH CENTRE.....13</p> <p>DISPENSARY/PARASTATAL FACILITY.....14</p> <p>VILLAGE HEALTH POST/WORKER.....15</p> <p>MEDICAL PRIVATE SECTOR</p> <p>RELIGIOUS ORG. FACILITY.....21</p> <p>PRIV.DOCTOR/CLINIC/HOSPITAL.....22</p> <p>PHARMACY/MEDICAL STORE.....23</p> <p>CBD WORKER.....24</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP/KIOSK.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES/NEIGHBORS.....33</p> <p>HEALTH EDUCATOR/BAR GIRLS.....34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....98</p>	
327	<p>Who obtained/helped to have the contraceptive?</p>	<p>HERSELF.....1</p> <p>HUSBAND.....2</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....8</p>	
328	<p>Do you know another place where you could have obtained (METHOD) the last time?</p>	<p>YES.....1</p> <p>NO.....2 → 333</p>	
328A	<p>At the time of the sterilisation operation, did you know another place where you could have received the operation?</p> <p>People select the place where they get family planning services for various reasons.</p> <p>What was the main reason you went to (NAME OF PLACE IN Q.319 OR Q.326) instead of the other place you know about?</p>	<p>ACCESS-RELATED REASONS</p> <p>CLOSER TO HOME.....11</p> <p>CLOSER TO MARKET/WORK.....12</p> <p>AVAILABILITY OF TRANSPORT.....13</p> <p>SERVICE-RELATED REASONS</p> <p>STAFF MORE COMPETENT/</p> <p>FRIENDLY.....21</p> <p>CLEANER FACILITY.....22</p> <p>OFFERS MORE PRIVACY.....23</p> <p>SHORTER WAITING TIME.....24</p> <p>LONGER HRS. OF OPERATION.....25 → 333</p> <p>USE OTHER SERVICES</p> <p>AT THE FACILITY.....26</p> <p>LOWER COST/CHEAPER.....31</p> <p>WANTED ANONYMITY.....41</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....98</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED.....11  FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS MORE CHILDREN.....26  OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND 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) DOES NOT KNOW.....98	
331	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→333
332	Where is that?  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....11 DISTRICT HOSPITAL.....12 HEALTH CENTRE.....13 DISPENSARY/PARASTATAL FACILITY..14 VILLAGE HEALTH POST/WORKER.....15 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV.DOCTOR/CLINIC/HOSPITAL....22 PHARMACY/MEDICAL STORE.....23 CBD WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES/NEIGHBORS....33  OTHER _____ 96 (SPECIFY)	
333	Were you visited by a family planning program worker in the last 12 months?	YES.....1 NO.....2	
334	Have you visited a health facility in the last 12 months for any reason?	YES.....1 NO.....2	→335A
335	Did anyone at the health facility speak to you about family planning methods?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
335A	Have you seen or heard of the Green Star Logo (Symbol)?	YES.....1 NO.....2 DOESN'T KNOW.....8	} → 336
335B	What does the Green Star Logo mean to you?	FAMILY PLANNING RELATED.....1 NOT FAMILY PLANNING RELATED.....2 DOESN'T KNOW.....8	
335C	How did you learn about the Green Star? CIRCLE ALL MENTIONED.	BILLBOARDS.....A BUS.....B POSTERS.....C LEAFLETS.....D RADIO.....E CLINIC SIGN.....F SERVICE PROVIDER.....G OTHER.....X (SPECIFY)	
336	Some women think that breastfeeding can affect their chance of becoming pregnant. Do you think a woman's chance of becoming pregnant is <u>increased</u> , <u>decreased</u> , or <u>not affected</u> by breastfeeding?	INCREASED.....1 DECREASED.....2 NOT AFFECTED.....3 DEPENDS.....4 DOES NOT KNOW.....8	} → 401 } → 401 } → 401
337	CHECK 210: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		} → 401
338	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	YES.....1 NO.....2	} → 401
339	CHECK 226 AND 308: NOT PREGNANT OR UNSURE AND NOT STERILISED <input type="checkbox"/> EITHER PREGNANT OR STERILISED <input type="checkbox"/>		} → 401
340	Are you currently relying on breastfeeding to avoid getting pregnant?	YES.....1 NO.....2	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401 CHECK 225 :  
 ONE OR MORE LIVE BIRTHS SINCE JAN. 1991    
 NO LIVE BIRTHS SINCE JAN. 1991  (SKIP TO 465)

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

Now I would like to ask you some more questions about the health of children you had in the past five years. We will talk about one child at a time.

403 LINE NUMBER FROM Q. 212

404	FROM Q. 212 AND Q. 216	LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST BIRTH 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)<-----	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"/> YEARS.....2 <input type="text"/> DON'T KNOW.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DON'T KNOW.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DON'T KNOW.....998
-----	--	---	---	---

407	When you were pregnant with (NAME), did you see anyone 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/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G OTHER (SPECIFY) X NO ONE (SKIP TO 410)<-----Y	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G OTHER (SPECIFY) X NO ONE (SKIP TO 410)<-----Y	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G OTHER (SPECIFY) X NO ONE (SKIP TO 410)<-----Y
-----	--	---	---	---

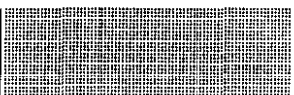
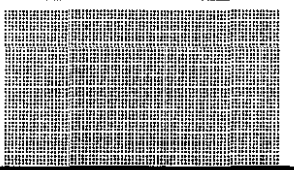
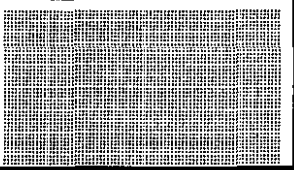

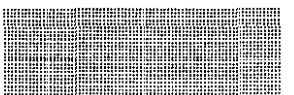

408	How many months pregnant were you when you first received antenatal care?	MONTHS..... <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> DON'T KNOW.....98
-----	---	---	---	---

409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/> DON'T KNOW.....98	NO. OF TIMES..... <input type="text"/> DON'T KNOW.....98	NO. OF VISITS..... <input type="text"/> DON'T KNOW.....98
-----	--	---	---	--

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
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 (SKIP TO 412)<----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 412)<----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 412)<----- DON'T KNOW.....8
411	During this pregnancy, how many times did you get this injection?	TIMES..... <input type="checkbox"/> DON'T KNOW.....8	TIMES..... <input type="checkbox"/> DON'T KNOW.....8	TIMES..... <input type="checkbox"/> DON'T KNOW.....8
412	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT AND PARASTATAL HOSPITAL.....21 HEALTH CENTRE.....22 DISPENSARY.....23 PARASTATAL HOSP/CLINIC..24 OTHER PUBLIC _____ (SPECIFY) 26 PRIVATE SECTOR RELIGIOUS ORG HOSP/CLIN.31 PRIVATE HOSPITAL/CLINIC.32 OTHER PRIVATE MEDICAL _____ (SPECIFY) 36 OTHER _____ 96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT AND PARASTATAL HOSPITAL.....21 HEALTH CENTRE.....22 DISPENSARY.....23 PARASTATAL HOSP/CLINIC..24 OTHER PUBLIC _____ (SPECIFY) 26 PRIVATE SECTOR RELIGIOUS ORG HOSP/CLIN.31 PRIVATE HOSPITAL/CLINIC.32 OTHER PRIVATE MEDICAL _____ (SPECIFY) 36 OTHER _____ 36 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT AND PARASTATAL HOSPITAL.....21 HEALTH CENTRE.....22 DISPENSARY.....23 PARASTATAL HOSP/CLINIC..24 OTHER PUBLIC _____ (SPECIFY) 26 PRIVATE SECTOR RELIGIOUS ORG HOSP/CLIN.31 PRIVATE HOSPITAL/CLINIC.32 OTHER PRIVATE MEDICAL _____ (SPECIFY) 36 OTHER _____ 36 (SPECIFY)
412A	CHECK 412 (11 OR 12) DELIVERED AT HOME	DELIVERED AT HOME <input type="checkbox"/> NOT DELIVERED AT HOME <input type="checkbox"/> ↓ (SKIP TO 413)	DELIVERED AT HOME <input type="checkbox"/> NOT DELIVERED AT HOME <input type="checkbox"/> ↓ (SKIP TO 413)	DELIVERED AT HOME <input type="checkbox"/> NOT DELIVERED AT HOME <input type="checkbox"/> ↓ (SKIP TO 413)
412B	Why did you deliver (NAME) at home?	PREFERRED AT HOME.....1 TOO EXPENSIVE AT OUTSIDE..2 SERVICE NOT AVAILABLE....3 DOES NOT KNOW WHERE TO GO.4 COULD NOT REACH CLINIC ON TIME.....5 OTHER REASON _____ (SPECIFY) 6	PREFERRED AT HOME.....1 TOO EXPENSIVE AT OUTSIDE..2 SERVICE NOT AVAILABLE....3 DOES NOT KNOW WHERE TO GO.4 COULD NOT REACH CLINIC ON TIME.....5 OTHER REASON _____ (SPECIFY) 6	PREFERRED AT HOME.....1 TOO EXPENSIVE AT OUTSIDE..2 SERVICE NOT AVAILABLE....3 DOES NOT KNOW WHERE TO GO.4 COULD NOT REACH CLINIC ON TIME.....5 OTHER REASON _____ (SPECIFY) 6
413	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER...E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G NEIGHBORS/RELATIVES.....H OTHER _____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER...E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G NEIGHBORS/RELATIVES.....H OTHER _____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER...E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G NEIGHBORS/RELATIVES.....H OTHER _____ X (SPECIFY) NO ONE.....Y



