

2000 UGANDA DEMOGRAPHIC AND HEALTH SURVEY
MEN'S QUESTIONNAIRE

IDENTIFICATION																																									
REGION _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																								
DISTRICT _____																																									
COUNTY _____																																									
SUBCOUNTY/TOWN _____																																									
PARISH/LC2 NAME _____																																									
EA NAME _____																																									
UDHS NUMBER _____																																									
URBAN/RURAL (URBAN=1, RURAL=2)																																									
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE																																									
(LARGE CITY=1, SMALL CITY=2, TOWN=3, COUNTRYSIDE=4)																																									
HOUSEHOLD NUMBER																																									
NAME AND LINE NUMBER OF MAN _____																																									

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY _____ MONTH _____ YEAR _____
INTERVIEWER'S NAME	_____	_____	_____	NAME _____
RESULT*	_____	_____	_____	RESULT _____
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS <input style="width: 20px;" type="text"/>
TIME	_____	_____		
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ (SPECIFY) 2 NOT AT HOME 5 PARTLY COMPLETED 3 POSTPONED 6 INCAPACITATED				
LANGUAGE OF QUESTIONNAIRE: ENGLISH				
LANGUAGE USED IN INTERVIEW				
RESPONDENT'S LOCAL LANGUAGE				
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)				
LANGUAGE: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH 2 LUGANDA 5 RUNYANKOLE-RUKIGA 8 OTHER 3 LUGBARA 6 RUNYORO-RUTORO				

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <input style="width: 20px;" type="text"/>	NAME _____ <input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>
DATE _____	DATE _____	<input style="width: 20px;" type="text"/>	<input style="width: 20px;" type="text"/>

SECTION 1. RESPONDENT'S BACKGROUND

INFORMED CONSENT

Hello. My name is _____ and I am working with Uganda Bureau of Statistics. We are conducting a national survey about the health of men, women and children. We would very much appreciate your participation in this survey. I would like to ask you some questions about yourself and your family. This information will help the government to plan health services. The survey usually takes about 35 to 45 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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"/>	
102	For most of the time during the last five years, did you live in a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 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 a city, in a town, or in the countryside?	CITY 1 TOWN 2 COUNTRYSIDE 3	
105	In the last 12 months, have you ever traveled away from your home community and slept away?	YES 1 NO 2	→108
106	In the last 12 months, on how many separate occasions have you traveled away from your home community and slept away?	NUMBER OF TRIPS AWAY . <input type="text"/> <input type="text"/>	
107	In the last 12 months, have you been away from your home community for more than 1 month at a time?	YES 1 NO 2	
108	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	
109	How old were you at your last birthday? COMPARE AND CORRECT 108 AND/OR 109 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
110	Have you ever attended school?	YES 1 NO 2	→114
111	What is the highest level of school you attended: primary, secondary, or post secondary?	PRIMARY 1 SECONDARY 2 POST SECONDARY 3	
112	What is the highest (grade/form/year) you completed at that level?	GRADE <input type="text"/> <input type="text"/>	
112A	Did you ever receive any vocational training?	NO TRAINING 1 TEACHER TRAINING 2 PARAMEDICAL TRAINING 3 OTHER TRAINING 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 111: PRIMARY <input type="checkbox"/> SECONDARY OR POST SECONDARY <input type="checkbox"/>		→117
114	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE)	
115	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES 1 NO 2	
116	CHECK 114: CODE '2' '3' OR '4' CIRCLED <input type="checkbox"/> CODE '1' CIRCLED <input type="checkbox"/>		→118
117	During the last four weeks, did 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	
118	During the last four weeks, did 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	
119	During the last four weeks, did 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	
120	Are you currently working?	YES 1 NO 2	→123
121	Have you done any work in the last 12 months?	YES 1 NO 2	→123
122	What have you been doing for most of the time over the last 12 months?	GOING TO SCHOOL/STUDYING 1 LOOKING FOR WORK 2 INACTIVE 3 COULD NOT WORK/HANDICAPPED 4 OTHER _____ 6 (SPECIFY)	→129
123	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
124	CHECK 123: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→126
125	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 PUBLIC LAND 5 COMMUNAL LAND 6	
126	During the last 12 months, how many months did you work?	NUMBER OF MONTHS <input type="text"/>	
127	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	→129

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
128	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE 1 LESS THAN HALF 2 ABOUT HALF 3 MORE THAN HALF 4 ALL 5 NONE, HIS INCOME IS ALL SAVED . 6	
129	What is your religion?	CATHOLIC 1 PROTESTANT 2 MUSLIM 3 OTHER _____ 6 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had. I am interested only in the children that are biologically yours. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	→206								
202	Do you have any sons or daughters that you have fathered 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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters you have fathered 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" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a 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?	YES 1 NO 2 DON'T KNOW 8	→208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	(In addition to the children that you have just told me about), have you ever fathered with any woman a) any sons or daughters who are alive? b) any sons or daughters who died? NO <input type="checkbox"/> TO BOTH OTHER <input type="checkbox"/> → PROBE AND CORRECT 201-207 AS NECESSARY.										
209	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
210	CHECK 209: HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> HAS HAD ONLY ONE CHILD <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→213 →301								
211	Do the children that you have fathered all have the same biological mother?	YES 1 NO 2	→213								
212	In all how many women have you fathered children with?	NUMBER OF WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	How old were you when your (first) child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
214	At the time when this child was born, were you married to the child's mother?	YES 1 NO 2									

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 RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302 IF APPLICABLE.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES 1 NO 2 ▾	
02	MALE STERILIZATION Men 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
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2 ▾	
04	IUD/COIL Women can have a loop or coil placed inside them by a doctor or a nurse.	YES 1 NO 2 ▾	
05	INJECTABLES Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	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 one or more years.	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 ▾	
09	DIAPHRAGM Women can place a thin flexible disk in their vagina before intercourse.	YES 1 NO 2 ▾	
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES 1 NO 2 ▾	
11	LACTATIONAL AMENORRHEA 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 ▾	
12	RHYTHM OR PERIODIC ABSTINENCE 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 DON'T KNOW 8
13	WITHDRAWAL Men can be careful and pull out before climax.	YES 1 NO 2 ▾	YES 1 NO 2
14	EMERGENCY CONTRACEPTION (NORLEVO) Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES 1 NO 2 ▾	
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
303	CHECK 301(01), 301(03), AND 301(04) : CODE '1' CIRCLED FOR ANY METHOD <input type="checkbox"/> CODE '1' NOT CIRCLED FOR ANY METHOD <input type="checkbox"/>		→ 308	
304	READ BEFORE ASKING 305 FOR THE FIRST APPLICABLE METHOD Now I want to talk to you about contraceptive methods that women can use to delay or avoid becoming pregnant.	CHECK 301(03): KNOWS PILL YES <input type="checkbox"/> NO <input type="checkbox"/> GO TO 304 IN NEXT COLUMN	CHECK 301(04): KNOWS IUD/COIL YES <input type="checkbox"/> NO <input type="checkbox"/> GO TO 304 IN NEXT COLUMN	CHECK 301(01): KNOWS FEMALE STERILIZATION YES <input type="checkbox"/> NO <input type="checkbox"/> GO TO 308
		PILL	IUD/COIL	FEMALE STERILIZATION
305	In your opinion, is (METHOD) a good method for a couple to use if they want to plan their family?	YES 1 NO 2 (SKIP TO 307) ← DEPENDS/UP TO THEM 3 DON'T KNOW 8 (GO TO 304 IN NEXT COLUMN) ←	YES 1 NO 2 (SKIP TO 307) ← DEPENDS/UP TO THEM 3 DON'T KNOW 8 (GO TO 304 IN NEXT COLUMN) ←	In your opinion, is female sterilization a good method for a couple to use if they do not want any more children? YES 1 NO 2 (SKIP TO 307) ← DEPENDS/UP TO THEM 3 DON'T KNOW 8 (SKIP TO 308) ←
306	Why do you think (METHOD) is a good method for a couple to use if they want to plan their family? RECORD ALL REASONS MENTIONED.	SIMPLE TO USE A EFFECTIVE B AFFORDABLE C NO/FEW SIDE EFFECTS D CAN STOP WHEN CHILDREN DESIRED E NO NEED FOR MEDICAL PERSONNEL F OTHER _____ X (SPECIFY) DON'T KNOW Y (GO TO 304 IN NEXT COLUMN) ←	SIMPLE TO USE A EFFECTIVE B AFFORDABLE C NO/FEW SIDE EFFECTS D CAN BE REMOVED IF CHILDREN DESIRED E ONCE INSERTED, NO DAILY WORRY F OTHER _____ X (SPECIFY) DON'T KNOW Y (GO TO 304 IN NEXT COLUMN) ←	Why do you think female sterilization is a good method for a couple to use if they do not want any more children? EFFECTIVE A AFFORDABLE B NO/FEW SIDE EFFECTS C NO RISK OF GETTING PREGNANT AGAIN. D OTHER _____ X (SPECIFY) DON'T KNOW Y (SKIP TO 308) ←
307	Why do you think (METHOD) is not a good method for a couple to use if they want to plan their family? RECORD ALL REASONS MENTIONED.	TOO EXPENSIVE A AGAINST RELIGION B MAY HARM WOMEN'S HEALTH C HAS SIDE EFFECTS D INCREASES PROMISCUITY E CAN CAUSE STERILITY F METHOD CAN FAIL G BABY IN DANGER IF PREGNANCY OCCURS H INVOLVES DOCTOR/ MED. PERSONNEL. I OTHER _____ X (SPECIFY) DON'T KNOW Y (GO TO 304 IN NEXT COLUMN) ←	TOO EXPENSIVE A AGAINST RELIGION B MAY HARM WOMEN'S HEALTH C HAS SIDE EFFECTS D INCREASES PROMISCUITY E CAN CAUSE STERILITY F METHOD CAN FAIL G BABY IN DANGER IF PREGNANCY OCCURS H INVOLVES DOCTOR/ MED. PERSONNEL. I OTHER _____ X (SPECIFY) DON'T KNOW Y (GO TO 304 IN NEXT COLUMN) ←	Why do you think female sterilization is not a good method for a couple to use if they do not want any more children? TOO EXPENSIVE A AGAINST RELIGION B MAY HARM WOMEN'S HEALTH C HAS SIDE EFFECTS D INCREASES PROMISCUITY E CANNOT HAVE CHILDREN AGAIN F METHOD CAN FAIL G INVOLVES DOCTOR/ MED. PERSONNEL. H CAN LEAD TO MED. COMPLICATIONS I OTHER _____ X (SPECIFY) DON'T KNOW Y

