

UNITED REPUBLIC OF TANZANIA
 BUREAU OF STATISTICS, PLANNING COMMISSION
 TANZANIA DEMOGRAPHIC AND HEALTH SURVEY 2
 MAN'S QUESTIONNAIRE

IDENTIFICATION																															
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </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 MAN _____																															
NAME AND LINE NUMBER OF FIRST WIFE _____																															
NAME AND LINE NUMBER OF SECOND WIFE _____																															
NAME AND LINE NUMBER OF THIRD WIFE _____																															
NAME AND LINE NUMBER OF FOURTH WIFE _____																															

*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 _____
				MONTH _____
				YEAR 9 6
INTERVIEWER'S NAME	_____	_____	_____	ID NO. _____
RESULT*	_____	_____	_____	RESULT _____
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS _____

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

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





SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input type="checkbox"/>	NAME _____ <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DATE _____	DATE _____		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	MORNING/AM....1 HOURS..... <input type="text"/> <input type="text"/> AFTERNOON/PM..2 MINUTES... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in 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"/> <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"/> <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> <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"/> <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	→ 113
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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		113
112	Are you currently attending school?	YES.....1 NO.....2	
113	How often do you listen to the radio?	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	
114	Do you usually watch television at least once a week?	YES.....1 NO.....2	
115	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
116	CHECK 115: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		118
117	Do you work mainly on your own land or on family rent land, or borrow for share crop, government allocation, or shifting cultivation land?	OWN LAND.....1 FAMILY RENT.....2 BORROW SHARE CROP.....3 GOVERNMENT ALLOCATION.....4 SHIFTING CULTIVATION.....5	
118	What is your religion?	MOSLEM.....1 CATHOLIC.....2 PROTESTANT.....3 NONE.....4 OTHER.....6 (SPECIFY)	
119	To which tribe do you belong? IF NOT A TANZANIAN CITIZEN, WRITE NAME OF COUNTRY.	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	<p>Now I would like to ask about all the children you have had during your life.</p> <p>I mean your own children, not ones you may have adopted or care for as a father but whose real father is someone else. Do you have children?</p>	<p>YES.....1 NO.....2</p>	→206
202	<p>Do you have any sons or daughters who are living with you?</p>	<p>YES.....1 NO.....2</p>	→204
203	<p>How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.</p>	<p>SONS AT HOME..... DAUGHTERS AT HOME.....</p> 	
204	<p>Do you have any sons or daughters who are alive but do not live with you?</p>	<p>YES.....1 NO.....2</p>	→206
205	<p>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'.</p>	<p>SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....</p> 	
206	<p>Have you ever had a son or daughter 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?</p>	<p>YES.....1 NO.....2</p>	→208
207	<p>How many boys have died? And how many girls have died? IF NONE RECORD '00'.</p>	<p>BOYS DEAD..... GIRLS DEAD.....</p> 	
208	<p>SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.</p>	<p>TOTAL.....</p> 	
209	<p>CHECK 208: Just to make sure that I have this right: you have had in TOTAL ___ children during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NEEDED</p>		

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 a partner who had an operation to avoid having 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 an operation to avoid having any more 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 <u>(SPECIFY)</u>	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 done anything or tried in any way to delay or avoid having a child?	YES.....1 NO.....2	→312																																																																												
306	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).																																																																														