		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME _____		NAME _____		NAME _____	
414	<p>Around the time of the birth of (NAME), did you have any of the following problems:</p> <p>Long labor, that is, did your regular contractions last more than 12 hours?</p> <p>Excessive bleeding that was so much that you feared it was life threatening?</p> <p>A high fever with bad smelling vaginal discharge?</p> <p>Convulsions not caused by fever?</p>	<p>YES NO</p> <p>LABOR MORE THAN 12 HOURS..1 2</p> <p>EXCESSIVE BLEEDING.....1 2</p> <p>FEVER/BAD SMELLING VAG. DISCHARGE.....1 2</p> <p>CONVULSIONS.....1 2</p>	<p>YES NO</p> <p>LABOR MORE THAN 12 HOURS..1 2</p> <p>EXCESSIVE BLEEDING.....1 2</p> <p>FEVER/BAD SMELLING VAG. DISCHARGE.....1 2</p> <p>CONVULSIONS.....1 2</p>	<p>YES NO</p> <p>LABOR MORE THAN 12 HOURS..1 2</p> <p>EXCESSIVE BLEEDING.....1 2</p> <p>FEVER/BAD SMELLING VAG. DISCHARGE.....1 2</p> <p>CONVULSIONS.....1 2</p>			
414A	CHECK 412 (11 OR 12) DELIVERED AT HOME	<p>NOT DELIVERED AT HOME <input type="checkbox"/></p> <p>DELIVERED AT HOME <input type="checkbox"/></p> <p>(SKIP TO 416)</p>	<p>NOT DELIVERED AT HOME <input type="checkbox"/></p> <p>DELIVERED AT HOME <input type="checkbox"/></p> <p>(SKIP TO 416)</p>	<p>NOT DELIVERED AT HOME <input type="checkbox"/></p> <p>DELIVERED AT HOME <input type="checkbox"/></p> <p>(SKIP TO 416)</p>			
415	Was (NAME) delivered by caesarian section?	<p>YES.....1</p> <p>NO.....2</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>YES.....1</p> <p>NO.....2</p>			
416	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	<p>VERY LARGE.....1</p> <p>LARGER THAN AVERAGE.....2</p> <p>AVERAGE.....3</p> <p>SMALLER THAN AVERAGE.....4</p> <p>VERY SMALL.....5</p> <p>DON'T KNOW.....8</p>	<p>VERY LARGE.....1</p> <p>LARGER THAN AVERAGE.....2</p> <p>AVERAGE.....3</p> <p>SMALLER THAN AVERAGE.....4</p> <p>VERY SMALL.....5</p> <p>DON'T KNOW.....8</p>	<p>VERY LARGE.....1</p> <p>LARGER THAN AVERAGE.....2</p> <p>AVERAGE.....3</p> <p>SMALLER THAN AVERAGE.....4</p> <p>VERY SMALL.....5</p> <p>DON'T KNOW.....8</p>			
417A	Was (NAME) weighed at birth?	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 418A) ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 418A) ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 418A) ←</p>			
417B	How much did (NAME) weigh?  RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE	<p>GRAMS FROM CARD.....1 <input type="text"/></p> <p>GRAMS FROM RECALL.....2 <input type="text"/></p> <p>DON'T KNOW.....99998</p>	<p>GRAMS FROM CARD.....1 <input type="text"/></p> <p>GRAMS FROM RECALL.....2 <input type="text"/></p> <p>DON'T KNOW.....99998</p>	<p>GRAMS FROM CARD.....1 <input type="text"/></p> <p>GRAMS FROM RECALL.....2 <input type="text"/></p> <p>DON'T KNOW.....99998</p>			
418A	Did you see anyone for postpartum care within six weeks after delivery of (NAME)?	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 419) ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 420) ←</p>	<p>YES.....1</p> <p>NO.....2</p> <p>(SKIP TO 420) ←</p>			
418B	Who provided the postnatal care?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS CONSULTED.	<p>HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A</p> <p>RURAL MEDICAL AIDE.....B</p> <p>NURSE/MIDWIFE.....C</p> <p>MCH AIDE.....D</p> <p>OTHER PERSON VILLAGE HEALTH WORKER.....E</p> <p>TRAINED BIRTH ATTENDANT..F</p> <p>TRADITIONAL BIRTH ATTENDANT.....G</p> <p>NEIGHBORS/RELATIVES.....H</p> <p>OTHER.....X</p> <p>(SPECIFY)</p>	<p>HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A</p> <p>RURAL MEDICAL AIDE.....B</p> <p>NURSE/MIDWIFE.....C</p> <p>MCH AIDE.....D</p> <p>OTHER PERSON VILLAGE HEALTH WORKER.....E</p> <p>TRAINED BIRTH ATTENDANT..F</p> <p>TRADITIONAL BIRTH ATTENDANT.....G</p> <p>NEIGHBORS/RELATIVES.....H</p> <p>OTHER.....X</p> <p>(SPECIFY)</p>	<p>HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A</p> <p>RURAL MEDICAL AIDE.....B</p> <p>NURSE/MIDWIFE.....C</p> <p>MCH AIDE.....D</p> <p>OTHER PERSON VILLAGE HEALTH WORKER.....E</p> <p>TRAINED BIRTH ATTENDANT..F</p> <p>TRADITIONAL BIRTH ATTENDANT.....G</p> <p>NEIGHBORS/RELATIVES.....H</p> <p>OTHER.....X</p> <p>(SPECIFY)</p>			
419	Has your period returned since the birth of (NAME)?	<p>YES.....1</p> <p>(SKIP TO 421) ←</p> <p>NO.....2</p> <p>(SKIP TO 422) ←</p>					

