

APPENDIX E
QUESTIONNAIRES

UNITED REPUBLIC OF TANZANIA
 BUREAU OF STATISTICS, PLANNING COMMISSION
 TANZANIA KNOWLEDGE, ATTITUDES AND PRACTICE SURVEY
 HOUSEHOLD SCHEDULE

04 May 1994

IDENTIFICATION																									
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																								
CLUSTER NUMBER.....																									
HOUSEHOLD NUMBER.....																									
REGION _____																									
DISTRICT _____																									
WARD _____																									
ENUMERATION AREA _____																									
LARGE CITY=1; SMALL CITY=2; TOWN=3; COUNTRYSIDE=4.....																									
HOUSEHOLD SELECTED FOR MALE SURVEY (YES=1, NO=2)																									

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle; text-align: center;">9</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle; text-align: center;">4</table>
INTERVIEWER'S NAME	_____	_____	_____	ID NO. <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
NEXT VISIT: DATE TIME	_____ _____	_____ _____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>

* RESULT CODES:
 1 COMPLETED
 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT
 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD
 4 POSTPONED
 5 REFUSED
 6 DWELLING VACANT OR ADDRESS NOT A DWELLING
 7 DWELLING DESTROYED
 8 DWELLING NOT FOUND
 9 OTHER _____
 (SPECIFY)

TOTAL IN HOUSEHOLD	<table border="1" style="width: 30px; height: 20px;"></table>
TOTAL ELIG WOMEN	<table border="1" style="width: 30px; height: 20px;"></table>
TOTAL ELIG MEN	<table border="1" style="width: 30px; height: 20px;"></table>
LINE NO. OF RESP. TO HOUSEHOLD	<table border="1" style="width: 30px; height: 20px;"></table>

SUPERVISOR NAME _____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> DATE _____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	FIELD EDITOR NAME _____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table> DATE _____ <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	OFF. EDIT. <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>	KEYED BY <table border="1" style="display: inline-table; width: 20px; height: 20px;"></table>
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HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD***				ELIGIBILITY WOMEN	HUSBAND LINE NUMBER	ELIGIBILITY MEN
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Is (NAME) male or female?	How old is (NAME)?	Has (NAME) ever been to school?	IF ATTENDED		Is (NAME)'s natural mother alive?	IF ALIVE			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)		(13)	(14)	(15)	(16)
			YES NO	YES NO	M F	IN YEARS	YES NO		YES NO	YES NO DK		YES NO DK				
01			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		01		01
02			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		02		02
03			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		03		03
04			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		04		04
05			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		05		05
06			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		06		06
07			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		07		07
08			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		08		08

HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)
			YES NO	YES NO	M F	IN YEARS	YES NO		YES NO	YES NO DK		YES NO DK				
09			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		11		11
10			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		12		12
11			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		13		13
12			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		14		14
13			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		15		15
14			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		16		16
15			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		17		17
16			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		18		18
17			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		19		19
18			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		20		20

TICK HERE IF CONTINUATION SHEET USED TOTAL NUMBER OF ELIGIBLE WOMEN TOTAL NUMBER OF ELIGIBLE MEN

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed? YES ENTER EACH IN TABLE NO
- 2) In addition, are there any other people who may not be members of your family, such as domestic servants, lodgers or friends who usually live here? YES ENTER EACH IN TABLE NO
- 3) Do you have any guests or temporary visitors staying here, or anyone else who slept here last night? YES ENTER EACH IN TABLE NO

* CODES FOR Q.3, RELATIONSHIP TO HEAD OF HOUSEHOLD:

- 01= HEAD
- 02= WIFE OR HUSBAND
- 03= SON OR DAUGHTER
- 04= SON OR DAUGHTER-IN-LAW
- 05= GRANDCHILD
- 06= PARENT
- 07= PARENT-IN-LAW
- 08= BROTHER OR SISTER

- 09= CO-WIFE
- 10= OTHER RELATIVE
- 11= ADOPTED/FOSTER CHILD
- 12= NOT RELATED
- 98=DK

** CODES FOR Q. 9, HIGHEST FORMAL SCHOOL:

- 00= LESS THAN 1 YEAR COMPLETED
- 01= STANDARD 1
- 02= STANDARD 2
- 03= STANDARD 3
- 04= STANDARD 4
- 05= STANDARD 5
- 06= STANDARD 6
- 07= STANDARD 7
- 08= STANDARD 8
- 09= FORM 1
- 10= FORM 2
- 11= FORM 3
- 12= FORM 4
- 13= FORM 5
- 14= FORM 6
- 15= UNIVERSITY
- 98= DON'T KNOW

*** QUESTIONS 12 AND 14: RECORD '00' IF THE NATURAL (BIOLOGICAL) PARENT IS NOT A MEMBER OF THE HOUSEHOLD.

133

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
18	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT.....21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 OTHER _____ 96 (SPECIFY)	→20 →20 →20															
19	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																
20	What kind of toilet facility does your household have? IF FLUSH TOILET, ASK IF IT IS SHARED WITH ANOTHER HOUSEHOLD.	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT LATRINE.22 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 96 (SPECIFY)																
21	Does your household have: Electricity? A radio? A television? A refrigerator?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
22	How many rooms in your household are used for sleeping?	ROOMS..... <input type="text"/> <input type="text"/>																
23	MAIN MATERIAL OF THE FLOOR. RECORD OBSERVATION.	NATURAL FLOOR EARTH/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 CERAMIC TILES.....32 CEMENT.....33 OTHER _____ 96 (SPECIFY)																
24	Does any member of your household own: A bicycle? A motorcycle? A car?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2				
	YES	NO																
BICYCLE.....	1	2																
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CAR.....	1	2																

UNITED REPUBLIC OF TANZANIA
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TANZANIA KNOWLEDGE, ATTITUDES AND PRACTICE SURVEY

04 May 1994

WOMAN'S QUESTIONNAIRE

IDENTIFICATION

NAME OF HOUSEHOLD HEAD _____ CLUSTER NUMBER..... HOUSEHOLD NUMBER..... REGION _____ DISTRICT _____ WARD _____ ENUMERATION AREA _____ LARGE CITY=1; SMALL CITY=2; TOWN=3; COUNTRYSIDE=4..... NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="margin: auto; 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>																		

INTERVIEWER VISITS

	1	2	3	FINAL VISIT										
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px; text-align: center;">9</td><td style="width: 20px; height: 20px; text-align: center;">4</td></tr></table> ID NO. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>					9	4				
9	4													
INTERVIEWER'S NAME	_____	_____	_____											
RESULT*	_____	_____	_____											
NEXT VISIT: DATE TIME	_____	_____	_____	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>										

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

SUPERVISOR NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DATE _____			FIELD EDITOR NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DATE _____			OFFICE EDITOR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	MORNING/AM...1 HOURS..... <input type="text"/> AFTERNOON/PM..2 MINUTES.... <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Dar es Salaam city, another urban area or in a rural area?	DAR ES SALAAM.....1 OTHER URBAN AREA.....2 RURAL AREA/VILLAGE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... <input type="text"/> ALWAYS.....95 VISITOR.....96	→ 105
104	Just before you moved here, did you live in Dar es Salaam city, another urban area or in a rural area?	DAR ES SALAAM.....1 OTHER URBAN AREA.....2 RURAL AREA/VILLAGE.....3	
105	In what month and year were you born?	MONTH..... <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> DOES NOT KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/>	
107	Can you read and write kiswahili easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→ 109
108	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
109	Have you ever attended school?	YES.....1 NO.....2	→ 114
110	What is the highest formal school you completed?	LESS THAN 1 YEAR.....00 STANDARD 1.....01 STANDARD 2.....02 STANDARD 3.....03 STANDARD 4.....04 STANDARD 5.....05 STANDARD 6.....06 STANDARD 7.....07 STANDARD 8.....08 FORM 1.....09 FORM 2.....10 FORM 3.....11 FORM 4.....12 FORM 5.....13 FORM 6.....14 UNIVERSITY.....15 OTHER.....96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
121	<p>Now 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 PIPED INTO HOUSE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT....21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 OTHER _____ 96 (SPECIFY)</p>	<p>→123 →123 →123</p>															
122	<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"/> ON PREMISES.....996</p>																
123	<p>What kind of toilet facility does your household have?</p> <p>IF FLUSH TOILET, ASK IF IT IS SHARED WITH ANOTHER HOUSEHOLD.</p>	<p>FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT LATRINE.22 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 96 (SPECIFY)</p>																
124	<p>Does your household have:</p> <p>Electricity? A radio? A television? A refrigerator?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
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RADIO.....	1	2																
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125	<p>Could you describe the main material of the floor of your home?</p>	<p>NATURAL FLOOR EARTH/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 CERAMIC TILES.....32 CEMENT.....33 OTHER _____ 96 (SPECIFY)</p>																
126	<p>Does any member of your household own:</p> <p>A bicycle? A motorcycle? A car?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2				
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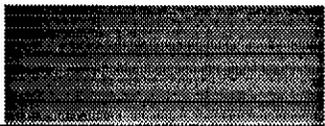
SECTION 2. REPRODUCTION

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.....	<table border="1" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
204	Do you have any sons or daughters 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" style="display: inline-table; vertical-align: middle;"> <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, ASK: 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" style="display: inline-table; vertical-align: middle;"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	<table border="1" style="display: inline-table; vertical-align: middle;"> <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 NEEDED						
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→ 217				

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
211	<p>I would like to ask you about the last time that you gave birth, whether that child is still alive or not. In what month and year did you give birth the last time? What is/was the child's name? _____</p> <p>DO NOT INCLUDE STILLBIRTHS (BABIES BORN DEAD). INCLUDE BABIES WHO SHOWED A SIGN OF LIFE BEFORE DYING. DO NOT LEAVE BLANK. GET THE BEST INFORMATION POSSIBLE.</p>	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/></p>	
212	Was that a boy or a girl?	<p>BOY.....1</p> <p>GIRL.....2</p>	
213	At the time you became pregnant with your last child, did you want to become pregnant then, did you want to wait until later, or did you want no more children at all?	<p>THEN.....1</p> <p>LATER.....2</p> <p>NO MORE.....3</p>	
214	<p>CHECK 208:</p> <p>MORE THAN <input type="checkbox"/> ONE BIRTH</p> <p>ONLY ONE <input type="checkbox"/> BIRTH</p>		→217
215	<p>In what month and year did you give birth to the child born before _____? (Name of child from Q.211)</p> <p>DO NOT INCLUDE STILLBIRTHS (BABIES BORN DEAD). INCLUDE BABIES WHO SHOWED A SIGN OF LIFE BEFORE DYING. DO NOT LEAVE BLANK. GET THE BEST INFORMATION POSSIBLE.</p>	<p>MONTH..... <input type="text"/> <input type="text"/></p> <p>YEAR..... <input type="text"/> <input type="text"/></p>	
216	Was that a boy or a girl?	<p>BOY.....1</p> <p>GIRL.....2</p>	
217	Are you pregnant now?	<p>YES.....1</p> <p>NO.....2</p> <p>UNSURE.....8</p>	→220
218	How many months pregnant are you?	MONTHS..... <input type="text"/> <input type="text"/>	
219	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 become pregnant at all?	<p>THEN.....1</p> <p>LATER.....2</p> <p>NOT AT ALL.....3</p>	→301
220	When did your last menstrual period start?	<p>DAYS AGO.....1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO.....2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO.....3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO.....4 <input type="text"/> <input type="text"/></p> <p>IN MENOPAUSE.....94</p> <p>BEFORE LAST BIRTH.....95</p> <p>NEVER MENSTRUATED.....96</p>	