307	Are you currently doing something or using any method to delay or avoid having a child?	YES.....1 NO.....2	→312																																																																												
308	Which method are you using? RECORD FIRST, SECOND AND THIRD PARTNER IN SEPARATE COLUMNS.	<table border="1"> <thead> <tr> <th></th> <th>1ST WIFE</th> <th>2ND WIFE</th> <th>3RD WIFE</th> </tr> </thead> <tbody> <tr><td>PILL.....</td><td>01</td><td>01</td><td>01</td></tr> <tr><td>IUD.....</td><td>02</td><td>02</td><td>02</td></tr> <tr><td>INJECTIONS.....</td><td>03</td><td>03</td><td>03</td></tr> <tr><td>IMPLANTS.....</td><td>04</td><td>04</td><td>04</td></tr> <tr><td>DIAPHRAGM/FOAM/JELLY.....</td><td>05</td><td>05</td><td>05</td></tr> <tr><td>CONDOM.....</td><td>06</td><td>06</td><td>06</td></tr> <tr><td>FEMALE STERILIZATION.....</td><td>07</td><td>07</td><td>07</td></tr> <tr><td>MALE STERILIZATION.....</td><td>08</td><td>08</td><td>08</td></tr> <tr><td>CALENDAR/SAFE METHOD.....</td><td>09</td><td>09</td><td>09</td></tr> <tr><td>MUCUS METHOD.....</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>WITHDRAWAL.....</td><td>11</td><td>11</td><td>11</td></tr> <tr><td>NO (OTHER) METHOD.....</td><td>95</td><td>95</td><td>95</td></tr> <tr><td>OTHER.....</td><td>96</td><td></td><td></td></tr> <tr><td>(SPECIFY)</td><td></td><td></td><td></td></tr> <tr><td>OTHER.....</td><td></td><td>96</td><td></td></tr> <tr><td>(SPECIFY)</td><td></td><td></td><td></td></tr> <tr><td>OTHER.....</td><td></td><td></td><td>96</td></tr> <tr><td>(SPECIFY)</td><td></td><td></td><td></td></tr> </tbody> </table>		1ST WIFE	2ND WIFE	3RD WIFE	PILL.....	01	01	01	IUD.....	02	02	02	INJECTIONS.....	03	03	03	IMPLANTS.....	04	04	04	DIAPHRAGM/FOAM/JELLY.....	05	05	05	CONDOM.....	06	06	06	FEMALE STERILIZATION.....	07	07	07	MALE STERILIZATION.....	08	08	08	CALENDAR/SAFE METHOD.....	09	09	09	MUCUS METHOD.....	10	10	10	WITHDRAWAL.....	11	11	11	NO (OTHER) METHOD.....	95	95	95	OTHER.....	96			(SPECIFY)				OTHER.....		96		(SPECIFY)				OTHER.....			96	(SPECIFY)				
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309	CHECK 308 (ALL COLUMNS): CONDOMS MARKED IN ANY COLUMN <input type="checkbox"/> CONDOMS NOT MARKED IN ANY COLUMN <input type="checkbox"/>		→315																																																																												
310	Where did you obtain condoms the last time? 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																																																																													
311	What is the brand name of the condom you last used? RECORD NAME OF BRAND.	BRAND NAME _____ DOES NOT KNOW.....98	→315																																																																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	<p>What is the main reason you are not using a method of contraception to avoid pregnancy?</p>	<p>NOT MARRIED.....11</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....21</p> <p>INFREQUENT SEX.....22</p> <p>WIFE MENOPAUSAL/HYSTERECTOMY.....23</p> <p>WIFE SUBFECUND/INFECUND.....24</p> <p>POSTPARTUM/BREASTFEEDING.....25</p> <p>WANTS (MORE) CHILDREN.....26</p> <p>WIFE PREGNANT.....27</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....31</p> <p>WIFE/PARTNER OPPOSED.....32</p> <p>OTHERS OPPOSED.....33</p> <p>RELIGIOUS PROHIBITION.....34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....41</p> <p>KNOWS NO SOURCE.....42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....51</p> <p>FEAR OF SIDE EFFECTS.....52</p> <p>LACK OF ACCESS/TOO FAR.....53</p> <p>COST TOO MUCH.....54</p> <p>INCONVENIENT TO USE.....55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....56</p> <p>UP TO THE WOMAN TO USE.....61</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DOES NOT KNOW.....98</p>	
313	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES.....1</p> <p>NO.....2</p>	<p>→315</p>
314	<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 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.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES/NEIGHBORS....33</p> <p>OTHER _____ 96 (SPECIFY)</p>	
315	<p>Have you seen or heard of the Green Star Logo (Symbol)?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOESN'T KNOW.....8</p>	<p>→401</p>
316	<p>What does the Green Star Logo mean to you?</p>	<p>FAMILY PLANNING RELATED.....1</p> <p>NOT FAMILY PLANNING RELATED.....2</p> <p>DOESN'T KNOW.....8</p>	
