

1996 ZAMBIA DEMOGRAPHIC AND HEALTH SURVEY
QUESTIONNAIRE FOR INDIVIDUAL WOMEN

IDENTIFICATION													
CLUSTER NUMBER.....	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>												
PROVINCE													
DISTRICT													
HOUSEHOLD NUMBER.....	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>												
NAME OF HOUSEHOLD HEAD													
URBAN/RURAL (urban=1, rural=2).....													
LUSAKA/OTHER CITY/TOWN/VILLAGE..... (Lusaka=1, Other city=2, Town=3, Village=4)	<table border="1" style="margin: auto;"> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table>												
NAME AND LINE NUMBER OF WOMAN													

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE				DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
INTERVIEWER'S NAME				NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
RESULT*				RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>								
NEXT VISIT: DATE				TOTAL NO. OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td></tr></table>								
TIME												
*RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED (SPECIFY) 3 POSTPONED 6 INCAPACITATED												
LANGUAGE OF QUESTIONNAIRE** ENGLISH LANGUAGE USED IN INTERVIEW**..... RESPONDENT'S LOCAL LANGUAGE**..... TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)..				<table border="1" style="margin: auto;"> <tr><td>0</td><td>1</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	0	1						
0	1											
**LANGUAGE CODES: 01 ENGLISH 03 KAONDE 05 LUNDA 07 NYANJA 09 OTHER 02 BEMBA 04 LOZI 06 LUVALE 08 TONGA												
SUPERVISOR NAME _____ DATE _____		FIELD EDITOR NAME _____ DATE _____		OFFICE EDITOR <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"></table>								
<table border="1" style="width: 40px; height: 20px; margin: 0 auto;"></table>		<table border="1" style="width: 40px; height: 20px; margin: 0 auto;"></table>		KEYED BY <table border="1" style="width: 40px; height: 20px; margin: 0 auto;"></table>								

W EN 1

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in a city, in a town, or in a village?	LUSAKA.....1 OTHER CITY.....2 TOWN.....3 VILLAGE.....4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR.....96	105
104	Just before you moved here, did you live in a city, in a town, or in a village?	LUSAKA.....1 OTHER CITY.....2 TOWN.....3 VILLAGE.....4	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES.....1 NO.....2	114
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	How many years did you complete at that level? COMMENT _____	YEARS..... <input type="text"/> <input type="text"/>	
110	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		113
111	Are you currently attending school?	YES.....1 NO.....2	113
112	What was the main reason you stopped attending school?	GOT PREGNANT.....01 GOT MARRIED.....02 TO CARE FOR YOUNGER CHILDREN...03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 GRADUATED/HAD ENOUGH SCHOOLING.07 DID NOT PASS ENTRANCE EXAMS....08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR..10 OTHER.....96 (SPECIFY) DON'T KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
113	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		115
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	116
115	How often do you usually read a newspaper or magazine? Would you say every day, every other day, at least once a week, at least once a month, a few times a year, or never? CIRCLE ONLY ONE ANSWER.	EVERYDAY.....1 EVERY OTHER DAY.....2 AT LEAST ONCE A WEEK.....3 AT LEAST ONCE A MONTH.....4 FEW TIMES A YEAR.....5 NEVER.....6	
116	How often do you usually listen to a radio? Would you say every day, every other day, at least once a week, at least once a month, a few times a year, or never? CIRCLE ONLY ONE ANSWER.	EVERYDAY.....1 EVERY OTHER DAY.....2 AT LEAST ONCE A WEEK.....3 AT LEAST ONCE A MONTH.....4 FEW TIMES A YEAR.....5 NEVER.....6	
117	How often do you usually watch television? Would you say every day, every other day, at least once a week, at least once a month, a few times a year, or never? CIRCLE ONLY ONE ANSWER.	EVERYDAY.....1 EVERY OTHER DAY.....2 AT LEAST ONCE A WEEK.....3 AT LEAST ONCE A MONTH.....4 FEW TIMES A YEAR.....5 NEVER.....6	
118	What religion are you?	CATHOLIC.....1 PROTESTANT.....2 MUSLIM.....3 OTHER.....4 (SPECIFY)	
119	What tribe do you belong to?		
120	CHECK COLUMN (8) INTERVIEWER'S ASSIGNMENT SHEET THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>		201
121	Now I would like to ask about the place in which you usually live. What is the name of the place in which you usually live? (NAME OF PLACE) Is that a city, town, or village?	LUSAKA.....1 OTHER CITY.....2 TOWN.....3 VILLAGE.....4	
122	In which province is that located?	CENTRAL.....01 COPPERBELT.....02 EASTERN.....03 LUAPULA.....04 LUSAKA.....05 NORTHERN.....06 NORTH-WESTERN.....07 SOUTHERN.....08 WESTERN.....09 OUTSIDE ZAMBIA.....10	

W EN 3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO HOME/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL IN RESIDENCE/YARD/PLOT..21 PUBLIC SHALLOW WELL.....22 PUBLIC TRADITIONAL WELL.....23 PUBLIC BOREHOLE.....24 SURFACE WATER SPRING.....31 RIVER/STREAM.....32 POND/LAKE.....33 RAINWATER.....41 TANKER TRUCK.....51 BOTTLED WATER.....61 OTHER _____ 96 (SPECIFY)	→ 125 → 125 → 125 → 125 → 125
124	How long does it take to go there, get water, and come back?	MINUTES..... ON PREMISES.....996	<input type="text"/> <input type="text"/> <input type="text"/> 996
125	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER _____ 96 (SPECIFY)	
126	Does your household have: Electricity? A radio? A television? A refrigerator?	YES NO ELECTRICITY.....1 2 RADIO.....1 2 TELEVISION.....1 2 REFRIGERATOR.....1 2	
127	How many rooms in your household are used for sleeping?	ROOMS.....	<input type="text"/> <input type="text"/>
128	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/SAND/MUD.....11 RUDIMENTARY FLOOR WOOD PLANKS/BOARDS.....21 FINISHED FLOOR WOODEN TILE.....31 CERAMIC/TERRAZO/ MARBLE TILE.....32 CEMENT/CONCRETE.....33 OTHER _____ 96 (SPECIFY)	
129	Does any member of your household own: A bicycle? A motorcycle? A car?	YES NO BICYCLE.....1 2 MOTORCYCLE.....1 2 CAR.....1 2	

