

1996 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
QUESTIONNAIRE FOR INDIVIDUAL WOMEN

| IDENTIFICATION | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| CLUSTER NUMBER..... | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | | | | |
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| PROVINCE _____ | | | | | | | | | | | | | | | | | | | |
| DISTRICT _____ | | | | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER..... | | | | | | | | | | | | | | | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | | | | | | |
| URBAN/RURAL (urban=1, rural=2)..... | | | | | | | | | | | | | | | | | | | |
| LUSAKA/OTHER CITY/TOWN/VILLAGE..... (Lusaka=1, Other city=2, Town=3, Village=4) | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF WOMAN _____ | | | | | | | | | | | | | | | | | | | |

| INTERVIEWER VISITS | | | | |
|--------------------|-------|-------|-------|---|
| | 1 | 2 | 3 | FINAL VISIT |
| DATE | _____ | _____ | _____ | DAY <table border="1" style="width: 20px; height: 20px;"></table> |
| INTERVIEWER'S NAME | _____ | _____ | _____ | MONTH <table border="1" style="width: 20px; height: 20px;"></table> |
| RESULT* | _____ | _____ | _____ | YEAR <table border="1" style="width: 20px; height: 20px;"></table> |
| | _____ | _____ | _____ | NAME <table border="1" style="width: 20px; height: 20px;"></table> |
| NEXT VISIT: DATE | _____ | _____ | | RESULT <table border="1" style="width: 20px; height: 20px;"></table> |
| TIME | _____ | _____ | _____ | TOTAL NO. OF VISITS <table border="1" style="width: 20px; height: 20px;"></table> |

*RESULT CODES:

| | | |
|---------------|--------------------|---------------|
| 1 COMPLETED | 4 REFUSED | 7 OTHER _____ |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | (SPECIFY) |
| 3 POSTPONED | 6 INCAPACITATED | |

| | | | | | | | | | |
|--|---|---|---|--|--|--|--|--|--|
| LANGUAGE OF QUESTIONNAIRE** ENGLISH | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;">0</td><td style="width: 20px; height: 20px;">1</td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | 0 | 1 | | | | | | |
| 0 | | 1 | | | | | | | |
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| | | | | | | | | | |
| LANGUAGE USED IN INTERVIEW**..... | | | | | | | | | |
| RESPONDENT'S LOCAL LANGUAGE**..... | | | | | | | | | |
| TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME).. | | | | | | | | | |

**LANGUAGE CODES: 01 ENGLISH 03 KAONDE 05 LUNDA 07 NYANJA 09 OTHER
02 BEMBA 04 LOZI 06 LUVALE 08 TONGA

| SUPERVISOR | FIELD EDITOR | OFFICE EDITOR | KEYED BY |
|--|--|---|---|
| NAME _____ <table border="1" style="width: 20px; height: 20px;"></table> | NAME _____ <table border="1" style="width: 20px; height: 20px;"></table> | <table border="1" style="width: 20px; height: 20px;"></table> | <table border="1" style="width: 20px; height: 20px;"></table> |
| DATE _____ | DATE _____ | <table border="1" style="width: 20px; height: 20px;"></table> | <table border="1" style="width: 20px; height: 20px;"></table> |

W EN 1

SECTION 1. RESPONDENT'S BACKGROUND

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-----|--|---|-------|
| 101 | RECORD THE TIME. | HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> | |
| 102 | First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village? | LUSAKA.....1 OTHER CITY.....2 TOWN.....3 VILLAGE.....4 | |
| 103 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? | YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR.....96 | → 105 |
| 104 | Just before you moved here, did you live in a city, in a town, or in a village? | LUSAKA.....1 OTHER CITY.....2 TOWN.....3 VILLAGE.....4 | |
| 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"/> DON'T KNOW YEAR.....98 | |
| 106 | How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. | AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/> | |
| 107 | Have you ever attended school? | YES.....1 NO.....2 | → 114 |
| 108 | What is the highest level of school you attended: primary, secondary, or higher? | PRIMARY.....1 SECONDARY.....2 HIGHER.....3 | |
| 109 | How many years did you complete at that level? COMMENT _____ | YEARS..... <input type="text"/> <input type="text"/> | |
| 110 | CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/> | | → 113 |
| 111 | Are you currently attending school? | YES.....1 NO.....2 | → 113 |
| 112 | What was the main reason you stopped attending school? | GOT PREGNANT.....01 GOT MARRIED.....02 TO CARE FOR YOUNGER CHILDREN...03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING.07 DID NOT PASS ENTRANCE EXAMS....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR..10 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-----|--|---|-------|
| 113 | CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> | | 115 |
| 114 | Can you read and understand a letter or newspaper easily, with difficulty, or not at all? | EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3 | 116 |
| 115 | How often do you usually read a newspaper or magazine? Would you say every day, every other day, at least once a week, at least once a month, a few times a year, or never? CIRCLE ONLY ONE ANSWER. | EVERYDAY.....1 EVERY OTHER DAY.....2 AT LEAST ONCE A WEEK.....3 AT LEAST ONCE A MONTH.....4 FEW TIMES A YEAR.....5 NEVER.....6 | |
| 116 | How often do you usually listen to a radio? Would you say every day, every other day, at least once a week, at least once a month, a few times a year, or never? CIRCLE ONLY ONE ANSWER. | EVERYDAY.....1 EVERY OTHER DAY.....2 AT LEAST ONCE A WEEK.....3 AT LEAST ONCE A MONTH.....4 FEW TIMES A YEAR.....5 NEVER.....6 | |
| 117 | How often do you usually watch television? Would you say every day, every other day, at least once a week, at least once a month, a few times a year, or never? CIRCLE ONLY ONE ANSWER. | EVERYDAY.....1 EVERY OTHER DAY.....2 AT LEAST ONCE A WEEK.....3 AT LEAST ONCE A MONTH.....4 FEW TIMES A YEAR.....5 NEVER.....6 | |
| 118 | What religion are you? | CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 OTHER.....4 (SPECIFY) | |
| 119 | What tribe do you belong to? | <input type="text"/> | |
| 120 | CHECK COLUMN (8) INTERVIEWER'S ASSIGNMENT SHEET THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/> | | 201 |
| 121 | Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? _____ (NAME OF PLACE) Is that a city, town, or village? | LUSAKA.....1 OTHER CITY.....2 TOWN.....3 VILLAGE.....4 | |
| 122 | In which province is that located? | CENTRAL.....01 COPPERBELT.....02 EASTERN.....03 LUAPULA.....04 LUSAKA.....05 NORTHERN.....06 NORTH-WESTERN.....07 SOUTHERN.....08 WESTERN.....09 OUTSIDE ZAMBIA.....10 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-----|---|--|-------|
| 123 | <p>How I would like to ask about the household in which you usually live.</p> <p>What is the main source of drinking water for members of your household?</p> | <p>PIPED WATER</p> <p>PIPED INTO HOME/PLOT.....11 → 125</p> <p>PUBLIC TAP.....12</p> <p>WELL WATER</p> <p>WELL IN RESIDENCE/YARD/PLOT..21 → 125</p> <p>PUBLIC SHALLOW WELL.....22</p> <p>PUBLIC TRADITIONAL WELL.....23</p> <p>PUBLIC BOREHOLE.....24</p> <p>SURFACE WATER</p> <p>SPRING.....31</p> <p>RIVER/STREAM.....32</p> <p>POND/LAKE.....33</p> <p>RAINWATER.....41 → 125</p> <p>TANKER TRUCK.....51</p> <p>BOTTLED WATER.....61 → 125</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 124 | <p>How long does it take to go there, get water, and come back?</p> | <p>MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/></p> <p>ON PREMISES.....96</p> | |
| 125 | <p>What kind of toilet facility does your household have?</p> | <p>FLUSH TOILET</p> <p>OWN FLUSH TOILET.....11</p> <p>SHARED FLUSH TOILET.....12</p> <p>PIT TOILET/LATRINE</p> <p>TRADITIONAL PIT TOILET.....21</p> <p>VENTILATED IMPROVED PIT (VIP) LATRINE.....22</p> <p>NO FACILITY/BUSH/FIELD.....31</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 126 | <p>Does your household have:</p> <p>Electricity?</p> <p>A radio?</p> <p>A television?</p> <p>A refrigerator?</p> | <p>YES NO</p> <p>ELECTRICITY.....1 2</p> <p>RADIO.....1 2</p> <p>TELEVISION.....1 2</p> <p>REFRIGERATOR.....1 2</p> | |
| 127 | <p>How many rooms in your household are used for sleeping?</p> | <p>ROOMS..... <input type="text"/> <input type="text"/></p> | |
| 128 | <p>Could you describe the main material of the floor of your home?</p> | <p>NATURAL FLOOR</p> <p>EARTH/SAND/MUD.....11</p> <p>RUDIMENTARY FLOOR</p> <p>WOOD PLANKS/BOARDS.....21</p> <p>FINISHED FLOOR</p> <p>WOODEN TILE.....31</p> <p>CERAMIC/TERRAZO/MARBLE TILE.....32</p> <p>CEMENT/CONCRETE.....33</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 129 | <p>Does any member of your household own:</p> <p>A bicycle?</p> <p>A motorcycle?</p> <p>A car?</p> | <p>YES NO</p> <p>BICYCLE.....1 2</p> <p>MOTORCYCLE.....1 2</p> <p>CAR.....1 2</p> | |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO | | | | |
|-----|---|---|--|--|--|--|--|
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever given birth? | YES.....1 NO.....2 | →206 | | | | |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you? | YES.....1 NO.....2 | →204 | | | | |
| 203 | How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'. | SONS AT HOME..... DAUGHTERS AT HOME..... | <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | |
| | | | | | | | |
| | | | | | | | |
| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | YES.....1 NO.....2 | →206 | | | | |
| 205 | How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'. | SONS ELSEWHERE..... DAUGHTERS ELSEWHERE..... | <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | |
| | | | | | | | |
| | | | | | | | |
| 206 | Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days? | YES.....1 NO.....2 | →208 | | | | |
| 207 | How many boys have died? And how many girls have died? IF NONE, RECORD '00'. | BOYS DEAD..... GIRLS DEAD..... | <table border="1"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | |
| | | | | | | | |
| | | | | | | | |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. | TOTAL..... | <table border="1"><tr><td> </td><td> </td></tr></table> | | | | |
| | | | | | | | |
| 209 | CHECK 208: Just to make sure that I have this right: you have had in total _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY. | | | | | | |
| 210 | CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> | | →227 | | | | |