	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
420	Did your period return between the birth of (NAME) and your next pregnancy? 	YES.....1 NO.....2 (SKIP TO 424)←	YES.....1 NO.....2 (SKIP TO 424)←
421	For how many months after the birth of (NAME) did you not have a period? MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98
422	CHECK 226: RESPONDENT PREGNANT? NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 424)		
423	Have you resumed sexual relations since the birth of (NAME)? YES.....1 NO.....2 (SKIP TO 425)←		
424	For how many months after the birth of (NAME) did you not have sexual relations? MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98
425	Did you ever breastfeed (NAME)? YES.....1 NO.....1 (SKIP TO 431)←	YES.....1 NO.....1 (SKIP TO 431)←	YES.....1 NO.....1 (SKIP TO 431)←
426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. IMMEDIATELY.....000 HOURS.....1 DAYS.....2	IMMEDIATELY.....000 HOURS.....1 DAYS.....2	IMMEDIATELY.....000 HOURS.....1 DAYS.....2
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)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 429)
428	Are you still breastfeeding (NAME)? YES.....2 NO.....2 (SKIP TO 432)←	YES.....2 NO.....2 (SKIP TO 432)←	
429	For how many months did you breastfeed (NAME)? MONTHS..... DON'T KNOW.....98	MONTHS..... DON'T KNOW.....98	MONTHS..... 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)	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)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
431	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (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"/>	NUMBER OF NIGHTTIME FEEDINGS..... <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"/>	NUMBER OF DAYLIGHT FEEDINGS..... <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?:	YES NO DK PLAIN WATER.....1 2 8 SUGAR WATER.....1 2 8 JUICE.....1 2 8 BABY FORMULA.....1 2 8 FRESH MILK.....1 2 8 OTHER LIQUIDS.....1 2 8 FOOD MADE FROM RICE/WHEAT/MAIZE.1 2 8 GREEN VEGETABLES...1 2 8 YELLOW FOOD - YAMS MANGOES.....1 2 8 EGG/FISH/POULTRY...1 2 8 MEAT.....1 2 8 OTHER SOLID/ SEMI-SOLID FOOD...1 2 8	YES NO DK PLAIN WATER.....1 2 8 SUGAR WATER.....1 2 8 JUICE.....1 2 8 BABY FORMULA.....1 2 8 FRESH MILK.....1 2 8 OTHER LIQUIDS.....1 2 8 FOOD MADE FROM RICE/WHEAT/MAIZE.1 2 8 GREEN VEGETABLES...1 2 8 YELLOW FOOD - YAMS MANGOES.....1 2 8 EGG/FISH/POULTRY...1 2 8 MEAT.....1 2 8 OTHER SOLID/ SEMI-SOLID FOOD...1 2 8	YES NO DK PLAIN WATER.....1 2 8 SUGAR WATER.....1 2 8 JUICE.....1 2 8 BABY FORMULA.....1 2 8 FRESH MILK.....1 2 8 OTHER LIQUIDS.....1 2 8 FOOD MADE FROM RICE/WHEAT/MAIZE.1 2 8 GREEN VEGETABLES...1 2 8 YELLOW FOOD - YAMS MANGOES.....1 2 8 EGG/FISH/POULTRY...1 2 8 MEAT.....1 2 8 OTHER SOLID/ SEMI-SOLID FOOD...1 2 8
436	CHECK 435 : FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 439)	"NO/DK" TO ALL <input type="checkbox"/> ↓ (SKIP TO 439)	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (SKIP TO 439)
437	(Aside from breastfeeding) 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	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.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.

SECTION 4B. IMMUNIZATION AND HEALTH

440 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL QUESTIONNAIRES).

441	LINE NUMBER FROM Q. 212	LAST BIRTH LINE.....	NEXT-TO-LAST BIRTH LINE.....	SECOND-FROM-LAST BIRTH LINE.....
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442	FROM Q. 212 AND Q. 216	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.)	NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)
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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	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	YES.....1 (SKIP TO 447) <----- NO.....2
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445	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.  (2) WRITE '44' IN 'DAY' COLUMN, IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.	DAY MO YR BCG P0 P1 P2 P3 D1 D2 D3 MEA	DAY MO YR BCG P0 P1 P2 P3 D1 D2 D3 MEA	DAY MO YR BCG P0 P1 P2 P3 D1 D2 D3 MEA
-----	---	---	---	---

446	Has (NAME) received any vaccinations that are not recorded on this card?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINATIONS.	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) <----- NO.....2 DON'T KNOW.....8 (SKIP TO 449) <-----	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) <----- NO.....2 DON'T KNOW.....8 (SKIP TO 449) <-----	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) <----- NO.....2 DON'T KNOW.....8 (SKIP TO 449) <-----
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447	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 449) <----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 449) <----- DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 449) <----- DON'T KNOW.....8
-----	--	---	---	---

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
448	Please tell me if (NAME) (has) received any of the following vaccinations:			
448A	A BCG vaccination against tuberculosis, that is, an injection in the right shoulder that left a scar?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
448B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 448E)<_____	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 448E)<_____	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 448E)<_____
448C	How many times?	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>
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	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 DON'T KNOW.....8 (SKIP TO 448G)<_____	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 448G)<_____	YES.....1 NO.....2 DON'T KNOW.....8 (SKIP TO 448G)<_____
448F	How many times?	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>	NUMBER OF TIMES..... <input type="checkbox"/>
448G	An injection against measles?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
449	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
450	Has (NAME) been ill 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	YES.....1 NO.....2 (SKIP TO 454)<_____ DON'T KNOW.....8
451	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES.....1 NO.....2 DON'T KNOW.....8	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 cough?	YES.....1 NO.....2 (SKIP TO 454)<_____	YES.....1 NO.....2 (SKIP TO 454)<_____	YES.....1 NO.....2 (SKIP TO 454)<_____
453	Where did you seek advice or treatment?  Anyone else?  RECORD ALL MENTIONED.	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/ WORKER.....E OTHER PUBLIC.....F  (SPECIFY) _____  MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.G PRIVATE DOCTOR/HOSP/CLIN.H PHARMACY/MEDICAL STORE...I OTHER PRIVATE MEDICAL.....J  (SPECIFY) _____  OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...K NEIGHBORS/RELATIVES.....L  OTHER.....X (SPECIFY) _____	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/ WORKER.....E OTHER PUBLIC.....F  (SPECIFY) _____  MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.G PRIVATE DOCTOR/HOSP/CLIN.H PHARMACY/MEDICAL STORE...I OTHER PRIVATE MEDICAL.....J  (SPECIFY) _____  OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...K NEIGHBORS/RELATIVES.....L  OTHER.....X (SPECIFY) _____	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/ WORKER.....E OTHER PUBLIC.....F  (SPECIFY) _____  MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.G PRIVATE DOCTOR/HOSP/CLIN.H PHARMACY/MEDICAL STORE...I OTHER PRIVATE MEDICAL.....J  (SPECIFY) _____  OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...K NEIGHBORS/RELATIVES.....L  OTHER.....X (SPECIFY) _____