W EN 4

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	→206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in total _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→227

W EN 5

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF DEAD:	220	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) OF PREVIOUS BIRTH) and (NAME)?
01	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 219	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 (NEXT BIRTH)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>		
02	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 219	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 (NEXT BIRTH)	YES...1 NO...2
03	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 219	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 (NEXT BIRTH)	YES...1 NO...2
04	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 219	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 (NEXT BIRTH)	YES...1 NO...2
05	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 219	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 (NEXT BIRTH)	YES...1 NO...2
06	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 219	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 (NEXT BIRTH)	YES...1 NO...2
07	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 ↓ 219	AGE IN YEARS <div><div></div><div></div></div>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS...2 YEARS...3 <div><div></div><div></div><div></div><div></div><div></div><div></div></div>	YES...1 NO...2 (NEXT BIRTH)	YES...1 NO...2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF DEAD:	220	221
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
08	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	YES...1 NO...2 ↓ 219	AGE IN YEARS <div style="border: 1px solid black; width: 30px; height: 20px;"></div>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS...2 YEARS...3 <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	YES...1 NO...2 (NEXT BIRTH)	YES...1 NO...2
09	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	YES...1 NO...2 ↓ 219	AGE IN YEARS <div style="border: 1px solid black; width: 30px; height: 20px;"></div>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS...2 YEARS...3 <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	YES...1 NO...2 (NEXT BIRTH)	YES...1 NO...2
10	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	YES...1 NO...2 ↓ 219	AGE IN YEARS <div style="border: 1px solid black; width: 30px; height: 20px;"></div>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS...2 YEARS...3 <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	YES...1 NO...2 (NEXT BIRTH)	YES...1 NO...2
11	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR... <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	YES...1 NO...2 ↓ 219	AGE IN YEARS <div style="border: 1px solid black; width: 30px; height: 20px;"></div>	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS...2 YEARS...3 <div style="display: flex; justify-content: space-around;"><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div>	YES...1 NO...2 (NEXT BIRTH)	YES...1 NO...2
222 FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH.							YES.....1 → GO TO 223		
IS THE DIFFERENCE 4 YEARS OR MORE?							NO.....2 → GO TO 224		
223 Have you had any live births since the birth of (NAME OF LAST BIRTH)?							YES.....1 NO.....2		
224 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:									
<div style="display: flex; justify-content: space-around; align-items: center;"> <div>NUMBERS ARE SAME <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div></div> <div>NUMBERS ARE DIFFERENT <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; vertical-align: middle;"></div> → (PROBE AND RECONCILE)</div> </div> <div style="text-align: center; margin-top: 10px;"> CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. </div> <div style="text-align: right; margin-top: 20px;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>									
225 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1991. IF NONE, RECORD '0'.									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
227	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→ 236
228	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS..... <input type="text"/> <input type="text"/>	
229	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any more children at all?	THEN.....1 LATER.....2 NOT WANT MORE CHILDREN.....3	
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO.....2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO.....4 <input type="text"/> <input type="text"/> IN MENOPAUSE.....994 BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
237	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DON'T KNOW.....8	→ 301
238	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....01 RIGHT AFTER HER PERIOD HAS ENDED.....02 IN THE MIDDLE OF THE CYCLE.....03 JUST BEFORE HER PERIOD BEGINS..04 OTHER.....96 (SPECIFY) DON'T KNOW.....98	

W EN 8

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 RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. 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	3	YES.....1 NO.....2
02] <input type="checkbox"/> IUCD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	3	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	3	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	3	YES.....1 NO.....2
05] <input type="checkbox"/> FOAMING TABLETS/JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	3	YES.....1 NO.....2
06] <input type="checkbox"/> CONDOM Men can put a rubber sheath on their penis during sexual intercourse.	1	2	3	YES.....1 NO.....2
07] <input type="checkbox"/> FEMALE STERILIZATION Women can have an operation to avoid having any more children.	1	2	3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08] <input type="checkbox"/> MALE STERILIZATION Men can have an operation to avoid having any more children.	1	2	3	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
09] <input type="checkbox"/> NATURAL FAMILY PLANNING Couples can avoid having sexual intercourse on the days of the month when the woman is more likely to become pregnant.	1	2	3	YES.....1 NO.....2
10] <input type="checkbox"/> WITHDRAWAL Men can be careful and pull out before climax.	1	2	3	YES.....1 NO.....2
11] <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)

☐

→ GO TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→331
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
309	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
310	When you first used family planning, did you want to have another child but at a later time, or did you not want to have another child at all?	WANTED CHILD LATER.....1 DID NOT WANT ANOTHER CHILD.....2 OTHER.....6 (SPECIFY)	
311	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→314A
312	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→332
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→331
314	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 FOAMING TABLETS/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NATURAL FAMILY PLANNING.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY)	→326 →318 →323 →326
314A	CIRCLE '07' FOR FEMALE STERILIZATION.		
315A	At the time you first started using the pill, did you consult a doctor or a nurse?	YES.....1 NO.....2 DK.....8	
315B	At the time you last got pills, did you consult a doctor or a nurse?	YES.....1 NO.....2	
315C	May I see the package of pills you are now using? RECORD NAME OF BRAND IF PACKAGE IS SEEN.	PACKAGE SEEN.....1 BRAND NAME..... <input type="text"/> <input type="text"/> PACKAGE NOT SEEN.....2	→317
316	Do you know the brand name of the pills you are now using? RECORD NAME OF BRAND.	BRAND NAME..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	
317	How much does one packet (cycle) of pills cost you?	KWACHA COST..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE.....9996 DON'T KNOW.....9998	→326

