1999 ZIMBABWE DEMOGRAPHIC AND HEALTH SURVEY

WOMEN'S QUESTIONNAIRE

IDENTIFICATION

NAME OF HOUSEHOLD HEAD _____

WARD NAME _____

CLUSTER NUMBER . . . .

HOUSEHOLD NUMBER . . . .

PROVINCE . . . .

URBAN/RURAL (URBAN=1, RURAL=2) . . . .

LARGE CITY/SMALL CITY/TOWN/RURAL . . . .
(LARGE CITY=1, SMALL CITY=2, TOWN=3, RURAL=4)

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE				TOTAL NO. OF VISITS
TIME				

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

LANGUAGE OF QUESTIONNAIRE: **ENGLISH** 3

LANGUAGE OF INTERVIEW: SHONA = 1; NDEBELE = 2; ENGLISH = 3; OTHER = 4

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Central Statistical Office. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey.

I would like to ask you about your health and that of your children. This information may help the country plan health services. Whatever answers you provide will be confidential and will not be shown to other persons.

We hope you will participate in this survey since your views are important. Shall we proceed with the interview?

RESPONDENT AGREES TO BE   RESPONDENT DOES NOT AGREE . . . . 2 ⟶ END
INTERVIEWED 1
                          ↓

I HAVE READ THE ABOVE STATEMENT TO THE RESPONDENT AND SHE HAS AGREED TO BE INTERVIEWED.

SIGNATURE OF INTERVIEWER_____

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . □□ MINUTES . . . . □□	
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, on a commercial farm or in another rural area?	CITY . . . . 1 TOWN . . . . 2 COMMERCIAL FARM . . . . 3 OTHER RURAL 4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . □□ ALWAYS . . . . 95 VISITOR 96	→105
104	Just before you moved here, did you live in a city, in a town, on a commercial farm or in another rural area?	CITY . . . . 1 TOWN . . . . 2 COMMERCIAL FARM . . . . 3 OTHER RURAL 4	
105	In what month and year were you born?	MONTH . . . . □□ DON'T KNOW MONTH . . . . 98 YEAR . . . . □□□□ DON'T KNOW YEAR 9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . . . □□	
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	What is the highest (grade/form/year) you completed at that level?	GRADE/FORM . . . . □□	
113	CHECK 108: PRIMARY □ SECONDARY OR HIGHER □————————————————— ▼		→115

WE2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
116	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
117	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY . . . . 1 AT LEAST ONCE A WEEK . . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
118	What is your religion?	TRADITIONAL . . . . 1 CHRISTIAN . . . . 2 MUSLIM . . . . 3 NONE . . . . 4 OTHER_____6 (SPECIFY)	
120	Have you ever drank an alcohol-containing beverage?	YES . . . . 1 NO 2	→123
121	In the last 30 days, on how many days did you drink an alcohol-containing beverage?	NUMBER OF DAYS . . . . . ☐☐ NONE/NEVER 997	→123
122	In the last 30 days, on how many occasions did you get "drunk"?	NUMBER OF TIMES . . . . . ☐☐ NONE/NEVER 997	
123	In the last 3 months, have you had any kind of injection?	YES . . . . 1 NO 2	→201
124	In the last 3 months, how many times did you have an injection?	NUMBER OF INJECTIONS . . . . ☐☐ EVERY DAY 998	
124A	What was the injection for? RECORD ALL RESPONSES.	MEDICAL TREATMENT . . . . A OTHER . . . . B	
125	The last time you had an injection, who was the person who gave you the injection?	HEALTH PROFESSIONAL . . . . 1 PHARMACIST . . . . 2 TRADITIONAL HEALER . . . . 3 FRIEND/RELATIVE . . . . 4 SELF . . . . 5 OTHER _____6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . 1 NO 2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . 1 NO 2	→204
203	How many sons live with you? And how many daughters live with you? 　　　IF NONE, RECORD '00'.	SONS AT HOME . . . . DAUGHTERS AT HOME . . .	
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	
206	Have you ever given birth to a boy or girl who was born alive but later died? 　　　IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES . . . . 1 NO 2	→208
207	How many boys have died? And how many girls have died? 　　　IF NONE, RECORD '00'.	BOYS DEAD . . . . GIRLS DEAD	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. 　　　IF NONE, RECORD '00'.	TOTAL	
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 ☐　　　NO ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: 　　ONE OR MORE BIRTHS ☐　　　NO BIRTHS ☐		→227

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:	218A IF ALIVE:	219 IF DEAD:	220
What name was given to your (first/ next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING 1 MULT 2	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ▼ 219	AGE IN YEARS ☐☐	YES .. 1 NO ... 2	LINE NUMBER ☐☐ ▼ (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 ☐☐	YES .. 1 NO ... 2	LINE NUMBER ☐☐ ▼ (GO TO 220)	DAYS .... 1 MONTHS ..... 2 YEARS .... 3 ☐☐	YES .. 1 NO ... 2
03	SING 1 MULT 2	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ▼ 219	AGE IN YEARS ☐☐	YES .. 1 NO ... 2	LINE NUMBER ☐☐ ▼ (GO TO 220)	DAYS .... 1 MONTHS ..... 2 YEARS .... 3 ☐☐	YES .. 1 NO ... 2
04	SING 1 MULT 2	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ▼ 219	AGE IN YEARS ☐☐	YES .. 1 NO ... 2	LINE NUMBER ☐☐ ▼ (GO TO 220)	DAYS .... 1 MONTHS ..... 2 YEARS .... 3 ☐☐	YES .. 1 NO ... 2
05	SING 1 MULT 2	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ▼ 219	AGE IN YEARS ☐☐	YES .. 1 NO ... 2	LINE NUMBER ☐☐ ▼ (GO TO 220)	DAYS .... 1 MONTHS ..... 2 YEARS .... 3 ☐☐	YES .. 1 NO ... 2
06	SING 1 MULT 2	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ▼ 219	AGE IN YEARS ☐☐	YES .. 1 NO ... 2	LINE NUMBER ☐☐ ▼ (GO TO 220)	DAYS .... 1 MONTHS ..... 2 YEARS .... 3 ☐☐	YES .. 1 NO ... 2
07	SING 1 MULT 2	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ▼ 219	AGE IN YEARS ☐☐	YES .. 1 NO ... 2	LINE NUMBER ☐☐ ▼ (GO TO 220)	DAYS .... 1 MONTHS ..... 2 YEARS .... 3 ☐☐	YES .. 1 NO ... 2

WE5

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	218A IF ALIVE:	219 IF DEAD:	220
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COM-PLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
08	SING 1 MULT 2	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ⌄ 219	AGE IN YEARS ☐☐	YES .. 1 NO ... 2	LINE NUMBER ☐☐ | (GO TO 220)	DAYS .... 1 ☐☐ MONTHS ..... 2 YEARS 3	YES .. 1 NO ... 2
09	SING 1 MULT 2	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ⌄ 219	AGE IN YEARS ☐☐	YES .. 1 NO ... 2	LINE NUMBER ☐☐ | (GO TO 220)	DAYS .... 1 ☐☐ MONTHS ..... 2 YEARS 3	YES .. 1 NO ... 2
10	SING 1 MULT 2	BOY . 1 GIRL . 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 ⌄ 219	AGE IN YEARS ☐☐	YES .. 1 NO ... 2	LINE NUMBER ☐☐ | (GO TO 220)	DAYS .... 1 ☐☐ MONTHS ..... 2 YEARS 3	YES .. 1 NO ... 2

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 ☐   NUMBERS ARE DIFFERENT ☐ → (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.

☐
☐
☐
☐

225 CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN JANUARY 1994 OR LATER.
IF NONE, RECORD '0'.   ☐

226 FOR EACH BIRTH SINCE JANUARY 1994 ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.

227	Are you currently pregnant?	YES . . . . 1 NO . . . . 2 UNSURE 8	→230

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
228	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐☐	
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 AT ALL 3	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES . . . . 1 NO 2	→235
231	When did the last such pregnancy end?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	

232	CHECK 231:
	    LAST PREGNANCY LAST PREGNANCY
	           ENDED IN ☐ ENDED BEFORE ☐
	JAN. 1994 OR LATER ▼ JAN. 1994
			→236

233	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS . . . . ☐☐	
234	Have you ever had any other pregnancies which did not result in a live birth?	YES . . . . 1 NO 2	→236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 1994. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235A	IN THE BOXES AT THE BOTTOM OF THE CALENDAR, FILL IN THE MONTH AND YEAR OF TERMINATION OF THE LAST NON-LIVE BIRTH PREGNANCY PRIOR TO JANUARY 1994.		
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐ IN MENOPAUSE . . . . 994 BEFORE LAST BIRTH . . . . 995 NEVER MENSTRUATED 996	
237	From one menstrual period to next, is there a time when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→301

238	Is this time during her period, right after her period has ended, just before her period begins or in the middle of her menstrual cycle?	DURING HER PERIOD 1
		RIGHT AFTER HER
		    PERIOD HAS ENDED 2
		JUST BEFORE HER PERIOD BEGINS . 3
		IN THE MIDDLE OF THE CYCLE 4
		
		OTHER_____6
		        (SPECIFY)
		DON'T KNOW 8	

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.
CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 303.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		303 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had an operation to avoid having any (more) children? YES . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having children? YES . . . . 1 NO 2
03	PILL Women can take a pill every day	YES . . . . 1 NO 2	YES . . . . 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
05	INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
06	IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
08	FEMALE CONDOM : Women can place a rubber sheath in their vagina before sexual intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
09	DIAPHRAGM Women can place a diaphragm in their vagina before intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
10	FOAM OR JELLY Women can place a suppository, jelly, or cream in their vagina before intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
11	LACTATIONAL AMENORRHEA METHOD (LAM) Women can use a specially taught method of pregnancy avoidance to delay the return of the menstrual period by feeding their child nothing but breast milk for up to six months after a birth.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
12	RHYTHM OR PERIODIC ABSTINENCE Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
13	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
14	EMERGENCY CONTRACEPTION: Women can take pills the day after sexual intercourse to avoid becoming pregnant.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
15	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . 1 NO . . . . 2 YES . . . . 1 NO 2