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
454	Has (NAME) had diarrhea (three or more watery stools) in the last two weeks?	YES.....1 NO.....2 (SKIP TO 464)<----- DON'T KNOW.....8	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	YES.....1 NO.....2 DON'T KNOW.....8
456	On the worst day of the diarrhea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS.... <input type="text"/> DON'T KNOW.....8	NUMBER OF BOWEL MOVEMENTS.... <input type="text"/> DON'T KNOW.....8	NUMBER OF BOWEL MOVEMENTS.... <input type="text"/> DON'T KNOW.....8
457	Was he/she given the same amount of food as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	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 as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
460	Was anything (else) given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 462)<----- DON'T KNOW.....8	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 diarrhea?  Anything else?  RECORD ALL TREATMENTS MENTIONED.	FLUID FROM ORS PACKET...A HOMEMADE SUGAR SALT SOLN.B ANTIBIOTIC PILL OR SYRUP.....C OTHER PILL OR SYRUP.....D INJECTION.....E DRIP.....F HOME REMEDIES/HERBAL MEDICINES.....G OTHER.....X (SPECIFY)	FLUID FROM ORS PACKET...A HOMEMADE SUGAR SALT SOLN.B ANTIBIOTIC PILL OR SYRUP.....C OTHER PILL OR SYRUP.....D INJECTION.....E DRIP.....F HOME REMEDIES/HERBAL MEDICINES.....G OTHER.....X (SPECIFY)	FLUID FROM ORS PACKET...A HOMEMADE SUGAR SALT SOLN.B ANTIBIOTIC PILL OR SYRUP.....C OTHER PILL OR SYRUP.....D INJECTION.....E DRIP.....F HOME REMEDIES/HERBAL MEDICINES.....G OTHER.....X (SPECIFY)
462	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 464)<-----	YES.....1 NO.....2 (SKIP TO 464)<-----	YES.....1 NO.....2 (SKIP TO 464)<-----
463	From whom or where did you seek advice or treatment?  Anyone else?  RECORD ALL MENTIONED.	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/WORKER.....E OTHER PUBLIC MEDICAL.....F (SPECIFY) MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.G PRIVATE DOCTOR/HOSP/CLIN.H PHARMACY/MEDICAL STORE...I OTHER PRIVATE MEDICAL.....J (SPECIFY) OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...K NEIGHBORS/RELATIVES.....L OTHER.....X (SPECIFY)	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/WORKER.....E OTHER PUBLIC MEDICAL.....F (SPECIFY) MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.G PRIVATE DOCTOR/HOSP/CLIN.H PHARMACY/MEDICAL STORE...I OTHER PRIVATE MEDICAL.....J (SPECIFY) OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...K NEIGHBORS/RELATIVES.....L OTHER.....X (SPECIFY)	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/WORKER.....E OTHER PUBLIC MEDICAL.....F (SPECIFY) MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.G PRIVATE DOCTOR/HOSP/CLIN.H PHARMACY/MEDICAL STORE...I OTHER PRIVATE MEDICAL.....J (SPECIFY) OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...K NEIGHBORS/RELATIVES.....L OTHER.....X (SPECIFY)
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.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
465	When a child has diarrhea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK.....1 ABOUT SAME AMOUNT TO DRINK.....2 MORE TO DRINK.....3 DON'T KNOW.....8	
466	When a child has diarrhea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DON'T KNOW.....8	
467	When a child is sick with diarrhea, what signs of illness would tell you that he or she should be taken to a health facility or health worker?  RECORD ALL MENTIONED.	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  OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
468	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?  RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL.....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H  OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
469	CHECK 461, ALL COLUMNS:  NO CHILD RECEIVED ORS <input type="checkbox"/> QUESTION NOT ASKED <input type="checkbox"/> ANY CHILD RECEIVED ORS <input type="checkbox"/>		→471
470	Have you ever heard of a special product called ORS you can get for the treatment of diarrhea?	YES.....1 NO.....2	
471	Have you fallen sick during the last 4 weeks?	YES.....1 NO.....2	→480
472	What is the type of most recent illness?	FEVER.....01 MALARIA.....02 CHEST PROBLEM.....03 JOINT BODY ACHE.....04 STOMACH PROBLEMS.....05 INJURIES.....06 EYES PROBLEM.....07 EARS PROBLEM.....08 TEETH PROBLEM.....09 GYNAECOLOGICAL PROBLEM.....10 ANTENATAL.....11 COUGH.....12  OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
473	Where did you go for the last treatment?	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL.....11 DISTRICT HOSPITAL.....12 HEALTH CENTRE.....13 DISPENSARY/PARASTATAL FACILITY..14 VILLAGE HEALTH POST/WORKER.....15 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV.DOCTOR/CLINIC/HOSPITAL.....22 PHARMACY/MEDICAL STORE.....23 CBD WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES/NEIGHBORS.....33 OTHER _____ 96 (SPECIFY)	
474A	How long did it take to get there? (in minutes)	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/>	
474B	How many kilometers did you travel?	KILOMETERS..... <input type="text"/> <input type="text"/> <input type="text"/>	
475	Is there another health facility nearer your home than the one you went for treatment?	YES.....1 NO.....2 DOES NOT KNOW.....8	→ 477
476	What is the main reason you didn't go to the closer facility?	WAS REFERRED HERE.....01 YOU HAVE TO PAY THERE.....02 NO DRUGS THERE.....03 NO DOCTOR THERE.....04 STAFF POOR THERE.....05 EMPLOYER DOES NOT PAY THERE.....06 OTHER FACILITY WOULD HAVE SENT HERE.....07 OTHER FACILITY WOULD NOT HAVE SEEN.....08 INCONVENIENT HOURS OF OPERATION...09 SERVICES I NEEDED NOT AVAILABLE...10 WAITING TIME TOO LONG.....11 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
477	How do you rate the service you received from the facility where you went?	POOR.....1 FAIR.....2 GOOD.....3 EXCELLENT.....4 DOES NOT KNOW.....8	
478	How much did treatment cost you? i. Transport cost ii. Clinic fee iii. Cost of drugs iv. Other expenses	NO COST/EMPLOYER PAID.....00000 → 480 TRANSPORT COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> CLINIC FEE..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> COST OF DRUGS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER EXPENSES..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
479	Do you think the cost was too high, fair or too low?	HIGH.....1 FAIR.....2 LOW.....3 DOES NOT KNOW.....8	



