

MALAWI DEMOGRAPHIC AND HEALTH SURVEY
MALAWI GOVERNMENT - NATIONAL STATISTICAL OFFICE

INDIVIDUAL QUESTIONNAIRE
MALE

FORM MDHS-M/92

IDENTIFICATION																					
REGION/DISTRICT _____	<table border="1" style="margin: auto;"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																				
TA/STA/TOWN _____																					
ENUMERATION AREA																					
VILLAGE OR PLACE _____																					
MDHS CLUSTER NUMBER.....																					
HOUSEHOLD NUMBER																					
URBAN/RURAL (urban=1, rural=2).....																					
NAME AND LINE NUMBER OF MAN _____																					
NAME AND LINE NUMBER OF WIFE # 1 _____																					
NAME AND LINE NUMBER OF WIFE # 2 _____																					
NAME AND LINE NUMBER OF WIFE # 3 _____																					
(NOTE: include only wives in household)																					

INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				<div style="display: flex; justify-content: space-between;"> <div>DAY</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>YEAR</div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div>
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS
<p>* RESULT CODES:</p> <div style="display: flex; justify-content: space-between;"> <div> 1 COMPLETED 2 NOT AT HOME 3 POSTPONED </div> <div> 4 REFUSED 5 PARTLY COMPLETED 6 INCAPACITATED </div> <div> 7 OTHER _____ (SPECIFY) </div> </div>				

NAME DATE	FIELD EDITED BY _____ _____	OFFICE EDITED BY _____ _____	KEYED BY _____ _____	KEYED BY <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
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SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	
102	First I would like to ask some questions about you and your household. For most of the time until you were about 12 years old, did you live in a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	105
104	Just before you moved here, did you live in a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
105	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school?	YES.....1 NO.....2	111
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	How many years of school did you complete at that level?	YEARS.....	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		112
111	Are you able to read and understand English or Chichewa easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	113
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
113	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
114	What kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>	
115	CHECK 114: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		117
116	Do you work mainly on your own land or family's land, or on land that you rent, or on someone else's land?	OWN/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	
117	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE MAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> THE MAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>		201
118	Now I would like to ask about the place in which you usually live. Do you usually live in a city, in a town, or in a village?	CITY.....1 TOWN.....2 VILLAGE.....3	
119	In which region is that located?	NORTH.....1 CENTRAL.....2 SOUTH.....3 OUTSIDE MALAWI.....4	
120	What is the source of water your household uses for handwashing and dishwashing?	PIPED WATER PIPED INSIDE DWELLING UNIT ...11 PIPED INTO YARD/PLOT12 PUBLIC TAP.....13 WELL WATER PROTECTED WELL/BOREHOLE.....21 UNPROTECTED WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/DAM33 LAKE.....34 RAINWATER.....41 OTHER71 (SPECIFY)	122 122 122 122
121	How long does it take to go there, get water, and come back?	MINUTES..... <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div> ON PREMISES.....996 OK.....998	
122	Does your household get drinking water from this same source?	YES.....1 NO.....2	124