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→307
306	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. ─────────────		→332
307	What have you used or done? CORRECT 303 AND 304 (AND 301 IF NECESSARY).		
309	Now 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 . . ☐☐	
311	CHECK 303 (01): WOMAN NOT STERILIZED ☐ WOMAN STERILIZED ☐ ───────		→314A
312	CHECK 227: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ ───────		→325
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→325
314 314A	Which method are you using? CIRCLE 'A' FOR FEMALE STERILIZATION. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B PILL . . . . C IUD . . . . D INJECTIONS . . . . E IMPLANTS . . . . F CONDOM . . . . G FEMALE CONDOM . . . . H DIAPHRAGM . . . . I FOAM/JELLY . . . . J LACT. AMEN. METHOD . . . . K PERIODIC ABSTINENCE . . . . L WITHDRAWAL . . . . M OTHER_____ X (SPECIFY)	→324

WE9

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Where did the sterilization take place? 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 CENTRAL HOSPITAL . . . . 11 PROVINCIAL HOSPITAL . . . . 12 DISTRICT/RURAL HOSPITAL . . . 13 OTHER PUBLIC_____16 (SPECIFY) MISSION FACILITY . . . . 21 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . 31 PRIVATE DOCTOR . . . . 32 OTHER PRIVATE MEDICAL _____36 (SPECIFY) OTHER_____96 (SPECIFY) DON'T KNOW 98	
318A	Before the sterilization operation, were (you/your husband/your partner) told that you would not be able to have any (more) children?	YES . . . . 1 NO . . . . 2 DK 8	
321	In what month and year was the sterilization performed?	MONTH . . . . ☐☐ YEAR . . . . ☐☐☐☐	

CHECK 321:

322		STERILIZED

STERILIZED BEFORE JANUARY 1994 ☐   IN JANUARY 1994 OR LATER ☐

ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1994

THEN SKIP TO ————————▶327

ENTER CODE FOR STERILIZATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION.

ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN MONTH OF DATE OF OPERATION.

THEN SKIP TO ————————▶325

324	ENTER METHOD CODE FROM 314 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE. IF CURRENT METHOD STARTED IN JANUARY 1994 OR LATER, ENTER METHOD SOURCE CODE IN COLUMN 2 OF CALENDAR IN THE SAME MONTH THAT USE OF CURRENT METHOD BEGAN. ILLUSTRATIVE QUESTIONS: • When did you start using this method continuously? • How long have you been using this method continuously? • When you started using this method, where did you obtain it?

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

325	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.
	
	USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1994
	USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
	
	IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.
	
	    ILLUSTRATIVE QUESTIONS:
	    COLUMN 1: • When was the last time you used a method? Which method was that?
	               • When did you start using that method? How long after the birth of (NAME)?
	               • How long did you use the method then?
	
	IN COLUMN 2, ENTER METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.
	
	    ILLUSTRATIVE QUESTIONS:
	    COLUMN 2: • Where did you obtain the method when you started using it?
	               • Where did you get advice on how to use the method [for LAM, rhythm, or withdrawal]?
	
	IN COLUMN 3, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.
	NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.
	
	ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.
	
	    ILLUSTRATIVE QUESTIONS:
	    COLUMN 3: • Why did you stop using the (METHOD)?
	               • Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?
	
	IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:
	
	        • How many months did it take you to get pregnant after you stopped using (METHOD)?
	         AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		

327	CHECK 314/314A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CIRCLED IN 314/314A, CIRCLE CODE FOR HIGHEST METHOD IN LIST	NOT ASKED . . . . 00 → 332 FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 → 334 PILL . . . . 03 IUD . . . . 04 INJECTIONS . . . . 05 IMPLANTS . . . . 06 CONDOM . . . . 07 → 328I FEMALE CONDOM . . . . 08 → 328I DIAPHRAGM . . . . 09 → 328I FOAM/JELLY . . . . 10 → 328I LACTATIONAL AMEN. METHOD . . 11 → 328I PERIODIC ABSTINENCE . . . . 12 → 334 WITHDRAWAL . . . . 13 → 334 OTHER METHOD . . . . 96 → 334	

328B	CHECK COLUMN 1 OF CALENDAR FOR LENGTH OF USE OF CURRENT METHOD:
	
	        STARTED USING AFTER STARTED USING
	        JANUARY 1994 [ ] IN JANUARY 1994 [ ]
	                 ▼ OR BEFORE
			→ 328K

328G	You first obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) on (DATE). At that time, were you told about side effects or problems you might have with the method?	YES . . . . 1 NO . . . . 2 → 328I	
328H	Were you told what to do if you experienced side effects?	YES . . . . 1 NO 2	
328I	When you were given the (CURRENT METHOD), were you told about other methods of family planning which you could use?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
328K	CHECK 314/314A: CIRCLE METHOD CODE:	NOT ASKED . . . . 00 → 332 FEMALE STERILIZATION . . . . 01 → 334 MALE STERILIZATION . . . . 02 → 334 PILL . . . . 03 IUD . . . . 04 INJECTIONS . . . . 05 IMPLANTS . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 LACTATIONAL AMEN. METHOD . . 11 → 334 PERIODIC ABSTINENCE . . . . 12 → 334 WITHDRAWAL . . . . 13 → 334 OTHER METHOD . . . . 96 → 334	

328L	Where did you obtain (CURRENT 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
		  GOVT. HOSPITAL/CLINIC 11
		  RURAL/MUNICIPAL CLINIC 12
		  RURAL HEALTH CENTER 13
		  ZNFPC (FIXED) CLINIC 14
		  ZNFPC MOBILE CLINIC 15
		  MOH MOBILE CLINIC 16
		  ZNFPC CBD 17
		  MOH CBD 18
		  OTHER PUBLIC_____19
		        (SPECIFY)
		MISSION FACILITY 21
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PHARMACY 32
		  PRIVATE DOCTOR 33
		  CBD 34
		  OTHER PRIVATE
		     MEDICAL_____36
		        (SPECIFY)
		OTHER SOURCE
		  SHOP 41
		  CHURCH 42
		  FRIENDS/RELATIVES 43
		OTHER_____ 96
		        (SPECIFY)
			→ 334

332	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	→ 334

333	Where is that?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVT. HOSPITAL/CLINIC 11
		  RURAL/MUNICIPAL CLINIC 12
		  RURAL HEALTH CENTER 13
		  ZNFPC (FIXED) CLINIC 14
		  ZNFPC MOBILE CLINIC 15
		  MOH MOBILE CLINIC 16
		  ZNFPC CBD 17
		  MOH CBD 18
		  OTHER PUBLIC_____19
		        (SPECIFY)
		MISSION FACILITY 21
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PHARMACY 32
		  PRIVATE DOCTOR 33
		  CBD 34
		  OTHER PRIVATE
		     MEDICAL_____36
		        (SPECIFY)
		OTHER SOURCE
		  SHOP 41
		  CHURCH 42
		  FRIENDS/RELATIVES 43
		OTHER_____ 96
		        (SPECIFY)	

334	In the last 12 months, were you visited by a CBD who talked to you about family planning?	YES . . . . 1 NO 2	
335	In the last 12 months, have you attended a health facility for care for yourself (or your children)?	YES . . . . 1 NO 2	→ 401
336	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . 1 NO 2	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 225:		
	ONE OR MORE BIRTHS IN JAN. 1994 OR LATER ▢▾	NO BIRTHS IN JAN. 1994 OR LATER ▢ ──────▶ (SKIP TO 470)	

402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1994 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). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately)

		LAST BIRTH	NEXT-TO-LAST BIRTH
403	LINE NUMBER FROM Q212	LINE NUMBER . . . . . ▢▢	LINE NUMBER . . . . ▢▢
404	FROM Q212 AND Q216	NAME _____ ALIVE ▢▾ DEAD ▢▾	NAME _____ ALIVE ▢▾ DEAD ▢▾
404A	Has (NAME) been registered?	YES . . . . 1 NO . . . . 2 (SKIP TO 405)◄─────┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 405)◄─────┤ DON'T KNOW 8
404B	Does (NAME) have a birth certificate? IF YES: May I see it, please?	YES, SEEN . . . . 1 YES, NOT SEEN . . . . 2 NO CERTIFICATE 3	YES, SEEN . . . . 1 YES, NOT SEEN . . . . 2 NO CERTIFICATE 3
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 (SKIP TO 407)◄─────┤ LATER . . . . 2 NO MORE . . . . 3 (SKIP TO 407)◄─────┤	THEN . . . . 1 (SKIP TO 412)◄─────┤ LATER . . . . 2 NO MORE . . . . 3 (SKIP TO 412)◄─────┤
406	How much longer would you like to have waited?	MONTHS . . . . 1 ▢▢ YEARS . . . . 2 DON'T KNOW 998	MONTHS . . . . 1 ▢▢ YEARS . . . . 2 DON'T KNOW 998
407	Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR . . . . A NURSE/MIDWIFE . . . . B TRADITIONAL MIDWIFE TRAINED . . . . C UNTRAINED . . . . D TRAINING UNCERTAIN . . . E OTHER_____ X (SPECIFY) NO ONE . . . . Y (SKIP TO 410)◄─────┤	
408	How many months pregnant were you when you first received antenatal care for this pregnancy?	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	CHECK 409: NUMBER OF TIMES RECEIVED ANTENATAL CARE	ONCE ▢▾ (SKIP TO 409C)	MORE THAN ONCE OR DK ▢

