

UGANDA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

IDENTIFICATION				
REGION _____	<div style="display: flex; flex-direction: column; align-items: center;"> <div style="display: flex; flex-direction: column; align-items: center;"> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 20px; height: 20px; border: 1px solid black; margin: 2px;"></div> </div> <div style="display: flex; flex-direction: column; align-items: center; margin-top: 10px;"> <div style="width: 40px; height: 20px; border: 1px solid black; margin: 2px;"></div> <div style="width: 40px; height: 20px; border: 1px solid black; margin: 2px;"></div> </div> </div>			
DISTRICT _____				
COUNTY _____				
SUB-COUNTY/TOWN _____				
PARISH/RC2 NAME _____				
EA NAME _____				
UDHS NUMBER.....				
URBAN/RURAL (Urban=1, Rural=2).....				
CITY/MUNICIPALITY/TOWN/COUNTRYSIDE..... (City=1, municipality=2, town=3, countryside=4)				
HOUSEHOLD NUMBER.....				
NAME OF HOUSEHOLD HEAD _____				
NAME AND LINE NUMBER OF MAN _____				
NAME AND LINE NUMBER OF FIRST WIFE _____				
NAME AND LINE NUMBER OF SECOND WIFE _____				
NAME AND LINE NUMBER OF THIRD WIFE _____				
NAME AND LINE NUMBER OF FOURTH WIFE _____				
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR
INTERVIEWER'S NAME				NAME
RESULT*				RESULT
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISIT
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY) _____				
LANGUAGE OF QUESTIONNAIRE: ENGLISH 7 LANGUAGE USED IN INTERVIEW**..... RESPONDENT'S LOCAL LANGUAGE**..... TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....				
** LANGUAGE: 1 ATESO-KARAMOJONG 4 LUO 7 ENGLISH 2 LUGANDA 5 RUNYANKOLE-RUKIGA 8 OTHER 3 LUGBARA 6 RUNYORO-RUTORO				
SUPERVISOR	FIELD EDITOR		OFFICE EDITOR	KEYED BY
NAME _____	NAME _____			
DATE _____	DATE _____			

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES.....	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a municipality, in a town or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	→ 105
104	Just before you moved here, did you live in a city, in a municipality, in a town, or in the countryside?	CITY (KAMPALA).....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	
105	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DOES NOT KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school?	YES.....1 NO.....2	→ 111
108	What is the highest level of school you attended: primary, junior, secondary or university?	PRIMARY.....1 JUNIOR.....2 SECONDARY.....3 UNIVERSITY.....4	
109	What is the highest grade you completed at that level?	GRADE.....	
110	CHECK 108: PRIMARY <input type="checkbox"/> JUNIOR OR HIGHER <input type="checkbox"/>		→ 112
111	Would you please read this sentence? SHOW SENTENCE TO RESPONDENT AND CIRCLE CORRECT CODE.	READ EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	→ 113A
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
113A	How often do you listen to the radio?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 DOES NOT KNOW.....8	→ 114A → 114A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113B	What times do you usually listen to the radio? (CIRCLE ALL TIMES MENTIONED)	EARLY MORNING (6.00-8.00).....A MID MORNING (8.00-10.00).....B LATE MORNING (10.00-12.00).....C LUNCH TIME (12.00-14.00).....D AFTERNOON (14.00-16.00).....E LATE AFTERNOON (16.00-18.00).....F EARLY EVENING (18.00-20.00).....G LATE EVENING (20.00-STATION CLOSE).H DOES NOT KNOW.....Z	
113C	What day of the week do you usually like to listen to the radio? (CIRCLE ALL DAYS MENTIONED)	MONDAY.....A TUESDAY.....B WEDNESDAY.....C THURSDAY.....D FRIDAY.....E SATURDAY.....F SUNDAY.....G DOES NOT KNOW.....Z	
114A	How often do you watch television (TV)?	EVERY DAY/ALMOST EVERY DAY.....1 AT LEAST ONCE A WEEK.....2 AT LEAST ONCE A MONTH.....3 LESS THAN ONCE A MONTH.....4 HARDLY/VIRTUALLY NEVER.....5 DOES NOT KNOW.....8	→ 115 → 115
114B	What times do you usually watch TV? (CIRCLE ALL TIMES MENTIONED)	EARLY MORNING (6.00-8.00).....A MID MORNING (8.00-10.00).....B LATE MORNING (10.00-12.00).....C LUNCH TIME (12.00-14.00).....D AFTERNOON (14.00-16.00).....E LATE AFTERNOON (16.00-18.00).....F EARLY EVENING (18.00-20.00).....G LATE EVENING (20.00-STATION CLOSE).H DOES NOT KNOW.....Z	
114C	What day of the week do you usually watch TV? (CIRCLE ALL DAYS MENTIONED)	MONDAY.....A TUESDAY.....B WEDNESDAY.....C THURSDAY.....D FRIDAY.....E SATURDAY.....F SUNDAY.....G DOES NOT KNOW.....Z	
115	What is your occupation, that is, what kind of work do you mainly do?	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	
116	CHECK 115: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		→ 118
117	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 LABOR ON SOMEONE ELSE'S FARM LAND..5 PUBLIC LAND.....6	

ENG MEN 3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	Do you earn cash for this work?	YES.....1 NO.....2	
119	What is your religion?	CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 SEVENTH DAY ADVENTIST.....4 OTHER.....6 (SPECIFY)	
120	What is your nationality?	UGANDAN.....01 RWANDESE.....02 SUDANESE.....03 KENYAN.....04 ZAIRIAN.....05 TANZANIAN.....06 OTHER.....96 (SPECIFY)	
121	What is your tribe?	ACHOLI.....01 BANYORO.....17 ALUR.....02 BARULLI.....18 BAAMBA.....03 BARUNDI.....19 BACHOPE.....04 BASOGA.....20 BADAMA.....05 BATORO.....21 BAFUMBIRA.....06 BATWA.....22 BAGANDA.....07 ITESO.....23 BAGISU.....08 KAKWA.....24 BAGWE.....09 KARIMOJONG.....25 BAGWERE.....10 KUMAM.....26 BAHORORO.....11 LANGI.....27 BAKIGA.....12 LENO.....28 BAKONJO.....13 LUGBARA.....29 BANYANKOLE.....14 MADI.....30 BANYARWANDA.....15 NUBIAM.....31 BANYOLE.....16 SAMIA.....32 OTHER.....96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
201	Now I would like to ask about all the children you have had during your life. I mean your own children, not ones you may have adopted or care for as a father but whose real father is someone else. Do you have children?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters who are now living with you?	YES.....1 NO.....2	→204				
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
204	Do you have any sons or daughters who are alive but do not live with you?	YES.....1 NO.....2	→206				
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
206	Have you ever had a son or daughter who was born alive but later died? IF NO, ASK: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	→208				
207	How many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	<table border="1"><tr><td></td><td></td></tr></table>				
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ children during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NEEDED						