W EN 5

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

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

| 212 | 213 | 214 | 215 | 216 | 217 IF ALIVE: | 218 IF ALIVE | 219 IF DEAD: | 220 | 221 |
|--|---------------------------------|----------------------------|---|------------------------------|--|-------------------------------------|---|---|--|
| What name was given to your (first/next) baby? (NAME) | Were any of these births twins? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE? | Were there any other live births between (NAME) OF PREVIOUS BIRTH) and (NAME)? |
| 01 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YEAR... | YES..1 NO...2 ↓ 219 | AGE IN YEARS 219 | YES...1 NO...2 (NEXT ← BIRTH) | DAYS...1 MONTHS..2 YEARS...3 | | |
| 02 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YEAR... | YES..1 NO...2 ↓ 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO ← 220) | DAYS...1 MONTHS..2 YEARS...3 | YES....1 NO....2 (NEXT ← BIRTH) | YES..1 NO...2 |
| 03 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YEAR... | YES..1 NO...2 ↓ 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO ← 220) | DAYS...1 MONTHS..2 YEARS...3 | YES....1 NO....2 (NEXT ← BIRTH) | YES..1 NO...2 |
| 04 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YEAR... | YES..1 NO...2 ↓ 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO ← 220) | DAYS...1 MONTHS..2 YEARS...3 | YES....1 NO....2 (NEXT ← BIRTH) | YES..1 NO...2 |
| 05 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YEAR... | YES..1 NO...2 ↓ 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO ← 220) | DAYS...1 MONTHS..2 YEARS...3 | YES....1 NO....2 (NEXT ← BIRTH) | YES..1 NO...2 |
| 06 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YEAR... | YES..1 NO...2 ↓ 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO ← 220) | DAYS...1 MONTHS..2 YEARS...3 | YES....1 NO....2 (NEXT ← BIRTH) | YES..1 NO...2 |
| 07 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YEAR... | YES..1 NO...2 ↓ 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO ← 220) | DAYS...1 MONTHS..2 YEARS...3 | YES....1 NO....2 (NEXT ← BIRTH) | YES..1 NO...2 |

| | | | | | | | | | |
|--|---------------------------------|----------------------------|---|------------------------|--|---|---|---|---|
| 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 |
| What name was given to your next baby? (NAME) | Were any of these births twins? | Is (NAME) a boy or a girl? | In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born? | Is (NAME) still alive? | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | IF ALIVE: Is (NAME) living with you? | IF DEAD: How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE? | Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)? |

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

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

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

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

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

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

| | | |
|-----|---|--|
| 224 | COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|-----|---|--|

| | | |
|-----|---|----------------------|
| 225 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1991. IF NONE, RECORD '0'. | <input type="text"/> |
|-----|---|----------------------|

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-----|---|--|-------|
| 227 | Are you pregnant now? | YES.....1 NO.....2 UNSURE.....8 | →236 |
| 228 | How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. | MONTHS..... <input type="text"/> <input type="text"/> | |
| 229 | At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any more children at all? | THEN.....1 LATER.....2 NOT WANT MORE CHILDREN.....3 | |
| 236 | When did your last menstrual period start? _____ (DATE, IF GIVEN) | 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"/> IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996 | |
| 237 | Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times? | YES.....1 NO.....2 DON'T KNOW.....8 | →301 |
| 238 | During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant? | DURING HER PERIOD.....01 RIGHT AFTER HER PERIOD HAS ENDED.....02 IN THE MIDDLE OF THE CYCLE.....03 JUST BEFORE HER PERIOD BEGINS..04 OTHER.....96 (SPECIFY) DON'T KNOW.....98 | |

W EN 8

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

| 301 Which ways or methods have you heard about? | 302 Have you ever heard of (METHOD)? | | 303 Have you ever used (METHOD)? |
|---|--------------------------------------|---------------|---|
| | SPONTANEOUS YES | PROBED YES NO | |
| 01] <input type="checkbox"/> PILL Women can take a pill every day. | 1 | 2 3 | YES.....1 NO.....2 |
| 02] <input type="checkbox"/> IUCD Women can have a loop or coil placed inside them by a doctor or a nurse. | 1 | 2 3 | YES.....1 NO.....2 |
| 03] <input type="checkbox"/> INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months. | 1 | 2 3 | YES.....1 NO.....2 |
| 04] <input type="checkbox"/> IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years. | 1 | 2 3 | YES.....1 NO.....2 |
| 05] <input type="checkbox"/> FOAMING TABLETS/JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse. | 1 | 2 3 | YES.....1 NO.....2 |
| 06] <input type="checkbox"/> CONDOM Men can put a rubber sheath on their penis during sexual intercourse. | 1 | 2 3 | YES.....1 NO.....2 |
| 07] <input type="checkbox"/> FEMALE STERILIZATION Women can have an operation to avoid having any more children. | 1 | 2 3 | Have you ever had an operation to avoid having any more children? YES.....1 NO.....2 |
| 08] <input type="checkbox"/> MALE STERILIZATION Men can have an operation to avoid having any more children. | 1 | 2 3 | Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2 |
| 09] <input type="checkbox"/> NATURAL FAMILY PLANNING Couples can avoid having sexual intercourse on the days of the month when the woman is more likely to become pregnant. | 1 | 2 3 | YES.....1 NO.....2 |
| 10] <input type="checkbox"/> WITHDRAWAL Men can be careful and pull out before climax. | 1 | 2 3 | YES.....1 NO.....2 |
| 11] <input type="checkbox"/> Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | 1 | 3 | YES.....1 NO.....2 |
| | | (SPECIFY) | YES.....1 NO.....2 |
| | | (SPECIFY) | YES.....1 NO.....2 |