SECTION 3. CONTRACEPTION

301 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. Which ways or methods have you heard about?
 CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
 THEN PROCEED DOWN THE COLUMN-READ 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 302, ASK 303 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD	303 Have you ever used (METHOD)?
01] PILL Women can take a pill every day.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
04] DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
05] CONDOM, RUBBER, RAINCOAT, DUREX A man can wear a rubber bag on his penis during sex to prevent pregnancy. The rubber bag is also used to prevent passing diseases such as AIDS and for cleanliness.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
06] FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
07] MALE STERILISATION Men can have an operation to avoid having any more children.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
08] CALENDAR/SAFE PERIOD Couples can have sexual intercourse only during the safe period of the monthly cycle that is the times during the monthly cycle when the woman is least likely to get pregnant.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
09] MUCUS METHOD A woman can observe daily the state of the mucus and avoid sexual intercourse at the time when the mucus is colorless and extremely elastic.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
10] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
11] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES/SPONTANEOUS.....1 NO.....3	
1) _____ (SPECIFY)		YES.....1 NO.....2
2) _____		YES.....1 NO.....2

304 CHECK 303: NOT A SINGLE "YES" (NEVER USED)

AT LEAST ONE "YES" (EVER USED)

→SKIP TO 307

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→330
306	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
307	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..... <input type="text"/>	
308	CHECK 303: WOMAN NOT STERILISED <input type="checkbox"/> ↓ WOMAN STERILISED <input type="checkbox"/> →311A	
309	CHECK 217: NOT PREGNANT OR UNSURE <input type="checkbox"/> ↓ PREGNANT <input type="checkbox"/> →331	
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→330
311	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILISATION.....06 MALE STERILISATION.....07 CALENDAR/SAFE PERIOD.....08 MUCUS METHOD.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY)	→326 →319 →323 →326
311A	CIRCLE '06' FOR FEMALE STERILISATION.		
312	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"/> PACKAGE NOT SEEN.....2	→314
313	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND.	BRAND NAME <input type="text"/> DOES NOT KNOW.....98	
314	How much does one packet (cycle) of pills cost you?	COST..... <input type="text"/> FREE.....996 DOES NOT KNOW.....998	
315	When was the last time you took a pill?	DAYS AGO..... <input type="text"/> MORE THAN ONE MONTH AGO.....97	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 315: MORE THAN 2 DAYS AGO <input type="checkbox"/> TWO DAYS AGO OR LESS <input type="checkbox"/>		318
317	Why aren't you taking the pill these days?	HUSBAND AWAY.....A FORGOT.....B HEALTH REASONS.....C COST TOO MUCH.....D NO NEED TO TAKE EVERY DAY.....E RAN OUT.....F CBD HAS NOT BROUGHT RESUPPLY.....G MENSTRUATING.....H OTHER.....X (SPECIFY)	
318	Just about everyone forgets to take a pill sometime. What do you do when you forget to take a pill for two days in a row?	START TAKING AGAIN AS USUAL.....1 TAKE EXTRA/MISSED PILLS.....2 USE ANOTHER METHOD.....3 TAKE EXTRA PILL AND USE ANOTHER METHOD.....4 NEVER FORGOT.....5 OTHER.....6 (SPECIFY)	326
319	Where did the sterilisation take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....11 DISTRICT HOSPITAL.....12 HEALTH CENTRE.....13 DISPENSARY/PARASTATAL FACILITY..14 VILLAGE HEALTH POST/WORKER.....15 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV.DOCTOR/CLINIC/HOSPITAL.....22 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	
320	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	322
321	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD....01 PARTNER WANTS ANOTHER CHILD.....02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER.....96 (SPECIFY)	
322	In what month and year was the sterilisation performed?	MONTH..... YEAR.....	327
323	Between the first day of a woman's period and the first day of her next period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DOES NOT KNOW.....8	325
324	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) DOES NOT KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR.....01 BASED ON BODY TEMPERATURE.....02 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04 NO SPECIFIC SYSTEM.....05 OTHER _____ 96 (SPECIFY)	
326	For how many months have you been using (METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... <input type="text"/> <input type="text"/> 8 YEARS OR LONGER.....96	
327	CHECK 311: CIRCLE METHOD CODE:	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILISATION.....06 MALE STERILISATION.....07 CALENDAR/SAFE PERIOD.....08 MUCUS METHOD.....09 WITHDRAWAL.....10 OTHER.....96	→329A →331
328	Where did you obtain (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....11 DISTRICT HOSPITAL.....12 HEALTH CENTRE.....13 DISPENSARY/PARASTATAL FACILITY..14 VILLAGE HEALTH POST/WORKER.....15 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV.DOCTOR/CLINIC/HOSPITAL....22 PHARMACY/MEDICAL STORE.....23 CBD WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES/NEIGHBORS....33 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
329	Do you know another place where you could have obtained (METHOD) the last time?	YES.....1 NO.....2	→333
329A	At the time of the sterilisation operation, did you know another place where you could have received the operation?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																										
330	<p>What is the main reason you are not using a method of contraception to avoid pregnancy?</p> <p>Any other reason?</p> <p>RECORD MAIN AND OTHER REASON IN SEPARATE COLUMNS.</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">MAIN REASON</th> <th style="text-align: center;">OTHER REASON</th> </tr> </thead> <tbody> <tr> <td>NOT MARRIED.....</td> <td style="text-align: center;">11</td> <td style="text-align: center;">11</td> </tr> <tr> <td colspan="3">FERTILITY-RELATED REASONS</td> </tr> <tr> <td>NOT HAVING SEX.....</td> <td style="text-align: center;">21</td> <td style="text-align: center;">21</td> </tr> <tr> <td>INFREQUENT SEX.....</td> <td style="text-align: center;">22</td> <td style="text-align: center;">22</td> </tr> <tr> <td>MENOPAUSAL/HYSTERECTOMY...</td> <td style="text-align: center;">23</td> <td style="text-align: center;">23</td> </tr> <tr> <td>SUBFECUND/INFECUND.....</td> <td style="text-align: center;">24</td> <td style="text-align: center;">24</td> </tr> <tr> <td>POSTPARTUM/BREASTFEEDING..</td> <td style="text-align: center;">25</td> <td style="text-align: center;">25</td> </tr> <tr> <td>WANTS MORE CHILDREN.....</td> <td style="text-align: center;">26</td> <td style="text-align: center;">26</td> </tr> <tr> <td colspan="3">OPPOSITION TO USE</td> </tr> <tr> <td>RESPONDENT OPPOSED.....</td> <td style="text-align: center;">31</td> <td style="text-align: center;">31</td> </tr> <tr> <td>HUSBAND OPPOSED.....</td> <td style="text-align: center;">32</td> <td style="text-align: center;">32</td> </tr> <tr> <td>OTHERS OPPOSED.....</td> <td style="text-align: center;">33</td> <td style="text-align: center;">33</td> </tr> <tr> <td>RELIGIOUS PROHIBITION....</td> <td style="text-align: center;">34</td> <td style="text-align: center;">34</td> </tr> <tr> <td colspan="3">LACK OF KNOWLEDGE</td> </tr> <tr> <td>KNOWS NO METHOD.....</td> <td style="text-align: center;">41</td> <td style="text-align: center;">41</td> </tr> <tr> <td>KNOWS NO SOURCE.....</td> <td style="text-align: center;">42</td> <td style="text-align: center;">42</td> </tr> <tr> <td colspan="3">METHOD-RELATED REASONS</td> </tr> <tr> <td>HEALTH CONCERNS.....</td> <td style="text-align: center;">51</td> <td style="text-align: center;">51</td> </tr> <tr> <td>FEAR OF SIDE EFFECTS.....</td> <td style="text-align: center;">52</td> <td style="text-align: center;">52</td> </tr> <tr> <td>LACK OF ACCESS/TOO FAR....</td> <td style="text-align: center;">53</td> <td style="text-align: center;">53</td> </tr> <tr> <td>COST TOO MUCH.....</td> <td style="text-align: center;">54</td> <td style="text-align: center;">54</td> </tr> <tr> <td>INCONVENIENT TO USE.....</td> <td style="text-align: center;">55</td> <td style="text-align: center;">55</td> </tr> <tr> <td>INTERFERES WITH BODY'S NORMAL PROCESSES.....</td> <td style="text-align: center;">56</td> <td style="text-align: center;">56</td> </tr> <tr> <td>NO OTHER REASON.....</td> <td style="text-align: center;">95</td> <td></td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">96</td> <td></td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>OTHER _____</td> <td style="text-align: center;">96</td> <td></td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td style="text-align: center;">98</td> <td></td> </tr> </tbody> </table>		MAIN REASON	OTHER REASON	NOT MARRIED.....	11	11	FERTILITY-RELATED REASONS			NOT HAVING SEX.....	21	21	INFREQUENT SEX.....	22	22	MENOPAUSAL/HYSTERECTOMY...	23	23	SUBFECUND/INFECUND.....	24	24	POSTPARTUM/BREASTFEEDING..	25	25	WANTS MORE CHILDREN.....	26	26	OPPOSITION TO USE			RESPONDENT OPPOSED.....	31	31	HUSBAND OPPOSED.....	32	32	OTHERS OPPOSED.....	33	33	RELIGIOUS PROHIBITION....	34	34	LACK OF KNOWLEDGE			KNOWS NO METHOD.....	41	41	KNOWS NO SOURCE.....	42	42	METHOD-RELATED REASONS			HEALTH CONCERNS.....	51	51	FEAR OF SIDE EFFECTS.....	52	52	LACK OF ACCESS/TOO FAR....	53	53	COST TOO MUCH.....	54	54	INCONVENIENT TO USE.....	55	55	INTERFERES WITH BODY'S NORMAL PROCESSES.....	56	56	NO OTHER REASON.....	95		OTHER _____	96		(SPECIFY)			OTHER _____	96		(SPECIFY)			DOES NOT KNOW.....	98		
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331	<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>	→333																																																																																										
332	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p style="text-align: center;">(NAME OF PLACE)</p>	<p>GOVERNMENT AND PARASTATAL</p> <p>REGIONAL/CONSULTANT HOSPITAL...11</p> <p>DISTRICT HOSPITAL.....12</p> <p>HEALTH CENTRE.....13</p> <p>DISPENSARY/PARASTATAL FACILITY..14</p> <p>VILLAGE HEALTH POST/WORKER.....15</p> <p>MEDICAL PRIVATE SECTOR</p> <p>RELIGIOUS ORG. FACILITY.....21</p> <p>PRIV.DOCTOR/CLINIC/HOSPITAL....22</p> <p>PHARMACY/MEDICAL STORE.....23</p> <p>CBD WORKER.....24</p> <p>OTHER PRIVATE SECTOR</p> <p>SHOP.....31</p> <p>CHURCH.....32</p> <p>FRIENDS/RELATIVES/NEIGHBORS....33</p> <p>OTHER _____</p> <p style="text-align: center;">(SPECIFY)</p> <p style="text-align: right;">96</p>																																																																																											
333	<p>Were you visited by a family planning program worker in the last 12 months?</p>	<p>YES.....1</p> <p>NO.....2</p>																																																																																											
334	<p>Have you visited a health facility in the last 12 months for any reason?</p>	<p>YES.....1</p> <p>NO.....2</p>	→335A																																																																																										
335	<p>Did anyone at the health facility speak to you about family planning methods?</p>	<p>YES.....1</p> <p>NO.....2</p>																																																																																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
335A	What symbol identifies places where you can obtain a method of family planning?	GREEN STAR.....1 OTHER.....6 (SPECIFY) DOESN'T KNOW.....8	→336
335B	How did you learn about the Green Star? CIRCLE ALL MENTIONED.	BILLBOARDS.....A BUS.....B POSTERS.....C RADIO.....D CLINIC SIGN.....E SERVICE PROVIDER.....F OTHER.....X (SPECIFY)	
336	Some women think that breastfeeding can affect their chance of becoming pregnant. Do you think a woman's chance of becoming pregnant is <u>increased</u> , <u>decreased</u> , or <u>not affected</u> by breastfeeding?	INCREASED.....1 DECREASED.....2 NOT AFFECTED.....3 DEPENDS.....4 DOES NOT KNOW.....8	→340 →340 →340
337	CHECK 210: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→340
338	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	YES.....1 NO.....2	→340
339	Are you currently relying on breastfeeding to avoid getting pregnant?	YES.....1 NO.....2	
340	CHECK 302 (1): HAS HEARD OF PILL (CODE 1 OR 2) <input type="checkbox"/> NEVER HEARD OF PILL <input type="checkbox"/>		→342
341	You told me that you know the pill. What problems or disadvantages are there with using the pill? WRITE ALL MENTIONED.	FORGETTING.....A LONGER PERIODS.....B GAIN/LOOSE WEIGHT.....C IF GET PREGNANT/DEFORMED CHILD.....D RACING HEART.....E WATERY VAGINAL DISCHARGE.....F SWELLING.....G OTHER.....X (SPECIFY) DON'T KNOW.....Z	
342	CHECK 302 (2): HAS HEARD OF IUD (CODE 1 OR 2) <input type="checkbox"/> NEVER HEARD OF IUD <input type="checkbox"/>		→344
343	You told me that you know the IUD. What problems or disadvantages are there with using the IUD? CIRCLE ALL MENTIONED.	GENERAL ACHING/SORENESS/PAINS.....A MORE FREQUENT PERIODS.....B PREGNANCY.....C IF GET PREGNANT/DEFORMED CHILD.....D VAGINAL DISCHARGE WITH PUS.....E WATERY VAGINAL DISCHARGE.....F OTHER.....X (SPECIFY) DON'T KNOW.....Z	
344	CHECK 302 (3): HEARD OF INJECTION (CODE 1 OR 2) <input type="checkbox"/> NEVER HEARD OF INJECTION <input type="checkbox"/>		→401
345	You told me that you know the injection. What problems or disadvantages are there with using the injection? CIRCLE ALL MENTIONED.	FORGETTING.....A MORE FREQUENT PERIODS.....B CAUSES PERMANENT INFERTILITY.....C IF GET PREGNANT/DEFORMED CHILD.....D OTHER.....X (SPECIFY) DON'T KNOW.....Z	