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO						
318	<p>Where did the sterilization take place?</p> <p>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.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>OTHER PUBLIC _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>MISSION HOSPITAL/CLINIC.....22</p> <p>PRIVATE DOCTOR.....23</p> <p>MOBILE CLINIC.....24</p> <p>OTHER PRIVATE MEDICAL _____ 26</p> <p>(SPECIFY)</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW.....98</p>	319						
318A	<p>How long did it take to travel from your home to (PLACE MENTIONED IN 318)?</p> <p>IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.</p>	<p>MINUTES.....1</p> <p>HOURS.....2</p> <p>DK.....9998</p>	<table border="1"> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>0</td> <td></td> <td></td> </tr> </table>				0		
0									
318B	Was it easy or difficult to get there?	<p>EASY.....1</p> <p>DIFFICULT.....2</p>							
319	Do you regret that (you/your husband) had the operation not to have any (more) children?	<p>YES.....1</p> <p>NO.....2</p>	321						
320	Why do you regret the operation?	<p>RESPONDENT WANTS ANOTHER CHILD..1</p> <p>PARTNER WANTS ANOTHER CHILD....2</p> <p>SIDE EFFECTS.....3</p> <p>CHILD DIED.....4</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>							
321	In what month and year was the sterilization performed?	<p>MONTH.....</p> <p>YEAR.....</p>	327						
323	<p>You said that you have avoided having sexual intercourse on certain days of the month to avoid getting pregnant.</p> <p>How do you determine which days of your monthly cycle not to have sexual relations?</p>	<p>BASED ON CALENDAR.....1</p> <p>BASED ON BODY TEMPERATURE.....2</p> <p>BASED ON CERVICAL MUCUS (BILLINGS METHOD).....3</p> <p>BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....4</p> <p>NO SPECIFIC SYSTEM.....5</p> <p>OTHER _____ 6</p> <p>(SPECIFY)</p>							
326	<p>For how many months have you been using (METHOD) continuously?</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>MONTHS.....</p> <p>8 YEARS OR LONGER.....96</p>							

W EN 11

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO						
327	CHECK 314: CIRCLE METHOD CODE:	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 FOAMING TABLETS/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NATURAL FAMILY PLANNING.....09 WITHDRAWAL.....10 OTHER METHOD.....96	→328C →334 →332						
328	Where did you obtain (METHOD) the last time? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FIELDWORKER.....13 OTHER PUBLIC.....16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 MISSION HOSPITAL/CLINIC.....22 PHARMACY.....23 PRIVATE DOCTOR.....24 MOBILE CLINIC.....25 FIELD WORKER.....26 OTHER PRIVATE MEDICAL.....27 (SPECIFY) OTHER SOURCE SHOP.....31 FRIENDS/RELATIVES.....33 OTHER.....36 (SPECIFY) DON'T KNOW.....98	→328C →328C →328C						
328A	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 HOURS.....2 DK.....9998	<table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td>0</td><td></td><td></td> </tr> </table>				0		
0									
328B	Is it easy or difficult to get there?	EASY.....1 DIFFICULT.....2							
328C	Did you talk to your husband/partner about (METHOD) before you started to use it?	YES.....1 NO.....2							
328D	Did you talk to your husband/partner about (METHOD) after you started to use it?	YES.....1 NO.....2	→334						

W EN 12

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
331	What is the main reason you are not using a method of contraception to avoid pregnancy?	NOT MARRIED.....11 FERTILITY-RELATED REASONS NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS (MORE) CHILDREN.....26 PREGNANT.....27 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
332	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→ 334
333	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 FIELD WORKER.....15 OTHER PUBLIC _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC.....21 MISSION HOSPITAL/CLINIC.....22 PHARMACY.....23 PRIVATE DOCTOR.....24 MOBILE CLINIC.....25 FIELD WORKER.....26 OTHER PRIVATE MEDICAL _____ 27 (SPECIFY) OTHER SOURCE SHOP.....31 FRIENDS/RELATIVES.....32 OTHER _____ 36 (SPECIFY)	
334	Were you visited by a family planning program worker in the last 12 months?	YES.....1 NO.....2	

W EN 13

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
335	Have you visited a health facility for any reason in the last 12 months?	YES.....1 NO.....2	→337
336	Did any staff member at the health facility speak to you about family planning methods?	YES.....1 NO.....2	
337	Do you think that breastfeeding can affect a woman's chance of becoming pregnant?	YES.....1 NO.....2 DON'T KNOW.....8	→401
338	Do you think a woman's chance of becoming pregnant is increased or decreased by breastfeeding?	INCREASED.....1 DECREASED.....2 DEPENDS.....3 DON'T KNOW.....8	→401
339	CHECK 210: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→401
340	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	YES.....1 NO.....2	→401
341	CHECK 227 AND 311: NOT PREGNANT OR UNSURE AND NOT STERILIZED <input type="checkbox"/> EITHER PREGNANT OR STERILIZED <input type="checkbox"/>		→401
342	Are you currently relying on breastfeeding to avoid getting pregnant?	YES.....1 NO.....2	