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
308	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES 1 NO 2 DON'T KNOW 8	→310
309	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
310	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES 1 NO 2 DON'T KNOW/DEPENDS 8	
311	CHECK 301(07) AND 302(07): KNOWLEDGE AND USE OF CONDOMS HAS HEARD OF AND USED CONDOMS <input type="checkbox"/> HAS HEARD OF CONDOMS BUT HAS NEVER USED <input type="checkbox"/> HAS NOT HEARD OF CONDOMS <input type="checkbox"/>		→323 →323
312	Now I want to talk to you about condoms. How old were you when you used a condom for the first time?	AGE AT FIRST USE <input type="text"/> <input type="text"/> DOES NOT REMEMBER 98	
313	Why did you use a condom that first time? PROBE: Any other reason? RECORD ALL REASONS MENTIONED.	TO AVOID PREGNANCY A TO AVOID GETTING AIDS/HIV B TO AVOID GETTING AN STD C TO AVOID INFECTING PARTNER ... D TO EXPERIMENT/TRY A CONDOM . E OTHER _____ X (SPECIFY)	
314	Now when you have sex, do you use a condom every time, sometimes, or not at all?	EVERY TIME 1 SOMETIMES 2 NOT AT ALL 3 NOT HAVING SEX 4	→316 →316
315	When do you use a condom? PROBE: Any other times? RECORD ALL SITUATIONS MENTIONED.	ON PARTNER'S FERTILE DAYS A DURING WIFE'S/PARTNER'S MENSTRUATION B WHEN NOT USING SOME OTHER METHOD C WITH A STRANGER D WITH A COMMERCIAL SEX WORKER E WITH ANYONE OTHER THAN WIFE/REGULAR PARTNER F WITH WIFE/REGULAR PARTNER G OTHER _____ X (SPECIFY)	
316	Have you ever experienced any problems with using condoms? IF YES: What problems have you experienced? PROBE: Any other problems? RECORD ALL PROBLEMS MENTIONED.	TOO EXPENSIVE A EMBARRASSING TO BUY/OBTAIN .. B DIFFICULT TO DISPOSE OF C DIFFICULT TO PUT ON/TAKE OFF .. D SPOILS THE MOOD E DIMINISHES PLEASURE F WIFE PARTNER OBJECTS/DOES NOT LIKE G WIFE/PARTNER GOT PREGNANT .. H INCONVENIENT TO USE/MESSY I CONDOM BROKE J OTHER _____ X (SPECIFY) NO PROBLEM Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
317	CHECK 314: CURRENT USE OF CONDOMS EVERY TIME OR SOMETIMES <input type="checkbox"/> NOT AT ALL/ NOT HAVING SEX <input type="checkbox"/>		→323																								
318	What brand of condom do you usually use? ASK TO SEE CONDOM PACKET IF BRAND NOT KNOWN.	PROTECTOR 1 ENGABU 2 LIFE GUARD 3 ROUGH RIDER 4 PLEASURE 5 OTHER 6 DON'T KNOW 8																									
319	From where do you usually obtain the condoms? 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)	PUBLIC SECTOR GOV'T HOSPITAL 11 GOV'T HEALTH CENTER 12 FAMILY PLANNING CLINIC 13 OUTREACH..... 14 GOV'T COMMUNITY-BASED DISTRIBUTOR 15 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY/DRUG SHOP 22 PRIVATE DOCTOR/NURSE /MIDWIFE 23 OUTREACH 24 NGO COMMUNITY-BASED DISTRIBUTOR 25 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER SOURCE SHOP 31 RELIGIOUS INSTITUTION 32 FRIEND/RELATIVE 33 STREET VENDOR 34 LODGE 35 OTHER _____ 96 (SPECIFY)																									
320	How much do you usually pay for a packet of condoms?	COST PER PACKET UGANDA SHILLINGS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 9995 DON'T KNOW 9998	→323																								
321	How many condoms are in each packet?	NUMBER <input type="text"/> <input type="text"/>																									
322	Do you think that at this price condoms are inexpensive, just affordable, or too expensive?	INEXPENSIVE 1 JUST AFFORDABLE 2 TOO EXPENSIVE 3																									
323	I will now read you some statements about condom use that other men have made. Please tell me if you agree or disagree with each. a) Condoms diminish a man's sexual pleasure. b) A condom is very inconvenient to use. c) A condom can be reused. d) A condom protects against disease. e) A woman has no right to tell a man to use a condom.	<table border="0"> <thead> <tr> <th></th> <th>AGREE</th> <th>DISAGREE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		AGREE	DISAGREE	DK	a)	1	2	8	b)	1	2	8	c)	1	2	8	d)	1	2	8	e)	1	2	8	
	AGREE	DISAGREE	DK																								
a)	1	2	8																								
b)	1	2	8																								
c)	1	2	8																								
d)	1	2	8																								
e)	1	2	8																								