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
401	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2						
	YES	NO																					
CHILDREN UNDER 10.....	1	2																					
HUSBAND/PARTNER.....	1	2																					
OTHER MALES.....	1	2																					
OTHER FEMALES.....	1	2																					
402	Are you currently married or living with a man?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td>1</td> </tr> <tr> <td>YES, LIVING WITH A MAN.....</td> <td>2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td>3</td> </tr> </table>	YES, CURRENTLY MARRIED.....	1	YES, LIVING WITH A MAN.....	2	NO, NOT IN UNION.....	3	→405														
YES, CURRENTLY MARRIED.....	1																						
YES, LIVING WITH A MAN.....	2																						
NO, NOT IN UNION.....	3																						
403	Have you ever been married or lived with a man?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→412																
YES.....	1																						
NO.....	2																						
404	What is your marital status now: are you widowed, divorced, or separated?	<table border="0"> <tr> <td>WIDOWED.....</td> <td>1</td> </tr> <tr> <td>DIVORCED.....</td> <td>2</td> </tr> <tr> <td>SEPARATED.....</td> <td>3</td> </tr> </table>	WIDOWED.....	1	DIVORCED.....	2	SEPARATED.....	3	→409														
WIDOWED.....	1																						
DIVORCED.....	2																						
SEPARATED.....	3																						
405	Is your husband/partner living with you now or is he staying elsewhere?	<table border="0"> <tr> <td>LIVES WITH HER.....</td> <td>1</td> </tr> <tr> <td>STAYING ELSEWHERE.....</td> <td>2</td> </tr> </table>	LIVES WITH HER.....	1	STAYING ELSEWHERE.....	2																	
LIVES WITH HER.....	1																						
STAYING ELSEWHERE.....	2																						
406	Does your husband/partner have any other wives besides yourself?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→409																
YES.....	1																						
NO.....	2																						
407	How many other wives does he have?	<table border="0"> <tr> <td>NUMBER.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td>98</td> <td></td> </tr> </table>	NUMBER.....	<input type="text"/>	<input type="text"/>	DOES NOT KNOW.....	98		→409														
NUMBER.....	<input type="text"/>	<input type="text"/>																					
DOES NOT KNOW.....	98																						
408	Are you the first, second,.....wife?	<table border="0"> <tr> <td>RANK.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	RANK.....	<input type="text"/>	<input type="text"/>																		
RANK.....	<input type="text"/>	<input type="text"/>																					
409	Have you been married or lived with a man only once or more than once?	<table border="0"> <tr> <td>ONCE.....</td> <td>1</td> </tr> <tr> <td>MORE THAN ONCE.....</td> <td>2</td> </tr> </table>	ONCE.....	1	MORE THAN ONCE.....	2																	
ONCE.....	1																						
MORE THAN ONCE.....	2																						
410	In what month and year did you start living with your (first) husband/partner?	<table border="0"> <tr> <td>MONTH.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW MONTH.....</td> <td>98</td> <td></td> </tr> <tr> <td>YEAR.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW YEAR.....</td> <td>98</td> <td></td> </tr> </table>	MONTH.....	<input type="text"/>	<input type="text"/>	DOES NOT KNOW MONTH.....	98		YEAR.....	<input type="text"/>	<input type="text"/>	DOES NOT KNOW YEAR.....	98		→412								
MONTH.....	<input type="text"/>	<input type="text"/>																					
DOES NOT KNOW MONTH.....	98																						
YEAR.....	<input type="text"/>	<input type="text"/>																					
DOES NOT KNOW YEAR.....	98																						
411	How old were you when you started living with him?	<table border="0"> <tr> <td>AGE.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	AGE.....	<input type="text"/>	<input type="text"/>																		
AGE.....	<input type="text"/>	<input type="text"/>																					
412	Do you now have a regular partner (apart from your husband)? I mean someone with whom you have been having sex for about a year or more?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→414																
YES.....	1																						
NO.....	2																						
413	How many such regular partners do you have (aside from your husband)?	<table border="0"> <tr> <td>NUMBER.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	NUMBER.....	<input type="text"/>	<input type="text"/>																		
NUMBER.....	<input type="text"/>	<input type="text"/>																					
414	CHECK 402 AND 412: MARRIED OR LIVING WITH A MAN OR HAS A REGULAR PARTNER <input type="checkbox"/>	NOT MARRIED AND NO REGULAR PARTNER <input type="checkbox"/>	→417																				
415	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.</p> <p>When was the last time you had sexual intercourse with your (husband/regular partner)?</p> <p>IF RESPONDENT HAS BOTH HUSBAND AND REGULAR PARTNER, ASK WHEN SHE LAST HAD SEX WITH EITHER.</p>	<table border="0"> <tr> <td>DAYS AGO.....</td> <td>1</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS AGO.....</td> <td>2</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS AGO.....</td> <td>3</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS AGO.....</td> <td>4</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>BEFORE LAST BIRTH.....</td> <td>996</td> <td></td> <td></td> </tr> </table>	DAYS AGO.....	1	<input type="text"/>	<input type="text"/>	WEEKS AGO.....	2	<input type="text"/>	<input type="text"/>	MONTHS AGO.....	3	<input type="text"/>	<input type="text"/>	YEARS AGO.....	4	<input type="text"/>	<input type="text"/>	BEFORE LAST BIRTH.....	996			
DAYS AGO.....	1	<input type="text"/>	<input type="text"/>																				
WEEKS AGO.....	2	<input type="text"/>	<input type="text"/>																				
MONTHS AGO.....	3	<input type="text"/>	<input type="text"/>																				
YEARS AGO.....	4	<input type="text"/>	<input type="text"/>																				
BEFORE LAST BIRTH.....	996																						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416	For that sexual intercourse, was a condom used?	YES.....1 NO.....2	
417	Have you had sexual intercourse with anyone (else) in the last 12 months? (I mean, with someone other than your husband or regular partner that you mentioned earlier?)	YES.....1 NO.....2	→425
418	With how many different people have you had sexual intercourse in the last 12 months (apart from your husband or regular partners)?	NUMBER..... <input type="text"/>	
419	When was the last time you had sexual intercourse (apart from your husband/regular partner)?	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> BEFORE LAST BIRTH.....996	
420	For that last sexual intercourse, did you receive money, gifts or favours in return for sex?	YES.....1 NO.....2	
421	Was this person someone you had met before or someone you met for the first time?	MET BEFORE.....1 MET FOR FIRST TIME.....2	
422	Was a condom used for that last sexual intercourse?	YES.....1 NO.....2	→424
423	What was the main reason that you did not use a condom that time?	<input type="text"/> <input type="text"/>	→425
424	Where was that condom obtained? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....11 DISTRICT HOSPITAL.....12 HEALTH CENTRE.....13 DISPENSARY/PARASTATAL FACILITY..14 VILLAGE HEALTH POST/WORKER.....15 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV.DOCTOR/CLINIC/HOSPITAL....22 PHARMACY/MEDICAL STORE.....23 CBD WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES/NEIGHBORS....33 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
425	Now think back to the past. How old were you when you had sexual intercourse for the first time?	AGE..... <input type="text"/> NEVER HAD SEX.....95 FIRST TIME WHEN MARRIED.....96	→501
426	In the last four weeks, how many times have you had sexual intercourse?	NUMBER OF TIMES..... <input type="text"/> DOES NOT KNOW.....98	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 311: NEITHER STERILISED <input type="checkbox"/> HE OR SHE STERILISED <input type="checkbox"/>		513
502	CHECK 217: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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, 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/DOES NOT KNOW.....8	506 504
503	CHECK 217: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? How long would you like to wait after the birth of the child you are expecting 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) DOES NOT KNOW.....998	506
504	CHECK 217: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		507
505	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?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
506	CHECK 310: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		513
507	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	509
508	Do you think you will use a method at any time in the future?	YES.....1 NO.....2 DOES NOT KNOW.....8	510
509	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILISATION.....06 MALE STERILISATION.....07 CALENDAR/SAFE PERIOD.....08 MUCUS METHOD.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) UNSURE.....98	513

