

**APPENDIX E**

**QUESTIONNAIRES**



UNITED REPUBLIC OF TANZANIA  
BUREAU OF STATISTICS, PLANNING COMMISSION  
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY

HOUSEHOLD SCHEDULE

IDENTIFICATION				
NAME OF HOUSEHOLD HEAD _____				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>
TDHS CLUSTER ID.....				
HOUSEHOLD NO.....				
REGION _____				
DISTRICT _____				
WARD _____				
ENUMERATION AREA _____				
URBAN/RURAL (urban=1, rural=2).....				<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE..... (large city=1, small city=2, town=3, countryside=4)				<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>
HOUSEHOLD SELECTED FOR MALE SURVEY (1=YES, 2=NO)				<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>
				MONTH <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>
				YEAR <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>
INTERVIEWER'S NAME				ID NO. <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>
RESULT*				RESULT <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>
NEXT VISIT:      DATE			<div style="border: 1px solid black; width: 40px; height: 40px; background: repeating-linear-gradient(45deg, transparent, transparent 2px, black 2px, black 4px);"></div>	TOTAL NUMBER OF VISITS <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>
TIME				
<b>*RESULT CODES:</b> 1 COMPLETED 2 HOUSEHOLD PRESENT BUT NO COMPETENT RESP. AT HOME 3 HOUSEHOLD ABSENT 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center; margin-top: 5px;">(SPECIFY)</div>				TOTAL IN HOUSEHOLD <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>  TOTAL ELIGIBLE WOMEN <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>  TOTAL ELIGIBLE MEN <div style="display: inline-block; border: 1px solid black; width: 30px; height: 30px; vertical-align: middle;"></div>
NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
DATE				<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px;"></div> </div>

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

NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE			AGE	EDUCATION			PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD				ELIGIBILITY	
				Is (NAME) usually live here?	Does (NAME) sleep here last night?	Did (NAME) sleep here last night?		How old is (NAME)?	Has (NAME) ever been to school?	What is the highest formal school (NAME) completed?	IF AGED LESS THAN 25 YEARS	Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER***	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER***	WOMEN
(1)	(2)	(3)	M F	YES NO	YES NO	IN YEARS	YES NO		YES NO	YES NO DK		YES NO DK		(15)	(16)	
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	
09			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		09	09	
10			1 2	1 2	1 2		1 2		1 2	1 2 8		1 2 8		10	10	

## HOUSEHOLD SCHEDULE CONTINUED

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

TICK HERE IF CONTINUATION SHEET USED ☐

TOTAL NUMBER OF ELIGIBLE:

WOMEN	MEN
<input type="text"/>	<input type="text"/>

LINE NUMBER OF RESPONDENT TO HOUSEHOLD SCHEDULE:

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 TABLENO ☐

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 TABLENO ☐

3) Do you have any guests or temporary visitors staying here, here, or anyone else who slept here last night?

YES ☐ ENTER EACH IN TABLENO ☐

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

01= HEAD	05= GRANDCHILD	09= OTHER RELATIVE
02= WIFE OR HUSBAND	06= PARENT	10= ADOPTED/FOSTER CHILD
03= SON OR DAUGHTER	07= PARENT-IN-LAW	11= NOT RELATED
04= SON OR DAUGHTER-IN-LAW	08= BROTHER OR SISTER	98= DK

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

00= LESS THAN 1 YEAR COMPLETED	05= STANDARD5	09= FORM1	13= FORM5
01= STANDARD1	06= STANDARD6	10= FORM2	14= FORM6
02= STANDARD2	07= STANDARD7	11= FORM3	15= UNIVERSITY
03= STANDARD3	08= STANDARD8	12= FORM4	98= DONT KNOW

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
17	What is the source of water your household uses for handwashing and dishwashing?	PIPED INTO HOUSE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL IN RESIDENCE/YARD/PLOT.....21 PUBLIC WELL.....22 SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAIN WATER.....41 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)	18 18 18
18	How long does it take to go there, get water, and come back?	MINUTES..... ON PREMISES.....996	
19	Does your household get drinking water from this same source?	YES.....1 NO.....2	21
20	What is the source of drinking water for members of your household?	PIPED INTO HOUSE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL IN RESIDENCE/YARD/PLOT.....21 PUBLIC WELL.....22 SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAIN WATER.....41 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)	21 21 21
21	How long does it take to go there, get water, and come back?	MINUTES..... ON PREMISES.....996	
22	What kind of toilet facility does your household have?	OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 TRADITIONAL PIT TOILET.....21 VENTILATED PIT LATRINE.....22 NO FACILITY/BUSH/FIELD.....31	
23	Does your household have:	YES NO Electricity?.....1 2 A radio?.....1 2 A television?.....1 2 A refrigerator?.....1 2	
24	How many rooms in your household are used for sleeping?	ROOMS.....	
25	MAIN MATERIAL OF THE FLOOR.	EARTH/SAND.....11 WOOD PLANKS.....21 PARQUET OR POLISHED WOOD.....31 CERAMIC TILES.....32 CEMENT.....33 OTHER.....41 (SPECIFY)	
26	Does any member of your household own:	YES NO A bicycle?.....1 2 A motorcycle?.....1 2 A car?.....1 2	

UNITED REPUBLIC OF TANZANIA  
BUREAU OF STATISTICS, PLANNING COMMISSION  
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY  
INDIVIDUAL QUESTIONNAIRE  
FEMALE

IDENTIFICATION				
NAME OF HOUSEHOLD HEAD _____				<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div> </div>
TDHS CLUSTER ID.....				
HOUSEHOLD NO.....				
REGION _____				
DISTRICT _____				
WARD _____				
ENUMERATION AREA _____				
URBAN/RURAL (urban=1, rural=2).....				
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE..... (large city=1, small city=2, town=3, countryside=4)				
NAME AND LINE NUMBER OF FEMALE RESPONDENT _____				<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>
NAME AND LINE NUMBER OF HUSBAND _____				<div style="border: 1px solid black; width: 30px; height: 30px; margin: 2px;"></div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR
INTERVIEWER'S NAME	_____	_____	_____	ID NO.
RESULT*	_____	_____	_____	RESULT
NEXT VISIT: DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; vertical-align: middle;"></div>
TIME	_____	_____	_____	
<div style="display: flex; justify-content: space-between;"> <div> <b>*RESULT CODES:</b>            1 COMPLETED            2 NOT AT HOME            3 POSTPONED         </div> <div>           4 REFUSED            5 PARTLY COMPLETED            6 OTHER _____         </div> </div>				
(SPECIFY)				
NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
DATE	_____	_____	_____	<div style="border: 1px solid black; width: 30px; height: 30px; display: inline-block; vertical-align: middle;"></div>

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 your background. For most of the time until you were 12 years old, did you live in Dar es Salaam city, another urban area, or in the rural area?	CITY (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..... ALWAYS.....95 VISITOR.....96	105
104	Just before you moved here, did you live in Dar es Salaam city, another urban area, or in the rural area?	CITY (DAR ES SALAAM).....1 OTHER URBAN AREA.....2 RURAL AREA/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	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	111
110	What is the highest formal school you completed?	LESS THAN 1 YEAR.....00 STANDARD1.....01 STANDARD2.....02 STANDARD3.....03 STANDARD4.....04 STANDARD5.....05 STANDARD6.....06 STANDARD7.....07 STANDARD8.....08 FORM1.....09 FORM2.....10 FORM3.....11 FORM4.....12 FORM5.....13 FORM6.....14 UNIVERSITY.....15 OTHER.....16 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
111	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
112	Do you usually watch television at least once a week?	YES.....1 NO.....2	
113	What is your religion?	MOSLEM.....1 CATHOLIC.....2 PROTESTANT.....3 NONE.....4 OTHER.....5 (SPECIFY)	
114	To which tribe do you belong?  IF NOT A TANZANIAN CITIZEN, RECORD COUNTRY OF CITIZENSHIP.	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
115	CHECK Q.5 IN THE HOUSEHOLD SCHEDULE:  THE RESPONDENT IS NOT A USUAL RESIDENT OF THE HH <input type="checkbox"/> THE RESPONDENT IS A USUAL RESIDENT OF THE HH <input type="checkbox"/>		→201
116	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 the rural area?  IF OTHER URBAN AREA: In which town do you live?*	CITY (DAR ES SALAAM).....1 LARGE URBAN AREA.....2 SMALL URBAN AREA.....3 RURAL AREA/VILLAGE.....4	
117	In which region is that located?  IF USUAL RESIDENCE IS OUTSIDE OF TANZANIA, RECORD COUNTRY OF RESIDENCE.	REGION <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
118	Now I would like to ask you about the household in which you usually live?  What is the source of water your household uses for handwashing and dishwashing?	PIPED INTO HOUSE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL IN RESIDENCE/YARD/PLOT.....21 PUBLIC WELL.....22 SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAIN WATER.....41 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)	→120 →120 →120 →120 →120
119	How long does it take to go there, get water, and come back?	MINUTES..... <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> ON PREMISES.....996	
120	Does your household get drinking water from this same source?	YES.....1 NO.....2	→123

\* Q.116 LARGE URBAN AREAS ARE MWANZA, ARUSHA, MOROGORO, DOGWA, MOSHI, TANGA, IRINGA, MBEYA, TABORA AND ZANZIBAR. SMALL URBAN AREAS ARE ALL OTHER TOWNS.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
121	What is the source of drinking water for members of your household?	PIPED INTO HOUSE/YARD/PLOT.....11 PUBLIC TAP.....12 WELL IN RESIDENCE/YARD/PLOT.....21 PUBLIC WELL.....22 SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 DAM.....34 RAIN WATER.....41 TANKER TRUCK.....51 OTHER.....71 (SPECIFY)	123 123 123															
122	How long does it take to go there, get water, and come back?	MINUTES..... ON PREMISES.....996																
123	What kind of toilet facility does your household have?	OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 TRADITIONAL PIT TOILET.....21 VENTILATED PIT LATRINE.....22 NO FACILITY/BUSH/FIELD.....31																
124	Does your household have:	<table border="1"> <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>A radio?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A television?</td> <td>1</td> <td>2</td> </tr> <tr> <td>A refrigerator?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Electricity?	1	2	A radio?	1	2	A television?	1	2	A refrigerator?	1	2	
	YES	NO																
Electricity?	1	2																
A radio?	1	2																
A television?	1	2																
A refrigerator?	1	2																
125	How many rooms in your household are used for sleeping?	ROOMS.....																
126	Could you describe the main material of the floor of your home?	EARTH/SAND.....11 WOOD PLANKS.....21 PARQUET OR POLISHED WOOD.....31 CERAMIC TILES.....32 CEMENT.....33 OTHER.....41 (SPECIFY)																
127	Does any member of your household own:	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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> </tbody> </table>		YES	NO	A bicycle?	1	2	A motorcycle?	1	2	A car?	1	2				
	YES	NO																
A bicycle?	1	2																
A motorcycle?	1	2																
A car?	1	2																

# SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204				
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206				
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208				
207	In all, 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 RECORD 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 ____ live births during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY						
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →223						

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	219	220
What name was given to your (first,next) baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS	IF ALIVE: Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live?  IF 15+: GO TO NEXT BIRTH	IF DEAD: How old was he/she when he/she died?  IF "1 YR.", PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.

01 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS  	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
02 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS  	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
03 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS  	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
04 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS  	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
05 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS  	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
06 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS  	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3
07 (NAME)	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 220	AGE IN YEARS  	YES.....1 (GO TO NEXT BIRTH)← NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3

212 What name was given to your (first,next) baby?	213 RECORD SINGLE OR MULTIPLE BIRTH STATUS	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season was he/she born?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS	218 IF ALIVE: Is (NAME) living with you?	219 IF LESS THAN 15 YRS. OF AGE:  With whom does he/she live?  IF 15+: GO TO NEXT BIRTH	220 IF DEAD: How old was he/she when he/she died?  IF "1 YR.", PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.
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08  (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO....2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
09  (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO....2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
10  (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO....2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
11  (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO....2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>
12  (NAME)	SING...1 MULT...2	BOY...1 GIRL..2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO....2 ↓ 220	AGE IN YEARS <div><div></div><div></div></div>	YES.....1 (GO TO NEXT BIRTH) NO.....2	FATHER.....1 OTHER RELATIVE...2 SOMEONE ELSE.3 ↓ (GO NEXT BIRTH)	DAYS...1 MONTHS..2 YEARS...3 <div><div></div><div></div><div></div><div></div></div>

221 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS ARE SAME



NUMBERS ARE DIFFERENT



(PROBE AND RECONCILE)

CHECK: FOR EACH LIVE BIRTH: YEAR OF BIRTH IS RECORDED

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED

FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED

FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS

222 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1986  
IF NONE, ENTER 0.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
223	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	226
224	How many months pregnant are you?	MONTHS..... <input type="text"/> <input type="text"/>	
225	At the time you became pregnant, did you want to become pregnant then, did you want to wait until later, or did you not want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
226	How long ago did your last menstrual period start?	DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO.....2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO.....4 <input type="text"/> <input type="text"/> IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
227	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 DK.....8	301
228	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 OTHER.....5 (SPECIFY) DK.....8	

SECTION 3: CONTRACEPTION

<p>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?</p> <p>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.</p>			
	<p>302 Have you ever heard of (METHOD)?</p> <p>READ DESCRIPTION OF EACH METHOD.</p>	<p>303 Have you ever used (METHOD)?</p>	<p>304 Do you know where a person could go to get (METHOD)?</p>
01	<p>PILL Women can take a pill every day.</p> <p>YES/SPONT.....1          YES/PROBED.....2          NO.....3</p>	<p>YES.....1          NO.....2</p>	<p>YES.....1          NO.....2</p>
02	<p>IUD Women can have a loop or coil placed inside them by a doctor or a nurse.</p> <p>YES/SPONT.....1          YES/PROBED.....2          NO.....3</p>	<p>YES.....1          NO.....2</p>	<p>YES.....1          NO.....2</p>
03	<p>INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.</p> <p>YES/SPONT.....1          YES/PROBED.....2          NO.....3</p>	<p>YES.....1          NO.....2</p>	<p>YES.....1          NO.....2</p>
04	<p>DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.</p> <p>YES/SPONT.....1          YES/PROBED.....2          NO.....3</p>	<p>YES.....1          NO.....2</p>	<p>YES.....1          NO.....2</p>
05	<p>CONDOM Men can use a rubber sheath during sexual intercourse to avoid pregnancy. The rubber sheath is also used to prevent transmission of diseases such as AIDS and for cleanliness.</p> <p>YES/SPONT.....1          YES/PROBED.....2          NO.....3</p>	<p>YES.....1          NO.....2</p>	<p>YES.....1          NO.....2</p>
06	<p>FEMALE STERILIZATION Women can have an operation to avoid having any more children.</p> <p>YES/SPONT.....1          YES/PROBED.....2          NO.....3</p>	<p>Have you ever had an operation to avoid having any more children?          YES.....1          NO.....2</p>	<p>YES.....1          NO.....2</p>
07	<p>MALE STERILIZATION Men can have an operation to avoid having any more children.</p> <p>YES/SPONT.....1          YES/PROBED.....2          NO.....3</p>	<p>YES.....1          NO.....2</p>	<p>YES.....1          NO.....2</p>
08	<p>CALENDAR 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 become pregnant.</p> <p>YES/SPONT.....1          YES/PROBED.....2          NO.....3</p>	<p>YES.....1          NO.....2</p>	<p>Do you know where a person can obtain advice on how to use the calendar method?          YES.....1          NO.....2</p>
09	<p>MUCUS METHOD A women can observe daily the state of the mucus and avoid sexual intercourse at the time when the mucus is colorless and extremely elastic.</p> <p>YES/SPONT.....1          YES/PROBED.....2          NO.....3</p>	<p>YES.....1          NO.....2</p>	<p>Do you know where a person can obtain advice on how to observe changes in the mucus?          YES.....1          NO.....2</p>
10	<p>WITHDRAWAL Men can be careful and pull out before climax.</p> <p>YES/SPONT.....1          YES/PROBED.....2          NO.....3</p>	<p>YES.....1          NO.....2</p>	<p></p>

11	ANY OTHER METHODS	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	Have you ever used (METHOD)?	
1	(SPECIFY)	YES.....1 NO.....3	YES.....1 NO.....2	
2	(SPECIFY)		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
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	324
307	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
308	When you first did something or used a method to avoid getting pregnant, how many living children did you have at that time? IF NONE RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/>	
309	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		324
310	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		312A
311	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	324
312	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 CALENDAR.....08 MUCUS METHOD.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY)	318 323
312A	CIRCLE '06' FOR FEMALE STERILIZATION.		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
321	CHECK 312: SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/>		→323
322	In what month and year was the sterilization operation performed?	DATE MONTH..... YEAR.....	→334
323	For how many months have you been using (CURRENT METHOD) continuously? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS..... 8 YEARS OR LONGER.....96	→329
324	Do you intend to use a method to delay or avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	→326 →330
325	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 ILL HEALTH/HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 THINKS SHE CANNOT GET PREGNANT.....13 MENOPAUSAL/HAD HYSTERECTOMY.....14 INCONVENIENT.....15 NOT MARRIED.....16 OTHER.....17 (SPECIFY) DK.....98	→330
326	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DK.....8	
327	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 CALENDAR.....08 MUCUS METHOD.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY) UNSURE.....98	→330

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	Skip TO						
328	Where can you get (METHOD MENTIONED IN 327)?  _____ (NAME OF PLACE)	GOVERNMENT AND PARASTATAL CONSULTANT HOSPITAL.....11 REGIONAL HOSPITAL.....12 DISTRICT HOSPITAL.....13 HEALTH CENTRE.....14 DISPENSARY.....15 PARASTATAL HEALTH FACILITY.....16 VILLAGE HEALTH POST/WORKER.....17 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV. DOCTOR/CLINIC/HOSPITAL.....22 PHARMACY/MEDICAL STORE.....23 UMATI CBD WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 NEIGHBORS/RELATIVES.....32 OTHER.....41 (SPECIFY) DON'T KNOW.....98	330 332 332 332 332 334 332 332 334 334 332 334 332 334						
329	CHECK 312:  USING CALENDER, MUCUS METHOD WITHDRAWAL OR OTHER TRADITIONAL METHOD <input type="checkbox"/>  USING A MODERN METHOD <input type="checkbox"/>		334						
330	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	334						
331	Where is that?  _____ (NAME OF PLACE)	GOVERNMENT AND PARASTATAL CONSULTANT HOSPITAL.....11 REGIONAL HOSPITAL.....12 REGIONAL HOSPITAL.....12 DISTRICT HOSPITAL.....13 HEALTH CENTRE.....14 DISPENSARY.....15 PARASTATAL HEALTH FACILITY.....16 VILLAGE HEALTH POST/WORKER.....17 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV. DOCTOR/CLINIC/HOSPITAL.....22 PHARMACY/MEDICAL STORE.....23 UMATI CBD WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 NEIGHBORS/RELATIVES.....32 OTHER.....41 (SPECIFY)	334 334 334 334 334 334 334 334 334 332 334 334						
332	How long does it take to travel from your home to this place?  IF LESS THAN TWO HOURS, RECORD TRAVEL TIME IN MINUTES. OTHERWISE, RECORD TRAVEL TIME IN HOURS.	MINUTES.....1 HOURS.....2 DK.....9998	<table border="1"><tr><td></td><td></td><td></td></tr><tr><td>0</td><td></td><td></td></tr></table>				0		
0									
333	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2							
334	In the last month, have you heard or seen a message about family planning  on the radio? on television? from MCH aide? from neighbors/relatives? on posters?	RADIO.....1 TELEVISION.....1 MCH AIDE.....1 NEIGHBORS/RELATIVES.....1 POSTER.....1	YES NO 2 2 2 2 2 2 2 2 2 2						
335	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8							

## SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 222 : ONE OR MORE LIVE BIRTHS SINCE JAN. 1986 <input checked="" type="checkbox"/>	NO LIVE BIRTHS SINCE JAN. 1986 <input type="checkbox"/>	(SKIP TO 501)
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1986 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).  Now I would like to ask you some more questions about the health of children you had in the past five years. We will talk about one child at a time.		
	LINE NUMBER FROM Q. 212	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
	FROM Q. 212 AND Q. 216	LAST BIRTH NAME _____ ALIVE <input checked="" type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
		SECOND-FROM-LAST BIRTH NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	
403	At the time you became pregnant with (NAME), did you want to become pregnant then, did you want to wait until later or did you want no more children at all?	THEN.....1 (SKIP TO 405) <-----  LATER.....2  NO MORE.....3 (SKIP TO 405) <-----	THEN.....1 (SKIP TO 405) <-----  LATER.....2  NO MORE.....3 (SKIP TO 405) <-----
404	How much longer would you like to have waited?	MONTHS.....1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEARS.....2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....998	MONTHS.....1 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEARS.....2 <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....998
405	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?	YES.....1 NO.....2 (SKIP TO 411) <-----	YES.....1 NO.....2 (SKIP TO 411) <-----
406	Whom did you see for antenatal care?  Anyone else?  RECORD ALL PERSONS MENTIONED.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G OTHER.....H (SPECIFY)	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G OTHER.....H (SPECIFY)
		HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT..F TRADITIONAL BIRTH ATTENDANT.....G OTHER.....H (SPECIFY)	
407	Where did you go for this antenatal care?  RECORD ALL PLACES VISITED.	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C HEALTH POST.....D PARASTATAL HOSP/CLINIC...E PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN..F PRIVATE HOSPITAL/CLINIC..G HOME.....H	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C HEALTH POST.....D PARASTATAL HOSP/CLINIC...E PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN..F PRIVATE HOSPITAL/CLINIC..G HOME.....H
		GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C HEALTH POST.....D PARASTATAL HOSP/CLINIC...E PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN..F PRIVATE HOSPITAL/CLINIC..G HOME.....H	
408	Were you given an antenatal card for this pregnancy?	YES.....1 NO.....2	YES.....1 NO.....2
409	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....98	MONTHS..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....98
410	How many antenatal visits did you have during that pregnancy?	NO. OF VISITS..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....98	NO. OF VISITS..... <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> DK.....98

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
411	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 DK.....8 (SKIP TO 413)←	YES.....1 NO.....2 DK.....8 (SKIP TO 413)←	YES.....1 NO.....2 DK.....8 (SKIP TO 413)←
412	How many times did you get this injection?	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8	TIMES..... <input type="text"/> DK.....8
413	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT AND PARASTATAL HOSPITAL.....21 HEALTH CENTRE.....22 DISPENSARY.....23 PARASTATAL HOSP/CLINIC.....24 PRIVATE SECTOR RELIGIOUS ORG HOSP/CLIN.....31 PRIVATE HOSPITAL/CLINIC.....32 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT AND PARASTATAL HOSPITAL.....21 HEALTH CENTRE.....22 DISPENSARY.....23 PARASTATAL HOSP/CLINIC.....24 PRIVATE SECTOR RELIGIOUS ORG HOSP/CLIN.....31 PRIVATE HOSPITAL/CLINIC.....32 OTHER.....41 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 GOVERNMENT AND PARASTATAL HOSPITAL.....21 HEALTH CENTRE.....22 DISPENSARY.....23 PARASTATAL HOSP/CLINIC.....24 PRIVATE SECTOR RELIGIOUS ORG HOSP/CLIN.....31 PRIVATE HOSPITAL/CLINIC.....32 OTHER.....41 (SPECIFY)
414	Who assisted with the delivery of (NAME)?  Anyone else?  RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT.....F TRADITIONAL BIRTH ATTENDANT.....G NEIGHBORS/RELATIVES.....H OTHER.....I (SPECIFY) NO ONE.....J	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT.....F TRADITIONAL BIRTH ATTENDANT.....G NEIGHBORS/RELATIVES.....H OTHER.....I (SPECIFY) NO ONE.....J	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRAINED BIRTH ATTENDANT.....F TRADITIONAL BIRTH ATTENDANT.....G NEIGHBORS/RELATIVES.....H OTHER.....I (SPECIFY) NO ONE.....J
415	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8	ON TIME.....1 PREMATURELY.....2 DK.....8
416	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
417	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DK.....8
418	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 420)←	YES.....1 NO.....2 (SKIP TO 421)←	YES.....1 NO.....2 (SKIP TO 421)←
419	How much did (NAME) weigh?  RECORD FROM MCH CARD IF AVAILABLE.	KILOGRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> DK.....998	KILOGRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> DK.....998	KILOGRAMS..... <input type="text"/> <input type="text"/> <input type="text"/> DK.....998

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
420	Has your period returned since the birth of (NAME)?	YES .....1 (SKIP TO 422)← NO.....2 (SKIP TO 423)←		
421	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 425)←	YES.....1 NO.....2 (SKIP TO 425)←
422	For how many months after the birth of (NAME) did you not have a period?	MONTHS..... DK.....98	MONTHS..... DK.....98	MONTHS..... DK.....98
423	CHECK 223: WOMAN PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 425)		
424	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 426)←		
425	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS..... DK.....98	MONTHS..... DK.....98	MONTHS..... DK.....98
426	Did you ever breastfeed (NAME)?	YES.....1 (SKIP TO 428)← NO.....2	YES.....1 (SKIP TO 435)← NO.....2	YES.....1 (SKIP TO 435)← NO.....2
427	Why did you not breastfeed (NAME)?	MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM.....4 INSUFFICIENT MILK.....5 MOTHER WORKING.....6 CHILD REFUSED.....7 OTHER.....8 (SPECIFY) (SKIP TO 437)←	MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM.....4 INSUFFICIENT MILK.....5 MOTHER WORKING.....6 CHILD REFUSED.....7 OTHER.....8 (SPECIFY) (SKIP TO 437)←	MOTHER ILL/WEAK.....1 CHILD ILL/WEAK.....2 CHILD DIED.....3 NIPPLE/BREAST PROBLEM.....4 INSUFFICIENT MILK.....5 MOTHER WORKING.....6 CHILD REFUSED.....7 OTHER.....8 (SPECIFY) (SKIP TO 437)←
428	How long after birth did you first put (NAME) to the breast?  IF LESS THAN 1 HOUR, RECORD '00'. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 DAYS.....2		

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH																											
		NAME		NAME		NAME																											
429	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/>	DEAD <input type="checkbox"/> (SKIP TO 435)																														
430	Are you still breastfeeding (NAME)?	YES.....1	NO.....2 (SKIP TO 435)←																														
431	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS	<input type="text"/>																														
432	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS	<input type="text"/>																														
433	At any time yesterday or last night was (NAME) given any of the following?:  Plain water? Sugar water? Juice? Baby formula? Cow's milk? Tinned or powdered milk? Other liquids? Any solid or mushy food?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SUGAR WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BABY FORMULA.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRESH MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TINNED/POWDERED MILK..</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER LIQUIDS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SOLID/MUSHY FOOD.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	PLAIN WATER.....	1	2	SUGAR WATER.....	1	2	JUICE.....	1	2	BABY FORMULA.....	1	2	FRESH MILK.....	1	2	TINNED/POWDERED MILK..	1	2	OTHER LIQUIDS.....	1	2	SOLID/MUSHY FOOD.....	1	2				
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OTHER LIQUIDS.....	1	2																															
SOLID/MUSHY FOOD.....	1	2																															
434	CHECK 433 : FOOD OR LIQUID GIVEN YESTERDAY?	YES TO ONE OR MORE <input type="checkbox"/>	NO TO ALL <input type="checkbox"/> (SKIP TO 438)																														
435	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/>  UNTIL DIED.....96 (SKIP TO 438)←	MONTHS..... <input type="text"/>  UNTIL DIED.....96 (SKIP TO 438)←																														
436	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE.....08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER.....11 (SPECIFY)																														

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
437	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 439)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 439)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 439)
438	Was (NAME) ever given any water, or something else to drink or eat (other than breastmilk)?	YES.....1 NO.....2 (SKIP TO 444)←	YES.....1 NO.....2 (SKIP TO 444)←	YES.....1 NO.....2 (SKIP TO 444)←
439	How many months old was (NAME) when you started giving the following on a regular basis?:  Formula or milk other than breastmilk?  Plain water?  Other liquids?  Any solid or mushy food?  IF LESS THAN ONE MONTH, RECORD '00'.	AGE IN MONTHS..... NOT GIVEN.....96  AGE IN MONTHS..... NOT GIVEN.....96  AGE IN MONTHS..... NOT GIVEN.....96  AGE IN MONTHS..... NOT GIVEN.....96	AGE IN MONTHS..... NOT GIVEN.....96  AGE IN MONTHS..... NOT GIVEN.....96  AGE IN MONTHS..... NOT GIVEN.....96  AGE IN MONTHS..... NOT GIVEN.....96	AGE IN MONTHS..... NOT GIVEN.....96  AGE IN MONTHS..... NOT GIVEN.....96  AGE IN MONTHS..... NOT GIVEN.....96  AGE IN MONTHS..... NOT GIVEN.....96
440	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 444)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 444)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 444)
441	How many meals did (NAME) eat yesterday?	NUMBER OF MEALS..... DK.....8	NUMBER OF MEALS..... DK.....8	NUMBER OF MEALS..... DK.....8
442	Did (NAME) eat any other food such as ground nuts, sweet bananas, buns or other things or drink any soda yesterday?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
443	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DK.....8		
444	GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 445.			

## SECTION 48. IMMUNIZATION AND HEALTH

- 445 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1986 IN THE TABLE.  
ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS,  
USE ADDITIONAL FORMS).

LINE NUMBER FROM Q. 212	NAME	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH																																																																																																												
FROM Q. 212 AND Q. 216	NAME	NAME	NAME	NAME																																																																																																												
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>																																																																																																												
446	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 448)← YES, NOT SEEN.....2 (SKIP TO 450)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 448)← YES, NOT SEEN.....2 (SKIP TO 450)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 448)← YES, NOT SEEN.....2 (SKIP TO 450)← NO CARD.....3																																																																																																												
447	Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 450)← NO.....2	YES.....1 (SKIP TO 450)← NO.....2	YES.....1 (SKIP TO 450)← NO.....2																																																																																																												
448	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.  (2) WRITE '44' IN 'DAY' COLUMN, IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE RECORDED.	<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YR	BCG				D1				D2				D3				P1				P2				P3				MEA				<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YR	BCG				D1				D2				D3				P1				P2				P3				MEA				<table border="1"> <thead> <tr> <th></th> <th>DAY</th> <th>MO</th> <th>YR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>D1</td><td></td><td></td><td></td></tr> <tr><td>D2</td><td></td><td></td><td></td></tr> <tr><td>D3</td><td></td><td></td><td></td></tr> <tr><td>P1</td><td></td><td></td><td></td></tr> <tr><td>P2</td><td></td><td></td><td></td></tr> <tr><td>P3</td><td></td><td></td><td></td></tr> <tr><td>MEA</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YR	BCG				D1				D2				D3				P1				P2				P3				MEA			
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449	Has (NAME) received any vaccinations that are not recorded on this card?  RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT, POLIO AND/OR MEASLES VACCINATIONS.	YES.....1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448← NO.....2 DK.....8 (SKIP TO 452)←	YES.....1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448← NO.....2 DK.....8 (SKIP TO 452)←	YES.....1 PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 448← NO.....2 DK.....8 (SKIP TO 452)←																																																																																																												
450	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 452)← DK.....8	YES.....1 NO.....2 (SKIP TO 452)← DK.....8	YES.....1 NO.....2 (SKIP TO 452)← DK.....8																																																																																																												

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
451	<p>Please tell me if (NAME) (has) received any of the following vaccinations:</p> <p>A BCG vaccination against tuberculosis, that is, an injection in the right shoulder that left a scar?</p> <p>Polio vaccine, that is, drops in the mouth?</p> <p>IF YES: How many times?</p> <p>An injection against measles?</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>YES.....1 NO.....2 DK.....8</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>YES.....1 NO.....2 DK.....8</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>YES.....1 NO.....2 DK.....8</p>	<p>YES.....1 NO.....2 DK.....8</p> <p>YES.....1 NO.....2 DK.....8</p> <p>NUMBER OF TIMES..... <input type="text"/></p> <p>YES.....1 NO.....2 DK.....8</p>
452	Was (NAME) ever ill with measles?	<p>YES.....1 NO.....2</p>	<p>YES.....1 NO.....2</p>	<p>YES.....1 NO.....2</p>
453	CHECK 216: CHILD ALIVE?	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 455)</p>	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 455)</p>	<p>ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/></p> <p>(SKIP TO 455)</p>
454	GO BACK TO 446 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 485.			

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
455	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
456	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 460)← DK.....8	YES.....1 NO.....2 (SKIP TO 460)← DK.....8	YES.....1 NO.....2 (SKIP TO 460)← DK.....8
457	Has (NAME) been ill with a cough at any time in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
458	How long (has the cough lasted/did the cough last)? IF LESS THAN 1 DAY, RECORD '00'	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
459	When (NAME) had the illness with a cough, did he/she breathe faster than usual with short, rapid breaths?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
460	CHECK 455 AND 456: FEVER OR COUGH?	"YES" IN EITHER 455 OR 456 <input type="checkbox"/> OTHER ↓ (SKIP TO 465)	"YES" IN EITHER 455 OR 456 <input type="checkbox"/> OTHER ↓ (SKIP TO 465)	"YES" IN EITHER 455 OR 456 <input type="checkbox"/> OTHER ↓ (SKIP TO 465)
461	Was anything given to treat the fever/cough?	YES.....1 NO.....2 (SKIP TO 463)← DK.....8	YES.....1 NO.....2 (SKIP TO 463)← DK.....8	YES.....1 NO.....2 (SKIP TO 463)← DK.....8
462	What was given to treat the fever/cough? Anything else? RECORD ALL TREATMENTS MENTIONED.	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/HERBAL MEDICINE.....G OTHER (SPECIFY).....H	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/HERBAL MEDICINE.....G OTHER (SPECIFY).....H	INJECTION.....A ANTIBIOTIC (PILL OR SYRUP).....B ANTIMALARIAL (PILL OR SYRUP).....C COUGH SYRUP.....D OTHER PILL OR SYRUP.....E UNKNOWN PILL OR SYRUP.....F HOME REMEDY/HERBAL MEDICINE.....G OTHER (SPECIFY).....H
463	Did you seek advice or treatment for the fever/cough?	YES.....1 NO.....2 (SKIP TO 465)←	YES.....1 NO.....2 (SKIP TO 465)←	YES.....1 NO.....2 (SKIP TO 465)←
464	From whom or where did you seek advice or treatment? Anyone else? CIRCLE ALL PERSONS SEEN AND PLACES VISITED.	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER (SPECIFY).....K	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER (SPECIFY).....K	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER (SPECIFY).....K

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
465	Has (NAME) had diarrhea (three or more watery stools) in the last two weeks?	YES.....1 (SKIP TO 467) <.....2 NO.....2 DK.....8	YES.....1 (SKIP TO 467) <.....2 NO.....2 DK.....8	YES.....1 (SKIP TO 467) <.....2 NO.....2 DK.....8
466	GO BACK TO 446 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 485.			
467	Has (NAME) had diarrhea (three or more watery stools) in the last 24 hours?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
468	How long has the diarrhea lasted/did the diarrhea last? IF LESS THAN 1 DAY, RECORD '00'	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>
469	Was there any blood in the stools?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8 (SKIP TO 473)	YES.....1 NO.....2 DK.....8 (SKIP TO 473)
470	CHECK 425: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> v (SKIP TO 473)		
471	During (NAME)'s diarrhea, did you change the frequency of breastfeeding?	YES.....1 NO.....2 (SKIP TO 473) <.....3		
472	Did you increase the number of feeds or reduce them, or did you stop completely?	INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3		
473	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8	SAME.....1 MORE.....2 LESS.....3 DK.....8
474	Was anything given to treat the diarrhea?	YES.....1 NO.....2 (SKIP TO 476) <.....3 DK.....8	YES.....1 NO.....2 (SKIP TO 476) <.....3 DK.....8	YES.....1 NO.....2 (SKIP TO 476) <.....3 DK.....8
475	What was given to treat the diarrhea?  Anything else?  RECORD ALL TREATMENTS MENTIONED.	FLUID FROM ORS PACKET....A RECOMMENDED HOME FLUID*..B ANTIBIOTIC PILL OR SYRUP.....C OTHER PILL OR SYRUP.....D INJECTION.....E DRIP.....F HOME REMEDIES/HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET....A RECOMMENDED HOME FLUID*..B ANTIBIOTIC PILL OR SYRUP.....C OTHER PILL OR SYRUP.....D INJECTION.....E DRIP.....F HOME REMEDIES/HERBAL MEDICINES.....G OTHER.....H (SPECIFY)	FLUID FROM ORS PACKET....A RECOMMENDED HOME FLUID*..B ANTIBIOTIC PILL OR SYRUP.....C OTHER PILL OR SYRUP.....D INJECTION.....E DRIP.....F HOME REMEDIES/HERBAL MEDICINES.....G OTHER.....H (SPECIFY)

\* RECOMMENDED HOME FLUID MADE FROM SUGAR, SALT AND WATER AND/OR CEREAL OR THIN PORRIDGE.