ENG MEN 5

SECTION 3. CONTRACEPTION

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

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

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

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

ENG MEN 6

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																									
305	Have you ever used anything or tried anything in any way to delay or avoid having a child?	YES.....1 NO.....2	→401																																																																																																									
306	What have you used or done? CORRECT 303-304 (AND 302 IF NECESSARY)																																																																																																											
307	Are you currently doing something or using any method to delay or avoid having a child?	YES.....1 NO.....2	→401																																																																																																									
308	Which method are you using? Anything else? RECORD FIRST, SECOND, THIRD AND FOURTH PARTNER IN SEPARATE COLUMNS	<table border="1"> <thead> <tr> <th></th> <th>1ST WIFE</th> <th>2ND WIFE</th> <th>3RD WIFE</th> <th>4TH WIFE</th> </tr> </thead> <tbody> <tr><td>PILL.....</td><td>01</td><td>01</td><td>01</td><td>01</td></tr> <tr><td>IUD.....</td><td>02</td><td>02</td><td>02</td><td>02</td></tr> <tr><td>INJECTIONS.....</td><td>03</td><td>03</td><td>03</td><td>03</td></tr> <tr><td>IMPLANTS/NORPLANT...</td><td>04</td><td>04</td><td>04</td><td>04</td></tr> <tr><td>DIAPHRAGM/FOAM/JELL.</td><td>05</td><td>05</td><td>05</td><td>05</td></tr> <tr><td>CONDOM.....</td><td>06</td><td>06</td><td>06</td><td>06</td></tr> <tr><td>FEMALE STERILIZATI..</td><td>07</td><td>07</td><td>07</td><td>07</td></tr> <tr><td>MALE STERILIZATION..</td><td>08</td><td>08</td><td>08</td><td>08</td></tr> <tr><td>RHYTHM,COUNTING DAY.</td><td>09</td><td>09</td><td>09</td><td>09</td></tr> <tr><td>NATURAL FP,MUCUS...</td><td>10</td><td>10</td><td>10</td><td>10</td></tr> <tr><td>WITHDRAWAL.....</td><td>11</td><td>11</td><td>11</td><td>11</td></tr> <tr><td>NO (OTHER) METHOD...</td><td>95</td><td>95</td><td>95</td><td>95</td></tr> <tr><td>OTHER _____</td><td>96</td><td></td><td></td><td></td></tr> <tr><td>(SPECIFY) _____</td><td></td><td></td><td></td><td></td></tr> <tr><td>OTHER _____</td><td>96</td><td></td><td></td><td></td></tr> <tr><td>(SPECIFY) _____</td><td></td><td></td><td></td><td></td></tr> <tr><td>OTHER _____</td><td>96</td><td></td><td></td><td></td></tr> <tr><td>(SPECIFY) _____</td><td></td><td></td><td></td><td></td></tr> <tr><td>OTHER _____</td><td>96</td><td></td><td></td><td></td></tr> <tr><td>(SPECIFY) _____</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		1ST WIFE	2ND WIFE	3RD WIFE	4TH WIFE	PILL.....	01	01	01	01	IUD.....	02	02	02	02	INJECTIONS.....	03	03	03	03	IMPLANTS/NORPLANT...	04	04	04	04	DIAPHRAGM/FOAM/JELL.	05	05	05	05	CONDOM.....	06	06	06	06	FEMALE STERILIZATI..	07	07	07	07	MALE STERILIZATION..	08	08	08	08	RHYTHM,COUNTING DAY.	09	09	09	09	NATURAL FP,MUCUS...	10	10	10	10	WITHDRAWAL.....	11	11	11	11	NO (OTHER) METHOD...	95	95	95	95	OTHER _____	96				(SPECIFY) _____					OTHER _____	96				(SPECIFY) _____					OTHER _____	96				(SPECIFY) _____					OTHER _____	96				(SPECIFY) _____					
	1ST WIFE	2ND WIFE	3RD WIFE	4TH WIFE																																																																																																								
PILL.....	01	01	01	01																																																																																																								
IUD.....	02	02	02	02																																																																																																								
INJECTIONS.....	03	03	03	03																																																																																																								
IMPLANTS/NORPLANT...	04	04	04	04																																																																																																								
DIAPHRAGM/FOAM/JELL.	05	05	05	05																																																																																																								
CONDOM.....	06	06	06	06																																																																																																								
FEMALE STERILIZATI..	07	07	07	07																																																																																																								
MALE STERILIZATION..	08	08	08	08																																																																																																								
RHYTHM,COUNTING DAY.	09	09	09	09																																																																																																								
NATURAL FP,MUCUS...	10	10	10	10																																																																																																								
WITHDRAWAL.....	11	11	11	11																																																																																																								
NO (OTHER) METHOD...	95	95	95	95																																																																																																								
OTHER _____	96																																																																																																											
(SPECIFY) _____																																																																																																												
OTHER _____	96																																																																																																											
(SPECIFY) _____																																																																																																												
OTHER _____	96																																																																																																											
(SPECIFY) _____																																																																																																												
OTHER _____	96																																																																																																											
(SPECIFY) _____																																																																																																												

SECTION 4. MARRIAGE AND SEXUAL BEHAVIOUR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	Skip															
401	PRESENCE OF OTHERS AT THIS POINT.	<table> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>WIFE/PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	WIFE/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
WIFE/PARTNER.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																
402	Are you currently married or living with a woman?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A WOMAN.....2 NO, NOT IN UNION.....3	→405															
403	Have you ever been married or lived with a woman?	YES.....1 NO.....2	→409															
404	What is your marital status now: are you separated, divorced or widowed?	SEPARATED.....1 DIVORCED.....2 WIDOWED.....3	→407															
405	How many wives do you have?	NUMBER..... <input type="text"/> <input type="text"/>																
407	In what month and year did you start living with your (first) wife/partner?	MONTH..... <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR.....98	→409															
408	How old were you when you started living with her?	AGE..... <input type="text"/> <input type="text"/>																
409	Do you have a regular partner (apart from your wife/wives)? I mean someone with whom you have been having sex for about a year or more?	YES.....1 NO.....2	→411															
410	How many regular partners do you have (aside from your wife/wives)?	NUMBER..... <input type="text"/> <input type="text"/>																
411	CHECK 402 AND 409 MARRIED OR LIVING WITH A WOMAN OR HAS A REGULAR PARTNER <input type="checkbox"/> NOT MARRIED AND NO REGULAR PARTNER <input type="checkbox"/>		→414															
412	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with your (wife/regular partner)? IF RESPONDENT HAS BOTH WIFE AND REGULAR PARTNER, ASK WHEN HE LAST HAD SEX WITH EITHER.	NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4	→414															
413	For that sexual intercourse, was a condom used?	YES.....1 NO.....2																

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
414	Have you had sexual intercourse with anyone (else) in the last 6 months? (I mean, with someone other than your wife or regular partner that you mentioned earlier)	YES.....1 NO.....2	→417
415	With how many different people have you had sexual intercourse in the last 6 months (apart from your wife or regular partners)?	NUMBER..... <input type="text"/>	
416	Was a condom used with any of these women?	YES, EACH PERSON.....1 YES, SOME PERSON.....2 NO, WITH NO ONE.....3	
417	When was the last time you had sexual intercourse (apart from your wife/regular partner)?	NEVER.....000 →424 DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/>	
418	For that last sexual intercourse, did you give money, gifts or favours in return for sex?	CASH.....1 GIFT.....2 BOTH CASH AND GIFT.....3 NONE.....4	
419	Was this person someone you had met before or someone you met for the first time?	MET BEFORE.....1 MET FOR FIRST TIME.....2	
420	Was a condom used for that last sexual intercourse?	YES.....1 →421A NO.....2	
421	What was the main reason that you did not use a condom that time?	NO KNOWLEDGE ABOUT CONDOM.....01 CONDOMS NOT AVAILABLE.....02 CONDOM TOO COSTLY.....03 WANTED MORE CHILDREN.....04 TRUST EACH OTHER.....05 PARTNER DOES NOT APPROVE.....06 CONDOM USE IS CUMBERSOME.....07 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	
421A	CHECK 412 AND 417 HAD SEX IN LAST 4 WEEKS <input type="checkbox"/> NO SEX IN LAST 4 WEEKS <input type="checkbox"/>		→424
422	In the last four weeks, how many times have you had sexual intercourse?	NUMBER OF TIMES..... <input type="text"/> DOES NOT KNOW.....98	
423	Was a condom used on any of these occasion? IF YES: Was it each time or sometimes?	YES, EACH TIME.....1 YES, SOMETIMES.....2 NEVER.....3	
424	Who did you have sex with the last time you had sexual intercourse? Was it with (your wife / the woman are living with) or was it with someone else?	SPOUSE.....1 REGULAR PARTNER.....2 SOMEONE ELSE.....3 NO ONE / NEVER HAD SEX.....4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
425	CHECK 303: <div style="display: flex; justify-content: space-between;"> <div> DID NOT USE CONDOM AS CONTRACEPTIVE METHOD <input type="checkbox"/> </div> <div> USED CONDOM AS CONTRACEPTIVE METHOD <input type="checkbox"/> </div> </div>		428
426	Do you know where you can get condoms?	YES.....1 NO.....2	429
427	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 DISPENSARY/HEALTH UNIT.....13 MOBILE CLINIC.....14 FIELD WORKER.....15 OTHER PUBLIC.....16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 PHARMACY/DRUG STORE.....22 PRIVATE DOCTOR.....23 MOBILE CLINIC.....24 FIELD WORKER.....25 OTHER PRIVATE MEDICAL.....26 (SPECIFY) OTHER PRIVATE SECTOR SHOP.....31 CHURCH.....32 FRIENDS/RELATIVES.....33 OTHER.....96 (SPECIFY)	
428	Have you heard of a condom called 'Protector'?	YES.....1 NO.....2	
429	In general, do you think that most women like men to use condoms, they don't like men to use condoms, or it does not matter?	LIKE MEN TO USE CONDOM.....1 DON'T LIKE MEN TO USE CONDOM.....2 DOES NOT MATTER.....3 OTHER.....6 (SPECIFY) DOES NOT KNOW.....8	
430	Now think back to the past. How old were you when you had sexual intercourse for the first time?	AGE..... <input type="text"/> <input type="text"/> NEVER HAD SEX.....95 FIRST TIME WHEN MARRIED.....96	

