

IDENTIFICATION															
REGION _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														
DISTRICT _____															
WARD															
E.A. NUMBER															
TRCHS CLUSTER NUMBER															
HOUSEHOLD NUMBER															
DAR ES SALAAM=1, SMALL CITY* =2, TOWN=3, RURAL/VILLAGE=4															
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>														
NAME AND LINE NUMBER OF WOMAN _____															

* Small cities are: Mwanza, Arusha, Morogoro, Dodoma, Moshi, Tanga, Iringa, Mbeya, and Tabora. All other urban areas are towns.

INTERVIEWER VISITS							
	1	2	3	FINAL VISIT			
DATE	_____	_____	_____	DAY MONTH YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
INTERVIEWER'S NAME	_____	_____	_____	INTER. ID NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
RESULT*	_____	_____	_____	RESULT			
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td></tr></table>			
TIME	_____	_____					
<p>*RESULT CODES:</p> <p>1 COMPLETED</p> <p>2 NOT AT HOME</p> <p>3 POSTPONED</p> <p>4 REFUSED</p> <p>5 PARTLY COMPLETED</p> <p>6 INCAPACITATED</p> <p>7 OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p>							

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION

Hello. My name is _____ and I am working with the National Bureau of Statistics. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The survey usually takes between 20 and 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. However, we hope that you will participate in this survey since your views are important.

At this time, do you want to ask me anything about the survey?
May I begin the interview now?

Signature of interviewer: _____ Date: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> MORNING 1 AFTERNOON 2 EVENING, NIGHT 3	
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, 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)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input type="text"/> <input type="text"/> ALWAYS 95 VISITOR 96	→105
104	Just before you moved here, did you live in Dar es Salaam, 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"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES 1 NO 2	→111
108	What is the highest formal school you completed?	LESS THAN ONE 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	
110	CHECK 108: STANDARD 8 OR LESS <input type="checkbox"/> FORM 1 OR HIGHER <input type="checkbox"/>		→114
111	Now I would like you to read out loud as much of this sentence as you can. SHOW CARD TO RESPONDENT.	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD, REFUSED, OTHER 4	→115

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
117	What is your religion?	MOSLEM 1 CATHOLIC 2 PROTESTANT 3 NONE 4 OTHER 6	

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 <table border="1" data-bbox="1247 390 1317 432"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1247 432 1317 474"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→206								
205	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 <table border="1" data-bbox="1247 611 1317 653"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1247 653 1317 695"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried 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 <table border="1" data-bbox="1247 873 1317 915"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1247 915 1317 957"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL <table border="1" data-bbox="1247 1020 1317 1062"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
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 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	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?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	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.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	
02	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
03	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
04	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
05	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
06	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
07	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
08	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	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?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	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.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
09	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
10	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
11	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2
12	SING . 1 MULT 2	BOY 1 GIRL 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . 1 NO .. 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES .. 1 NO ... 2	LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS .. 3 <input type="text"/> <input type="text"/>	YES ... 1 NO 2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES 1 NO 2
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223	<p>COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:</p> <p>NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)</p> <p>CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.</p> <p>FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.</p> <p>FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.</p> <p>FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1994 OR LATER. IF NONE, RECORD '0'.	<input type="text"/>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230
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 <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 LATER 2 NOT AT ALL 3	
229	Did you sleep under a bednet last night? IF YES: Was the bednet ever treated with a chemical to avoid mosquitos?	YES, TREATED BEDNET 1 YES, UNTREATED BEDNET 2 NO 3	
230	Altogether how many pregnancies have you ever had? INCLUDE ALL BIRTHS, MISCARRIAGES, ABORTIONS, AND CURRENT PREGNANCY. MULTIPLE BIRTHS = 1 PREGNANCY.	TOTAL PREGNANCIES <input type="text"/>	
231	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <input type="text"/> WEEKS AGO 2 <input type="text"/> MONTHS AGO 3 <input type="text"/> YEARS AGO 4 <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY .. 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996	