W EN 14

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 225: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> ONE OR MORE BIRTHS SINCE JAN. 1991 <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></div> </div> <div style="width: 45%;"> NO BIRTHS SINCE JAN. 1991 <div style="border: 1px solid black; width: 30px; height: 20px; margin-top: 5px;"></div> </div> </div> <div style="text-align: right; margin-top: -20px;">→ (GO TO 465)</div>																		
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE CONTINUATION SHEETS). Now I would like to ask you some more questions about the health of all your children born in the past five years. (We will talk about one child at a time.)																		
403	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 45%; text-align: center;">LAST BIRTH</th> <th style="width: 55%; text-align: center;">NEXT-TO-LAST BIRTH</th> </tr> <tr> <td style="border-bottom: 1px solid black;">LINE NUMBER FROM Q212</td> <td style="border-bottom: 1px solid black;">LINE NUMBER..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div></td> </tr> </table>	LAST BIRTH	NEXT-TO-LAST BIRTH	LINE NUMBER FROM Q212	LINE NUMBER..... <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div>														
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404	<table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 45%; text-align: center;">FROM Q212</th> <th style="width: 55%; text-align: center;">NAME</th> </tr> <tr> <td style="border-bottom: 1px solid black;">AND Q216</td> <td style="border-bottom: 1px solid black;">NAME</td> </tr> <tr> <td style="text-align: center;"> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> </td> <td style="text-align: center;"> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> </td> </tr> </table>	FROM Q212	NAME	AND Q216	NAME	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>												
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FROM Q. 212		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
417	Was (NAME) weighed at birth?	YES.....1 NO.....2 (GO TO 419)←	YES.....1 NO.....2 (GO TO 420)←
418	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	KILOGRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> KILOGRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998	KILOGRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> KILOGRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> DON'T KNOW.....998
419	Has your period returned since the birth of (NAME)?	YES.....1 (GO TO 421)← NO.....2 (GO TO 422)←	
420	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (GO TO 424)←
421	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
422	CHECK 227: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (GO TO 424)↓	
423	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (GO TO 425)←	
424	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
425	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (GO TO 431)←	YES.....1 NO.....2 (GO TO 431)←
426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>
427	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 429)↓	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 429)↓
428	Are you still breastfeeding (NAME)?	YES.....1 (GO TO 432)← NO.....2	YES.....1 (GO TO 432)← NO.....2
429	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98

W EN 17

FROM Q.212		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
430	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER _____ 96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER _____ 96 (SPECIFY)
431	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)
432	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>
433	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>
434	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
435	At any time yesterday or last night, was (NAME) given any of the following:	YES NO DK PLAIN WATER.....1 2 8 SUGAR WATER.....1 2 8 JUICE.....1 2 8 TEA.....1 2 8 BABY FORMULA.....1 2 8 TINNED/POWDR'D MLK..1 2 8 FRESH MILK.....1 2 8 OTHER LIQUIDS.....1 2 8 FOOD MADE FROM GRAIN.....1 2 8 FOOD MADE FROM TUBER.....1 2 8 EGGS/FISH/POULTRY...1 2 8 MEAT.....1 2 8 OTHER SOLID/ SEMI-SOLID FOODS..1 2 8	YES NO DK PLAIN WATER.....1 2 8 SUGAR WATER.....1 2 8 JUICE.....1 2 8 TEA.....1 2 8 BABY FORMULA.....1 2 8 TINNED/POWDR'D MLK..1 2 8 FRESH MILK.....1 2 8 OTHER LIQUIDS.....1 2 8 FOOD MADE FROM GRAIN.....1 2 8 FOOD MADE FROM TUBER.....1 2 8 EGGS/FISH/POULTRY...1 2 8 MEAT.....1 2 8 OTHER SOLID/ SEMI-SOLID FOODS..1 2 8

W EN 18

		LAST BIRTH		NEXT-TO-LAST BIRTH	
FROM Q. 212		NAME _____		NAME _____	
436	CHECK 435: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (GO TO 438)	"NO/DK" TO ALL <input type="checkbox"/> ↓ (GO TO 438)	"YES" TO ONE OR MORE <input type="checkbox"/> ↓ (GO TO 438)	"NO/DK" TO ALL <input type="checkbox"/> ↓ (GO TO 438)
437	(Aside from breastfeeding,) how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES..... <input type="checkbox"/> DON'T KNOW.....8		NUMBER OF TIMES..... <input type="checkbox"/> DON'T KNOW.....8	
438	On how many days during the last seven days was (NAME) given any of the following: Plain water? Any kind of milk (other than breast milk)? Liquids other than plain water or milk? Any solid or mushy food made from grain such as maize, rice, wheat and soybean? Any solid or mushy food made from tuber such as cassava, sweet potato and yam? Eggs, fish, or poultry? Meat? Any other solid or semi-solid foods? IF DON'T KNOW, RECORD '8'	RECORD THE NUMBER OF DAYS. PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> FOOD MADE FROM GRAIN..... <input type="checkbox"/> FOOD MADE FROM TUBER..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/>		RECORD THE NUMBER OF DAYS. PLAIN WATER..... <input type="checkbox"/> MILK..... <input type="checkbox"/> OTHER LIQUIDS..... <input type="checkbox"/> FOOD MADE FROM GRAIN..... <input type="checkbox"/> FOOD MADE FROM TUBER..... <input type="checkbox"/> EGGS/FISH/POULTRY..... <input type="checkbox"/> MEAT..... <input type="checkbox"/> OTHER SOLID/SEMI-SOLID FOODS..... <input type="checkbox"/>	
439		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	

W EN 19

SECTION 4B. IMMUNIZATION AND HEALTH

440	ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1991 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES).																																																																																																																																																																																																																																																																												
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W EN 20

FROM Q. 212		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
447	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (GO TO 449)← DON'T KNOW.....8	YES.....1 NO.....2 (GO TO 449)← DON'T KNOW.....8
448	Please tell me if (NAME) received any of the following vaccinations:		
448A	A BCG vaccination against tuberculosis, that is, an injection in the left arm or shoulder that caused a scar?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
448B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (GO TO 448E)← DON'T KNOW.....8	YES.....1 NO.....2 (GO TO 448E)← DON'T KNOW.....8
448C	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
448D	When was the first polio vaccine given?	JUST AFTER BIRTH.....1 TWO MONTHS OR LATER.....2	JUST AFTER BIRTH.....1 TWO MONTHS OR LATER.....2
448E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES.....1 NO.....2 (GO TO 448G)← DON'T KNOW.....8	YES.....1 NO.....2 (GO TO 448G)← DON'T KNOW.....8
448F	IF YES: How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
448G	An injection to prevent measles?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
449	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 (GO TO 450)← DON'T KNOW.....8	YES.....1 NO.....2 (GO TO 450)← DON'T KNOW.....8
449A	Did you seek advice or treatment for the fever?	YES.....1 NO.....2 (GO TO 450)←	YES.....1 NO.....2 (GO TO 450)←
449B	Where did you seek advice or treatment?	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY)
450	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (GO TO 454)← DON'T KNOW.....8	YES.....1 NO.....2 (GO TO 454)← DON'T KNOW.....8
451	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