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A WOMAN 2 NO, NOT IN UNION 3	→404 →405
402	Do you have one wife or more than one wife? IF ONLY ONE WIFE, ENTER '01'. IF MORE THAN ONE, ASK: How many wives do you currently have?	NUMBER OF WIVES <input type="text"/>	
403	Are there any other women with whom you live as if married?	YES 1 NO 2	→409
404	Are you living with one (other) woman or more than one (other) woman as if married? IF ONE LIVE-IN PARTNER, ENTER '01'. IF MORE THAN ONE, ASK: How many women are you living with as if married?	NUMBER OF <input type="text"/> LIVE-IN PARTNERS	→409
405	Do you currently have regular, occasional, or no sexual partners?	REGULAR PARTNER(S) ONLY 1 OCCASIONAL PARTNER(S) ONLY 2 REGULAR AND OCCASIONAL PARTNERS 3 NO SEXUAL PARTNER 4	→407 →407
406	Do you have one or more than one regular partner?	ONE REGULAR PARTNER 1 MORE THAN ONE REGULAR PARTNER 2	
407	Have you ever been married or lived with a woman?	YES, FORMERLY MARRIED 1 YES, LIVED WITH A WOMAN 2 NO 3	→411 →416
408	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
409	<p>WRITE THE LINE NUMBERS FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE/PARTNER. IF A WIFE/PARTNER DOES NOT LIVE IN THE HOUSEHOLD, ENTER '00' IN THE LINE NUMBER BOXES. THE NUMBER OF LINES FILLED IN MUST BE EQUAL TO THE NUMBER OF WIVES AND PARTNERS. IF RESPONDENT HAS MORE THAN FIVE WIVES/PARTNERS USE ADDITIONAL QUESTIONNAIRE(S).</p> <p>CHECK: 402 AND 404</p> <p style="text-align: center;"> SUM OF <input type="checkbox"/> SUM OF <input type="checkbox"/> 402 AND 404 = 1 402 AND 404 > 1 </p> <p>Please tell me the name of your wife/partner. Please tell me the name of each wife/partner that you live with as if married, starting with the one you lived with first.</p> <p>WIFE/PARTNER NUMBER</p> <p>1 _____</p> <p>2 _____</p> <p>3 _____</p> <p>4 _____</p> <p>5 _____</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">LINE NUMBER IN HH. QUEST.</th> <th style="width: 10%;">WIFE</th> <th style="width: 10%;">PARTNER</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;"><input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/></td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>	LINE NUMBER IN HH. QUEST.	WIFE	PARTNER	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2	
LINE NUMBER IN HH. QUEST.	WIFE	PARTNER																			
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2																			
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2																			
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2																			
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2																			
<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	1	2																			
410	<p>CHECK 409:</p> <p style="text-align: center;"> ONLY ONE WIFE/PARTNER <input type="checkbox"/> MORE THAN ONE WIFE/PARTNER <input type="checkbox"/> </p>		→412																		
411	<p>Have you been married or lived with a woman only once, or more than once?</p>	<p>ONLY ONCE 1 →414 MORE THAN ONCE 2 →413</p>																			
412	<p>Have you ever been married to or lived as if married to any woman other than those you have just mentioned?</p>	<p>YES 1 NO 2 →414</p>																			
413	<p>In total, how many women have you been married to or lived with as if married in your whole life?</p>	<p>NUMBER OF WOMEN <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>																			
414	<p>CHECK 409 AND 411:</p> <p style="text-align: center;"> ONLY ONE WIFE/PARTNER AND 411=1 <input type="checkbox"/> OTHER <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>	<p>MONTH <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→416																		
415	<p>How old were you when you started living with her?</p>	<p>AGE <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p>																			
416	<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 with a woman (if ever)?</p>	<p>NEVER 00 →448</p> <p>AGE IN YEARS <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/></p> <p>FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95</p>																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
417	When was the last time you had sexual intercourse with a woman? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO.	DAYS AGO 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 AGO 2 MONTHS AGO 3 YEARS AGO 4									→448
418	The last time you had sexual intercourse, was a condom used?	YES 1 NO 2	→420								
419	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→424								
420	CHECK 302(02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→424								
421	The last time you had sexual intercourse with a woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	→423 →424								
422	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 PILL 03 IUD/COIL 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMENORRHEA 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→424								








NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
423	What is the main reason a method was not used?	CASUAL SEX PARTNER 11 FERTILITY-RELATED REASONS WIFE/PARTNER MENOPAUSAL/ HAD HYSTERECTOMY 23 COUPLE SUBFECUND/INFECUND . 24 WIFE/PARTNER WAS PREGNANT . 25 WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC 26 WIFE/PARTNER WAS BREASTFEEDING 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98									
424	What is your relationship to the woman with whom you last had sex? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01'. IF NO, CIRCLE '02'.	SPOUSE/COHABITING PARTNER ... 01 WOMAN IS GIRLFRIEND/FIANCÉE ... 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER 06 OTHER _____ 96 (SPECIFY)	→426								
425	For how long have you had sexual relations with this woman?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><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></table> MONTHS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><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></table>									
426	Have you had sex with any other woman in the last 12 months?	YES 1 NO 2	→445								
427	The last time you had sexual intercourse with another woman, was a condom used?	YES 1 NO 2	→429								
428	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT A PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→433								

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
429	CHECK 302(02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→433
430	The last time you had sexual intercourse with this woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	→432 →433
431	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 PILL 03 IUD/COIL 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMENORRHEA 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→433
432	What is the main reason a method was not used?	CASUAL SEX PARTNER 11 FERTILITY-RELATED REASONS WIFE/PARTNER MENOPAUSAL/ HAD HYSTERECTOMY. 23 COUPLE SUBFECUND/INFECOND . 24 WIFE/PARTNER WAS PREGNANT . 25 WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC .. 26 WIFE/PARTNER WAS BREASTFEEDING. 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
433	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER ... 01 WOMAN IS GIRLFRIEND/FIANCÉE . 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER 06 OTHER _____ 96 (SPECIFY)	→435

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
434	For how long have you had sexual relations with this woman?	DAYS 1 <input type="checkbox"/> <input type="checkbox"/> WEEKS 2 <input type="checkbox"/> <input type="checkbox"/> MONTHS 3 <input type="checkbox"/> <input type="checkbox"/> YEARS 4 <input type="checkbox"/> <input type="checkbox"/>	
435	Other than these two women, have you had sex with any other woman in the last 12 months?	YES 1 NO 2	→445
436	The last time you had sexual intercourse with this third woman, was a condom used?	YES 1 NO 2	→438
437	What was the main reason you used a condom on that occasion?	RESPONDENT WANTED TO PREVENT STD/HIV 01 RESPONDENT WANTED TO PREVENT A PREGNANCY 02 RESPONDENT WANTED TO PREVENT BOTH STD/HIV AND PREGNANCY 03 DID NOT TRUST PARTNER/FEELS PARTNER HAS OTHER PARTNERS 04 PARTNER INSISTED 05 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→442
438	CHECK 302(02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>		→442
439	The last time you had sexual intercourse with this woman, did you or she do something or use any method to avoid a pregnancy?	YES 1 NO 2 UNSURE/DON'T KNOW 8	→441 →442
440	What method was used? IF MORE THAN ONE METHOD USED, RECORD THE HIGHEST METHOD ON THE LIST.	FEMALE STERILIZATION 01 PILL 03 IUD/COIL 04 INJECTABLES 05 IMPLANTS 06 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMENORRHEA 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→442

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	What is the main reason a method was not used?	CASUAL SEX PARTNER 12 FERTILITY-RELATED REASONS WIFE/PARTNER MENOPAUSAL/ HAD HYSTERECTOMY 23 COUPLE SUBFECUND/INFECUND . 24 WIFE/PARTNER WAS PREGNANT . 25 WIFE/PARTNER WAS POSTPARTUM AMENORRHEIC 26 WIFE/PARTNER WAS BREASTFEEDING 27 WANTED (MORE) CHILDREN 28 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE/PARTNER OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
442	What is your relationship to this woman? IF WOMAN IS "GIRLFRIEND" OR "FIANCÉE", ASK: Was your girlfriend/fiancée living with you when you last had sex with her? IF YES, CIRCLE '01' IF NO, CIRCLE '02'	SPOUSE/COHABITING PARTNER ... 01 WOMAN IS GIRLFRIEND/FIANCÉE ... 02 OTHER FRIEND 03 CASUAL ACQUAINTANCE 04 RELATIVE 05 COMMERCIAL SEX CUSTOMER 06 OTHER _____ 96 (SPECIFY)	→444
443	For how long have you had sexual relations with this woman?	DAYS 1 <input type="text"/> <input type="text"/> WEEKS 2 <input type="text"/> <input type="text"/> MONTHS 3 <input type="text"/> <input type="text"/> YEARS 4 <input type="text"/> <input type="text"/>	
444	In total, with how many different women have you had sex in the last 12 months?	NUMBER OF PARTNERS <input type="text"/> <input type="text"/>	
445	Have you ever paid for sex?	YES 1 NO 2	→448
446	How long ago was the last time you paid for sex?	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"/>	
447	The last time that you paid for sex, was a condom used on that occasion?	YES 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
448	CHECK 319: SOURCE OF CONDOMS SOURCE NOT CIRCLED <input type="checkbox"/> SOURCE CIRCLED <input type="checkbox"/>		→451
449	Do you know of a place where a person can get condoms?	YES 1 NO 2	→452
450	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) Any other place? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER ... B FAMILY PLANNING CLINIC C OUTREACH D GOVT. COMMUNITY BASED DISTRIBUTOR E OTHER PUBLIC F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC G PHARMACY/DRUG SHOP H PRIVATE DOCTOR/NURSE/MIDWIFE . I OUTREACH J NGO COMMUNITY BASED DISTRIBUTOR K OTHER PRIVATE MEDICAL L (SPECIFY) OTHER SOURCE SHOP M CHURCH N FRIENDS/RELATIVES O OTHER X (SPECIFY)	
451	If you wanted to, could you yourself get a condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8	