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
409B	How many months pregnant were you the last time you received antenatal care?	MONTHS .... ☐☐ DON'T KNOW 98	
409C	During this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT .... 1 2 HEIGHT .... 1 2 BLOOD PRESSURE 1 2 URINE SAMPLE .... 1 2 BLOOD SAMPLE ... 1 2	
409D	Were you told about the signs of pregnancy complications?	YES .... 1 NO .... 2 (SKIP TO 410)◄———┤ DON'T KNOW 8	
409E	Were you told where to go if you had these problems?	YES .... 1 NO .... 2 DON'T KNOW 8	
410	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES .... 1 NO .... 2 (SKIP TO 411A)◄——┤ DON'T KNOW 8	
410A	During this pregnancy, how many times did you get this injection?	NO. OF TIMES .... ☐ DON'T KNOW 8	
411A	During this pregnancy, were you given or did you buy any iron tablets? SHOW TABLET.	YES .... 1 NO .... 2 (SKIP TO 411C)◄——┤ DON'T KNOW 8	
411B	During the whole pregnancy, how many tablets did you take?	NUMBER OF TABLETS .... ☐☐☐ DON'T KNOW 998	
411C	During this pregnancy, did you have difficulty with your vision during the daylight?	YES .... 1 NO .... 2 DON'T KNOW 8	
411D	During this pregnancy, did you suffer from night blindness?	YES .... 1 NO .... 2 DON'T KNOW 8	
411E	During this pregnancy, were you given or did you buy any drugs in order to prevent malaria?	YES .... 1 NO .... 2 (SKIP TO 412)◄———┤ DON'T KNOW 8	
411F	Which drug was that? RECORD ALL MENTIONED.	ASPIRIN .... A FANSIDAR .... B CHLOROQUINE .... C DELTAPRIM .... D NOROLON .... E QUININE .... F OTHER_____ X (SPECIFY)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
412	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
413	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 415)◄——————┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 415)◄——————┤ DON'T KNOW 8
414	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD OR MOTHER'S CARD, IF AVAILABLE.	GRAMS FROM CARD . . 1 ☐☐☐☐ GRAMS FROM RECALL 2 ☐☐☐☐ DON'T KNOW 99998	GRAMS FROM CARD . . . . . 1 ☐☐☐☐ GRAMS FROM RECALL . . . 2 ☐☐☐☐ DON'T KNOW 99998

415	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
		TRADITIONAL MIDWIFE
		    TRAINED C
		    UNTRAINED . . . . D
		    TRAINING UNCERTAIN . . . E
		    OTHER_____ X
		              (SPECIFY)
		NO ONE . . . . Y
		(SKIP TO 417)◄——————┘
			HEALTH PROFESSIONAL
			    DOCTOR . . . . A
			    NURSE/MIDWIFE . . . . B
			TRADITIONAL MIDWIFE
			    TRAINED C
			    UNTRAINED . . . . D
			    TRAINING UNCERTAIN . . . . . E
			    OTHER_____ X
			              (SPECIFY)
			NO ONE . . . . Y
			(SKIP TO 417)◄——————┘

416	Where did you give birth to (NAME)?	HOME
		    YOUR HOME 11
		    (SKIP TO 418A)◄——————┤
		    OTHER HOME 12
		PUBLIC SECTOR
		    CENTRAL HOSPITAL 21
		    PROVINCIAL HOSPITAL . 22
		    DIST/RURAL HOSPITAL . 23
		    RURAL HEALTH CENTRE 24
		    (SKIP TO 418A)◄——————┤
		    RURAL/MUNICIPAL CLC . 25
		    OTHER PUBLIC
		    _____26
		              (SPECIFY)
		PRIVATE MEDICAL SECTOR
		    PVT. HOSPITAL/CLINIC . 31
		    OTHER PVT.
		    MEDICAL_____ 36
		              (SPECIFY)
		MISSION FACILITY 41
		OTHER_____ 96
		              (SPECIFY)
		(SKIP TO 418A)◄——————┘
			HOME
			    YOUR HOME 11
			    (SKIP TO 418A)◄——————┤
			    OTHER HOME 12
			PUBLIC SECTOR
			    CENTRAL HOSPITAL 21
			    PROVINCIAL HOSPITAL 22
			    DIST/RURAL HOSPITAL 23
			    RURAL HEALTH CENTRE . . . 24
			    (SKIP TO 418A)◄——————┤
			    RURAL/MUNICIPAL CLC 25
			    OTHER PUBLIC
			    _____26
			              (SPECIFY)
			PRIVATE MEDICAL SECTOR
			    PVT. HOSPITAL/CLINIC 31
			    OTHER PVT.
			    MEDICAL_____ . 36
			              (SPECIFY)
			MISSION FACILITY 41
			OTHER_____ 96
			              (SPECIFY)
			(SKIP TO 418A)◄——————┘

417	Was (NAME) delivered by caesarian section?	YES . . . . 1 NO 2	YES . . . . 1 NO 2
418A	After (NAME) was born, did anyone check on your health?	YES . . . . 1 NO . . . . 2 (SKIP TO 419)◄——————┘	YES . . . . 1 NO . . . . 2 (SKIP TO 420)◄——————┘

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
418B	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL 1 ☐☐ WEEKS AFTER DEL2 ☐☐ DON'T KNOW 998	

418C	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PROFESSIONAL
		    DOCTOR 1
		    NURSE/MIDWIFE 2
		TRADITIONAL MIDWIFE
		    TRAINED 3
		    UNTRAINED 4
		    TRAINING UNCERTAIN . . . 5
		    OTHER_____ 6
		              (SPECIFY)	

418D	Where did this first check take place?	HOME
		    YOUR HOME 11
		    OTHER HOME 12
		 PUBLIC SECTOR
		    CENTRAL HOSPITAL 21
		    PROVINCIAL HOSPITAL . 22
		    DIST/RURAL HOSPITAL . 23
		    RURAL HEALTH CENTRE 24
		    RURAL/MUNICIPAL CLC . 25
		    OTHER PUBLIC
		        _____26
		              (SPECIFY)
		PRIVATE MEDICAL SECTOR
		    PVT. HOSPITAL/CLINIC . 31
		    PRIVATE DOCTOR 32
		    OTHER PVT.
		        MEDICAL_____ 36
		                    (SPECIFY)
		MISSION FACILITY 41
		OTHER_____ 96
		              (SPECIFY)	

419	Has your period returned since the birth of (NAME)?	YES 1
		        (SKIP TO 421)◄——┘
		NO 2
		        (SKIP TO 422)◄——┘	

420	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . 1 NO . . . . 2 (SKIP TO 424)◄——┘
421	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS . . . . ☐☐ DON'T KNOW 98	MONTHS . . . . ☐☐ DON'T KNOW 98
422	CHECK 227: RESPONDENT PREGNANT?	NOT ☐ PREGNANT ☐ PREG- OR UNSURE NANT ▾ (SKIP TO 424)◄—	
423	Have you resumed sexual relations since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 425)◄——┘	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
424	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . . [ ][ ] DON'T KNOW 98

425	Did you ever breastfeed (NAME)?	YES 1
		NO 2
		   (SKIP TO 431)◄———
			YES 1
			NO 2
			   (SKIP 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 [ ][ ]
		
		DAYS . . . . 2 [ ][ ]
			IMMEDIATELY 000
			
			HOURS . . . . 1 [ ][ ]
			
			DAYS . . . . 2 [ ][ ]

427	CHECK 404:
	
	CHILD ALIVE?
		ALIVE [ ] DEAD [ ]
		  ▼ (SKIP TO 429)◄———
			ALIVE [ ] DEAD [ ]
			  ▼ (SKIP TO 429)◄———

428	Are you still breastfeeding (NAME)?	YES 1
		   (SKIP TO 432)◄———
		NO 2
			YES 1
			   (SKIP TO 432)◄———
			NO 2

429	For how many months did you breastfeed (NAME)?	MONTHS . . . . [ ][ ] DON'T KNOW 98	MONTHS . . . . [ ][ ] DON'T KNOW 98

431	CHECK 404:
	
	   CHILD ALIVE?
		ALIVE [ ] DEAD [ ]
		
		  ▼ ▼
		      (GO BACK TO 404 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)
		  ▼
		(SKIP TO 434)
			ALIVE [ ] DEAD [ ]
			
			  ▼ ▼
			      (GO BACK TO 404 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)
			  ▼
			(SKIP TO 434)

432	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS [ ][ ]	NUMBER OF NIGHTTIME FEEDINGS [ ][ ]
433	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS [ ][ ]	NUMBER OF DAYLIGHT FEEDINGS . [ ][ ]
434	Did (NAME) drink anything from a bottle with a teat yesterday or last night?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