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
476	Did you seek advice or treatment for the diarrhea?	YES.....1 NO.....2 (SKIP TO 478)←	YES.....1 NO.....2 (SKIP TO 478)←	YES.....1 NO.....2 (SKIP TO 478)←
477	From whom or where did you seek advice or treatment?  Anyone else?  CIRCLE ALL PERSONS SEEN AND PLACES VISITED.	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/ WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER.....K (SPECIFY)	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/ WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER.....K (SPECIFY)	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC...D VILLAGE HEALTH POST/ WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLIN.F PRIVATE DOCTOR/HOSP/CLIN.G PHARMACY/MEDICAL STORE...H OTHER PRIVATE SECTOR TRADITIONAL PRACTITIONER...I NEIGHBORS/RELATIVES.....J OTHER.....K (SPECIFY)
478	CHECK 475:  FLUID FROM ORS PACKET MENTIONED?	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, ORS FLUID MENTIONED <input type="checkbox"/> →(SKIP TO 480)	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, ORS FLUID MENTIONED <input type="checkbox"/> →(SKIP TO 480)	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, ORS FLUID MENTIONED <input type="checkbox"/> →(SKIP TO 480)
479	Was (NAME) given fluid from ORS packet when he/she had the diarrhea?	YES.....1 NO.....2 (SKIP TO 481)← DK.....8	YES.....1 NO.....2 (SKIP TO 481)← DK.....8	YES.....1 NO.....2 (SKIP TO 481)← DK.....8
480	For how many days was (NAME) given fluid from the ORS packet?  IF LESS THAN 1 DAY, RECORD '00'	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
481	CHECK 475:  RECOMMENDED HOME FLUID* MENTIONED?	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, HOME FLUID MENTIONED <input type="checkbox"/> →(SKIP TO 483)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, HOME FLUID MENTIONED <input type="checkbox"/> →(SKIP TO 483)	NO, HOME FLUID NOT MENTIONED <input type="checkbox"/> ↓ YES, HOME FLUID MENTIONED <input type="checkbox"/> →(SKIP TO 483)
482	Was (NAME) given a recommended home fluid made from sugar, salt and water and/or cereal or thin porridge when he/she had the diarrhea?	YES.....1 NO.....2 (SKIP TO 484)← DK.....8	YES.....1 NO.....2 (SKIP TO 484)← DK.....8	YES.....1 NO.....2 (SKIP TO 484)← DK.....8
483	For how many days was (NAME) given the fluid made from sugar, salt, and water and/or cereal or thin porridge?  IF LESS THAN 1 DAY, RECORD '00'	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98	DAYS..... <input type="text"/> <input type="text"/> DK.....98
484	GO BACK TO 446 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 485			

\* RECOMMENDED HOME FLUID MADE FROM SUGAR, SALT AND WATER AND/OR CEREAL OR THIN PORRIDGE.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
485	CHECK 475 and 479:  ORS FLUID FROM PACKET GIVEN TO ANY CHILD <input type="checkbox"/>  ORS FLUID FROM PACKET NOT GIVEN TO ANY CHILD <input type="checkbox"/> OR 475 AND 479 NOT ASKED <input type="checkbox"/>		489
486	Have you ever heard of a special product called (LOCAL NAME) you can get for the treatment of diarrhea?	YES.....1 NO.....2	488
487	Have you ever seen a packet like this before? (SHOW PACKET)	YES.....1 NO.....2	492
488	Have you ever prepared a solution with one of these packets to treat diarrhea in yourself or someone else? (SHOW PACKET)	YES.....1 NO.....2	491
489	The last time you prepared the fluid from the ORS packet, did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2	491
490	How much water did you use to prepare (LOCAL NAME OF ORS PACKET) the last time you made it?	1 1/2 LITER.....1 1 LITER.....2 1 1/2 LITERS.....3 2 LITERS.....4 FOLLOWED PACKAGE INSTRUCTIONS.....5 OTHER.....6 (SPECIFY) DK.....8	
491	Where can you get the (LOCAL NAME) packet?  PROBE: Anywhere else?  CIRCLE ALL PLACES MENTIONED.	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC.....D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLINIC.....F PRIVATE DOCTOR/HOSP/CLINIC.....G PHARMACY/MEDICAL STORE.....H OTHER PRIVATE SECTOR SHOP.....I TRADITIONAL PRACTITIONER.....J NEIGHBORS/RELATIVES.....K OTHER.....L (SPECIFY)	
492	CHECK 475 and 482:  RECOMMENDED HOME MADE FLUID GIVEN TO ANY CHILD <input type="checkbox"/>  RECOMMENDED HOME FLUID NOT GIVEN TO ANY CHILD <input type="checkbox"/> OR 475 AND 482 NOT ASKED <input type="checkbox"/>		501
493	Where did you learn to prepare the recommended home fluid made from sugar, salt, and water and/or cereal or porridge given to (NAME) when he/she had diarrhea?	GOVERNMENT AND PARASTATAL HOSPITAL.....A HEALTH CENTRE.....B DISPENSARY.....C PARASTATAL HOSP/CLINIC.....D VILLAGE HEALTH POST/WORKER.....E MEDICAL PRIVATE SECTOR RELIGIOUS ORG. HOSP/CLINIC.....F PRIVATE DOCTOR/HOSP/CLINIC.....G PHARMACY/MEDICAL STORE.....H OTHER PRIVATE SECTOR SHOP.....I TRADITIONAL PRACTITIONER.....J NEIGHBORS/RELATIVES.....K OTHER.....L (SPECIFY)	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Have you ever been married or lived with a man?	YES.....1 NO.....2	→512
502	Are you now married or living with a man, or are you now widowed, or divorced or no longer living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED/NO LONGER LIVING TOGETHER.....4	→507
503	Does your husband/partner usually sleep in this house or does he usually sleep somewhere else?	USUALLY SLEEPS IN HER HOUSE.....1 USUALLY SLEEPS ELSEWHERE.....2	
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→507
505	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	→507
506	Are you the first, second,...wife?	RANK..... <input type="text"/> <input type="text"/>	
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
508	In what month and year did you start living with your (first) husband or partner?	MONTH..... <input type="text"/> <input type="text"/> DK MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	
509	How old were you when you started living with your (first) husband or partner?	AGE..... <input type="text"/> <input type="text"/> DK AGE.....98	
510	CHECK 508 AND 509: YEAR AND AGE GIVEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		→513
511	CHECK CONSISTENCY OF 508 AND 509:	<div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>IF NECESSARY, CALCULATE YEAR OF BIRTH:</p> <p>CURRENT YEAR <input type="text" value="9"/><input type="text" value="1"/></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> <p>YEAR OF BIRTH (105) <input type="text"/><input type="text"/></p> <p>PLUS +</p> <p>AGE AT MARRIAGE (509) <input type="text"/><input type="text"/></p> <p>=</p> <p>CALCULATED YEAR OF MARRIAGE <input type="text"/><input type="text"/></p> <p>IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (508)?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>→ PROBE AND CORRECT 508 AND 509.</p> <p>SKIP TO 513</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
512	IF NEVER MARRIED OR LIVED WITH A MAN: Have you ever had sexual intercourse?	YES.....1 NO.....2	→520															
513	Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility.  How many times did you have sexual intercourse in the last four weeks?	TIMES.....																
514	How many times in a month do you usually have sexual intercourse?	TIMES.....																
515	CHECK 513:  HAD SEXUAL INTERCOURSE ONE OR MORE TIMES IN LAST FOUR WEEKS <input type="checkbox"/> ZERO TIMES <input type="checkbox"/>		→518															
516	With how many different men did you have sex in the last four weeks?	NUMBER OF MEN.....																
517	Did you use a condom with any of these men?	YES.....1 NO.....2																
518	When was the last time you had sexual intercourse?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996																
519	How old were you when you first had sexual intercourse?	AGE..... FIRST TIME WHEN MARRIED.....96																
520	PRESENCE OF OTHERS AT THIS POINT.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....</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> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																
521	Now I have a few questions about a very important topic. Have you heard of an illness called AIDS?	YES.....1 NO.....2	→601															
522	From which sources of information or persons have you heard about AIDS in the last month?  RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS.....C HEALTH WORKERS.....D MOSQUES/CHURCHES.....E FRIENDS/RELATIVES.....F SCHOOLS/QURAN TEACHERS.....G SLOGANS/PAMPHLETS/POSTERS.....H COMMUNITY MEETINGS.....I CCM OFFICE.....J OTHER.....K (SPECIFY) NONE.....L																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
523	How is AIDS transmitted?  RECORD 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	
524	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 who has AIDS? mosquito, flea or bedbug bites?	YES NO HANDSHAKING.....1 2 HUGGING.....1 2 KISSING.....1 2 SHARING CLOTHES.....1 2 SHARING EATING UTENSILS....1 2 STEPPING ON URINE/STOOL....1 2 MOSQUITO/FLEA/BEDBUG BITES.1 2	
525	Is it possible for a healthy looking person to have AIDS?	YES.....1 NO.....2 DK.....8	
526	Is it possible for a women who has the AIDS virus to give birth to a child with the AIDS virus?	YES.....1 NO.....2 DK.....8	
527	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE MEDICAL TREATMENT.....1 HELP RELATIVES PROVIDE CARE.....2 ISOLATE/QUARANTINE/JAIL.....3 NOT BE INVOLVED.....4 OTHER _____ 5 (SPECIFY)	
528	If your relative is suffering with AIDS, who would you prefer to care for him/her?	RELATIVES/FRIENDS.....1 GOVERNMENT.....2 RELIGIOUS ORG./MISSION.....3 NOBODY/ABANDON.....4 OTHER _____ 5 (SPECIFY)	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	CHECK 312:  SHE/HE NOT STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		>607
602	CHECK 501 AND 502:  CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT MARRIED/NOT LIVING TOGETHER <input type="checkbox"/>		>614
603	CHECK 223:  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 OR DK.....8	>610
604	CHECK 223:  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.....994 SAYS SHE CAN'T GET PREGNANT...995 OTHER _____ 996 (SPECIFY) DK.....998	>610
605	CHECK 216:  HAS LIVING CHILDREN PREGNANT <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/>		>610
606	CHECK 223:  NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>  ↓      ↓ How old would you like your youngest child to be when you next child is born?  ↓      ↓ How old would you like the child you are expecting to be when your next child is born?	AGE OF YOUNGEST CHILD YEARS..... DK.....98	>610

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
607	Given your present circumstances, if you had to do it over again, do you think you would make the same decision to have an operation not to have any more children?	YES.....1 NO.....2	
608	Do you regret that you (your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	→614
609	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD..1 PARTNER WANTS ANOTHER CHILD....2 SIDE EFFECTS.....3 OTHER REASON.....4 (SPECIFY)	→614
610	Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8	
611	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	
612	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2	
613	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8	
614	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS.....1 YEARS.....2 OTHER.....996 (SPECIFY) DON'T KNOW.....998	
615	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 DON'T KNOW.....8	
616	Do you think that it is easy or difficult for a woman who is breastfeeding to get pregnant?	EASY.....1 DIFFICULT.....2	
617	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE.....1 DISAPPROVE.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
618	<p>CHECK 216:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>HAS LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>V</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> </div> <div style="text-align: center;"> <p>NO LIVING CHILDREN <input type="checkbox"/></p> <p>↓</p> <p>V</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> </div> </div> <p>RECORD SINGLE NUMBER OR OTHER ANSWER.</p>	<p>NUMBER..... <input type="text"/> <input type="text"/></p> <p>OTHER ANSWER _____ 96 (SPECIFY)</p>	620
619	<p>Among the children you want to have, how many would you prefer to be boys and how many to be girls?</p>	<p>NUMBER OF SONS..... <input type="text"/> <input type="text"/></p> <p>NUMBER OF DAUGHTERS..... <input type="text"/> <input type="text"/></p> <p>NO SEX PREFERENCE..... 95</p> <p>OTHER ANSWER _____ 96 (SPECIFY)</p>	
620	<p>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?</p>	<p>MONTHS.....1 <input type="text"/> <input type="text"/></p> <p>YEARS.....2 <input type="text"/> <input type="text"/></p> <p>OTHER _____ 996 (SPECIFY)</p> <p>DON'T KNOW.....998</p>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	CHECK 501: YES, MARRIED OR LIVED WITH A MAN <input type="checkbox"/> NO, NEVER MARRIED OR LIVED WITH A MAN <input type="checkbox"/> ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.		708
702	Can (could) you husband/partner read and write Kiswahili easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
703	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	705
704	What was the highest formal school he completed?	LESS THAN 1 YEAR.....00 STANDARD1.....01 STANDARD2.....02 STANDARD3.....03 STANDARD4.....04 STANDARD5.....05 STANDARD6.....06 STANDARD7.....07 STANDARD8.....08 FORM1.....09 FORM2.....10 FORM3.....11 FORM4.....12 FORM5.....13 FORM6.....14 UNIVERSITY.....15 OTHER.....16 (SPECIFY)	
705	What kind of work does (did) your (last) husband/partner mainly do?	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	
706	CHECK 705: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		708
707	Does (did) your husband/partner work mainly on his own land or family land, or does (did) he rent land, or does (did) he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
708	Aside from your own housework, are you currently working?	YES.....1 NO.....2	710
709	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business.  Are you currently doing any of these things or any other work?	YES.....1 NO.....2	717
710	What is your occupation, that is, what kind of work do you do?	<div style="border: 1px solid black; width: 100px; height: 40px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div>	
711	In your current work, do you 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	
712	Do you earn cash for this work?  PROBE: Do you make money for working?	YES.....1 NO.....2	
713	Do you do this work at home or away from home?	HOME.....1 AWAY.....2	
714	CHECK 215/216/218: HAS CHILD BORN SINCE JAN. 1986 AND LIVING WITH RESPONDENT? <div style="display: flex; justify-content: space-around; align-items: center; margin-top: 10px;"> <span>YES <input type="checkbox"/></span> <span>NO <input type="checkbox"/></span> </div>		717
715	While you are working, do you usually have (NAME OF YOUNGEST CHILD AT HOME) with you, sometimes have him/her with you, or never have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	717
716	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND/PARTNER.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBORS.....04 FRIENDS.....05 SERVANTS/HIRED HELP.....06 CHILD IS IN SCHOOL.....07 INSTITUTIONAL CHILDCARE.....08 OTHER.....09 (SPECIFY)	
717	RECORD THE TIME	HOURS..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> MINUTES..... <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	

## SECTION 8. HEIGHT AND WEIGHT

801	CHECK 222:	<input type="checkbox"/>	NO BIRTHS SINCE JAN. 1986	<input type="checkbox"/>	901
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INTERVIEWER: IN 802 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1986 AND STILL ALIVE. IN 803 AND 804 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1986. IN 806 AND 808 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1986 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1986, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD	4 SECOND-TO- YOUNGEST LIVING CHILD
802 LINE NO. FROM Q212		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>
803 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
804 DATE OF BIRTH  FROM Q215 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> YEAR.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> YEAR.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> YEAR.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> YEAR.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>
805 BCG SCAR ON TOP OF RIGHT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
806 HEIGHT (in centimeters)	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>
807 WAS HEIGHT/LENGTH OF CHILD MEASURED WHILE CHILD WAS LYING DOWN OR STANDING UPRIGHT?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
808 WEIGHT (in kilograms)	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>
809 DATE WEIGHED AND MEASURED	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> YEAR.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> YEAR.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> YEAR.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	DAY..... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> MONTH.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div> YEAR.... <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>
810 RESULT	MEASURED.....1 NOT PRESENT.....3 REFUSED.....4 OTHER.....6 (SPECIFY) _____	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY) _____	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY) _____	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY) _____
811 NAME OF MEASURER: _____	<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>	NAME OF ASSISTANT: _____		<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px;"></div> <div style="width: 10px; height: 10px;"></div> </div>

SECTION 9. LANGUAGE INFORMATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
901	IN WHAT LANGUAGE DID YOU CONDUCT THE INTVIEW?	KISWAHILI.....01  OTHER _____	
902	FOR HOW MUCH OF THE INTERVIEW DID YOU DEPEND ON A THIRD PERSON TO INTERPRET FOR YOU?	NONE OF THE INTERVIEW.....1 SOME OF THE INTERVIEW.....2 MOST OF THE INTERVIEW.....3 ALL OF THE INTERVIEW.....4 OTHER.....5 (SPECIFY)	1 → END
903	IF AN INTERPRETER WAS USED, INDICATE THE SEX AND APPROXIMATE AGE OF INTERPRETER.	ADULT FEMALE.....1 TEENAGE FEMALE.....2 ADULT MALE.....3 TEENAGE MALE.....4 OTHER.....5 (SPECIFY)	

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 Field Editor: \_\_\_\_\_ Date: \_\_\_\_\_



UNITED REPUBLIC OF TANZANIA  
BUREAU OF STATISTICS, PLANNING COMMISSION  
TANZANIA DEMOGRAPHIC AND HEALTH SURVEY  
INDIVIDUAL QUESTIONNAIRE  
MALE

IDENTIFICATION				
NAME OF HOUSEHOLD HEAD _____				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
TDHS CLUSTER ID.....				
HOUSEHOLD NO.....				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
REGION _____				
DISTRICT _____				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
WARD _____				
ENUMERATION AREA _____				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
URBAN/RURAL (urban=1, rural=2).....				
LARGE CITY/SMALL CITY/TOWN/COUNTRYSIDE..... (large city=1, small city=2, town=3, countryside=4)				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
NAME AND LINE NUMBER OF MALE RESPONDENT _____				
NAME AND LINE NUMBER OF WIFE _____				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
NAME AND LINE NUMBER OF WIFE _____				
NAME AND LINE NUMBER OF WIFE _____				<div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
NAME AND LINE NUMBER OF WIFE _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> ID NO. <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> RESULT <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>
INTERVIEWER'S NAME	_____	_____	_____	
RESULT*	_____	_____	_____	
NEXT VISIT:      DATE	_____	_____	_____	TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>
TIME	_____	_____	_____	
*RESULT CODES:    1 COMPLETED                      4 REFUSED 2 NOT AT HOME                    5 PARTLY COMPLETED 3 POSTPONED                     6 OTHER _____ <div style="text-align: right; margin-top: 5px;">(SPECIFY)</div>				
NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
DATE	_____	_____	_____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div>

## SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M101	RECORD THE TIME.	HOUR..... MINUTES.....	
M102	First I would like to ask some questions about your background. For most of the time until you were 12 years old, did you live in Dar es Salaam city, another urban area, or in the rural area?	CITY (DAR ES SALAAM).....1 OTHER URBAN AREA.....2 RURAL AREA/VILLAGE.....3	
M103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	→M105
M104	Just before you moved here, did you live in Dar es Salaam city, another urban area, or in the rural area?	CITY (DAR ES SALAAM).....1 OTHER URBAN AREA.....2 RURAL AREA/VILLAGE.....3	
M105	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
M106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
M107	Can you read and write kiswahili easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→M109
M108	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
M109	Have you ever attended school?	YES.....1 NO.....2	→M111
M110	What is the highest formal school 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.....16 (SPECIFY)	
M111	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
M112	Do you usually watch television at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
M113	What kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>																
M114	CHECK M113:  WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		M116															
M115	Do you work mainly on your own land or family land, or do you rent land, or do you work on someone else's land?	OWN/FAMILY LAND.....1 RENT LAND.....2 SOMEONE ELSE'S LAND.....3																
M116	What is your religion?	MUSLIM.....1 CATHOLIC.....2 PROTESTANT.....3 NONE.....4 OTHER.....5 (SPECIFY)																
M117	To which tribe do you belong?	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>																
M118	CHECK Q.5 IN THE HOUSEHOLD SCHEDULE:  THE RESPONDENT IS NOT A USUAL RESIDENT OF THE HH <input type="checkbox"/> THE RESPONDENT IS A USUAL RESIDENT OF THE HH <input type="checkbox"/>		M201															
M119	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 the rural area?  IF OTHER URBAN AREA: in which town do you live?*	CITY (DAR ES SALAAM).....1 LARGE URBAN AREA.....2 SMALL URBAN AREA.....3 RURAL AREA/VILLAGE.....4																
M120	In which region is that located?  IF USUAL RESIDENCE IS OUTSIDE OF TANZANIA, RECORD COUNTRY OF RESIDENCE.	REGION <div style="border: 1px solid black; width: 100px; height: 100px; margin: 5px;"></div>																
M121	Does the household in which you usually live have:  Electricity? A radio? A television? A refrigerator?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....1</td> <td>2</td> <td></td> </tr> <tr> <td>RADIO.....1</td> <td>2</td> <td></td> </tr> <tr> <td>TELEVISION.....1</td> <td>2</td> <td></td> </tr> <tr> <td>REFRIGERATOR.....1</td> <td>2</td> <td></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																	
M122	Could you describe the main material of the floor of your home?	EARTH/SAND.....11 WOOD PLANKS.....21 PARQUET OR POLISHED WOOD.....31 CERAMIC TILES.....32 CEMENT.....33 OTHER.....41 (SPECIFY)																
M123	Does any member of your household own:  A bicycle? A motorcycle? A car?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....1</td> <td>2</td> <td></td> </tr> <tr> <td>MOTORCYCLE.....1</td> <td>2</td> <td></td> </tr> <tr> <td>CAR.....1</td> <td>2</td> <td></td> </tr> </tbody> </table>		YES	NO	BICYCLE.....1	2		MOTORCYCLE.....1	2		CAR.....1	2					
	YES	NO																
BICYCLE.....1	2																	
MOTORCYCLE.....1	2																	
CAR.....1	2																	

\* Q. M119 LARGE URBAN AREAS ARE MWANZA, ARUSHA, MOROGORO, DODOMA, MOSHI, TANGA, IRINGA, MBEYA, TABORA AND ZANZIBAR. SMALL URBAN AREAS ARE ALL OTHER TOWNS.

## SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M201	Do you have any sons or daughters who are now living with you?	YES.....1 NO.....2	M203
M202	How many sons live with you? And how many daughters live with you? IF NONE ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
M203	Do you have any sons or daughters who do not live with you?	YES.....1 NO.....2	M205
M204	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 ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
M205	Have you ever had a son or daughter who was born alive but later died?	YES.....1 NO.....2	M207
M206	In all, how many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	
M207	SUM ANSWERS TO M202, M204, AND M206, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....	
M208	CHECK M207:  Just to make sure that I have this right: you have TOTAL _____ children born alive during your life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT M201-M207 AS NECESSARY		
M209	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 DK.....3	M301
M210	During which time of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS.....4 OTHER _____ 5 (SPECIFY) DK.....8	

# SECTION 3: CONTRACEPTION

**M301** How 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 M302 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 M302, ASK M303 AND M304 BEFORE PROCEEDING TO THE NEXT METHOD.

	M302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	M303 Have you (or your wife/partner) ever used (METHOD)? (METHOD)?	M304 Do you know where a person could go to get (METHOD)?
01] PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02] IUD 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] INJECTIONS 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] DIAPHRAGM, FOAM, JELLY 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] CONDOM Men can use a rubber sheath during sexual intercourse. The rubber sheath is used to avoid pregnancy, to prevent transmission of diseases such as AIDS, or for cleanliness.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06] FEMALE STERILIZATION 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] MALE STERILIZATION 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] CALENDAR Couples can have sexual intercourse only during the safe period of the monthly cycle, that is the times during the monthly cycle when the women is least 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 calendar method? 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/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to observe changes in the mucus? YES.....1 NO.....2
10] WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	

11 ANY OTHER METHODS	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	Have you ever used (METHOD)?	
1 _____ (SPECIFY)	YES.....1 NO.....3	YES.....1 NO.....2	
2 _____ (SPECIFY)		YES.....1 NO.....2	

M305 CHECK M303: NOT A SINGLE "YES" (NEVER USED) ☐ AT LEAST ONE "YES" (EVER USED) ☐ → SKIP TO M308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M306	Have you (or your wife/partner) ever used anything or tried in any way to delay or avoid having a child?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	→M321
M307	What have you used or done? CORRECT M303-M305 (AND M302 IF NECESSARY).		
M308	CHECK M303: MAN NOT STERILIZED <input type="checkbox"/> MAN STERILIZED <input type="checkbox"/>		→M310A
M309	Are you (or your wife/partner) currently doing something or using any method to delay or avoid having a child?	YES.....1 NO.....2	→M315
M310	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 CALENDAR.....08 MUCUS METHOD.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY)	→M315
M310A	CIRCLE '07' FOR MALE STERILIZATION.		
M311	CHECK M310 SHE/HE STERILIZED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/> V Where did the sterilization take place? V Where did you (or your wife/partner) obtain (METHOD) last time?	GOVERNMENT AND PARASTATAL CONSULTANT HOSPITAL.....11 REGIONAL HOSPITAL.....12 DISTRICT HOSPITAL.....13 HEALTH CENTRE.....14 DISPENSARY.....15 PARASTATAL HEALTH FACILITY.....16 VILLAGE HEALTH POST/WORKER.....17 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV. DOCTOR/CLINIC/HOSPITAL.....22 PHARMACY/MEDICAL STORE.....23 UNATI CBO WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 NEIGHBORS/RELATIVES.....32 OTHER.....41 (SPECIFY) DK.....98	→M314
M312	How long does it take to travel from your home to this place? IF LESS THAN TWO HOURS, RECORD TRAVEL TIME IN MINUTES. OTHERWISE, RECORD TRAVEL TIME IN HOURS.	MINUTES.....1 HOURS.....2 0 DK.....9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M313	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2	
M314	CHECK M309/M310: NOT CURRENTLY USING CONDOM <input type="checkbox"/> USING CONDOM <input type="checkbox"/>		M316
M315	Have you used a condom in the last four weeks?	YES.....1 NO.....2	M320
M316	What is the brand name of the condom you last used?	BRAND <input type="text"/> <input type="text"/> DK.....98	
M317	How much did the condom you last used cost?	COST..... <input type="text"/> <input type="text"/> PARTNER OBTAINED.....95 FREE.....96 DK.....98	
M318	Do you use more condoms now than a year ago, about the same number, or fewer?	MORE.....1 SAME NUMBER.....2 FEWER.....3	M320
M319	What is the main reason you use more condoms now than a year ago?	FEAR OF GETTING AIDS.....1 FEAR OF GETTING OTHER STD.....2 FAMILY PLANNING.....3 LESS EXPENSIVE NOW.....4 MORE AVAILABLE NOW.....5 OTHER.....6 (SPECIFY) DK.....8	
M320	CHECK M309: NOT CURRENTLY USING A METHOD <input type="checkbox"/> USING A METHOD <input type="checkbox"/>		M331
M321	Do you intend to use a method to delay or avoid having a child at any time in the future?	YES.....1 NO.....2 DK.....3	M323 M327
M322	What is the main reason you do not intend to use a method?	WANTS CHILDREN.....01 LACK OF KNOWLEDGE.....02 PARTNER OPPOSED.....03 COST TOO MUCH.....04 SIDE EFFECTS.....05 HEALTH CONCERNS.....06 HARD TO GET METHODS.....07 RELIGION.....08 OPPOSED TO FAMILY PLANNING.....09 FATALISTIC.....10 OTHER PEOPLE OPPOSED.....11 INFREQUENT SEX.....12 WIFE/PARTNER INFECUND.....13 INCONVENIENT.....15 NOT MARRIED/NO PARTNER.....16 OTHER.....17 (SPECIFY) DK.....98	M327
M323	Do you intend to use a method within the next 12 months?	YES.....1 NO.....2 DK.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
M324	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 CALENDAR.....08 MUCUS METHOD.....09 WITHDRAWAL.....10 OTHER.....11 (SPECIFY) UNSURE.....00	→M327						
M325	Where can you get (METHOD MENTIONED IN M324)?  _____ (NAME OF PLACE)	GOVERNMENT AND PARASTATAL CONSULTANT HOSPITAL.....11 REGIONAL HOSPITAL.....12 DISTRICT HOSPITAL.....13 HEALTH CENTRE.....14 DISPENSARY.....15 PARASTATAL HEALTH FACILITY.....16 VILLAGE HEALTH POST/WORKER.....17 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV. DOCTOR/CLINIC/HOSPITAL.....22 PHARMACY/MEDICAL STORE.....23 UMATI CBO WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 NEIGHBORS/RELATIVES.....32 OTHER.....41 (SPECIFY) DON'T KNOW.....00	→M329 →M331 →M329 →M331 →M329 →M331 →M327						
M326	CHECK M310:  USING CALENDER, MUCUS METHOD WITHDRAWAL OR OTHER TRADITIONAL METHOD <input type="checkbox"/> USING A MODERN METHOD <input type="checkbox"/>		→M331						
M327	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→M331						
M328	Where is that?  _____ (NAME OF PLACE)	GOVERNMENT AND PARASTATAL CONSULTANT HOSPITAL.....11 REGIONAL HOSPITAL.....12 REGIONAL HOSPITAL.....12 DISTRICT HOSPITAL.....13 HEALTH CENTRE.....14 DISPENSARY.....15 PARASTATAL HEALTH FACILITY.....16 VILLAGE HEALTH POST/WORKER.....17 MEDICAL PRIVATE SECTOR RELIGIOUS ORG. FACILITY.....21 PRIV. DOCTOR/CLINIC/HOSPITAL.....22 PHARMACY/MEDICAL STORE.....23 UMATI CBO WORKER.....24 OTHER PRIVATE SECTOR SHOP.....31 NEIGHBORS/RELATIVES.....32 OTHER.....41 (SPECIFY)	→M331 →M331 →M331						
M329	How long does it take to travel from your home to this place?  IF LESS THAN ONE HOUR, RECORD TRAVEL TIME IN MINUTES. OTHERWISE, RECORD TRAVEL TIME IN HOURS.	MINUTES.....1 HOURS.....2 OK.....9990	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> </table>				0		
0									
M330	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																														
M331	In the last month, have you heard or seen a message about family planning:  on the radio? on television? from a Rural Medical aide? from a MCH aide? from neighbors/relatives? on posters?	<table> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RURAL MEDICAL AIDE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MCH AIDE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEIGHBORS/RELATIVES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTERS.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	RURAL MEDICAL AIDE.....	1	2	MCH AIDE.....	1	2	NEIGHBORS/RELATIVES.....	1	2	POSTERS.....	1	2										
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MCH AIDE.....	1	2																															
NEIGHBORS/RELATIVES.....	1	2																															
POSTERS.....	1	2																															
M332	Is it acceptable or not acceptable to you for family planning information to be provided on the radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8																															
M333	CHECK M302:  KNOWS CONDOM <input type="checkbox"/> DOES NOT KNOW CONDOM <input type="checkbox"/>		M401																														
M334	Do you agree or disagree with the following statements: READ AND OBTAIN A RESPONSE FOR EACH STATEMENT.  Condoms are used primarily with casual partners. Condoms reduce risk of sexually transmitted diseases. Most women don't like men to use condoms. Using condoms shows responsibility. Condoms are used primarily for family planning purposes. Condoms are embarrassing to obtain. A condom can be used more than once. Condoms make sex less enjoyable. Using a condom can give you AIDS.	<table> <thead> <tr> <th></th> <th>AGREE</th> <th>DISAGREE</th> </tr> </thead> <tbody> <tr> <td>Condoms are used primarily with casual partners.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Condoms reduce risk of sexually transmitted diseases.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Most women don't like men to use condoms.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Using condoms shows responsibility.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Condoms are used primarily for family planning purposes.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Condoms are embarrassing to obtain.</td> <td>1</td> <td>2</td> </tr> <tr> <td>A condom can be used more than once.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Condoms make sex less enjoyable.</td> <td>1</td> <td>2</td> </tr> <tr> <td>Using a condom can give you AIDS.</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		AGREE	DISAGREE	Condoms are used primarily with casual partners.	1	2	Condoms reduce risk of sexually transmitted diseases.	1	2	Most women don't like men to use condoms.	1	2	Using condoms shows responsibility.	1	2	Condoms are used primarily for family planning purposes.	1	2	Condoms are embarrassing to obtain.	1	2	A condom can be used more than once.	1	2	Condoms make sex less enjoyable.	1	2	Using a condom can give you AIDS.	1	2	
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## SECTION 4. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
M401	Have you ever been married or lived with a woman?	YES.....1 NO.....2	M405															
M402	Are you now married or living with a partner, or are you now widowed, or divorced or no longer living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED/NO LONGER LIVING TOGETHER.....4	M404															
M403	How many wives do you have?	NUMBER.....																
M404	How old were you when you started living with your (first) wife or partner?	AGE.....	M406															
M405	IF NEVER MARRIED OR LIVED WITH A WOMAN: Have you ever had sexual intercourse?	YES.....1 NO.....2	M413															
M406	Now we need some details about your sexual activity in order to get a better understanding of family planning and health.  How many times did you have sexual intercourse in the last four weeks?	TIMES.....																
M407	How many times in a month do you usually have sexual intercourse?	TIMES.....																
M408	CHECK M406:  HAD SEXUAL INTERCOURSE ONE OR MORE TIMES IN LAST FOUR WEEKS <input type="checkbox"/> ZERO TIMES <input type="checkbox"/>		M411															
M409	With how many different women did you have sex in the last four weeks?	NUMBER OF WOMEN.....																
M410	Did you use a condom with any of these women?	YES.....1 NO.....2																
M411	When was the last time you had sexual intercourse?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4																
M412	How old were you when you first had sexual intercourse?	AGE..... FIRST TIME WHEN MARRIED.....96																
M413	PRESENCE OF OTHERS AT THIS POINT.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WIFE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	WIFE.....	1	2	OTHER FEMALES.....	1	2	OTHER MALES.....	1	2	
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CHILDREN UNDER 10.....	1	2																
WIFE.....	1	2																
OTHER FEMALES.....	1	2																
OTHER MALES.....	1	2																

## SECTION 5. AIDS KNOWLEDGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M501	Now I have a few questions about a very important topic. Have you heard of an illness called AIDS?	YES.....1 NO.....2	→M601
M502	From which sources of information or persons have you heard about AIDS in the last month?  RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS.....C HEALTH WORKERS.....D MOSQUES/CHURCHES.....E FRIENDS/RELATIVES.....F SCHOOLS/QURAN TEACHERS.....G SLOGANS/PAMPHLETS/POSTERS.....H COMMUNITY MEETINGS.....I CON OFFICE.....J OTHER.....K (SPECIFY) NONE.....L	
M503	How is AIDS transmitted?  RECORD 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	
M504	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 who has AIDS? mosquito, flea or bedbug bites?	YES NO HANDSHAKING.....1 2 HUGGING.....1 2 KISSING.....1 2 SHARING CLOTHES.....1 2 SHARING EATING UTENSILS...1 2 STEPPING ON URINE/STOOL...1 2 MOSQUITO/FLEA/BEDBUG BITES.1 2	
M505	Is it possible for a healthy looking person to have AIDS?	YES.....1 NO.....2 DK.....8	
M506	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	
M507	What do you suggest is the most important thing the government should do for people who have AIDS?	PROVIDE MEDICAL TREATMENT.....1 HELP RELATIVES PROVIDE CARE.....2 ISOLATE/QUARANTINE/JAIL.....3 NOT BE INVOLVED.....4 OTHER.....5 (SPECIFY)	
M508	If your relative is suffering with AIDS, who would you prefer to care for him/her?	RELATIVES/FRIENDS.....1 GOVERNMENT.....2 RELIGIOUS ORG./MISSION.....3 NOBODY/ABANDON.....4 OTHER.....5 (SPECIFY)	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M601	CHECK M310:  SHE/HE NOT STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		M605
M602	CHECK M401 AND M402:  CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT MARRIED/NOT LIVING TOGETHER <input type="checkbox"/>		M609
M603	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?	HAVE A (ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS WIFE CAN'T GET PREGNANT....3 UNDECIDED OR DK.....8	M608
M604	How long would you like to wait from now before the birth of a (another) child?	MONTHS.....1 YEARS.....2 SOON/NOW.....995 OTHER.....996 (SPECIFY) DK.....998	M608
M605	Given your present circumstances, if you had to do it over again, do you think you would make the same decision to have an operation not to have any more	YES.....1 NO.....2	
M606	Do you regret that you (your wife) had the operation not to have any (more) children?	YES.....1 NO.....2	M609
M607	Why do you regret it?	RESPONDENT WANTS ANOTHER CHILD..1 PARTNER WANTS ANOTHER CHILD....2 SIDE EFFECTS.....3 OTHER REASON.....4 (SPECIFY)	M609

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
M608	Do you think that your wife(wives)/partner(s) approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8	
M609	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> OTHER _____ 996 (SPECIFY)	
M610	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	
M611	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE.....1 DISAPPROVE.....2	
M612	CHECK M202 AND M204: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <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? 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..... <input type="text"/> OTHER ANSWER _____ 96 (SPECIFY)	M614
M613	How many of those children would be sons? And how many would be daughters?	NUMBER OF SONS..... <input type="text"/> NUMBER OF DAUGHTERS..... <input type="text"/> NO SEX PREFERENCE.....95 OTHER ANSWER _____ 96 (SPECIFY)	
M614	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 <input type="text"/> YEARS.....2 <input type="text"/> OTHER _____ 996 (SPECIFY) DON'T KNOW.....998	
M615	RECORD THE TIME	HOURS..... <input type="text"/> MINUTES..... <input type="text"/>	

## SECTION 7. LANGUAGE INFORMATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
N701	IN WHAT LANGUAGE DID YOU CONDUCT THE INTERVIEW?	KISWAHILI.....01  OTHER _____ <input type="checkbox"/> <input type="checkbox"/>	
N702	FOR HOW MUCH OF THE INTERVIEW DID YOU DEPEND ON A THIRD PERSON TO INTERPRET FOR YOU?	NONE OF THE INTERVIEW.....1 → END SOME OF THE INTERVIEW.....2 MOST OF THE INTERVIEW.....3 ALL OF THE INTERVIEW.. .....4 OTHER .....5 (SPECIFY)	
N703	IF AN INTERPRETER WAS USED, INDICATE THE SEX AND APPROXIMATE AGE OF INTERPRETER.	ADULT FEMALE.....1 TEENAGE FEMALE.....2 ADULT MALE.....3 TEENAGE MALE.....4 OTHER .....5 (SPECIFY)	

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 Field Editor: \_\_\_\_\_ Date: \_\_\_\_\_



TANZANIA DEMOGRAPHIC AND HEALTH SURVEYS  
SERVICE AVAILABILITY QUESTIONNAIRE

TANZANIA  
BUREAU OF STATISTICS, PLANNING COMMISSION

IDENTIFICATION	
PLACE NAME _____	
DHS CLUSTER NUMBER.....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
REGION.....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
DISTRICT.....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
WARD.....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
ENUMERATION AREA.....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
URBAN/RURAL (urban=1, rural=2).....	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>
LOCALITY TYPE (major town=1, large town=2, small town=3, village=4)	<div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div> <div style="display: inline-block; border: 1px solid black; width: 20px; height: 20px; margin: 2px;"></div>

<p>INTERVIEWER NAME: _____</p>	<p>CODE</p>	<div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>
<p>CLUSTER VISIT START DATE: _____</p>	<p>DAY</p>	<p>MONTH</p>
	<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>
<p>CLUSTER VISIT END DATE: _____</p>	<p>DAY</p>	<p>MONTH</p>
	<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>



## SECTION 1A. COMMUNITY CHARACTERISTICS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
QUESTIONS 101 TO 102 ARE TO BE ANSWERED BY THE INTERVIEWER UPON ARRIVAL AT THE CLUSTER.			
101	TYPE OF LOCALITY (In which cluster is found/nearest to cluster)	MAJOR TOWN.....1 LARGE TOWN.....2 SMALL TOWN.....3 VILLAGE.....4	→ 111 → 111 → 109
102	DENSITY OF VILLAGE	COMPACT.....1 SCATTERED.....2	
THE REMAINING QUESTIONS IN SECTIONS ONE AND TWO ARE TO BE ANSWERED BY KNOWLEDGEABLE INFORMANTS FROM THE CLUSTER.			
103	What is the name of the nearest urban center?	_____ <input type="text"/>	
104	How far is it in kilometers to the nearest urban center?	KM. TO NEAREST URBAN CENTER..... <input type="text"/>	
105	What are the most commonly used types of transportation to go to the nearest urban center? (CIRCLE ALL APPLICABLE)	CAR/BUS.....A ANIMAL.....B WALKING.....C CYCLING.....D OTHER.....E	
106	Does this village/community keep records of births and deaths?	YES.....1 NO.....2	
107	What is the type of the main access road to this community/village?	ALL WEATHER ROAD.....1 SEASONAL ROAD.....2 PATH.....3 OTHER (RIVER/RAILWAY).....4	
108	What is the MAJOR economic activity of community/village inhabitants? (CIRCLE ONE)	AGRICULTURAL.....1 FISHING.....2 TRADING/MARKETING.....3 MANUFACTURING.....4 MINING.....5 LIVESTOCK.....6 HUNTING.....7 OTHER.....8	
109	What is the MAIN source of drinking water in this community/village?	PIPED TO HOUSES.....1 PUBLIC TAP.....2 WELL.....3 LAKE, RIVER, SPRING.....4 RAINWATER TANK.....5 OTHER.....6	→ 111
110	How far is it in meters to the main source of drinking water?	METERS TO WATER SOURCE..... <input type="text"/>	
111	Is there electricity in this community/village?	YES.....1 NO.....2	
112	What is the main method of waste disposal in this community/village?	PIT INSIDE/OUTSIDE COMPOUND.....1 RUBBISH BIN.....2 THROWN INSIDE/OUTSIDE COMPOUND.....3 OTHER.....4	
113	Is there telephone service or a radio call for this community/village?	YES.....1 NO.....2	
114	What type of toilet facilities are used by most households in this community/village?	FLUSH.....1 PIT AND OTHER.....2 NO FACILITIES/BUS-/FIELD.....3	

COMMENTS:

SECTION 1B. AVAILABILITY OF PUBLIC SERVICES NEAREST TO OR IN THE COMMUNITY/VILLAGE:

INTERVIEWER: Now I would like to ask you about the distances to the nearest of various types of schools and services, how you usually go there and how long it takes to get there from here.