452	CHECK 418: <input type="checkbox"/> NOT ASKED → <input type="checkbox"/> YES → <input type="checkbox"/> NO 	MARK BOX AND SKIP TO 458 MARK BOX AND SKIP TO 458
453	CHECK 421: <input type="checkbox"/> YES OR NOT ASKED → <input type="checkbox"/> NO OR UNSURE/DON'T KNOW 	MARK BOX AND SKIP TO 458
454	CHECK 427: <input type="checkbox"/> NOT ASKED → <input type="checkbox"/> YES → <input type="checkbox"/> NO 	MARK BOX AND SKIP TO 458 MARK BOX AND SKIP TO 458
455	CHECK 430: <input type="checkbox"/> YES OR NOT ASKED → <input type="checkbox"/> NO OR UNSURE/DON'T KNOW 	MARK BOX AND SKIP TO 458
456	CHECK 436: <input type="checkbox"/> NOT ASKED → <input type="checkbox"/> YES → <input type="checkbox"/> NO 	MARK BOX AND SKIP TO 458 MARK BOX AND SKIP TO 458
457	CHECK 439: <input type="checkbox"/> NO OR UNSURE/DON'T KNOW → <input type="checkbox"/> YES OR NOT ASKED →	MARK BOX AND SKIP TO 458 MARK BOX AND SKIP TO 458
458	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>HAS NOT USED A CONTRACEPTIVE METHOD</p> <input type="checkbox"/>  </div> <div style="text-align: center;"> <p>HAS USED A CONTRACEPTIVE METHOD</p> <input type="checkbox"/>  </div> </div>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS					SKIP
501	CHECK 401: CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>					→516
502	CHECK 302(02): RESPONDENT NOT STERILIZED <input type="checkbox"/> RESPONDENT STERILIZED <input type="checkbox"/>					→520
503	COPY THE NAMES OF WIVES/ PARTNERS FROM 409. ASK QUESTIONS FOR ONE WIFE/ PARTNER AT A TIME. IF THERE ARE MORE THAN FIVE WIVES/ PARTNERS, USE ADDITIONAL QUESTIONNAIRE(S). Is (NAME) currently pregnant?	NAME OF WIFE/ PARTNER 1: _____ YES 1 NO 2 DON'T KNOW/ UNSURE 8 (SKIP TO 505) ←	NAME OF WIFE/ PARTNER 2: _____ YES 1 NO 2 DON'T KNOW/ UNSURE 8 (SKIP TO 505) ←	NAME OF WIFE/ PARTNER 3: _____ YES 1 NO 2 DON'T KNOW/ UNSURE 8 (SKIP TO 505) ←	NAME OF WIFE/ PARTNER 4: _____ YES 1 NO 2 DON'T KNOW/ UNSURE 8 (SKIP TO 505) ←	NAME OF WIFE/ PARTNER 5: _____ YES 1 NO 2 DON'T KNOW/ UNSURE 8 (SKIP TO 505) ←
504	When (NAME) became pregnant, did you want her to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you not want her to have a child <u>at all</u> ?	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←	THEN 1 LATER 2 NOT AT ALL 3 (SKIP TO 506) ←
505	In the next few weeks, if you discovered that (NAME) was pregnant, would that be a big problem, a small problem or no problem for you?	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HAD HYSTERECTOMY 4 (SKIP TO 507) ←	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HAD HYSTERECTOMY 4 (SKIP TO 507) ←	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HAD HYSTERECTOMY 4 (SKIP TO 507) ←	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HAD HYSTERECTOMY 4 (SKIP TO 507) ←	BIG PROBLEM 1 SMALL PROBLEM 2 NO PROBLEM 3 STERILIZED/ HAD HYSTERECTOMY 4 (SKIP TO 507) ←
506	Do you think (NAME) wants the same number of children that you want to have with her, or does she want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8
507	How often have you talked to (NAME) about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3
508	Do you think that (NAME) approves or disapproves of couples using a contraceptive method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 (GO TO 503 FOR NEXT WIFE/PARTNER. IF NO MORE WIVES/ PARTNERS GO TO 509)	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 (GO TO 503 FOR NEXT WIFE/PARTNER. IF NO MORE WIVES/ PARTNERS GO TO 509)	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 (GO TO 503 FOR NEXT WIFE/PARTNER. IF NO MORE WIVES/ PARTNERS GO TO 509)	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 (GO TO 503 FOR NEXT WIFE/PARTNER. IF NO MORE WIVES/ PARTNERS GO TO 509)	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8 (GO TO 503 FOR NEXT WIFE/PARTNER. IF NO MORE WIVES/ PARTNERS GO TO 509)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	<p>CHECK 503 FOR ALL WIVES/PARTNERS:</p> <p>ONE OR MORE WIVES/PARTNERS PREGNANT <input type="checkbox"/></p> <p>NO WIFE/PARTNER PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. After the child(ren) your wife/ wives/ partner(s) is/are expecting now, would you like to have another child or would you prefer not to have any more children at all?</p>	<p>HAVE A/ANOTHER CHILD 1</p> <p>NOT HAVE A/ANOTHER CHILD 2</p> <p>WIFE/WIVES INFECUND/STERILIZED 3</p> <p>UNDECIDED/DON'T KNOW 8</p>	<p>→514</p> <p>→511</p>
510	<p>How long would you like to wait from now before the birth of (a/another) child ?</p>	<p>MONTHS 1 <input type="text"/></p> <p>YEARS 2 <input type="text"/></p> <p>SOON/NOW 993</p> <p>AFTER MARRIAGE 995</p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW 998</p>	
511	<p>CHECK 409:</p> <p>HAS MORE THAN ONE WIFE/PARTNER <input type="checkbox"/></p> <p>HAS ONLY ONE WIFE/PARTNER <input type="checkbox"/></p>		<p>→514</p>
512	<p>You say you (may) want to have a/another child. Which of your wives would you prefer to have your next child with?</p>	<p>WIFE/PARTNER NUMBER <input type="text"/></p> <p>ANY WIFE/PARTNER 0</p>	<p>→514</p>
513	<p>Are you planning to have any more children with any of your other wives?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE/DEPENDS 3</p>	
514	<p>Do you plan to take another wife at any time in the near future?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE/DEPENDS 3</p>	<p>→516</p>
515	<p>What is the main reason you think you will/may take another wife in the near future?</p>	<p>TO HAVE MORE CHILDREN 01</p> <p>TO HELP IN THE HOME/COMPOUND 02</p> <p>TO HELP IN THE FAMILY FARM/BUSINESS 03</p> <p>WANT A YOUNGER WIFE 04</p> <p>CURRENT WIFE/WIVES TOO SICK/OLD 05</p> <p>CURRENT WIFE/WIVES NOT FERTILE/BARREN 06</p> <p>WIFE/WIVES DIED 07</p> <p>OTHER _____ 96 (SPECIFY)</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	CHECK 302: CONTRACEPTIVE METHOD USE HAS NOT USED A CONTRACEPTIVE METHOD <input type="checkbox"/> HAS USED A CONTRACEPTIVE METHOD <input type="checkbox"/>		→520
517	Do you think you will use a contraceptive method to avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW/UNSURE 8	→519
518	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION 01 MALE STERILIZATION 02 PILL 03 IUD/COIL 04 INJECTABLES 05 IMPLANTS 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMENORRHEA 11 PERIODIC ABSTINENCE 12 WITHDRAWAL 13 OTHER _____ 96 (SPECIFY) UNSURE 98	→521
519	What is the main reason that you think you will not use a contraceptive method at any time in the future?	FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX 22 WIFE(VES)/PARTNER(S) MENOPAUSAL/HAD HYSTERECTOMY 23 COUPLE SUBFECUND/ INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 25 OPPOSITION TO USE RESPONDENT OPPOSED 31 WIFE(WIVES)/PARTNER(S) OPPOSED 32 OTHERS OPPOSED 33 RELIGIOUS PROHIBITION 34 LACK OF KNOWLEDGE KNOWS NO METHOD 41 KNOWS NO SOURCE 42 METHOD-RELATED REASONS HEALTH CONCERNS 51 FEAR OF SIDE EFFECTS 52 LACK OF ACCESS/TOO FAR 53 COST TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
520	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be?	NUMBER <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→522
521	PROBE FOR A NUMERIC RESPONSE.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
521	How many of these children would you like to be boys, how many would you like to be girls, and for how many would the sex not matter?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="text-align: center; width: 16.5%;">BOYS</td> <td style="text-align: center; width: 16.5%;">GIRLS</td> <td style="text-align: center; width: 16.5%;">EITHER</td> <td style="width: 16.5%;"></td> </tr> <tr> <td>NUMBER</td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td style="text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </td> <td></td> </tr> <tr> <td colspan="4">OTHER _____ 96</td> <td></td> </tr> <tr> <td colspan="4" style="text-align: center;">(SPECIFY)</td> </tr> </table>		BOYS	GIRLS	EITHER		NUMBER	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>		OTHER _____ 96					(SPECIFY)													
	BOYS	GIRLS	EITHER																												
NUMBER	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>																												
OTHER _____ 96																															
(SPECIFY)																															
522	Would you say that you approve or disapprove of couples using a contraceptive method to avoid getting pregnant?	APPROVE 1 DISAPPROVE 2 DON'T KNOW/UNSURE 8																													
523	In the last six months have you heard/read about family planning: On the radio? On the television? In a newspaper or magazine? Billboards? Community meeting/church? Mobile van?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> <td></td> </tr> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>BILLBOARDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>COMMUNITY MEETING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>MOBILE VAN</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td></td> </tr> </table>		YES	NO		RADIO	1	2		TELEVISION	1	2		NEWSPAPER OR MAGAZINE ..	1	2		BILLBOARDS	1	2		COMMUNITY MEETING	1	2		MOBILE VAN	1	2		
	YES	NO																													
RADIO	1	2																													
TELEVISION	1	2																													
NEWSPAPER OR MAGAZINE ..	1	2																													
BILLBOARDS	1	2																													
COMMUNITY MEETING	1	2																													
MOBILE VAN	1	2																													
524	In the last few months, have you discussed the practice of family planning with your wife/partner, friends, neighbours, or relatives?	YES 1 NO 2	→526																												
525	With whom? Anyone else? RECORD ALL PERSONS MENTIONED.	WIFE(WIVES)/PARTNER(S) A MOTHER B FATHER C SISTER(S) D BROTHER(S) E DAUGHTER F SON G MOTHER-IN-LAW H FATHER-IN-LAW I FRIENDS/NEIGHBOURS J OTHER _____ X (SPECIFY)																													
526	In the last few months, have you discussed the practice of family planning with a health worker or health professional?	YES 1 NO 2																													
527	How interested would you be in opportunities to learn about the following topics: very interested, somewhat interested or not interested: a) How men can avoid causing an unwanted pregnancy? b) How men can help their partner have a safe and healthy pregnancy? c) How men can help to care for their new born infants?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">VERY INTER-ESTED</td> <td style="text-align: center;">SOMEWHAT INTER-ESTED</td> <td style="text-align: center;">NOT INTER-ESTED</td> </tr> <tr> <td>a)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>b)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>c)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </table>		VERY INTER-ESTED	SOMEWHAT INTER-ESTED	NOT INTER-ESTED	a)	1	2	3	b)	1	2	3	c)	1	2	3													
	VERY INTER-ESTED	SOMEWHAT INTER-ESTED	NOT INTER-ESTED																												
a)	1	2	3																												
b)	1	2	3																												
c)	1	2	3																												