		LAST BIRTH NAME _____		NEXT-TO-LAST BIRTH NAME _____	
		LAST 7 DAYS NUMBER OF DAYS	YESTERDAY/ LAST NIGHT NUMBER OF TIMES	LAST 7 DAYS NUMBER OF DAYS	YESTERDAY/ LAST NIGHT NUMBER OF TIMES
437	Now I would like to ask you about the types of foods [NAME] has been fed over the last seven days, including yesterday. How many days during last seven days was [NAME] given each of the following? FOR EACH ITEM GIVEN AT LEAST ONCE IN LAST SEVEN DAYS, ASK: How many times yesterday or last night was [NAME] given [ITEM]?				
	A. Plain water?	A	A	A	A
	B. Commercially prepared baby formula?	B	B	B	B
	C. Fresh cow or goat milk?	C	C	C	C
	D. Any other milk such as tinned or powdered milk?	D	D	D	D
	E. Fruit juice?	E	E	E	E
	F. Any other liquids such as glucose water, tea, herbal teas/roots, or mahewu?	F	F	F	F
	G. Any other foods made from grains such as sadza, bread, porridge or thin gruel?	G	G	G	G
	H. Pumpkin, squash, sweet potatoes, or carrots?	H	H	H	H
	I. Potatoes or other food made from tubers?	I	I	I	I
	J. Any green leafy vegetables?	J	J	J	J
	K. Mango or pawpaw?	K	K	K	K
	L. Beans, groundnuts, or peanut butter?	L	L	L	L
	M. Any other fruits and vegetables such as oranges, bananas or tomatoes?	M	M	M	M
	N. Meat, poultry, fish, or eggs?	N	N	N	N
	O. Cheese or yogurt?	O	O	O	O
	IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.				
438	How many times was (NAME) fed solid or semi-solid (mashed or pureed) food yesterday or last night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . ☐ DON'T KNOW 8		NUMBER OF TIMES . . . . ☐ DON'T KNOW 8	
439		GO BACK TO 404A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.		GO BACK TO 404A IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	

| 440 | ENTER THE NAME AND LINE NUMBER OF EACH LIVING CHILD BORN SINCE JANUARY 1994 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE CHILDREN. BEGIN WITH THE YOUNGEST CHILD. (IF THERE ARE MORE THAN 2 LIVING CHILDREN, USE ADDITIONAL QUESTIONNAIRES). | | |

441	LINE NUMBER FROM Q212	LAST BIRTH LINE NUMBER . . . . ☐☐	NEXT-TO-LAST BIRTH LINE NUMBER . . . . ☐☐

442	FROM Q212 AND Q216	NAME _____
		
		ALIVE DEAD
		☐ ☐
		                    ▾
		(GO TO 442 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 464A)
			NAME _____
			
			ALIVE DEAD
			☐ ☐
			                    ▾
			(GO TO 442 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 464A)

443	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . 1 (SKIP TO 445)◄——┐ YES, NOT SEEN . . . . 2 (SKIP TO 447)◄——┐ NO CARD 3	YES, SEEN . . . . 1 (SKIP TO 445)◄——┐ YES, NOT SEEN . . . . 2 (SKIP TO 447)◄——┐ NO CARD 3
444	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 (SKIP TO 447)◄——┤ NO 2	YES . . . . 1 (SKIP TO 447)◄——┤ NO 2
445	(1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. BCG POLIO 1 POLIO 2 POLIO 3 DPT 1 DPT 2 DPT 3 MEASLES	DAY MONTH YEAR BCG ☐☐☐ P1 ☐☐☐ P2 ☐☐☐ P3 ☐☐☐ D1 ☐☐☐ D2 ☐☐☐ D3 ☐☐☐ MEA ☐☐☐	DAY MONTH YEAR BCG ☐☐☐ P1 ☐☐☐ P2 ☐☐☐ P3 ☐☐☐ D1 ☐☐☐ D2 ☐☐☐ D3 ☐☐☐ MEA ☐☐☐

		LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____

446	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?
	
	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)
		    (SKIP TO 448H)←
		NO 2
		    (SKIP TO 448H)←
		DON'T KNOW 8
			YES 1
			(PROBE FOR VACCINATIONS ←
			AND WRITE '66' IN THE
			CORRESPONDING DAY COLUMN
			IN 445)
			    (SKIP TO 448H)←
			NO 2
			    (SKIP TO 448H)←
			DON'T KNOW 8

447	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1
		NO 2
		    (SKIP TO 449)←
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP 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 right 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
		    (SKIP TO 448E)←
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 448E)←
			DON'T KNOW 8

448D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . ☐	NUMBER OF TIMES . . . . . . ☐

448E	DPT vaccination, that is, an injection given in the thigh, sometimes at the same time as polio drops?	YES 1
		NO 2
		    (SKIP TO 448G)←
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 448G)←
			DON'T KNOW 8

448F	How many times?	NUMBER OF TIMES . . . . ☐	NUMBER OF TIMES . . . . . . ☐
448G	An injection to prevent measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
448H	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunization day campaign?	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 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

450	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES 1
		NO 2
		    (SKIP TO 451A)←
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 451A)←
			DON'T KNOW 8

451	When (NAME) had an illness 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

451A	CHECK 449 AND 450:
	
	FEVER OR COUGH?
		"YES" IN 449 OR OTHER
		450
		  ☐ ☐
		  ▼ ▼
		          (SKIP TO 454)
			"YES" IN 449 OTHER
			OR 450
			  ☐ ☐
			  ▼ ▼
			          (SKIP TO 454)

452	Did you seek advice or treatment for the illness?	YES 1
		NO 2
		    (SKIP TO 454)←
			YES 1
			NO 2
			    (SKIP TO 454)←

		LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____

453	Where did you seek advice or treatment?
	
	Anywhere else?
	
	    RECORD ALL MENTIONED.
		PUBLIC SECTOR
		    CENTRAL HOSPITAL .... A
		    PROVINCIAL HOSPITAL ...... B
		    DIST/RURAL HOSPITAL C
		    RURAL HEALTH CENTRE ..... D
		    RURAL/MUNICIPAL CLC ...... E
		    VILLAGE COMM WORKER .... F
		    OTHER PUBLIC
		        _____G
		            (SPECIFY)
		MISSION FACILITY .... H
		
		PRIVATE MEDICAL SECTOR
		    PVT. HOSPITAL/CLINIC I
		    PVT. DOCTOR .... J
		    PHARMACY .... K
		    VILLAGE COMM. WORKER L
		OTHER PVT.
		    MEDICAL_____ .. M
		            (SPECIFY)
		OTHER SOURCE
		    SHOP .... N
		    TRAD. PRACTITIONER ...... O
		
		OTHER_____ X
		            (SPECIFY)
			PUBLIC SECTOR
			    CENTRAL HOSPITAL .... A
			    PROVINCIAL HOSPITAL ..... B
			    DIST/RURAL HOSPITAL C
			    RURAL HEALTH CENTRE .... D
			    RURAL/MUNICIPAL CLC ..... E
			    VILLAGE COMM WORKER ... F
			    OTHER PUBLIC
			        _____G
			            (SPECIFY)
			MISSION FACILITY .... H
			
			PRIVATE MEDICAL SECTOR
			    PVT. HOSPITAL/CLINIC I
			    PVT. DOCTOR .... J
			    PHARMACY .... K
			    VILLAGE COMM. WORKER ... L
			OTHER PVT.
			    MEDICAL_____ . M
			            (SPECIFY)
			OTHER SOURCE
			    SHOP .... N
			    TRAD. PRACTITIONER ..... O
			
			OTHER_____ X
			            (SPECIFY)

453A	CHECK 449:
	
	HAD FEVER?
		"YES" IN 449 "NO"/"DK" in 449
		    ☐ ☐
		                         ▼
		                    (SKIP TO 454)
		    ▼
			"YES" IN 449 "NO"/"DK" IN 449
			    ☐ ☐
			                         ▼
			                    (SKIP TO 454)
			    ▼

453B	Did (NAME) take any antimalarial drugs for the fever?	YES 1
		NO 2
		        (SKIP TO 454)◄————┤
		DON'T KNOW 8
			YES 1
			NO 2
			        (SKIP TO 454)◄————┤
			DON'T KNOW 8

453C	What drug was that?
	
	RECORD ALL MENTIONED.
		PARACETAMOL .... A
		ASPIRIN .... B
		FANSIDAR C
		CHLOROQUINE .... D
		DELTAPRIM .... E
		NOROLON .... F
		OTHER_____X
		            (SPECIFY)
		DON'T KNOW .... Z
			PARACETAMOL .... A
			ASPIRIN .... B
			FANSIDAR C
			CHLOROQUINE .... D
			DELTAPRIM .... E
			NOROLON .... F
			OTHER_____X
			            (SPECIFY)
			DON'T KNOW .... Z

454	Has (NAME) had diarrhea in the last 2 weeks?	YES 1
		NO 2
		        (SKIP TO 464)◄————┤
		DON'T KNOW 8
			YES 1
			NO 2
			        (SKIP TO 464)◄————┤
			DON'T KNOW 8

457	When (NAME) had diarrhea, was he/she given less than usual to drink, about the same amount, or more than usual to drink?	LESS .... 1 SAME .... 2 MORE .... 3 DON'T KNOW 8	LESS .... 1 SAME .... 2 MORE .... 3 DON'T KNOW 8
458	Was he/she given less than usual to eat, about the same amount, or more than usual to eat?	LESS .... 1 SAME .... 2 MORE .... 3 DON'T KNOW 8	LESS .... 1 SAME .... 2 MORE .... 3 DON'T KNOW 8
459	Was he/she given any of the following to drink: A sugar-salt-water solution (SSS)? Any other liquid?	YES NO DK SSS............ 1 2 8 OTHER LIQUID... 1 2 8	YES NO DK SSS............ 1 2 8 OTHER LIQUID... 1 2 8

460	Was anything (else) given to treat the diarrhea?	YES 1
		NO 2
		        (SKIP TO 462)◄————┤
		DON'T KNOW 8
			YES 1
			NO 2
			        (SKIP TO 462)◄————┤
			DON'T KNOW 8