317	<p>How did you learn about the Green Star?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>BILLBOARDS.....A</p> <p>BUS.....B</p> <p>POSTERS.....C</p> <p>LEAFLETS.....D</p> <p>RADIO.....E</p> <p>CLINIC SIGN.....F</p> <p>SERVICE PROVIDER.....G</p> <p>OTHER _____ X (SPECIFY)</p>	

SECTION 4. MARRIAGE AND SEXUAL BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
401	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2						
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402	Are you currently married or living with a woman?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td>1</td> </tr> <tr> <td>YES, LIVING WITH A WOMAN.....</td> <td>2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td>3</td> </tr> </table>	YES, CURRENTLY MARRIED.....	1	YES, LIVING WITH A WOMAN.....	2	NO, NOT IN UNION.....	3	→407														
YES, CURRENTLY MARRIED.....	1																						
YES, LIVING WITH A WOMAN.....	2																						
NO, NOT IN UNION.....	3																						
403	Have you ever been married or lived with a woman?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→412																
YES.....	1																						
NO.....	2																						
404	What is your marital status now: are you widowed, divorced, or separated?	<table border="0"> <tr> <td>WIDOWED.....</td> <td>1</td> </tr> <tr> <td>DIVORCED.....</td> <td>2</td> </tr> <tr> <td>SEPARATED.....</td> <td>3</td> </tr> </table>	WIDOWED.....	1	DIVORCED.....	2	SEPARATED.....	3	→410														
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407	How many wives do you have?	<table border="0"> <tr> <td>NUMBER.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td colspan="2">.98</td> </tr> </table>	NUMBER.....	<input type="text"/>	<input type="text"/>	DOES NOT KNOW.....	.98																
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410	In what month and year did you start living with your (first) wife/partner?	<table border="0"> <tr> <td>MONTH.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW MONTH.....</td> <td colspan="2">.98</td> </tr> <tr> <td>YEAR.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW YEAR.....</td> <td colspan="2">.98</td> </tr> </table>	MONTH.....	<input type="text"/>	<input type="text"/>	DOES NOT KNOW MONTH.....	.98		YEAR.....	<input type="text"/>	<input type="text"/>	DOES NOT KNOW YEAR.....	.98		→412								
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411	How old were you when you started living with her?	<table border="0"> <tr> <td>AGE.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	AGE.....	<input type="text"/>	<input type="text"/>																		
AGE.....	<input type="text"/>	<input type="text"/>																					
412	CHECK 402: MARRIED OR LIVING WITH A WOMAN <input type="checkbox"/> NOT MARRIED AND NOT LIVING WITH A WOMAN <input type="checkbox"/>		→415																				
413	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 wife?	<table border="0"> <tr> <td>DAYS AGO.....</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS AGO.....</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS AGO.....</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS AGO.....</td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>BEFORE LAST BIRTH.....</td> <td colspan="3">.996</td> </tr> </table>	DAYS AGO.....	1	<input type="text"/>	<input type="text"/>	WEEKS AGO.....	2	<input type="text"/>	<input type="text"/>	MONTHS AGO.....	3	<input type="text"/>	<input type="text"/>	YEARS AGO.....	4	<input type="text"/>	<input type="text"/>	BEFORE LAST BIRTH.....	.996			
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BEFORE LAST BIRTH.....	.996																						
414	For that sexual intercourse, did you use a condom?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2																	
YES.....	1																						
NO.....	2																						
415	Do you now have a regular partner (apart from your wife)? I mean someone with whom you have been having sex for about a year or more?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→417																
YES.....	1																						
NO.....	2																						
416	How many such regular partners do you have (aside from your wife)?	<table border="0"> <tr> <td>NUMBER.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	NUMBER.....	<input type="text"/>	<input type="text"/>																		
NUMBER.....	<input type="text"/>	<input type="text"/>																					