SECTION 5: FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																									
501	CHECK 402 AND 409: CURRENTLY IN UNION OR HAVING A REGULAR PARTNER <input type="checkbox"/>	NOT CURRENTLY IN UNION NOR HAVING A REGULAR PARTNER <input type="checkbox"/>	504A																									
502	Spouses/partners do not always agree on everything. Now I want to ask you about your wife's/partner's views on family planning. Do you think that your wife/partner approves or disapproves of couples using a method to avoid pregnancy?	<table border="1"> <thead> <tr> <th></th> <th>WIFE 1</th> <th>WIFE 2</th> <th>WIFE 3</th> <th>WIFE 4</th> </tr> </thead> <tbody> <tr> <td>APPROVES.....1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>DISAPPROVES.....2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>DOES NOT KNOW...8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table>		WIFE 1	WIFE 2	WIFE 3	WIFE 4	APPROVES.....1	1	1	1	1	DISAPPROVES.....2	2	2	2	2	DOES NOT KNOW...8	8	8	8	8						
	WIFE 1	WIFE 2	WIFE 3	WIFE 4																								
APPROVES.....1	1	1	1	1																								
DISAPPROVES.....2	2	2	2	2																								
DOES NOT KNOW...8	8	8	8	8																								
503	Do you think your wives/partners wants the same number of children that you want, or does she want more or fewer than you want?	<table border="1"> <thead> <tr> <th></th> <th>WIFE 1</th> <th>WIFE 2</th> <th>WIFE 3</th> <th>WIFE 4</th> </tr> </thead> <tbody> <tr> <td>SAME NUMBER.....1</td> <td>1</td> <td>1</td> <td>1</td> <td>1</td> </tr> <tr> <td>MORE CHILDREN...2</td> <td>2</td> <td>2</td> <td>2</td> <td>2</td> </tr> <tr> <td>FEWER CHILDREN..3</td> <td>3</td> <td>3</td> <td>3</td> <td>3</td> </tr> <tr> <td>DOES NOT KNOW...8</td> <td>8</td> <td>8</td> <td>8</td> <td>8</td> </tr> </tbody> </table>		WIFE 1	WIFE 2	WIFE 3	WIFE 4	SAME NUMBER.....1	1	1	1	1	MORE CHILDREN...2	2	2	2	2	FEWER CHILDREN..3	3	3	3	3	DOES NOT KNOW...8	8	8	8	8	
	WIFE 1	WIFE 2	WIFE 3	WIFE 4																								
SAME NUMBER.....1	1	1	1	1																								
MORE CHILDREN...2	2	2	2	2																								
FEWER CHILDREN..3	3	3	3	3																								
DOES NOT KNOW...8	8	8	8	8																								
504A	CHECK 308 NEITHER STERILISED <input type="checkbox"/>	HE OR SHE STERILISED <input type="checkbox"/>	511																									
504B	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?	<table border="1"> <tbody> <tr> <td>HAVE (A/ANOTHER) CHILD.....1</td> <td rowspan="5">} 506</td> </tr> <tr> <td>NO MORE/NONE.....2</td> </tr> <tr> <td>HIS WIFE CAN'T GET PREGNANT.....3</td> </tr> <tr> <td>HE CAN'T HAVE CHILDREN ANYMORE.....4</td> </tr> <tr> <td>UNDECIDED OR DOES NOT KNOW.....8</td> </tr> </tbody> </table>	HAVE (A/ANOTHER) CHILD.....1	} 506	NO MORE/NONE.....2	HIS WIFE CAN'T GET PREGNANT.....3	HE CAN'T HAVE CHILDREN ANYMORE.....4	UNDECIDED OR DOES NOT KNOW.....8																				
HAVE (A/ANOTHER) CHILD.....1	} 506																											
NO MORE/NONE.....2																												
HIS WIFE CAN'T GET PREGNANT.....3																												
HE CAN'T HAVE CHILDREN ANYMORE.....4																												
UNDECIDED OR DOES NOT KNOW.....8																												
505	How long would you like to wait before the birth of (a/another) child?	<table border="1"> <tbody> <tr> <td>MONTHS.....1</td> <td rowspan="2"> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td>YEARS.....2</td> </tr> <tr> <td>SOON/NOW.....993</td> <td rowspan="3"> <input type="text"/> <input type="text"/> </td> </tr> <tr> <td>SHE OR HE CAN'T HAVE CHILDREN...994</td> </tr> <tr> <td>AFTER MARRIAGE.....995</td> </tr> <tr> <td>OTHER.....996</td> <td rowspan="2"> (SPECIFY) <input type="text"/> </td> </tr> <tr> <td>DOES NOT KNOW.....998</td> </tr> </tbody> </table>	MONTHS.....1	<input type="text"/> <input type="text"/>	YEARS.....2	SOON/NOW.....993	<input type="text"/> <input type="text"/>	SHE OR HE CAN'T HAVE CHILDREN...994	AFTER MARRIAGE.....995	OTHER.....996	(SPECIFY) <input type="text"/>	DOES NOT KNOW.....998																
MONTHS.....1	<input type="text"/> <input type="text"/>																											
YEARS.....2																												
SOON/NOW.....993	<input type="text"/> <input type="text"/>																											
SHE OR HE CAN'T HAVE CHILDREN...994																												
AFTER MARRIAGE.....995																												
OTHER.....996	(SPECIFY) <input type="text"/>																											
DOES NOT KNOW.....998																												
506	CHECK 307: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		511																									
507	Do you intend to use a method to delay or avoid pregnancy within the next 12 months?	<table border="1"> <tbody> <tr> <td>YES.....1</td> <td rowspan="3">} 509</td> </tr> <tr> <td>NO.....2</td> </tr> <tr> <td>DOES NOT KNOW...8</td> </tr> </tbody> </table>	YES.....1	} 509	NO.....2	DOES NOT KNOW...8																						
YES.....1	} 509																											
NO.....2																												
DOES NOT KNOW...8																												
508	Do you intend to use a method at any time in the future?	<table border="1"> <tbody> <tr> <td>YES.....1</td> <td rowspan="3">} 510</td> </tr> <tr> <td>NO.....2</td> </tr> <tr> <td>DOES NOT KNOW...8</td> </tr> </tbody> </table>	YES.....1	} 510	NO.....2	DOES NOT KNOW...8																						
YES.....1	} 510																											
NO.....2																												
DOES NOT KNOW...8																												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
509	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGH/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY) UNSURE.....98	→511
510	What is the main reason that you think you will never use a method?	NOT MARRIED.....11 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 WIFE MENOPAUSAL/HYSTER.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 WIFE/PARTNER OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COSTS TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98	
511	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER..... <input type="text"/> <input type="text"/> OTHER.....96 (SPECIFY)	→513
512	How many of these children would you like to be boys and how many would you like to be girls?	BOYS GIRLS EITHER NUMBER.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER.....969696 (SPECIFY)	
513	In general, do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....8	