		LAST BIRTH NAME_____	NEXT-TO-LAST BIRTH NAME_____
461	What was given to treat the diarrhea? Anything else? 　　RECORD ALL MENTIONED.	PILL OR SYRUP . . . . A INJECTION . . . . B (I.V.) INTRAVENOUS . . . . C HOME REMEDIES/ 　HERBAL MEDICINES . . . . . D OTHER _____ X 　　　　　(SPECIFY)	PILL OR SYRUP . . . . A INJECTION . . . . B (I.V.) INTRAVENOUS . . . . C HOME REMEDIES/ 　HERBAL MEDICINES . . . . D OTHER _____X 　　　　　(SPECIFY)
462	Did you seek advice or treatment for the diarrhea?	YES . . . . 1 NO . . . . 2 　　(SKIP TO 464)◄———┘	YES . . . . 1 NO . . . . 2 　　(SKIP TO 464)◄———┘
463	Where did you seek advice or treatment? Anywhere else? 　　RECORD ALL MENTIONED.	PUBLIC SECTOR 　CENTRAL HOSPITAL . . . . . . A 　PROVINCIAL HOSPITAL . . . B 　DIST/RURAL HOSPITAL . . . C 　RURAL HEALTH CENTRE . . D 　RURAL/MUNICIPAL CLC . . . E 　VILLAGE COMM WORKER . F 　OTHER PUBLIC 　　_____G 　　　　(SPECIFY) MISSION FACILITY . . . . H PRIVATE MEDICAL SECTOR 　PVT. HOSPITAL/CLINIC . . . . I 　PVT. DOCTOR . . . . J 　PHARMACY . . . . K 　VILLAGE COMM. WORKER . L OTHER PVT. 　　MEDICAL_____ M 　　　　(SPECIFY) OTHER SOURCE 　SHOP . . . . N 　TRAD. PRACTITIONER . . . . O OTHER_____ X 　　　　(SPECIFY)	PUBLIC SECTOR 　CENTRAL HOSPITAL . . . . . A 　PROVINCIAL HOSPITAL . . B 　DIST/RURAL HOSPITAL . . C 　RURAL HEALTH CENTRE . D 　RURAL/MUNICIPAL CLC . . E 　VILLAGE COMM WORKER F 　OTHER PUBLIC 　　_____G 　　　　(SPECIFY) MISSION FACILITY . . . . H PRIVATE MEDICAL SECTOR 　PVT. HOSPITAL/CLINIC . . . I 　PVT. DOCTOR . . . . J 　PHARMACY . . . . K 　VILLAGE COMM. WORKER L OTHER PVT. 　　MEDICAL_____ M 　　　　(SPECIFY) OTHER SOURCE 　SHOP . . . . N 　TRAD. PRACTITIONER . . . O OTHER_____ X 　　　　(SPECIFY)
464		GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 464A.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 464A.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
464A	CHECK 442, ALL COLUMNS: NUMBER OF LIVING CHILDREN BORN SINCE JANUARY 1994 ONE OR ☐ NONE ☐ MORE		→470
464B	The last time you fed your children, did you wash your hands immediately before feeding them?	YES . . . . 1 NO . . . . 2 NEVER FED CHILDREN 3	
464C	The last time you had to clean (your child/one of your children) after (he/she) defecated, did you wash your hands immediately afterwards?	YES . . . . 1 NO . . . . 2 NEVER CLEANED CHILDREN 3	
464D	What usually happens with your child(ren)'s stools when they do not use any toilet facility?	ALWAYS USE TOILET/LATRINE . . . 01 DISPOSED OF IN TOILET/LATRINE . 02 DISPOSED OF OUTSIDE DWELLING 03 DISPOSED OF OUTSIDE YARD . . . . 04 BURY IN THE YARD . . . . 05 WASHED AWAY . . . . 06 NOT DISPOSED OF . . . . 07 OTHER_____96 (SPECIFY)	
469	CHECK 459, ALL COLUMNS: NO CHILD ☐ ANY CHILD ☐ RECEIVED SSS RECEIVED SSS		→470A
470	Have you ever heard of a special solution prepared using sugar and salt and water that is used for the treatment of diarrhea?	YES . . . . 1 NO 2	
470A	CHECK 218: HAS ONE OR MORE ☐ HAS NO CHILDREN ☐ CHILDREN LIVING LIVING WITH HER WITH HER		→470C
470B	When (your child/one of your children) is seriously ill, can you decide by yourself whether the child should be taken for medical treatment?	YES . . . . 1 NO . . . . 2 DEPENDS 3	
470C	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem, a small problem, or no problem for you?	BIG SMALL NO PROBLEM PROBLEM PROBLEM	
	Knowing where to go. . . . . Getting permission to go. . . . . Getting money needed for treatment. . . . . Not having a health facility nearby. . . . . Having to take transport. . . . . Not wanting to go alone. . . . . Concern that there may not be a female health provider. . . . . Fear of verbal abuse by health provider	1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3 1 2 3	
470D	Do you currently smoke cigarettes or tobacco? IF YES: What type of tobacco do you smoke?	YES, CIGARETTES . . . . A YES, PIPE . . . . B YES, OTHER TOBACCO . . . . C NO . . . . E	→470F
470E	In the last 24 hours, how many times did you smoke?	TIMES . . . . ☐☐	
470F	The last time you prepared a meal for your family, before starting, did you wash your hands?	YES . . . . 1 NO . . . . 2 NEVER PREPARED MEALS 3	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
502	Are you currently married or living with a man?	YES, CURRENTLY MARRIED . . . . 1 YES, LIVING WITH A MAN . . . . 2 NO, NOT IN UNION 3	→507
504	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED . . . . 1 YES, LIVED WITH A MAN . . . . 2 NO 3	→506 →511
505	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1994 ———————————————————————————		→515
506	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3	→511
507	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER . . . . 1 STAYING ELSEWHERE 2	
507A	RECORD THE HUSBAND'S LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	☐☐	
508	Besides yourself, how many wives does your husband have?	NUMBER OF CO-WIVES . . . ☐☐	
511	Have you been married or lived with a man only once, or more than once?	ONCE . . . . 1 MORE THAN ONCE 2	
512	Now we will talk about your (first) husband/partner. In what month and year did you start living with him?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→514
513	How old were you when you started living with him?	AGE . . . . ☐☐	
514	DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 1994. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER '0' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1994. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
514A	CHECK 502: CURRENTLY ☐ MARRIED OR LIVING WITH A MAN ▾	NOT CURRENTLY MARRIED AND NOT CURRENTLY LIVING WITH A MAN ☐	→515
514B	CHECK 314/314A: ANY CODE ☐ CIRCLED ▾	NOT ASKED ☐ (NO CODE CIRCLED)	→515

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514C	You have told me that you are using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 JOINT DECISION . . . . 3 OTHER_____6 (SPECIFY)	
515	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER . . . . 00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN MARRIED 96	→525
517	When was the last time you had sexual intercourse?	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐	→525
518	The last time you had sexual intercourse, was a condom used?	YES . . . . 1 NO 2	→519
518A	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV 1 OWN CONCERN TO PREVENT PREGNANCY . . . . 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY . . . . 3 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS . 4 PARTNER INSISTED . . . . 5 OTHER_____ 6 (SPECIFY) DON'T KNOW 8	
519	What is your relationship to the man with whom you last had sex? IF "GIRLFRIEND OR FIANCEE", ASK "the last time you had sex with this partner, were you living with him?" IF "YES", RECORD '1' IF "NO. RECORD '2'	SPOUSE/COHABITING PARTNER . . . 1 GIRL FRIEND/FIANCEE . . . . 2 OTHER FRIEND . . . . 3 CASUAL ACQUAINTANCE . . . . 4 COMMERCIAL SEX WORKER . . . . . 5 RELATIVE . . . . 6 OTHER _____7 (SPECIFY)	→520
519A	How long have you had a sexual relationship with this man?	DAYS . . . . 1 ☐☐ WEEKS . . . . 2 ☐☐ MONTHS . . . . 3 ☐☐ YEARS . . . . 4 ☐☐	
520	Have you had sex with anyone else in the last 12 months?	YES . . . . 1 NO 2	→525
522	The last time you had sexual intercourse with this other man, was a condom used?	YES . . . . 1 NO 2	→523

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522A	What was the main reason you used a condom on that occasion?	OWN CONCERN PREVENT STD/HIV 1 OWN CONCERN TO PREVENT PREGNANCY . . . . 2 OWN CONCERN TO PREVENT BOTH STD/HIV AND PREGNANCY . . . . 3 DID NOT TRUST PARTNERS/FEELS PARTNER HAS OTHER PARTNERS . 4 PARTNER INSISTED . . . . 5 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
523	What is your relationship to this man? IF "GIRLFRIEND OR FIANCEE", ASK "the last time you had sex with this partner, were you living with him?" IF "YES", RECORD '1' IF "NO. RECORD '2'	SPOUSE/COHABITING PARTNER . . . 1 GIRL FRIEND/FIANCEE . . . . 2 OTHER FRIEND . . . . 3 CASUAL ACQUAINTANCE . . . . 4 COMMERCIAL SEX WORKER . . . . . . 5 RELATIVE . . . . 6 OTHER_____ 7 (SPECIFY)	→524
523A	How long have you had a sexual relationship with this man?	DAYS . . . . 1 WEEKS . . . . 2 MONTHS . . . . 3 YEARS 4	
524	Altogether, with how many different men have you had sex in the last 12 months?	NUMBER OF PARTNERS . .	
525	Do you know of a place where one can get condoms?	YES . . . . 1 NO 2	→527

526	Where is that?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSP./CLINIC 11
		  RURAL/MUNICIPAL CLINIC 12
		  RURAL HEALTH CENTRE 13
		  ZNFPC (FIXED) CLINIC 14
		  ZNFPC MOBILE CLINIC 15
		  MOH MOBILE CLINIC 16
		  ZNFPC CBD 17
		  MOH CBD 18
		
		  OTHER PUBLIC _____19
		(SPECIFY)
		
		MISSION FACILITY 21
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PHARMACY 32
		  PRIVATE DOCTOR 33
		  CBD 34
		  OTHER PRIVATE
		    MEDICAL_____36
		(SPECIFY)
		OTHER SOURCE
		  SHOP 41
		  CHURCH 42
		  FRIENDS/RELATIVES 43
		