SECTION 6. PARTICIPATION IN HEALTH CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 209: HAS HAD ONE OR MORE CHILDREN <input type="checkbox"/> HAS NOT HAD ANY CHILDREN <input type="checkbox"/>		→628
602	Please tell me the name and sex of your child (who was born most recently). _____ (NAME OF CHILD)	BOY 1 GIRL 2	
603	In what month and year was (NAME OF CHILD) born?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
604	Is (NAME OF CHILD) still living?	YES 1 NO 2	→606
605	How old was (NAME OF CHILD) when he/she died? IF '1 YEAR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/>	
606	What is the name of (NAME OF CHILD)'s mother? WRITE THE CHILD'S MOTHER'S NAME AND HER LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF THE MOTHER IS DECEASED, RECORD '95'. IF THE MOTHER IS NOT A HOUSEHOLD MEMBER, RECORD '00'. NAME OF CHILD'S MOTHER _____	LINE NUMBER <input type="text"/> <input type="text"/> IN HH. QUEST.	
607	CHECK 603: (LAST) CHILD BORN IN JANUARY 1995 OR LATER <input type="checkbox"/> (LAST) CHILD BORN BEFORE JANUARY 1995 <input type="checkbox"/>		→628
608	CHECK 606: MOTHER OF (LAST) CHILD DOES NOT LIVE IN THE HOUSEHOLD (CODE 00) <input type="checkbox"/> OTHER <input type="checkbox"/>		→610
609	What is your relationship with (NAME OF CHILD'S MOTHER)?	CURRENT SPOUSE 01 FORMER SPOUSE 02 CURRENT LIVE-IN PARTNER 03 FORMER LIVE-IN PARTNER 04 REGULAR SEXUAL PARTNER 05 WOMAN IS GIRLFRIEND/FIANCÉE 06 OCCASIONAL SEXUAL PARTNER 07 FRIEND/ACQUAINTANCE 08 OTHER _____ 96 (SPECIFY)	
610	When (NAME OF CHILD'S MOTHER) became pregnant with (NAME OF CHILD), did you want her to become pregnant then, did you want to wait until later, or did you not want her to have a child at all?	THEN 1 LATER 2 NOT AT ALL 3	→612 →612
611	How much longer would you like to have waited?	MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> UNDECIDED/DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP																				
612	ASK QUESTIONS 612-615 FIRST FOR PREGNANCY, THEN FOR DELIVERY, AND THEN FOR THE SIX WEEKS AFTER DELIVERY. ALL QUESTIONS REFER TO THE LAST BIRTH. Did (NAME OF CHILD'S MOTHER) receive any advice or care from a doctor or any health care provider during the (pregnancy/delivery/six weeks after delivery)?	PREGNANCY YES 1 NO 2 (SKIP TO 615) ← DK 8 (GO TO 612 IN NEXT COLUMN)	DELIVERY YES 1 NO 2 (SKIP TO 615) ← DK 8 (GO TO 612 IN NEXT COLUMN)	SIX WEEKS AFTER DELIVERY YES 1 NO 2 (SKIP TO 615) ← DK 8 (SKIP TO 616) ←																					
613	Was this care provided free, was it completely covered by insurance, or did it have to be paid for in money or goods or services?	FREE 1 INSURANCE 2 (GO TO 612 IN NEXT COLUMN) HAD TO BE PAID FOR . 3	FREE 1 INSURANCE 2 (GO TO 612 IN NEXT COLUMN) HAD TO BE PAID FOR . 3	FREE 1 INSURANCE 2 (SKIP TO 616) ← HAD TO BE PAID FOR . 3																					
614	Who mainly provided the money/goods/ services to pay for this care?	RESPONDENT 1 CHILD'S MOTHER 2 RESPONDENT AND CHILD'S MOTHER 3 RESPONDENT'S FAMILY 4 MOTHER'S FAMILY 5 OTHER 6 (SPECIFY) (GO TO 612 IN NEXT COLUMN)	RESPONDENT 1 CHILD'S MOTHER 2 RESPONDENT AND CHILD'S MOTHER 3 RESPONDENT'S FAMILY 4 MOTHER'S FAMILY 5 OTHER 6 (SPECIFY) (GO TO 612 IN NEXT COLUMN)	RESPONDENT 1 CHILD'S MOTHER 2 RESPONDENT AND CHILD'S MOTHER 3 RESPONDENT'S FAMILY 4 MOTHER'S FAMILY 5 OTHER 6 (SPECIFY) (SKIP TO 616) ←																					
615	What was the main reason (NAME OF CHILD'S MOTHER) did not receive any advice or care from a doctor or other health care provider during (pregnancy/delivery/the six weeks after delivery)?	NOT NECESSARY ... 01 NOT CUSTOMARY ... 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY) GO TO 612 IN NEXT COLUMN	NOT NECESSARY ... 01 NOT CUSTOMARY ... 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY) GO TO 612 IN NEXT COLUMN	NOT NECESSARY ... 01 NOT CUSTOMARY ... 02 RESPONDENT DIDN'T ALLOW 03 TOO COSTLY 04 TOO FAR/NO TRANSPORT 05 POOR SERVICE 06 LACK OF KNOWLEDGE 07 OTHER 96 (SPECIFY)																					
616	Sometimes a pregnancy can have complications that lead to miscarriage or even death. What are some of the signs and symptoms that indicate that a pregnancy may be in danger? PROBE: Any other signs or symptoms? RECORD ALL SIGNS AND SYMPTOMS MENTIONED.	VAGINAL BLEEDING A HIGH FEVER B ABDOMINAL PAIN C SWELLING OF HANDS AND FEET D DIFFICULT LABOR FOR MORE THAN 12 HOURS E CONVULSIONS F OTHER X (SPECIFY) DON'T KNOW ANY SIGNS OR SYMPTOMS Y																							
617	At any time while (NAME OF CHILD'S MOTHER) was pregnant with (NAME OF CHILD), did you yourself talk with a doctor or any other health care provider about the health of the mother or of the pregnancy?	YES 1 NO 2			→619																				
618	Did the health provider talk to you about: a) What foods (NAME OF CHILD'S MOTHER) should eat during pregnancy? b) How much rest she should have during pregnancy? c) What you should do to prepare for the delivery? d) The types of health problems for which she should get mediate medical attention?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DON'T RECALL</td> </tr> <tr> <td>a) FOOD</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) REST</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) DELIVERY</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) PROBLEMS</td> <td>1</td> <td>2</td> <td>3</td> </tr> </table>				YES	NO	DON'T RECALL	a) FOOD	1	2	3	b) REST	1	2	3	c) DELIVERY	1	2	3	d) PROBLEMS	1	2	3	
	YES	NO	DON'T RECALL																						
a) FOOD	1	2	3																						
b) REST	1	2	3																						
c) DELIVERY	1	2	3																						
d) PROBLEMS	1	2	3																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	CHECK 602 AND 604: NAME OF (LAST) CHILD _____ (LAST) CHILD LIVING <input type="checkbox"/> (LAST) CHILD NOT LIVING <input type="checkbox"/>		→628
620	Now I want to talk to you about vaccinations given to young children to immunize them against different diseases. CIRCLE CODE 1 IN 620 FOR EACH VACCINE MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 620 READING THE NAME AND DESCRIPTION OF EACH VACCINE NOT MENTIONED SPONTANEOUSLY. THEN, FOR EACH VACCINE WITH CODE 1 OR CODE 2 CIRCLED IN 620, ASK 621. What vaccinations have you heard about that are given to young children to protect them against disease? FOR VACCINATIONS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (NAME OF VACCINE)?		621 Has (NAME OF CHILD) received (NAME OF VACCINE)?
620A	BCG: An injection in the arm or shoulder that usually causes a scar.	SPONTANEOUS YES 1 PROBED YES 2 NO 3 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
620B	Polio vaccine: Given in the form of drops in the mouth	SPONTANEOUS YES 1 PROBED YES 2 NO 3 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
620C	DPT vaccine: An injection in the thigh or buttocks, sometimes given at the same time as polio drops	SPONTANEOUS YES 1 PROBED YES 2 NO 3 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
620D	Measles vaccine: An injection to prevent measles	SPONTANEOUS YES 1 PROBED YES 2 NO 3 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
622	CHECK 621: ALL VACCINES NOT ONE YES OR QUESTION NOT ASKED FOR ANY VACCINE <input type="checkbox"/> AT LEAST ONE YES <input type="checkbox"/>		→624
623	What is the main reason why (NAME OF CHILD) has not received any of these vaccinations?	TOO EXPENSIVE 01 DOES NOT KNOW WHERE TO GET THEM . 02 NOT AVAILABLE 03 NOT IMPORTANT/NOT NEEDED 04 NOT GOOD FOR CHILD'S HEALTH 05 CHILD TOO YOUNG 06 TOO FAR/NO TRANSPORT 07 OTHER _____ 96 (SPECIFY) DON' T KNOW ANY VACCINE 99 DON'T KNOW WHY 98	
624	Does (NAME OF CHILD) live with you in your household?	YES 1 NO 2	→626
625	In your household who usually decides what to do if the (NAME OF CHILD) is ill? RECORD ALL PERSONS MENTIONED.	RESPONDENT A CHILD'S MOTHER B WIFE/PARTNER WHO IS NOT CHILD'S MOTHER C FEMALE RELATIVE D MALE RELATIVE E OTHER _____ X (SPECIFY) CHILD HAS NEVER BEEN ILL Y	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
626	CHECK 606: MOTHER IS ALIVE (CODED '00'-'94') <input type="checkbox"/> MOTHER NOT ALIVE (CODED '95') <input type="checkbox"/>		628												
627	Please tell me if you would be angry with (NAME OF CHILD'S MOTHER) if she ever did the following: a) She took (NAME OF CHILD) to be vaccinated without asking you? b) Without asking you, she took (NAME OF CHILD) to a doctor or health worker because she thought the child was ill?	<table border="1"> <thead> <tr> <th></th> <th>YES, ANGRY</th> <th>NO, NOT ANGRY</th> <th>DON'T KNOW</th> </tr> </thead> <tbody> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES, ANGRY	NO, NOT ANGRY	DON'T KNOW	a)	1	2	8	b)	1	2	8	
	YES, ANGRY	NO, NOT ANGRY	DON'T KNOW												
a)	1	2	8												
b)	1	2	8												
628	Now I want to talk to you about some common childhood illnesses. When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS 1 ABOUT THE SAME 2 MORE 3 DON'T KNOW 8													
629	When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? PROBE: Any other signs? RECORD ALL SIGNS MENTIONED.	REPEATED WATERY STOOLS A ANY WATERY STOOLS B REPEATED VOMITING C ANY VOMITING D BLOOD IN STOOLS E FEVER F MARKED THIRST G NOT EATING/NOT DRINKING WELL H NOT GETTING BETTER I OTHER _____ X (SPECIFY) DON'T KNOW ANY SIGNS Y													
630	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? PROBE: Any other signs? RECORD ALL SIGNS MENTIONED.	RAPID BREATHING A DIFFICULT BREATHING B NOISY BREATHING C FEVER D UNABLE TO DRINK/SWALLOW E NOT EATING/NOT DRINKING WELL F NOT GETTING BETTER G OTHER _____ X (SPECIFY) DON'T KNOW ANY SIGNS Y													