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
123	What is the source of drinking water for members of your household?	PIPED WATER PIPED INSIDE DWELLING UNIT ...11 PIPED INTO YARD/PLOT12 PUBLIC TAP.....13 WELL WATER PROTECTED WELL/BOREHOLE.....21 UNPROTECTED WELL.....22 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/DAM33 LAKE.....34 RAINWATER.....41 OTHER71 (SPECIFY)																
124	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT LATRINE TRADITIONAL PIT LATRINE.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY31 OTHER41 (SPECIFY)																
125	Does your household have:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Electricity?</td> <td>.....1</td> <td>2</td> </tr> <tr> <td>A radio?</td> <td>.....1</td> <td>2</td> </tr> <tr> <td>A paraffin lamp?</td> <td>.....1</td> <td>2</td> </tr> </table>		YES	NO	Electricity?1	2	A radio?1	2	A paraffin lamp?1	2				
	YES	NO																
Electricity?1	2																
A radio?1	2																
A paraffin lamp?1	2																
126	How many rooms in all of the dwelling units of your household are used for sleeping?	ROOMS..... <input type="text"/>																
127	Does any member of your household own:	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>A bicycle?</td> <td>.....1</td> <td>2</td> </tr> <tr> <td>A motorcycle?</td> <td>.....1</td> <td>2</td> </tr> <tr> <td>A car?</td> <td>.....1</td> <td>2</td> </tr> <tr> <td>An oxcart?</td> <td>.....1</td> <td>2</td> </tr> </table>		YES	NO	A bicycle?1	2	A motorcycle?1	2	A car?1	2	An oxcart?1	2	
	YES	NO																
A bicycle?1	2																
A motorcycle?1	2																
A car?1	2																
An oxcart?1	2																
128A	At your own house, what is the main material that the floor is made from? NOTE: IF HIS HOUSEHOLD LIVES IN MORE THAN ONE DWELLING UNIT AND THE DWELLING UNITS DIFFER IN FLOOR MATERIALS, ASK FOR THE FLOOR MATERIAL OF THE THE DWELLING OF THE HEAD OF HOUSEHOLD.	MUD/EARTH FLOOR11 FINISHED FLOOR CEMENT31 BRICKS32 WOOD.....33 TILES34 OTHER41 (SPECIFY)																
128B	At your own house, what is the main material that the roof is made from? NOTE: IF HIS HOUSEHOLD LIVES IN MORE THAN ONE DWELLING UNIT AND THE DWELLING UNITS DIFFER IN ROOF MATERIALS, ASK FOR THE ROOF MATERIAL OF THE THE DWELLING OF THE HEAD OF HOUSEHOLD.	GRASS THATCH.....1 IRON SHEETS.....2 IRON AND TILES.....3 ASBESTOS4 CEMENT.....5 WOOD.....6 OTHER7 (SPECIFY)																

SECTION 2 MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
201	Have you ever been married or lived with a woman?	YES.....1 NO.....2	301
202	Are you now married or living with a woman, or are you now widowed, divorced, or no longer living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 SEPARATED.....5	204
203	How many wives do you have? CHECK CONSISTENCY WITH COVER PAGE	NUMBER.....	
204	In what month and year did you start living with your (first) wife/partner?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
205	How old were you when you started living with her?	AGE..... DK AGE.....98	
206	CHECK 204 AND 205: YEAR AND AGE GIVEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		301
207	CHECK CONSISTENCY OF 204 AND 205:		
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>YEAR OF BIRTH (105) <input type="text"/></p> <p>PLUS +</p> <p>AGE AT MARRIAGE (205) <input type="text"/></p> <p>=</p> <p>CALCULATED YEAR OF MARRIAGE <input type="text"/></p> </div> <div style="width: 45%; border: 1px solid black; padding: 5px;"> <p>IF NECESSARY, CALCULATE YEAR OF BIRTH</p> <p>CURRENT YEAR <input type="text"/> <input type="text"/></p> <p>MINUS -</p> <p>CURRENT AGE (106) <input type="text"/> <input type="text"/></p> <p>=</p> <p>CALCULATED YEAR OF BIRTH <input type="text"/> <input type="text"/></p> </div> </div> <p>IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (204) ?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>CONTINUE TO 301 <input type="checkbox"/> → PROBE AND CORRECT 204 AND 205.</p>			