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 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNISED, AND CODE 2 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?	302	
01	FEMALE STERILISATION, TUBAL LIGATION, TL. Women can have an operation to avoid having any more children. YES 1 NO 2 ▾	Have you ever had an operation to avoid having any more children? YES 1 NO 2	
02	MALE STERILISATION, VASECTOMY. Men can have an operation to avoid having any more children. YES 1 NO 2 ▾	Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2	
03	PILL Women can take a pill every day YES 1 NO 2 ▾	YES 1 NO 2	
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse. YES 1 NO 2 ▾	YES 1 NO 2	
05	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months. YES 1 NO 2 ▾	YES 1 NO 2	
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years. YES 1 NO 2 ▾	YES 1 NO 2	
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse. YES 1 NO 2 ▾	YES 1 NO 2	
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. YES 1 NO 2 ▾	YES 1 NO 2	
09	DIAPHRAGM, FOAM OR JELLY Women can place a sponge, suppository, diaphragm, jelly, or foam in their vagina before intercourse. YES 1 NO 2 ▾	YES 1 NO 2	
10	LACTATIONAL AMENORRHOEA METHOD (LAM) Up to 6 months after childbirth, a woman can use a method that requires that she breastfeeds frequently, day and night, and that her menstrual period has not returned YES 1 NO 2 ▾	YES 1 NO 2	
11	RHYTHM OR CALENDAR METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. YES 1 NO 2 ▾	YES 1 NO 2	
12	WITHDRAWAL Men can be careful and pull out before climax. YES 1 NO 2 ▾	YES 1 NO 2	
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy? _____ (SPECIFY) _____ (SPECIFY) NO 2 ▾	YES 1 NO 2 YES 1 NO 2	
303	CHECK 302: NOT A SINGLE "YES" <input type="checkbox"/> AT LEAST ONE "YES" <input type="checkbox"/> (NEVER USED) (EVER USED)		→ 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	→328
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
308	CHECK 302 (01): 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"/>		→328
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→328
311	Which method are you using?	FEMALE STERILISATION A MALE STERILISATION B PILL C IUD D INJECTIONS E IMPLANTS F CONDOM G FEMALE CONDOM H DIAPHRAGM/FOAM/JELLY I LACT. AMEN. METHOD J PERIODIC ABSTINENCE K WITHDRAWAL L OTHER _____ X (SPECIFY)	→319
311A	CIRCLE 'A' FOR FEMALE STERILISATION. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.		
313	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/PUBLIC SECTOR REGIONAL/CONSULTANT HOSP 11 DISTRICT HOSPITAL 12 GOVT. HEALTH CENTRE 13 DISPENSARY/PARASTATAL FACILITY 14 VILLAGE HEALTH POST 15 PRIVATE MEDICAL SECTOR RELIGIOUS ORGANISATION FACILITY/MISSION HOSP 21 PRIVATE DOCTOR/CLINIC/HOSP 22 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
316	In what month and year was the sterilisation performed?	MONTH YEAR 	→330

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	<p>Where did you obtain (CURRENT METHOD) when you started using it?</p>	<p>GOVERNMENT/PUBLIC SECTOR REGIONAL/CONSULTANT HOSP 11 DISTRICT HOSPITAL 12 GOVT. HEALTH CENTRE 13 DISPENSARY/PARASTATAL FACILITY 14 VILLAGE HEALTH POST/WORKER 15</p>	
319A	<p>Where did you learn to use the lactational amenorrhoea method?</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>PRIVATE MEDICAL SECTOR RELIGIOUS ORGANISATION FACILITY/MISSION HOSP 21 PRIVATE DOCTOR/CLINIC/HOSP 22 PHARMACY/MEDICAL STORE ... 23 CBD WORKER 24</p> <p>OTHER PRIVATE SECTOR SHOP/KIOSK 31 CHURCH 32 FRIEND/RELATIVE/NEIGHBOUR . 33 HEALTH EDUCATION/BAR GIRLS 34</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
319B	<p>For how many months have you been using (METHOD) continuously?</p> <p>IF LESS THAN 1 MONTH RECORD '00'.</p>	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>8 YEARS OR LONGER 96</p>	
327	<p>Where did you obtain (CURRENT 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/PUBLIC SECTOR REGIONAL/CONSULTANT HOSP 11 DISTRICT HOSPITAL 12 GOVT. HEALTH CENTRE 13 DISPENSARY/PARASTATAL FACILITY 14 VILLAGE HEALTH POST/WORKER 15</p> <p>PRIVATE MEDICAL SECTOR RELIGIOUS ORGANISATION FACILITY/MISSION HOSP 21 PRIVATE DOCTOR/CLINIC/HOSP 22 PHARMACY/MEDICAL STORE ... 23 CBD WORKER 24</p> <p>OTHER PRIVATE SECTOR SHOP/KIOSK 31 CHURCH 32 FRIEND/RELATIVE/NEIGHBOUR . 33 HEALTH EDUCATION/BAR GIRLS 34</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→330</p>
328	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1 NO 2</p>	<p>→330</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
329	<p>Where is that?</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/PUBLIC SECTOR</p> <p>REGIONAL/CONSULTANT HOSP 11</p> <p>DISTRICT HOSPITAL 12</p> <p>GOVT. HEALTH CENTRE 13</p> <p>DISPENSARY/PARASTATAL FACILITY 14</p> <p>VILLAGE HEALTH POST/WORKER 15</p> <p>PRIVATE MEDICAL SECTOR</p> <p>RELIGIOUS ORGANISATION FACILITY/MISSION HOSP 21</p> <p>PRIVATE DOCTOR/CLINIC/HOSP 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>FRIEND/RELATIVE/NEIGHBOUR . 33</p> <p>HEALTH EDUCATION/BAR GIRLS 34</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
330	<p>In the last 12 months, were you visited by a field worker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
331	<p>In the last 12 months, have you attended a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	→333
332	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	
333	<p>Have you seen or heard of the Green Star symbol?</p>	<p>YES 1</p> <p>NO 2</p> <p>DOES NOT KNOW 8</p>	→401 →401
334	<p>What does the Green Star symbol mean to you?</p>	<p>FAMILY PLANNING 1</p> <p>SOMETHING ELSE 2</p> <p>DOES NOT KNOW 8</p>	
335	<p>How did you learn about the Green Star?</p>	<p>BILLBOARDS A</p> <p>POSTERS B</p> <p>LEAFLETS C</p> <p>RADIO D</p> <p>CLINIC SIGN E</p> <p>SERVICE PROVIDER F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224: ONE OR MORE BIRTHS IN 1994 OR LATER <input type="checkbox"/>	NO BIRTHS IN 1994 OR LATER <input type="checkbox"/> →485	
402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1994 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)		
403	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
404	FROM 212 AND 216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all?	THEN 1 (SKIP TO 407)← LATER 2 NOT AT ALL 3 (SKIP TO 407)←	THEN 1 (SKIP TO 422)← LATER 2 NOT AT ALL 3 (SKIP TO 422)←
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
407	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 _____ X (SPECIFY) NO ONE Y (SKIP TO 415)←	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	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	
410	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE <input type="checkbox"/> MORE THAN ONCE OR DK <input type="checkbox"/> (SKIP TO 413)	
411	How many months pregnant were you the last time you received antenatal care?	MONTHS <input type="text"/> DON'T KNOW 98	
413	Were you told about the signs of pregnancy complications?	YES 1 NO 2 (SKIP TO 414A)← DON'T KNOW 8	