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
480	Do you think that patients should be charged for each visit to raise funds for more drugs and other supplies for the facility?	YES.....1 NO.....2 DOES NOT KNOW.....8	
481	Do you ever go to a facility where you have to pay?	YES.....1 NO.....2	→483
482	Why not?	TOO EXPENSIVE.....1 TOO FAR.....2 OTHER.....6 (SPECIFY) DOES NOT KNOW.....8	→501
483	How often do you visit a health facility where you have to pay?	RARELY.....1 MOST OF THE TIME.....2 ALL OF THE TIME.....3 OTHER.....6 (SPECIFY) DOES NOT KNOW.....8	
484	For what service did you go there last time?  CHOOSE ONE ONLY	CONSULTATION FOR ILLNESS.....01 MATERNITY SERVICES.....02 LABORATORY/X-RAY.....03 DRUGS.....04 FAMILY PLANNING.....05 ANTE-NATAL CARE.....06 IMMUNIZATION.....07 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
501	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER MALES.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">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																
502	Are you currently married or living with a man?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>YES, LIVING WITH A MAN.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td style="text-align: right;">3</td> </tr> </table>	YES, CURRENTLY MARRIED.....	1	YES, LIVING WITH A MAN.....	2	NO, NOT IN UNION.....	3	505									
YES, CURRENTLY MARRIED.....	1																	
YES, LIVING WITH A MAN.....	2																	
NO, NOT IN UNION.....	3																	
503	Have you ever been married or lived with a man?	<table border="0"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> </table>	YES.....	1	NO.....	2	512											
YES.....	1																	
NO.....	2																	
504	What is your marital status now: are you widowed, divorced, or separated?	<table border="0"> <tr> <td>WIDOWED.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>DIVORCED.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SEPARATED.....</td> <td style="text-align: right;">3</td> </tr> </table>	WIDOWED.....	1	DIVORCED.....	2	SEPARATED.....	3	509									
WIDOWED.....	1																	
DIVORCED.....	2																	
SEPARATED.....	3																	
505	Is your husband/partner living with you now or is he staying elsewhere?	<table border="0"> <tr> <td>LIVES WITH HER.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>STAYING ELSEWHERE.....</td> <td style="text-align: right;">2</td> </tr> </table>	LIVES WITH HER.....	1	STAYING ELSEWHERE.....	2												
LIVES WITH HER.....	1																	
STAYING ELSEWHERE.....	2																	
506	Does your husband/partner have any other wives besides yourself?	<table border="0"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>DOESN'T KNOW.....</td> <td style="text-align: right;">8</td> </tr> </table>	YES.....	1	NO.....	2	DOESN'T KNOW.....	8	509									
YES.....	1																	
NO.....	2																	
DOESN'T KNOW.....	8																	
507	How many other wives does he have?	<table border="0"> <tr> <td>NUMBER.....</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td style="text-align: right;">98</td> </tr> </table>	NUMBER.....	<input type="text"/>	DOES NOT KNOW.....	98	509											
NUMBER.....	<input type="text"/>																	
DOES NOT KNOW.....	98																	
508	Are you the first, second,.....wife?	<table border="0"> <tr> <td>RANK.....</td> <td style="text-align: right;"><input type="text"/></td> </tr> </table>	RANK.....	<input type="text"/>														
RANK.....	<input type="text"/>																	
509	Have you been married or lived with a man only once or more than once?	<table border="0"> <tr> <td>ONCE.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORE THAN ONCE.....</td> <td style="text-align: right;">2</td> </tr> </table>	ONCE.....	1	MORE THAN ONCE.....	2												
ONCE.....	1																	
MORE THAN ONCE.....	2																	
510	In what month and year did you start living with your (first) husband/partner?	<table border="0"> <tr> <td>MONTH.....</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW MONTH.....</td> <td style="text-align: right;">98</td> </tr> <tr> <td>YEAR.....</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW YEAR.....</td> <td style="text-align: right;">98</td> </tr> </table>	MONTH.....	<input type="text"/>	DOES NOT KNOW MONTH.....	98	YEAR.....	<input type="text"/>	DOES NOT KNOW YEAR.....	98	512							
MONTH.....	<input type="text"/>																	
DOES NOT KNOW MONTH.....	98																	
YEAR.....	<input type="text"/>																	
DOES NOT KNOW YEAR.....	98																	
511	How old were you when you started living with him?	<table border="0"> <tr> <td>AGE.....</td> <td style="text-align: right;"><input type="text"/></td> </tr> </table>	AGE.....	<input type="text"/>														
AGE.....	<input type="text"/>																	
512	CHECK 502: MARRIED OR LIVING WITH A MAN <input type="checkbox"/> NOT MARRIED AND NOT LIVING WITH A MAN <input type="checkbox"/>		515															
513	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.  When was the last time you had sexual intercourse with your husband?	<table border="0"> <tr> <td>DAYS AGO.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>WEEKS AGO.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>MONTHS AGO.....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>YEARS AGO.....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>BEFORE LAST BIRTH.....</td> <td style="text-align: right;">996</td> </tr> </table>	DAYS AGO.....	1	WEEKS AGO.....	2	MONTHS AGO.....	3	YEARS AGO.....	4	BEFORE LAST BIRTH.....	996						
DAYS AGO.....	1																	
WEEKS AGO.....	2																	
MONTHS AGO.....	3																	
YEARS AGO.....	4																	
BEFORE LAST BIRTH.....	996																	
514	For that sexual intercourse, was a condom used?	<table border="0"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> </table>	YES.....	1	NO.....	2												
YES.....	1																	
NO.....	2																	
515	Do you now have a regular partner (apart from your husband)? I mean someone with whom you have been having sex for about a year or more?	<table border="0"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> </table>	YES.....	1	NO.....	2	517											
YES.....	1																	
NO.....	2																	
516	How many such regular partners do you have (aside from your husband)?	<table border="0"> <tr> <td>NUMBER.....</td> <td style="text-align: right;"><input type="text"/></td> </tr> </table>	NUMBER.....	<input type="text"/>														
NUMBER.....	<input type="text"/>																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
516A	When was the last time you had sexual intercourse with the regular partner (other than your husband)?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
516B	For that sexual intercourse, was a condom used?	YES.....1 NO.....2									
517	Have you had sexual intercourse with anyone (else) in the last 12 months? (I mean, with someone other than your husband or regular partner that you mentioned earlier?)	YES.....1 NO.....2	→524								
518	With how many different people have you had sexual intercourse in the last 12 months (apart from your husband or regular partners)?	NUMBER.....	<table border="1"> <tr><td></td><td></td></tr> </table>								
519	When was the last time you had sexual intercourse (apart from your husband/regular partner)?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>								
520	For that last sexual intercourse, did you receive money, gifts or favours in return for sex?	YES.....1 NO.....2									
521	Was this person someone you had met before or someone you met for the first time?	MET BEFORE.....1 MET FOR FIRST TIME.....2									
522	Was a condom used for that last sexual intercourse?	YES.....1 NO.....2	→524								
523	What was the main reason that you did not use a condom that time?	_____ _____									
524	CHECK 514, 516B OR 522: CONDOMS USED WITH HUSBAND OR PARTNER(S)	DID NOT USE CONDOM WITH ANY ONE	→524B								
524A	Last time you used condom, where was that condom obtained?  IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.  _____ (NAME OF PLACE)	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....11 DISTRICT HOSPITAL.....12 HEALTH CENTRE.....13 DISPENSARY/PARASTATAL FACILITY..14 VILLAGE HEALTH POST/WORKER.....15 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV.DOCTOR/CLINIC/HOSPITAL....22 PHARMACY/MEDICAL STORE.....23 CBD WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES/NEIGHBORS....33 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98									
524B	Have you heard of a condom called 'Salama'?	YES.....1 NO.....2									
525	Now think back to the past. How old were you when you had sexual intercourse for the first time?	AGE..... NEVER HAD SEX.....95 FIRST TIME WHEN MARRIED.....96	→601								
526	In the last four weeks, how many times have you had sexual intercourse?	NUMBER OF TIMES..... DOES NOT KNOW.....98	<table border="1"> <tr><td></td><td></td></tr> </table>								

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 311:</p> <p>NEITHER STERILISED <input type="checkbox"/> HE OR SHE STERILISED <input type="checkbox"/></p>		612
602	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>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?</p> <p>Now I have some questions about the future. After the child you are expecting, would you like to have another child or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD.....1</p> <p>NO MORE/NONE.....2</p> <p>SAYS SHE CAN'T GET PREGNANT.....3</p> <p>UNDECIDED/DOES NOT KNOW.....8</p>	606 604
603	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>How long would you like to wait after the birth of the child you are expecting before the birth of another child?</p>	<p>MONTHS.....1</p> <p>YEARS.....2</p> <p>SOON/NOW.....993</p> <p>SAYS SHE CAN'T GET PREGNANT.....994</p> <p>AFTER MARRIAGE.....995</p> <p>OTHER.....996</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....998</p>	606
604	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p>		607
605	<p>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?</p>	<p>HAPPY.....1</p> <p>UNHAPPY.....2</p> <p>WOULD NOT MATTER.....3</p>	
606	<p>CHECK 310: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/></p>		612
607	<p>Do you think you will use a method to delay or avoid pregnancy within the next 12 months?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	609
608	<p>Do you think you will use a method at any time in the future?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	610
609	<p>Which method would you prefer to use?</p>	<p>PILL.....01</p> <p>IUD.....02</p> <p>INJECTIONS.....03</p> <p>IMPLANT.....04</p> <p>DIAPHRAGM/FOAM/JELLY.....05</p> <p>CONDOM.....06</p> <p>FEMALE STERILISATION.....07</p> <p>MALE STERILISATION.....08</p> <p>CALENDAR/SAFE PERIOD.....09</p> <p>MUCUS METHOD.....10</p> <p>WITHDRAWAL.....11</p> <p>OTHER.....96</p> <p>(SPECIFY)</p> <p>UNSURE.....98</p>	612

610	What is the main reason you think you will never use a method?	NOT MARRIED.....11  FERTILITY-RELATED REASONS INFREQUENT/NO SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26  OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND 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  NO OTHER REASON.....95 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	→612
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611	Would you ever use a method if you were married?	YES.....1 NO.....2 DOES NOT KNOW.....8	
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612	CHECK 216:  <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">                             HAS LIVING CHILDREN <input type="checkbox"/> </td> <td style="width:50%; border: none;">                             NO LIVING CHILDREN <input type="checkbox"/> </td> </tr> <tr> <td style="border: none;">                             ↓                         </td> <td style="border: none;">                             ↓                         </td> </tr> <tr> <td style="border: none;">                             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?                         </td> <td style="border: none;">                             If you could choose exactly the number of children to have in your whole life, how many would that be?                         </td> </tr> </table> PROBE FOR A NUMERIC RESPONSE.	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?	NUMBER..... <input type="text"/> <input type="text"/>  OTHER _____ 96 (SPECIFY)	→614
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?								