NO.	QUESTIONS AND FILTERS		CODING CATEGORIES		SKIP
631	ASK 631, THEN FOLLOW SKIP PATTERN TO 632 AND 633 FOR EACH ILLNESS Now tell me about your own health. Have you ever, at any time in your life, had...		632 Have you had (NAME OF PROBLEM) in the last 3 months?	633 Have you ever sought treatment for (NAME OF PROBLEM) ?	
631A	Tuberculosis?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631B	Asthma?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631C	Diabetes?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631D	High blood pressure?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631E	Heart problem?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631F	Malaria?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
631G	Hepatitis?	YES 1→ NO 2↵ DON'T KNOW 8↵ ↓	YES 1 NO 2↵ ↓	YES 1 NO 2	
634	CHECK 632 (HEALTH PROBLEMS IN THE LAST 3 MONTHS): AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/> →639				
635	At any time during the last 3 months, did (this/these) health problem(s) prevent you from doing your work or other regular activities?	YES 1 NO 2		→637	
636	For how many days in the last 3 months were you unable to do your work or regular activities due to this (these) health problem(s)?	NUMBER OF DAYS <input type="text"/> <input type="text"/>			
637	CHECK 633 (TREATMENT FOR ALL HEALTH PROBLEMS): AT LEAST ONE YES <input type="checkbox"/> OTHER <input type="checkbox"/> →639				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
638	<p>Where did you go for treatment for this (these) health problem(s)?</p> <p>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.</p> <p>_____ (NAME OF PLACE)</p> <p>PROBE: Did you go anywhere else for treatment?</p> <p>RECORD ALL PLACES MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT HEALTH POST C</p> <p>MOBILE CLINIC D</p> <p>FIELD WORKER E</p> <p>OTHER PUBLIC _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G</p> <p>PHARMACY H</p> <p>PRIVATE DOCTOR I</p> <p>MOBILE CLINIC J</p> <p>FIELD WORKER K</p> <p>OTHER PRIVATE MEDICAL _____ L</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP M</p> <p>TRADITIONAL PRACTITIONER N</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
639	Have you had any kind of injection in the last 3 months?	<p>YES 1</p> <p>NO 2</p>	→642
640	How many times did you have an injection in the last 3 months?	<p>NUMBER OF INJECTIONS <input type="text"/> <input type="text"/></p> <p>EVERY DAY 95</p>	
641	The last time you had an injection, who was the person who gave you the injection?	<p>HEALTH PROFESSIONAL 1</p> <p>TRADITIONAL HEALER 2</p> <p>FRIEND/RELATIVE 3</p> <p>SELF 4</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>	
642	<p>Do you currently smoke cigarettes or tobacco?</p> <p>IF YES: What type of tobacco do you smoke?</p> <p>RECORD ALL TYPES MENTIONED.</p>	<p>YES, CIGARETTES A</p> <p>YES, PIPES B</p> <p>YES, OTHER _____ C</p> <p>(SPECIFY)</p> <p>NO Y</p>	
643	<p>CHECK 642:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>CODE 'A' NOT CIRCLED <input type="checkbox"/></p>		→645
644	In the last 24 hours, how many cigarettes did you smoke?	<p>CIGARETTES <input type="text"/> <input type="text"/></p>	
645	Have you ever drunk an alcohol-containing beverage?	<p>YES 1</p> <p>NO 2</p>	→701
646	In the last 30 days, on how many days did you drink an alcohol-containing beverage?	<p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>NONE 95</p>	
647	Have you ever gotten "drunk" from drinking an alcohol-containing beverage?	<p>YES 1</p> <p>NO 2</p>	→701
648	<p>CHECK 646:</p> <p>DRANK ALCOHOL ON AT LEAST ONE DAY <input type="checkbox"/></p> <p>NONE <input type="checkbox"/></p>		→701
649	In the last 30 days, on how many occasions did you get "drunk"?	<p>NUMBER OF TIMES <input type="text"/> <input type="text"/></p> <p>NONE 95</p>	