414	Were you told where to go if you had these complications?	YES 1 NO 2 DON'T KNOW 8	
414A	Do you have a card or other document with your immunisations listed? IF YES: May I see it please?	YES, SEEN 1 YES, NOT SEEN 2 NO 3 DON'T KNOW 8	
415	During this pregnancy, 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 416) ← 2 DON'T KNOW 8	
415A	During this pregnancy, how many times did you get this injection? IF CARD SEEN, COPY FROM CARD.	TIMES <input type="text"/> DON'T KNOW 8	
416	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLET/SYRUP.	YES 1 NO 2 DON'T KNOW 8	
420	During this pregnancy, were you given or did you buy any drugs to prevent you from getting malaria?	YES 1 NO 2 (SKIP TO 422) ← 2 DON'T KNOW 8	
421	Which drug was that? RECORD ALL MENTIONED.	FANSIDAR A CHLOROQUINE B OTHER X (SPECIFY) DOES NOT KNOW Z	
422	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
423	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 425) ← 2 DON'T KNOW 8	YES 1 NO 2 (SKIP TO 425) ← 2 DON'T KNOW 8
424	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998	GRAMS FROM CARD 1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998
425	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 RELATIVE/FRIEND 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 RELATIVE/FRIEND H OTHER X (SPECIFY) NO ONE Y

426	Where did you give birth to (NAME)?	AT HOME 11 (SKIP TO 428)← GOV'T OR PARASTATAL GOVT./PARA. HOSPITAL ... 21 GOVT./PAR.HEALTH CENTRE 22 GOVT./PARA. DISPENSARY . 23 OTHER GOV'T 26 (SPECIFY) PRIVATE/RELIGIOUS SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 428)←	AT HOME 11 (SKIP TO 428)← GOV'T. OR PARASTATAL GOVT./PARA. HOSPITAL ... 21 GOVT./PAR.HEALTH CENTRE 22 GOVT./PARA. DISPENSARY . 23 OTHER GOV'T 26 (SPECIFY) PRIVATE/RELIGIOUS SECTOR PVT. HOSPITAL/CLINIC 31 OTHER PVT. MEDICAL 36 (SPECIFY) OTHER 96 (SPECIFY) (SKIP TO 428)←
427	Was (NAME) delivered by caesarian section?	YES 1 (SKIP TO 432)← NO 2	YES 1 (SKIP TO 434)← NO 2
428	After (NAME) was born, did a health professional check on your health?	YES 1 NO 2 (SKIP TO 432)←	YES 1 NO 2 (SKIP TO 434)←
429	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL ... 1 <input type="text"/> <input type="text"/> WEEKS AFTER DEL . 2 <input type="text"/> <input type="text"/> DON'T KNOW 998	
430	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST. . . 01 RURAL MEDICAL AIDE 02 NURSE/MIDWIFE 03 MCH AIDE 04 OTHER PERSON VILLAGE HEALTH WORKER . 05 TRAINED BIRTH ATTENDANT 06 TRADITIONAL BIRTH ATTENDANT 07 RELATIVE/FRIEND 08 OTHER 96 (SPECIFY) NO ONE 09	
432	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2	
433	Has your period returned since the birth of (NAME)?	YES 1 (SKIP TO 435)← NO 2 (SKIP TO 436)←	
434	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1 NO 2 (SKIP TO 438)←
435	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
436	CHECK 226: RESPONDENT PREGNANT?	NOT PREG- <input type="checkbox"/> PREGNANT <input type="checkbox"/> NANT ↓ OR UNSURE <input type="checkbox"/> (SKIP TO 438)←	
437	Have you resumed sexual relations since the birth of (NAME)?	YES 1 NO 2 (SKIP TO 439)←	
438	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98