FROM Q. 212	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
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452 Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (GO TO 454)←	YES.....1 NO.....2 (GO TO 454)←
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453 Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER..C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER..C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY)
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453A CHECK 453: MORE THAN ONE PROVIDER MENTIONED <input type="checkbox"/>	ONLY ONE PROVIDER MENTIONED <input type="checkbox"/> → 454
--	--

453B Which provider did you go to first?	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER..C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER..C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY)
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454 Has (NAME) had diarrhoea in the last two weeks?	YES.....1 NO.....2 (GO TO 464)← DON'T KNOW.....8	YES.....1 NO.....2 (GO TO 464)← DON'T KNOW.....8
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455 Was there any blood in the stools?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
--	---	---

456 On the worst day of the diarrhoea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
--	---	---

457 Was he/she given the same amount to drink as before the diarrhoea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
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458 Was he/she given the same amount of food to eat as before the diarrhoea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
--	--	--

W EN 22

		LAST BIRTH	NEXT-TO-LAST BIRTH
FROM Q. 212		NAME _____	NAME _____
459	Was anything given to treat the diarrhoea?	YES.....1 NO.....2 (GO TO 461)← DK.....8	YES.....1 NO.....2 (GO TO 461)← DK.....8
460	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	FLUID FROM ORS PACKET....A HOMEMADE SUGAR/SALT SOLUTION.....B ANTIBIOTIC PILL OR SYRUP.C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....X (SPECIFY)	FLUID FROM ORS PACKET....A HOMEMADE SUGAR/SALT SOLUTION.....B ANTIBIOTIC PILL OR SYRUP.C OTHER PILL OR SYRUP.....D INJECTION.....E (I.V.) INTRAVENOUS.....F HOME REMEDIES/ HERBAL MEDICINES.....G OTHER.....X (SPECIFY)
461	Did you seek advice or treatment for the diarrhoea?	YES.....1 NO.....2 (GO TO 464)←	YES.....1 NO.....2 (GO TO 464)←
462	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY)	PUBLIC SECTOR GVT. HOSPITAL.....A GVT. HEALTH CENTER.....B COMMUNITY HEALTH WORKER.C MEDICAL PRIVATE SECTOR PVT. HOSPITAL/CLINIC....D MISSION HOSP./CLINIC....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY)
464		GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.

W EN 23

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
465	When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK.....1 ABOUT SAME AMOUNT TO DRINK.....2 MORE TO DRINK.....3 DON'T KNOW.....8	
466	When a child has diarrhoea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DON'T KNOW.....8	
467	When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/NOT DRINKING WELL....H GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J SUNKEN EYES.....K OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
468	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL....F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H CHEST INDRAWING.....I OTHER _____ X (SPECIFY) DON'T KNOW.....Z	
468A	When a child is sick with a fever, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	FEVER TWO OR MORE DAYS.....A SEIZURES/SHAKING.....B CHEST INDRAWING.....C NOT EATING/NOT DRINKING WELL....D GETTING SICKER/VERY SICK.....E NOT GETTING BETTER.....F OTHER _____ X (SPECIFY) DON'T KNOW.....Z	

W EN 24

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
469	<p>CHECK 460 (ALL COLUMNS):</p> <p>NO CHILD RECEIVED ORS <input type="checkbox"/></p> <p>ANY CHILD RECEIVED ORS <input type="checkbox"/></p>		473
470	Have you ever heard of a special product called Madzi-a-Moyo or ORS packet you can get for the treatment of diarrhea?	YES.....1 NO.....2	472
471	Have you ever seen packets like this before?	YES.....1 NO.....2	476
472	Have you ever prepared a solution with one of these packets to treat diarrhoea in yourself or someone else?	YES.....1 NO.....2	475
473	The last time you prepared Madzi-a-Moyo or ORS packet, did you prepare the whole packet at once or only part of the packet?	WHOLE PACKET AT ONCE.....1 PART OF PACKET.....2	475
474	How much water did you use to prepare Madzi-a-Moyo or ORS packet the last time you made it?	1/2 LITRE (BANANA CUP).....01 750 MLS.....02 1 LITRE.....03 1 1/2 LITRES.....04 2 LITRES.....05 FOLLOWED PACKAGE INSTRUCTIONS..06 OTHER.....07 (SPECIFY) DK.....98	
475	<p>Where can you get Madzi-a-Moyo or ORS packet?</p> <p>PROBE: Anywhere else?</p> <p>RECORD ALL PLACES MENTIONED.</p>	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTER.....B COMMUNITY HEALTH WORKER.....C MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....D MISSION HOSPITAL/CLINIC.....E PHARMACY.....F PRIVATE DOCTOR.....G OTHER PRIVATE SECTOR SHOP.....H TRADITIONAL HEALER.....I OTHER.....X (SPECIFY)	
476	<p>CHECK 460 (ALL COLUMNS):</p> <p>HOME-MADE FLUID GIVEN TO ANY CHILD <input type="checkbox"/></p> <p>HOME-MADE FLUID NOT GIVEN TO ANY CHILD OR 460 NOT ASKED <input type="checkbox"/></p>		501
477	Where did you learn to prepare the home fluid made from sugar, salt and water that was given to (NAME) when he/she had diarrhoea?	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTER.....12 COMMUNITY HEALTH WORKER.....13 MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....21 MISSION HOSPITAL/CLINIC.....22 PHARMACY.....23 PRIVATE DOCTOR.....24 OTHER PRIVATE SECTOR SHOP.....31 TRADITIONAL HEALER.....32 OTHER.....41 (SPECIFY)	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO															
501	PRESENCE OF OTHERS AT THIS POINT.	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND/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> </tbody> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND/PARTNER.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	YES	NO																
CHILDREN UNDER 10.....	1	2																
HUSBAND/PARTNER.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																
502	Are you currently married or living with a man?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A MAN.....2 NO, NOT IN UNION.....3	→507															
503	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	REGULAR SEXUAL PARTNER.....1 OCCASIONAL SEXUAL PARTNER.....2 NO SEXUAL PARTNER.....3																
504	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED.....1 YES, LIVED WITH A MAN.....2 NO.....3	→511 →515F															
506	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED.....1 DIVORCED.....2 SEPARATED.....3	→511															
507	Is your husband/partner living with you now or is he staying elsewhere?	LIVES WITH HER.....1 STAYING ELSEWHERE.....2																
507A	WRITE THE NAME OF HER HUSBAND OR PARTNER. OBTAIN HIS LINE NUMBER FROM THE HOUSEHOLD SCHEDULE. IF HE IS NOT LISTED IN THE HOUSEHOLD, WRITE '00'	_____ (NAME) <input type="text"/> <input type="text"/>																
508	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2 DON'T KNOW.....8	→511															
509	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	→511															
510	Are you the first, second,.....wife?	RANK..... <input type="text"/> <input type="text"/>																
511	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2																
512	CHECK 511: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> In what month and year did you start living with your husband/partner? </div> <div style="width: 45%;"> MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> Now we will talk about your first husband/partner. In what month and year did you start living with him? </div> </div>	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....98	→514															
513	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>																