304 CHECK 303: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED) → GO TO 309

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|---|--|------------------------------|
| 305 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES.....1 NO.....2 | →331 |
| 307 | What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY). | | |
| 309 | How I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'. | NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/> | |
| 310 | When you first used family planning, did you want to have another child but at a later time, or did you not want to have another child at all? | WANTED CHILD LATER.....1 DID NOT WANT ANOTHER CHILD.....2 OTHER _____ 6 (SPECIFY) | |
| 311 | CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/> | | →314A |
| 312 | CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | →332 |
| 313 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES.....1 NO.....2 | →331 |
| 314 | Which method are you using? | PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 FOAMING TABLETS/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NATURAL FAMILY PLANNING.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) | →326 →318 →323 →326 |
| 314A | CIRCLE '07' FOR FEMALE STERILIZATION. | | |
| 315A | At the time you first started using the pill, did you consult a doctor or a nurse? | YES.....1 NO.....2 DK.....8 | |
| 315B | At the time you last got pills, did you consult a doctor or a nurse? | YES.....1 NO.....2 | |
| 315C | May I see the package of pills you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN. | PACKAGE SEEN.....1 BRAND NAME _____ <input type="text"/> <input type="text"/> PACKAGE NOT SEEN.....2 | →317 |
| 316 | Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND. | BRAND NAME _____ <input type="text"/> <input type="text"/> DON'T KNOW.....98 | |
| 317 | How much does one packet (cycle) of pills cost you? | KWACHA COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DON'T KNOW.....9998 | →326 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO | | | | | | |
|------|---|---|-------------|--|--|---|-------------|--|--|
| 318 | <p>Where did the sterilization take place?</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>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>MISSION HOSPITAL/CLINIC.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....98</p> | <p>→319</p> | | | | | | |
| 318A | <p>How long did it take to travel from your home to (PLACE MENTIONED IN 318)?</p> <p>IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.</p> | <p>MINUTES.....1</p> <table border="1" data-bbox="1161 672 1274 766"> <tr><td></td><td></td><td></td></tr> <tr><td>0</td><td></td><td></td></tr> </table> <p>HOURS.....2</p> <p>DK.....9998</p> | | | | 0 | | | |
| | | | | | | | | | |
| 0 | | | | | | | | | |
| 318B | <p>Was it easy or difficult to get there?</p> | <p>EASY.....1</p> <p>DIFFICULT.....2</p> | | | | | | | |
| 319 | <p>Do you regret that (you/your husband) had the operation not to have any (more) children?</p> | <p>YES.....1</p> <p>NO.....2</p> | <p>→321</p> | | | | | | |
| 320 | <p>Why do you regret the operation?</p> | <p>RESPONDENT WANTS ANOTHER CHILD..1</p> <p>PARTNER WANTS ANOTHER CHILD.....2</p> <p>SIDE EFFECTS.....3</p> <p>CHILD DIED.....4</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> | | | | | | | |
| 321 | <p>In what month and year was the sterilization performed?</p> | <p>MONTH.....</p> <table border="1" data-bbox="1193 1197 1274 1291"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table> <p>YEAR.....</p> | | | | | <p>→327</p> | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 323 | <p>You said that you have avoided having sexual intercourse on certain days of the month to avoid getting pregnant.</p> <p>How do you determine which days of your monthly cycle not to have sexual relations?</p> | <p>BASED ON CALENDAR.....1</p> <p>BASED ON BODY TEMPERATURE.....2</p> <p>BASED ON CERVICAL MUCUS (BILLINGS METHOD).....3</p> <p>BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....4</p> <p>NO SPECIFIC SYSTEM.....5</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p> | | | | | | | |
| 326 | <p>For how many months have you been using (METHOD) continuously?</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p> | <p>MONTHS.....</p> <table border="1" data-bbox="1193 1606 1274 1659"> <tr><td></td><td></td></tr> </table> <p>8 YEARS OR LONGER.....96</p> | | | | | | | |
| | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO | | | | | | | | | | | | | | | | | | |
|------|---|--|---|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| 327 | CHECK 314: CIRCLE METHOD CODE: _____ (NAME OF PLACE) | PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 FOAMING TABLETS/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NATURAL FAMILY PLANNING.....09 WITHDRAWAL.....10 OTHER METHOD.....96 | →328C →334 →332 | | | | | | | | | | | | | | | | | | |
| 328 | Where did you obtain (METHOD) the last time? 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 GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FIELDWORKER.....13 OTHER PUBLIC.....16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 MISSION HOSPITAL/CLINIC.....22 PHARMACY.....23 PRIVATE DOCTOR.....24 MOBILE CLINIC.....25 FIELD WORKER.....26 OTHER PRIVATE MEDICAL.....27 (SPECIFY) OTHER SOURCE SHOP.....31 FRIENDS/RELATIVES.....33 OTHER.....36 (SPECIFY) DON'T KNOW.....98 | →328C →328C →328C | | | | | | | | | | | | | | | | | | |
| 328A | How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS. | MINUTES.....1 <table border="1" data-bbox="1247 1115 1354 1213"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> HOURS.....2 <table border="1" data-bbox="1247 1171 1354 1220"> <tr><td>0</td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> DK.....9998 | | | | | | | | | | 0 | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | |
| 328B | Is it easy or difficult to get there? | EASY.....1 DIFFICULT.....2 | | | | | | | | | | | | | | | | | | | |
| 328C | Did you talk to your husband/partner about (METHOD) before you started to use it? | YES.....1 NO.....2 | | | | | | | | | | | | | | | | | | | |
| 328D | Did you talk to your husband/partner about (METHOD) after you started to use it? | YES.....1 NO.....2 | →334 | | | | | | | | | | | | | | | | | | |

W EN 12

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-----|--|---|-------|
| 331 | <p>What is the main reason you are not using a method of contraception to avoid pregnancy?</p> | <p>NOT MARRIED.....11</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....21</p> <p>INFREQUENT SEX.....22</p> <p>MENOPAUSAL/HYSTERECTOMY.....23</p> <p>SUBFECUND/INFECUND.....24</p> <p>POSTPARTUM/BREASTFEEDING.....25</p> <p>WANTS (MORE) CHILDREN.....26</p> <p>PREGNANT.....27</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....31</p> <p>HUSBAND OPPOSED.....32</p> <p>OTHERS OPPOSED.....33</p> <p>RELIGIOUS PROHIBITION.....34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....41</p> <p>KNOWS NO SOURCE.....42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....51</p> <p>FEAR OF SIDE EFFECTS.....52</p> <p>LACK OF ACCESS/TOO FAR.....53</p> <p>COST TOO MUCH.....54</p> <p>INCONVENIENT TO USE.....55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....56</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....98</p> | |
| 332 | <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> | →334 |
| 333 | <p>Where is that?</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>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>FIELD WORKER.....15</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>MISSION HOSPITAL/CLINIC.....22</p> <p>PHARMACY.....23</p> <p>PRIVATE DOCTOR.....24</p> <p>MOBILE CLINIC.....25</p> <p>FIELD WORKER.....26</p> <p>OTHER PRIVATE MEDICAL _____ 27</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP.....31</p> <p>FRIENDS/RELATIVES.....32</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p> | |
| 334 | <p>Were you visited by a family planning program worker in the last 12 months?</p> | <p>YES.....1</p> <p>NO.....2</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-----|---|---|-------|
| 335 | Have you visited a health facility for any reason in the last 12 months? | YES.....1 NO.....2 | →337 |
| 336 | Did any staff member at the health facility speak to you about family planning methods? | YES.....1 NO.....2 | |
| 337 | Do you think that breastfeeding can affect a woman's chance of becoming pregnant? | YES.....1 NO.....2 DON'T KNOW.....8 | →401 |
| 338 | Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding? | INCREASED.....1 DECREASED.....2 DEPENDS.....3 DON'T KNOW.....8 | →401 |
| 339 | CHECK 210: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE OR MORE BIRTHS</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NO BIRTHS</p> <input type="checkbox"/> </div> </div> | | →401 |
| 340 | Have you ever relied on breastfeeding as a method of avoiding pregnancy? | YES.....1 NO.....2 | →401 |
| 341 | CHECK 227 AND 311: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>NOT PREGNANT OR UNSURE AND NOT STERILIZED</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>EITHER PREGNANT OR STERILIZED</p> <input type="checkbox"/> </div> </div> | | →401 |
| 342 | Are you currently relying on breastfeeding to avoid getting pregnant? | YES.....1 NO.....2 | |

W EN 14

SECTION 4A. PREGNANCY AND BREASTFEEDING

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

402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE CONTINUATION SHEETS).
 Now I would like to ask you some more questions about the health of all your children born in the past five years. (We will talk about one child at a time.)

403
 LINE NUMBER FROM Q212
 LAST BIRTH LINE NUMBER.....
 NEXT-TO-LAST BIRTH LINE NUMBER.....

404
 FROM Q212 AND Q216
 NAME _____
 ALIVE DEAD
 NAME _____
 ALIVE DEAD

405 At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later, or did you want no (more) children at all?
 THEN.....1 (GO TO 407) ←
 LATER.....2
 NO MORE.....3 (GO TO 407) ←

406 How much longer would you like to have waited?
 MONTHS.....1
 YEARS.....2
 DON'T KNOW.....998

407 When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?
 IF YES: Whom did you see? Anyone else?
 PRDPE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.
 HEALTH PROFESSIONAL DOCTOR.....A
 NURSE/MIDWIFE.....B
 CLINICAL OFFICER.....C
 OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D
 OTHER _____ X (SPECIFY)
 NO ONE.....Y (GO TO 410) ←

408 How many months pregnant were you when you first received antenatal care?
 MONTHS.....
 DON'T KNOW.....98

409 How many times did you receive antenatal care during this pregnancy?
 NO. OF TIMES.....
 DON'T KNOW.....98

409A Were you given an antenatal card or do you have a card or a book for this pregnancy? May see the card (book) please?
 YES, SEEN.....1
 YES, NOT SEEN.....2
 NO CARD/BOOK.....3

410 When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?
 YES.....1
 NO.....2 (GO TO 412) ←
 DON'T KNOW.....8

411 During this pregnancy, how many times did you get this injection?
 TIMES.....
 DON'T KNOW.....8

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|------------|--|---|---|
| FROM Q.212 | | NAME _____ | NAME _____ |
| 412 | Where did you give birth to (NAME)? | HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 MISSION HOSP./CLINIC..32 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) | HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/CLINIC..31 MISSION HOSP./CLINIC..32 OTHER PRIVATE MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) |
| 413 | Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING. | HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E COMMUNITY HEALTH WORKER.....F OTHER _____ X (SPECIFY) NO ONE.....Y | HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B CLINICAL OFFICER.....C OTHER PERSON TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E COMMUNITY HEALTH WORKER.....F OTHER _____ X (SPECIFY) NO ONE.....Y |
| 414 | Around the time of the birth of (NAME), did you have any of the following problems: | <p style="text-align: right;">YES NO</p> LABOR MORE THAN 12 HOURS...1 2 EXCESSIVE BLEEDING.....1 2 FEVER/BAD SMELLING VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2 | <p style="text-align: right;">YES NO</p> LABOR MORE THAN 12 HOURS...1 2 EXCESSIVE BLEEDING.....1 2 FEVER/BAD SMELLING VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2 |
| 415 | Was (NAME) delivered by caesarian section? | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 416 | When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small? | VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DON'T KNOW.....8 | VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DON'T KNOW.....8 |