439	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 444)←	YES 1 NO 2 (SKIP TO 444)←
441	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 443)←	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 443)←
442	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 445)← NO 2	YES 1 (SKIP TO 445)← NO 2
443	For how many months did you breastfeed (NAME)?	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98	MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98
444	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 447) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (SKIP TO 447) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 451)
445	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS . <input type="text"/> <input type="text"/>
446	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS .. <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS .. <input type="text"/> <input type="text"/>
447	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
448	Now I would like to ask you about the types of foods and liquids (NAME) was given yesterday. At any time yesterday or last night, was (NAME) given any of the following: Plain water? Tinned, powdered, or fresh milk or infant formula? Tea, fruit juice, soda, sugar water? Oral rehydration solution? Any other liquids? Vitamin, mineral supplements or medicine? Any solid or semi-solid (mushy) food?	YES NO DK PLAIN WATER 1 2 8 MILK, FORMULA 1 2 8 TEA, JUICE, SODA 1 2 8 ORS 1 2 8 OTHER LIQUIDS 1 2 8 VITAMINS, MEDICINE .. 1 2 8 SOLID OR MUSHY FOOD 1 2 8	YES NO DK PLAIN WATER 1 2 8 MILK, FORMULA 1 2 8 TEA, JUICE, SODA 1 2 8 ORS 1 2 8 OTHER LIQUIDS 1 2 8 VITAMINS, MEDICINE .. 1 2 8 SOLID OR MUSHY FOOD 1 2 8
450		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 451.

SECTION 4B. IMMUNISATION AND HEALTH

451	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1994 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).		
452	LINE NUMBER FROM 212	LAST BIRTH LINE NUMBER <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/>
453	FROM 212 AND 216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 453 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 453 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 481)
454	Has (NAME) ever received a Vitamin A dose like this? SHOW AMPULE/CAPSULE/SYRUP.	YES 1 NO 2 (SKIP TO 455)← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 455)← DON'T KNOW 8
454A	How many months ago did (NAME) take the last capsule?	MONTHS AGO <input type="text"/>	MONTHS AGO <input type="text"/>
454B	Where did (NAME) get this last dose of Vitamin A?	HEALTH CENTRE/CLINIC 1 NATIONAL IMMUNISATION DAY 2 OTHER 8	HEALTH CENTRE/CLINIC 1 NATIONAL IMMUNISATION DAY 2 OTHER 8
455	Do you have a card where (NAME'S) vaccinations are written down? ² IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 457)← YES, NOT SEEN 2 (SKIP TO 459)← NO CARD 3	YES, SEEN 1 (SKIP TO 457)← YES, NOT SEEN 2 (SKIP TO 459)← NO CARD 3
456	Did you ever have a vaccination card for (NAME)?	YES 1 (SKIP TO 459)← NO 2	YES 1 (SKIP TO 459)← NO 2
457	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	DAY MONTH YEAR BCG .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POLIO0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POLIO1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POLIO2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POLIO3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DPT1 . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DPT2 . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DPT3 . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SURUA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> VIT. A . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	DAY MONTH YEAR BCG .. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POLIO0 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POLIO1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POLIO2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> POLIO3 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DPT1 . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DPT2 . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DPT3 . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> SURUA <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> VIT. A . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
458	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunisation day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) (SKIP TO 461) ← NO 2 (SKIP TO 461) ← DON'T KNOW 8	YES 1 (PROBE FOR VACCINATIONS ← AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 457) (SKIP TO 461) ← NO 2 (SKIP TO 461) ← DON'T KNOW 8
459	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunisation day campaign?	YES 1 NO 2 (SKIP TO 462A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 462A) ← DON'T KNOW 8
460	Please tell me if (NAME) received any of the following vaccinations:		
460A	A BCG vaccination against tuberculosis, that is, an injection in the right shoulder that usually causes a scar?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
460B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 460E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 460E) ← DON'T KNOW 8
460C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH 1 LATER 2	JUST AFTER BIRTH 1 LATER 2
460D	How many times was the polio vaccine received?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
460E	DPT vaccination, that is, an injection given in the thigh or buttocks, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 460G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 460G) ← DON'T KNOW 8
460F	How many times?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
460G	An injection to prevent measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
461	Were any of the vaccinations (NAME) received during the last 2 years given as a part of a national immunisation day campaign or a community health day?	YES 1 NO 2 (SKIP TO 462A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 462A) ← DON'T KNOW 8
462	At which national immunisation day campaigns or community health day did (NAME) receive vaccinations? RECORD ALL MENTIONED.	AUG/SEPT 1999 (THIS YEAR) .. A AUG/SEPT 1998 B AUG/SEPT 1997 C COMMUNITY HEALTH DAY D SOME OTHER TIME E	AUG/SEPT 1999 (THIS YEAR) .. A AUG/SEPT 1998 B AUG/SEPT 1997 C COMMUNITY HEALTH DAY D SOME OTHER TIME E
462A	Has (NAME)'s birth ever been registered?	YES 1 NO 2 (SKIP TO 462C) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 462C) ← DON'T KNOW 8
462B	Where was (NAME)'s birth registered?	GOVERNMENT REGISTRATION 1 HOSPITAL 2 VILLAGE REGISTRATION 3 DON'T KNOW 8	GOVERNMENT REGISTRATION 1 HOSPITAL 2 VILLAGE REGISTRATION 3 DON'T KNOW 8