SERVICE	115 How far is it to the nearest [SER- VICE] in km? (a)	116 What is the most common transport to [SERVICE]? (b)	117 How long does it take to get to [SERVICE]? HOURS MINUTES
<b>A. EDUCATION</b>			
1 Primary School	<input type="text"/> <input type="text"/> IF '00'	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2 Day Secondary School	<input type="text"/> <input type="text"/> IF '00'	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3 Post Primary Technical Centre	<input type="text"/> <input type="text"/> IF '00'	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
<b>B. GENERAL SERVICES</b>			
1 Post Office/Mail Service	<input type="text"/> <input type="text"/> IF '00'	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
2 Weekly Market	<input type="text"/> <input type="text"/> IF '00'	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
3 Shop (Duka)	<input type="text"/> <input type="text"/> IF '00'	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
4 Place With Bus Service Available	<input type="text"/> <input type="text"/> IF '00'	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
5 Place Where Most Village/ Community Residents Sell Cash Crops	<input type="text"/> <input type="text"/> IF '00'	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

CODES: (a) 96 = 96+  
00 = Less than 1/located  
in village  
98 = No known facility

(b) Car/Bus 1  
Animal 2  
Walking 3  
Cycling 4  
Other 5

118	Are there adult literacy classes (Kisumu Chenye Manufaa) in this community/village?	YES.....1 NO.....2
-----	--	-----------------------

COMMENTS:

SECTION 1C. HEALTH AND FAMILY PLANNING PROGRAMS IN THE COMMUNITY

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
119	Is there a traditional birth attendant available to women here who regularly assists during delivery?	YES.....1 NO.....2	→ 120
119a	Has the traditional birth attendant had any special training from the MOH or other organisation?	YES.....1 NO.....2	
120	Is this community visited by a maternal and child health (MCH) aide?	YES.....1 NO.....2	
121	Is there a traditional healer available in this community/village?	YES.....1 NO.....2	
122	Does a family planning field worker from UMATI visit this community/village? (DVC or DUC or RUC)	YES.....1 NO.....2	→ 123
122a	How often does the family planning field worker come to this community/village and give motivational talks?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH..1 YEAR...2	
122b	Does the family planning worker distribute any contraceptives during the visit?	YES.....1 NO.....2	
123	Does this community/village have one or more village health workers?	YES.....1 NO.....2	→ 124
123a	Have any of the village health workers been trained?	YES.....1 NO.....2	
123b	Are any of the village health workers paid by the village/community as a group?	YES.....1 NO.....2	→ 123d
123c	Has the village health worker been paid in the last 3 months?	YES.....1 NO.....2	
123d	Does a village health worker provide:  Chloroquine syrup?  Family Planning Motivation?  Condoms?  ORS Instruction?  ORS Packets?  Antenatal Care?  Growth Monitoring?  Environmental Sanitation Talks?	CHLOROQUINE: YES.....1 NO.....2  FAMILY PLANNING MOTIVATION: YES.....1 NO.....2  CONDOMS: YES.....1 NO.....2  ORS INSTRUCTION: YES.....1 NO.....2  ORS PACKETS: YES.....1 NO.....2  ANTENATAL CARE: YES.....1 NO.....2  GROWTH MONITORING: YES.....1 NO.....2  SANITATION TALKS: YES.....1 NO.....2	

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
124	Is this community/village visited by one or more outreach programs from a dispensary, health centre or hospital?	YES.....1 NO.....2	→ 125
124a	Does an outreach program provide:  Growth Monitoring?  Immunisation?  Antenatal Care?  Condoms?  Family Planning Motivation?  Contraceptive Pills?	GROWTH MONITORING: YES.....1 NO.....2  IMMUNISATION: YES.....1 NO.....2  ANTENATAL CARE: YES.....1 NO.....2  CONDOMS: YES.....1 NO.....2  FAMILY PLANNING MOTIVATION: YES.....1 NO.....2  PILLS: YES.....1 NO.....2	
125	Is there an active village health committee (VHC)/primary health committee in this community/village?	YES.....1 NO.....2	
126	Have you had a Village Health Day in the last 3 months?	YES.....1 NO.....2	→ 127
126a	Was it organised by the village/community?	YES.....1 NO.....2	
127	Have you had any AIDS campaigns in this community/village?	YES.....1 NO.....2	→ 128
127a	How many AIDS campaigns have you had in the last year?	NUMBER OF AIDS CAMPAIGNS IN LAST YEAR.. <input type="text"/> <input type="text"/>	
127b	Have you had an AIDS campaign in the last three months?	YES.....1 NO.....2	
128	Other than for AIDS, have you ever had any health or family planning campaigns in this community/village?	YES.....1 NO.....2	→ Section 2
128a	How many health and family planning campaigns have you had in the last year?	NUMBER OF HEALTH CAMPAIGNS IN LAST YEAR.. <input type="text"/> <input type="text"/>	
128b	Have you had a health or family planning campaign in the last three months?	YES.....1 NO.....2	→ Section 2
128c	What was the health campaign about? (CIRCLE ALL APPLICABLE)	BENEFITS OF PROLONGED LACTATION..A EPI.....B ORS.....C MALARIA.....D NUTRITION (FOOD IS LIFE).....E SANITATION.....F FP RADIO PROGRAM.....G BENEFITS OF CHILD SPACING.....H SPECIFIC METHOD(S) PROMOTION.....I OTHER (SPECIFY).....J	

SECTION 2.

FACILITY IDENTIFICATION SECTION

INTERVIEWER: I am planning to visit facilities providing maternal and child health services including family planning throughout Tanzania and together we can identify those in this area that I am interested in. I plan to visit private doctors (which include those in private clinics), private pharmacies or medical stores, dispensaries, health centers and hospitals.

What is the name of the NEAREST (YA KARIBU ZIADI KULIKO ZOK) doctor to this community with a private practice or in a private clinic? (A DOCTOR WITH A PRIVATE PRACTICE IS A DOCTOR WHO SEES WOMEN AND CHILDREN WHERE THE PATIENT MUST PAY FOR THE VISIT. OFTEN IN TANZANIA, THIS DOCTOR WILL WORK IN A GOVERNMENT FACILITY DURING WORKING HOURS AND SEE PATIENTS PRIVATELY AFTER HOURS.)

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What is the name of the NEAREST private pharmacy or medical store to this community? (A PRIVATE PHARMACY IS A STORE OR SHOP WHERE MEDICINE IS SOLD AND WHERE THERE MAY BE A TRAINED PHARMACIST WHO CAN FILL PRESCRIPTIONS.)

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What is the name of the NEAREST dispensary (zahanati) providing health services for women and children to this community? (DISPENSARIES ARE WARD LEVEL FACILITIES STAFFED BY A RURAL MEDICAL AIDE. THESE FACILITIES PROVIDE BOTH BASIC CURATIVE AND PREVENTIVE CARE AND GENERALLY HAVE FEW OR NO BEDS. PATIENTS ARE GENERALLY NOT ADMITTED IN DISPENSARIES.)

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What is the name of the NEAREST health centre (kituo cha afya) providing health services for women and children to this community? (HEALTH CENTRES ARE AT THE DIVISION LEVEL, ARE RUN BY MEDICAL ASSISTANTS AND HAVE AN ADDITIONAL SEVEN OR EIGHT HEALTH WORKERS. THEY TEND TO PROVIDE THE SAME TYPES OF BASIC PREVENTIVE AND CURATIVE CARE AS DISPENSARIES BUT HAVE MORE BEDS AND PATIENTS ARE ADMITTED.)

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What is the name of the NEAREST hospital providing health services for women and children to this community? (HOSPITALS ARE AT THE ZONAL, REGIONAL AND DISTRICT LEVEL AND ARE RUN BY MEDICAL OFFICERS. THEY PROVIDE CURATIVE AND PREVENTIVE HEALTH SERVICES AND ARE THE FINAL REFERRAL CENTER. THEY PROVIDE THE MOST COMPREHENSIVE CARE AND ARE STAFFED BY DOCTORS. HOSPITALS CAN BE CALLED CONSULTANT, REGIONAL OR DISTRICT HOSPITALS.)

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INTERVIEWER: Now I am going to ask some additional questions about the facilities that you just mentioned.

**A. PRIVATE DOCTOR**

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
A201	NAME OF PRIVATE DOCTOR (COPY FROM SECTION 2 COVER PAGE).	PRIVATE DOCTOR'S NAME _____ NOT APPLICABLE.....96	→ B201
A202	Where is the private doctor's practice located?	LOCALITY _____	
A203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM	→ A206
A204	What is the most common type of transport to the doctor's practice?	CAR/BUS.....1 ANIMAL.....2 WALKING.....3 CYCLING.....4 OTHER.....5	<input type="checkbox"/>
A205	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A206	Does this private doctor provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....8	→ A212
A207	Who is the nearest doctor with a private practice who provides family planning services to this community?	PRIVATE DOCTOR'S NAME _____ NOT APPLICABLE.....96	→ A212
A208	Where is his/her practice located?	LOCALITY _____	
A209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM	→ A212
A210	What is the most common type of transport to the doctor's practice?	CAR/BUS.....1 ANIMAL.....2 WALKING.....3 CYCLING.....4 OTHER.....5	<input type="checkbox"/>
A211	How long does it take to get from here to (PRIVATE DOCTOR'S NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
A212	How many private doctor practices in total are there within 30 kilometers?	NONE.....0 ONE.....1 TWO.....2 THREE OR FOUR.....3 FIVE OR MORE.....4	

BOXES IN THE 'SKIP TO' COLUMN ARE TO BE USED IN THE INSTANCE OF MISIDENTIFICATION.

# **B. PHARMACY**

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
B201	NAME OF PHARMACY (COPY FROM SECTION 2 COVER PAGE).	PHARMACY NAME _____  NOT APPLICABLE.....98	→ C201
B202	Where is (PHARMACY NAME) located?	LOCALITY _____ _____	
B203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM	→ B206
B204	What is the most common type of transport to the pharmacy?	CAR/BUS.....1 ANIMAL.....2 WALKING.....3 CYCLING.....4 OTHER.....5	<input type="checkbox"/>
B205	How long does it take to get from here to (PHARMACY NAME) using most common type of transport?	HOURS..... <input type="text"/>  MINUTES..... <input type="text"/> <input type="text"/>	<input type="checkbox"/>  <input type="text"/> <input type="text"/>
B206	Does this pharmacy sell family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	→ B212
B207	What is the name of the nearest pharmacy which sells family planning supplies to this community?	PHARMACY NAME _____  NOT APPLICABLE.....98	→ B212
B208	Where is it located?	LOCALITY _____ _____	
B209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM	→ B212
B210	What is the most common type of transport to the pharmacy?	CAR/BUS.....1 ANIMAL.....2 WALKING.....3 CYCLING.....4 OTHER.....5	<input type="checkbox"/>
B211	How long does it take to get from here to (PHARMACY NAME) using most common type of transport?	HOURS..... <input type="text"/>  MINUTES..... <input type="text"/> <input type="text"/>	<input type="checkbox"/>  <input type="text"/> <input type="text"/>
B212	How many private pharmacies in total are there within 30 kilometers?	NONE.....0 ONE.....1 TWO.....2 THREE OR FOUR.....3 FIVE OR MORE.....4	

BOXES IN THE 'SKIP TO' COLUMN ARE TO BE USED IN THE INSTANCE OF MISIDENTIFICATION.

COMMENTS:

**C. DISPENSARY**

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
C201	NAME OF DISPENSARY (COPY FROM SECTION 2 COVER PAGE).	DISPENSARY NAME _____  NOT APPLICABLE.....96	→ D201
C202	Where is (DISPENSARY NAME) located?	LOCALITY _____ _____	
C203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM	→ C206
C204	What is the most common type of transport to the dispensary?	CAR/BUS.....1 ANIMAL.....2 WALKING.....3 CYCLING.....4 OTHER.....5	<input type="checkbox"/>
C205	How long does it take to get from here to (DISPENSARY NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
C206	Does this dispensary provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....8	→ C212
C207	What is the name of the nearest dispensary providing family planning services to this community?	DISPENSARY NAME _____  NOT APPLICABLE.....96	→ C212
C208	Where is it located?	LOCALITY _____ _____	
C209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM	→ C212
C210	What is the most common type of transport to the dispensary?	CAR/BUS.....1 ANIMAL.....2 WALKING.....3 CYCLING.....4 OTHER.....5	<input type="checkbox"/>
C211	How long does it take to get from here to (DISPENSARY NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
C212	How many dispensaries in total are there within 30 kilometers?	NONE.....0 ONE.....1 TWO.....2 THREE OR FOUR.....3 FIVE OR MORE.....4	

BOXES IN THE 'SKIP TO' COLUMN ARE TO BE USED IN THE INSTANCE OF MISIDENTIFICATION.

# D. HEALTH CENTRE

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
D201	NAME OF HEALTH CENTRE (COPY FROM SECTION 2 COVER PAGE).	HEALTH CENTRE NAME _____  NOT APPLICABLE.....98	→ E201
D202	Where is (HEALTH CENTRE NAME) located?	LOCALITY _____ _____	
D203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM	<input type="text"/> <input type="text"/> → D206
D204	What is the most common type of transport to the health centre?	CAR/BUS.....1 ANIMAL.....2 WALKING.....3 CYCLING.....4 OTHER.....5	<input type="checkbox"/>
D205	How long does it take to get from here to (HEALTH CENTRE NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
D206	Does this health centre provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....8	→ D212
D207	What is the name of the nearest health centre providing family planning services to this community?	HEALTH CENTRE NAME _____  NOT APPLICABLE.....98	→ D212
D208	Where is it located?	LOCALITY _____ _____	
D209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM	<input type="text"/> <input type="text"/> → D212
D210	What is the most common type of transport to the health centre?	CAR/BUS.....1 ANIMAL.....2 WALKING.....3 CYCLING.....4 OTHER.....5	<input type="checkbox"/>
D211	How long does it take to get from here to (HEALTH CENTRE NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
D212	How many health centres in total are there within 30 kilometers?	NONE.....0 ONE.....1 TWO.....2 THREE OR FOUR.....3 FIVE OR MORE.....4	

BOXES IN THE 'SKIP TO' COLUMN ARE TO BE USED IN THE INSTANCE OF MISIDENTIFICATION.

# E. HOSPITALS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
E201	NAME OF HOSPITAL (COPY FROM SECTION 2 COVER PAGE).	HOSPITAL NAME _____ NOT APPLICABLE.....98	→ 213
E202	Where is (HOSPITAL NAME) located?	LOCALITY _____ _____	
E203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM	<input type="text"/> <input type="text"/> → E206
E204	What is the most common type of transport to the hospital?	CAR/BUS.....1 ANIMAL.....2 WALKING.....3 CYCLING.....4 OTHER.....5	<input type="checkbox"/>
E205	How long does it take to get from here to (HOSPITAL NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>
E206	Does (HOSPITAL NAME) provide family planning services?	YES.....1 NO.....2 DON'T KNOW.....8	→ E212
E207	What is the name of the nearest hospital providing family planning services to this community?	HOSPITAL NAME _____ NOT APPLICABLE.....98	→ E212
E208	Where is it located?	LOCALITY _____ _____	
E209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/> IF MORE THAN 30 KM	<input type="text"/> <input type="text"/> → E212
E210	What is the most common type of transport to the hospital?	CAR/BUS.....1 ANIMAL.....2 WALKING.....3 CYCLING.....4 OTHER.....5	<input type="checkbox"/>
E211	How long does it take to get from here to (HOSPITAL NAME) using most common type of transport?	HOURS..... <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	<input type="checkbox"/> <input type="text"/> <input type="text"/>
E212	How many hospitals in total are there within 30 kilometers?	NONE.....0 ONE.....1 TWO.....2 THREE OR FOUR.....3 FIVE OR MORE.....4	

BOXES IN THE 'SKIP TO' COLUMN ARE TO BE USED IN THE INSTANCE OF MISIDENTIFICATION.

CONTRACEPTIVE METHOD IDENTIFICATION

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
213	What is the name of the nearest facility or provider to this community where birth control pills can be obtained?	NEAREST PILL PROVIDER NAME _____	
214	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
215	What is the name of the nearest facility or provider to this community where condoms can be obtained?	NEAREST CONDOM PROVIDER NAME _____	
216	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
217	What is the name of the nearest facility or provider to this community where injectables (Depo Provera) can be obtained?	NEAREST INJECTABLE PROVIDER NAME _____	
218	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
219	What is the name of the nearest facility or provider to this community where foaming tablets, foam or jelly can be obtained?	NEAREST FOAMING TABLET PROVIDER NAME _____	
220	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
221	What is the name of the nearest facility or provider to this community where IUCDs (loops) can be inserted?	NEAREST IUCD PROVIDER NAME _____	
222	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
223	What is the name of the nearest facility or provider to this community where contraceptive sterilisation can be obtained?	NEAREST STERILISATION PROVIDER NAME _____	
224	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 95 KILOMETERS, WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 96 KILOMETERS OR MORE, WRITE IN '96'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	

225.		CLUSTER INFORMANTS	
	NAME	POSITION/TITLE/OCCUPATION	
1.	_____	_____	
2.	_____	_____	
3.	_____	_____	
4.	_____	_____	
5.	_____	_____	
226.	TOTAL NUMBER OF INFORMANTS IN THE CLUSTER.....		<input type="text"/> <input type="text"/>

END OF CLUSTER INTERVIEW.