613	How many of these children would you like to be boys and how many would you like to be girls?	<table style="width:100%; border: none;"> <tr> <td style="width:50%;"></td> <td style="width:50%; text-align: right;">BOYS</td> </tr> <tr> <td style="border: none;">NUMBER.....</td> <td style="border: none;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td style="border: none;">OTHER _____</td> <td style="border: none;">96</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: right;">GIRLS</td> </tr> <tr> <td style="border: none;">NUMBER.....</td> <td style="border: none;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td style="border: none;">OTHER _____</td> <td style="border: none;">96</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: right;">EITHER</td> </tr> <tr> <td style="border: none;">NUMBER.....</td> <td style="border: none;"><input type="text"/> <input type="text"/></td> </tr> <tr> <td style="border: none;">OTHER _____</td> <td style="border: none;">96</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none; text-align: right;">(SPECIFY)</td> </tr> </table>		BOYS	NUMBER.....	<input type="text"/> <input type="text"/>	OTHER _____	96		GIRLS	NUMBER.....	<input type="text"/> <input type="text"/>	OTHER _____	96		EITHER	NUMBER.....	<input type="text"/> <input type="text"/>	OTHER _____	96		(SPECIFY)	
	BOYS																						
NUMBER.....	<input type="text"/> <input type="text"/>																						
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OTHER _____	96																						
	EITHER																						
NUMBER.....	<input type="text"/> <input type="text"/>																						
OTHER _____	96																						
	(SPECIFY)																						

614	In general, do you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....8	     → 617
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615	Have you ever recommended family planning to a friend, relative, or anyone else?	YES.....1 NO.....2	 
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616	If you wanted to get information on family planning, who would you like to talk to most:  Family planning worker from your community? Health clinic staff? Traditional Birth Attendant (TBA)? Your husband or partner? Friend? Relative? Religious leader? Somebody else?	CBD WORKER.....01 CLINIC STAFF.....02 TBA.....03 HUSBAND/PARTNER.....04 FRIEND.....05 RELATIVE.....06 RELIGIOUS LEADERS.....07 OTHER.....96 _____ (SPECIFY)	               
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617	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;"> <tr> <td></td> <td style="text-align: center;">ACCEPT- ABLE</td> <td style="text-align: center;">NOT ACCEPT- ABLE</td> <td style="text-align: center;">DK</td> </tr> <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> </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												

618	In the last six months have you heard about family planning:  On the radio? On the television? In a newspaper or magazine? From a poster? From billboards? At community events/logo launches From live drama? From a doctor or nurse? From a community health worker?	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>RADIO.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</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> <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> <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> <td style="text-align: center;">2</td> </tr> <tr> <td>BILLBOARDS.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMUNITY EVENT/LOGO LAUNCHES.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LIVE DRAMA.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DOCTOR OR NURSE.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> </table>			YES	NO	RADIO.....1	1	2	2	TELEVISION.....1	1	2	2	NEWSPAPER OR MAGAZINE.....1	1	2	2	POSTER.....1	1	2	2	BILLBOARDS.....1	1	2	2	COMMUNITY EVENT/LOGO LAUNCHES.....1	1	2	2	LIVE DRAMA.....1	1	2	2	DOCTOR OR NURSE.....1	1	2	2	COMMUNITY HEALTH WORKER.....1	1	2	2	                   
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619	In the past six months, what drama series have you listened to on the radio?  CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR SERIES NOT MENTIONED ASK,  In the 6 months, have you listened to (NAME OF SERIES)?  Zinduka Twende na Wakati Ukweli Kuhusu Maisha Other	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td></td> <td style="text-align: center;">YES SPO- NTA- EOUS</td> <td style="text-align: center;">YES PRO- BED</td> <td></td> </tr> <tr> <td>ZINDUKA.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td>TWENDE NA WAKATI.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td>UKWELI KUHUSU MAISHA.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> <tr> <td>OTHER.....1</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td></td> </tr> </table>			YES SPO- NTA- EOUS	YES PRO- BED		ZINDUKA.....1	1	2	3		TWENDE NA WAKATI.....1	1	2	3		UKWELI KUHUSU MAISHA.....1	1	2	3		OTHER.....1	1	2	3		             
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UKWELI KUHUSU MAISHA.....1	1	2	3																									
OTHER.....1	1	2	3																									

619A	CHECK 619: LISTENED TO ZINDUKA <input type="checkbox"/>	HAS NOT LISTENED TO ZINDUKA <input type="checkbox"/>	   → 619E
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619B	How often do you listen to Zinduka?	TWICE A WEEK.....1 ONCE A WEEK.....2 ONCE OR TWICE A MONTH.....3 RARELY.....4 DOES NOT KNOW.....8	       
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619C	As a result listening to Zinduka, did you do anything or take any any action related to family planning?	YES.....1 NO.....2 DOES NOT KNOW.....8	     → 619E
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619D	What did you do as a result of listening to Zinduka?  RECORD ALL MENTIONED.	TALKED TO PARTNER.....A TALKED TO HEALTH WORKER.....B TALKED TO SOMEONE ELSE.....C VISITED A CLINIC FOR FAMILY PLANN.....D BEGAN USING A MODERN METHOD.....E CONTINUED USING A MODERN METHOD.....F  OTHER.....X _____ (SPECIFY) DOES NOT KNOW.....Z	               
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619E	<b>CHECK 619:</b> LISTENED TO TWENDE NA WAKATI <input type="checkbox"/> HAS NOT LISTENED TO TWENDE NA WAKATI <input type="checkbox"/>		620
619F	How often do you listen to Twende na Wakati?	TWICE A WEEK.....1 ONCE A WEEK.....2 ONCE OR TWICE A MONTH.....3 RARELY.....4 DOES NOT KNOW.....8	
620	In the last six months have you discussed family planning with your friends or relatives?	YES.....1 NO.....2	622
621	With whom?  Anyone else?  RECORD ALL MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F SONS.....G MOTHER-IN-LAW.....H FRIENDS.....I  OTHER _____ X (SPECIFY)	
622	<b>CHECK 502</b> YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN A UNION <input type="checkbox"/>		701
623	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 DOES NOT KNOW.....B	
624	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	
625	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2	
626	Who mainly decides how many children should you have?	HERSELF.....1 HUSBAND.....2 BOTH.....3  OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8	
627	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 DOES NOT KNOW.....B	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502 AND 503	FORMERLY <input type="checkbox"/> MARRIED/ LIVED WITH A MAN NEVER <input type="checkbox"/> MARRIED AND NEVER IN UNION	703 708
	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>		
702	How old was your husband/partner on his last birthday?	AGE..... <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	705
704	What is the highest formal school he completed?	LESS THAN 1 YEAR.....00 STANDARD 1.....01 STANDARD 2.....02 STANDARD 3.....03 STANDARD 4.....04 STANDARD 5.....05 STANDARD 6.....06 STANDARD 7.....07 STANDARD 8.....08 FORM 1.....09 FORM 2.....10 FORM 3.....11 FORM 4.....12 FORM 5.....13 FORM 6.....14 UNIVERSITY.....15 OTHER.....96 (SPECIFY)	
705	What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
706	CHECK 705: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/>	DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>	708
707	(Does/did) your husband/partner work mainly on his own land or on family rent land, or borrow for share crop, government allocation, shifting cultivation land?	OWN LAND.....1 FAMILY RENT.....2 BORROW SHARE CROP.....3 GOVERNMENT ALLOCATION.....4 SHIFTING CULTIVATION.....5	
708	Aside from your own housework, are you currently working?	YES.....1 NO.....2	710
709	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	801
710	Do you work for money for yourself, for someone else, or both?	HERSELF.....1 SOMEONE ELSE.....2 BOTH.....3	720