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
462C	Does (NAME) have a birth certificate? IF YES: May I see it please? CHECK IF OFFICIAL BIRTH CERTIFICATE, NOT BAPTISM CERTIFICATE OR HOSPITAL CERTIFICATE	YES, SEEN 1 (SKIP TO 463)←		YES, SEEN 1 (SKIP TO 463)←	
		YES, NOT SEEN 2 (SKIP TO 463)←		YES, NOT SEEN 2 (SKIP TO 463)←	
		NO 3		NO 3	
		DON'T KNOW 8 (SKIP TO 463)←		DON'T KNOW 8 (SKIP TO 463)←	
462D	Why is (NAME)'s birth not registered?	COSTS TOO MUCH 1		COSTS TOO MUCH 1	
		MUST TRAVEL TOO FAR 2		MUST TRAVEL TOO FAR 2	
		DIDN'TKNOW IT SHOULD BE ... 3		DIDN'TKNOW IT SHOULD BE ... 3	
		LATE, DID NOT WANT TO PAY		LATE, DID NOT WANT TO PAY	
		FINE 4		FINE 4	
		DOESN'T KNOW WHERE TO GO 5		DOESN'T KNOW WHERE TO GO 5	
		OTHER..... 6		OTHER..... 6	
462E	Do you know where to go to register births?	YES 1		YES 1	
		NO 2		NO 2	
463	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES 1		YES 1	
		NO 2		NO 2	
		DON'T KNOW 8		DON'T KNOW 8	
464	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1		YES 1	
		NO 2 (SKIP TO 466)←		NO 2 (SKIP TO 466)←	
		DON'T KNOW 8		DON'T KNOW 8	
465	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, fast breaths?	YES 1		YES 1	
		NO 2		NO 2	
		DON'T KNOW 8		DON'T KNOW 8	
466	CHECK 463 AND 464: FEVER OR COUGH?	"YES" IN 463 OR 464 <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> ↓ (SKIP TO 472)	"YES" IN 463 OR 464 <input type="checkbox"/> ↓	OTHER <input type="checkbox"/> ↓ (SKIP TO 472)
467	Did you seek advice or treatment for the fever/cough from a doctor, nurse or at a medical facility?	YES 1		YES 1	
		NO 2		NO 2	
		DOES NOT KNOW 8		DOES NOT KNOW 8	
469	CHECK 463: HAD FEVER?	"YES" IN 463 <input type="checkbox"/> ↓	"NO"/"DK" IN 463 <input type="checkbox"/> ↓ (SKIP TO 472)	"YES" IN 463 <input type="checkbox"/> ↓	"NO"/"DK" IN 463 <input type="checkbox"/> ↓ (SKIP TO 472)
470	Did (NAME) take any drugs for the fever?	YES 1		YES 1	
		NO 2 (SKIP TO 472)←		NO 2 (SKIP TO 472)←	
		DOES NOT KNOW 8		DOES NOT KNOW 8	
471	What drugs did (NAME) take? RECORD ALL MENTIONED. IF RESPONDENT DOES NOT KNOW TYPE OF DRUG, ASK TO SEE THE DRUG(S).	FANSIDAR A		FANSIDAR A	
		CHLOROQUINE B		CHLOROQUINE B	
		ASPIRIN C		ASPIRIN C	
		IBUPROFEN/ACETAMINOPHEN D		IBUPROFEN/ACETAMINOPHEN D	
		OTHER X (SPECIFY)		OTHER X (SPECIFY)	
		DON'T KNOW Z		DON'T KNOW Z	
472	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1		YES 1	
		NO 2 (SKIP TO 480)←		NO 2 (SKIP TO 480)←	
		DON'T KNOW 8		DON'T KNOW 8	
473	When (NAME) had diarrhoea, was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS 1		MUCH LESS 1	
		SOMEWHAT LESS 2		SOMEWHAT LESS 2	
		ABOUT THE SAME 3		ABOUT THE SAME 3	
		MORE 4		MORE 4	
		NOTHING TO DRINK 5		NOTHING TO DRINK 5	
		DON'T KNOW 8		DON'T KNOW 8	

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
474	Was he/she offered less than usual to eat, about the same amount, or more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS 2 ABOUT THE SAME 3 MORE 4 STOPPED FOOD 5 NEVER GAVE FOOD 6 DON'T KNOW 8
475	Was he/she given any of the following: Breast milk? Uji or soup? Rice water , coconut milk or fruit juice? A fluid made from a special packet called ORS or maji ya dawa kwa mtoto anayeharisha? Fresh or tinned milk or infant formula? Water? Coke, tea, soda? Nothing to drink?	YES NO DK BREAST MILK 1 2 8 UJI/SOUP 1 2 8 RICE WATER, COCONUT1...2...8 ORS PACKET 1 2 8 MILK, FORMULA 1 2 8 WATER 1 2 8 COKE, TEA, SODA 1 2 8 NOTHING TO DRINK ... 1 2 8	YES NO DK BREAST MILK 1 2 8 UJI/SOUP 1 2 8 RICE WATER, COCONUT1...2...8 ORS PACKET 1 2 8 MILK, FORMULA 1 2 8 WATER 1 2 8 COKE, TEA, SODA 1 2 8 NOTHING TO DRINK ... 1 2 8
476	Did you seek advice or treatment for the diarrhoea from a doctor, nurse or at a medical facility?	YES 1 NO 2 DOES NOT KNOW 8	YES 1 NO 2 DOES NOT KNOW 8
480		GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.	GO BACK TO 453 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 481.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
481	Aside from the tetanus injections during your last pregnancy, did you receive any tetanus injection at any time <u>before</u> your last pregnancy, either during a previous pregnancy or between pregnancies?	YES 1 NO 2 DOES NOT KNOW 8	→484 →484
482	How many doses did you receive <u>before</u> your last pregnancy?	NUMBER OF DOSES <input type="text"/>	
483	When did you receive the last dose?	YEARS AGO <input type="text"/> <input type="text"/> DOES NOT KNOW 98	
484	When a child is ill, what signs of illness tell you that you should take the child to a health facility immediately?	CHILD DRINKING POORLY A CHILD BECOMES SICKER B CHILD DEVELOPS A FEVER C CHILD HAS FAST BREATHING D CHILD HAS DIFFICULT BREATHING E CHILD HAS BLOODY STOOLS F OTHER X OTHER Y DOES NOT KNOW Z	
485	When a woman is pregnant, what signs indicate that she may have a serious problem or complication and she should get medical treatment immediately?	SHE HAS A FEVER A SWOLLEN HANDS OR FEET B SHE IS BLEEDING TOO MUCH C OTHER X OTHER Y DOES NOT KNOW Z	
486	How long should a mother breastfeed her baby without giving the baby any other food or liquid other than breast milk?	MONTHS <input type="text"/> <input type="text"/> OTHER 96 DOES NOT KNOW 98	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→507 →514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→507
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
507	Have you been married or lived with a man only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
508	CHECK 507: MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> ↓ In what month and year did you start living with your husband/partner? MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> ↓ Now we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→514
509	How old were you when you started living with him?	AGE <input type="text"/> <input type="text"/>	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 96	→524
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.	DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/>	→524
516	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	
517	What is your relationship to the man with whom you last had sex? IF "GIRLFRIEND" OR "FIANCEE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	HUSBAND/COHABITING PARTNER . 1 BOYFRIEND/FIANCE 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 COMMERCIAL SEX WORKER 5 RELATIVE 6 OTHER _____ 7 (SPECIFY)	→519