510	What is the main reason you think you will never use a method? Any other reason? RECORD MAIN AND OTHER REASON IN SEPARATE COLUMNS.	MAIN REASON OTHER REASON	
		NOT MARRIED.....11	11
		FERTILITY-RELATED REASONS	
		INFREQUENT/NO SEX.....22	22
		MENOPAUSAL/HYSTERECTOMY...23	23
		SUBFECUND/INFECUND.....24	24
		WANTS MORE CHILDREN.....26	26
		OPPOSITION TO USE	
		RESPONDENT OPPOSED.....31	31
		HUSBAND OPPOSED.....32	32
		OTHERS OPPOSED.....33	33
		RELIGIOUS PROHIBITION....34	34
		LACK OF KNOWLEDGE	
		KNOWS NO METHOD.....41	41
		KNOWS NO SOURCE.....42	42
		METHOD-RELATED REASONS	
		HEALTH CONCERNS.....51	51
		FEAR OF SIDE EFFECTS....52	52
		LACK OF ACCESS/TOO FAR...53	53
		COST TOO MUCH.....54	54
		INCONVENIENT TO USE.....55	55
		INTERFERES WITH BODY'S NORMAL PROCESSES.....56	56
		NO OTHER REASON.....95	95
		OTHER _____ 96	
		(SPECIFY)	
		OTHER _____ 96	
		(SPECIFY)	
		DOES NOT KNOW.....98	98

511 CHECK 510:
 CODE 11 CIRCLED FOR EITHER REASON CODE 11 NOT CIRCLED → 513

512	Would you ever use a method if you were married?	YES.....1 NO.....2 DOES NOT KNOW.....8
-----	--	--

513 CHECK 203/205:

HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be?	NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→ 515
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514	How many of these children would you like to be boys and how many would you like to be girls?	BOYS	
		NUMBER..... <input type="text"/> <input type="text"/>	OTHER _____ 96 (SPECIFY)
		GIRLS	
		NUMBER..... <input type="text"/> <input type="text"/>	OTHER _____ 96 (SPECIFY)
		EITHER	
		NUMBER..... <input type="text"/> <input type="text"/>	OTHER _____ 96 (SPECIFY)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
515	In general, do you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....8	517																		
516	Have you ever recommended family planning to a friend, relative, or anyone else?	YES.....1 NO.....2																			
517	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<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																		
518	In the last six months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<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> </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	
	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																			
519	In the last six months have you listened to "ZINDUKA"?	YES.....1 NO.....2 DO NOT KNOW WHAT IT IS.....8																			
520	In the last six months have you discussed family planning with your friends or relatives?	YES.....1 NO.....2	522																		
521	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F SONS.....G MOTHER-IN-LAW.....H FRIENDS.....I OTHER _____ X (SPECIFY)																			
522	Do you think most, some, or none of the women you know use some kind of family planning?	MOST.....1 SOME.....2 NONE.....3 DOES NOT KNOW.....8																			
523	CHECK 402: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		601																		
524	Spouses/partners 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 DOES NOT KNOW.....8																			
525	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																			
526	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2																			
527	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 DOES NOT KNOW.....8																			

SECTION 6. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 403:</p> <p>NOT ASKED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>ASK QUESTIONS ABOUT CURRENT HUSBAND/PARTNER ASK QUESTIONS ABOUT MOST RECENT HUSBAND/PARTNER</p>		608
602	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	605
604	What is the highest formal school he completed?	LESS THAN 1 YEAR.....00 STANDARD 1.....01 STANDARD 2.....02 STANDARD 3.....03 STANDARD 4.....04 STANDARD 5.....05 STANDARD 6.....06 STANDARD 7.....07 STANDARD 8.....08 FORM 1.....09 FORM 2.....10 FORM 3.....11 FORM 4.....12 FORM 5.....13 FORM 6.....14 UNIVERSITY.....15 OTHER.....96 (SPECIFY)	
605	What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do?	<div style="border: 1px solid black; width: 40px; height: 20px; margin-left: auto; margin-right: 0;"></div> <hr style="width: 100%; margin-top: 10px;"/> <hr style="width: 100%; margin-top: 10px;"/> <hr style="width: 100%; margin-top: 10px;"/>	
606	<p>CHECK 605:</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		608
607	(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	
608	Aside from your own housework, are you currently working?	YES.....1 NO.....2	611
609	<p>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.</p> <p>Are you currently doing any of these things or any other work?</p>	YES.....1 NO.....2	611
610	Have you done any work in the last 12 months?	YES.....1 NO.....2	701

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	What is your occupation, that is, what kind of work do you mainly do?	<div style="text-align: right; margin-bottom: 5px;"><input type="checkbox"/> <input type="checkbox"/></div> <hr/> <hr/> <hr/>	
612	CHECK 611: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→614
613	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	→615
614	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	
615	Do you earn cash for this work? PROBE: Do you make money for working?	YES.....1 NO.....2	→701
622	CHECK 402: YES, CURRENTLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <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?	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	

SECTION 7. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 302 (05): HAS HEARD OF CONDOMS <input type="checkbox"/>	NEVER HEARD OF CONDOMS <input type="checkbox"/>	→709
702	CHECK 303 (05), 416 AND 422: HAS NEVER USED CONDOMS (ALL ARE 'NO') <input type="checkbox"/>	HAS USED CONDOMS (AT LEAST ONE 'YES') <input type="checkbox"/>	→704
703	Have you ever seen a condom?	YES.....1 NO.....2	
704	Do you know where you can get condoms?	YES.....1 NO.....2	→706
705	Where can you get condoms? CIRCLE ALL MENTIONED. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....A DISTRICT HOSPITAL.....B HEALTH CENTRE.....C DISPENSARY/PARASTATAL FACILITY...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....F PRIV.DOCTOR/CLINIC/HOSPITAL....G PHARMACY/MEDICAL STORE.....H CBD WORKER.....I OTHER PRIVATE SECTOR SHOP.....J CHURCH.....K FRIENDS/RELATIVES/NEIGHBORS....L OTHER _____ X (SPECIFY) DOES NOT KNOW.....2	
706	How many times can a condom be used?	ONCE.....1 MORE THAN ONCE.....2 UNTIL IT BREAKS.....3 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8	
707	Do you think that using condoms can give you AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	
708	In general, do you think that most women like men to use condoms, they don't like men to use condoms, or it does not matter?	LIKE MEN TO USE CONDOMS.....1 DON'T LIKE MEN TO USE CONDOMS...2 DOES NOT MATTER.....3 OTHER _____ 6 (SPECIFY) DOES NOT KNOW.....8	
709	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	→722
710	Which diseases do you know?*	SYPHILIS.....A GONORRHOEA.....B AIDS.....C GENITAL WARTS/CONDYLOMATA.....D OTHER _____ X (SPECIFY) DON'T KNOW.....Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711	CHECK 425: HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		722
712	During the last 12 months, did you have any of these diseases?	YES.....1 NO.....2 DON'T KNOW.....8	722
713	Which?* CIRCLE ALL MENTIONED.	SYPHILIS.....A GONORRHOEA.....B AIDS.....C GENITAL WARTS / CONDYLOMATA.....D OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
717	When you had this (DISEASE FROM Q.713) did you seek advice or treatment?	ADVICE /TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....3	719
718	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	GOVERNMENT AND PARASTATAL CONSULTANT HOSPITAL.....A REGIONAL HOSPITAL.....B DISTRICT HOSPITAL.....C HEALTH CENTRE.....D DISPENSARY.....E PARASTATAL HEALTH FACILITY.....F VILLAGE HEALTH POST/WORKER.....G MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....H PRIV.DOCTOR/CLINIC/HOSPITAL.....I PHARMACY/MEDICAL STORE.....J UMATI CBD WORKER.....K OTHER PRIVATE SECTOR SHOP.....L CHURCH.....M FRIENDS/RELATIVES/NEIGHBOURS.....N OTHER _____ X (SPECIFY)	
719	Did you tell your husband/partner that you had this (disease/discharge/sore)?	YES.....1 NO.....2	
720	When you had this disease, did you do something so as not to infect your partner?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	722
721	What did you do? CIRCLE ALL MENTIONED.	NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B TOOK MEDICINES.....C TOLD HIM TO GO FOR MEDICAL HELP...D OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
722	CHECK 710: DID NOT MENTION AIDS OR QUESTION NOT ASKED <input type="checkbox"/> MENTIONED 'AIDS' <input type="checkbox"/>	<input type="checkbox"/> → 724	<input type="checkbox"/> → 724																											
723	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→ 745																											
724	From which sources of information have you learned about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER _____ X (SPECIFY)																												
725	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→ 727																											
726	What can a person do to avoid getting AIDS or the virus that causes AIDS? Any other ways? CIRCLE ALL MENTIONED	DO NOT HAVE SEX AT ALL.....A USE CONDOMS DURING SEX.....B DON'T HAVE SEX WITH PROSTITUTES...C DO NOT HAVE SEX WITH HOMOSEXUALS.....D DO NOT HAVE MANY SEX PARTNERS....E HAVE ONLY ONE SEX PARTNER.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H MOTHER TO CHILD.....I KISSING.....J MOSQUITO BITES.....K SEEK PROTECTION FROM TRADITIONAL HEALER.....L DO NOT DRINK TOO MUCH ALCOHOL....M OTHER _____ X (SPECIFY)	DOES NOT KNOW.....Z																											
727	Do you think a person can protect themselves from getting AIDS by: having a good diet? staying with one faithful partner? avoid stepping on the urine or stool of a person with AIDS? using condoms? avoiding touching a person who has AIDS? not sharing eating utensils with a person with AIDS? avoiding being bitten by mosquitos or other insects? making sure any injection they have is done with a clean needle?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>GOOD DIET.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STAY WITH ONE PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>AVOID URINE OR STOOL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOMS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>DON'T TOUCH PERSON WITH AIDS...</td> <td>1</td> <td>2</td> </tr> <tr> <td>DON'T SHARE UTENSILS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>AVOID INSECT BITES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>INJECTION WITH CLEAN NEEDLE....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	GOOD DIET.....	1	2	STAY WITH ONE PARTNER.....	1	2	AVOID URINE OR STOOL.....	1	2	USE CONDOMS.....	1	2	DON'T TOUCH PERSON WITH AIDS...	1	2	DON'T SHARE UTENSILS.....	1	2	AVOID INSECT BITES.....	1	2	INJECTION WITH CLEAN NEEDLE....	1	2	
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AVOID INSECT BITES.....	1	2																												
INJECTION WITH CLEAN NEEDLE....	1	2																												
728	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW.....8																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	Can AIDS be cured?	YES.....1 NO.....2 DOES NOT KNOW.....8	
730	Can AIDS be transmitted from mother to child?	YES.....1 NO.....2 DOES NOT KNOW.....8	
731	Does any member of your household have AIDS or has any member of your household died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→732
731A	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	
732	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 DOES NOT KNOW.....8	→734 →734A
733	Why do you think that you have (NO RISK/ A SMALL CHANCE) of getting AIDS? Any other reasons? CIRCLE ALL MENTIONED	NO SEXUAL INTERCOURSE.....A NO SEX WITH PROSTITUTES.....B SLEEP ONLY WITH SPOUSE/PARTNER...C USE CONDOMS.....D NO INJECTIONS.....E NO BLOOD TRANSFUSIONS.....F OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	→734A
734	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? CIRCLE ALL MENTIONED	MULTIPLE PARTNERS.....A SEX WITH PROSTITUTES.....B SPOUSE HAS MULTIPLE PARTNERS.....C DO NOT USE CONDOMS.....D HAD INJECTIONS.....E HAD BLOOD TRANSFUSION.....F OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
734A	CHECK 711: HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		→738
735	Since you heard of AIDS, have you changed your sexual behaviour to prevent getting AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→737
736	What did you do? Anything else? CIRCLE ALL MENTIONED	ONE PARTNER.....A STOPPED HAVING MANY SEX PARTNERS.....B STOPPED SEX WITH PROSTITUTES.....C STARTED USING CONDOMS.....D USED CONDOMS MORE OFTEN.....E ABSTINENCE (STOPPED HAVING SEX WITH ANYONE).....F OTHER.....X (SPECIFY)	→738