		OTHER_____96
		(SPECIFY)	

526A	If you wanted to, could you yourself easily get a condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	
527	Do you know of a place where one can get female condoms?	YES . . . . 1 NO 2	→601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

528	Where is that?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSP./CLINIC 11
		  RURAL/MUNICIPAL CLINIC 12
		  RURAL HEALTH CENTRE 13
		  ZNFPC (FIXED) CLINIC 14
		  ZNFPC MOBILE CLINIC 15
		  MOH MOBILE CLINIC 16
		  ZNFPC CBD 17
		  MOH CBD 18
		
		  OTHER PUBLIC _____19
		                        (SPECIFY)
		
		MISSION FACILITY 21
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC 31
		  PHARMACY 32
		  PRIVATE DOCTOR 33
		  CBD 34
		  OTHER PRIVATE
		        MEDICAL_____36
		                        (SPECIFY)
		OTHER SOURCE
		  SHOP 41
		  CHURCH 42
		  FRIENDS/RELATIVES 43
		
		OTHER_____96
		                        (SPECIFY)	

528A	If you wanted to, could you yourself easily get a female condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 314/314A: NEITHER STERILIZED ☐ HE OR SHE STERILIZED ☐		→612

602	CHECK 227:
	
	NOT PREGNANT OR UNSURE ☐ PREGNANT ☐
	
	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?
	    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?
		HAVE (A/ANOTHER) CHILD 1
		NO MORE/NONE 2
		SAYS SHE CAN'T GET PREGNANT . . 3
		UNDECIDED/DON'T KNOW
		   AND PREGNANT 8
		   AND NOT PREGNANT 8
			
			→604
			→606
			
			→605
			→606

603	CHECK 227:
	
	NOT PREGNANT OR UNSURE ☐ PREGNANT ☐
	
	How long would you like to wait from now before the birth of (a/another) child?
	    After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?
		MONTHS . . . . 1 ☐☐
		YEARS . . . . 2 ☐☐
		
		SOON/NOW 993
		SAYS SHE CAN'T GET PREGNANT 994
		AFTER MARRIAGE 995
		
		OTHER_____ 996
		          (SPECIFY)
		DON'T KNOW 998
			
			→606

604	CHECK 227: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→608
604A	CHECK 313: USING A METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→605
604B	CHECK 603: NOT ASKED ☐ 24 OR MORE MONTHS OR 02 OR MORE YEARS ☐ 0-23 MONTHS OR 01 YEAR ☐		→608

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

604C	CHECK 602:
	
	WANTS A/ANOTHER CHILD ☐ WANTS NO (MORE) CHILDREN ☐
	
	You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. Can you tell me why? You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy. Can you tell me why?
	
	RECORD ALL MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASONS
		   NOT HAVING SEX . . . . B
		   INFREQUENT SEX C
		   MENOPAUSAL/HYSTERECTOMY. D
		   SUBFECUND/INFECUND . . . . E
		   POSTPARTUM AMENORRHEIC . . . F
		   BREASTFEEDING . . . . G
		   FATALISTIC . . . . H
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED I
		   HUSBAND OPPOSED . . . . J
		   OTHERS OPPOSED . . . . K
		   RELIGIOUS PROHIBITION L
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHOD . . . . M
		   KNOWS NO SOURCE . . . . N
		
		METHOD-RELATED REASONS
		   HEALTH CONCERNS . . . . O
		   FEAR OF SIDE EFFECTS . . . . P
		   LACK OF ACCESS/TOO FAR . . . . Q
		   COST TOO MUCH . . . . R
		   INCONVENIENT TO USE . . . . S
		   INTERFERES WITH BODY'S
		     NATURAL PROCESSES . . . . T
		
		OTHER_____ X
		            (SPECIFY)
		 DON'T KNOW . . . . Z	

605	In the next few weeks, if you discovered that you were pregnant, would it be a big problem, a small problem, or no problem for you?	BIG PROBLEM . . . . 1 SMALL PROBLEM . . . . 2 NO PROBLEM . . . . 3 SAYS SHE CAN'T GET PREGNANT . . 4	
606	CHECK 313: USING A METHOD? NOT ASKED ☐ NOT CURRENTLY USING ☐ CURRENTLY USING ☐		→612
608	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→610
609	Which method would you prefer to use?	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 PILL . . . . 03 IUD . . . . 04 INJECTIONS . . . . 05 IMPLANTS . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 DIAPHRAGM . . . . 09 FOAM/JELLY . . . . 10 LACT. AMEN. METHOD . . . . 11 PERIODIC ABSTINENCE . . . . 12 WITHDRAWAL . . . . 13 OTHER_____ 96 (SPECIFY) UNSURE 98	→612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

610	What is the main reason that you think you will not use a method at any time in the future?	NOT CURRENTLY MARRIED 11
		
		FERTILITY-RELATED REASONS
		   INFREQUENT SEX 22
		   MENOPAUSAL/HYSTERECTOMY 23
		   SUBFECUND/INFECUND 24
		   WANTS AS MANY
		      CHILDREN AS POSSIBLE . . . 26
		
		OPPOSITION TO USE
		   RESPONDENT OPPOSED 31
		   HUSBAND OPPOSED 32
		   OTHERS OPPOSED 33
		   RELIGIOUS PROHIBITION 34
		
		LACK OF KNOWLEDGE
		   KNOWS NO METHOD 41
		   KNOWS NO SOURCE 42
		
		METHOD-RELATED REASONS
		   HEALTH CONCERNS 51
		   FEAR OF SIDE EFFECTS 52
		   LACK OF ACCESS/TOO FAR . . . 53
		   COST TOO MUCH 54
		   INCONVENIENT TO USE 55
		   INTERFERES WITH BODY'S
		      NORMAL PROCESSES 56
		
		OTHER_____ 96
		        (SPECIFY)
		DON'T KNOW 98
			→612

611	Would you ever use a method if you were married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
612	CHECK 216: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER . . . . ☐☐ OTHER_____ 96	→614

613	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?	BOYS
		NUMBER . . . . ☐☐
		
		OTHER_____ 96
		        (SPECIFY)
		                 GIRLS
		NUMBER . . . . ☐☐
		
		OTHER_____ 96
		        (SPECIFY)
		              EITHER
		NUMBER . . . . ☐☐
		
		OTHER_____ 96
		        (SPECIFY)	

614	Would you say that you approve or disapprove of couples using a method to delay or avoid getting pregnant?	APPROVE . . . . 1 DISAPPROVE . . . . 2 DON'T KNOW/UNSURE 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616	In the last few months have you heard about family planning: On the radio? On the television? In a newspaper or magazine?	YES NO RADIO . . . . 1 2 TELEVISION . . . . 1 2 NEWSPAPER OR MAGAZINE 1 2	
618	In the last few months, have you discussed the practice of family planning with your friends, neighbours, or relatives?	YES . . . . 1 NO 2	→620

619	With whom?
	
	Anyone else?
	
	   RECORD ALL MENTIONED.
		HUSBAND/PARTNER . . . . A
		MOTHER . . . . B
		FATHER C
		SISTER(S) . . . . D
		BROTHER(S) . . . . E
		DAUGHTER . . . . F
		SON . . . . G
		MOTHER-IN-LAW . . . . H
		FRIENDS/NEIGHBOURS I
		
		OTHER_____X
		         (SPECIFY)	

620	CHECK 502: YES, YES, NO, CURRENTLY □ LIVING □ NOT IN □_____ MARRIED ▾ WITH A MAN ▾ UNION		→623A
621	Husbands and wives do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES . . . . 1 DISAPPROVES . . . . 2 DON'T KNOW 8	
622	How often have you talked to your husband/partner about family planning in the past year?	NEVER . . . . 1 ONCE OR TWICE . . . . 2 MORE OFTEN 3	
623	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?	SAME NUMBER . . . . 1 MORE CHILDREN . . . . 2 FEWER CHILDREN . . . . 3 DON'T KNOW 8	
623A	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She is tired or not in the mood? . . . . She has recently given birth? . . . . She knows he has sex with women other than his wife (wives)?. . . . She knows he has the AIDS virus?	YES NO DK TIRED/MOOD . . . . 1 2 8 RECENT BIRTH . . . . . 1 2 8 OTHER WOMEN . . . . 1 2 8 HAS THE AIDS VIRUS 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502 AND 504: CURRENTLY MARRIED/ LIVING WITH A MAN ⫠ FORMERLY MARRIED/ LIVED WITH A MAN NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		→703 →709
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
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?	PRIMARY . . . . 1 SECONDARY . . . . 2 HIGHER . . . . 3 DON'T KNOW 8	→706
705	What was the highest (grade/form/year) he completed at that level?	GRADE . . . . ☐☐ DON'T KNOW 98	
706	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ ▼ What is your husband's/partner's occupation? That is, what kind of work does he mainly do? ▼ What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	☐☐ _____ _____ _____	
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	→723A
712	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____ _____	
713	CHECK 712: WORKS IN AGRICULTURE ☐ DOES NOT WORK IN AGRICULTURE ☐ ▼		→715
714	Do you work mainly on your own land, do you work on communal land, or do you rent land, or work on someone else's land?	OWN/FAMILY LAND . . . . 1 COMMUNAL/RESETTLEMENT . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND 4	
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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
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	
720	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	→723

720A	Who mainly decides how the money you earn will be used?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		    HUSBAND/PARTNER JOINTLY . . . 3
		SOMEONE ELSE 4
		RESPONDENT AND SOMEONE ELSE
		    JOINTLY 5	

722A	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE . . . . 1 LESS THAN HALF . . . . 2 ABOUT HALF . . . . 3 MORE THAN HALF . . . . 4 ALL . . . . 5 NONE, HER INCOME IS ALL SAVED. . 6	
723	Do you usually work at home or away from home?	HOME . . . . 1 AWAY 2	

723A Who in your family usually has the final say on the following decisions:

RESPONDENT = 1
HUSBAND/PARTNER = 2
RESPONDENT & HUSBAND/PARTNER JOINTLY = 3
SOMEONE ELSE = 4
RESPONDENT & SOMEONE ELSE JOINTLY = 5

Your own health?	1	2	3	4	5
Large household purchases?.	1	2	3	4	5
Daily household purchases?	1	2	3	4	5
Visits to family, friends, or relatives?	1	2	3	4	5
What food should be cooked each day?.	1	2	3	4	5

728A PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)

	PRS/ LISTN.	PRS/ NOT LISTN	NOT PRS
CHILDREN <10	1	2	8
HUSBAND	1	2	8
OTHER MALES	1	2	8
OTHER FEMALES . .	1	2	8

728B Sometimes a husband is annoyed or angered by things which his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:

		YES	NO	DK
If she goes out without telling him?.	GOES OUT	1	2	8
If she neglects the children?	NEGL. CHILDREN . .	1	2	8
If she argues with him?	ARGUES	1	2	8
If she refuses sex with him?	REFUSES SEX	1	2	8
If she burns the food?	BURNS FOOD	1	2	8

SECTION 8: AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→816
802	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→810

803	What can a person do?
	
	Anything else?
	