ENG MEN 12

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
514	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<table> <tr> <th></th> <th>ACCEPT- ABLE</th> <th>NOT ACCEPT- ABLE</th> <th>DOES NOT KNOW</th> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DOES NOT KNOW	RADIO.....	1	2	8	TELEVISION.....	1	2	8							
	ACCEPT- ABLE	NOT ACCEPT- ABLE	DOES NOT KNOW																		
RADIO.....	1	2	8																		
TELEVISION.....	1	2	8																		
515	In the last six months have you heard or learned about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	RADIO.....	1	2	TELEVISION.....	1	2	NEWSPAPER OR MAGAZINE.....	1	2	POSTER.....	1	2	LEAFLETS OR BROCHURES.....	1	2	
	YES	NO																			
RADIO.....	1	2																			
TELEVISION.....	1	2																			
NEWSPAPER OR MAGAZINE.....	1	2																			
POSTER.....	1	2																			
LEAFLETS OR BROCHURES.....	1	2																			
516	CHECK 515: YES, HEARD FAMILY PLANNING PROGRAM ON THE RADIO <input type="checkbox"/> NO, DID NOT HEAR <input type="checkbox"/>		518																		
517	Which program or message have you heard? Any others? ON THE RADIO AND TELEVISION.	KONOUEKA.....A ADVERTISEMENT FOR CONDOM/PILL.....B OTHER.....X (SPECIFY)																			
518	Do you think that the using of family planning will make a woman more promiscuous?	YES.....1 NO.....2 DOES NOT KNOW.....8																			
519	Do you think that the using of family planning will make a man more promiscuous?	YES.....1 NO.....2 DOES NOT KNOW.....8																			
520	What do you understand by the term "family planning"? RECORD ALL MENTIONED	ADVICE ON PRODUCING CHILDREN.....A NOT TO HAVE MANY CHILDREN.....B SPACING CHILDREN TO HAVE A MANAGEABLE FAMILY.....C PLANING A BRIGHT FUTURE.....D PRODUCE FEW CHILDREN, EDUCATE AND FEED THEM.....E OTHER.....X (SPECIFY) DOES NOT KNOW.....2																			
521	In a relationship, who do you think should have the major role using family planning?	MAN.....1 WOMAN.....2 BOTH.....3 IT DEPENDS.....4 FAMILY PLANNING SHOULD NOT BE USED.....5 DOES NOT KNOW.....8																			
522	Who should be responsible in getting information about family planning?	MAN.....1 WOMAN.....2 BOTH.....3 IT DEPENDS.....4 FAMILY PLANNING SHOULD NOT BE USED.....5 DOES NOT KNOW.....8																			
523	Have you seen/heard about the Yellow Family Planning Flower?	YES.....1 NO.....2 DOES NOT KNOW.....8	601																		
524	Can you describe it?	YELLOW FLOWER IN A CIRCLE.....1 SMALL FAMILY INSIDE THE FLOWER.....2 A MAN, WOMAN, AND TWO CHILDREN.....3 OTHER.....6 (SPECIFY) DOES NOT KNOW.....8																			
525	What does it mean?	FP SERVICES ARE AVAILABLE.....1 HIGH QUALITY SERVICES ARE AVAILABL.....2 OTHER.....6 (SPECIFY) DOES NOT KNOW.....8																			

SECTION 6. AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you heard about disease that can be transmitted through sex?	YES.....1 NO.....2	→ 606
602	Which diseases do you know? RECORD ALL RESPONSES	SYPHILIS/KABOTONGO.....A GONORRHEA/NZIKO.....B AIDS/SLIM DISEASE.....C OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
603	CHECK 424: <div style="display: flex; justify-content: space-around;"> <div>HAS HAD SEX <input type="checkbox"/></div> <div>HAS NEVER HAD SEX <input type="checkbox"/></div> </div>		→ 606
604	During the last 12 months, did you have any of these diseases?	YES.....1 NO.....2 DON'T KNOW.....8	→ 606
605	Which? RECORD ALL RESPONSES	SYPHILIS/KABOTONGO.....A GONORRHEA/NZIKO.....B AIDS/SLIM DISEASE.....C OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DON'T KNOW.....Z	
606	During the last 12 months, did you have a discharge from your penis?	YES.....1 NO.....2 DON'T KNOW.....8	
607	During the last 12 months, did you have a sore or ulcer on your penis?	YES.....1 NO.....2 DON'T KNOW.....8	
608	CHECK 605, 606 AND 607: <div style="display: flex; justify-content: space-around;"> <div>HAD ONE OR MORE DISEASES <input type="checkbox"/></div> <div>NONE OF THE DISEASES <input type="checkbox"/></div> </div>		→ 614
609	When you had the most recent episode of (DISEASE FROM 605, 606, AND 607) did you seek advice or treatment?	ADVICE/TREATMENT.....1 SELF TREATMENT.....2 DID NOT DO ANYTHING.....8	→ 610A
610	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/HEALTH UNIT.....C MOBILE CLINIC.....D FIELD WORKER.....E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY/DRUG STORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J FIELD WORKER.....K OTHER PRIVATE MEDICAL.....L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O TRADITIONAL HEALER.....P OTHER.....X (SPECIFY) DON'T KNOW.....Z	→ 610B

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610A	Why did not you seek advice or treatment?	EMBARRASSED.....1 TOO EXPENSIVE/COSTLY.....2 TREATMENT IS NOT AVAILABLE.....3 DOES NOT KNOW WHERE TO GO.....4 OTHER.....6 (SPECIFY)	
610B	CHECK 424: HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		614
611	When you had the most recent episode of (DISEASE FROM 605, 606, AND 607) did you inform your partner?	YES.....1 NO.....2	
612	When you had the most recent episode of (DISEASE FROM 605, 606, AND 607) did you do something not to infect your partner?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	614
613	What did you do?	NO SEXUAL INTERCOURSE.....A USED CONDOM.....B TOOK MEDICINES.....C OTHER.....X (SPECIFY)	
614	CHECK 602: DID NOT MENTION 'AIDS' <input type="checkbox"/> MENTIONED 'AIDS' <input type="checkbox"/>		616
615	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	701
616	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPHLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J OTHER.....X (SPECIFY)	
617	How can a person get AIDS? Any other ways? RECORD ALL RESPONSES	SEXUAL INTERCOURSE.....A PAY FOR SEX (PROSTITUTES).....B HOMOSEXUAL CONTACT.....C SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....D BLOOD TRANSFUSION.....E UNSTERILISED EQUIPMENT.....F MOTHER TO CHILD (AT BIRTH).....G BREASTFEEDING.....H KISSING.....I MOSQUITO BITES.....J OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DON'T KNOW.....Z	
618	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	620