W EN 26

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
514	CHECK 502: CURRENTLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	515F
515	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 husband/the man you are living with)?	NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	608
515A	CHECK 301 AND 302: KNOWS CONDOM <input type="checkbox"/> ↓ The last time you had sex with (your husband/ the man you are living with), was a condom used?	DOES NOT KNOW CONDOM <input type="checkbox"/> ↓ Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your husband/ the man you are living with), was a condom used?	YES.....1 NO.....2 DOES NOT KNOW.....8
515B	Have you had sex with anyone other than (your husband/ the man you are living with) in the last 12 months?	YES.....1 NO.....2	517
515C	When was the last time you had sexual intercourse with someone other than (your husband/ the man you are living with)?	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 BEFORE LAST BIRTH.....996	
515D	Was a condom used that time?	YES.....1 NO.....2 DOES NOT KNOW.....8	
515E	In the last 12 months, how many different persons other than (your husband/the man you are living with) have you had sex with?	NUMBER OF PERSONS..... DOES NOT KNOW.....98	517
515F	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 (if ever)?	NEVER.....000 DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 BEFORE LAST BIRTH.....996	608

W EN 27

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
515G	<p>CHECK 301 AND 302:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>KNOWS CONDOM <input type="checkbox"/></p> <p>↓</p> <p>The last time you had sex, was a condom used?</p> </div> <div style="width: 45%;"> <p>DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>↓</p> <p>Some men use a condom, which means that they put a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p> </div> </div>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
515H	<p>CHECK 515F:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>LESS THAN 12 MONTHS SINCE LAST SEX <input type="checkbox"/></p> <p>↓</p> </div> <div style="width: 45%;"> <p>12 MONTHS OR LONGER SINCE LAST SEX <input type="checkbox"/></p> <p>→ 517</p> </div> </div>		
515I	In the last 12 months, how many different persons have you had sex with?	<p>NUMBER OF PERSONS..... <input type="text"/> <input type="text"/></p> <p>DOES NOT KNOW.....98</p>	
517	Do you know of a place where you can get condoms?	<p>YES.....1</p> <p>NO.....2 → 519</p>	
518	<p>Where is that?</p> <p>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.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTER.....12</p> <p>COMMUNITY HEALTH WORKER.....13</p> <p>OTHER PUBLIC.....14</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC.....21</p> <p>MISSION HOSPITAL/CLINIC.....22</p> <p>PHARMACY.....23</p> <p>PRIVATE DOCTOR.....24</p> <p>MOBILE CLINIC.....25</p> <p>OTHER PRIVATE MEDICAL.....26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP.....31</p> <p>FRIENDS/RELATIVES.....33</p> <p>OTHER.....36</p> <p>(SPECIFY)</p>	
519	How old were you when you first had sexual intercourse?	<p>AGE..... <input type="text"/> <input type="text"/></p> <p>FIRST TIME WHEN MARRIED.....96</p>	