416A	When was the last time you had sexual intercourse with the regular partner (other than your wife)?	<table border="0"> <tr> <td>DAYS AGO.....</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS AGO.....</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS AGO.....</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS AGO.....</td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>BEFORE LAST BIRTH.....</td> <td colspan="3">.996</td> </tr> </table>	DAYS AGO.....	1	<input type="text"/>	<input type="text"/>	WEEKS AGO.....	2	<input type="text"/>	<input type="text"/>	MONTHS AGO.....	3	<input type="text"/>	<input type="text"/>	YEARS AGO.....	4	<input type="text"/>	<input type="text"/>	BEFORE LAST BIRTH.....	.996			
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YEARS AGO.....	4	<input type="text"/>	<input type="text"/>																				
BEFORE LAST BIRTH.....	.996																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416B	Did you use a condom for that sexual intercourse?	YES.....1 NO.....2	
417	Have you had sexual intercourse with anyone (else) in the last 12 months? (I mean, with someone other than your wife or regular partner that you mentioned earlier?)	YES.....1 NO.....2	→424
418	With how many different women have you had sexual intercourse in the last 12 months (apart from your wife or regular partners)?	NUMBER OF WOMEN.....	<input type="text"/>
419	When was the last time you had sexual intercourse (apart from your wife/regular partner)?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	<input type="text"/>
420	For that last sexual intercourse, did you give money, gifts or favours in return for sex?	YES.....1 NO.....2	
421	Was this person someone you had met before or someone you met for the first time?	MET BEFORE.....1 MET FOR FIRST TIME.....2	
422	Did you use a condom for that last sexual intercourse?	YES.....1 NO.....2	→424
423	What was the main reason that you did not use a condom that time?		<input type="text"/>
424	CHECK 414, 416B OR 422: CONDOMS USED WITH WIFE OR PARTNER(S) <input type="checkbox"/> DID NOT USE CONDOM WITH ANY ONE <input type="checkbox"/>		→424B
424A	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	
424B	Have you heard of a condom called 'Salama'?	YES.....1 NO.....2	
425	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	<input type="text"/> →501
426	In the last four weeks, how many times have you had sexual intercourse?	NUMBER OF TIMES..... DOES NOT KNOW.....98	<input type="text"/>

SECTION 5: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
501	CHECK 402, 415, AND 425 CURRENTLY IN UNION OR HAVING A REGULAR PARTNER <input type="checkbox"/>	NOT CURRENTLY IN UNION NOR HAVING A REGULAR PARTNER OR NEVER HAD SEX <input type="checkbox"/>	504A																														
502	Spouses/partners do not always agree on everything. Now I want to ask you about your wife's/partner's views on family planning. Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	<table border="1"> <thead> <tr> <th></th> <th>WIFE 1</th> <th>WIFE 2</th> <th>WIFE 3</th> <th>WIFE 4</th> </tr> </thead> <tbody> <tr> <td>APPROVES.....1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>DISAPPROVES...2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>DOES NOT KNOW..8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table>		WIFE 1	WIFE 2	WIFE 3	WIFE 4	APPROVES.....1	1	1	1	1	DISAPPROVES...2	2	2	2	2	DOES NOT KNOW..8	8	8	8	8											
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APPROVES.....1	1	1	1	1																													
DISAPPROVES...2	2	2	2	2																													
DOES NOT KNOW..8	8	8	8	8																													
503	Do you think your wife/partner wants the same number of children that you want, or does she want more or fewer than you want?	<table border="1"> <thead> <tr> <th></th> <th>WIFE 1</th> <th>WIFE 2</th> <th>WIFE 3</th> <th>WIFE 4</th> </tr> </thead> <tbody> <tr> <td>SAME NUMBER.....1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>MORE CHILDREN...2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>FEWER CHILDREN...3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>DOES NOT KNOW...8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table>		WIFE 1	WIFE 2	WIFE 3	WIFE 4	SAME NUMBER.....1	1	1	1	1	MORE CHILDREN...2	2	2	2	2	FEWER CHILDREN...3	3	3	3	3	DOES NOT KNOW...8	8	8	8	8						
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DOES NOT KNOW...8	8	8	8	8																													