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
619	<p>What can a person do to avoid getting AIDS or the virus that causes AIDS?</p> <p>Any other ways?</p> <p>RECORD ALL MENTIONED</p>	<p>DO NOT HAVE SEX AT ALL.....A</p> <p>USE CONDOMS DURING SEX.....B</p> <p>DON'T HAVE SEX WITH PROSTITUTES....C</p> <p>DON'T HAVE SEX WITH</p> <p>HOMOSEXUALS.....D</p> <p>DO NOT HAVE MANY SEX PARTNERS.....E</p> <p>HAVE ONE FAITHFUL PARTNER</p> <p>(ZERO GRAZING).....F</p> <p>AVOID BLOOD TRANSFUSIONS.....G</p> <p>AVOID UNSTERILISED EQUIPMENT.....H</p> <p>AVOID KISSING.....I</p> <p>AVOID MOSQUITO BITES.....J</p> <p>SEEK PROTECTION FROM</p> <p>TRADITIONAL HEALER.....K</p> <p>DO NOT DRINK TOO MUCH ALCOHOL.....L</p> <p>OTHER.....W</p> <p>(SPECIFY)</p> <p>OTHER.....X</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....Z</p>	
620	Is it possible for a healthy-looking person to have the AIDS virus?	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
621	Is AIDS a fatal disease, that is, do all people with AIDS die from the disease?	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
622	Can AIDS be transmitted from mother to child?	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
623	Can AIDS be transmitted through breastfeeding?	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
624	Do you personally know someone who has AIDS or has died of AIDS?	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	→ 625
624A	What relationship to you?	<p>SPOUSE.....A</p> <p>SIBLINGS.....B</p> <p>FRIENDS/RELATIVES.....C</p> <p>NEIGHBOURS.....D</p> <p>OTHERS.....X</p> <p>(SPECIFY)</p>	
625	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	<p>SMALL.....1</p> <p>MODERATE.....2</p> <p>GREAT.....3</p> <p>NO RISK AT ALL.....4</p>	→ 627
626	<p>Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>ABSTAIN FROM SEX.....A</p> <p>USE CONDOMS DURING SEX.....B</p> <p>HAVE ONLY ONE SEX PARTNER.....C</p> <p>LIMITED NUMBER OF PARTNERS.....D</p> <p>NO HOMOSEXUAL CONTACT.....E</p> <p>NO BLOOD TRANSFUSIONS.....F</p> <p>NO INJECTIONS.....G</p> <p>OTHER.....X</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....Z</p>	→ 628
627	<p>Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS?</p> <p>Any other reasons?</p> <p>RECORD ALL MENTIONED.</p>	<p>DO NOT USE CONDOMS.....A</p> <p>MULTIPLE SEX PARTNERS.....B</p> <p>SPOUSE HAS MULTIPLE PARTNERS.....C</p> <p>HOMOSEXUAL CONTACT.....D</p> <p>HAD BLOOD TRANSFUSION.....E</p> <p>HAD INJECTIONS.....F</p> <p>OTHER.....X</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....Z</p>	

ENG MEN 16

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
628	Since you heard of AIDS, have you changed your sexual behaviour to prevent getting AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	→630
629	What did you do? Anything else? RECORD ALL MENTIONED	RESTRICTED SEX TO ONE PARTNER.....A STARTED USING CONDOMS.....B REDUCED NUMBER OF PARTNERS.....C STOPPED ALL SEX.....D NO MORE HOMOSEXUAL CONTACT.....E STOPPED SEX WITH PROSTITUTE.....F OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
630	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases? Have you ever heard of this?	YES.....1 NO.....2	→632
630A	CHECK 424: HAS HAD SEX <input type="checkbox"/> HAS NEVER HAD SEX <input type="checkbox"/>		→632
631	Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	
632	Have you ever been tested to see if you have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	→636
633	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	
634	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	→636
635	Where could you go?	GOVERNMENT AND PARASTATAL PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B DISPENSARY/HEALTH UNIT.....C MOBILE CLINIC.....D FIELD WORKER.....E OTHER PUBLIC.....F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....G PHARMACY/DRUG STORE.....H PRIVATE DOCTOR.....I MOBILE CLINIC.....J FIELD WORKER.....K OTHER PRIVATE MEDICAL.....L (SPECIFY) OTHER PRIVATE SECTOR SHOP.....M CHURCH.....N FRIENDS/RELATIVES.....O OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
636	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 PEOPLE.....3 NOT BE INVOLVED.....4 OTHER.....6 (SPECIFY)	
637	If a member of your family is suffering from AIDS would you be willing to care for him or her at home?	YES.....1 NO.....2 DEPENDS.....3 OTHER.....6 (SPECIFY) NOT SURE/DOES NOT KNOW.....8	

SECTION 7. MATERNAL MORTALITY

701	<p>Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere, and those who have died.</p> <p>How many children did your mother give birth to, including you?</p>	<p>NUMBER OF BIRTHS TO NATURAL MOTHER..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>
702	<p>CHECK 701: TWO OR MORE BIRTHS</p> <div style="text-align: center; margin-top: 5px;"> <input style="width: 20px; height: 15px;" type="checkbox"/> ↓ </div>	<p>ONLY ONE BIRTH (RESPONDENT ONLY) <input style="width: 20px; height: 15px;" type="checkbox"/> → SKIP TO 716</p>
703	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS..... <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/></p>

704 What was the name given to your oldest (next oldest) brother or sister?	[1]	[2]	[3]	[4]	[5]	[6]
705 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
706 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [2]<	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [3]<	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [4]<	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [5]<	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [6]<	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [7]<
707 How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [2]	<input type="text"/> <input type="text"/> GO TO [3]	<input type="text"/> <input type="text"/> GO TO [4]	<input type="text"/> <input type="text"/> GO TO [5]	<input type="text"/> <input type="text"/> GO TO [6]	<input type="text"/> <input type="text"/> GO TO [7]
708 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98
709 How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
710 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2] =====	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3] =====	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4] =====	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5] =====	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6] =====	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7] =====
711 Was (NAME) pregnant when she died?	YES.....1 GO TO 714< NO.....2	YES.....1 GO TO 714< NO.....2	YES.....1 GO TO 714< NO.....2	YES.....1 GO TO 714< NO.....2	YES.....1 GO TO 714< NO.....2	YES.....1 GO TO 714< NO.....2
712 Did (NAME) die during childbirth?	YES.....1 GO TO 715< NO.....2	YES.....1 GO TO 715< NO.....2	YES.....1 GO TO 715< NO.....2	YES.....1 GO TO 715< NO.....2	YES.....1 GO TO 715< NO.....2	YES.....1 GO TO 715< NO.....2
713 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 715<	YES.....1 NO.....2 GO TO 715<	YES.....1 NO.....2 GO TO 715<	YES.....1 NO.....2 GO TO 715<	YES.....1 NO.....2 GO TO 715<	YES.....1 NO.....2 GO TO 715<
714 Was her death due to complications of pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
715 How many children did (NAME) give birth to during her lifetime?	<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"/>

704 What was the name given to your oldest (next oldest) brother or sister?	[7]	[8]	[9]	[10]	[11]	[12]
	-----	-----	-----	-----	-----	-----
705 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
706 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [8]<	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [9]<	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [10]<	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [11]<	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [12]<	YES.....1 NO.....2 GO TO 708< DK.....8 GO TO [13]<
707 How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO [8]	<input type="text"/> <input type="text"/> GO TO [9]	<input type="text"/> <input type="text"/> GO TO [10]	<input type="text"/> <input type="text"/> GO TO [11]	<input type="text"/> <input type="text"/> GO TO [12]	<input type="text"/> <input type="text"/> GO TO [13]
708 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 710 DK.....98
709 How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
710 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
711 Was (NAME) pregnant when she died?	YES.....1 GO TO 714< NO.....2	YES.....1 GO TO 714< NO.....2	YES.....1 GO TO 714< NO.....2	YES.....1 GO TO 714< NO.....2	YES.....1 GO TO 714< NO.....2	YES.....1 GO TO 714< NO.....2
712 Did (NAME) die during childbirth?	YES.....1 GO TO 715< NO.....2	YES.....1 GO TO 715< NO.....2	YES.....1 GO TO 715< NO.....2	YES.....1 GO TO 715< NO.....2	YES.....1 GO TO 715< NO.....2	YES.....1 GO TO 715< NO.....2
713 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 715<	YES.....1 NO.....2 GO TO 715<	YES.....1 NO.....2 GO TO 715<	YES.....1 NO.....2 GO TO 715<	YES.....1 NO.....2 GO TO 715<	YES.....1 NO.....2 GO TO 715<
714 Was her death due to complications of pregnancy or childbirth?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
715 How many children did (NAME) give birth to during her lifetime?	<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"/>

716 RECORD THE TIME.

HOUR.....