W EN 28

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
601	CHECK 314: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		612
602	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children? Now I have some questions about the future. After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DON'T KNOW.....8	606 604
603	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS.....1 YEARS.....2 SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT...994 AFTER MARRIAGE.....995 OTHER _____ 996 (SPECIFY) DON'T KNOW.....998	606
604	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		607
605	If you became pregnant in the next few weeks, would you be <u>happy</u> , <u>unhappy</u> , or would it <u>not matter</u> very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
606	CHECK 313: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		612
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DON'T KNOW.....8	609
608	Do you think you will use a method at any time in the future?	YES.....1 NO.....2 DON'T KNOW.....8	610
609	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 FOAMING TABLETS/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NATURAL FAMILY PLANNING.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) UNSURE.....98	612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
610	What is the main reason that you think you will never use a method?	NOT MARRIED.....11 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	→612
611	Would you ever use a method if you were married?	YES.....1 NO.....2 DON'T KNOW.....8	
612	CHECK 216: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> HAS LIVING CHILDREN <input type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be? </div> </div> PROBE FOR A NUMERIC RESPONSE.	NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	→614
613	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	<div style="text-align: right;">BOYS</div> NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) <div style="text-align: right;">GIRLS</div> NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY) <div style="text-align: right;">EITHER</div> NUMBER..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO																											
615	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>DK</th> </tr> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DK	RADIO.....1	1	2	8	TELEVISION.....1	1	2	8																
	ACCEPT- ABLE	NOT ACCEPT- ABLE	DK																											
RADIO.....1	1	2	8																											
TELEVISION.....1	1	2	8																											
616	In the last few months have you heard or read about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From leaflets or brochures? From live drama? From a doctor or a nurse? From a community health worker?	<table> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>LIVE DRAMA.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>DOCTOR OR NURSE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER1</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	RADIO.....1	1	2	TELEVISION.....1	1	2	NEWSPAPER OR MAGAZINE.....1	1	2	POSTER.....1	1	2	LEAFLETS OR BROCHURES.....1	1	2	LIVE DRAMA.....1	1	2	DOCTOR OR NURSE.....1	1	2	COMMUNITY HEALTH WORKER1	1	2	
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COMMUNITY HEALTH WORKER1	1	2																												
618	In the last few months have you discussed the practice of family planning with your husband, partner, friends, neighbors, or relatives?	<table> <tr> <td>YES.....1</td> <td>1</td> </tr> <tr> <td>NO.....2</td> <td>2</td> </tr> </table>	YES.....1	1	NO.....2	2	→620																							
YES.....1	1																													
NO.....2	2																													
619	With whom? Anyone else? RECORD ALL MENTIONED.	<table> <tr> <td>HUSBAND/PARTNER.....A</td> <td>A</td> </tr> <tr> <td>MOTHER.....B</td> <td>B</td> </tr> <tr> <td>FATHER.....C</td> <td>C</td> </tr> <tr> <td>SISTER(S).....D</td> <td>D</td> </tr> <tr> <td>BROTHER(S).....E</td> <td>E</td> </tr> <tr> <td>DAUGHTER.....F</td> <td>F</td> </tr> <tr> <td>MOTHER-IN-LAW.....G</td> <td>G</td> </tr> <tr> <td>FRIENDS/NEIGHBORS.....H</td> <td>H</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER.....I</td> <td>I</td> </tr> <tr> <td>LOCAL COMMUNITY LEADER.....J</td> <td>J</td> </tr> <tr> <td>RELIGIOUS LEADER.....K</td> <td>K</td> </tr> <tr> <td>OTHER.....X</td> <td>X</td> </tr> </table> (SPECIFY)	HUSBAND/PARTNER.....A	A	MOTHER.....B	B	FATHER.....C	C	SISTER(S).....D	D	BROTHER(S).....E	E	DAUGHTER.....F	F	MOTHER-IN-LAW.....G	G	FRIENDS/NEIGHBORS.....H	H	COMMUNITY HEALTH WORKER.....I	I	LOCAL COMMUNITY LEADER.....J	J	RELIGIOUS LEADER.....K	K	OTHER.....X	X				
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RELIGIOUS LEADER.....K	K																													
OTHER.....X	X																													
620	CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>		→701																											
621	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	<table> <tr> <td>APPROVES.....1</td> <td>1</td> </tr> <tr> <td>DISAPPROVES.....2</td> <td>2</td> </tr> <tr> <td>DON'T KNOW.....8</td> <td>8</td> </tr> </table>	APPROVES.....1	1	DISAPPROVES.....2	2	DON'T KNOW.....8	8																						
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DISAPPROVES.....2	2																													
DON'T KNOW.....8	8																													
622	How often have you talked to your husband/partner about family planning in the past year?	<table> <tr> <td>NEVER.....1</td> <td>1</td> </tr> <tr> <td>ONCE OR TWICE.....2</td> <td>2</td> </tr> <tr> <td>MORE OFTEN.....3</td> <td>3</td> </tr> </table>	NEVER.....1	1	ONCE OR TWICE.....2	2	MORE OFTEN.....3	3																						
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ONCE OR TWICE.....2	2																													
MORE OFTEN.....3	3																													
623	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	<table> <tr> <td>SAME NUMBER.....1</td> <td>1</td> </tr> <tr> <td>MORE CHILDREN.....2</td> <td>2</td> </tr> <tr> <td>FEWER CHILDREN.....3</td> <td>3</td> </tr> <tr> <td>DON'T KNOW.....8</td> <td>8</td> </tr> </table>	SAME NUMBER.....1	1	MORE CHILDREN.....2	2	FEWER CHILDREN.....3	3	DON'T KNOW.....8	8																				
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FEWER CHILDREN.....3	3																													
DON'T KNOW.....8	8																													
624	Who do you think should decide on the number of children a couple should have?	<table> <tr> <td>WIFE.....1</td> <td>1</td> </tr> <tr> <td>HUSBAND.....2</td> <td>2</td> </tr> <tr> <td>BOTH.....3</td> <td>3</td> </tr> <tr> <td>NO ONE.....4</td> <td>4</td> </tr> <tr> <td>OTHER.....6</td> <td>6</td> </tr> </table> (SPECIFY)	WIFE.....1	1	HUSBAND.....2	2	BOTH.....3	3	NO ONE.....4	4	OTHER.....6	6																		
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		DON'T KNOW.....8																												

W EN 31

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
701	CHECK 502 AND 504: <div> <div>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></div> <div>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></div> <div>NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/></div> </div>		703 709
702	How old was your husband/partner on his last birthday?	AGE..... <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY1 SECONDARY.....2 HIGHER.....3 DON'T KNOW.....8	706
705	How many years did he complete at that level?	YEARS..... <input type="text"/> DON'T KNOW.....98	
706	What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
707	CHECK 706: <div> <div>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></div> <div>DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></div> </div>		709
708	(Does/did) your husband/partner work mainly on his own land or on family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	
709	Aside from your own housework, are you currently working?	YES.....1 NO.....2	712
710	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	712
711	Have you done any work in the last 12 months?	YES.....1 NO.....2	801
712	What is your occupation, that is, what kind of work do you mainly do?	<input type="text"/> <input type="text"/> <input type="text"/>	
713	CHECK 712: <div> <div>WORKS IN AGRICULTURE <input type="checkbox"/></div> <div>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></div> </div>		715
714	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
715	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER.....1 FOR SOMEONE ELSE.....2 SELF-EMPLOYED.....3	
716	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR.....1 SEASONALLY/PART OF THE YEAR....2 ONCE IN A WHILE.....3	→718 →719
717	During the last 12 months, how many months did you work?	NUMBER OF MONTHS.....	
718	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS.....	→720
719	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS.....	
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2	→723
721	How much do you usually earn for this work? KWACHA _____ PROBE: Is this by the day, by the week, or by the month? PER _____	KWACHA PER HOUR..1 PER DAY...2 PER WEEK..3. PER MONTH.4 PER YEAR..5 OTHER _____ 99999996 (SPECIFY)	
722	CHECK 502: YES, CURRENTLY MARRIED YES, LIVING WITH A MAN <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? NO, NOT IN UNION <input type="checkbox"/> ↓ Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER...3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
723	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	→801A
724	CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→801A
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER _____ 96 (SPECIFY)	