503A	How often have you talked to your wife/partner about family planning in the past year?	<table border="1"> <thead> <tr> <th></th> <th>WIFE 1</th> <th>WIFE 2</th> <th>WIFE 3</th> <th>WIFE 4</th> </tr> </thead> <tbody> <tr> <td>NEVER.....1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>ONCE OR TWICE...2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>MORE OFTEN.....3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>DOES NOT KNOW...8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table>		WIFE 1	WIFE 2	WIFE 3	WIFE 4	NEVER.....1	1	1	1	1	ONCE OR TWICE...2	2	2	2	2	MORE OFTEN.....3	3	3	3	3	DOES NOT KNOW...8	8	8	8	8						
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503B	Have you and your wife/partner ever discussed the number of children you would like to have?	<table border="1"> <thead> <tr> <th></th> <th>WIFE 1</th> <th>WIFE 2</th> <th>WIFE 3</th> <th>WIFE 4</th> </tr> </thead> <tbody> <tr> <td>YES.....1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>NO.....2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>DOES NOT KNOW...8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table>		WIFE 1	WIFE 2	WIFE 3	WIFE 4	YES.....1	1	1	1	1	NO.....2	2	2	2	2	DOES NOT KNOW...8	8	8	8	8											
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NO.....2	2	2	2	2																													
DOES NOT KNOW...8	8	8	8	8																													
503C	Who mainly decides how many children should you have?	<table border="1"> <thead> <tr> <th></th> <th>WIFE 1</th> <th>WIFE 2</th> <th>WIFE 3</th> <th>WIFE 4</th> </tr> </thead> <tbody> <tr> <td>HIMSELF.....1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>WIFE/PARTNER...2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>BOTH.....3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>OTHER.....6</td> <td>6</td> <td>6</td> <td>6</td> <td>6</td> </tr> <tr> <td>DOES NOT KNOW...8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table>		WIFE 1	WIFE 2	WIFE 3	WIFE 4	HIMSELF.....1	1	1	1	1	WIFE/PARTNER...2	2	2	2	2	BOTH.....3	3	3	3	3	OTHER.....6	6	6	6	6	DOES NOT KNOW...8	8	8	8	8	
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504A	CHECK 308 NEITHER STERILISED <input type="checkbox"/>	HE OR SHE STERILISED <input type="checkbox"/>	506																														
504B	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?	<table border="1"> <tbody> <tr> <td>HAVE (A/ANOTHER) CHILD.....1</td> <td rowspan="5">} → 506</td> </tr> <tr> <td>NO MORE/NONE.....2</td> </tr> <tr> <td>HIS WIFE CAN'T GET PREGNANT.....3</td> </tr> <tr> <td>HE CAN'T HAVE CHILDREN ANYMORE.....4</td> </tr> <tr> <td>UNDECIDED OR DOES NOT KNOW.....8</td> </tr> </tbody> </table>	HAVE (A/ANOTHER) CHILD.....1	} → 506	NO MORE/NONE.....2	HIS WIFE CAN'T GET PREGNANT.....3	HE CAN'T HAVE CHILDREN ANYMORE.....4	UNDECIDED OR DOES NOT KNOW.....8																									
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505	How long would you like to wait before the birth of (a/another) child?	<table border="1"> <tbody> <tr> <td>MONTHS.....1</td> <td rowspan="2">}</td> </tr> <tr> <td>YEARS.....2</td> </tr> <tr> <td>SOON/NOW.....993</td> <td rowspan="3">}</td> </tr> <tr> <td>SHE OR HE CAN'T HAVE CHILDREN...994</td> </tr> <tr> <td>AFTER MARRIAGE.....995</td> </tr> <tr> <td>OTHER _____ 996</td> <td rowspan="2">}</td> </tr> <tr> <td>(SPECIFY)</td> </tr> <tr> <td>DOES NOT KNOW.....998</td> <td></td> </tr> </tbody> </table>	MONTHS.....1	}	YEARS.....2	SOON/NOW.....993	}	SHE OR HE CAN'T HAVE CHILDREN...994	AFTER MARRIAGE.....995	OTHER _____ 996	}	(SPECIFY)	DOES NOT KNOW.....998																				
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(SPECIFY)																																	
DOES NOT KNOW.....998																																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
506	CHECK 307: USING A METHOD?	NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>	512
507	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	509
508	Do you intend to use a method at any time in the future?	YES.....1 NO.....2 DOES NOT KNOW.....8	510
509	Which method would you prefer to use?	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) UNSURE.....98	512
510	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	512
511	Would you ever use a method if you were married?	YES.....1 NO.....2 DOES NOT KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
512	<p>CHECK 203 AND 205:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>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?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER..... 96 (SPECIFY)</p>	514																														