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	How many employees are working for you?	NUMBER OF EMPLOYEES..... <input type="text"/> <input type="text"/> NONE.....97	
712	Do you work in agriculture, livestock, or poultry production?	YES.....1 NO.....2	
713	Do you collect and sell wild products like honey, nuts, firewood, etc ?	YES.....1 NO.....2	
714	Do you process food products for sale like pombe?	YES.....1 NO.....2	
715	Do you engage in a craft or skilled work such as tailoring, making bricks, pottery, etc for money?	YES.....1 NO.....2	
716	Do you do any other work for yourself such as own a shop or driving a taxi? IF YES, specify  _____ (SPECIFY)	YES.....1 NO.....2	
717	CHECK 712 WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> → 719		
718	Do you work mainly on your own land or on family rent land, or borrow for share crop, government allocation, shifting cultivation land?	OWN LAND.....1 FAMILY RENT.....2 BORROW SHARE CROP.....3 GOVERNMENT ALLOCATION.....4 SHIFTING CULTIVATION.....5	
719	CHECK 710 WORKS FOR SOMEONE ELSE OR BOTH <input type="checkbox"/> WORKS FOR HERSELF <input type="checkbox"/> → 723		
720	You told me that you (also) work for someone else. Do you work for the government, for a private business, or a semi-government (parastatal) organization, or for family/friend?	GOVERNMENT.....1 PRIVATE.....2 SEMI-GOVERNMENT.....3 FAMILY/FRIEND.....4 DO NOT KNOW.....8	
721	Do you work in agriculture, I mean on a farm?	YES.....1 NO.....2	
722	Do you yourself receive money from the following: Money from friends/relatives? Pension? Rent? Savings/Loans?	YES NO FRIENDS/RELATIVES.....1 2 PENSION.....1 2 RENT.....1 2 SAVINGS/LOANS.....1 2	
723	CHECK 502: YES, CURRENTLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? 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	

SECTION 8. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
801	CHECK 302 (06):	HAS HEARD OF CONDOMS <input type="checkbox"/>	NEVER HEARD OF CONDOMS <input type="checkbox"/>	809
802	CHECK 303 (06), 514, 516B, AND 522	HAS NEVER USED CONDOMS (ALL ARE 'NO') <input type="checkbox"/>	HAS USED CONDOMS (AT LEAST ONE 'YES') <input type="checkbox"/>	804
803	Have you ever seen a condom?	YES.....1 NO.....2		
804	Do you know where you can get condoms?	YES.....1 NO.....2		806
805	Where can you get condoms?  CIRCLE ALL MENTIONED. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....A DISTRICT HOSPITAL.....B HEALTH CENTRE.....C DISPENSARY/PARASTATAL FACILITY...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....F PRIV.DOCTOR/CLINIC/HOSPITAL....G PHARMACY/MEDICAL STORE.....H CBD WORKER.....I OTHER PRIVATE SECTOR SHOP.....J CHURCH.....K FRIENDS/RELATIVES/NEIGHBORS.....L  OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z		
806	How many times can a condom be used?	ONCE.....1 MORE THAN ONCE.....2 UNTIL IT BREAKS.....3 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8		
808	In general, do you think that most women like men to use condoms, they don't like men to use condoms, or it does not matter?	LIKE MEN TO USE CONDOMS.....1 DON'T LIKE MEN TO USE CONDOMS....2 DOES NOT MATTER.....3 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8		
809	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2		822
810	Which diseases do you know?  (RECORD ALL DISEASES SHE MENTIONED)	SYPHILIS.....A GONORRHOEA.....B AIDS.....C GENITAL WARTS/CONDYLOMATA.....D  OTHER _____ X (SPECIFY) DON'T KNOW.....Z		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
811	CHECK 525:	HAS HAD SEX <input type="checkbox"/>	HAS NEVER HAD SEX <input type="checkbox"/>	822	
812	During the last 12 months, did you have any of these diseases (MENTIONED IN Q.810)?	YES.....1 NO.....2 DON'T KNOW.....8	822		
813	Which of the diseases did you have?	SYPHILIS.....A GONORRHEA.....B AIDS.....C GENITAL WARTS / CONDYLOMATA.....D OTHER _____ X (SPECIFY) DON'T KNOW.....Z			
CIRCLE ALL MENTIONED.					
817	When you had this (DISEASE FROM Q.813) did you seek advice or treatment?	ADVICE /TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....3	819		
818	Where did you seek advice or treatment?	GOVERNMENT AND PARASTATAL CONSULTANT HOSPITAL.....A REGIONAL HOSPITAL.....B DISTRICT HOSPITAL.....C HEALTH CENTRE.....D DISPENSARY.....E PARASTATAL HEALTH FACILITY.....F VILLAGE HEALTH POST/WORKER.....G MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....H PRIV.DOCTOR/CLINIC/HOSPITAL.....I PHARMACY/MEDICAL STORE.....J UMATI CBD WORKER.....K OTHER PRIVATE SECTOR SHOP.....L CHURCH.....M FRIENDS/RELATIVES/NEIGHBOURS.....N OTHER _____ X (SPECIFY)			
Any other place or person?					
RECORD ALL MENTIONED					
818A	CHECK 502 AND 503	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	FORMERLY IN A UNION <input type="checkbox"/>	NEVER IN A UNION <input type="checkbox"/>	822
819	Did you tell your husband/partner that you had (DISEASE(S) FROM 813)?	YES.....1 NO.....2			
820	When you had this (DISEASE(S) FROM 813) did you do something so as not to infect your partner?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	822		
821	What did you do?	NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B TOOK MEDICINES.....C TOLD HIM TO GO FOR MEDICAL HELP...D OTHER _____ X (SPECIFY)			
CIRCLE ALL MENTIONED.					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																				
822	CHECK 810:  DID NOT MENTION AIDS OR QUESTION NOT ASKED <input type="checkbox"/>	MENTIONED 'AIDS'	824																																				
823	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	901																																				
824	From which sources of information have you learned about AIDS?  Any other sources?  RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER.....X (SPECIFY)																																					
825	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	827																																				
826	What can a person do to avoid getting AIDS or the virus that causes AIDS?  Any other ways?  CIRCLE ALL MENTIONED	DO NOT HAVE SEX AT ALL.....A USE CONDOMS DURING SEX.....B DON'T HAVE SEX WITH PROSTITUTES...C DO NOT HAVE SEX WITH HOMOSEXUALS.....D DO NOT HAVE MANY SEX PARTNERS.....E HAVE ONLY ONE SEX PARTNER.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H DON'T HAVE CHILDREN.....I AVOID KISSING.....J AVOID MOSQUITO BITES.....K SEEK PROTECTION FROM TRADITIONAL HEALER.....L DO NOT DRINK TOO MUCH ALCOHOL....M OTHER.....X (SPECIFY) DOES NOT KNOW.....Z																																					
827	Do you think a person can protect themselves from getting AIDS by:  having a good diet?  staying with one faithful partner?  avoid stepping on the urine or stool of a person with AIDS?  using condoms?  avoiding touching a person who has AIDS?  not sharing eating utensils with a person with AIDS?  avoiding being bitten by mosquitos or other insects?  making sure any injection they have is done with a clean needle?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GOOD DIET.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>STAY WITH ONE PARTNER.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AVOID URINE OR STOOL.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>USE CONDOMS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DON'T TOUCH PERSON.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>DON'T SHARE UTENSILS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>AVOID INSECT BITES.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INJECTION WITH CLEAN NEEDL</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	GOOD DIET.....	1	2	8	STAY WITH ONE PARTNER.....	1	2	8	AVOID URINE OR STOOL.....	1	2	8	USE CONDOMS.....	1	2	8	DON'T TOUCH PERSON.....	1	2	8	DON'T SHARE UTENSILS.....	1	2	8	AVOID INSECT BITES.....	1	2	8	INJECTION WITH CLEAN NEEDL	1	2	8	
	YES	NO	DK																																				
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DON'T SHARE UTENSILS.....	1	2	8																																				
AVOID INSECT BITES.....	1	2	8																																				
INJECTION WITH CLEAN NEEDL	1	2	8																																				
828	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW.....8																																					