| FROM Q. 212 | | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ |
|-------------|--|--|--|
| 417 | Was (NAME) weighed at birth? | YES.....1 NO.....2 (GO TO 419)← | YES.....1 NO.....2 (GO TO 420)← |
| 418 | How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE. | KILOGRAMS FROM CARD.....1 <input type="text"/> . <input type="text"/> KILOGRAMS FROM RECALL.....2 <input type="text"/> . <input type="text"/> DON'T KNOW.....998 | KILOGRAMS FROM CARD.....1 <input type="text"/> . <input type="text"/> KILOGRAMS FROM RECALL.....2 <input type="text"/> . <input type="text"/> DON'T KNOW.....998 |
| 419 | Has your period returned since the birth of (NAME)? | YES.....1 (GO TO 421)← NO.....2 (GO TO 422)← | |
| 420 | Did your period return between the birth of (NAME) and your next pregnancy? | | YES.....1 NO.....2 (GO TO 424)← |
| 421 | For how many months after the birth of (NAME) did you <u>not</u> have a period? | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 |
| 422 | CHECK 227: RESPONDENT PREGNANT? | NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (GO TO 424) | |
| 423 | Have you resumed sexual relations since the birth of (NAME)? | YES.....1 NO.....2 (GO TO 425)← | |
| 424 | For how many months after the birth of (NAME) did you <u>not</u> have sexual relations? | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 |
| 425 | Did you ever breastfeed (NAME)? | YES.....1 NO.....2 (GO TO 431)← | YES.....1 NO.....2 (GO TO 431)← |
| 426 | How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. | IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/> | IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/> |
| 427 | CHECK 404: CHILD ALIVE? | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 429) | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 429) |
| 428 | Are you still breastfeeding (NAME)? | YES.....1 (GO TO 432)← NO.....2 | YES.....1 (GO TO 432)← NO.....2 |
| 429 | For how many months did you breastfeed (NAME)? | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-------------|---|---|---|
| FROM Q. 212 | | NAME _____ | NAME _____ |
| 436 | CHECK 435: FOOD OR LIQUID GIVEN YESTERDAY? | "YES" TO ONE OR MORE <input type="checkbox"/> ↓ (GO TO 438) | "NO/DK" TO ALL <input type="checkbox"/> ↓ (GO TO 438) |
| 437 | (Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'. | NUMBER OF TIMES..... <input type="checkbox"/> DON'T KNOW.....8 | NUMBER OF TIMES..... <input type="checkbox"/> DON'T KNOW.....8 |
| 438 | On how many days during the last seven days was (NAME) given any of the following: Plain water? Any kind of milk (other than breast milk)? Liquids other than plain water or milk? Any solid or mushy food made from grain such as maize, rice, wheat and soybean? Any solid or mushy food made from tuber such as cassava, sweet potato and yam? Eggs, fish, or poultry? Meat? Any other solid or semi-solid foods? IF DON'T KNOW, RECORD '8' | RECORD THE NUMBER OF DAYS. PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> FOOD MADE FROM GRAIN..... <input type="checkbox"/> FOOD MADE FROM TUBER..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/> | RECORD THE NUMBER OF DAYS. PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> FOOD MADE FROM GRAIN..... <input type="checkbox"/> FOOD MADE FROM TUBER..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/> |
| 439 | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440. | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440. |

W EN 19

SECTION 4B. IMMUNIZATION AND HEALTH

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 440 | ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES). | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 441 | LAST BIRTH LINE..... <input type="text"/> <input type="text"/> | NEXT-TO-LAST BIRTH LINE..... <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 442 | FROM Q212 AND Q216 | NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.) | NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 443 | Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please? | YES, SEEN.....1- (GO TO 445)← YES, NOT SEEN.....2- (GO TO 447)← NO CARD.....3 | YES, SEEN.....1- (GO TO 445)← YES, NOT SEEN.....2- (GO TO 447)← NO CARD.....3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 444 | Did you ever have a vaccination card for (NAME)? | YES.....1- (GO TO 447)← NO.....2- | YES.....1- (GO TO 447)← NO.....2- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 445 | (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. BCG Polio 1 Polio 2 Polio 3 DPT 1 DPT 2 DPT 3 Measles | DAY MO YR BCG.... <table border="1" style="display: inline-table; border-collapse: collapse;"><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><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><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><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><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><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><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><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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DAY MO YR BCG.... <table border="1" style="display: inline-table; border-collapse: collapse;"><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><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><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><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><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><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><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><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> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 446 | Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 1-3, DPT 1-3, AND/OR MEASLES VACCINE(S). | YES.....1- (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445)← NO.....2- DON'T KNOW.....8- (GO TO 449)← | YES.....1- (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445)← NO.....2- DON'T KNOW.....8- (GO TO 449)← | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| FROM Q. 212 | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-------------|---|---|---|
| | | NAME _____ | NAME _____ |
| 447 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases? | YES.....1 NO.....2 (GO TO 449)← DON'T KNOW.....8 | YES.....1 NO.....2 (GO TO 449)← DON'T KNOW.....8 |
| 448 | Please tell me if (NAME) received any of the following vaccinations: | | |
| 448A | A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that caused a scar? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |
| 448B | Polio vaccine, that is, drops in the mouth? | YES.....1 NO.....2 (GO TO 448E)← DON'T KNOW.....8 | YES.....1 NO.....2 (GO TO 448E)← DON'T KNOW.....8 |
| 448C | IF YES: How many times? | NUMBER OF TIMES..... <input type="text"/> | NUMBER OF TIMES..... <input type="text"/> |
| 448D | When was the first polio vaccine given? | JUST AFTER BIRTH.....1 TWO MONTHS OR LATER.....2 | JUST AFTER BIRTH.....1 TWO MONTHS OR LATER.....2 |
| 448E | DPT vaccination, that is, an injection usually given at the same time as polio drops? | YES.....1 NO.....2 (GO TO 448G)← DON'T KNOW.....8 | YES.....1 NO.....2 (GO TO 448G)← DON'T KNOW.....8 |
| 448F | IF YES: How many times? | NUMBER OF TIMES..... <input type="text"/> | NUMBER OF TIMES..... <input type="text"/> |
| 448G | An injection to prevent measles? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |
| 449 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | YES.....1 NO.....2 (GO TO 450)← DON'T KNOW.....8 | YES.....1 NO.....2 (GO TO 450)← DON'T KNOW.....8 |
| 449A | Did you seek advice or treatment for the fever? | YES.....1 NO.....2 (GO TO 450)← | YES.....1 NO.....2 (GO TO 450)← |
| 449B | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY) |
| 450 | Has (NAME) been ill with a cough at any time in the last 2 weeks? | YES.....1 NO.....2 (GO TO 454)← DON'T KNOW.....8 | YES.....1 NO.....2 (GO TO 454)← DON'T KNOW.....8 |
| 451 | When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-------------|--|--|--|
| FROM Q. 212 | | NAME _____ | NAME _____ |
| 452 | Did you seek advice or treatment for the cough? | YES.....1 NO.....2 (GO TO 454)← | YES.....1 NO.....2 (GO TO 454)← |
| 453 | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER..C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER..C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY) |
| 453A | CHECK 453: MORE THAN ONE PROVIDER MENTIONED <input type="checkbox"/> | ONLY ONE PROVIDER MENTIONED <input type="checkbox"/> | <input type="checkbox"/> → 454 |
| 453B | Which provider did you go to first? | PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER..C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER..C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY) |
| 454 | Has (NAME) had diarrhoea in the last two weeks? | YES.....1 NO.....2 (GO TO 464)← DON'T KNOW.....8 | YES.....1 NO.....2 (GO TO 464)← DON'T KNOW.....8 |
| 455 | Was there any blood in the stools? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |
| 456 | On the worst day of the diarrhoea, how many bowel movements did (NAME) have? | NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> DON'T KNOW.....98 | NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> DON'T KNOW.....98 |
| 457 | Was he/she given the same amount to drink as before the diarrhoea, or more, or less? | SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8 | SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8 |
| 458 | Was he/she given the same amount of food to eat as before the diarrhoea, or more, or less? | SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8 | SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8 |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-------------|--|--|--|
| FROM Q. 212 | | NAME _____ | NAME _____ |
| 459 | Was anything given to treat the diarrhoea? | YES.....1 NO.....2 (GO TO 461)← DK.....8 | YES.....1 NO.....2 (GO TO 461)← DK.....8 |
| 460 | What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED. | FLUID FROM ORS PACKET....A HOMEMADE SUGAR/SALT SOLUTION.....B ANTIBIOTIC PILL OR SYRUP.C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER _____ X (SPECIFY) | FLUID FROM ORS PACKET....A HOMEMADE SUGAR/SALT SOLUTION.....B ANTIBIOTIC PILL OR SYRUP.C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER _____ X (SPECIFY) |
| 461 | Did you seek advice or treatment for the diarrhoea? | YES.....1 NO.....2 (GO TO 464)← | YES.....1 NO.....2 (GO TO 464)← |
| 462 | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC...E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER _____ X (SPECIFY) | PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC...E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER _____ X (SPECIFY) |
| 464 | | GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465. | GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465. |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|--|---|-------|
| 465 | When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual? | LESS TO DRINK.....1 ABOUT SAME AMOUNT TO DRINK.....2 MORE TO DRINK.....3 DON'T KNOW.....8 | |
| 466 | When a child has diarrhoea, should he/she be given less to eat than usual, about the same amount, or more than usual? | LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DON'T KNOW.....8 | |
| 467 | When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED. | REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/NOT DRINKING WELL....H GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J SUNKEN EYES.....K OTHER _____ X (SPECIFY) DON'T KNOW.....Z | |
| 468 | When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED. | FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H CHEST INDRAWING.....I OTHER _____ X (SPECIFY) DON'T KNOW.....Z | |
| 468A | When a child is sick with a fever, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED. | FEVER TWO OR MORE DAYS.....A SEIZURES/SHAKING.....B CHEST INDRAWING.....C NOT EATING/NOT DRINKING WELL....D GETTING SICKER/VERY SICK.....E NOT GETTING BETTER.....F OTHER _____ X (SPECIFY) DON'T KNOW.....Z | |