SECTION 7. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→724
702	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES 1 NO 2 DON'T KNOW 8	↳709
703	What can a person do? Anything else? RECORD ALL WAYS MENTIONED.	ABSTAIN FROM SEX A USE CONDOMS B LIMIT SEX TO ONE PARTNER/STAY FAITHFUL TO ONE PARTNER C LIMIT NUMBER OF SEXUAL 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 PRACTITIONER M AVOID SKIN PIERCING/CUTTING INSTRUMENTS N SHARING SYRINGE O SHARING A TOILET P AVOID TOUCHING A PERSON WITH AIDS Q AVOID SHARING FOOD R OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW Z	
704	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES 1 NO 2 DON'T KNOW 8	
705	Can a person get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
706	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
707	Can a person get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
709	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
710	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	
711	Can the virus that causes AIDS be transmitted from a mother to a child?	YES 1 NO 2 DON'T KNOW 8	↳713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	Can the virus that causes AIDS be transmitted from a mother to her child... During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREGNANCY .. 1 2 8 DURING DELIVERY 1 2 8 BY BREASTFEEDING ... 1 2 8	
713	CHECK 401: YES, CURRENTLY MARRIED/LIVING WITH A WOMAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→715
714	Have you ever talked with (your wife/the woman you are living with) about ways to prevent getting the virus that causes AIDS? IF MORE THAN ONE WIFE/PARTNER, ASK ABOUT ANY OF HIS WIVES/PARTNERS.	YES 1 NO 2	
715	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? in newspapers?	ACCEPT- NOT ABLE ACCEPT- ABLE ON THE RADIO 1 2 ON THE TV 1 2 IN NEWSPAPERS .. 1 2	
716	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE 1 AVAILABLE TO COMMUNITY 2 DON'T KNOW/UNSURE 8	
717	If a member of your family became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS 8	
718	If a female teacher has the AIDS virus, should she be allowed to continue teaching in the school?	CAN CONTINUE 1 SHOULD NOT CONTINUE 2 DON'T KNOW/UNSURE/DEPENDS 8	
719	Should children age 12-14 years be taught about using a condom to avoid AIDS?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS 8	
720	Have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→721
720A	Where did you go for the test the last time?	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER . 12 FAMILY PLANNING CLINIC 13 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 PHARMACY 22 PRIVATE DOCTOR 23 OTHER PRIVATE MEDICAL _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY)	
720B	Did you get the results? DO NOT ASK FOR THE RESULT	YES 1 NO 2	→724
721	Would you want to be tested for the AIDS virus?	YES 1 NO 2 DON'T KNOW/UNSURE/DEPENDS 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
722	Do you know a place where you could go to get an AIDS test?	YES 1 NO 2	→724
723	<p>Where can you go for the test?</p> <p>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.</p> <p>_____ (NAME OF PLACE)</p> <p>Any other place?</p> <p>RECORD ALL MENTIONED.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER .. B FAMILY PLANNING CLINIC C</p> <p>OTHER PUBLIC _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC G PHARMACY H PRIVATE DOCTOR I OTHER PRIVATE MEDICAL _____ L (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>	
724	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES 1 NO 2	→727
724A	<p>What infections do you know?</p> <p>RECORD ALL MENTIONED.</p>	<p>SYPHILIS A GONORRHEA B GENITAL WARTS/CONDYLOMATA ... C CHANCROID D CHLAMYDIA E CANDIDA F</p> <p>OTHER _____ X (SPECIFY)</p>	
724B	<p>Infections that are transmitted through sexual contact can cause problems if left untreated. What are some of these problems?</p> <p>RECORD ALL MENTIONED.</p>	<p>INFERTILITY A MISCARRIAGE/STILLBIRTH B EASIER TO GET HIV C BABY BORN SICK D MADNESS E OTHER X DON'T KNOW Y</p>	
725	<p>If a man has a sexually transmitted disease, what symptoms might he have?</p> <p>Any others?</p> <p>PROBE; DO NOT READ OUT THE OPTIONS.</p> <p>RECORD ALL SYMPTOMS MENTIONED.</p>	<p>ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K IMPOTENCY/STERILITY L</p> <p>OTHER _____ W (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p> <p>NO SYMPTOMS Y DON'T KNOW Z</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
726	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>PROBE; DO NOT READ OUT THE OPTIONS.</p> <p>RECORD ALL MENTIONED.</p>	ABDOMINAL PAIN A GENITAL DISCHARGE B FOUL SMELLING DISCHARGE C BURNING PAIN ON URINATION D REDNESS/INFLAMMATION IN GENITAL AREA E SWELLING IN GENITAL AREA F GENITAL SORES/ULCERS G GENITAL WARTS H GENITAL ITCHING I BLOOD IN URINE J LOSS OF WEIGHT K HARD TO GET PREGNANT/HAVE A CHILD L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS Y DON'T KNOW Z																			
727	<p>CHECK 416:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NOT HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→801																		
728	<p>Now I would like to ask you some questions about your health in the last 12 months.</p> <p>During the last 12 months, have you had a sexually-transmitted infection?</p>	YES 1 NO 2 DON'T KNOW 8	→729																		
728A	<p>Which one?</p> <p>Any other?</p> <p>RECORD ALL MENTIONED.</p>	SYPHILIS A GONORRHEA B GENITAL WARTS/CONDYLOMATA C CHANCROID D CHLAMYDIA E CANDIDA F OTHER _____ X (SPECIFY) DON'T KNOW Z																			
729	<p>Sometimes, men experience a discharge from their penis. During the last 12 months, have you had a discharge from your penis?</p>	YES 1 NO 2 DON'T KNOW 8																			
730	<p>Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?</p>	YES 1 NO 2 DON'T KNOW 8																			
731	<p>CHECK 728/729/730:</p> <p>HAS HAD AN INFECTION <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION <input type="checkbox"/></p>		→801																		
732	<p>The last time you had (INFECTION(S) FROM 728/729/730), did you seek any kind of advice or treatment?</p>	YES 1 NO 2	→734																		
733	<p>The last time you had (INFECTION(S) FROM 728/729/730), did you do any of the following? Did you....</p> <p>a) Seek advice from a health worker in a clinic or hospital?</p> <p>b) Seek advice or medicine from a traditional healer?</p> <p>c) Seek advice or buy medicine in a shop or pharmacy?</p> <p>d) Ask for advice from friends or relatives?</p> <p>e) Do self medication?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>CLINIC/HOSPITAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TRADITIONAL HEALER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SHOP/PHARMACY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SELF MEDICATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	CLINIC/HOSPITAL	1	2	TRADITIONAL HEALER	1	2	SHOP/PHARMACY	1	2	FRIENDS/RELATIVES	1	2	SELF MEDICATION	1	2	
	YES	NO																			
CLINIC/HOSPITAL	1	2																			
TRADITIONAL HEALER	1	2																			
SHOP/PHARMACY	1	2																			
FRIENDS/RELATIVES	1	2																			
SELF MEDICATION	1	2																			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
734	When you had (INFECTION(S) FROM 728/729/730), did you inform the person(s) with whom you were having sex?	YES 1 NO 2 SOME/ NOT ALL 3 DID NOT HAVE A PARTNER 4	→801															
735	When you had (INFECTION(S) FROM 728/729/730), did you do anything to avoid infecting your sexual partner(s)?	YES 1 NO 2 PARTNER(S) ALREADY INFECTED ... 3	→801															
736	What did you do to avoid infecting your partner(s)? Did you.... a) Stop having sex? b) Use a condom when having sex? c) Take medicine? d) Advise her to have medical consultation?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>STOP SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE CONDOM</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TAKE MEDICINE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ADVICE TO CONSULT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	STOP SEX	1	2	USE CONDOM	1	2	TAKE MEDICINE	1	2	ADVICE TO CONSULT	1	2	
	YES	NO																
STOP SEX	1	2																
USE CONDOM	1	2																
TAKE MEDICINE	1	2																
ADVICE TO CONSULT	1	2																

