

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 men and children. We would very much appreciate your participation in this survey. I would like to ask you about your health. 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
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								
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									
118	Do you have any children? I mean your own children, not ones you may have adopted or are caring for but are not your own biological children.	YES 1 NO 2	→301								
119	How many sons do you have? And how many daughters do you have? IF NONE, RECORD '00'.	SONS <table border="1" data-bbox="1247 873 1317 919"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAUGHTERS <table border="1" data-bbox="1247 919 1317 966"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
120	So you have TOTAL ____ children. Is that correct?	TOTAL <table border="1" data-bbox="1247 1026 1317 1073"><tr><td></td><td></td></tr></table>									

NOTE: THERE IS NO SECTION 2 IN THE MAN'S QUESTIONNAIRE.

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).								
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? 311A CIRCLE 'A' FOR FEMALE STERILISATION. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST.	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 →318 →319						
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 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 <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> 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><td style="width: 20px; height: 20px;"></td></tr></table>							→333
318	What brand of condoms did you use the last time?	BRAND NAME _____ DOES NOT KNOW 98							
319	For how many months have you been using (METHOD) continuously? IF LESS THAN 1 MONTH RECORD '00'.	MONTHS <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> 8 YEARS OR LONGER 96							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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</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>	<p>→333</p>
328	<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>→333</p>
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>	
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>	<p>→401</p> <p>→401</p>
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 4. HEALTH

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	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	
402	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 woman?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→505
502	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 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 wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM 1 STAYING ELSEWHERE 2	
506	<p>RECORD THE WIFE'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF SHE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p> <p>IF THERE ARE TWO WIVES IN THE HOUSEHOLD, RECORD THE NAME AND LINE NUMBERS OF BOTH.</p>	NAME _____ LINE NO. <input type="text"/> <input type="text"/> NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
507	Have you been married or lived with a woman only once, or more than once?	ONCE 1 MORE THAN ONCE 2	
508	<p>CHECK 507:</p> <p>MARRIED OR LIVED WITH A WOMAN ONLY ONCE <input type="checkbox"/> MARRIED OR LIVED WITH A WOMAN MORE THAN ONCE <input type="checkbox"/></p> <p>In what month and year did you start living with your wife/partner? Now we will talk about your first wife/partner. In what month and year did you start living with her?</p>	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 her?	AGE <input type="text"/> <input type="text"/>	
514	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues.</p> <p>How old were you when you first had sexual intercourse (if ever)?</p>	NEVER 00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 96	→524
515	<p>When was the last time you had sexual intercourse?</p> <p>RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.</p>	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, did you use a condom?	YES 1 NO 2	
517	<p>What is your relationship to the woman with whom you last had sex?</p> <p>IF "BOYFRIEND" OR "FIANCE", ASK: Was your girlfriend/fiance living with you when you last had sex?</p> <p>IF YES, RECORD '1'. IF NO, RECORD '2'.</p>	WIFE/COHABITING PARTNER 1 GIRLFRIEND/FIANCEE 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 COMMERCIAL SEX CUSTOMER 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 woman?	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 woman, did you use a condom?	YES 1 NO 2																																	
521	What is your relationship to this other woman? IF "BOYFRIEND" OR "FIANCE", ASK: Was your girlfriend/fiancee living with you when you last had sex? IF YES, RECORD '1'. IF NO, RECORD '2'.	WIFE/COHABITING PARTNER 1 GIRLFRIEND/FIANCEE 2 OTHER FRIEND 3 CASUAL ACQUAINTANCE 4 COMMERCIAL SEX CUSTOMER 5 RELATIVE 6 OTHER _____ 7 (SPECIFY)	→523																																
522	For how long have you had a sexual relationship with this woman?	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 women 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 you can get condoms?	YES 1 NO 2	→601																																
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 310: USING A METHOD?</p> <p align="center"> <input type="checkbox"/> NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING </p>		→614
607	<p>Why are you not using a method of family planning?</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>	
610	<p>Do you think you will use a method to delay or avoid pregnancy within the next 12 months?</p>	<p>YES 1</p> <p>NO 2</p> <p>DOES NOT KNOW 8</p>	→614
612	<p>What is the main reason that you think you will not use a method in the next 12 months?</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/AMENORRHOIC . . F</p> <p>BREASTFEEDING G</p> <p>WANTS AS MANY CHILDREN AS POSSIBLE 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 NORMAL PROCESSES T</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
614	<p>CHECK 118:</p> <p>HAS CHILDREN <input type="checkbox"/> HAS NO 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? 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"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	
616	<p>Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?</p>	<p>APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 3</p>	
617	<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 a leaflet or pamphlet?</p> <p>From billboards?</p> <p>At community events?</p> <p>From live drama?</p> <p>From a doctor or a nurse?</p>	<p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>NEWSPAPER OR MAGAZINE . 1 2</p> <p>POSTER 1 2</p> <p>LEAFLET/PAMPHLET 1 2</p> <p>BILLBOARDS 1 2</p> <p>COMMUNITY EVENT 1 2</p> <p>LIVE DRAMA 1 2</p> <p>DOCTOR OR NURSE 1 2</p>	
618	<p>In the last six months, what drama series have you listened to on the radio?</p> <p>CIRCLE THE SERIES MENTIONED SPONTANEOUSLY. FOR THOSE NOT MENTIONED, ASK:</p> <p>In the last 6 months, have you listened to:</p> <p>Zinduka, a radio show featuring a character named Dr.Kurwa?</p> <p>Twende na Wakati, a show featuring a character named Mkwaju?</p> <p>Geuza Mwendu?</p> <p>Ukimwi Kifo?</p> <p>Sema Naye?</p> <p>Vijana wetu?</p>	<p>YES, SPON YES, TAN- PRO- EOUS BED NO</p> <p>ZINDUKA 1 2 3</p> <p>TWENDE NA WAKATI . 1 2 3</p> <p>GEUZA MWENDO 1 2 3</p> <p>UKIMWI KIFO 1 2 3</p> <p>SEMA NAYE 1 2 3</p> <p>VIJANA WETU 1 2 3</p>	
618A	<p>CHECK 618:</p> <p>LISTENED TO ZINDUKA <input type="checkbox"/> DID NOT LISTEN TO ZINDUKA <input type="checkbox"/></p>	→618E	
618B	<p>How often do you listen to Zinduka?</p>	<p>TWICE A WEEK 1 ONCE A WEEK 2 ONCE OR TWICE A MONTH 3 RARELY 4 DOES NOT KNOW 8</p>	
618C	<p>As a result of listening to Zinduka, did you do anything or take any action related to family planning?</p>	<p>YES 1 NO 2 DOES NOT KNOW 8</p>	→618E →618E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
621	CHECK 501: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	→701	
622	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?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8	
623	How often have you talked to your wife/partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	

SECTION 7. WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently working?	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: 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>	
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?	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="1235 1367 1317 1419" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" data-bbox="1235 1419 1317 1472" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><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: _____