513	<p>How many of these children would you like to be boys and how many would you like to be girls?</p>	<p>BOYS</p> <p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER..... 96 (SPECIFY)</p> <p>GIRLS</p> <p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER..... 96 (SPECIFY)</p> <p>EITHER</p> <p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER..... 96 (SPECIFY)</p>																															
514	<p>In general, do you approve or disapprove of couples using a method to avoid getting pregnant?</p>	<p>APPROVE.....1</p> <p>DISAPPROVE.....2</p> <p>NO OPINION.....8</p>	517																														
515	<p>Have you ever recommended family planning to a friend, relative, or anyone else?</p>	<p>YES.....1</p> <p>NO.....2</p>																															
516	<p>If you wanted to get information on family planning, who would you like to talk to most:</p> <p>Family planning worker from your community?</p> <p>Traditional Birth Attendant (TBA)?</p> <p>Your wife or partner?</p> <p>Friend?</p> <p>Relative?</p> <p>Religious leader?</p> <p>Somebody else?</p>	<p>CBD WORKER.....01</p> <p>TBA.....02</p> <p>WIFE/PARTNER.....03</p> <p>FRIEND.....04</p> <p>RELATIVE.....05</p> <p>RELIGIOUS LEADERS.....06</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>																															
517	<p>Is it acceptable or not acceptable to you for information on family planning to be provided:</p> <p>On the radio?</p> <p>On the television?</p>	<table border="1"> <thead> <tr> <th></th> <th>ACCEPT-ABLE</th> <th>NOT ACCEPT-ABLE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		ACCEPT-ABLE	NOT ACCEPT-ABLE	DK	RADIO.....	1	2	8	TELEVISION.....	1	2	8																			
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RADIO.....	1	2	8																														
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518	<p>In the last six months have you heard about family planning:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p> <p>From a poster?</p> <p>From billboards?</p> <p>At community events/logo launches</p> <p>From live drama?</p> <p>From a doctor or nurse?</p> <p>From a community health worker?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BILLBOARDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY EVENT/LOGO LAUNCHES..</td> <td>1</td> <td>2</td> </tr> <tr> <td>LIVE DRAMA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DOCTOR OR NURSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	NEWSPAPER OR MAGAZINE.....	1	2	POSTER.....	1	2	BILLBOARDS.....	1	2	COMMUNITY EVENT/LOGO LAUNCHES..	1	2	LIVE DRAMA.....	1	2	DOCTOR OR NURSE.....	1	2	COMMUNITY HEALTH WORKER.....	1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
519	<p>In the past six months, what drama series have you listened to on the radio?</p> <p>CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR SERIES NOT MENTIONED ASK,</p> <p>In the 6 months, have you listened to (NAME OF SERIES)?</p> <p>Zinduka Twende na Wakati Ukweli Kuhusu Maisha Other</p>	<table border="0"> <tr> <td></td> <td>YES</td> <td>YES</td> <td>NO</td> </tr> <tr> <td></td> <td>SPO-</td> <td>PRO-</td> <td></td> </tr> <tr> <td></td> <td>NTA-</td> <td>BED</td> <td></td> </tr> <tr> <td></td> <td>EOUS</td> <td></td> <td></td> </tr> <tr> <td>ZINDUKA.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>TWENDE NA WAKATI.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>UKWELI KUHUSU MAISHA.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>		YES	YES	NO		SPO-	PRO-			NTA-	BED			EOUS			ZINDUKA.....	1	2	3	TWENDE NA WAKATI.....	1	2	3	UKWELI KUHUSU MAISHA.....	1	2	3	OTHER.....	1	2	3	
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519A	<p>CHECK 519:</p> <p>LISTENED TO ZINDUKA <input type="checkbox"/> HAS NOT LISTENED TO ZINDUKA <input type="checkbox"/></p>		519E																																
519B	How often do you listen to Zinduka?	<p>TWICE A WEEK.....1</p> <p>ONCE A WEEK.....2</p> <p>ONCE OR TWICE A MONTH.....3</p> <p>RARELY.....4</p> <p>DOES NOT KNOW.....8</p>																																	
519C	As a result of listening to Zinduka, did you do anything or take any any action related to family planning?	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	519E																																
519D	<p>What did you do as a result of listening to Zinduka?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED.</p>	<p>TALKED TO PARTNER.....A</p> <p>TALKED TO HEALTH WORKER.....B</p> <p>TALKED TO SOMEONE ELSE.....C</p> <p>VISITED A CLINIC FOR FAMILY PLANN..D</p> <p>BEGAN USING A MODERN METHOD.....E</p> <p>CONTINUED USING A MODERN METHOD....F</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....Z</p>																																	