W EN 24

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-----|---|---|-------|
| 469 | CHECK 460 (ALL COLUMNS): | | |
| | NO CHILD RECEIVED ORS <input type="checkbox"/> | ANY CHILD RECEIVED ORS <input type="checkbox"/> | →473 |
| 470 | Have you ever heard of a special product called Madzi-a-Moyo or ORS packet you can get for the treatment of diarrhea? | YES.....1 NO.....2 | →472 |
| 471 | Have you ever seen packets like this before? SHOW PACKETS. | YES.....1 NO.....2 | →476 |
| 472 | Have you ever prepared a solution with one of these packets to treat diarrhoea in yourself or someone else? SHOW PACKETS. | YES.....1 NO.....2 | →475 |
| 473 | The last time you prepared Madzi-a-Moyo or ORS packet, did you prepare the whole packet at once or only part of the packet? | WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2 | →475 |
| 474 | How much water did you use to prepare Madzi-a-Moyo or ORS packet the last time you made it? | 1/2 LITRE (BANANA CUP).....01 750 MLS.....02 1 LITRE.....03 1 1/2 LITRES.....04 2 LITRES.....05 FOLLOWED PACKAGE INSTRUCTIONS..06 OTHER.....07 (SPECIFY) DK.....98 | |
| 475 | Where can you get Madzi-a-Moyo or ORS packet? PROBE: Anywhere else? RECORD ALL PLACES MENTIONED. | PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B COMMUNITY HEALTH WORKER.....C MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....D MISSION HOSPITAL/CLINIC.....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY) | |
| 476 | CHECK 460 (ALL COLUMNS): | | |
| | HOME-MADE FLUID GIVEN TO ANY CHILD <input type="checkbox"/> | HOME-MADE FLUID NOT GIVEN TO ANY CHILD OR 460 NOT ASKED <input type="checkbox"/> | →501 |
| 477 | Where did you learn to prepare the home fluid made from sugar, salt and water that was given to (NAME) when he/she had diarrhoea? | PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 COMMUNITY HEALTH WORKER.....13 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....21 MISSION HOSPITAL/CLINIC.....22 PHARMACY.....23 PRIVATE DOCTOR.....24 OTHER PRIVATE SECTOR SHOP.....31 TRADITIONAL HEALER.....32 OTHER.....41 (SPECIFY) | |

SECTION 5. MARRIAGE

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO | | | | | | | | | | | | | | | |
|---|---|---|--|---|--------------------------------|---|------------------------|----|----------------------|---|----------------------|------------------|------|---|--------------------|---|---|--|
| 501 | PRESENCE OF OTHERS AT THIS POINT. | <table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER MALES.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table> | | YES | NO | CHILDREN UNDER 10..... | 1 | 2 | HUSBAND/PARTNER..... | 1 | 2 | OTHER MALES..... | 1 | 2 | OTHER FEMALES..... | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | |
| CHILDREN UNDER 10..... | 1 | 2 | | | | | | | | | | | | | | | | |
| HUSBAND/PARTNER..... | 1 | 2 | | | | | | | | | | | | | | | | |
| OTHER MALES..... | 1 | 2 | | | | | | | | | | | | | | | | |
| OTHER FEMALES..... | 1 | 2 | | | | | | | | | | | | | | | | |
| 502 | Are you currently married or living with a man? | <table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td align="right">1</td> </tr> <tr> <td>YES, LIVING WITH A MAN.....</td> <td align="right">2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td align="right">3</td> </tr> </table> | YES, CURRENTLY MARRIED..... | 1 | YES, LIVING WITH A MAN..... | 2 | NO, NOT IN UNION..... | 3 | →507 | | | | | | | | | |
| YES, CURRENTLY MARRIED..... | 1 | | | | | | | | | | | | | | | | | |
| YES, LIVING WITH A MAN..... | 2 | | | | | | | | | | | | | | | | | |
| NO, NOT IN UNION..... | 3 | | | | | | | | | | | | | | | | | |
| 503 | Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all? | <table border="0"> <tr> <td>REGULAR SEXUAL PARTNER.....</td> <td align="right">1</td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER.....</td> <td align="right">2</td> </tr> <tr> <td>NO SEXUAL PARTNER.....</td> <td align="right">3</td> </tr> </table> | REGULAR SEXUAL PARTNER..... | 1 | OCCASIONAL SEXUAL PARTNER..... | 2 | NO SEXUAL PARTNER..... | 3 | | | | | | | | | | |
| REGULAR SEXUAL PARTNER..... | 1 | | | | | | | | | | | | | | | | | |
| OCCASIONAL SEXUAL PARTNER..... | 2 | | | | | | | | | | | | | | | | | |
| NO SEXUAL PARTNER..... | 3 | | | | | | | | | | | | | | | | | |
| 504 | Have you ever been married or lived with a man? | <table border="0"> <tr> <td>YES, FORMERLY MARRIED.....</td> <td align="right">1</td> </tr> <tr> <td>YES, LIVED WITH A MAN.....</td> <td align="right">2</td> </tr> <tr> <td>NO.....</td> <td align="right">3</td> </tr> </table> | YES, FORMERLY MARRIED..... | 1 | YES, LIVED WITH A MAN..... | 2 | NO..... | 3 | →511 →515F | | | | | | | | | |
| YES, FORMERLY MARRIED..... | 1 | | | | | | | | | | | | | | | | | |
| YES, LIVED WITH A MAN..... | 2 | | | | | | | | | | | | | | | | | |
| NO..... | 3 | | | | | | | | | | | | | | | | | |
| 506 | What is your marital status now: are you widowed, divorced, or separated? | <table border="0"> <tr> <td>WIDOWED.....</td> <td align="right">1</td> </tr> <tr> <td>DIVORCED.....</td> <td align="right">2</td> </tr> <tr> <td>SEPARATED.....</td> <td align="right">3</td> </tr> </table> | WIDOWED..... | 1 | DIVORCED..... | 2 | SEPARATED..... | 3 | →511 | | | | | | | | | |
| WIDOWED..... | 1 | | | | | | | | | | | | | | | | | |
| DIVORCED..... | 2 | | | | | | | | | | | | | | | | | |
| SEPARATED..... | 3 | | | | | | | | | | | | | | | | | |
| 507 | Is your husband/partner living with you now or is he staying elsewhere? | <table border="0"> <tr> <td>LIVES WITH HER.....</td> <td align="right">1</td> </tr> <tr> <td>STAYING ELSEWHERE.....</td> <td align="right">2</td> </tr> </table> | LIVES WITH HER..... | 1 | STAYING ELSEWHERE..... | 2 | | | | | | | | | | | | |
| LIVES WITH HER..... | 1 | | | | | | | | | | | | | | | | | |
| STAYING ELSEWHERE..... | 2 | | | | | | | | | | | | | | | | | |
| 507A | WRITE THE NAME OF HER HUSBAND OR PARTNER. OBTAIN HIS LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF HE IS NOT LISTED IN THE HOUSEHOLD, WRITE '00' | <div style="border-bottom: 1px solid black; width: 100%;"></div> <p align="center">(NAME)</p> <div style="border: 1px solid black; width: 20px; height: 20px; float: right;"></div> | | | | | | | | | | | | | | | | |
| 508 | Does your husband/partner have any other wives besides yourself? | <table border="0"> <tr> <td>YES.....</td> <td align="right">1</td> </tr> <tr> <td>NO.....</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW.....</td> <td align="right">8</td> </tr> </table> | YES..... | 1 | NO..... | 2 | DON'T KNOW..... | 8 | →511 | | | | | | | | | |
| YES..... | 1 | | | | | | | | | | | | | | | | | |
| NO..... | 2 | | | | | | | | | | | | | | | | | |
| DON'T KNOW..... | 8 | | | | | | | | | | | | | | | | | |
| 509 | How many other wives does he have? | <table border="0"> <tr> <td>NUMBER.....</td> <td align="right"><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>DON'T KNOW.....</td> <td align="right">98</td> </tr> </table> | NUMBER..... | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | DON'T KNOW..... | 98 | →511 | | | | | | | | | | | |
| NUMBER..... | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | | | | | | | | | | | | | | | | | |
| DON'T KNOW..... | 98 | | | | | | | | | | | | | | | | | |
| 510 | Are you the first, second,.....wife? | <table border="0"> <tr> <td>RANK.....</td> <td align="right"><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> </table> | RANK..... | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | | | | | | | | | | | | | | |
| RANK..... | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | | | | | | | | | | | | | | | | | |
| 511 | Have you been married or lived with a man only once, or more than once? | <table border="0"> <tr> <td>ONCE.....</td> <td align="right">1</td> </tr> <tr> <td>MORE THAN ONCE.....</td> <td align="right">2</td> </tr> </table> | ONCE..... | 1 | MORE THAN ONCE..... | 2 | | | | | | | | | | | | |
| ONCE..... | 1 | | | | | | | | | | | | | | | | | |
| MORE THAN ONCE..... | 2 | | | | | | | | | | | | | | | | | |
| 512 | <p>CHECK 511:</p> <table border="0"> <tr> <td style="width: 50%; vertical-align: top;"> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </td> <td style="width: 50%; vertical-align: top;"> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p> </td> </tr> </table> | <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> | <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p> | <table border="0"> <tr> <td>MONTH.....</td> <td align="right"><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>DON'T KNOW MONTH.....</td> <td align="right">98</td> </tr> <tr> <td>YEAR.....</td> <td align="right"><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> <tr> <td>DON'T KNOW YEAR.....</td> <td align="right">98</td> </tr> </table> | MONTH..... | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | DON'T KNOW MONTH..... | 98 | YEAR..... | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | DON'T KNOW YEAR..... | 98 | →514 | | | | | |
| <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> | <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p> | | | | | | | | | | | | | | | | | |
| MONTH..... | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | | | | | | | | | | | | | | | | | |
| DON'T KNOW MONTH..... | 98 | | | | | | | | | | | | | | | | | |
| YEAR..... | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | | | | | | | | | | | | | | | | | |
| DON'T KNOW YEAR..... | 98 | | | | | | | | | | | | | | | | | |
| 513 | How old were you when you started living with him? | <table border="0"> <tr> <td>AGE.....</td> <td align="right"><div style="border: 1px solid black; width: 20px; height: 20px;"></div></td> </tr> </table> | AGE..... | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | | | | | | | | | | | | | | |
| AGE..... | <div style="border: 1px solid black; width: 20px; height: 20px;"></div> | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|---|--|-------|
| 514 | CHECK 502: CURRENTLY MARRIED <input type="checkbox"/> OR LIVING WITH A MAN <input type="checkbox"/> | NOT IN UNION <input type="checkbox"/> | 515F |
| 515 | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with (your husband/the man you are living with)? | NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996 | 608 |
| 515A | CHECK 301 AND 302: KNOWS CONDOM <input type="checkbox"/> The last time you had sex with (your husband/the man you are living with), was a condom used? DOES NOT KNOW CONDOM <input type="checkbox"/> Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your husband/the man you are living with), was a condom used? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 515B | Have you had sex with anyone other than (your husband/the man you are living with) in the last 12 months? | YES.....1 NO.....2 | 517 |
| 515C | When was the last time you had sexual intercourse with someone other than (your husband/ the man you are living with)? | DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 BEFORE LAST BIRTH.....996 | |
| 515D | Was a condom used that time? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 515E | In the last 12 months, how many different persons other than (your husband/the man you are living with) have you had sex with? | NUMBER OF PERSONS..... DOES NOT KNOW.....98 | 517 |
| 515F | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse (if ever)? | NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996 | 608 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|--|--|-------|
| 515G | <p>CHECK 301 AND 302:</p> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, was a condom used?</p> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>↓</p> <p>Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p> | <p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p> | |
| 515H | <p>CHECK 515F:</p> <p>LESS THAN 12 MONTHS SINCE LAST SEX <input type="checkbox"/></p> <p>↓</p> | <p>12 MONTHS OR LONGER SINCE LAST SEX <input type="checkbox"/></p> <p>→ 517</p> | |
| 515I | <p>In the last 12 months, how many different persons have you had sex with?</p> | <p>NUMBER OF PERSONS..... <input type="text"/> <input type="text"/></p> <p>DOES NOT KNOW.....98</p> | |
| 517 | <p>Do you know of a place where you can get condoms?</p> | <p>YES.....1</p> <p>NO.....2</p> | → 519 |
| 518 | <p>Where is that?</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>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>COMMUNITY HEALTH WORKER.....13</p> <p>OTHER PUBLIC _____ 14</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>MISSION HOSPITAL/CLINIC.....22</p> <p>PHARMACY.....23</p> <p>PRIVATE DOCTOR.....24</p> <p>MOBILE CLINIC.....25</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP.....31</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER _____ 36</p> <p>(SPECIFY)</p> | |
| 519 | <p>How old were you when you first had sexual intercourse?</p> | <p>AGE..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN MARRIED.....96</p> | |