WOM 23

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
737	<p>Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases.</p> <p>Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?</p>	<p>YES.....1 NO.....2</p>									
738	<p>Have you ever been tested to see if you have the AIDS virus?</p>	<p>YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8</p>	→741A								
739	<p>Would you like to be tested for the AIDS virus?</p>	<p>YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8</p>									
740	<p>Do you know a place where you could go to get an AIDS test?</p>	<p>YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8</p>	→742								
741	<p>Where could you go?</p>	<p>GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL.....A DISTRICT HOSPITAL.....B HEALTH CENTRE.....C DISPENSARY/PARASTATAL FACILITY...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....F PRIV.DOCTOR/CLINIC/HOSPITAL.....G PHARMACY/MEDICAL STORE.....H CBD WORKER.....I OTHER PRIVATE SECTOR SHOP.....J CHURCH.....K FRIENDS/RELATIVES/NEIGHBOURS.....L OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z</p>	→742								
741A	<p>Where did you go?</p>										
742	<p>What do you suggest is the most important thing the government should do for people who have AIDS?</p>	<p>PROVIDE MEDICAL TREATMENT.....01 HELP RELATIVES PROVIDE CARE.....02 ISOLATE/QUARANTINE/JAIL PEOPLE....03 NOT BE INVOLVED.....04 OTHER _____ 96 (SPECIFY)</p>									
743	<p>If a member of your family is suffering from AIDS would you be willing to care for him or her at home?</p>	<p>YES.....01 NO.....02 DEPENDS.....03 OTHER _____ 96 (SPECIFY) NOT SURE/DO NOT KNOW.....98</p>									
744	<p>RECORD THE TIME.</p>	<p>MORNING/AM.....1 HOUR..... <table border="1" data-bbox="1262 1717 1334 1759"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> AFTERNOON/PM...2 MINUTES... <table border="1" data-bbox="1262 1768 1334 1810"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p>									

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: _____

UNITED REPUBLIC OF TANZANIA
 BUREAU OF STATISTICS, PLANNING COMMISSION
 TANZANIA KNOWLEDGE, ATTITUDES AND PRACTICE SURVEY

07 May, 1994

MAN'S QUESTIONNAIRE

IDENTIFICATION																															
NAME OF HOUSEHOLD HEAD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>																														
CLUSTER NUMBER.....																															
HOUSEHOLD NUMBER.....																															
REGION _____																															
DISTRICT _____																															
WARD _____																															
ENUMERATION AREA _____																															
LARGE CITY=1; SMALL CITY=2; TOWN=3; COUNTRYSIDE=4.....																															
NAME AND LINE NUMBER OF MAN _____																															
NAME AND LINE NUMBER OF WIFE _____																															
NAME AND LINE NUMBER OF WIFE _____																															
NAME AND LINE NUMBER OF WIFE _____																															

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> MONTH <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table> YEAR <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle; text-align: center;">9</table> <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle; text-align: center;">4</table>
INTERVIEWER'S NAME	_____	_____	_____	ID NO. <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
RESULT*	_____	_____	_____	RESULT <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
NEXT VISIT: DATE TIME	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>

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

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	NAME _____ <table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>
DATE _____	DATE _____	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>	<table border="1" style="display: inline-table; width: 30px; height: 20px; vertical-align: middle;"></table>

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	MORNING/AM.....1 HOUR..... <input type="text"/> <input type="text"/> AFTERNOON/PM...2 MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Dar es Salaam city, another urban area or in a rural area?	DAR ES SALAAM.....1 OTHER URBAN AREA.....2 RURAL AREA/VILLAGE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR.....96	→ 105
104	Just before you moved here, did you live in Dar es Salaam city, another urban area or in a rural area?	DAR ES SALAAM.....1 OTHER URBAN AREA.....2 RURAL AREA/VILLAGE.....3	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
107	Can you read and write kiswahili easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→ 109
108	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
109	Have you ever attended school?	YES.....1 NO.....2	→ 114
110	What is the highest formal school you completed?	LESS THAN 1 YEAR.....00 STANDARD 1.....01 STANDARD 2.....02 STANDARD 3.....03 STANDARD 4.....04 STANDARD 5.....05 STANDARD 6.....06 STANDARD 7.....07 STANDARD 8.....08 FORM 1.....09 FORM 2.....10 FORM 3.....11 FORM 4.....12 FORM 5.....13 FORM 6.....14 UNIVERSITY.....15 OTHER.....96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		114
112	Are you currently attending school?	YES.....1 NO.....2	114
113	What was the main reason you stopped attending school?	GOT MARRIED.....02 HAD 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 BAD GRADES.....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR....10 NO SPACE/OPPORTUNITY TO CONTINUE..11 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
114	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
115	Do you usually watch television at least once a week?	YES.....1 NO.....2	
116	What is your religion?	MOSLEM.....1 CATHOLIC.....2 PROTESTANT.....3 NONE.....4 OTHER _____ 6 (SPECIFY)	
117	To which tribe do you belong? IF NOT A TANZANIAN CITIZEN, WRITE NAME OF COUNTRY.	<input type="text"/> <input type="text"/> <input type="text"/>	
118	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE: THE MAN IS NOT A USUAL RESIDENT <input type="checkbox"/> THE MAN IS A USUAL RESIDENT <input type="checkbox"/>		127
119	Now I would like to ask about the place in which you usually live. Do you usually live in Dar es Salaam city, another urban area or in a rural area? IF CITY: In which city do you live?*(NAME OF CITY)	DAR ES SALAAM, LARGE CITY.....1 SMALL CITY.....2 TOWN.....3 COUNTRYSIDE.....4	
120	In which region is that located? IF USUAL RESIDENCE IS OUTSIDE TANZANIA, WRITE COUNTRY.	REGION <input type="text"/> <input type="text"/>	
121	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT....21 PUBLIC WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAINWATER.....41 OTHER _____ 96 (SPECIFY)	123
			123
			123

* Q.119: LARGE URBAN AREAS ARE MWANZA, ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA, MBEYA, & TABORA
 SMALL URBAN AREAS ARE ALL OTHER TOWNS.

122	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996	
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123	What kind of toilet facility does your household have? IF FLUSH TOILET, ASK IF IT IS SHARED WITH ANOTHER HOUSEHOLD	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT LATRINE.22 NO FACILITY/BUSH/FIELD.....31 OTHER.....96 (SPECIFY)	
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124	Does your household have: Electricity? A radio? A television? A refrigerator?	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>ELECTRICITY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																

125	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 CERAMIC TILES.....32 CEMENT.....33 OTHER.....96 (SPECIFY)	
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126	Does any member of your household own: A bicycle? A motorcycle? A car?	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>BICYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CAR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2	
	YES	NO													
BICYCLE.....	1	2													
MOTORCYCLE.....	1	2													
CAR.....	1	2													

127	Are you currently working?	YES.....1 NO.....2	→129
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128	Have you done any work in the last 12 months?	YES.....1 NO.....2	→201
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129	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <hr/> <hr/>	
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130	CHECK 129: WORKS IN AGRICULTURE <input type="checkbox"/>	DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>	→132
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131	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	→133
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132	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	
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133	Do you earn cash for this work? PROBE: Do you make money for working?	YES.....1 NO.....2	
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SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	Now I would like to ask about all the children you have had during your life. Do you have children?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters 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 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 had a son or daughter who was born alive but later died? IF NO, ASK: 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. IF NONE RECORD '00'.	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 ___ children during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NEEDED						

SECTION 3. CONTRACEPTION

301 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. Which ways or methods have you heard about?
 CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY.
 THEN PROCEED DOWN THE COLUMN-READ THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY.
 CIRCLE CODE 2 IF METHOD IS RECOGNISED, AND CODE 3 IF NOT RECOGNISED.
 THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD	303 Have you ever used (METHOD) with anyone?
01] PILL Women can take a pill every day.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
04] DIAPHRAGM,FOAM,JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
05] CONDOM, RUBBER, RAINCOAT, DUREX A man can wear a rubber bag on his penis during sex to prevent pregnancy. The rubber bag is also used to prevent passing diseases such as AIDS and for cleanliness.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
06] FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	Has your wife ever had an operation to avoid having any more children? YES.....1 NO.....2
07] MALE STERILISATION Men can have an operation to avoid having any more children.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	Have you ever had this operation? YES.....1 NO.....2
08] CALENDAR/SAFE PERIOD Couples can have sexual intercourse only during the safe period of the monthly cycle that is the times during the monthly cycle when the woman is least likely to get pregnant.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
09] MUCUS METHOD A woman can observe daily the state of the mucus and avoid sexual intercourse at the time when the mucus is colorless and extremely elastic.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
10] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONTANEOUS.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2
11] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES/SPONTANEOUS.....1 NO.....3	
1) _____ (SPECIFY)		YES.....1 NO.....2
2) _____		YES.....1 NO.....2