519E	<p>CHECK 519:</p> <p>LISTENED TO TWENDE NA WAKATI <input type="checkbox"/> HAS NOT LISTENED TO TWENDE NA WAKATI <input type="checkbox"/></p>		520																																
519F	How often do you listen to Twende na Wakati?	<p>TWICE A WEEK.....1</p> <p>ONCE A WEEK.....2</p> <p>ONCE OR TWICE A MONTH.....3</p> <p>RARELY.....4</p> <p>DOES NOT KNOW.....8</p>																																	
520	In the last six months have you discussed family planning with your friends or relatives?	<p>YES.....1</p> <p>NO.....2</p>	601																																
521	<p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>WIFE/PARTNER.....A</p> <p>MOTHER.....B</p> <p>FATHER.....C</p> <p>SISTER(S).....D</p> <p>BROTHER(S).....E</p> <p>DAUGHTER.....F</p> <p>SONS.....G</p> <p>MOTHER-IN-LAW.....H</p> <p>FRIENDS.....I</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>																																	

SECTION 6. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 302 (06): HAS HEARD OF CONDOMS <input type="checkbox"/>	NEVER HEARD OF CONDOMS <input type="checkbox"/>	609
602	CHECK 303 (06), 414, 416B AND 422 HAS NEVER USED CONDOMS (ALL ARE 'NO') <input type="checkbox"/>	HAS USED CONDOMS (AT LEAST ONE 'YES') <input type="checkbox"/>	604
603	Have you ever seen a condom?	YES.....1 NO.....2	
604	Do you know where you can get condoms?	YES.....1 NO.....2	606
605	Where can you get condoms? Any other places? 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	
606	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	
607	Do you think that using condoms can give you AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	
608	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	
609	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	611
610	Which diseases do you know? Any other diseases?	SYPHILIS.....A GONORRHOEA.....B AIDS.....C GENITAL WARTS/CONDYLOMATA.....D OTHER _____ X (SPECIFY) DON'T KNOW.....Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	CHECK 425: HAS HAD SEX <input type="checkbox"/>	HAS NEVER HAD SEX <input type="checkbox"/>	613A
612	During the last 12 months, did you have any of these diseases?	YES.....1 NO.....2 DON'T KNOW.....8	622
613	Which of these diseases? CIRCLE ALL MENTIONED.	SYPHILIS.....A GONORRHOEA.....B AIDS.....C GENITAL WARTS / CONDYLOMATA.....D OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
613A	During the last twelve months, did you have a discharge from your penis?	YES.....1 NO.....2 DOES NOT KNOW.....8	
613B	During the last twelve months, did you have a sore or ulcer on your penis?	YES.....1 NO.....2 DOES NOT KNOW.....8	
613C	CHECK 612, 613A, AND 613B HAD ONE OR MORE DISEASES <input type="checkbox"/>	NONE OF THE DISEASES <input type="checkbox"/>	622
617	When you had this (DISEASE FROM Q.613) did you seek advice or treatment?	ADVICE /TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....3	619
618	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	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)	
619	Did you tell your wife/partner that you had this (disease/discharge/sore)?	YES.....1 NO.....2	
620	When you had this disease, did you do something so as not to infect your partner?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	622
621	What did you do? CIRCLE ALL MENTIONED.	NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B TOOK MEDICINES.....C TOLD HIM TO GO FOR MEDICAL HELP...D OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
622	CHECK 610: DID NOT MENTION AIDS OR QUESTION NOT ASKED <input type="checkbox"/>	MENTIONED 'AIDS' <input type="checkbox"/>	624
623	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	701
624	From which sources of information have you learned about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER _____ X (SPECIFY)	
625	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	627
626	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 MOTHERS 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	
627	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 mosquitoes or insects? making sure any injection they have is done with a clean needle?	YES NO GOOD DIET.....1 2 STAY WITH ONE PARTNER.....1 2 AVOID URINE OR STOOL.....1 2 USE CONDOMS.....1 2 DON'T TOUCH PERSON WITH AIDS...1 2 DON'T SHARE UTENSILS.....1 2 AVOID INSECT BITES.....1 2 INJECTION WITH CLEAN NEEDLE....1 2	