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
518	For how long have you had a sexual relationship with this man?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><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> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><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> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><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>																																	
519	Have you had sex with anyone else in the last 12 months?	YES 1 NO 2	→524																																
520	The last time you had sexual intercourse with another man, was a condom used?	YES 1 NO 2																																	
521	What is your relationship to this other man? IF "GIRLFRIEND" OR "FIANCEE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	HUSBAND/COHABITING PARTNER . 1 BOYFRIEND/FIANCE 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 COMMERCIAL SEX WORKER 5 RELATIVE 6 OTHER _____ 7 (SPECIFY)	→523																																
522	For how long have you had a sexual relationship with this man?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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> WEEKS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><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> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><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> YEARS 4 <table border="1" style="display: inline-table; vertical-align: middle;"><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>																																	
523	In total, how many men have you had sex with in the last 12 months?	NUMBER OF PARTNERS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																																	
524	Do you know of a place where one can get condoms?	YES 1 NO 2	→526																																
525	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	GOVERNMENT/PUBLIC SECTOR REGIONAL/CONSULTANT HOSP 11 DISTRICT HOSPITAL 12 GOVT. HEALTH CENTRE 13 DISPENSARY/PARASTATAL FACILITY 14 VILLAGE HEALTH POST/WORKER 15 PRIVATE MEDICAL SECTOR RELIGIOUS ORGANISATION FACILITY/MISSION HOSP 21 PRIVATE DOCTOR/CLINIC/HOSP 22 PHARMACY/MEDICAL STORE ... 23 CBD WORKER 24 OTHER PRIVATE SECTOR SHOP/KIOSK 31 CHURCH 32 FRIEND/RELATIVE/NEIGHBOUR . 33 HEALTH EDUCATION/BAR GIRLS 34 OTHER _____ 96 (SPECIFY) DON'T KNOW 98																																	
526	Is it acceptable for a woman to ask a man to use a condom?	YES 1 NO 2 DOES NOT KNOW 8																																	
527	What if a woman's husband has a sexually transmitted disease. Would it be acceptable for her to ask him to use a condom or to refuse to have sex with him?	YES 1 NO 2 DOES NOT KNOW 8																																	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 311/311A:</p> <p align="center"> NEITHER STERILISED <input type="checkbox"/> HE OR SHE STERILISED <input type="checkbox"/> </p>		→613
602	<p>CHECK 226:</p> <p align="center"> 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 now, 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/DON'T KNOW 8</p>	→604 →609 →608
603	<p>CHECK 226:</p> <p align="center"> 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>After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>SOON/NOW 993</p> <p>SAYS SHE CAN'T GET PREGNANT 994</p> <p>AFTER MARRIAGE 995</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	→609
604	<p>CHECK 226:</p> <p align="center"> NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> </p>		→610
605	<p>CHECK 310: USING A METHOD?</p> <p align="center"> NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> </p>		→608
606	<p>CHECK 603:</p> <p align="center"> NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/> </p>		→610
607	<p>CHECK 602:</p> <p align="center"> WANTS A/ANOTHER CHILD <input type="checkbox"/> WANTS NO (MORE) CHILDREN <input type="checkbox"/> </p> <p>You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?</p> <p>RECORD ALL MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY.. D</p> <p>SUBFECUND/INFECUND E</p> <p>POSTPARTUM AMENORRHEIC... F</p> <p>BREASTFEEDING G</p> <p>FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED ... J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS O</p> <p>FEAR OF SIDE EFFECTS P</p> <p>LACK OF ACCESS/TOO FAR Q</p> <p>COST TOO MUCH R</p> <p>INCONVENIENT TO USE S</p> <p>INTERFERES WITH BODY'S NATURAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you? IF WOMAN IS PREGNANT, DO NOT ASK, BUT WRITE 'PREGNANT'	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 SAYS SHE CAN'T GET PREGNANT . 4	
609	CHECK 310: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→613
610	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES 1 NO 2 DOES NOT KNOW 8	→613
612	What is the main reason that you think you will not use a method in the next 12 months?	NOT MARRIED A FERTILITY-RELATED REASONS NOT HAVING SEX B INFREQUENT SEX C MENOPAUSAL/HYSTERECTOMY . D SUBFECUND/INFECUND E POSTPARTUM/AMENORRHOIC . F BREASTFEEDING G WANTS AS MANY CHILDREN AS POSSIBLE H OPPOSITION TO USE RESPONDENT OPPOSED I HUSBAND/PARTNER OPPOSED . . J OTHERS OPPOSED K RELIGIOUS PROHIBITION L LACK OF KNOWLEDGE KNOWS NO METHOD M KNOWS NO SOURCE N METHOD-RELATED REASONS HEALTH CONCERNS O FEAR OF SIDE EFFECTS P LACK OF ACCESS/TOO FAR Q COST TOO MUCH R INCONVENIENT TO USE S INTERFERES WITH BODY'S NORMAL PROCESSES T OTHER _____ X (SPECIFY) DON'T KNOW Z	