MINUTES.....

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

ENG MEN 20

INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments about Respondent:

Comments on
Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____ Date: _____

SERVICE AVAILABILITY QUESTIONNAIRE
UGANDA DEMOGRAPHIC AND HEALTH SURVEY

IDENTIFICATION				
PLACE NAME _____			<div style="border: 1px solid black; width: 100px; height: 150px; margin: 0 auto; position: relative;"> <!-- Grid representation of the diagram --> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 20px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 40px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 60px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 80px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 100px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 120px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 140px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 160px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 180px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 200px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 220px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 240px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 260px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 280px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 300px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 320px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 340px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 360px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 380px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 400px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 420px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 440px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 460px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 480px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 500px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 520px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 540px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 560px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 580px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 600px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 620px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 640px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 660px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 680px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 700px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 720px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 740px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 760px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 780px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 800px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 820px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 840px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 860px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 880px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 900px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 920px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 940px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 960px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 980px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> </div>	
REGION _____				
DISTRICT _____				
COUNTY _____				
SUB-COUNTY/TOWN _____				
PARISH/RC2 NUMBER.....				
CENSUS/EA.....				
DHS/CLUSTER.....				
URBAN/RURAL (urban=1, rural=2).....				
DATE OF VISIT _____		DAY	<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto; position: relative;"> <!-- Grid representation of the diagram --> <div style="position: absolute; top: 0; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 20px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 40px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 60px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 80px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 100px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 120px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 140px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 160px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 180px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 200px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 220px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 240px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 260px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 280px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 300px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 320px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 340px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 360px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 380px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 400px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 420px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 440px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 460px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 480px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 500px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 520px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 540px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 560px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 580px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 600px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 620px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 640px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 660px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 680px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 700px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 720px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 740px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 760px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 780px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 800px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 820px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 840px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 860px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 880px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 900px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 920px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 940px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 960px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> <div style="position: absolute; top: 980px; right: 0; width: 20px; height: 20px; border: 1px solid black;"></div> </div>	
INTERVIEWER NAME _____		MONTH		
RESULT.....		YEAR		
COMPLETED.....1		NAME		
UNABLE TO COMPLETE....2		RESULT		
(PLS SPECIFY)				
NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
DATE	_____	_____	_____	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 0; right: 0; width: 10px; height: 10px; border: 1px solid black;"></div> <div style="position: absolute; top: 10px; right: 0; width: 10px; height: 10px; border: 1px solid black;"></div> </div>

SECTION 1A. COMMUNITY CHARACTERISTICS

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
-----	-----------	-------------------	---------

QUESTIONS 101 IS TO BE ANSWERED BY THE INTERVIEWER UPON ARRIVAL AT THE CLUSTER.

101	TYPE OF LOCALITY (in which cluster is found)	CITY.....1 MUNICIPALITY.....2 TOWN.....3 COUNTRYSIDE.....4	→ 106 → 106 → 106
-----	--	---	-------------------------

THE REMAINING QUESTIONS ARE TO BE ANSWERED BY KNOWLEDGEABLE INFORMANTS FROM THE CLUSTER.

102	What is the name of the nearest urban center?	_____ <input type="text"/>	
103	How far is it in kilometers to the nearest urban center?	KM. TO NEAREST URBAN CENTER..... <input type="text"/>	
104	What are the most commonly used types of transportation to go to the nearest urban center? (CIRCLE ALL APPLICABLE)	MOTORIZED.....A CANOE.....B WALKING.....C CYCLING.....D OTHER.....E	
105	What is the main access route to this (LOCALITY)?	ALL WEATHER ROAD.....1 SEASONAL ROAD.....2 WATER.....3 PATH.....4	
106	What are the major economic activities of the (LOCALITY) inhabitants? RECORD THREE MAJOR ACTIVITIES	AGRICULTURE.....A LIVESTOCK.....B FISHING.....C TRADING/MARKETING.....D SERVICE SECTOR.....E MANUFACTURING.....F MINING/QUERRY.....G OTHER.....X (SPECIFY)	
107	Is there telephone service in the (LOCALITY ?)	YES.....1 NO.....2	
108	Sometimes children who play normally in the day have difficulty seeing and moving around in the twilight after the sun goes down. In the evening these children may sit alone, hold onto their mother's clothes, be unable to find their toys, or see to eat. Are you familiar with this condition?	YES.....1 NO.....2	→ 111
109	What do you call this condition? TRY TO GET THE LOCAL NAME OF THIS DISEASE	_____ <input type="text"/>	
110	Do you know of any children in the community who have (this condition) in the past month?	YES.....1 NO.....2	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
111	Please tell me if the following things are in the (LOCALITY)	KILOMETERS	
	Is there a primary school here?	PRIMARY SCHOOL..... <input type="text"/> <input type="text"/>	
	Is there a secondary school here?	SECONDARY SCHOOL..... <input type="text"/> <input type="text"/>	
	Is there a post office here?	POST OFFICE..... <input type="text"/> <input type="text"/>	
	Is there a local market here?	LOCAL MARKET..... <input type="text"/> <input type="text"/>	
	Is there a cinema/video hall here?	CINEMA/VIDEO HALL..... <input type="text"/> <input type="text"/>	
	Is there any protected well/borehole here/spring water?	PROTECTED WELL/BOREHOLE.. /SPRING WATER <input type="text"/> <input type="text"/>	
	Is there any traditioner healer here?	TRADITIONER HEALER..... <input type="text"/> <input type="text"/>	
	Is there a bank here?	BANK..... <input type="text"/> <input type="text"/>	
	Is there a public transportation here?	PUBLIC TRANSPORTATION.... <input type="text"/> <input type="text"/>	

NOTE: FOR EACH, IF IN LOCALITY, WRITE "00".
 IF NOT IN LOCALITY, ASK HOW FAR. WRITE IN KILOMETER
 IF DO NOT KNOW, WRITE "98". IF MORE THAN 97, WRITE "97".