304 CHECK 303: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED) → SKIP TO 307

305	Have you ever used anything or tried in any way to delay or avoid a pregnancy?	YES.....1 NO.....2	→330
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306	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
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307	Now I would like to ask you about the first time that you did something or used a method to avoid pregnancy. How many children did you have at that time, if any? IF NONE, WRITE '00'.	NUMBER OF CHILDREN..... <input style="width:20px; height:15px;" type="text"/> <input style="width:20px; height:15px;" type="text"/>	
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310	Are you currently doing something or using any method to delay or avoid a pregnancy?	YES.....1 NO.....2	→330
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311	Which method are you using? Anything else? IF USING MORE THAN ONE METHOD, CIRCLE ONE CODE IN EACH COLUMN.	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:80%;"></th> <th style="width:10%; text-align: center;">1ST METHOD</th> <th style="width:10%; text-align: center;">2ND METHOD</th> </tr> </thead> <tbody> <tr><td>PILL.....</td><td style="text-align: center;">.01</td><td style="text-align: center;">.01</td></tr> <tr><td>IUD.....</td><td style="text-align: center;">.02</td><td style="text-align: center;">.02</td></tr> <tr><td>INJECTIONS.....</td><td style="text-align: center;">.03</td><td style="text-align: center;">.03</td></tr> <tr><td>DIAPHRAGM/FOAM/JELLY....</td><td style="text-align: center;">.04</td><td style="text-align: center;">.04</td></tr> <tr><td>CONDOM.....</td><td style="text-align: center;">.05</td><td style="text-align: center;">.05</td></tr> <tr><td>FEMALE STERILISATION....</td><td style="text-align: center;">.06</td><td style="text-align: center;">.06</td></tr> <tr><td>MALE STERILISATION.....</td><td style="text-align: center;">.07</td><td style="text-align: center;">.07</td></tr> <tr><td>CALENDAR/SAFE PERIOD....</td><td style="text-align: center;">.08</td><td style="text-align: center;">.08</td></tr> <tr><td>MUCUS METHOD.....</td><td style="text-align: center;">.09</td><td style="text-align: center;">.09</td></tr> <tr><td>WITHDRAWAL.....</td><td style="text-align: center;">.10</td><td style="text-align: center;">.10</td></tr> <tr><td>NO OTHER METHOD.....</td><td style="text-align: center;">.95</td><td style="text-align: center;">.95</td></tr> <tr><td>OTHER _____</td><td style="text-align: center;">96</td><td style="text-align: center;">96</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td><td></td></tr> <tr><td>OTHER _____</td><td></td><td style="text-align: center;">96</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td><td></td></tr> </tbody> </table>		1ST METHOD	2ND METHOD	PILL.....	.01	.01	IUD.....	.02	.02	INJECTIONS.....	.03	.03	DIAPHRAGM/FOAM/JELLY....	.04	.04	CONDOM.....	.05	.05	FEMALE STERILISATION....	.06	.06	MALE STERILISATION.....	.07	.07	CALENDAR/SAFE PERIOD....	.08	.08	MUCUS METHOD.....	.09	.09	WITHDRAWAL.....	.10	.10	NO OTHER METHOD.....	.95	.95	OTHER _____	96	96	(SPECIFY)			OTHER _____		96	(SPECIFY)			
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FEMALE STERILISATION....	.06	.06																																																	
MALE STERILISATION.....	.07	.07																																																	
CALENDAR/SAFE PERIOD....	.08	.08																																																	
MUCUS METHOD.....	.09	.09																																																	
WITHDRAWAL.....	.10	.10																																																	
NO OTHER METHOD.....	.95	.95																																																	
OTHER _____	96	96																																																	
(SPECIFY)																																																			
OTHER _____		96																																																	
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312	CHECK 311 (BOTH COLUMNS): EITHER FEMALE OR MALE STERILISATION MARKED <input style="width:20px; height:15px;" type="checkbox"/> NEITHER FEMALE NOR MALE STERILISATION MARKED <input style="width:20px; height:15px;" type="checkbox"/>		→322
-----	--	--	------

320	Do you regret that (you/your wife) had the operation not to have any (more) children?	YES.....1 NO.....2	→322
-----	---	-----------------------	------

321	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD....01 PARTNER WANTS ANOTHER CHILD.....02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER _____ 96 (SPECIFY)	
-----	----------------------------------	---	--

322	CHECK 311 (BOTH COLUMNS): CONDOMS MARKED IN EITHER COLUMN <input style="width:20px; height:15px;" type="checkbox"/> CONDOMS NOT MARKED IN EITHER COLUMN <input style="width:20px; height:15px;" type="checkbox"/>		→333
-----	--	--	------

323	Where did you obtain condoms the last time? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	<table style="width:100%; border-collapse: collapse;"> <tbody> <tr><td>GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....</td><td style="text-align: center;">11</td></tr> <tr><td>DISTRICT HOSPITAL.....</td><td style="text-align: center;">12</td></tr> <tr><td>HEALTH CENTRE.....</td><td style="text-align: center;">13</td></tr> <tr><td>DISPENSARY/PARASTATAL FACILITY..</td><td style="text-align: center;">14</td></tr> <tr><td>VILLAGE HEALTH POST/WORKER.....</td><td style="text-align: center;">15</td></tr> <tr><td>MEDICAL PRIVATE SECTOR</td><td></td></tr> <tr><td>RELIGIOUS ORG. FACILITY.....</td><td style="text-align: center;">21</td></tr> <tr><td>PRIV.DOCTOR/CLINIC/HOSPITAL....</td><td style="text-align: center;">22</td></tr> <tr><td>PHARMACY/MEDICAL STORE.....</td><td style="text-align: center;">23</td></tr> <tr><td>CBD WORKER.....</td><td style="text-align: center;">24</td></tr> <tr><td>OTHER PRIVATE SECTOR</td><td></td></tr> <tr><td>SHOP.....</td><td style="text-align: center;">31</td></tr> <tr><td>CHURCH.....</td><td style="text-align: center;">32</td></tr> <tr><td>FRIENDS/RELATIVES/NEIGHBORS....</td><td style="text-align: center;">33</td></tr> <tr><td>OTHER _____</td><td style="text-align: center;">96</td></tr> <tr><td style="text-align: center;">(SPECIFY)</td><td></td></tr> <tr><td>DOES NOT KNOW.....</td><td style="text-align: center;">98</td></tr> </tbody> </table>	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....	11	DISTRICT HOSPITAL.....	12	HEALTH CENTRE.....	13	DISPENSARY/PARASTATAL FACILITY..	14	VILLAGE HEALTH POST/WORKER.....	15	MEDICAL PRIVATE SECTOR		RELIGIOUS ORG. FACILITY.....	21	PRIV.DOCTOR/CLINIC/HOSPITAL....	22	PHARMACY/MEDICAL STORE.....	23	CBD WORKER.....	24	OTHER PRIVATE SECTOR		SHOP.....	31	CHURCH.....	32	FRIENDS/RELATIVES/NEIGHBORS....	33	OTHER _____	96	(SPECIFY)		DOES NOT KNOW.....	98	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																													
324	What is the brand name of the condom you last used? RECORD NAME OF BRAND.	BRAND NAME _____ <input type="text"/> <input type="text"/> DOES NOT KNOW.....98																																																																																														
325	How much did the condom you last used cost?	COST..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DOES NOT KNOW.....998																																																																																														
326	Are you using more condoms now than a year ago, about the same number, or fewer?	MORE.....1 SAME NUMBER.....2 FEWER.....3	→333																																																																																													
327	Why are you using more condoms now than you did a year ago? CIRCLE ALL MENTIONED. DO NOT READ CODES.	FEAR OF GETTING AIDS.....A FEAR OF GETTING OTHER DISEASE.....B FAMILY PLANNING.....C LESS EXPENSIVE NOW.....D MORE AVAILABLE NOW.....E OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	→333																																																																																													
330	What is the main reason you are not using a method of contraception to avoid pregnancy? Any other reason? RECORD MAIN AND OTHER REASON IN SEPARATE COLUMNS.	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">MAIN REASON</th> <th style="text-align: center;">OTHER REASON</th> </tr> </thead> <tbody> <tr> <td>NOT MARRIED.....</td> <td style="text-align: center;">11</td> <td style="text-align: center;">11</td> </tr> <tr> <td colspan="3">FERTILITY-RELATED REASONS</td> </tr> <tr> <td>NOT HAVING SEX.....</td> <td style="text-align: center;">21</td> <td style="text-align: center;">21</td> </tr> <tr> <td>INFREQUENT SEX.....</td> <td style="text-align: center;">22</td> <td style="text-align: center;">22</td> </tr> <tr> <td>MENOPAUSAL/HYSTERECTOMY...23</td> <td style="text-align: center;">23</td> <td style="text-align: center;">23</td> </tr> <tr> <td>SUBFECUND/INFECUND.....24</td> <td style="text-align: center;">24</td> <td style="text-align: center;">24</td> </tr> <tr> <td>WIFE POSTPARTUM/BREASTFD..25</td> <td style="text-align: center;">25</td> <td style="text-align: center;">25</td> </tr> <tr> <td>WANTS MORE CHILDREN.....26</td> <td style="text-align: center;">26</td> <td style="text-align: center;">26</td> </tr> <tr> <td colspan="3">OPPOSITION TO USE</td> </tr> <tr> <td>RESPONDENT OPPOSED.....31</td> <td style="text-align: center;">31</td> <td style="text-align: center;">31</td> </tr> <tr> <td>WIFE/PARTNER OPPOSED.....32</td> <td style="text-align: center;">32</td> <td style="text-align: center;">32</td> </tr> <tr> <td>OTHERS OPPOSED.....33</td> <td style="text-align: center;">33</td> <td style="text-align: center;">33</td> </tr> <tr> <td>RELIGIOUS PROHIBITION....34</td> <td style="text-align: center;">34</td> <td style="text-align: center;">34</td> </tr> <tr> <td colspan="3">LACK OF KNOWLEDGE</td> </tr> <tr> <td>KNOWS NO METHOD.....41</td> <td style="text-align: center;">41</td> <td style="text-align: center;">41</td> </tr> <tr> <td>KNOWS NO SOURCE.....42</td> <td style="text-align: center;">42</td> <td style="text-align: center;">42</td> </tr> <tr> <td colspan="3">METHOD-RELATED REASONS</td> </tr> <tr> <td>HEALTH CONCERNS.....51</td> <td style="text-align: center;">51</td> <td style="text-align: center;">51</td> </tr> <tr> <td>FEAR OF SIDE EFFECTS.....52</td> <td style="text-align: center;">52</td> <td style="text-align: center;">52</td> </tr> <tr> <td>LACK OF ACCESS/TOO FAR...53</td> <td style="text-align: center;">53</td> <td style="text-align: center;">53</td> </tr> <tr> <td>COST TOO MUCH.....54</td> <td style="text-align: center;">54</td> <td style="text-align: center;">54</td> </tr> <tr> <td>INCONVENIENT TO USE.....55</td> <td style="text-align: center;">55</td> <td style="text-align: center;">55</td> </tr> <tr> <td>INTERFERES WITH BODY'S NORMAL PROCESSES.....56</td> <td style="text-align: center;">56</td> <td style="text-align: center;">56</td> </tr> <tr> <td>WOMAN'S BUSINESS.....57</td> <td style="text-align: center;">57</td> <td style="text-align: center;">57</td> </tr> <tr> <td>NO OTHER REASON.....95</td> <td style="text-align: center;">95</td> <td style="text-align: center;">95</td> </tr> <tr> <td>OTHER _____ 96</td> <td style="text-align: center;">96</td> <td style="text-align: center;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>OTHER _____ 96</td> <td style="text-align: center;">96</td> <td style="text-align: center;">96</td> </tr> <tr> <td style="text-align: center;">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DOES NOT KNOW.....98</td> <td style="text-align: center;">98</td> <td style="text-align: center;">98</td> </tr> </tbody> </table>		MAIN REASON	OTHER REASON	NOT MARRIED.....	11	11	FERTILITY-RELATED REASONS			NOT HAVING SEX.....	21	21	INFREQUENT SEX.....	22	22	MENOPAUSAL/HYSTERECTOMY...23	23	23	SUBFECUND/INFECUND.....24	24	24	WIFE POSTPARTUM/BREASTFD..25	25	25	WANTS MORE CHILDREN.....26	26	26	OPPOSITION TO USE			RESPONDENT OPPOSED.....31	31	31	WIFE/PARTNER OPPOSED.....32	32	32	OTHERS OPPOSED.....33	33	33	RELIGIOUS PROHIBITION....34	34	34	LACK OF KNOWLEDGE			KNOWS NO METHOD.....41	41	41	KNOWS NO SOURCE.....42	42	42	METHOD-RELATED REASONS			HEALTH CONCERNS.....51	51	51	FEAR OF SIDE EFFECTS.....52	52	52	LACK OF ACCESS/TOO FAR...53	53	53	COST TOO MUCH.....54	54	54	INCONVENIENT TO USE.....55	55	55	INTERFERES WITH BODY'S NORMAL PROCESSES.....56	56	56	WOMAN'S BUSINESS.....57	57	57	NO OTHER REASON.....95	95	95	OTHER _____ 96	96	96	(SPECIFY)			OTHER _____ 96	96	96	(SPECIFY)			DOES NOT KNOW.....98	98	98	
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331	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→333																																																																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
332	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....11 DISTRICT HOSPITAL.....12 HEALTH CENTRE.....13 DISPENSARY/PARASTATAL FACILITY..14 VILLAGE HEALTH POST/WORKER.....15 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV.DOCTOR/CLINIC/HOSPITAL....22 PHARMACY/MEDICAL STORE.....23 CBD WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES/NEIGHBORS....33 OTHER _____ 96 (SPECIFY)</p>	
333	<p>What symbol identifies places where you can obtain a method of family planning?</p>	<p>GREEN STAR.....1 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8</p>	401
334	<p>How did you learn about the Green Star?</p> <p>CIRCLE ALL MENTIONED.</p>	<p>BILLBOARDS.....A BUS.....B POSTERS.....C RADIO.....D CLINIC SIGN.....E SERVICE PROVIDER.....F OTHER _____ X (SPECIFY)</p>	