	RECORD ALL MENTIONED.
		ABSTAIN FROM SEX . . . . A
		USE CONDOMS . . . . B
		LIMIT SEX TO ONE PARTNER/STAY
		   FAITHFUL TO ONE PARTNER . . C
		LIMIT NUMBER OF
		   SEXUAL PARTNERS . . . . D
		AVOID SEX WITH PROSTITUTES . . . E
		AVOID SEX WITH PERSONS WHO
		   HAVE MANY PARTNERS . . . . F
		AVOID SEX WITH HOMOSEXUALS . G
		AVOID SEX WITH PERSONS WHO
		   INJECT DRUGS INTRAVEN . . . . . H
		AVOID BLOOD TRANSFUSIONS I
		AVOID INJECTIONS . . . . J
		AVOID KISSING . . . . K
		AVOID MOSQUITO BITES L
		SEEK PROTECTION FROM
		   TRADITIONAL HEALER . . . . M
		AVOID SHARING RAZORS/BLADES N
		
		OTHER_____W
		            (SPECIFY)
		
		OTHER_____X
		            (SPECIFY)
		DON'T KNOW . . . . Z	

804	CHECK 803: NEITHER CODE 'C' ☐ CODE 'C' AND/OR NOR CODE 'D' CODE 'D' CIRCLED ☐ CIRCLED ▼		→807
805	In your view, is a person's chance of getting AIDS influenced by the number of partners he or she has?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→807
806	If a person has sex with only one partner, does this person have a greater or a lesser chance of getting AIDS than a person who has sex with many partners?	GREATER CHANCE OF AIDS . . . . 1 LESSER CHANCE OF AIDS 2	

807	CHECK 803:
	
	DID NOT MENTION MENTIONED USE OF A
	USE OF A CONDOM CONDOM DURING SEX
	DURING SEX ☐ (CODE 'B' CIRCLED) ☐
	  (CODE 'B' NOT CIRCLED)
	      ▼
			→810

808	In your view, is a person's chance of getting AIDS affected by using a condom every time he or she has sexual intercourse?	YES . . . . 1 NO . . . . 2 UNSURE/DON'T KNOW 8	→810
809	If a person uses a condom every time he or she is engaged in sexual intercourse, does this person have a greater or a lesser chance of getting AIDS than someone who doesn't use a condom?	GREATER CHANCE OF AIDS . . . . 1 LESSER CHANCE OF AIDS 2	
810	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
811	Do you know someone personally who has the virus that causes AIDS or someone who died from AIDS?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812	Can the virus that causes AIDS be transmitted from a mother to a child?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐→813
812A	When can the virus that causes AIDS be transmitted from a mother to a child? Any other times? RECORD ALL RESPONSES	DURING PREGNANCY . . . . A AT DELIVERY . . . . B DURING BREASTFEEDING . . . . C OTHER TIMES. . . . . D DON'T KNOW . . . . Z	
813	CHECK 502: CURRENTLY MARRIED/ NOT CURRENTLY MARRIED/ LIVING WITH A MAN NOT LIVING WITH A MAN ⬜ ⬜		→814A
814	Have you ever talked about ways to prevent getting the virus that causes AIDS with (your husband/the man you are living with)?	YES . . . . 1 NO 2	
814A	In your opinion, is it acceptable or unacceptable for AIDS to be discussed: on the radio? on the TV? In newspapers?	ACCEPTABLE UNACCEPT RADIO . . . . 1 2 TELEVISION . . . . . 1 2 NEWSPAPER 1 2	
815A	If a person learns that he/she is infected with the virus that causes AIDS, should the person be allowed to keep this fact private or should this information be available to the community?	CAN BE KEPT PRIVATE . . . . 1 AVAILABLE TO COMMUNITY . . . . 2 DK/NOT SURE 8	
815B	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
815C	Should persons with the AIDS virus who work with other persons such as in a shop, office, or farm be allowed to continue their work or not?	CAN CONTINUE WORK . . . . 1 SHOULD NOT CONTINUE WORK . . . . 2 DK/NOT SURE/DEPENDS 8	
815D	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
815E	Have you ever been tested to see if you have the AIDS virus?	YES . . . . 1 NO 2	→815HX
815F	Would you want to be tested for the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 3	
815G	Do you know a place where you could go to get an AIDS test?	YES . . . . 1 NO 2	→816

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

815H
 	
815HX
	Where can you go for the test?
	
	Where did you go for the test?
	
	Any other places?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		    CENTRAL HOSPITAL . . . . A
		    PROVINCIAL HOSPITAL . . . . B
		    DISTRICT HOSPITAL C
		    RURAL HEALTH CENTRE . . . . D
		    RURAL/MUNICIPAL CLINIC . . . . . . E
		
		OTHER PUBLIC _____ G
		                (SPECIFY)
		
		MISSION FACILITY . . . . H
		
		PRIVATE MEDICAL SECTOR
		    PRIVATE HOSPITAL/CLINIC I
		    PRIVATE DOCTOR . . . . J
		    OTHER PRIVATE
		       MEDICAL_____ K
		               (SPECIFY)
		
		TRADITIONAL HEALER L
		
		OTHER_____ X
		           (SPECIFY)	

816	(Apart from AIDS), have you heard about (other) infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	⟶901

817	In a man, what signs and symptoms would lead you to think that he has such an infection?
	
	Any others?
	
	RECORD ALL MENTIONED.
		ABDOMINAL PAIN . . . . A
		GENITAL DISCHARGE/DRIPPING . . . B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION . . . . D
		REDNESS/INFLAMMATION IN
		    GENITAL AREA . . . . E
		SWELLING IN GENITAL AREA . . . . . . F
		GENITAL SORES/ULCERS . . . . G
		GENITAL WARTS . . . . H
		BLOOD IN URINE I
		LOSS OF WEIGHT . . . . J
		IMPOTENCE/STERLILITY . . . . K
		NO SIGNS/SYMPTOMS L
		
		OTHER_____W
		           (SPECIFY)
		
		OTHER_____X
		           (SPECIFY)
		DON'T KNOW . . . . Z	

818	In a woman, what signs and symptoms would lead you to think that she has such an infection?
	
	Any others?
	
	RECORD ALL MENTIONED.
		ABDOMINAL PAIN . . . . A
		GENITAL DISCHARGE/DRIPPING . . . B
		FOUL SMELLING DISCHARGE C
		BURNING PAIN ON URINATION . . . . D
		REDNESS/INFLAMMATION IN
		    GENITAL AREA . . . . E
		SWELLING IN GENITAL AREA . . . . . . F
		GENITAL SORES/ULCERS . . . . G
		GENITAL WARTS . . . . H
		BLOOD IN URINE I
		LOSS OF WEIGHT . . . . J
		INFERTILITY/STERILITY . . . . K
		NO SIGN/SYMPTOMS L
		
		OTHER_____W
		           (SPECIFY)
		
		OTHER_____X
		           (SPECIFY)
		DON'T KNOW . . . . Z	

819	CHECK 515: HAS HAD SEXUAL HAS NOT HAD SEXUAL INTERCOURSE INTERCOURSE ☐ ☐		⟶901

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
820	Now I would like to ask some questions about your health in the last 12 months. During the last 12 months, have you had a sexually-transmitted disease?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
820A	Sometimes women experience a discharge from their vagina. During the last 12 months have you had a discharge from your vagina?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
820B	Sometimes women experience a sore or ulcer in or near their vagina. During the last 12 months have you had a a sore or ulcer in or near your vagina?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

822	CHECK 820, 820A AND 820B:
	
	  HAD STI DID NOT HAVE STI
	
	   ☐ ☐
	   ▾
			→901

825	The last time you had (INFECTION FROM 820/820A/820B), did you seek advice or treatment?	YES . . . . 1 NO 2	→827

826	Where did you seek advice or treatment?
	
	RECORD ALL MENTIONED.
		PUBLIC SECTOR
		  CENTRAL HOSPITAL . . . . A
		  PROVINCIAL HOSPITAL . . . . B
		  DISTRICT HOSPITAL C
		  RURAL HEALTH CENTRE . . . . D
		  RURAL/MUNICIPAL CLINIC . . . . E
		  VILLAGE COMMUNITY WORKER . . . . F
		
		OTHER PUBLIC _____ G
		                               (SPECIFY)
		