W EN 28

SECTION 6. FERTILITY PREFERENCES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-----|---|---|------------|
| 601 | <p>CHECK 314:</p> <p>NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p> | | 612 |
| 602 | <p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?</p> | <p>HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DON'T KNOW.....8</p> | 606 604 |
| 603 | <p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the child you are expecting now, how long would you like to wait before the birth of another child?</p> | <p>MONTHS.....1 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>YEARS.....2 <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT...994 AFTER MARRIAGE.....995 OTHER _____ 996 (SPECIFY) DON'T KNOW.....998</p> | 606 |
| 604 | <p>CHECK 227:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> | | 607 |
| 605 | <p>If you became pregnant in the next few weeks, would you be <u>happy</u>, <u>unhappy</u>, or would it <u>not matter</u> very much?</p> | <p>HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3</p> | |
| 606 | <p>CHECK 313: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/></p> | | 612 |
| 607 | <p>Do you think you will use a method to delay or avoid pregnancy within the next 12 months?</p> | <p>YES.....1 NO.....2 DON'T KNOW.....8</p> | 609 |
| 608 | <p>Do you think you will use a method at any time in the future?</p> | <p>YES.....1 NO.....2 DON'T KNOW.....8</p> | 610 |
| 609 | <p>Which method would you prefer to use?</p> | <p>PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 FOAMING TABLETS/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NATURAL FAMILY PLANNING.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) UNSURE.....98</p> | 612 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-----|---|--|-------------|
| 610 | <p>What is the main reason that you think you will never use a method?</p> | <p>NOT MARRIED.....11</p> <p>FERTILITY-RELATED REASONS</p> <p>INFREQUENT SEX.....22</p> <p>MENOPAUSAL/HYSTERECTOMY.....23</p> <p>SUBFECUND/INFECUND.....24</p> <p>WANTS MORE CHILDREN.....26</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....31</p> <p>HUSBAND OPPOSED.....32</p> <p>OTHERS OPPOSED.....33</p> <p>RELIGIOUS PROHIBITION.....34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....41</p> <p>KNOWS NO SOURCE.....42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....51</p> <p>FEAR OF SIDE EFFECTS.....52</p> <p>LACK OF ACCESS/TOO FAR.....53</p> <p>COST TOO MUCH.....54</p> <p>INCONVENIENT TO USE.....55</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES.....56</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....98</p> | <p>→612</p> |
| 611 | <p>Would you ever use a method if you were married?</p> | <p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p> | |
| 612 | <p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> | <p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | <p>→614</p> |
| 613 | <p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?</p> | <p>BOYS</p> <p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>GIRLS</p> <p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>EITHER</p> <p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> | |
| 614 | <p>Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?</p> | <p>APPROVE.....1</p> <p>DISAPPROVE.....2</p> <p>NO OPINION.....3</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|--|--|-------|-----------------|------------------------|------------|------------|---|-----------------|---|-----------------|----------------------------|---|---|-------------|---|---|----------------------------|---|---|-----------------|---|---|----------------------|---|---|------------------------------|---|---|--|
| 615 | <p>Is it acceptable or not acceptable to you for information on family planning to be provided:</p> <p>On the radio?</p> <p>On the television?</p> | <table border="1"> <thead> <tr> <th></th> <th>ACCEPT- ABLE</th> <th>NOT ACCEPT- ABLE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | ACCEPT- ABLE | NOT ACCEPT- ABLE | DK | RADIO..... | 1 | 2 | 8 | TELEVISION..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| | ACCEPT- ABLE | NOT ACCEPT- ABLE | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RADIO..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION..... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 616 | <p>In the last few months have you heard or read 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 leaflets or brochures?</p> <p>From live drama?</p> <p>From a doctor or a nurse?</p> <p>From a community health worker?</p> | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LIVE DRAMA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DOCTOR OR NURSE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | RADIO..... | 1 | 2 | TELEVISION..... | 1 | 2 | NEWSPAPER OR MAGAZINE..... | 1 | 2 | POSTER..... | 1 | 2 | LEAFLETS OR BROCHURES..... | 1 | 2 | LIVE DRAMA..... | 1 | 2 | DOCTOR OR NURSE..... | 1 | 2 | COMMUNITY HEALTH WORKER | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RADIO..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEWSPAPER OR MAGAZINE..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSTER..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEAFLETS OR BROCHURES..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIVE DRAMA..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCTOR OR NURSE..... | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMUNITY HEALTH WORKER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 618 | <p>In the last few months have you discussed the practice of family planning with your husband, partner, friends, neighbors, or relatives?</p> | <p>YES.....1</p> <p>NO.....2</p> | →620 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 619 | <p>With whom?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p> | <p>HUSBAND/PARTNER.....A</p> <p>MOTHER.....B</p> <p>FATHER.....C</p> <p>SISTER(S).....D</p> <p>BROTHER(S).....E</p> <p>DAUGHTER.....F</p> <p>MOTHER-IN-LAW.....G</p> <p>FRIENDS/NEIGHBORS.....H</p> <p>COMMUNITY HEALTH WORKER.....I</p> <p>LOCAL COMMUNITY LEADER.....J</p> <p>RELIGIOUS LEADER.....K</p> <p>OTHER.....X</p> <p>(SPECIFY)</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 620 | <p>CHECK 502:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, NOT IN UNION <input type="checkbox"/></p> | | →701 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 621 | <p>Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning.</p> <p>Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?</p> | <p>APPROVES.....1</p> <p>DISAPPROVES.....2</p> <p>DON'T KNOW.....8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 622 | <p>How often have you talked to your husband/partner about family planning in the past year?</p> | <p>NEVER.....1</p> <p>ONCE OR TWICE.....2</p> <p>MORE OFTEN.....3</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 623 | <p>Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?</p> | <p>SAME NUMBER.....1</p> <p>MORE CHILDREN.....2</p> <p>FEWER CHILDREN.....3</p> <p>DON'T KNOW.....8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 624 | <p>Who do you think should decide on the number of children a couple should have?</p> | <p>WIFE.....1</p> <p>HUSBAND.....2</p> <p>BOTH.....3</p> <p>NO ONE.....4</p> <p>OTHER.....6</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO | |
|-----|---|---|---|------------|
| 701 | CHECK 502 AND 504: | | | |
| | CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> | FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> | NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/> | 703 709 |
| 702 | How old was your husband/partner on his last birthday? | AGE..... <input type="text"/> | | |
| 703 | Did your (last) husband/partner ever attend school? | YES.....1 NO.....2 | 706 | |
| 704 | What was the highest level of school he attended: primary, secondary, or higher? | PRIMARY1 SECONDARY.....2 HIGHER.....3 DON'T KNOW.....8 | 706 | |
| 705 | How many years did he complete at that level? | YEARS..... <input type="text"/> DON'T KNOW.....98 | | |
| 706 | What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do? | <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 707 | CHECK 706: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> | DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/> | 709 | |
| 708 | (Does/did) your husband/partner work mainly on his own land or on family land, or (does/did) he rent land, or (does/did) he work on someone else's land? | HIS LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 | | |
| 709 | Aside from your own housework, are you currently working? | YES.....1 NO.....2 | 712 | |
| 710 | As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work? | YES.....1 NO.....2 | 712 | |
| 711 | Have you done any work in the last 12 months? | YES.....1 NO.....2 | 801 | |
| 712 | What is your occupation, that is, what kind of work do you mainly do? | <input type="text"/> <input type="text"/> <input type="text"/> | | |
| 713 | CHECK 712: WORKS IN AGRICULTURE <input type="checkbox"/> | DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> | 715 | |
| 714 | Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land? | OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-----|---|---|-------------------|
| 715 | 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 | |
| 716 | 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 | →718 →719 |
| 717 | During the last 12 months, how many months did you work? | NUMBER OF MONTHS..... <input type="text"/> | |
| 718 | (In the months you worked,) How many days a week did you usually work? | NUMBER OF DAYS..... <input type="text"/> | →720 |
| 719 | During the last 12 months, approximately how many days did you work? | NUMBER OF DAYS..... <input type="text"/> | |
| 720 | Do you earn cash for your work? PROBE: Do you make money for working? | YES.....1 NO.....2 | →723 |
| 721 | How much do you usually earn for this work? KWACHA _____ PROBE: Is this by the day, by the week, or by the month? PER _____ | KWACHA PER HOUR..1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER DAY...2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER WEEK..3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER MONTH.4 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> PER YEAR..5 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ 99999996 (SPECIFY) | |
| 722 | CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? NO, NOT IN UNION <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly? | RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER...3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5 | |
| 723 | Do you usually work at home or away from home? | HOME.....1 AWAY.....2 | →801A →801A |
| 724 | CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/> | | →801A |
| 725 | Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working? | RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER _____ 96 (SPECIFY) | |