628	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	
629	Can AIDS be cured?	YES.....1 NO.....2 DOES NOT KNOW.....8		
630	Can AIDS be transmitted from mother to child?	YES.....1 NO.....2 DOES NOT KNOW.....8	→631	
630A	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		
631	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	→632	
631A	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8		
632	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	→634 →634A →701	
633	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	→634A	
634	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		
634A	CHECK 425:	HAS HAD SEX <input type="checkbox"/>	HAS NEVER HAD SEX <input type="checkbox"/>	→638
635	Since you heard of AIDS, have you changed your sexual behaviour to prevent getting AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→637	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
636	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 → 638 ABSTINENCE (STOPPED HAVING SEX WITH ANYONE).....F OTHER _____ X (SPECIFY)	
637	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	
638	Have you ever been tested to see if you have the AIDS virus?	YES.....1 → 641A NO.....2 DOES NOT KNOW/NOT SURE.....8	
639	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	
640	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8 → 642	
641	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.....Z	
641A	Where did you go?		
642	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)	
643	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 7. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	<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>	
702	<p>CHECK 701: TWO OR MORE BIRTHS</p> <p><input type="checkbox"/> ↓</p>	<p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> →</p>	<p>→ 716</p>
703	<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>	

704 What was the name given to your oldest (next oldest) brother or sister?	[1]	[2]	[3]	[4]	[5]	[6]
705 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
706 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [2]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [3]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [4]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [5]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [6]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [7]
707 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]
708 In what year did (NAME) die?	19 <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> GO TO 710 DK.....98
709 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"/>
710 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]
711 Was (NAME) pregnant when she died?	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2
712 Did (NAME) die during childbirth?	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2
713 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715
714 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
715 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, STOP

704 What was the name given to your oldest (next oldest) brother or sister?	[7]	[8]	[9]	[10]	[11]	[12]
705 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
706 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [8]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [9]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [10]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [11]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [12]	YES.....1 NO.....2 GO TO 708 DK.....8 GO TO [13]
707 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]
708 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98
709 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"/>
710 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]
711 Was (NAME) pregnant when she died?	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2	YES.....1 GO TO 714 NO.....2
712 Did (NAME) die during childbirth?	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2	YES.....1 GO TO 715 NO.....2
713 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715	YES.....1 NO.....2 GO TO 715
714 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
715 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 716

716 RECORD THE TIME.	MORNING/AM.....1	HOUR.....	<input type="text"/> <input type="text"/>
	AFTERNOON/PM...2	MINUTES...	<input type="text"/> <input type="text"/>

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 Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____