MAN 9

SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
401	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WIFE/PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	WIFE/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
WIFE/PARTNER.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																
402	Are you currently married or living with a woman?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td>1</td> </tr> <tr> <td>YES, LIVING WITH A WOMAN.....</td> <td>2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td>3</td> </tr> </table>	YES, CURRENTLY MARRIED.....	1	YES, LIVING WITH A WOMAN.....	2	NO, NOT IN UNION.....	3	→407									
YES, CURRENTLY MARRIED.....	1																	
YES, LIVING WITH A WOMAN.....	2																	
NO, NOT IN UNION.....	3																	
403	Have you ever been married or lived with a woman?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→412											
YES.....	1																	
NO.....	2																	
404	What is your marital status now: are you widowed, divorced, or separated?	<table border="0"> <tr> <td>WIDOWED.....</td> <td>1</td> </tr> <tr> <td>DIVORCED.....</td> <td>2</td> </tr> <tr> <td>SEPARATED.....</td> <td>3</td> </tr> </table>	WIDOWED.....	1	DIVORCED.....	2	SEPARATED.....	3	→410									
WIDOWED.....	1																	
DIVORCED.....	2																	
SEPARATED.....	3																	
407	How many wives do you have?	NUMBER..... <input type="text"/>																
410	In what month and year did you start living with your (first) wife/partner?	<table border="0"> <tr> <td>MONTH.....</td> <td><input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW MONTH.....</td> <td>.98</td> </tr> <tr> <td>YEAR.....</td> <td><input type="text"/></td> </tr> <tr> <td>DOES NOT KNOW YEAR.....</td> <td>.98</td> </tr> </table>	MONTH.....	<input type="text"/>	DOES NOT KNOW MONTH.....	.98	YEAR.....	<input type="text"/>	DOES NOT KNOW YEAR.....	.98	→412							
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DOES NOT KNOW MONTH.....	.98																	
YEAR.....	<input type="text"/>																	
DOES NOT KNOW YEAR.....	.98																	
411	How old were you when you started living with her?	AGE..... <input type="text"/>																
412	Do you now have a regular partner (apart from your wife/wives)? I mean someone with whom you have been having sex for about a year or more?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→414											
YES.....	1																	
NO.....	2																	
413	How many such regular partners do you have (aside from your wife/wives)?	NUMBER..... <input type="text"/>																
414	CHECK 402 AND 412:	<table border="0"> <tr> <td>MARRIED OR LIVING WITH A WOMAN OR HAS A REGULAR PARTNER</td> <td><input type="checkbox"/></td> <td>NOT MARRIED AND NO REGULAR PARTNER</td> <td><input type="checkbox"/></td> </tr> </table>	MARRIED OR LIVING WITH A WOMAN OR HAS A REGULAR PARTNER	<input type="checkbox"/>	NOT MARRIED AND NO REGULAR PARTNER	<input type="checkbox"/>	→417											
MARRIED OR LIVING WITH A WOMAN OR HAS A REGULAR PARTNER	<input type="checkbox"/>	NOT MARRIED AND NO REGULAR PARTNER	<input type="checkbox"/>															
415	<p>Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues.</p> <p>When was the last time you had sexual intercourse with your (wife/regular partner)?</p> <p>IF RESPONDENT HAS BOTH WIFE AND REGULAR PARTNER, ASK WHEN HE LAST HAD SEX WITH EITHER.</p>	<table border="0"> <tr> <td>DAYS AGO.....</td> <td>1</td> <td><input type="text"/></td> </tr> <tr> <td>WEEKS AGO.....</td> <td>2</td> <td><input type="text"/></td> </tr> <tr> <td>MONTHS AGO.....</td> <td>3</td> <td><input type="text"/></td> </tr> <tr> <td>YEARS AGO.....</td> <td>4</td> <td><input type="text"/></td> </tr> <tr> <td>BEFORE LAST BIRTH.....</td> <td>.996</td> <td></td> </tr> </table>	DAYS AGO.....	1	<input type="text"/>	WEEKS AGO.....	2	<input type="text"/>	MONTHS AGO.....	3	<input type="text"/>	YEARS AGO.....	4	<input type="text"/>	BEFORE LAST BIRTH.....	.996		
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BEFORE LAST BIRTH.....	.996																	
416	For that sexual intercourse, did you use a condom?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2												
YES.....	1																	
NO.....	2																	
417	Have you had sexual intercourse with anyone (else) in the last 12 months? (I mean, with someone other than your wife or regular partner that you mentioned earlier?)	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table>	YES.....	1	NO.....	2	→425											
YES.....	1																	
NO.....	2																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
418	With how many different people have you had sexual intercourse in the last 12 months (apart from your wife or regular partners)?	NUMBER..... <input type="text"/> <input type="text"/>	
419	When was the last time you had sexual intercourse (apart from your wife/regular partner)?	DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO.....2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO.....4 <input type="text"/> <input type="text"/> BEFORE LAST BIRTH.....996	
420	For that last sexual intercourse, did you give money, gifts or favours in return for sex?	YES.....1 NO.....2	
421	Was this person someone you had met before or someone you met for the first time?	MET BEFORE.....1 MET FOR FIRST TIME.....2	
422	Did you use a condom for that last sexual intercourse?	YES.....1 NO.....2	→424
423	What was the main reason that you did not use a condom that time?	_____ _____	→425
424	Where was that condom obtained? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....11 DISTRICT HOSPITAL.....12 HEALTH CENTRE.....13 DISPENSARY/PARASTATAL FACILITY..14 VILLAGE HEALTH POST/WORKER.....15 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV.DOCTOR/CLINIC/HOSPITAL....22 PHARMACY/MEDICAL STORE.....23 CBD WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES/NEIGHBORS....33 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
425	Now think back to the past. How old were you when you had sexual intercourse for the first time?	AGE..... <input type="text"/> <input type="text"/> NEVER HAD SEX.....95 FIRST TIME WHEN MARRIED.....96	→501
426	In the last four weeks, how many times have you had sexual intercourse?	NUMBER OF TIMES..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																							
501	CHECK 313: NEITHER STERILISED <input type="checkbox"/> HE OR SHE STERILISED <input type="checkbox"/>		513																																																																																							
506	CHECK 312: USING A METHOD? BLANK, QUESTION NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/>		513																																																																																							
507	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DOES NOT KNOW.....8	509																																																																																							
508	Do you intend to use a method at any time in the future?	YES.....1 NO.....2 DOES NOT KNOW.....8	510																																																																																							
509	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILISATION.....06 MALE STERILISATION.....07 CALENDAR/SAFE PERIOD.....08 MUCUS METHOD.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) UNSURE.....98	513																																																																																							
510	What is the main reason you never intend to use a method? Any other reason? RECORD MAIN AND OTHER REASON IN SEPARATE COLUMNS.	<table border="0"> <thead> <tr> <th></th> <th>MAIN REASON</th> <th>OTHER REASON</th> </tr> </thead> <tbody> <tr> <td>NOT MARRIED.....</td> <td>11</td> <td>11</td> </tr> <tr> <td colspan="3">FERTILITY-RELATED REASONS</td> </tr> <tr> <td>INFREQUENT SEX.....</td> <td>22</td> <td>22</td> </tr> <tr> <td>MENOPAUSAL/HYSTERECTOMY.....</td> <td>23</td> <td>23</td> </tr> <tr> <td>SUBFECUND/INFECUND.....</td> <td>24</td> <td>24</td> </tr> <tr> <td>WANTS MORE CHILDREN.....</td> <td>26</td> <td>26</td> </tr> <tr> <td colspan="3">OPPOSITION TO USE</td> </tr> <tr> <td>RESPONDENT OPPOSED.....</td> <td>31</td> <td>31</td> </tr> <tr> <td>WIFE/PARTNER OPPOSED.....</td> <td>32</td> <td>32</td> </tr> <tr> <td>OTHERS OPPOSED.....</td> <td>33</td> <td>33</td> </tr> <tr> <td>RELIGIOUS PROHIBITION.....</td> <td>34</td> <td>34</td> </tr> <tr> <td colspan="3">LACK OF KNOWLEDGE</td> </tr> <tr> <td>KNOWS NO METHOD.....</td> <td>41</td> <td>41</td> </tr> <tr> <td>KNOWS NO SOURCE.....</td> <td>42</td> <td>42</td> </tr> <tr> <td colspan="3">METHOD-RELATED REASONS</td> </tr> <tr> <td>HEALTH CONCERNS.....</td> <td>51</td> <td>51</td> </tr> <tr> <td>FEAR OF SIDE EFFECTS.....</td> <td>52</td> <td>52</td> </tr> <tr> <td>LACK OF ACCESS/TOO FAR.....</td> <td>53</td> <td>53</td> </tr> <tr> <td>COST TOO MUCH.....</td> <td>54</td> <td>54</td> </tr> <tr> <td>INCONVENIENT TO USE.....</td> <td>55</td> <td>55</td> </tr> <tr> <td>INTERFERES WITH BODY'S NORMAL PROCESSES.....</td> <td>56</td> <td>56</td> </tr> <tr> <td>WOMAN'S BUSINESS.....</td> <td>57</td> <td>57</td> </tr> <tr> <td>NO OTHER REASON.....</td> <td>95</td> <td></td> </tr> <tr> <td>OTHER _____</td> <td>96</td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>OTHER _____</td> <td>96</td> <td></td> </tr> <tr> <td>(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td>98</td> <td></td> </tr> </tbody> </table>		MAIN REASON	OTHER REASON	NOT MARRIED.....	11	11	FERTILITY-RELATED REASONS			INFREQUENT SEX.....	22	22	MENOPAUSAL/HYSTERECTOMY.....	23	23	SUBFECUND/INFECUND.....	24	24	WANTS MORE CHILDREN.....	26	26	OPPOSITION TO USE			RESPONDENT OPPOSED.....	31	31	WIFE/PARTNER OPPOSED.....	32	32	OTHERS OPPOSED.....	33	33	RELIGIOUS PROHIBITION.....	34	34	LACK OF KNOWLEDGE			KNOWS NO METHOD.....	41	41	KNOWS NO SOURCE.....	42	42	METHOD-RELATED REASONS			HEALTH CONCERNS.....	51	51	FEAR OF SIDE EFFECTS.....	52	52	LACK OF ACCESS/TOO FAR.....	53	53	COST TOO MUCH.....	54	54	INCONVENIENT TO USE.....	55	55	INTERFERES WITH BODY'S NORMAL PROCESSES.....	56	56	WOMAN'S BUSINESS.....	57	57	NO OTHER REASON.....	95		OTHER _____	96		(SPECIFY)			OTHER _____	96		(SPECIFY)			DOES NOT KNOW.....	98		
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513	<p>CHECK 203 AND 205:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</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> </td> <td style="width:50%; border: none;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </td> </tr> </table> <p style="text-align: center;">PROBE FOR A NUMERIC RESPONSE.</p>	<p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</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>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p>	<p>NUMBER..... <input style="width: 40px;" type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→515</p>
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514	<p>How many of these children would you like to be boys and how many would you like to be girls?</p>	<p style="text-align: right;">BOYS</p> <p>NUMBER..... <input style="width: 40px;" type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p> <p style="text-align: right;">GIRLS</p> <p>NUMBER..... <input style="width: 40px;" type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p> <p style="text-align: right;">EITHER</p> <p>NUMBER..... <input style="width: 40px;" type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	
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515	<p>In general, do you approve or disapprove of couples using a method to avoid getting pregnant?</p>	<p>APPROVE.....1</p> <p>DISAPPROVE.....2</p> <p>NO OPINION.....8</p>	<p>→517</p>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
516	Have you ever recommended family planning to a friend, relative, or anyone else?	YES.....1 NO.....2	
517	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	ACCEPT- NOT DOES ABLE ABLE NOT KNOW RADIO.....1 2 8 TELEVISION.....1 2 8	
518	In the last six months have you heard or learned about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 POSTER.....1 2 LEAFLETS OR BROCHURES.....1 2	
519	In the last six months have you listened to "ZINDUKA"?	YES.....1 NO.....2 DO NOT KNOW WHAT IT IS.....8	
520	In the last six months have you discussed the practice of family planning with your friends or relatives?	YES.....1 NO.....2	522
521	With whom? Anyone else? RECORD ALL MENTIONED.	WIFE/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F SONS.....G MOTHER-IN-LAW.....H FRIENDS.....I OTHER _____ X (SPECIFY)	
522	Do you think most, some, or none of the men you know use some kind of family planning?	MOST.....1 SOME.....2 NONE.....3 DOES NOT KNOW.....8	
523	CHECK 402: YES, CURRENTLY <input type="checkbox"/> MARRIED YES, LIVING WITH <input type="checkbox"/> A WOMAN NO, NOT IN <input type="checkbox"/> UNION		701
524	Partners do not always agree on everything. Now I want to ask you about your wife's/partner's views on family planning. Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOES NOT KNOW.....8	
525	How often have you talked to your wife/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
526	Have you and your wife/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2	
527	Do you think your wife/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 DOES NOT KNOW.....8	