SECTION 8. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|---|--|--------|
| 801A | Have you heard about diseases that can be transmitted through sexual intercourse? | YES.....1 NO.....2 | → 801K |
| 801B | Which diseases do you know? RECORD ALL RESPONSES | SYPHILISA GONORRHEAB AIDS.....C GENITAL WARTS/CONDYLOMATA.....D OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z | |
| 801C | CHECK 515 AND 515F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> | HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> | → 801K |
| 801D | During the last twelve months, did you have any of these diseases? | YES.....1 NO.....2 DOES NOT KNOW.....8 | → 801K |
| 801E | Which of the diseases did you have? RECORD ALL RESPONSES | SYPHILISA GONORRHEAB AIDS.....C GENITAL WARTS/CONDYLOMATA.....D OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW.....Z | |
| 801F | The last time you had (DISEASE(S) FROM 801E) did you seek advice or treatment? | YES.....1 NO.....2 | → 801H |
| 801G | Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED | PUBLIC SECTOR GOVT. HOSPITAL.....A HEALTH CENTER.....B OTHER PUBLIC SECTOR.....C MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....D MISSION HOSPITAL/CLINIC.....E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H OTHER MED. PRIVATE SECTOR.....I OTHER SHOP.....J RELATIVES/FRIENDS.....K TRADITIONAL HEALER.....L OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z | |
| 801H | When you had (DISEASE(S) FROM 801E) did you inform your partner(s)? | YES.....1 NO.....2 | |
| 801I | When you had (DISEASE(S) FROM 801E) did you do something not to infect your partner(s)? | YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3 | → 801K |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|------|---|--|-------|
| 805 | CHECK 804: MENTIONED 'SAFE SEX' <input type="checkbox"/> DID NOT MENTION 'SAFE SEX' <input type="checkbox"/> | | 807 |
| 806 | What does "safe sex" mean to you? RECORD ALL MENTIONED | ABSTAIN FROM SEX.....B USE CONDOMS.....C AVOID MULTIPLE SEX PARTNERS....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z | |
| 807 | Is it possible for a healthy-looking person to have the AIDS virus? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 808 | Do you think that persons with AIDS almost never die from the disease, sometimes die or almost always die from the disease? | ALMOST NEVER.....1 SOMETIMES.....2 ALMOST ALWAYS.....3 DOES NOT KNOW.....8 | |
| 808A | Can AIDS be cured? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 808B | Can AIDS be transmitted from mother to child? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 808C | Do you personally know someone who has AIDS or has died of AIDS? | YES.....1 NO.....2 DOES NOT KNOW.....8 | 809 |
| 808D | How many people that you personally know now have AIDS? | NUMBER OF PERSONS..... <input type="text"/> <input type="text"/> | |
| 808E | How many people that you personally know have died of AIDS? | NUMBER OF PERSONS..... <input type="text"/> <input type="text"/> | |
| 809 | CHECK 801E: IF RESPONDENT HAS AIDS, CIRCLE 5. 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 HAS AIDS.....5 | 809B |
| 809A | Why do you think that you have (no risk/a small chance) of getting AIDS? Any other reasons? RECORD ALL MENTIONED | ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D LIMITED NUMBER OF SEX PARTNERS..E SPOUSE HAS NO OTHER PARTNER....F NO HOMOSEXUAL CONTACT.....G NO BLOOD TRANSFUSIONS.....H NO INJECTIONS.....I OTHER _____ X (SPECIFY) | 811A |
| 809B | Why do you think that you have a (moderate/great) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED | DO NOT USE CONDOMS.....C MORE THAN ONE SEX PARTNER.....D MANY SEX PARTNERS.....E SPOUSE HAS OTHER PARTNER(S)....F HOMOSEXUAL CONTACT.....G HAD BLOOD TRANSFUSION.....H HAD INJECTIONS.....I OTHER _____ X (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODES | GO TO | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------------------|---|--|--|-------------|-----------------|-------------|-------------|---|------------------|---|------------------|-----------------------------|---|---|--------------|---|---|-----------------------------|---|---|------------------|---|---|-----------------------|---|---|-------------------------------|---|---|--|
| 811A | <p>Since you heard of AIDS, have you changed your behavior to prevent getting AIDS?</p> <p>IF YES, what did you do?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED</p> | <p>DIDN'T START SEX.....A</p> <p>STOPPED ALL SEX.....B</p> <p>STARTED USING CONDOMS.....C</p> <p>RESTRICTED SEX TO ONE PARTNER...D</p> <p>REDUCED NUMBER OF PARTNERS.....E</p> <p>ASK SPOUSE TO BE FAITHFUL.....F</p> <p>NO MORE HOMOSEXUAL CONTACTS.....G</p> <p>STOPPED INJECTIONS.....I</p> <p>OTHER _____ W</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO BEHAVIOR CHANGE.....Y</p> | <p>→811C</p> <p>→811F</p> <p>→811C</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 811B | <p>Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior?</p> <p>IF YES, In what way?</p> <p>RECORD ALL MENTIONED</p> | <p>DIDN'T START SEX.....A</p> <p>STOPPED ALL SEX.....B</p> <p>STARTED USING CONDOMS.....C</p> <p>RESTRICTED SEX TO ONE PARTNER...D</p> <p>REDUCED NUMBER OF PARTNERS.....E</p> <p>NO MORE HOMOSEXUAL CONTACTS.....G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO CHANGE IN SEXUAL BEHAVIOR...Y</p> <p>DOES NOT KNOW.....Z</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 811C | <p>Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases. Have you ever heard of this?</p> | <p>YES.....1</p> <p>NO.....2</p> | →811F | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 811D | <p>CHECK 515 AND 515F:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> | | →813 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 811E | <p>We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?</p> | <p>YES.....1</p> <p>NO.....2</p> | →811G | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 811F | <p>CHECK 515 AND 515F:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> | | →813 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 811G | <p>Have you given or received money, gifts or favours in return for sex at any time in the last 12 months?</p> | <p>YES.....1</p> <p>NO.....2</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 812 | <p>Would you say that you approve or disapprove of couples using condoms to avoid contracting or spreading AIDS and other sexually transmitted diseases?</p> | <p>APPROVE.....1</p> <p>DISAPPROVE.....2</p> <p>NO OPINION.....3</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 813 | <p>Is it acceptable or not acceptable to you for information on AIDS to be provided:</p> <p>On the radio?</p> <p>On the television?</p> | <table border="1"> <thead> <tr> <th></th> <th>ACCEPT-ABLE</th> <th>NOT ACCEPT-ABLE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | ACCEPT-ABLE | NOT ACCEPT-ABLE | DK | RADIO.....1 | 1 | 2 | 8 | TELEVISION.....1 | 1 | 2 | 8 | | | | | | | | | | | | | | | | |
| | ACCEPT-ABLE | NOT ACCEPT-ABLE | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RADIO.....1 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION.....1 | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 814 | <p>In the last few months have you heard or read about AIDS:</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 leaflets or brochures?</p> <p>From live drama?</p> <p>From a doctor or a nurse?</p> <p>From a community health worker?</p> | <table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>LIVE DRAMA.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>DOCTOR OR NURSE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER1</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | RADIO.....1 | 1 | 2 | TELEVISION.....1 | 1 | 2 | NEWSPAPER OR MAGAZINE.....1 | 1 | 2 | POSTER.....1 | 1 | 2 | LEAFLETS OR BROCHURES.....1 | 1 | 2 | LIVE DRAMA.....1 | 1 | 2 | DOCTOR OR NURSE.....1 | 1 | 2 | COMMUNITY HEALTH WORKER1 | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RADIO.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TELEVISION.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEWSPAPER OR MAGAZINE.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POSTER.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LEAFLETS OR BROCHURES.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIVE DRAMA.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCTOR OR NURSE.....1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMUNITY HEALTH WORKER1 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 9. MATERNAL MORTALITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | GO TO |
|-----|--|--|--------------|
| 901 | <p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died.</p> <p>How many children did your mother give birth to, including you?</p> | <p>NUMBER OF BIRTHS TO NATURAL MOTHER..... <input type="text"/> <input type="text"/></p> | |
| 902 | <p>CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/></p> | <p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p> | <p>→ 916</p> |
| 903 | <p>How many of these births did your mother have before you were born?</p> | <p>NUMBER OF PRECEDING BIRTHS..... <input type="text"/> <input type="text"/></p> | |