SECTION 3. METHODS OF CHILDSPACING

301 Now I would like to talk about childspacing - 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, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 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 any partner?	304 Do you know where a person could go to get (METHOD)?
01 <u>PILL</u> Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02 <u>IUCD</u> Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03 <u>INJECTIONS</u> Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04 <u>DIAPHRAGM,FOAM,JELLY</u> Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05 <u>CONDOM</u> Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06 <u>FEMALE STERILIZATION</u> Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
07 <u>MALE STERILIZATION</u> Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
08 <u>NATURAL METHOD</u> Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use the natural method? YES.....1 NO.....2
09 <u>WITHDRAWAL</u> Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
10 Have you heard of any other ways or methods that women or men can use to delay or avoid pregnancy? 1 _____ (SPECIFY) 2 _____ (SPECIFY) 3 _____ (SPECIFY)	YES/SPONT.....1 NO.....3	YES.....1 NO.....2 YES.....1 NO.....2 YES.....1 NO.....2	
305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> → SKIP TO 308			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you or (your wife/partner) ever tried in any way to delay or avoid having a baby?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	317
307	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
308	CHECK 303: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		310A
309	Are you or your wife (or partner) currently doing something or using any method to delay or avoid having a baby?	YES.....1 NO.....2	317
310	Which method are you using?	PILL.....01 IUCD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 NATURAL METHOD.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	316
310A	DO NOT ASK THE QUESTION BELOW IF MAN NOT STERILIZED. You have said that you had an operation that keeps you from ever making a woman pregnant. Is that correct? IF RESPONDENT SAYS "NO", CORRECT 303-305 (AND 302 IF NECESSARY). IF RESPONDENT SAYS "YES", CIRCLE '07' FOR MALE STERILIZATION.		
311	CHECK 310: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/> Where did the sterilization take place? (NAME OF PLACE) Where did you obtain (METHOD) the last time?	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 PRIMARY HEALTH CENTRE.....12 DISPENSARY/MATERNITY CLINIC.....13 MOBILE CLINIC.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....21 PRIVATE HEALTH CENTRE.....22 DISPENSARY/MATERNITY CLINIC.....23 MOBILE CLINIC.....24 PRIVATE DOCTOR.....25 OTHER PRIVATE SECTOR SHOP/PHARMACY.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....41 (SPECIFY) DK.....98	314
312	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 HOURS.....2 DK.....9998	
313	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	

314	CHECK 310: SHE/HE STERILIZED <input type="checkbox"/>	USING ANOTHER METHOD <input type="checkbox"/>	→316
315	In what month and year was the sterilization operation performed?	MONTH..... YEAR.....	→327
316	For how many months have you been using (CURRENT METHOD) continuously? IF LESS THAN 1 MONTH, RECORD '00'.	MONTHS..... 8 YEARS OR LONGER.....96	→322
317	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	→319 →323
318	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 OTHER RELATIVES OPPOSED.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 SOURCE TOO FAR AWAY.....07 METHODS ARE UNAVAILABLE.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC/GOD'S WILL.....10 COSTS TOO MUCH.....11 INFREQUENT SEX.....12 CAN NOT GET WIFE PREGNANT.....13 WIFE INFECUND.....14 INCONVENIENT.....15 NOT MARRIED.....16 OTHER.....17 (SPECIFY) DK.....98	→323
319	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DK.....8	
320	When you start using a method, which method would you prefer to use?	PILL.....01 IUCD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 NATURAL METHOD.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY) UNSURE.....98	→323
321	Where can you get (METHOD MENTIONED IN 320)? (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 PRIMARY HEALTH CENTRE.....12 DISPENSARY/MATERNITY CLINIC.....13 MOBILE CLINIC.....14 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL.....21 PRIVATE HEALTH CENTRE.....22 DISPENSARY/MATERNITY CLINIC.....23 MOBILE CLINIC.....24 PRIVATE DOCTOR.....25 OTHER PRIVATE SECTOR SHOP/PHARMACY.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....41 (SPECIFY) DK.....98	→325 →327 →325 →327 →325 →327 →325 →327 →325 →327 →323

322

CHECK 310:

 USING NATURAL METHOD,
 WITHDRAWAL, OR OTHER
 TRADITIONAL METHOD
 ☐

 USING A MODERN
 METHOD
 ☐

327

323

Do you know of a place where you can obtain a method of childspacing?

YES.....1

NO.....2 → 327

324

Where is that?