LOG OF FACILITIES TO BE VISITED			
DIRECTIONS: LIST BELOW ALL FACILITIES THAT WERE CITED AS BEING WITHIN 30 KILOMETERS OF THE CLUSTER. GET THIS INFORMATION FROM QUESTIONS A-E203 AND A-E209.			
FACILITY TYPE & NAME:	DISTANCE FROM CLUSTER	LOCATION:	DATE VISITED:
_____	<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"/>	_____	_____

SECTION 3. Name: \_\_\_\_\_

**HOSPITAL VISIT**

Date: \_\_\_\_\_

IF THE HOSPITAL IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 300 AND 302 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

COMPLETE VISIT

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD DHS CLUSTER NUMBER HERE:

IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

300	IF THIS IS THE FIRST FACILITY VISITED AFTER THE CLUSTER VISIT RECORD DISTANCE FROM CLUSTER FROM THE ODOMETER.	DISTANCE FROM CLUSTER.... <input type="text"/> <input type="text"/> NOT FIRST FACILITY VISITED.....95
301	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3
302	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
303	In what year did this hospital open?	YEAR OPENED.....19 <input type="text"/> <input type="text"/>	
304	Under what authority is this hospital operated?	GOVERNMENT.....1 PRIVATE.....2 VOLUNTARY AGENCY.....3 OTHER.....4	
305	What is the status of this hospital?	CONSULTANT.....1 REGIONAL.....2 DISTRICT/DESIGNATED DIST. HOS.....3 NONE.....4	
306	How many beds does this hospital have?	NUMBER OF BEDS..... <input type="text"/> <input type="text"/> <input type="text"/>	
307	On average, how many outpatients are seen daily at this facility? (Outpatients are people seen for preventive care and sick people who go home the same day)	NUMBER OF DAILY OUTPATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
308	How many regular staff of the following types does the hospital have?	NUMBER OF:	
	Doctors	DOCTORS..... <input type="text"/> <input type="text"/>	
	Medical assistants	MEDICAL ASSISTANTS..... <input type="text"/> <input type="text"/>	
	Rural medical aides	RURAL MEDICAL AIDES..... <input type="text"/> <input type="text"/>	
	Public health nurses	NURSES..... <input type="text"/> <input type="text"/>	
	Trained midwives	MIDWIVES..... <input type="text"/> <input type="text"/>	
	MCH aides	MCH AIDES..... <input type="text"/> <input type="text"/>	
	Auxillary staff (health officers, health attendants, other nurses)	AUXILLARY STAFF..... <input type="text"/> <input type="text"/>	

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																																																																				
309	Does this facility normally use disposable needles when giving injections for MCH immunisations?	YES.....1 NO.....2	→312																																																																																				
310	Is this facility out now or has it run out of its supply of MCH disposable needles at any time in the last 6 months?	YES.....1 NO.....2																																																																																					
311	Does this facility ever reuse disposable needles?	YES.....1 NO.....2																																																																																					
312	Does this facility normally use disposable gloves?	YES.....1 NO.....2	→314																																																																																				
313	Is this facility out now or has it run out of disposable gloves at any time in the last 6 months?	YES.....1 NO.....2																																																																																					
314	What is the method MOST frequently used for the sterilisation of medical instruments (not linens)?  (CIRCLE ONE)	ELECTRIC STERILISER.....1 AUTOCLAVE.....2 STEAM PRESSURE STERILISER.....3 BOIL OVER KEROSENE STOVE.....4 BOIL OVER CHARCOAL/WOOD STOVE.....5 NONE.....6 OTHER.....7	→316																																																																																				
315	Has the facility NOT been able to sterilise medical instruments for any reason (e.g. equipment broken, no electricity, no fuel) at any time in the last six months?	YES.....1 NO.....2																																																																																					
316	Does the facility have the following items in working order/ in stock:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>Running water?</td><td>RUNNING WATER.....1</td><td>2</td></tr> <tr><td>Electricity?</td><td>ELECTRICITY.....1</td><td>2</td></tr> <tr><td>Refrigerator?</td><td>REFRIGERATOR.....1</td><td>2</td></tr> <tr><td>Kerosene?</td><td>KEROSENE.....1</td><td>2</td></tr> <tr><td>Telephone or radio transmitter?</td><td>TELEPHONE.....1</td><td>2</td></tr> <tr><td>Vehicle?</td><td>VEHICLE.....1</td><td>2</td></tr> <tr><td>Motorbike?</td><td>MOTORBIKE.....1</td><td>2</td></tr> <tr><td>Operating theatre in working order?</td><td>OPERATING THEATRE.....1</td><td>2</td></tr> <tr><td>Delivery bed?</td><td>DELIVERY BED.....1</td><td>2</td></tr> <tr><td>Delivery kit?</td><td>DELIVERY KIT.....1</td><td>2</td></tr> <tr><td>Waiting area for women in labor?</td><td>WAITING AREA.....1</td><td>2</td></tr> <tr><td>Blood bank?</td><td>BLOOD BANK.....1</td><td>2</td></tr> <tr><td>Examination couch?</td><td>EXAM COUCH.....1</td><td>2</td></tr> <tr><td>Examination light for gynecological examination?</td><td>LIGHT-GYN EXAMS.....1</td><td>2</td></tr> <tr><td>IUCD (loop insertion) kit?</td><td>IUCD KIT.....1</td><td>2</td></tr> <tr><td>Minilap kit for tubal ligation?</td><td>MINILAP KIT.....1</td><td>2</td></tr> <tr><td>Weighing scales for children?</td><td>WEIGHING SCALE-CHILD.....1</td><td>2</td></tr> <tr><td>Adult weighing scale?</td><td>ADULT SCALE.....1</td><td>2</td></tr> <tr><td>Growth cards?</td><td>GROWTH CARDS.....1</td><td>2</td></tr> <tr><td>Linens?</td><td>LINENS.....1</td><td>2</td></tr> <tr><td>Gauze?</td><td>COTTON WOOL.....1</td><td>2</td></tr> <tr><td>Cotton wool?</td><td>GAUZE.....1</td><td>2</td></tr> <tr><td>Antiseptics?</td><td>ANTISEPTICS.....1</td><td>2</td></tr> <tr><td>Blood pressure machine?</td><td>BLOOD PRESSURE MACHINE.....1</td><td>2</td></tr> <tr><td>Hemoglobinometer for diagnosis of anemia?</td><td>HEMOGLOBINOMETER.....1</td><td>2</td></tr> <tr><td>Microscope?</td><td>MICROSCOPE.....1</td><td>2</td></tr> <tr><td>AIDS test (Elisa test)?</td><td>AIDS TEST.....1</td><td>2</td></tr> </tbody> </table>		YES	NO	Running water?	RUNNING WATER.....1	2	Electricity?	ELECTRICITY.....1	2	Refrigerator?	REFRIGERATOR.....1	2	Kerosene?	KEROSENE.....1	2	Telephone or radio transmitter?	TELEPHONE.....1	2	Vehicle?	VEHICLE.....1	2	Motorbike?	MOTORBIKE.....1	2	Operating theatre in working order?	OPERATING THEATRE.....1	2	Delivery bed?	DELIVERY BED.....1	2	Delivery kit?	DELIVERY KIT.....1	2	Waiting area for women in labor?	WAITING AREA.....1	2	Blood bank?	BLOOD BANK.....1	2	Examination couch?	EXAM COUCH.....1	2	Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1	2	IUCD (loop insertion) kit?	IUCD KIT.....1	2	Minilap kit for tubal ligation?	MINILAP KIT.....1	2	Weighing scales for children?	WEIGHING SCALE-CHILD.....1	2	Adult weighing scale?	ADULT SCALE.....1	2	Growth cards?	GROWTH CARDS.....1	2	Linens?	LINENS.....1	2	Gauze?	COTTON WOOL.....1	2	Cotton wool?	GAUZE.....1	2	Antiseptics?	ANTISEPTICS.....1	2	Blood pressure machine?	BLOOD PRESSURE MACHINE.....1	2	Hemoglobinometer for diagnosis of anemia?	HEMOGLOBINOMETER.....1	2	Microscope?	MICROSCOPE.....1	2	AIDS test (Elisa test)?	AIDS TEST.....1	2	
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317	Do you have an outreach program?	YES.....1 NO.....2	→320																																																																																				
318	How many villages/communities do you regularly visit?	NUMBER OF SITES..... <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>																																																																																					

COMMENTS:

# **SERVICES AVAILABLE AT THE FACILITY:**

Now I would like to ask you about maternal and child health services available at this hospital. ASK Q.320 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

SERVICE	320 Is (SERVICE) available?	321 How many days per week is (SERVICE) available?	322 In what year was (SERVICE) first offered here?
1 Antenatal care	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
2 Delivery care	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
3 Postnatal care	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
4 Child immunisation sessions	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
5 Child growth monitoring sessions	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
6 Rehydration unit	YES.....1 NO.....2 323 ←	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>

# **MEDICATION AVAILABILITY AT THE FACILITY:**

Now I would like to ask you about medications and other supplies available at this facility. When I have finished, I will need to see the medications you have in stock. ASK Q.323 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, ASK Q.324, IF NOT ASK Q.325. IF THE MEDICATION HAS AT SOME TIME BEEN AVAILABLE, ASK Q.326. IF Q.323 IS YES, RECORD WHETHER YOU SEE THE MEDICATION.

MEDICATION	323 Is (MEDICATION) available now?	324 At any time in the last 6 months did you run out of (MEDICATION)?	325 Have you ever had (MEDICATION)?	326 Why do you not have (MEDICATION) now? (a)	327 MEDICATION SEEN/NOT SEEN STATUS
1 Chloroquine syrup	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 323 ←	YES.....1 NO.....2 323 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
2 Quinine	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 323 ←	YES.....1 NO.....2 323 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
3 Penicillin	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 323 ←	YES.....1 NO.....2 323 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
4 Iron tablets	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 323 ←	YES.....1 NO.....2 323 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
5 Folic acid	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 323 ←	YES.....1 NO.....2 323 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
6 ORS packets	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 323 ←	YES.....1 NO.....2 323 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
7 Condoms	YES.....1 NO.....2 325 ←	YES.....1 NO.....2 327 ←	YES.....1 NO.....2 327 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2

CODES: (a) Insufficient funds = 1 Not designated to carry = 3 Other =  
Unable to get resupply = 2 Out of current month's supply = 4

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
328	Do you have enough space in this facility for MCH services?	YES.....1 NO.....2	
329	Are immunisations available for children now?	YES.....1 NO.....2	→ 332
330	At any time in the last 6 months have you run out of vaccines?	YES.....1 NO.....2	
331	I need to see your supply of vaccines now.	VACCINES SEEN IN REFRIGERATOR.....1 VACCINES SEEN NOT IN REFRIGERATOR.....2 VACCINES NOT SEEN.....3	
332	Does this facility provide family planning services?	YES.....1 NO.....2	→ 338
333	What is your position or title here?	_____	→ 354

IF THE FAMILY PLANNING INFORMATION IS OBTAINED FROM A SECOND FACILITY, BEGIN QUESTIONNAIRE WITH Q.334.

334	In what year did this hospital open?	YEAR OPENED.....19 <input type="text"/>																												
335	Under what authority is this hospital operated?	GOVERNMENT.....1 PRIVATE.....2 VOLUNTARY AGENCY.....3 OTHER.....4																												
336	What is the status of this hospital?	CONSULTANT.....1 REGIONAL.....2 DISTRICT/DESIGNATED DIST. HOS.....3 NONE.....4																												
337	Does the facility have the following items in working order: Running water? Electricity? Operating theatre in working order? Examination couch? Examination light for gynecological examination? Blood pressure machine? IUCD (loop insertion) kit? Minilap kit for tubal ligation?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>RUNNING WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OPERATING THEATRE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>EXAM COUCH.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LIGHT-GYN EXAMS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BLOOD PRESSURE MACHINE....</td> <td>1</td> <td>2</td> </tr> <tr> <td>IUCD KIT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MINILAP KIT.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	RUNNING WATER.....	1	2	ELECTRICITY.....	1	2	OPERATING THEATRE.....	1	2	EXAM COUCH.....	1	2	LIGHT-GYN EXAMS.....	1	2	BLOOD PRESSURE MACHINE....	1	2	IUCD KIT.....	1	2	MINILAP KIT.....	1	2	
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338	Does the hospital have the following types of staff who are trained in family planning provision? Doctors? Medical Assistants? Rural Medical Aides? Nurses? MCH Aides?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>DOCTORS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MEDICAL ASSISTANTS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RURAL MEDICAL AIDES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NURSES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MCH AIDES.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	DOCTORS.....	1	2	MEDICAL ASSISTANTS.....	1	2	RURAL MEDICAL AIDES.....	1	2	NURSES.....	1	2	MCH AIDES.....	1	2	→ 340									
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339	Are any family planning doctors trained in sterilisation procedures (tubal ligation or vasectomy)?	YES.....1 NO.....2																												
340	Are the following types of staff, if available, trained in IUCD (loop) insertion? Doctors? Medical Assistants? Rural Medical Aides? Nurses? MCH Aides?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> <tr> <td>DOCTORS.....</td> <td>1</td> <td>2</td> <td>7</td> </tr> <tr> <td>MEDICAL ASSISTANTS.....</td> <td>1</td> <td>2</td> <td>7</td> </tr> <tr> <td>RURAL MEDICAL AIDES.....</td> <td>1</td> <td>2</td> <td>7</td> </tr> <tr> <td>NURSES.....</td> <td>1</td> <td>2</td> <td>7</td> </tr> <tr> <td>MCH AIDES.....</td> <td>1</td> <td>2</td> <td>7</td> </tr> </table>		YES	NO	NA	DOCTORS.....	1	2	7	MEDICAL ASSISTANTS.....	1	2	7	RURAL MEDICAL AIDES.....	1	2	7	NURSES.....	1	2	7	MCH AIDES.....	1	2	7				
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NURSES.....	1	2	7																											
MCH AIDES.....	1	2	7																											
341	During an average month, how many women come to get family planning for the first time?	NEW PATIENTS..... <input type="text"/>																												

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
342	During an average month, how many women come because they need more family planning (resupply)?	RESUPPLY PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	
343	Do you fill out an MCH 3 form (Taarifa ya mahudhuria ya akina mama na watoto kwa mwezi au mwaka) regularly?	YES.....1 NO.....2	→ 345
344	What do you do this form?	SEND TO MOH.....1 SEND TO DISTRICT OFFICER.....2 SEND TO ZONAL OFFICE.....3 KEEP IN FILE.....4 NOTHING/DON'T KNOW.....8	

# CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this hospital. I must also see the methods when we are finished. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE HOSPITAL, MOVE ACROSS THE TABLE. IF THE METHOD IS NOT AVAILABLE NOW, ASK Q.350 AND THEN BEGIN AGAIN WITH THE NEXT METHOD.

METHOD	345 Is (METHOD) available now?	346 How many days per week is (METHOD) available?	347 In what year did you first offer (METHOD)?	348 Is your stock of (METHOD) in date or out of date?	349 METHOD SEEN/NOT SEEN STATUS	350 How many weeks ago did you run out of (METHOD)? [a]
01 Pill	YES.....1 NO.....2 350 ←	<input type="text"/>	19 <input type="text"/> <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN.....2	<input type="text"/> WKS.
02 IUCD (loop)	YES.....1 NO.....2 350 ←	<input type="text"/>	19 <input type="text"/> <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN.....2	<input type="text"/> WKS.
03 Injection	YES.....1 NO.....2 350 ←	<input type="text"/>	19 <input type="text"/> <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN.....2	<input type="text"/> WKS.
04 Foaming tablets/ foam/jelly	YES.....1 NO.....2 350 ←	<input type="text"/>	19 <input type="text"/> <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN.....2	<input type="text"/> WKS.
05 Contraceptive sterilisation (tubal ligation/vasectomy)	YES.....1 NO.....2 350 ←	<input type="text"/>	19 <input type="text"/> <input type="text"/>			
06 Other Specify _____	YES.....1 NO.....2 350 ←	<input type="text"/>	19 <input type="text"/> <input type="text"/>			

CODES: [a] 97 = Never stocked method

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
351	Do you have your contraceptives delivered or must you go get them?	DELIVERED.....1 PICK THEM UP.....2	→ 353
352	How far (in kilometers) must you go to get them?	KM. TO PICK UP CONTRACEPTIVES..... <input type="text"/> <input type="text"/>	
353	What is your position or title here?		

QUESTIONS 354 AND 355 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

354	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2
355	ADDITIONAL COMMENTS:	

SECTION 4. Name: \_\_\_\_\_ HEALTH CENTRE VISIT Date: \_\_\_\_\_

IF THE HEALTH CENTRE IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 400 AND 402 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

COMPLETE VISIT

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD DHS CLUSTER NUMBER HERE:     
IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

400	IF THIS IS THE FIRST FACILITY VISITED AFTER THE CLUSTER VISIT RECORD DISTANCE FROM CLUSTER FROM THE ODOMETER.	DISTANCE FROM CLUSTER.... <input type="text"/> <input type="text"/> NOT FIRST FACILITY VISITED.....95
401	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3
402	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
403	In what year did this health centre open?	YEAR OPENED.....19 <input type="text"/> <input type="text"/>	
404	Under what authority is this health centre operated?	GOVERNMENT.....1 PRIVATE.....2 VOLUNTARY AGENCY.....3 OTHER.....4	
406	How many beds does this health centre have?	NUMBER OF BEDS..... <input type="text"/> <input type="text"/> <input type="text"/>	
407	On average, how many outpatients are seen daily at this facility? (Outpatients are people seen for preventive care and sick people who go home the same day)	NUMBER OF DAILY OUTPATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
408	How many regular staff of the following types does the health centre have?  Medical assistants  Rural medical aides  Public health nurses  Trained midwives  MCH aides  Auxiliary staff (health officers, health attendants, other nurses)	NUMBER OF:  MEDICAL ASSISTANTS..... <input type="text"/> <input type="text"/>  RURAL MEDICAL AIDES..... <input type="text"/> <input type="text"/>  NURSES..... <input type="text"/> <input type="text"/>  MIDWIVES..... <input type="text"/> <input type="text"/>  MCH AIDES..... <input type="text"/> <input type="text"/>  AUXILIARY STAFF..... <input type="text"/> <input type="text"/>	