SECTION 7. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP	
701	CHECK 302 (05):	HAS HEARD OF CONDOMS <input type="checkbox"/>	NEVER HEARD OF CONDOMS <input type="checkbox"/>	→709
702	CHECK 303 (05), 416 AND 422:	HAS NEVER USED CONDOMS <input type="checkbox"/>	HAS USED CONDOMS <input type="checkbox"/>	→704
703	Have you ever seen a condom?	YES.....1	NO.....2	
704	Do you know where you can get condoms?	YES.....1	NO.....2	→706
705	Where can you get condoms? CIRCLE ALL MENTIONED. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL....A DISTRICT HOSPITAL.....B HEALTH CENTRE.....C DISPENSARY/PARASTATAL FACILITY...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....F PRIV.DOCTOR/CLINIC/HOSPITAL.....G PHARMACY/MEDICAL STORE.....H CBD WORKER.....I OTHER PRIVATE SECTOR SHOP.....J CHURCH.....K FRIENDS/RELATIVES/NEIGHBORS.....L OTHER _____ X (SPECIFY) DOES NOT KNOW.....2		
706	How many times can a condom be used?	ONCE.....1	MORE THAN ONCE.....2	
		UNTIL IT BREAKS.....3	OTHER _____ 6	
		(SPECIFY)		
		DOES NOT KNOW.....8		
707	Do you think that using condoms can give you AIDS?	YES.....1	NO.....2	
		DOES NOT KNOW.....8		
708	In general, do you think that most women like men to use condoms, they don't like men to use condoms, or it does not matter?	LIKE MEN TO USE CONDOMS.....1	DON'T LIKE MEN TO USE CONDOMS....2	
		DOES NOT MATTER.....3	OTHER _____ 6	
		(SPECIFY)		
		DOES NOT KNOW.....8		
709	Have you heard about diseases that can be transmitted through sex?	YES.....1	NO.....2	→714
710	Which diseases do you know?*	SYPHILIS.....A	GONORRHOEA.....B	
	CIRCLE ALL MENTIONED.	AIDS.....C	GENITAL WARTS/CONDYLOMATA.....D	
		OTHER _____ X	(SPECIFY)	
		DON'T KNOW.....Z		

721	What did you do? CIRCLE ALL MENTIONED.	NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B TOOK MEDICINES.....C TOLD HER TO GO FOR MEDICAL HELP...D OTHER _____ X (SPECIFY)	
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722	CHECK 710: DID NOT MENTION AIDS OR QUESTION NOT ASKED <input type="checkbox"/>	MENTIONED 'AIDS' <input type="checkbox"/>	→724
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723	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	→745
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724	From which sources of information have you learned about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER _____ X (SPECIFY)	
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725	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→727
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726	What can a person do to avoid getting AIDS or the virus that causes AIDS? Any other ways? RECORD ALL MENTIONED	DO NOT HAVE SEX AT ALL.....A USE CONDOMS DURING SEX.....B DON'T HAVE SEX WITH PROSTITUTES...C DO NOT HAVE SEX WITH HOMOSEXUALS..D DO NOT HAVE MANY SEX PARTNERS....E HAVE ONLY ONE SEX PARTNER.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H MOTHER TO CHILD.....I KISSING.....J MOSQUITO BITES.....K SEEK PROTECTION FROM TRADITIONAL HEALER.....L DO NOT DRINK TOO MUCH ALCOHOL....M OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
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727	Do you think that people can protect themselves from getting AIDS by:	<table style="width:100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>having a good diet?</td> <td style="text-align: center;">GOOD DIET.....1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>staying with one faithful partner?</td> <td style="text-align: center;">STAY WITH ONE PARTNER.....1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>avoid stepping on the urine or stool of a person with AIDS?</td> <td style="text-align: center;">AVOID URINE OR STOOL.....1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>using condoms?</td> <td style="text-align: center;">USE CONDOMS.....1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>avoiding touching a person who has AIDS?</td> <td style="text-align: center;">DON'T TOUCH PERSON WITH AIDS...1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>not sharing eating utensils with a person with AIDS?</td> <td style="text-align: center;">DON'T SHARE UTENSILS.....1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>avoiding being bitten by mosquitos or other insects?</td> <td style="text-align: center;">AVOID INSECT BITES.....1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>making sure any injection they have is done with a clean needle?</td> <td style="text-align: center;">INJECTION WITH CLEAN NEEDLE....1</td> <td style="text-align: center;">2</td> </tr> </table>		YES	NO	having a good diet?	GOOD DIET.....1	2	staying with one faithful partner?	STAY WITH ONE PARTNER.....1	2	avoid stepping on the urine or stool of a person with AIDS?	AVOID URINE OR STOOL.....1	2	using condoms?	USE CONDOMS.....1	2	avoiding touching a person who has AIDS?	DON'T TOUCH PERSON WITH AIDS...1	2	not sharing eating utensils with a person with AIDS?	DON'T SHARE UTENSILS.....1	2	avoiding being bitten by mosquitos or other insects?	AVOID INSECT BITES.....1	2	making sure any injection they have is done with a clean needle?	INJECTION WITH CLEAN NEEDLE....1	2	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
728	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW.....8	
729	Can AIDS be cured?	YES.....1 NO.....2 DOES NOT KNOW.....8	
730	Can AIDS be transmitted from mother to child?	YES.....1 NO.....2 DOES NOT KNOW.....8	
731	Does any member of your household have AIDS or has any member of your household died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→732
731A	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	
732	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 DOES NOT KNOW.....8	→734 →734A
733	Why do you think that you have (NO RISK/ A SMALL CHANCE) of getting AIDS? Any other reasons? CIRCLE ALL MENTIONED	NO SEXUAL INTERCOURSE.....A NO SEX WITH PROSTITUTES.....B NO HOMOSEXUAL CONTACT.....C SLEEP ONLY WITH SPOUSE/PARTNER...D USE CONDOMS.....E NO INJECTIONS.....F NO BLOOD TRANSFUSIONS.....G OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	→734A
734	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? CIRCLE ALL MENTIONED	MULTIPLE PARTNERS.....A SEX WITH PROSTITUTES.....B HOMOSEXUAL CONTACT.....C SPOUSE HAS MULTIPLE PARTNERS.....D DO NOT USE CONDOMS.....E HAD INJECTIONS.....F HAD BLOOD TRANSFUSION.....F OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
734A	CHECK 711: HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		→738
735	Since you heard of AIDS, have you changed your sexual behaviour to prevent getting AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→737
736	What did you do? Anything else? CIRCLE ALL MENTIONED	ONE PARTNER.....A STOPPED HAVING MANY SEX PARTNERS.....B STOPPED SEX WITH PROSTITUTES.....C STARTED USING CONDOMS.....D USED CONDOMS MORE OFTEN.....E ABSTINENCE (STOPPED HAVING SEX WITH ANYONE).....F OTHER.....X (SPECIFY)	→738

737	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	
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738	Have you ever been tested to see if you have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	→741A
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739	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	
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740	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	→742
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741	Where could you go?	GOVERNMENT AND PARASTATAL REGIONAL/CONSULTANT HOSPITAL.....A DISTRICT HOSPITAL.....B HEALTH CENTRE.....C DISPENSARY/PARASTATAL FACILITY...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....F PRIV.DOCTOR/CLINIC/HOSPITAL.....G PHARMACY/MEDICAL STORE.....H CBD WORKER.....I OTHER PRIVATE SECTOR SHOP.....J CHURCH.....K FRIENDS/RELATIVES/NEIGHBOURS.....L OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	→742
741A	Where did you go?		

742	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE MEDICAL TREATMENT.....01 HELP RELATIVES PROVIDE CARE.....02 ISOLATE/QUARANTINE/JAIL PEOPLE...03 NOT BE INVOLVED.....04 OTHER _____ 96 (SPECIFY)	
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743	If a member of your family is suffering from AIDS would you be willing to care for him or her at home?	YES.....01 NO.....02 DEPENDS.....03 OTHER _____ 96 (SPECIFY) NOT SURE/DO NOT KNOW.....98	
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744	RECORD THE TIME.	MORNING/AM....1 HOUR.....	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>		
		AFTERNOON/PM...2 MINUTES.....	<table border="1" style="width:100%; height: 20px;"> <tr> <td style="width:20%;"></td> <td style="width:20%;"></td> </tr> </table>		

INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments about Respondent:

Comments on
Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____