 PUBLIC SECTOR
 GOVERNMENT HOSPITAL.....11
 PRIMARY HEALTH CENTRE.....12
 DISPENSARY/MATERNITY CLINIC...13
 MOBILE CLINIC.....14 → 327

 MEDICAL PRIVATE SECTOR
 PRIVATE HOSPITAL21
 PRIVATE HEALTH CENTRE.....22
 DISPENSARY/MATERNITY CLINIC...23
 MOBILE CLINIC.....24 → 327
 PRIVATE DOCTOR.....25

 OTHER PRIVATE SECTOR
 SHOP/PHARMACY.....31
 CHURCH.....32
 FRIENDS/RELATIVES.....33 → 327
 OTHER41
 (SPECIFY)

(NAME OF PLACE)

325

How long does it take to travel from your home to this place?

MINUTES.....1

HOURS.....2

IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.

DK.....9998

326

Is it easy or difficult to get there?

EASY.....1

DIFFICULT.....2

327

In the last month, have you heard a message about childspacing on the radio?

YES.....1

NO.....2

328

Is it acceptable or not acceptable to you for child-spacing information to be provided on the radio?

ACCEPTABLE.....1

NOT ACCEPTABLE.....2

DK.....8

329

CHECK 302 (CONDOM):

EVER HEARD OF THE CONDOM

NEVER HEARD OF THE CONDOM

401

330

Have you seen or heard any advertisement in the last month about the condom?

YES.....1

NO.....2 → 332

331

Where did you see or hear the advertisement?

 RADIO.....A
 NEWSPAPER.....B
 MAGAZINE.....C
 POSTERS.....D
 CAN NOT REMEMBER.....E
 OTHERF
 (SPECIFY)

CIRCLE ALL MENTIONED

332	CHECK 310:	SKIP TO
	NOT CURRENTLY USING CONDOM <input type="checkbox"/>	CURRENTLY USING CONDOM <input type="checkbox"/> → 401

333 Where can someone go to get condoms?

(NAME OF PLACE)

PUBLIC SECTOR	
GOVERNMENT HOSPITAL.....	11
PRIMARY HEALTH CENTRE.....	12
DISPENSARY/MATERNITY CLINIC...	13
MOBILE CLINIC.....	14
MEDICAL PRIVATE SECTOR	
PRIVATE HOSPITAL	21
PRIVATE HEALTH CENTRE.....	22
DISPENSARY/MATERNITY CLINIC...	23
MOBILE CLINIC.....	24
PRIVATE DOCTOR.....	25
OTHER PRIVATE SECTOR	
SHOP/PHARMACY.....	31
CHURCH.....	32
FRIENDS/RELATIVES.....	33
OTHER	41
(SPECIFY)	
OK.....	98

M 10

SECTION 4. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
401	How many own sons do you have who are still alive? IF NONE, RECORD '00'	NUMBER OF OWN SONS..... <input type="text"/> <input type="text"/>	
402	How many own daughters do you have who are still alive? IF NONE, RECORD '00'	NUMBER OF OWN DAUGHTERS.. <input type="text"/> <input type="text"/>	
403	CHECK 310: NEITHER <input type="checkbox"/> HE OR SHE <input type="checkbox"/> STERILIZED		→406
404	Now I have some questions about the future. Would you like to have another (a) child or would you prefer to have (no more children/no children)?	HAVE ANOTHER (A) CHILD.....1 NO MORE/NONE.....2 NO MORE AFTER THIS PREGNANCY...3 SAYS WIFE CAN'T GET PREGNANT...4 UNDECIDED OR DK.....5	→409
405	How long would you like to wait before the birth of another (a) child?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> SOON/NOW.....994 SAYS WIFE CAN'T GET PREGNANT..995 OTHER.....996 (SPECIFY) DK.....998	→409
406	Given your present circumstances, if you had to do it over again, do you think (you/your wife or partner) would make the same decision to have an operation not to have any more children?	YES.....1 NO.....2	
407	Do you regret that (you/your wife or partner) had the operation not to have any (more) children?	YES.....1 NO.....2	→414
408	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILDO..1 PARTNER WANTS ANOTHER CHILD....2 SIDE EFFECTS.....3 OTHER REASON.....4 (SPECIFY)	→414
409	CHECK 202: CURRENTLY MARRIED OR LIVING <input type="checkbox"/> TOGETHER NOT MARRIED/ NOT LIVING <input type="checkbox"/> TOGETHER		→414
410	Do you think that your (wife/partner) approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8	