		MISSION FACILITY . . . . H
		
		PRIVATE MEDICAL SECTOR
		  PRIVATE HOSPITAL/CLINIC I
		  PHARMACY . . . . J
		  PRIVATE DOCTOR . . . . K
		  VILLAGE COMMUNITY WORKER L
		  OTHER PRIVATE
		     MEDICAL_____ M
		                            (SPECIFY)
		OTHER SOURCE
		  SHOP . . . . N
		  RELATIVE/FRIENDS . . . . O
		  TRADITIONAL HEALER . . . . P
		
		OTHER_____ X
		                     (SPECIFY)	

827	When you had (INFECTION FROM 820/820A/820B), did you inform the persons with whom you have been having sex?	YES . . . . 1 NO . . . . 2 SOME/ NOT ALL 3	
828	When you had (INFECTION FROM 820/820A/820B) did you do something to avoid infecting your sexual partner(s)?	YES . . . . 1 NO . . . . 2 PARTNER ALREADY INFECTED 3	→901
829	What did you do? Anything else? RECORD ALL RESPONSES	STOPPED SEXUAL INTERCOURSE . . . . A USED CONDOMS . . . . B TOOK MEDICINES . . . . C OTHER_____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	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. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER . . . ☐☐	
902	CHECK 901: ☐ ONLY ONE BIRTH ☐ TWO OR MORE BIRTHS ▾ (RESPONDENT ONLY)		→916
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . . . . ☐☐	

904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____
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)?	☐☐ GO TO [2]	☐☐ GO TO [3]	☐☐ GO TO [4]	☐☐ GO TO [5]	☐☐ GO TO [6]	☐☐ GO TO [7]
908	In what year did (NAME) die?	1 9 ☐☐ GO TO 910◂┘ DK 9998	1 9 ☐☐ GO TO 910◂┘ DK 9998	1 9 ☐☐ GO TO 910◂┘ DK 9998	1 9 ☐☐ GO TO 910◂┘ DK 9998	1 9 ☐☐ GO TO 910◂┘ DK 9998	1 9 ☐☐ GO TO 910◂┘ DK 9998
909	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
910	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]
911	Was (NAME) pregnant when she died?	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
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 2 months after the end of a 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?	☐☐ GO TO [2]	☐☐ GO TO [3]	☐☐ GO TO [4]	☐☐ GO TO [5]	☐☐ GO TO [6]	☐☐ GO TO [7]
	IF NO MORE BROTHERS OR SISTERS, GO TO 916						

904	What was name given to your oldest (next oldest) brother or sister?	[7] _____	[8] _____	[9] _____	[10] _____	[11] _____	[12] _____
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)?	☐☐ GO TO [8]	☐☐ GO TO [9]	☐☐ GO TO [10]	☐☐ GO TO [11]	☐☐ GO TO [12]	☐☐ GO TO [13]
908	In what year did (NAME) die?	1 9 ☐☐ GO TO 910◂┘ DK 9998	1 9 ☐☐ GO TO 910◂┘ DK 9998	1 9 ☐☐ GO TO 910◂┘ DK 9998	1 9 ☐☐ GO TO 910◂┘ DK 9998	1 9 ☐☐ GO TO 910◂┘ DK 9998	1 9 ☐☐ GO TO 910◂┘ DK 9998
909	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
910	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
911	Was (NAME) pregnant when she died?	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
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	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?	☐☐ GO TO [8]	☐☐ GO TO [9]	☐☐ GO TO [10]	☐☐ GO TO [11]	☐☐ GO TO [12]	☐☐ GO TO [13]

IF NO MORE BROTHERS OR SISTERS, GO TO 916

916	RECORD THE TIME.	HOURS . . . . ☐☐ MINUTES . . . . ☐☐

<div align="center">

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

</div>

COMMENTS
ABOUT RESPONDENT:

_____

_____

_____

_____

_____

COMMENTS ON
SPECIFIC QUESTIONS:

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

<div align="center">

<u>SUPERVISOR'S OBSERVATIONS</u>

</div>

_____

_____

_____

_____

_____

_____

_____

NAME OF THE SUPERVISOR:_____ DATE: _____

<div align="center">

<u>EDITOR'S OBSERVATIONS</u>

</div>

_____

_____

_____

_____

_____

NAME OF EDITOR:_____ DATE:_____

WE40

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 AND 4, ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE
B   BIRTHS
P   PREGNANCIES
T   TERMINATIONS

0   NO METHOD
1   FEMALE STERILIZATION
2   MALE STERILIZATION
3   PILL
4   IUD
5   INJECTIONS
6   IMPLANTS
7   CONDOM
8   FEMALE CONDOM
9   DIAPHRAGM
F   FOAM OR JELLY
L   LACTATIONAL AMENORRHEA METHOD
A   PERIODIC ABSTINENCE
W   WITHDRAWAL
X   OTHER _____
                    (SPECIFY)

COL 2: SOURCE OF CONTRACEPTION
1   GOVT. HOSPITAL/CLINIC
2   GOVT. RURAL/MUNICIPAL CLINIC
3   GOVT. RURAL HEALTH CENTRE
4   ZNFPC FIXED CLINIC
5   ZNFPC MOBILE CLINIC
6   MOH MOBILE CLINIC
7   ZNFPC CBD
8   MOH CBD
9   OTHER PUBLIC
A   MISSION FACILITY
B   PVT. HOSPITAL/CLINIC
C   PHARMACY
D   PRIVATE DOCTOR
E   PRIVATE CBD/FIELD WORKER
F   OTHER PRIVATE MEDICAL
G   SHOP
H   CHURCH
I   FRIENDS/RELATIVES
X   OTHER_____
                    (SPECIFY)

COL 3: DISCONTINUATION OF CONTRACEPTIVE USE
0   INFREQUENT SEX/HUSBAND AWAY
1   BECAME PREGNANT WHILE USING
2   WANTED TO BECOME PREGNANT
3   HUSBAND DISAPPROVED
4   WANTED MORE EFFECTIVE METHOD
5   HEALTH CONCERNS
6   SIDE EFFECTS
7   LACK OF ACCESS/TOO FAR
8   COST TOO MUCH
9   INCONVENIENT TO USE
F   FATALISTIC
A   DIFFICULT TO GET PREGNANT/MENOPAUSAL
D   MARITAL DISSOLUTION/SEPARATION

X   OTHER _____
                    (SPECIFY)
Z   DON'T KNOW

COL.4: MARRIAGE/UNION
X   IN UNION (MARRIED OR LIVING TOGETHER)
0   NOT IN UNION

TERMINATION OF LAST NON-LIVE BIRTH PREGNANCY PRIOR TO JANUARY 1994

IF NO PREVIOUS NON-LIVE BIRTH PREGNANCY, RECORD '00' FOR MONTH AND '0000' FOR YEAR

MONTH . . . . ▢▢

YEAR . . . . ▢▢▢▢

			1	2	3	4			
	12 DEC	01					01	DEC	
	11 NOV	02					02	NOV	
	10 OCT	03					03	OCT	
	09 SEP	04					04	SEP	
1	08 AUG	05					05	AUG	1
9	07 JUL	06					06	JUL	9
9	06 JUN	07					07	JUN	9
9	05 MAY	08					08	MAY	9
	04 APR	09					09	APR	
	03 MAR	10					10	MAR	
	02 FEB	11					11	FEB	
	01 JAN	12					12	JAN	
	12 DEC	13					13	DEC	
	11 NOV	14					14	NOV	
	10 OCT	15					15	OCT	
	09 SEP	16					16	SEP	
1	08 AUG	17					17	AUG	1
9	07 JUL	18					18	JUL	9
9	06 JUN	19					19	JUN	9
8	05 MAY	20					20	MAY	8
	04 APR	21					21	APR	
	03 MAR	22					22	MAR	
	02 FEB	23					23	FEB	
	01 JAN	24					24	JAN	
	12 DEC	25					25	DEC	
	11 NOV	26					26	NOV	
	10 OCT	27					27	OCT	
	09 SEP	28					28	SEP	
1	08 AUG	29					29	AUG	1
9	07 JUL	30					30	JUL	9
9	06 JUN	31					31	JUN	9
7	05 MAY	32					32	MAY	7
	04 APR	33					33	APR	
	03 MAR	34					34	MAR	
	02 FEB	35					35	FEB	
	01 JAN	36					36	JAN	
	12 DEC	37					37	DEC	
	11 NOV	38					38	NOV	
	10 OCT	39					39	OCT	
	09 SEP	40					40	SEP	
1	08 AUG	41					41	AUG	1
9	07 JUL	42					42	JUL	9
9	06 JUN	43					43	JUN	9
6	05 MAY	44					44	MAY	6
	04 APR	45					45	APR	
	03 MAR	46					46	MAR	
	02 FEB	47					47	FEB	
	01 JAN	48					48	JAN	
	12 DEC	49					49	DEC	
	11 NOV	50					50	NOV	
	10 OCT	51					51	OCT	
	09 SEP	52					52	SEP	
1	08 AUG	53					53	AUG	1
9	07 JUL	54					54	JUL	9
9	06 JUN	55					55	JUN	9
5	05 MAY	56					56	MAY	5
	04 APR	57					57	APR	
	03 MAR	58					58	MAR	
	02 FEB	59					59	FEB	
	01 JAN	60					60	JAN	
	12 DEC	61					61	DEC	
	11 NOV	62					62	NOV	
	10 OCT	63					63	OCT	
	09 SEP	64					64	SEP	
1	08 AUG	65					65	AUG	1
9	07 JUL	66					66	JUL	9
9	06 JUN	67					67	JUN	9
4	05 MAY	68					68	MAY	4
	04 APR	69					69	APR	
	03 MAR	70					70	MAR	
	02 FEB	71					71	FEB	
	01 JAN	72					72	JAN	