613	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
617	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 a leaflet or pamphlet? From billboards? At community events? From live drama? From a doctor or a nurse?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">YES</td> <td style="text-align:right;">NO</td> <td></td> </tr> <tr> <td>RADIO</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> <tr> <td>TELEVISION</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE .</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> <tr> <td>POSTER</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> <tr> <td>LEAFLET/PAMPHLET</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> <tr> <td>BILLBOARDS</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> <tr> <td>COMMUNITY EVENT</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> <tr> <td>LIVE DRAMA</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> <tr> <td>DOCTOR OR NURSE</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td></td> </tr> </table>		YES	NO		RADIO	1	2		TELEVISION	1	2		NEWSPAPER OR MAGAZINE .	1	2		POSTER	1	2		LEAFLET/PAMPHLET	1	2		BILLBOARDS	1	2		COMMUNITY EVENT	1	2		LIVE DRAMA	1	2		DOCTOR OR NURSE	1	2		
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618	In the last six months, what drama series have you listened to on the radio? CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR THOSE NOT MENTIONED, ASK: In the last 6 months, have you listened to: Zinduka, a radio show featuring a character named Dr.Kurwa? Twende na Wakati, a show featuring a character named Mkwaju? Geuza Mwendu? Ukimwi Kifo? Sema Naye? Vijana wetu?	<table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:right;">YES, SPON TAN- EOUS</td> <td style="text-align:right;">YES, PRO- BED</td> <td style="text-align:right;">NO</td> </tr> <tr> <td>ZINDUKA</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">3</td> </tr> <tr> <td>TWENDE NA WAKATI .</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">3</td> </tr> <tr> <td>GEUZA MWENDO</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">3</td> </tr> <tr> <td>UKIMWI KIFO</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">3</td> </tr> <tr> <td>SEMA NAYE</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">3</td> </tr> <tr> <td>VIJANA WETU</td> <td style="text-align:right;">1</td> <td style="text-align:right;">2</td> <td style="text-align:right;">3</td> </tr> </table>		YES, SPON TAN- EOUS	YES, PRO- BED	NO	ZINDUKA	1	2	3	TWENDE NA WAKATI .	1	2	3	GEUZA MWENDO	1	2	3	UKIMWI KIFO	1	2	3	SEMA NAYE	1	2	3	VIJANA WETU	1	2	3													
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618A	CHECK 618: LISTENED TO ZINDUKA <input type="checkbox"/> DID NOT LISTEN TO ZINDUKA <input type="checkbox"/>		→618E																																								
618B	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																																									
618C	As a result of listening to Zinduka, did you do anything or take any action related to family planning?	YES 1 NO 2 DOES NOT KNOW 8	→618E →618E																																								
618D	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 WENT TO CLINIC FOR FAM.PLAN. ... D BEGAN USING MODERN METHOD . E BEGAN USING CONDOMS F OTHER _____ X (SPECIFY)																																									
618E	CHECK 618: LISTENED TO TWENDE <input type="checkbox"/> DID NOT LISTEN TO TWENDE <input type="checkbox"/>		→618I																																								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618F	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	
618G	As a result of listening to Twende na Wakati, did you do anything or take any action related to family planning or health?	YES 1 NO 2 DOES NOT KNOW 8	→618I →618I
618H	What did you do as a result of listening to Twende na Wakati? RECORD ALL MENTIONED.	TALKED TO PARTNER A TALKED TO HEALTH WORKER B TALKED TO SOMEONE ELSE C WENT TO CLINIC FOR FAM.PLAN. . . D BEGAN USING MODERN METHOD . . E BEGAN USING CONDOMS F OTHER _____ X (SPECIFY)	
618I	CHECK 618: LISTENED TO VIJANA WETU <input type="checkbox"/> DID NOT LISTEN TO VIJANA WETU <input type="checkbox"/>		→619
618J	How often do you listen to Vijana Wetu?	TWICE A WEEK 1 ONCE A WEEK 2 ONCE OR TWICE A MONTH 3 RARELY 4 DOES NOT KNOW 8	
618K	As a result of listening to Vijana Wetu, did you do anything or take any action related to family planning or health?	YES 1 NO 2 DOES NOT KNOW 8	→619 →619
618L	What did you do as a result of listening to Vijana Wetu? RECORD ALL MENTIONED.	TALKED TO PARTNER A TALKED TO HEALTH WORKER B TALKED TO PARENT, TEACHER . . . C WENT TO CLINIC, YOUTH CENTRE . D BEGAN USING MODERN METHOD . . E BEGAN USING CONDOMS F OTHER _____ X (SPECIFY)	
619	In the last 6 months, have you heard or seen a message about Salama condoms?	YES 1 NO 2 DOES NOT KNOW 8	→621 →621