NO.	QUESTIONS AND FILTERS	COOING CATEGORIES	SKIP TO
411	How often have you talked to your (wife/partner) about childspacing in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
412	Have you and your (wife/partner) ever discussed the number of children you would like to have?	YES.....1 NO.....2	
413	Do you think your (wife/partner) wants the <u>same</u> number of children that you want, or does she want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DK.....8	
414	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS.....1 YEARS.....2 OTHER _____ 996 (SPECIFY)	
415	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2	
416	In general, do you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2	
417	CHECK 401 and 402: HAS LIVING CHILD(REN) <input type="checkbox"/> v 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? NO LIVING CHILDREN <input type="checkbox"/> v If you could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... OTHER ANSWER _____ 96 (SPECIFY)	
418	What do you think is the best number of months or years between the birth of one child and the birth of the next child?	MONTHS.....1 YEARS.....2 OTHER _____ 996 (SPECIFY)	

M 12

SECTION 5. AIDS KNOWLEDGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Now I have a few questions about a very important topic. Have you heard of an illness called AIDS?	YES.....1 NO.....2	601
502	From which sources of information or persons have you heard about AIDS in the last month? CIRCLE ALL MENTIONED.	RADIO.....A NEWSPAPERS.....B HEALTH WORKERS.....C MOSQUES/CHURCHES.....D FRIENDS/RELATIVES.....E SCHOOLS/QUARAN TEACHERS.....F BOOKLETS/PAMPHLETS/POSTERS.....G COMMUNITY MEETINGS.....H OTHER.....I (SPECIFY) NONE.....J	
503	How is AIDS transmitted? CIRCLE ALL MENTIONED.	SEXUAL INTERCOURSE.....A NEEDLES/BLADES/SKIN PUNCTURES...B MOTHER TO CHILD.....C TRANSFUSION OF INFECTED BLOOD...D OTHER.....E (SPECIFY) DON'T KNOW.....F	
504	Do you think that you can get AIDS from shaking hands with someone who has AIDS? hugging someone who has AIDS? kissing someone who has AIDS? wearing the clothes of someone who has AIDS? sharing eating utensils with someone who has AIDS? stepping on the urine or stool of someone with AIDS? mosquito, flea or bedbug bites?	YES NO DK HANDSHAKING.....1 2 8 HUGGING.....1 2 8 KISSING.....1 2 8 SHARING CLOTHES.....1 2 8 SHARING EATING UTENSILS....1 2 8 STEPPING ON URINE/STOOL....1 2 8 MOSQUITO/FLEA/BEDBUG BITES.1 2 8	
505	Is it possible for a healthy looking person to be infected with the AIDS virus?	YES.....1 NO.....2 DK.....8	
506	Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?	YES.....1 NO.....2 DK.....8	
507	Can a person protect himself or herself from getting AIDS?	YES1 NO2	509
508	How can a person protect himself of herself from getting AIDS? CIRCLE ALL MENTIONED	DO NOT HAVE SEX AT ALLA LIMIT NO. SEXUAL PARTNERSB USE CONDOMS DURING SEXC STERILIZE SYRINGES/NEEDLES.....D AVOID PROSTITUTES.....E OTHER.....F (SPECIFY)	
509	If your relative is suffering with AIDS, who would you prefer to care for him or her?	RELATIVES/FRIENDS.....1 GOVERNMENT FACILITY.....2 RELIGIOUS ORG./MISSION.....3 NOBODY/ABANDON.....4 OTHER.....5 (SPECIFY)	