COMMENTS:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																																																																	
409	Does this facility normally use disposable needles when giving injections for MCH immunisations?	YES.....1 NO.....2	→412																																																																																	
410	Is this facility out now or has it run out of its supply of disposable needles at any time in the last 6 months?	YES.....1 NO.....2																																																																																		
411	Does this facility ever reuse disposable needles?	YES.....1 NO.....2																																																																																		
412	Does this facility normally use disposable gloves?	YES.....1 NO.....2	→416																																																																																	
413	Is this facility out now or has it run out of its supply of disposable gloves at any time in the last 6 months?	YES.....1 NO.....2																																																																																		
414	What is the method MOST frequently used for the sterilisation of medical instruments (not linens)?  (CIRCLE ONE)	ELECTRIC STERILISER.....1 AUTOCLAVE.....2 STEAM PRESSURE STERILISER.....3 BOIL OVER KEROSENE STOVE.....4 BOIL OVER CHARCOAL/WOOD STOVE.....5 NONE.....6 OTHER.....7	→416																																																																																	
415	Has the facility NOT been able to sterilise medical instruments for any reason (e.g. equipment broken, no electricity, no fuel) at any time in the last six months?	YES.....1 NO.....2																																																																																		
416	Does the facility have the following items in working order/ in stock:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>Running water?</td><td>RUNNING WATER.....1</td><td>2</td></tr> <tr><td>Electricity?</td><td>ELECTRICITY.....1</td><td>2</td></tr> <tr><td>Refrigerator?</td><td>REFRIGERATOR.....1</td><td>2</td></tr> <tr><td>Kerosene?</td><td>KEROSENE.....1</td><td>2</td></tr> <tr><td>Telephone or radio transmitter?</td><td>TELEPHONE.....1</td><td>2</td></tr> <tr><td>Vehicle?</td><td>VEHICLE.....1</td><td>2</td></tr> <tr><td>Motorbike?</td><td>MOTORBIKE.....1</td><td>2</td></tr> <tr><td>Bicycle?</td><td>BICYCLE.....1</td><td>2</td></tr> <tr><td>Delivery bed?</td><td>DELIVERY BED.....1</td><td>2</td></tr> <tr><td>Delivery kit?</td><td>DELIVERY KIT.....1</td><td>2</td></tr> <tr><td>Waiting area for women in labor?</td><td>WAITING AREA.....1</td><td>2</td></tr> <tr><td>Blood bank?</td><td>BLOOD BANK.....1</td><td>2</td></tr> <tr><td>Examination couch?</td><td>EXAM COUCH.....1</td><td>2</td></tr> <tr><td>Examination light for gynecological examination?</td><td>LIGHT-GYN EXAMS.....1</td><td>2</td></tr> <tr><td>IUCD (loop insertion) kit?</td><td>IUCD KIT.....1</td><td>2</td></tr> <tr><td>Weighting scales for children?</td><td>WEIGHING SCALE-CHILD.....1</td><td>2</td></tr> <tr><td>Adult weighing scale?</td><td>ADULT SCALE.....1</td><td>2</td></tr> <tr><td>Growth cards?</td><td>GROWTH CARDS.....1</td><td>2</td></tr> <tr><td>Linens?</td><td>LINENS.....1</td><td>2</td></tr> <tr><td>Gauze?</td><td>COTTON WOOL.....1</td><td>2</td></tr> <tr><td>Cotton wool?</td><td>GAUZE.....1</td><td>2</td></tr> <tr><td>Antiseptics?</td><td>ANTISEPTICS.....1</td><td>2</td></tr> <tr><td>Blood pressure machine?</td><td>BLOOD PRESSURE MACHINE.....1</td><td>2</td></tr> <tr><td>Talquist method for diagnosis of anemia?</td><td>TALQUIST METHOD.....1</td><td>2</td></tr> <tr><td>Microscope?</td><td>MICROSCOPE.....1</td><td>2</td></tr> <tr><td>AIDS test (Elisa test)?</td><td>AIDS TEST.....1</td><td>2</td></tr> </tbody> </table>		YES	NO	Running water?	RUNNING WATER.....1	2	Electricity?	ELECTRICITY.....1	2	Refrigerator?	REFRIGERATOR.....1	2	Kerosene?	KEROSENE.....1	2	Telephone or radio transmitter?	TELEPHONE.....1	2	Vehicle?	VEHICLE.....1	2	Motorbike?	MOTORBIKE.....1	2	Bicycle?	BICYCLE.....1	2	Delivery bed?	DELIVERY BED.....1	2	Delivery kit?	DELIVERY KIT.....1	2	Waiting area for women in labor?	WAITING AREA.....1	2	Blood bank?	BLOOD BANK.....1	2	Examination couch?	EXAM COUCH.....1	2	Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1	2	IUCD (loop insertion) kit?	IUCD KIT.....1	2	Weighting scales for children?	WEIGHING SCALE-CHILD.....1	2	Adult weighing scale?	ADULT SCALE.....1	2	Growth cards?	GROWTH CARDS.....1	2	Linens?	LINENS.....1	2	Gauze?	COTTON WOOL.....1	2	Cotton wool?	GAUZE.....1	2	Antiseptics?	ANTISEPTICS.....1	2	Blood pressure machine?	BLOOD PRESSURE MACHINE.....1	2	Talquist method for diagnosis of anemia?	TALQUIST METHOD.....1	2	Microscope?	MICROSCOPE.....1	2	AIDS test (Elisa test)?	AIDS TEST.....1	2	
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417	Do you have an outreach program?	YES.....1 NO.....2	→419																																																																																	
418	How many villages/communities do you regularly visit?	NUMBER OF SITES..... <input type="text"/> <input type="text"/>																																																																																		
419	Do you receive an EDP kit every month?	YES.....1 NO.....2																																																																																		

COMMENTS:

# **SERVICES AVAILABLE AT THE FACILITY:**

Now I would like to ask you about maternal and child health services available at this health centre. ASK Q.420 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

SERVICE	420 Is (SERVICE) available?	421 How many days per week is (SERVICE) available?	422 In what year was (SERVICE) first offered here?
1 Antenatal care	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
2 Delivery care	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
3 Postnatal care	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
4 Child immunisation sessions	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
5 Child growth monitoring sessions	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>

# **MEDICATION AVAILABILITY AT THE FACILITY:**

Now I would like to ask you about medications and other supplies available at this facility. When I have finished, I will need to see the medications you have in stock. ASK Q.423 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, ASK Q.424, IF NOT A Q.425. IF THE MEDICATION HAS AT SOME TIME BEEN AVAILABLE, ASK Q.426. IF Q.423 IS YES, RECORD WHETHER YOU SEE THE MEDICATION.

MEDICATION	423 Is (MEDICATION) available now?	424 At any time in the last 6 months did you run out of (MEDICATION)?	425 Have you ever had (MEDICATION)?	426 Why do you not have (MEDICATION) now? [a]	427 MEDICATION SEEN/NOT SEEN STATUS
1 Chloroquine syrup	YES.....1 NO.....2 425 ←	YES.....1 NO.....2 423 ←	YES.....1 NO.....2 423 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
2 Quinine	YES.....1 NO.....2 425 ←	YES.....1 NO.....2 423 ←	YES.....1 NO.....2 423 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
3 Penicillin	YES.....1 NO.....2 425 ←	YES.....1 NO.....2 423 ←	YES.....1 NO.....2 423 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
4 Iron tablets	YES.....1 NO.....2 425 ←	YES.....1 NO.....2 423 ←	YES.....1 NO.....2 423 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
5 Folic acid	YES.....1 NO.....2 425 ←	YES.....1 NO.....2 423 ←	YES.....1 NO.....2 423 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
6 ORS packets	YES.....1 NO.....2 425 ←	YES.....1 NO.....2 423 ←	YES.....1 NO.....2 423 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
7 Condoms	YES.....1 NO.....2 425 ←	YES.....1 NO.....2 427 ←	YES.....1 NO.....2 427 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2

CODES: [a] Insufficient funds = 1  
Unable to get resupply = 2

Not designated to carry = 3  
Out of current month's supply = 4

Other = 5

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
428	Do you have enough space in this facility for MCH services?	YES.....1 NO.....2	
429	Are immunisations available for children now?	YES.....1 NO.....2	→ 432
430	At any time in the last 6 months have you run out of vaccines?	YES.....1 NO.....2	
431	I need to see your supply of vaccines now.	VACCINES SEEN IN REFRIGERATOR.....1 VACCINES SEEN NOT IN REFRIGERATOR.....2 VACCINES NOT SEEN.....3	
432	Does this facility provide family planning services?	YES.....1 NO.....2	→ 438
433	What is your position or title here?	_____	→ 454

IF THE FAMILY PLANNING INFORMATION IS OBTAINED FROM A SECOND FACILITY, BEGIN QUESTIONNAIRE WITH Q.434.

434	In what year did this health centre open?	YEAR OPENED.....19 <input type="text"/> <input type="text"/>																						
435	Under what authority is this health centre operated?	GOVERNMENT.....1 PRIVATE.....2 VOLUNTARY AGENCY.....3 OTHER.....4																						
437	Does the facility have the following items in working order:	<table> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>Running water?</td> <td>RUNNING WATER.....1</td> <td>2</td> </tr> <tr> <td>Electricity?</td> <td>ELECTRICITY.....1</td> <td>2</td> </tr> <tr> <td>Examination couch?</td> <td>EXAM COUCH.....1</td> <td>2</td> </tr> <tr> <td>Examination light for gynecological examination?</td> <td>LIGHT-GYN EXAMS.....1</td> <td>2</td> </tr> <tr> <td>Blood pressure machine?</td> <td>BLOOD PRESSURE MACHINE.....1</td> <td>2</td> </tr> <tr> <td>IUCD (loop insertion) kit?</td> <td>IUCD KIT.....1</td> <td>2</td> </tr> </table>		YES	NO	Running water?	RUNNING WATER.....1	2	Electricity?	ELECTRICITY.....1	2	Examination couch?	EXAM COUCH.....1	2	Examination light for gynecological examination?	LIGHT-GYN EXAMS.....1	2	Blood pressure machine?	BLOOD PRESSURE MACHINE.....1	2	IUCD (loop insertion) kit?	IUCD KIT.....1	2	
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438	Does the health centre have the following types of staff who are trained in family planning provision?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>Medical Assistants?</td> <td>MEDICAL ASSISTANTS.....1</td> <td>2</td> </tr> <tr> <td>Rural Medical Aides?</td> <td>RURAL MEDICAL AIDES.....1</td> <td>2</td> </tr> <tr> <td>Nurses?</td> <td>NURSES.....1</td> <td>2</td> </tr> <tr> <td>MCH Aides?</td> <td>MCH AIDES.....1</td> <td>2</td> </tr> </table>		YES	NO	Medical Assistants?	MEDICAL ASSISTANTS.....1	2	Rural Medical Aides?	RURAL MEDICAL AIDES.....1	2	Nurses?	NURSES.....1	2	MCH Aides?	MCH AIDES.....1	2							
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440	Are the following types of staff, if available, trained in IUCD (loop) insertion?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> <th>NA</th> </tr> <tr> <td>Medical Assistants?</td> <td>MEDICAL ASSISTANTS.....1</td> <td>2</td> <td>7</td> </tr> <tr> <td>Rural Medical Aides?</td> <td>RURAL MEDICAL AIDES.....1</td> <td>2</td> <td>7</td> </tr> <tr> <td>Nurses?</td> <td>NURSES.....1</td> <td>2</td> <td>7</td> </tr> <tr> <td>MCH Aides?</td> <td>MCH AIDES.....1</td> <td>2</td> <td>7</td> </tr> </table>		YES	NO	NA	Medical Assistants?	MEDICAL ASSISTANTS.....1	2	7	Rural Medical Aides?	RURAL MEDICAL AIDES.....1	2	7	Nurses?	NURSES.....1	2	7	MCH Aides?	MCH AIDES.....1	2	7		
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441	During an average month, how many women come to get family planning for the first time?	NEW PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>																						
442	During an average month, how many women come because they need more family planning (resupply)?	RESUPPLY PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>																						

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
443	Do you fill out an MCH 3 form (Tearifa ya mahudhuria ya akina mama na watoto kwa mwezi au mwaka) regularly?	YES.....1 NO.....2	→ 445
444	What do you do this form?	SEND TO MON.....1 SEND TO DISTRICT OFFICER.....2 SEND TO ZONAL OFFICE.....3 KEEP IN FILE.....4 NOTHING/DON'T KNOW.....8	

# CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this health centre. I must also see the methods when we are finished. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE HEALTH CENTRE, MOVE ACROSS THE TABLE. IF THE METHOD IS NOT AVAILABLE NOW, ASK Q.450 AND THEN BEGIN AGAIN WITH THE NEXT METHOD.

METHOD	445 Is (METHOD) available now?	446 How many days per week is (METHOD) available?	447 In what year did you first offer (METHOD)?	448 Is your stock of (METHOD) in date or out of date?	449 METHOD SEEN/NOT SEEN STATUS	450 How many weeks ago did you run out of (METHOD)? (a)
01 Pill	YES.....1 NO.....2 450 ←	<input type="checkbox"/>	19 <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN....2	<input type="text"/> wks.
02 IUCD (loop)	YES.....1 NO.....2 450 ←	<input type="checkbox"/>	19 <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN....2	<input type="text"/> wks.
03 Injection	YES.....1 NO.....2 450 ←	<input type="checkbox"/>	19 <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN....2	<input type="text"/> wks.
04 Foaming tablets/foam/jelly	YES.....1 NO.....2 450 ←	<input type="checkbox"/>	19 <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN....2	<input type="text"/> wks.
06 Other Specify	YES.....1 NO.....2 450 ←	<input type="checkbox"/>	19 <input type="text"/>			

CODES: (a) 97 = Never stocked method

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
451	Do you have your contraceptives delivered or must you go get them?	DELIVERED.....1 PICK THEM UP.....2	→ 453
452	How far (in kilometers) must you go to get them?	KM. TO PICK UP CONTRACEPTIVES..... <input type="text"/>	
453	What is your position or title here?		

QUESTIONS 454 AND 455 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

454	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
455	ADDITIONAL COMMENTS:		

SECTION 5. Name: \_\_\_\_\_

DISPENSARY VISIT

Date: \_\_\_\_\_

IF THE DISPENSARY IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 500 AND 502 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

COMPLETE VISIT

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD DHS CLUSTER NUMBER HERE:

--	--	--

IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

500	IF THIS IS THE FIRST FACILITY VISITED AFTER THE CLUSTER VISIT RECORD DISTANCE FROM CLUSTER FROM THE ODOMETER.	DISTANCE FROM CLUSTER.... <table border="1"><tr><td></td><td></td></tr></table> NOT FIRST FACILITY VISITED.....95		
501	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3		
502	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3		

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO										
503	In what year did this dispensary open?	YEAR OPENED.....19 <table border="1"><tr><td></td><td></td></tr></table>											
504	Under what authority is this dispensary operated?	GOVERNMENT.....1 PRIVATE.....2 VOLUNTARY AGENCY.....3 OTHER.....4											
506	How many beds does this dispensary have?	NUMBER OF BEDS..... <table border="1"><tr><td></td><td></td><td></td></tr></table>											
507	On average, how many outpatients are seen daily at this facility? (Outpatients are people seen for preventive care and sick people who go home the same day)	NUMBER OF DAILY OUTPATIENTS..... <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>											
508	How many regular staff of the following types does the dispensary have?	NUMBER OF:  RURAL MEDICAL AIDES..... <table border="1"><tr><td></td><td></td></tr></table>  NURSES..... <table border="1"><tr><td></td><td></td></tr></table>  MIDWIVES..... <table border="1"><tr><td></td><td></td></tr></table>  MCH AIDES..... <table border="1"><tr><td></td><td></td></tr></table>  Auxillary staff (health officers, health attendants, other nurses) AUXILIARY STAFF..... <table border="1"><tr><td></td><td></td></tr></table>											

COMMENTS:

5-1

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																																																	
509	Does this facility normally use disposable needles when giving injections?	YES.....1 NO.....2	→512																																																	
510	Is this facility out now or has it run out of its supply of disposable needles at any time in the last 6 months?	YES.....1 NO.....2																																																		
511	Does this facility ever reuse disposable needles?	YES.....1 NO.....2																																																		
512	Does this facility normally use disposable gloves?	YES.....1 NO.....2	→514																																																	
513	Is this facility out now or has it run out of its supply of disposable gloves at any time in the last 6 months?	YES.....1 NO.....2																																																		
514	What is the method MOST frequently used for the sterilisation of medical instruments (not linens)?  (CIRCLE ONE)	ELECTRIC STERILISER.....1 AUTOCLAVE.....2 STEAM PRESSURE STERILISER.....3 BOIL OVER KEROSENE STOVE.....4 BOIL OVER CHARCOAL/WOOD STOVE.....5 NONE.....6 OTHER.....7	→516																																																	
515	Has the facility NOT been able to sterilise medical instruments for any reason (e.g. equipment broken, no electricity, no fuel) at any time in the last six months?	YES.....1 NO.....2																																																		
516	Does the facility have the following items in working order/ in stock:  Running water? Electricity? Refrigerator? Kerosene? Bicycle?  Delivery bed? Delivery kit? Waiting area for women in labor? Examination couch? Examination light for gynecological examination? IUCD (loop insertion) kit?  Weighing scales for children? Adult weighing scale? Growth cards? Linens? Gauze? Cotton wool? Antiseptics? Blood pressure machine? Talquist method for diagnosis of anemia?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>RUNNING WATER.....1</td><td>2</td></tr> <tr><td>ELECTRICITY.....1</td><td>2</td></tr> <tr><td>REFRIGERATOR.....1</td><td>2</td></tr> <tr><td>KEROSENE.....1</td><td>2</td></tr> <tr><td>BICYCLE.....1</td><td>2</td></tr> <tr><td colspan="3"> </td></tr> <tr><td>DELIVERY BED.....1</td><td>2</td></tr> <tr><td>DELIVERY KIT.....1</td><td>2</td></tr> <tr><td>WAITING AREA.....1</td><td>2</td></tr> <tr><td>EXAM COUCH.....1</td><td>2</td></tr> <tr><td>LIGHT-GYN EXAMS.....1</td><td>2</td></tr> <tr><td>IUCD KIT.....1</td><td>2</td></tr> <tr><td colspan="3"> </td></tr> <tr><td>WEIGHING SCALE-CHILD.....1</td><td>2</td></tr> <tr><td>ADULT SCALE.....1</td><td>2</td></tr> <tr><td>GROWTH CARDS.....1</td><td>2</td></tr> <tr><td>LINENS.....1</td><td>2</td></tr> <tr><td>COTTON WOOL.....1</td><td>2</td></tr> <tr><td>GAUZE.....1</td><td>2</td></tr> <tr><td>ANTISEPTICS.....1</td><td>2</td></tr> <tr><td>BLOOD PRESSURE MACHINE.....1</td><td>2</td></tr> <tr><td>TALQUIST METHOD.....1</td><td>2</td></tr> </tbody> </table>		YES	NO	RUNNING WATER.....1	2	ELECTRICITY.....1	2	REFRIGERATOR.....1	2	KEROSENE.....1	2	BICYCLE.....1	2				DELIVERY BED.....1	2	DELIVERY KIT.....1	2	WAITING AREA.....1	2	EXAM COUCH.....1	2	LIGHT-GYN EXAMS.....1	2	IUCD KIT.....1	2				WEIGHING SCALE-CHILD.....1	2	ADULT SCALE.....1	2	GROWTH CARDS.....1	2	LINENS.....1	2	COTTON WOOL.....1	2	GAUZE.....1	2	ANTISEPTICS.....1	2	BLOOD PRESSURE MACHINE.....1	2	TALQUIST METHOD.....1	2	
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TALQUIST METHOD.....1	2																																																			
517	Do you have an outreach program?	YES.....1 NO.....2	→519																																																	
518	How many villages/communities do you regularly visit?	NUMBER OF SITES..... <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>																																																		
519	Do you receive an EDP kit every month?	YES.....1 NO.....2																																																		
519a	Where do you refer difficult cases (patients the dispensary is unable to treat)?	HEALTH CENTRE.....1 HOSPITAL.....2 DON'T REFER PATIENTS.....3 OTHER.....4																																																		

COMMENTS:

# **SERVICES AVAILABLE AT THE FACILITY:**

Now I would like to ask you about maternal and child health services available at this dispensary. ASK Q.520 FOR THE FIRST SERVICE. IF THIS SERVICE IS AVAILABLE, CONTINUE ACROSS THE TABLE, IF NOT, ASK ABOUT THE NEXT SERVICE.

SERVICE	520 Is (SERVICE) available?	521 How many days per week is (SERVICE) available?	522 In what year was (SERVICE) first offered here?
1 Antenatal care	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
2 Delivery care	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
3 Postnatal care	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
4 Child immunisation sessions	YES.....1 NO.....2	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>
5 Child growth monitoring sessions	YES.....1 NO.....2 523 ←	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>

# **MEDICATION AVAILABILITY AT THE FACILITY:**

Now I would like to ask you about medications available at this facility. When I have finished, I will need to see the medications you have in stock. ASK Q.523 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, ASK Q.524, IF NOT ASK Q.525. IF THE MEDICATION HAS AT SOME TIME BEEN AVAILABLE, ASK Q.526. IF Q.523 IS YES, RECORD WHETHER THE MEDICATION IS SEEN OR NOT.