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
829	Can AIDS be cured?	YES.....1 NO.....2 DOES NOT KNOW.....8	
830	Can AIDS be transmitted from mother to child?	YES.....1 NO.....2 DOES NOT KNOW.....8	831
830A	How do you think that it can be transmitted?  CIRCLE ALL MENTIONED	DURING PREGNANCY.....A DURING DELIVERY.....B THROUGH BREASTFEEDING.....C  OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
831	Does any member of your household have AIDS or has any member of your household died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	832
831A	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	
832	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 DOES NOT KNOW.....8 HAS AIDS.....9	834 834A 901
833	Why do you think that you have (NO RISK/ A SMALL CHANCE) of getting AIDS?  Any other reasons?  CIRCLE ALL MENTIONED	NO SEXUAL INTERCOURSE.....A NO SEX WITH PROSTITUTES.....B SLEEP ONLY WITH SPOUSE/PARTNER....C USE CONDOMS.....D NO INJECTIONS.....E NO BLOOD TRANSFUSIONS.....F  OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	834A
834	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS?  Any other reasons?  CIRCLE ALL MENTIONED	MULTIPLE PARTNERS.....A SEX WITH PROSTITUTES.....B SPOUSE HAS MULTIPLE PARTNERS.....C DO NOT USE CONDOMS.....D HAD INJECTIONS.....E HAD BLOOD TRANSFUSION.....F  OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
834A	CHECK 811:  HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		838
835	Since you heard of AIDS, have you changed your sexual behaviour to prevent getting AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	837

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
836	What did you do?  Anything else?  CIRCLE ALL MENTIONED	ONE PARTNER.....A STOPPED HAVING MANY SEX PARTNERS.....B STOPPED SEX WITH PROSTITUTES.....C STARTED USING CONDOMS.....D USED CONDOMS MORE OFTEN.....E ABSTINENCE (STOPPED HAVING SEX WITH ANYONE).....F  OTHER _____ X (SPECIFY)	838
837	Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	
838	Have you ever been tested to see if you have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	841A
839	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	
840	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	842
841	Where could you go?	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL.....A DISTRICT HOSPITAL.....B HEALTH CENTRE.....C DISPENSARY/PARASTATAL FACILITY...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....F PRIV.DOCTOR/CLINIC/HOSPITAL.....G PHARMACY/MEDICAL STORE.....H CBD WORKER.....I OTHER PRIVATE SECTOR SHOP.....J CHURCH.....K FRIENDS/RELATIVES/NEIGHBOURS....L  OTHER _____ X (SPECIFY) DOES NOT KNOW.....2	841A
841A	Where did you go?		
842	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE MEDICAL TREATMENT.....1 HELP RELATIVES PROVIDE CARE.....2 ISOLATE/QUARANTINE/JAIL PEOPLE...3 NOT BE INVOLVED.....4  OTHER _____ 6 (SPECIFY)	
843	If a member of your family is suffering from AIDS would you be willing to care for him or her at home?	YES.....1 NO.....2 DEPENDS.....3  OTHER _____ 6 (SPECIFY) NOT SURE/DO NOT KNOW.....8	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	<p>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.</p> <p>How many children did your mother give birth to, including you?</p>	<p>NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/></p>	
902	<p>CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/></p>	<p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>	1001
903	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS..... <input type="text"/> <input type="text"/></p>	

	[1]	[2]	[3]	[4]	[5]	[6]
904 What was the name given to your oldest (next oldest) brother or sister?						
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"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]
908 In what year did (NAME) die?	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98
909 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"/>
910 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2
912 Did (NAME) die during childbirth?	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2
913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915
914 Was her death due to complications of 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
915 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]

IF NO MORE BROTHERS OR SISTERS, GO TO 1001



	[7]	[8]	[9]	[10]	[11]	[12]
904 What was the name given to your oldest (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----
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 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98
909 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"/>
910 How old was (NAME) when she/he 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]
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2
912 Did (NAME) die during childbirth?	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2
913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915
914 Was her death due to complications of 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
915 How many children did (NAME) give birth to during her lifetime?	<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]

IF NO MORE BROTHERS OR SISTERS, GO TO 1001

SECTION: 10 FEMALE CIRCUMCISION MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Are women circumcised in this area?	YES.....1 NO.....2 DOES NOT KNOW.....8	
1002	Have you ever been circumcised?	YES.....1 NO.....2	→1006
1003	What type of circumcision did you have? Did you have clitoridectomy, excision, or infibulation?	CLITORIDECTOMY.....1 EXCISION.....2 INFIBULATION.....3 OTHER _____ 6 (SPECIFY)	
1004	How old were you when you were circumcised?	AGE IN COMPLETED YEARS.... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
1005	Who performed the circumcision?	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL MIDWIFE.....3 CIRCUMCISION PRACTITIONER.....4 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8	
1006	CHECK 214 AND 216:  HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		→1011
1007	Has (NAME OF ELDEST DAUGHTER) been circumcised?	YES.....1 NO.....2	→1011
1008	How old was she when she was circumcised?	AGE IN COMPLETED YEARS.... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
1009	Who performed the circumcision?	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL MIDWIFE.....3 CIRCUMCISION PRACTITIONER.....4 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8	
1010	Did anyone object to your eldest daughter being circumcised?  Anyone else? RECORD ALL PERSONS MENTIONED.	RESPONDENT.....A RESPONDENT'S HUSBAND.....B RESPONDENT'S MOTHER.....C RESPONDENT'S MOTHER-IN-LAW.....D OTHER RELATIVE OF RESPONDENT.....E OTHER RELATIVE OF HUSBAND.....F OTHER _____ X (SPECIFY)	
1011	RECORD THE TIME.	MORNING/AM....1 HOUR.... <input type="text"/> <input type="text"/> AFTERNOON/PM...2 MINUTES... <input type="text"/> <input type="text"/>	

SECTION 11. HEIGHT AND WEIGHT

1101	CHECK 215:	<input type="checkbox"/> ONE OR MORE BIRTHS SINCE JAN. 1991	<input type="checkbox"/> NO BIRTHS SINCE JAN. 1991	<input type="checkbox"/> END
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INTERVIEWER: IN 1102 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1991 AND STILL ALIVE. IN 1103 AND 1104 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1991. IN 1106 AND 1108 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1991 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1991, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO-YOUNGEST LIVING CHILD	4 SECOND-TO-YOUNGEST LIVING CHILD
1102 LINE NO. FROM Q212		□□	□□	□□
1103 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
1104 DATE OF BIRTH  FROM Q.105 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□
1105 BCG SCAR ON TOP OF RIGHT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
1106 HEIGHT (in centimeters)	□□□□.□	□□□□.□	□□□□.□	□□□□.□
1107 WAS HEIGHT/LENGTH OF CHILD MEASURED WHILE CHILD WAS LYING DOWN OR STANDING UPRIGHT?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
1108 WEIGHT (in kilograms)	□□□□.□	0□□□.□	0□□□.□	0□□□.□
1109 DATE WEIGHED AND MEASURED	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□	DAY..... □□ MONTH.... □□ YEAR.... □□
1110 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6  (SPECIFY)	CHILD MEASURED.1 CHILD SICK....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY)	CHILD MEASURED.1 CHILD SICK....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY)	CHILD MEASURED.1 CHILD SICK....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6  (SPECIFY)

1111 NAME OF MEASURER: _____	□□	NAME OF ASSISTANT: _____	□□
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INTERVIEWER'S OBSERVATIONS  
To be filled in after completing interview

Comments about Respondent:

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Comments on  
Specific Questions:

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Any Other Comments:

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SUPERVISOR'S OBSERVATIONS

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Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

EDITOR'S OBSERVATIONS

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Name of Editor: \_\_\_\_\_ Date: \_\_\_\_\_