SECTION 6. MATERNAL MORTALITY

601	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere, and those who have died.</p> <p>How many children did your mother give birth to, including yourself?</p>	<p>NUMBER OF BIRTHS TO NATURAL MOTHER..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></p>
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602	<p>CHECK 601:</p> <p style="text-align: center;">TWO OR MORE BIRTHS <input style="width:20px;" type="checkbox"/></p>	<p style="text-align: center;">ONLY ONE BIRTH (RESPONDENT ONLY) <input style="width:20px;" type="checkbox"/> → SKIP TO END</p>
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603	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS..... <input style="width:20px;" type="text"/> <input style="width:20px;" type="text"/></p>
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	[1]	[2]	[3]	[4]	[5]	[6]	[7]
604 What was the name given to your oldest (next oldest) brother or sister?	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>	<div style="border-bottom: 1px solid black; height: 1.2em; width: 100%;"></div>
605 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
606 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 608< DK.....8 GO TO [2]<	YES.....1 NO.....2 GO TO 608< DK.....8 GO TO [3]<	YES.....1 NO.....2 GO TO 608< DK.....8 GO TO [4]<	YES.....1 NO.....2 GO TO 608< DK.....8 GO TO [5]<	YES.....1 NO.....2 GO TO 608< DK.....8 GO TO [6]<	YES.....1 NO.....2 GO TO 608< DK.....8 GO TO [7]<	YES.....1 NO.....2 GO TO 608< DK.....8 GO TO [8]<
607 How old is (NAME)?	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> GO TO [2]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> GO TO [3]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> GO TO [4]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> GO TO [5]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> GO TO [6]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> GO TO [7]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> GO TO [8]
608 How many years ago did (NAME) die?	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
609 How old was (NAME) when she/he died?	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [2]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [3]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [4]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [5]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [6]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [7]	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [8]
610 Was (NAME) pregnant when she died?	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2
611 Did (NAME) die during childbirth?	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2	YES.....1 GO TO 613< NO.....2
612 Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO [2]<	YES.....1 NO.....2 GO TO [3]<	YES.....1 NO.....2 GO TO [4]<	YES.....1 NO.....2 GO TO [5]<	YES.....1 NO.....2 GO TO [6]<	YES.....1 NO.....2 GO TO [7]<	YES.....1 NO.....2 GO TO [8]<
613 How many children had (NAME) given birth to before that pregnancy?	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>

	[8]	[9]	[10]	[11]	[12]	[13]	[14]
604 What was the name given to your oldest (next oldest) brother or sister?	-----	-----	-----	-----	-----	-----	-----
605 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
606 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [9]<	YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [10]<	YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [11]<	YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [12]<	YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [13]<	YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [14]<	YES.....1 NO.....2 GO TO 608<] DK.....8 GO TO [15]<
607 How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]	<input type="text"/> <input type="text"/> GO TO [14]	<input type="text"/> <input type="text"/> GO TO [15]
608 How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
609 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [9]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [10]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [11]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [12]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [13]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [14]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 10 YEARS OF AGE GO TO [15]
610 Was (NAME) pregnant when she died?	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2
611 Did (NAME) die during childbirth?	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2	YES.....1 GO TO 613<] NO.....2
612 Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO [9]<	YES.....1 NO.....2 GO TO [10]<	YES.....1 NO.....2 GO TO [11]<	YES.....1 NO.....2 GO TO [12]<	YES.....1 NO.....2 GO TO [13]<	YES.....1 NO.....2 GO TO [14]<	YES.....1 NO.....2 GO TO [15]<
613 How many children had (NAME) given birth to before that pregnancy?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

614	RECORD THE TIME.	HOUR.....	<input type="text"/> <input type="text"/>
		MINUTES.....	<input type="text"/> <input type="text"/>

INTERVIEWER'S OBSERVATIONS
(To be filled in after completing interview)

Comments About Respondent:

Comments on Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor:

Date:

EDITOR'S OBSERVATIONS

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