620	Where did you hear or see the message about Salama condoms? DO NOT READ CODES. RECORD ALL MENTIONED.	RADIO A TELEVISION B NEWSPAPER OR MAGAZINE C POSTER D LEAFLET OR PAMPHLET E BILLBOARD F COMMUNITY EVENT G LIVE DRAMA H SALES REPRESENTATIVE I OTHER X	
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→701
622	Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
623	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Aside from your own housework, are you currently working?	YES 1 NO 2	→704
702	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	→704
703	Have you done any work in the last 12 months?	YES 1 NO 2	→801
704	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 50px; height: 20px; margin-left: auto; margin-right: auto;"></div> <hr style="width: 100%;"/> <hr style="width: 100%;"/> <hr style="width: 100%;"/>	
705	CHECK 704: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> WORKS IN AGRICULTURE <input type="checkbox"/> </div> <div style="text-align: center;"> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> </div> </div>		→707
706	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4	
707	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
708	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . 2 ONCE IN A WHILE 3	
709	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
801	Now I would like to talk about something else. Have you ever heard of the virus HIV or an illness called AIDS?	YES 1 NO 2	→821																
802	Is there anything a person can do to avoid getting infected with HIV, the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↵809																
803	What can a person do? Anything else? RECORD ALL MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEX PARTNERS D AVOID SEX WITH PROSTITUTES ... E AVOID SEX WITH PERSONS WHO HAVE MANY PARTNERS F AVOID SEX WITH HOMOSEXUALS . G AVOID SEX WITH PERSONS WHO INJECT DRUGS INTRAVENOUSLY H AVOID BLOOD TRANSFUSIONS I AVOID INJECTIONS J AVOID KISSING K AVOID MOSQUITO BITES L SEEK PROTECTION FROM TRADITIONAL HEALER M AVOID SHARING RAZORS/BLADES . N OTHER _____ W OTHER _____ X DON'T KNOW Z																	
804	Can people protect themselves from getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8																	
805	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8																	
806	Can people protect themselves from getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8																	
807	Can people protect themselves from getting the AIDS virus by not sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8																	
808	Can people protect themselves from getting the AIDS virus by abstaining completely from sex?	YES 1 NO 2 DON'T KNOW 8																	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8																	
811	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES 1 NO 2																	
812	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	↵814																
813	When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted: During pregnancy? During delivery? During breastfeeding?	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>PREGNANCY</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>BREASTFEEDING</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	PREGNANCY	1	2	8	DURING DELIVERY ...	1	2	8	BREASTFEEDING	1	2	8	
	YES	NO	DK																
PREGNANCY	1	2	8																
DURING DELIVERY ...	1	2	8																
BREASTFEEDING	1	2	8																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
814	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 6	→816 →816 →817 →817				
815	Why do you think that you have (NO CHANCE/SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED.	NO SEXUAL INTERCOURSE A PARTNER HAS NO OTHER WOMEN B SLEEPS ONLY WITH ONE PARTNER C USES CONDOMS D OTHER _____ X (SPECIFY)	→817				
816	Why do you think that you have a (MODERATE/GREAT) risk or getting AIDS? Any others reasons? RECORD ALL MENTIONED.	HAS MULTIPLE PARTNERS A PARTNER HAS OTHER WOMEN B DOES NOT USE CONDOMS C HAD INJECTION, BLOOD TRANSFUS D OTHER _____ X (SPECIFY)					
817	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2 DOES NOT KNOW/NOT SURE 8	→821				
818	Would you like to be tested for the AIDS virus?	YES 1 NO 2 DOES NOT KNOW/NOT SURE 8	→820 →820				
819	Why haven't you gotten tested for the AIDS virus?	DOES NOT KNOW WHERE TO GO A COSTS TOO MUCH B AFRAID TO GET RESULTS C DOES NOT HAVE TIME TO GO D OTHER _____ X (SPECIFY)					
820	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2					
821	Do you know any methods that can protect against pregnancy as well as protecting against sexual diseases?	PILL, ORAL CONTRACEPTIVE 1 CONDOM 2 OTHER _____ 6 (SPECIFY) DOES NOT KNOW ANY METHODS 8					
822	RECORD THE TIME.	HOUR <table border="1" data-bbox="1237 1367 1317 1409" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" data-bbox="1237 1419 1317 1461" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MORNING 1 AFTERNOON 2 EVENING, NIGHT 3					

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF THE SUPERVISOR: _____

. DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____

. DATE: _____