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

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
112	Does a community based family planning distribution program cover this (LOCALITY)?	YES.....1 NO.....2	→ 114
113	Are the following methods available from the community based distribution program? a: Pill? b: Condom? c: Vaginals (Diaphragm, Foam, Jelly)?	PILL: YES.....1 NO.....2 CONDOM: YES.....1 NO.....2 VAGINALS: YES.....1 NO.....2	
114	Does a family planning field worker visit this (LOCALITY)?	YES.....1 NO.....2	→ 119
115	How often does the family planning field worker visit?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH..1 YEAR...2	
116	Does a family planning field worker provide family planning counselling/advice?	YES.....1 NO.....2	
117	Are the following methods available from the family planning field worker? a: Pill? b: Condom? c: Vaginals (Diaphragm, Foam, Jelly)?	PILL: YES.....1 NO.....2 CONDOM: YES.....1 NO.....2 VAGINALS: YES.....1 NO.....2	
118	How many family planning field workers work in this area? How many of them are government workers ? How many of them are non-government workers ?	TOTAL NO. OF FP WORKERS..... <input type="text"/> <input type="text"/> NO. OF GOVT WORKERS <input type="text"/> <input type="text"/> NO. OF NON-GOVT WORKER <input type="text"/> <input type="text"/>	
119	Is this area visited regularly by a mobile family planning clinic?	YES.....1 NO.....2	→ 122
120	How often does the mobile family planning clinic visit?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH..1 YEAR...2	
121	Are the following methods available from the mobile family planning clinic? a: Pill? b: IUD? c: Female /Male Sterilisation? d: Injection?	PILL: YES.....1 NO.....2 IUD: YES.....1 NO.....2 FEMALE /MALE STERILIZATION: YES.....1 NO.....2 INJECTION: YES.....1 NO.....2	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
122	Have there been any family planning information program in the (LOCALITY) in the last year?	YES.....1 NO.....2	→ 124
123	What specifically was this information promoting? (CIRCLE ALL APPLICABLE)	CHILD SPACING.....A BENEFITS OF BIRTH CONTROL.....B USE OF FAMILY PLANNING.....C BREAST FEEDING.....D SPECIFIC METHOD(S) PROMOTION....E WHERE METHODS AVAILABLE.....F OTHER (SPECIFY).....X	
124	Is this area visited regularly by a mobile health clinic?	YES.....1 NO.....2	→ 127
125	How often does the mobile health clinic visit?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH...1 YEAR...2	
126	Does the mobile health clinic provide: a: Basic medications? b: ORT instruction or ORS packets? c: Vitamin A capsules? d: Growth promotion? e: Iron tablets? f: Iodized oil capsules/injections? g: Antenatal care? h: Immunizations? i: Curative health care service? j: AIDS screening/testing? k: Family planning services?	BASIC MEDICATIONS: YES.....1 NO.....2 ORT/ORS: YES.....1 NO.....2 VITAMIN A: YES.....1 NO.....2 GROWTH PROMOTION: YES.....1 NO.....2 IRON TABLETS: YES.....1 NO.....2 IODIZED OIL: YES.....1 NO.....2 ANTENATAL CARE: YES.....1 NO.....2 IMMUNIZATIONS: YES.....1 NO.....2 CURATIVE HEALTH SERVICE: YES.....1 NO.....2 AIDS SCREENING/TESTING YES.....1 NO.....2 FAMILY PLANNING: YES.....1 NO.....2	
127	Where do most women give birth?	AT HOME.....1 AT TRADITIONAL BIRTH ATND HOME...2 AT HEALTH CENTER/HOSPITAL.....3	
128	Is there a traditional birth attendant available to women here who regularly assists during delivery?	YES.....1 NO.....2	→ 131
129	Does the traditional birth attendant provide iron supplements?	YES.....1 NO.....2	
130	Has the traditional birth attendant had any special training from the government or Ministry of Health or other organization?	YES.....1 NO.....2 DON'T KNOW...8	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
131	Is the area covered by a trained midwife?	YES.....1 NO.....2	→ 133
132	Does the trained midwife provide iron supplements?	YES.....1 NO.....2	
133	Is the area covered by a health worker?	YES.....1 NO.....2	→ 136
134	How often does the health worker visit?	NO. OF TIMES <input type="text"/> <input type="text"/> PER MONTH...1 YEAR...2	
135	Does the health worker provide: a: Basic medications? b: ORT instruction or ORS packets? c: Vitamin A capsules? d: Growth promotion? e: Iron tablets? f: Iodized oil capsules/injections? g: Antenatal care? h: Immunizations? i: Curative health care service? j: AIDS screening? k: Family planning services?	BASIC MEDICATIONS: YES.....1 NO.....2 ORT/ORS: YES.....1 NO.....2 VITAMIN A: YES.....1 NO.....2 GROWTH PROMOTION: YES.....1 NO.....2 IRON TABLETS: YES.....1 NO.....2 IODIZED OIL: YES.....1 NO.....2 ANTENATAL CARE: YES.....1 NO.....2 IMMUNIZATIONS: YES.....1 NO.....2 CURATIVE HEALTH SERVICE: YES.....1 NO.....2 AIDS SCREENING: YES.....1 NO.....2 FAMILY PLANNING: YES.....1 NO.....2	
136	Have there been any health information programs in this (LOCALITY) in last year?	YES.....1 NO.....2	→ A201
137	What was the health information program? (CIRCLE ALL APPLICABLE)	BENEFITS OF BREASTFEEDING.....A IMMUNIZATION.....B DIARRHEAL DISEASE CONTROL.....C AIDS.....D DRUG ABUSE.....E GROWTH PROMOTION/NUTRITION.....F VITAMIN A.....G IODINE DEFICIENCY.....H SANITATION.....I FAMILY HYGIENE.....J OTHER (SPECIFY).....X	

SECTION 2.

FACILITY IDENTIFICATION SECTION

A. What is the name of the nearest doctor with a private practice to this community?

B. What is the name of the nearest pharmacy /drug shop to this community?

C. What is the name of the nearest Sub-dispensary/dispensary /Delivery Maternity Unit (DMU) to this community?

D. What is the name of the nearest health centre to this community?

E. What is the name of the nearest hospital to this community?

SAQ 7

A. PRIVATE DOCTOR

No.	QUESTIONS	CODING CATEEGOE	SKIP TO																				
A201	NAME OF PRIVATE DOCTOR (COPY FROM SECTION 2 COVER PAGEE).	PRIVATE DOCTOR'S NAME _____ _____ NOT APPLICABLE.....97	→ B201																				
A202	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																					
A203	What is the most common type of transport to the doctor's place?	MOTORIZED.....1 CANOE.....2 WALKING.....3 CYCLING.....4 OTHER.....5																					
A204	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"/>																					
A205	Does this private doctor provide : antenatal care? delivery care? child immunization? family planning services?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTINATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTINATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		CHILD IMMUNIZATION...1	2	8		FAMILY PLANNING.....1	2	8		→ A210
	YES	NO	DK																				
ANTINATAL CARE.....1	2	8																					
DELIVERY CARE.....1	2	8																					
CHILD IMMUNIZATION...1	2	8																					
FAMILY PLANNING.....1	2	8																					
A206	Who is the nearest doctor with a private practice who provides family planning services to this community?	PRIVATE DOCTOR'S NAME _____ _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→ A210 → A210																				
A207	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																					
A208	What is the most common type of transport to this doctor's place?	MOTORIZED.....1 CANOE.....2 WALKING.....3 CYCLING.....4 OTHER.....5																					
A209	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"/>																					
A210	How many private doctor practices in total are here within 30 kilometers?	NO. PRIVATE DOCTORS WITHIN 30 KM..... <input type="text"/> <input type="text"/>																					

B. PHARMACY/DRUG SHOP

No.	QUESTIONS	CODING CATEGORIES	SKIP TO				
B201	NAME OF PHARMACY/DRUG STORE. (COPY FROM SECTION 2 COVER PAGE)	PHARMACY/DRUG STORE NAME _____ NOT APPLICABLE.....97	→ C201				
B202	Is that a government pharmacy or is it operated by a non-government organization ?	GOVERNMENT1 NON-GOVERNMENT.....2					
B203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B204	What is the most common type of transport to the pharmacy/drug store?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5					
B205	How long does it take to get from here to (PHARMACY NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B206	Does this pharmacy /drug store sell family planning supplies?	YES.....1 NO.....2 DON'T KNOW.....8	→ B212				
B207	What is the name of the nearest pharmacy /drug store which sells family planning supplies to this community?	PHARMACY/DRUG STORE NAME _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→ B212 → B212				
B208	Is that a government pharmacy/drug store or is it operated by a non-government organization?	GOVERNMENT1 NON-GOVERNMENT.....2					
B209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B210	What is the most common type of transport to the pharmacy/drug store?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5					
B211	How long does it take to get from here to (PHARMACY /DRUG STORE NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					
B212	How many pharmacies/drug stores in total are there within 30 kilometers?	NO. PHARMACIES/O. STORES WITHIN 30 KM..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>					