SECTION 8. ATTITUDES TOWARD WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
801	<p>Who in your family usually has the final say on each of the following decisions:</p> <p>a) your wife's health care?</p> <p>b) children's health care?</p> <p>c) making household purchases?</p> <p>d) making household purchases for daily meals?</p> <p>e) visits to family or relatives?</p> <p>f) what food should be cooked each day?</p>	<p>RESPONDENT = 1 WIFE/PARTNER = 2 RESPONDENT & WIFE/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p> <p>1 2 3 4 5 6</p>					
802	<p>Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:</p> <p>If she goes out without telling him?</p> <p>If she neglects the children?</p> <p>If she argues with him?</p> <p>If she refuses to have sex with him?</p> <p>If she burns the food?</p>	<p>YES NO DK</p> <p>GOES OUT 1 2 8</p> <p>NEGL. CHILDREN . . . 1 2 8</p> <p>ARGUES 1 2 8</p> <p>REFUSES SEX 1 2 8</p> <p>BURNS FOOD 1 2 8</p>					
803	<p>Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband if...</p> <p>a) She knows her husband has a sexually transmitted disease?</p> <p>b) She knows her husband has sex with other women?</p> <p>c) She has recently given birth?</p> <p>d) She is tired and not in the mood?</p>	<p>YES NO DK</p> <p>HUSBAND HAS STD 1 2 8</p> <p>OTHER WOMEN . . . 1 2 8</p> <p>RECENT BIRTH 1 2 8</p> <p>TIRED/MOOD 1 2 8</p>					
804	<p>Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to...</p> <p>a) Get angry and reprimand her?</p> <p>b) Refuse to give her money or other means of financial support?</p> <p>c) Use force and have sex with her even if she doesn't want to?</p> <p>d) Go and have sex with another woman?</p>	<p>YES NO DK</p> <p>ANGRY 1 2 8</p> <p>REFUSE MONEY 1 2 8</p> <p>HAVE SEX 1 2 8</p> <p>SEX WITH ANOTHER WOMAN 1 2 8</p>					
805	RECORD THE TIME.	<p>HOUR</p> <p>MINUTES</p> <table border="1" data-bbox="1257 1794 1342 1899"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>					

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: _____

UNICEF WORLD SUMMIT FOR CHILDREN: END-DECADE INDICATORS

APPENDIX **F**

World Summit for Children End-Decade Indicators: Uganda 2000-2001		
BASIC INDICATORS		
Childhood mortality	Under-five mortality rate (per 1,000 births)	151.5
	Infant mortality rate (per 1,000 births)	88.4
Maternal mortality	Maternal mortality ratio (deaths per 100,000 live births)	505
Childhood malnutrition	Percent underweight (children under 5 years < -2 standard deviations)	22.5
	Percent stunted (children under 5 years < -2 standard deviations)	38.6
	Percent wasted (children under 5 years < -2 standard deviations)	4.0
Clean water supply	Percent of households with safe water supply (1)	51.8
Sanitary excreta disposal	Percent of households with latrine or toilet	82.3
Basic education	Female literacy rate	47.5
	Male literacy rate	64.3
SUPPORTING INDICATORS		
Family planning	Contraceptive prevalence (married women)	22.8
	Contraceptive prevalence (all women)	20.1
Safe motherhood	Percent of births with medical antenatal care (2)	92.4
	Percent of births with medical assistance at delivery (3)	39.0
Low birth weight	Percent of births at low birth weight (below 2500 grams) (4)	10.5
Micronutrient intake	Percent of households with iodised salt	94.8
	Percent of children receiving vitamin A supplements in last 6 months	35.0
	Percent of mothers who received vitamin A supplements after birth (2)	11.3
	Percent of women who had night blindness while pregnant with last child (2)	7.0
	Percent of infants less than 6 months of age exclusively breastfed	63.2
Breastfeeding	Percent of infants 12-15 months still breastfeeding	89.3
	Percent of infants 20-23 months still breastfeeding	50.0
	Percent of infants 6-9 months receiving breast milk and complementary foods	74.6
	Percent of children 12-23 months receiving tuberculosis vaccine before 1st birthday	75.0
	Percent of children 12-23 months receiving DPT3 vaccine before 1st birthday	42.0
Vaccinations	Percent of children 12-23 months receiving polio 3 vaccine before 1st birthday	49.6
	Percent of children 12-23 months receiving measles vaccine before 1st birthday	42.3
	Percent of women with a birth in the last five years who received at least one dose of tetanus toxoid vaccination during last pregnancy	69.5
	Percent of children with diarrhoea in preceding 2 weeks who received ORT (5)	43.2
	Percent of children with diarrhoea in preceding 2 weeks who received more fluids and continued eating somewhat less/the same/or more food	15.2
Diarrhoea treatment	Percent of children with acute respiratory infection taken to a health facility	64.7
Acute respiratory infection	Percent of children age 4 and 5 who attend early childhood education	13.0
Preschool development	Percent of births in the last five years whose births were registered	4.2
	Percent of children 0-14 years not living with either biological parent	16.2
Childcare	Percent of children 0-14 years who are orphans (both parents dead)	2.3
	Percent of children 5-17 years who are currently working	44.0
Malaria control	Percent of children who slept under a bednet the night before the survey	7.3
HIV/AIDS	Percent of women who correctly stated 2 ways of avoiding HIV infection	78.1
	Percent of women who identified 2 misconceptions about HIV/AIDS	33.6
	Percent of women who correctly identified all 3 means of mother-to-child HIV transmission	33.9
	Percent of women who believe that a female teacher with the AIDS virus should not be allowed to keep teaching	49.6
	Percent of women who know of a place to be tested for HIV	34.5
	Percent of women who have been tested for HIV	8.4

(1) Refers to piped water or water from a borehole or tanker truck
(2) Refers to last birth in the five years preceding the survey
(3) Refers to all births in the five years preceding the survey
(4) Based on recorded birth weight among those weighed at birth only
(5) Includes ORS and/or increased fluids