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| | [1] | [2] | [3] | [4] | [5] | [6] |
|--|--|--|--|--|--|--|
| 904 What was the name given to your mother's (first born, second born,...)? | ----- | ----- | ----- | ----- | ----- | ----- |
| 905 Is (NAME) male or female? | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 |
| 906 Is (NAME) still alive? | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [2] | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [3] | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [4] | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [5] | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [6] | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [7] |
| 907 How old is (NAME)? | <input type="text"/> <input type="text"/> GO TO [2] | <input type="text"/> <input type="text"/> GO TO [3] | <input type="text"/> <input type="text"/> GO TO [4] | <input type="text"/> <input type="text"/> GO TO [5] | <input type="text"/> <input type="text"/> GO TO [6] | <input type="text"/> <input type="text"/> GO TO [7] |
| 908 In what year did (NAME) die? | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 |
| 909 How many years ago did (NAME) die? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 910 How old was (NAME) when she/he died? | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7] |
| 911 Was (NAME) pregnant when she died? | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 |
| 912 Did (NAME) die during childbirth? | YES.....1 GO TO 915 NO.....2 | YES.....1 GO TO 915 NO.....2 | YES.....1 GO TO 915 NO.....2 | YES.....1 GO TO 915 NO.....2 | YES.....1 GO TO 915 NO.....2 | YES.....1 GO TO 915 NO.....2 |
| 913 Did (NAME) die within two months after the end of a pregnancy or childbirth? | YES.....1 NO.....2 GO TO 915 | YES.....1 NO.....2 GO TO 915 | YES.....1 NO.....2 GO TO 915 | YES.....1 NO.....2 GO TO 915 | YES.....1 NO.....2 GO TO 915 | YES.....1 NO.....2 GO TO 915 |
| 914 Was her death due to complications of pregnancy or childbirth? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 915 How many children did (NAME) give birth to during her lifetime? | <input type="text"/> <input type="text"/> GO TO [2] | <input type="text"/> <input type="text"/> GO TO [3] | <input type="text"/> <input type="text"/> GO TO [4] | <input type="text"/> <input type="text"/> GO TO [5] | <input type="text"/> <input type="text"/> GO TO [6] | <input type="text"/> <input type="text"/> GO TO [7] |

IF NO MORE BROTHERS OR SISTERS, GO TO 916

| | [7] | [8] | [9] | [10] | [11] | [12] |
|--|--|--|---|---|---|---|
| 904 What was the name given to your mother's (first born, second born,...)? | ----- | ----- | ----- | ----- | ----- | ----- |
| 905 Is (NAME) male or female? | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 |
| 906 Is (NAME) still alive? | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [8] | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [9] | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [10] | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [11] | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [12] | YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [13] |
| 907 How old is (NAME)? | <input type="text"/> <input type="text"/> GO TO [8] | <input type="text"/> <input type="text"/> GO TO [9] | <input type="text"/> <input type="text"/> GO TO [10] | <input type="text"/> <input type="text"/> GO TO [11] | <input type="text"/> <input type="text"/> GO TO [12] | <input type="text"/> <input type="text"/> GO TO [13] |
| 908 In what year did (NAME) die? | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 | 19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98 |
| 909 How many years ago did (NAME) die? | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> |
| 910 How old was (NAME) when she/he died? | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12] | <input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13] |
| 911 Was (NAME) pregnant when she died? | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 |
| 912 Did (NAME) die during childbirth? | YES.....1 GO TO 915 NO.....2 | YES.....1 GO TO 915 NO.....2 | YES.....1 GO TO 915 NO.....2 | YES.....1 GO TO 915 NO.....2 | YES.....1 GO TO 915 NO.....2 | YES.....1 GO TO 915 NO.....2 |
| 913 Did (NAME) die within two months after the end of a pregnancy or childbirth? | YES.....1 NO.....2 GO TO 915 | YES.....1 NO.....2 GO TO 915 | YES.....1 NO.....2 GO TO 915 | YES.....1 NO.....2 GO TO 915 | YES.....1 NO.....2 GO TO 915 | YES.....1 NO.....2 GO TO 915 |
| 914 Was her death due to complications of pregnancy or childbirth? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 915 How many children did (NAME) give birth to during her lifetime? | <input type="text"/> <input type="text"/> GO TO [8] | <input type="text"/> <input type="text"/> GO TO [9] | <input type="text"/> <input type="text"/> GO TO [10] | <input type="text"/> <input type="text"/> GO TO [11] | <input type="text"/> <input type="text"/> GO TO [12] | <input type="text"/> <input type="text"/> GO TO [13] |

IF NO MORE BROTHERS OR SISTERS, GO TO 916

| | | |
|-----|------------------|--|
| 916 | RECORD THE TIME. | HOUR..... <input type="text"/> <input type="text"/> |
| | | MINUTES..... <input type="text"/> <input type="text"/> |

SECTION 10. HEIGHT AND WEIGHT

| | | | | |
|-------------|------------|---|--|-----|
| 1001 | CHECK 215: | ONE OR MORE BIRTHS SINCE JAN. 1991 <input type="checkbox"/> | NO BIRTHS SINCE JAN. 1991 <input type="checkbox"/> | END |
|-------------|------------|---|--|-----|

IN 1002 (COLUMNS 2 AND 3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1991 AND STILL ALIVE. IN 1003 AND 1004 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1991. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1991 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1991, USE CONTINUATION SHEETS).

| | 1 RESPONDENT | 2 YOUNGEST LIVING CHILD | 3 NEXT-TO-YOUNGEST LIVING CHILD |
|---|--|--|--|
| 1002 LINE NO. FROM Q.212 | | <input type="text"/> | <input type="text"/> |
| 1003 NAME FROM Q.212 FOR CHILDREN | (NAME) | (NAME) | (NAME) |
| 1004 DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH | | DAY..... <input type="text"/> MONTH..... <input type="text"/> YEAR..... <input type="text"/> | DAY..... <input type="text"/> MONTH..... <input type="text"/> YEAR..... <input type="text"/> |
| 1005 BCG SCAR ON TOP OF LEFT SHOULDER | | SCAR SEEN.....1 NO SCAR.....2 | SCAR SEEN.....1 NO SCAR.....2 |
| 1006 HEIGHT (in centimeters) | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 1007 WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP? | | LYING.....1 STANDING.....2 | LYING.....1 STANDING.....2 |
| 1008 WEIGHT (in kilograms) | <input type="text"/> | 0 <input type="text"/> | 0 <input type="text"/> |
| 1009 DATE WEIGHED AND MEASURED | DAY..... <input type="text"/> MONTH..... <input type="text"/> YEAR..... <input type="text"/> | DAY..... <input type="text"/> MONTH..... <input type="text"/> YEAR..... <input type="text"/> | DAY..... <input type="text"/> MONTH..... <input type="text"/> YEAR..... <input type="text"/> |
| 1010 RESULT | MEASURED.....1 NOT PRESENT.....3 REFUSED.....4 OTHER.....6 <hr/> (SPECIFY) | CHILD MEASURED....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED....4 MOTHER REFUSED...5 OTHER.....6 <hr/> (SPECIFY) | CHILD MEASURED....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED....4 MOTHER REFUSED...5 OTHER.....6 <hr/> (SPECIFY) |
| 1011 NAME OF MEASURER: | <input type="text"/> | NAME OF ASSISTANT: | <input type="text"/> |

INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments
about Respondent:

Comments on
Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____

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