C. SUB DISPENSARY/ DISPENSARY /DELIVERY MATERNITY UNIT

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																												
C201	NAME OF DISPENSARY (COPY FROM SECTION 2 COVER PAGE).	DISPENSARY NAME _____ NOT APPLICABLE.....97	→ D201																												
C202	Is that a government dispensary or is it operated by a non-government organization ?	GOVERNMENT1 NON-GOVERNMENT.....2																													
C203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
C204	What is the most common type of transport to the dispensary?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5																													
C205	How long does it take to get from here to (DISPENSARY NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
C206	Does this dispensary provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening? Family Planning?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>AIDS SCREENING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		AIDS SCREENING.....1	2	8		FAMILY PLANNING.....1	2	8		→ C213
	YES	NO	DK																												
ANTENATAL CARE.....1	2	8																													
DELIVERY CARE.....1	2	8																													
GROWTH PROMOTION.....1	2	8																													
CHILD IMMUNIZATION...1	2	8																													
AIDS SCREENING.....1	2	8																													
FAMILY PLANNING.....1	2	8																													
C207	What is the name of the nearest dispensary providing family planning services to this community?	DISPENSARY NAME _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→ C213 → C213																												
C208	Is that a government dispensary or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																													
C209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
C210	What is the most common type of transport to the dispensary?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5																													
C211	How long does it take to get from here to (DISPENSARY NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
C212	Does this dispensary provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>AIDS SCREENING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		AIDS SCREENING.....1	2	8						
	YES	NO	DK																												
ANTENATAL CARE.....1	2	8																													
DELIVERY CARE.....1	2	8																													
GROWTH PROMOTION.....1	2	8																													
CHILD IMMUNIZATION...1	2	8																													
AIDS SCREENING.....1	2	8																													
C213	How many dispensaries in total are there within 30 kilometers?	NO. DISPENSARIES WITHIN 30 KM..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													

D. HEALTH CENTER

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																												
D201	NAME OF HEALTH CENTER (COPY FROM SECTION 2 COVER PAGE).	HEALTH CENTER NAME _____ NOT APPLICABLE.....97	→ E201																												
D202	Is that a government health center or is it operated by a non-government organization?	GOVERNMENT1 NON-GOVERNMENT.....2																													
D203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
D204	What is the most common type of transport to the health center?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5																													
D205	How long does it take to get from here to (HEALTH CENTER NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
D206	Does this health center provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening? Family Planning?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>AIDS SCREENING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		AIDS SCREENING.....1	2	8		FAMILY PLANNING.....1	2	8		→ D213
	YES	NO	DK																												
ANTENATAL CARE.....1	2	8																													
DELIVERY CARE.....1	2	8																													
GROWTH PROMOTION.....1	2	8																													
CHILD IMMUNIZATION...1	2	8																													
AIDS SCREENING.....1	2	8																													
FAMILY PLANNING.....1	2	8																													
D207	What is the name of the nearest health center providing family planning services to this community?	HEALTH CENTER NAME _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→ D213 → D213																												
D208	Is that a government health center or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																													
D209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
D210	What is the most common type of transport to the health center?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5																													
D211	How long does it take to get from here to (HEALTH CENTER NAME) using most common type of transport?	HOURS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MINUTES..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													
D212	Does this health center provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>AIDS SCREENING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		AIDS SCREENING.....1	2	8						
	YES	NO	DK																												
ANTENATAL CARE.....1	2	8																													
DELIVERY CARE.....1	2	8																													
GROWTH PROMOTION.....1	2	8																													
CHILD IMMUNIZATION...1	2	8																													
AIDS SCREENING.....1	2	8																													
D213	How many health centers in total are there within 30 kilometers?	NO. HEALTH CENTERS WITHIN 30 KM..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>																													

E. HOSPITAL

No.	QUESTIONS	CODING CATEGORIES	SKIP TO																												
E201	NAME OF HOSPITAL (COPY FROM SECTION 2 COVER PAGE).	HOSPITAL NAME _____ _____ NOT APPLICABLE.....97	→ 301																												
E202	Is that a government hospital or is it operated by a non-government organization ?	GOVERNMENT1 NON-GOVERNMENT.....2																													
E203	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																													
E204	What is the most common type of transport to the hospital?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5																													
E205	How long does it take to get from here to (HOSPITAL NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																													
E206	Does this hospital provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening? Family Planning?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>AIDS SCREENING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>FAMILY PLANNING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		AIDS SCREENING.....1	2	8		FAMILY PLANNING.....1	2	8		→ E213
	YES	NO	DK																												
ANTENATAL CARE.....1	2	8																													
DELIVERY CARE.....1	2	8																													
GROWTH PROMOTION.....1	2	8																													
CHILD IMMUNIZATION...1	2	8																													
AIDS SCREENING.....1	2	8																													
FAMILY PLANNING.....1	2	8																													
E207	What is the name of the nearest hospital providing family planning services to this community?	HOSPITAL NAME _____ _____ NOT APPLICABLE.....97 DON'T KNOW.....98	→ E213 → E213																												
E208	Is that a government hospital or is it operated by a non-government organization?	GOVERNMENT.....1 NON-GOVERNMENT.....2																													
E209	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>																													
E210	What is the most common type of transport to the hospital?	MOTORIZED (E.G. BUS).....1 CYCLING.....2 CANOE.....3 WALKING.....4 OTHER.....5																													
E211	How long does it take to get from here to (HOSPITAL NAME) using most common type of transport?	HOURS..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>																													
E212	Does this hospital provide: antenatal care? delivery care? growth promotion? child immunization? AIDS screening?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>ANTENATAL CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>DELIVERY CARE.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>GROWTH PROMOTION.....1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>CHILD IMMUNIZATION...1</td> <td>2</td> <td>8</td> <td></td> </tr> <tr> <td>AIDS SCREENING.....1</td> <td>2</td> <td>8</td> <td></td> </tr> </tbody> </table>		YES	NO	DK	ANTENATAL CARE.....1	2	8		DELIVERY CARE.....1	2	8		GROWTH PROMOTION.....1	2	8		CHILD IMMUNIZATION...1	2	8		AIDS SCREENING.....1	2	8						
	YES	NO	DK																												
ANTENATAL CARE.....1	2	8																													
DELIVERY CARE.....1	2	8																													
GROWTH PROMOTION.....1	2	8																													
CHILD IMMUNIZATION...1	2	8																													
AIDS SCREENING.....1	2	8																													
E213	How many hospitals in total are there within 30 kilometers?	NO. HOSPITALS WITHIN 30 KM..... <input type="text"/> <input type="text"/>																													

SECTION 3: CONTRACEPTIVE METHOD AND HEALTH SERVICES IDENTIFICATION

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
301	What is the name of the nearest place where birth control pill can be obtained?	NEAREST PILL PROVIDER NAME _____	
301D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
302	What is the name of the nearest place or provider to this community where condoms can be obtained?	NEAREST CONDOM PROVIDER NAME _____	
302D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
303	What is the name of the nearest place to this community where family planning injection can be obtained?	NEAREST INJECTION PROVIDER NAME _____	
303D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
304	What is the name of the nearest facility or provider to this community where IUDs can be inserted?	NEAREST IUD PROVIDER NAME _____	
304D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
305	What is the name of the nearest facility or provider to this community where sterilization can be obtained?	NEAREST STERILIZATION PROVIDER NAME _____	
305D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
306	What is the name of the nearest facility or provider to this community where AIDS treatment/screening can be obtained?	NEAREST AIDS TREATMENT PLACE NAME _____	
306D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
307	What is name of the nearest place to this community where immunizations for children can be obtained?	NEAREST IMMUNIZATION PROVIDER NAME _____	
307D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
308	What is the name of the nearest place to this community where oral rehydration solution (ORS) packets can be obtained?	NEAREST ORS PLACE NAME _____	
308D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	

No.	QUESTIONS	CODING CATEGORIES	SKIP TO
309	If child is sick with cough (respiratory disease), what is name of the nearest place where treatment can be obtained?	NEAREST RESP. DISEASE TREATMENT PLACE _____	
309D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
310	What is the name of the nearest place to this community where antenatal care can be obtained?	NEAREST ANTENATAL PROVIDER NAME _____	
310D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	
311	If a woman has a complication in delivery, what is the name of the nearest place where she can be treated?	NEAREST DELIVERY PLACE NAME _____	
311D	How far is it (in kms) from here? (WRITE IN '00' IF LESS THAN 1 KILOMETER. IF 1 TO 96 KILOMETERS WRITE IN NUMBER AS GIVEN IN CLUSTER. IF 97 KILOMETERS OR MORE, WRITE IN '97'.)	KILOMETERS..... <input type="text"/> <input type="text"/>	

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

END OF CLUSTER INTERVIEW.