MEDICATION	523 Is (MEDICATION) available now?	524 At any time in the last 6 months did you run out of (MEDICATION)?	525 Have you ever had (MEDICATION)?	526 Why do you not have (MEDICATION) now? (a)	527 MEDICATION SEEN/NOT SEEN STATUS
1 Chloroquine syrup	YES.....1 NO.....2 525 ←	YES.....1 NO.....2 523 ←	YES.....1 NO.....2 523 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
3 Penicillin	YES.....1 NO.....2 525 ←	YES.....1 NO.....2 523 ←	YES.....1 NO.....2 523 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
4 Iron tablets	YES.....1 NO.....2 525 ←	YES.....1 NO.....2 523 ←	YES.....1 NO.....2 523 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
5 Folic acid	YES.....1 NO.....2 525 ←	YES.....1 NO.....2 523 ←	YES.....1 NO.....2 523 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
6 ORS packets	YES.....1 NO.....2 525 ←	YES.....1 NO.....2 523 ←	YES.....1 NO.....2 523 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2
7 Condoms	YES.....1 NO.....2 525 ←	YES.....1 NO.....2 527 ←	YES.....1 NO.....2 527 ←	<input type="checkbox"/>	SEEN.....1 NOT SEEN....2

CODES: (a) Insufficient funds = 1      Not designated to carry = 3      Other = 5  
 Unable to get resupply = 2      Out of current month's supply = 4

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
528	Do you have enough space in this facility for MCH services?	YES.....1 NO.....2	
529	Are immunisations available for children now?	YES.....1 NO.....2	→ 532
530	At any time in the last 6 months have you run out of vaccines?	YES.....1 NO.....2	
531	I need to see your supply of vaccines now.	VACCINES SEEN IN REFRIGERATOR.....1 VACCINES SEEN NOT IN REFRIGERATOR.....2 VACCINES NOT SEEN.....3	
532	Does this facility provide family planning services?	YES.....1 NO.....2	→ 538
533	What is your position or title here?	_____	→ 554

IF THE FAMILY PLANNING INFORMATION IS OBTAINED FROM A SECOND FACILITY, BEGIN QUESTIONNAIRE WITH Q.534.

534	In what year did this dispensary open?	YEAR OPENED.....19																						
535	Under what authority is this dispensary operated?	GOVERNMENT.....1 PRIVATE.....2 VOLUNTARY AGENCY.....3 OTHER.....4																						
537	Does the facility have the following items in working order:  Running water? Electricity? Examination couch? Examination light for gynecological examination? Blood pressure machine? IUCD (loop insertion) kit?	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>RUNNING WATER.....1</td><td></td><td>2</td></tr><tr><td>ELECTRICITY.....1</td><td></td><td>2</td></tr><tr><td>EXAM COUCH.....1</td><td></td><td>2</td></tr><tr><td>LIGHT-GYN EXAMS.....1</td><td></td><td>2</td></tr><tr><td>BLOOD PRESSURE MACHINE....1</td><td></td><td>2</td></tr><tr><td>IUCD KIT.....1</td><td></td><td>2</td></tr></table>		YES	NO	RUNNING WATER.....1		2	ELECTRICITY.....1		2	EXAM COUCH.....1		2	LIGHT-GYN EXAMS.....1		2	BLOOD PRESSURE MACHINE....1		2	IUCD KIT.....1		2	
	YES	NO																						
RUNNING WATER.....1		2																						
ELECTRICITY.....1		2																						
EXAM COUCH.....1		2																						
LIGHT-GYN EXAMS.....1		2																						
BLOOD PRESSURE MACHINE....1		2																						
IUCD KIT.....1		2																						
538	Does the dispensary have the following types of staff who are trained in family planning provision?  Rural Medical Aides? Nurses? MCH Aides? Midwives?	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>RURAL MEDICAL AIDES.....1</td><td></td><td>2</td></tr><tr><td>NURSES.....1</td><td></td><td>2</td></tr><tr><td>MCH AIDES.....1</td><td></td><td>2</td></tr><tr><td>MIDWIVES.....1</td><td></td><td>2</td></tr></table>		YES	NO	RURAL MEDICAL AIDES.....1		2	NURSES.....1		2	MCH AIDES.....1		2	MIDWIVES.....1		2							
	YES	NO																						
RURAL MEDICAL AIDES.....1		2																						
NURSES.....1		2																						
MCH AIDES.....1		2																						
MIDWIVES.....1		2																						
540	Are the following types of staff, if available, trained in IUCD (loop) insertion?  Rural Medical Aides? Nurses? MCH Aides?	<table><tr><td></td><td>YES</td><td>NO</td><td>NA</td></tr><tr><td>RURAL MEDICAL AIDES.....1</td><td></td><td>2</td><td>7</td></tr><tr><td>NURSES.....1</td><td></td><td>2</td><td>7</td></tr><tr><td>MCH AIDES.....1</td><td></td><td>2</td><td>7</td></tr></table>		YES	NO	NA	RURAL MEDICAL AIDES.....1		2	7	NURSES.....1		2	7	MCH AIDES.....1		2	7						
	YES	NO	NA																					
RURAL MEDICAL AIDES.....1		2	7																					
NURSES.....1		2	7																					
MCH AIDES.....1		2	7																					
541	During an average month, how many women come to get family planning for the first time?	NEW PATIENTS.....																						
542	During an average month, how many women come because they need more family planning (resupply)?	RESUPPLY PATIENTS.....																						

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
543	Do you fill out an MCH 3 form (taarifa ya mahudhuri ya akina mama na watoto kwa mwezi au mwaka) regularly?	YES.....1 NO.....2	→ 545
544	What do you do this form?	SEND TO MOM.....1 SEND TO DISTRICT OFFICER.....2 SEND TO ZONAL OFFICE.....3 KEEP IN FILE.....4 NOTHING/DON'T KNOW.....8	

# CONTRACEPTIVE METHOD AVAILABILITY:

Now I would like to ask you about which family planning methods are available at this dispensary. I must also see the methods when we are finished. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE DISPENSARY, MOVE ACROSS THE TABLE. IF THE METHOD IS NOT AVAILABLE NOW, ASK Q.550 AND THEN BEGIN AGAIN WITH THE NEXT METHOD.

METHOD	545 Is (METHOD) available now?	546 How many days per week is (METHOD) available?	547 In what year did you first offer (METHOD)?	548 Is your stock of (METHOD) in date or out of date?	549 METHOD SEEN/NOT SEEN STATUS	550 How many weeks ago did you run out of (METHOD)? [a]
01 Pill	YES.....1 NO.....2 550 ↩	<input type="checkbox"/>	19 <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN....2	<input type="text"/> WKS.
02 IUCD (loop)	YES.....1 NO.....2 550 ↩	<input type="checkbox"/>	19 <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN....2	<input type="text"/> WKS.
03 Injection	YES.....1 NO.....2 550 ↩	<input type="checkbox"/>	19 <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN....2	<input type="text"/> WKS.
04 Foaming tablets, foam/jelly	YES.....1 NO.....2 550 ↩	<input type="checkbox"/>	19 <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	SEEN.....1 NOT SEEN....2	<input type="text"/> WKS.
06 Other Specify	YES.....1 NO.....2 550 ↩	<input type="checkbox"/>	19 <input type="text"/>			

CODES: [a] 97 = Never stocked method

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
551	Do you have your contraceptives delivered or must you go get them?	DELIVERED.....1 PICK THEM UP.....2	→ 553
552	How far (in kilometers) must you go to get them?	KM. TO PICK UP CONTRACEPTIVES..... <input type="text"/>	
553	What is your position or title here?		

QUESTIONS 554 AND 555 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETE.

554	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
555	ADDITIONAL COMMENTS:		

SECTION 6. Name: \_\_\_\_\_

PHARMACY VISIT

Date: \_\_\_\_\_

IF THE PHARMACY OR MEDICAL STORE IS 30 KILOMETERS OR LESS AWAY, IT IS TO BE VISITED. COMPLETE QUESTIONS 600 AND 602 UPON ARRIVAL AT THE FACILITY BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE FACILITY TO ANSWER THE REMAINING QUESTIONS.

COMPLETE VISIT

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD DHS CLUSTER NUMBER HERE:

IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

600	IF THIS IS THE FIRST FACILITY VISITED AFTER THE CLUSTER VISIT RECORD DISTANCE FROM CLUSTER FROM THE ODOMETER.	DISTANCE FROM CLUSTER.... <input type="text"/> <input type="text"/> NOT FIRST FACILITY VISITED.....95
601	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3
602	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
603	How many hours per day is the pharmacy open?	HOURS PER DAY..... <input type="text"/> <input type="text"/>	
604	How many days per week is the pharmacy open?	DAYS PER WEEK..... <input type="text"/>	

## MEDICATION AVAILABILITY AT THE FACILITY:

Now I would like to ask you about medications available at this facility. ASK Q.605 FOR EACH MEDICATION. IF THE MEDICATION IS AVAILABLE, ASK Q.606, IF NOT ASK Q.607. IF THE MEDICATION HAS AT SOME TIME BEEN AVAILABLE, ASK Q.608.

MEDICATION	605 Is (MEDICATION) available now?	606 In the last 6 months have you run out of (MEDICATION)?	607 Have you ever had (MEDICATION)?	608 Why do you not have (MEDICATION) now? [a]
1 Chloroquine syrup	YES.....1 NO.....2 607 ←	YES.....1 NO.....2 605 ←	YES.....1 NO.....2 605 ←	<input type="text"/>
2 Quinine	YES.....1 NO.....2 607 ←	YES.....1 NO.....2 605 ←	YES.....1 NO.....2 605 ←	<input type="text"/>
3 Penicillin	YES.....1 NO.....2 607 ←	YES.....1 NO.....2 605 ←	YES.....1 NO.....2 605 ←	<input type="text"/>
4 Iron tablets	YES.....1 NO.....2 607 ←	YES.....1 NO.....2 605 ←	YES.....1 NO.....2 605 ←	<input type="text"/>
5 Folic acid	YES.....1 NO.....2 607 ←	YES.....1 NO.....2 605 ←	YES.....1 NO.....2 605 ←	<input type="text"/>
6 ORS packets	YES.....1 NO.....2 607 ←	YES.....1 NO.....2 605 ←	YES.....1 NO.....2 605 ←	<input type="text"/>
7 Condoms	YES.....1 NO.....2 607 ←	YES.....1 NO.....2 609 ←	YES.....1 NO.....2 609 ←	<input type="text"/>

CODES: [a] Insufficient funds = 1  
Unable to get resupply = 2

Not designated to carry = 3  
Not interested in carrying = 4

Other = 5

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
609	In what year did the pharmacy open?	YEAR OPENED.....19 <input type="text"/>	
610	Is there a trained pharmacist available?	YES.....1 NO.....2	
611	Does the facility have the following items in working order? Running water? Electricity? Refrigerator?	YES NO RUNNING WATER.....1 2 ELECTRICITY.....1 2 REFRIGERATOR.....1 2	
612	Does this pharmacy carry family planning methods?	YES.....1 NO.....2	→ 617
613	What is your position or title here?	_____	→ 622

IF THE FAMILY PLANNING INFORMATION IS OBTAINED FROM A SECOND FACILITY, BEGIN QUESTIONNAIRE WITH Q.614.

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
614	How many hours per week is the pharmacy open?	HOURS PER WEEK..... <input type="text"/>	
615	How many days per week is the pharmacy open?	DAYS PER WEEK..... <input type="text"/>	
616	In what year did this pharmacy open?	YEAR OPENED.....19 <input type="text"/>	

#### CONTRACEPTIVE METHOD AVAILABILITY

Now I would like to ask you about which family planning methods are available at this pharmacy. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE PHARMACY, ASK Q.618, IF NOT, ASK Q.619. IF CONTRACEPTIVE HAS BEEN AVAILABLE, ASK Q.620.

METHOD	617 Is (METHOD) available now?	618 In the last 6 months have you run out of (METHOD)?	619 Have you ever had (METHOD)?	620 Why do you not have (METHOD) now? (a)
01   Pill	YES.....1 NO.....2 619 ←	YES.....1 NO.....2 617 ←	YES.....1 NO.....2 617 ←	<input type="text"/>
02   IUCD (loop)	YES.....1 NO.....2 619 ←	YES.....1 NO.....2 617 ←	YES.....1 NO.....2 617 ←	<input type="text"/>
03   Foaming tablets/ foam/jelly	YES.....1 NO.....2 619 ←	YES.....1 NO.....2 617 ←	YES.....1 NO.....2 617 ←	<input type="text"/>

CODES: (a) Insufficient funds = 1      Not designated to carry = 3      Other = 5  
 Unable to get resupply = 2      Not interested in carrying = 4

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
621	What is your position or title here?	_____	

QUESTIONS 622 TO 623 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETED.

622	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2	
623	ADDITIONAL COMMENTS:		

SECTION 7. Name: \_\_\_\_\_ PRIVATE DOCTOR VISIT Date: \_\_\_\_\_

IF THE PRIVATE DOCTOR'S PRACTICE IS 30 KILOMETERS OR LESS AWAY, HE/SHE IS TO BE VISITED. COMPLETE QUESTIONS 700 TO 702 UPON ARRIVAL BASED ON YOUR OWN OBSERVATIONS. THEN FIND A KNOWLEDGEABLE SOURCE AT THE DOCTOR'S OFFICE TO ANSWER THE REMAINING QUESTIONS.

COMPLETE VISIT

IF THIS FACILITY HAS ALREADY BEEN VISITED FOR A DIFFERENT CLUSTER, RECORD DHS CLUSTER NUMBER HERE:     
IF THE FACILITY HAS ALREADY BEEN VISITED, A SECOND VISIT IS NOT NEEDED.

700	IF THIS IS THE FIRST FACILITY VISITED AFTER THE CLUSTER VISIT RECORD DISTANCE FROM CLUSTER FROM THE ODOMETER.	DISTANCE FROM CLUSTER.... <input type="text"/> <input type="text"/> NOT FIRST FACILITY VISITED.....95
701	DO YOU THINK THAT THE ESTIMATE OF DISTANCE TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3
702	DO YOU THINK THAT THE ESTIMATE OF THE TIME TO THE FACILITY GIVEN IN THE CLUSTER IS REASONABLE?	REASONABLE.....1 OVERESTIMATED.....2 UNDERESTIMATED.....3

QUESTIONS TO BE ASKED OF STAFF PERSON AT FACILITY:

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																														
703	Approximately how many patients does the doctor (do you) see at this practice each day?	NUMBER OF PATIENTS..... <input type="text"/> <input type="text"/>																															
704	How many hours per week is the doctor (are you) available to see patients at this location?	HOURS PER WEEK..... <input type="text"/> <input type="text"/>																															
705	How many days per week is the doctor (are you) available to see patients at this location?	DAYS PER WEEK..... <input type="text"/>																															
706	In what year did the doctor (you) first begin to see patients at this location?	YEAR.....19 <input type="text"/> <input type="text"/>																															
707	Does this facility normally use disposable needles when giving injections?	YES.....1 NO.....2	→ 710																														
708	Is this facility out now or has it run out of its supply of disposable needles at any time in the last 6 months?	YES.....1 NO.....2																															
709	Does this facility ever reuse disposable needles?	YES.....1 NO.....2																															
710	What is the method MOST frequently used for the sterilisation of medical instruments?	ELECTRIC STERILISER.....1 AUTOCLAVE.....2 STEAM PRESSURE STERILISER.....3 BOIL OVER KEROSENE STOVE.....4 BOIL OVER CHARCOAL/WOOD STOVE.....5 OTHER.....6 NONE.....7	→ 712																														
711	Has the facility NOT been able to sterilise instruments for some reason (e.g. equipment broken, no electricity, no fuel) at any time in the last six months?	YES.....1 NO.....2																															
712	Does the facility have the following items:	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Running water?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Electricity?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Refrigerator?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Examination couch?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Examination light for gynecological examination?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Weighing scales for children?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure machine?</td> <td>1</td> <td>2</td> </tr> <tr> <td>IUCD (loop insertion) kit?</td> <td>1</td> <td>2</td> </tr> <tr> <td>Minilap kit for tubal ligation?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Running water?	1	2	Electricity?	1	2	Refrigerator?	1	2	Examination couch?	1	2	Examination light for gynecological examination?	1	2	Weighing scales for children?	1	2	Blood pressure machine?	1	2	IUCD (loop insertion) kit?	1	2	Minilap kit for tubal ligation?	1	2	
	YES	NO																															
Running water?	1	2																															
Electricity?	1	2																															
Refrigerator?	1	2																															
Examination couch?	1	2																															
Examination light for gynecological examination?	1	2																															
Weighing scales for children?	1	2																															
Blood pressure machine?	1	2																															
IUCD (loop insertion) kit?	1	2																															
Minilap kit for tubal ligation?	1	2																															

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
713	Does the doctor (Do you) see patients routinely at this location for: Antenatal care? Delivery care? Postnatal care? Child growth monitoring?	YES NO ANTENATAL CARE.....1 2 DELIVERY CARE.....1 2 POSTNATAL CARE.....1 2 GROWTH MONITORING.....1 2	
714	Does the doctor (Do you) dispense ORS packets?	YES.....1 NO.....2	
715	Does the doctor (Do you) give vaccines?	YES.....1 NO.....2	→ 717
716	At any time in the last six months have you run out of vaccines?	YES.....1 NO.....2	
717	Are condoms available here?	YES.....1 NO.....2	→ 719
718	At any time in the last six months have you run out of condoms?	YES.....1 NO.....2	
719	Does this doctor (Do you) provide family planning services?	YES.....1 NO.....2	→ 724
720	What is your position or title here?		→ 735

IF THE FAMILY PLANNING INFORMATION IS OBTAINED FROM A SECOND DOCTOR, BEGIN QUESTIONNAIRE WITH 0.721.

721	How many hours per week is the doctor (are you) available to see patients at this location?	HOURS PER WEEK..... <input type="text"/> <input type="text"/>	
722	How many days per week is the doctor (are you) available to see patients at this location?	DAYS PER WEEK..... <input type="text"/>	
723	In what year did the doctor (you) first begin to see patients at this location?	YEAR.....19 <input type="text"/> <input type="text"/>	
724	Is the doctor (Are you) trained in contraceptive sterilisation procedures (tubal ligation/vasectomy)?	YES.....1 NO.....2	
725	Is the doctor (Are you) trained in IUCD (loop) insertion?	YES.....1 NO.....2	

COMMENTS:

Now I would like to ask you about which family planning methods are available from this doctor. ASK ABOUT THE FIRST METHOD. IF THIS METHOD IS AVAILABLE FROM THE DOCTOR, MOVE ACROSS THE TABLE. IF THE METHOD IS NOT AVAILABLE NOW, ASK Q.730 AND THEN BEGIN AGAIN WITH THE NEXT METHOD.

METHOD	726 Is (METHOD) available now?	727 How many days per week is (METHOD) available?	728 In what year did you first offer (METHOD)?	729 Is your stock of (METHOD) in date or out of date?	730 How many weeks ago did you run out of (METHOD)? [a]
01 Pill	YES.....1 NO.....2 730 ←	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	<input type="text"/> <input type="text"/> WKS.
02 IUCD (loop)	YES.....1 NO.....2 730 ←	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	<input type="text"/> <input type="text"/> WKS.
03 Injection	YES.....1 NO.....2 730 ←	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTH.....3	<input type="text"/> <input type="text"/> WKS.
04 Foaming tablets/ foam/jelly	YES.....1 NO.....2 730 ←	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTN.....3	<input type="text"/> <input type="text"/> WKS.
06 Other Specify	YES.....1 NO.....2 730 ←	<input type="checkbox"/>	19 <input type="text"/> <input type="text"/>	IN DATE.....1 OUT OF DATE.....2 BOTN.....3	<input type="text"/> <input type="text"/> WKS.

CODES: [a] 97 = Never stocked method

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
731	On average, how many patients visit monthly for family planning?	MONTHLY NUMBER OF FAMILY PLANNING PATIENTS..... <input type="text"/> <input type="text"/> <input type="text"/>	
732	Do you have your contraceptives delivered or must you go get them?	DELIVERED.....1 PICK THEM UP.....2	→ 734
733	How far (in kilometers) must you go to get them?	KM. TO PICK UP CONTRACEPTIVES..... <input type="text"/> <input type="text"/>	
734	What is your position or title here?		

QUESTIONS 735 TO 736 ARE TO BE ANSWERED BY THE INTERVIEWER AFTER THE FACILITY VISIT IS COMPLETED.

735	DID THE INFORMANT SEEM KNOWLEDGEABLE?	YES.....1 NO.....2
736	ADDITIONAL COMMENTS:	