SECTION 8. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
801A	Have you heard about diseases that can be transmitted through sexual intercourse?	YES.....1 NO.....2	→ 801K
801B	Which diseases do you know? RECORD ALL RESPONSES	SYPHILISA GONORRHEAB AIDS.....C GENITAL WARTS/CONDYLOMATA.....D OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW.....2	
801C	CHECK 515 AND 515F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	→ 801K
801D	During the last twelve months, did you have any of these diseases?	YES.....1 NO.....2 DOES NOT KNOW.....8	→ 801K
801E	Which of the diseases did you have? RECORD ALL RESPONSES	SYPHILISA GONORRHEAB AIDS.....C GENITAL WARTS/CONDYLOMATA.....D OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DON'T KNOW.....2	
801F	The last time you had (DISEASE(S) FROM 801E) did you seek advice or treatment?	YES.....1 NO.....2	→ 801H
801G	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL.....A HEALTH CENTER.....B OTHER PUBLIC SECTOR.....C MEDICAL PRIVATE SECTOR PRIVATE HOSPITAL/CLINIC.....D MISSION HOSPITAL/CLINIC.....E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H OTHER MED. PRIVATE SECTOR.....I OTHER SHOP.....J RELATIVES/FRIENDS.....K TRADITIONAL HEALER.....L OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
801H	When you had (DISEASE(S) FROM 801E) did you inform your partner(s)?	YES.....1 NO.....2	
801I	When you had (DISEASE(S) FROM 801E) did you do something not to infect your partner(s)?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	→ 801K

W EN 34

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
801J	What did you do? RECORD ALL MENTIONED	NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B TOOK MEDICINES.....C OTHER _____ X (SPECIFY)	
801K	CHECK 801B DID NOT MENTION 'AIDS' <input type="checkbox"/> MENTIONED 'AIDS' <input type="checkbox"/>		802
801L	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	811C
802	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 LIVE DRAMA.....K OTHER.....X (SPECIFY)	
802B	How can a person get AIDS? Any other ways? RECORD ALL MENTIONED	SEXUAL INTERCOURSE.....A SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....B SEX WITH PROSTITUTES.....C NOT USING CONDOM.....D HOMOSEXUAL CONTACT.....E BLOOD TRANSFUSION.....F INJECTIONS.....G KISSING.....H MOSQUITO BITES.....I CONTAMINATED RAZOR BLADE.....J OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
803	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	807
804	What can a person do? Any other ways? RECORD ALL MENTIONED	SAFE SEX.....A ABSTAIN FROM SEX.....B USE CONDOMS.....C AVOID MULTIPLE SEX PARTNERS.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F AVOID BLOOD TRANSFUSIONS.....G AVOID INJECTIONS.....H AVOID KISSING.....I AVOID MOSQUITO BITES.....J SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....K OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	

W EN 35

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
805	CHECK 804: MENTIONED 'SAFE SEX' <input type="checkbox"/>	DID NOT MENTION 'SAFE SEX' <input type="checkbox"/>	807
806	What does "safe sex" mean to you? RECORD ALL MENTIONED	ABSTAIN FROM SEX.....B USE CONDOMS.....C AVOID MULTIPLE SEX PARTNERS....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z	
807	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW.....8	
808	Do you think that persons with AIDS almost never die from the disease, sometimes die or almost always die from the disease?	ALMOST NEVER.....1 SOMETIMES.....2 ALMOST ALWAYS.....3 DOES NOT KNOW.....8	
808A	Can AIDS be cured?	YES.....1 NO.....2 DOES NOT KNOW.....8	
808B	Can AIDS be transmitted from mother to child?	YES.....1 NO.....2 DOES NOT KNOW.....8	
808C	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	809
808D	How many people that you personally know now have AIDS?	NUMBER OF PERSONS..... <input type="text"/>	
808E	How many people that you personally know have died of AIDS?	NUMBER OF PERSONS..... <input type="text"/>	
809	CHECK 801E: IF RESPONDENT HAS AIDS, CIRCLE 5. Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 HAS AIDS.....5	809B 811A
809A	Why do you think that you have (no risk/a small chance) of getting AIDS? Any other reasons? RECORD ALL MENTIONED	ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D LIMITED NUMBER OF SEX PARTNERS..E SPOUSE HAS NO OTHER PARTNER....F NO HOMOSEXUAL CONTACT.....G NO BLOOD TRANSFUSIONS.....H NO INJECTIONS.....I OTHER _____ X (SPECIFY)	811A
809B	Why do you think that you have a (moderate/great) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED	DO NOT USE CONDOMS.....C MORE THAN ONE SEX PARTNER.....D MANY SEX PARTNERS.....E SPOUSE HAS OTHER PARTNER(S)....F HOMOSEXUAL CONTACT.....G HAD BLOOD TRANSFUSION.....H HAD INJECTIONS.....I OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODES	GO TO																											
811A	<p>Since you heard of AIDS, have you changed your behavior to prevent getting AIDS?</p> <p>IF YES, what did you do?</p> <p>Anything else?</p> <p>RECORD ALL MENTIONED</p>	<p>DIDN'T START SEX.....A</p> <p>STOPPED ALL SEX.....B</p> <p>STARTED USING CONDOMS.....C</p> <p>RESTRICTED SEX TO ONE PARTNER...D</p> <p>REDUCED NUMBER OF PARTNERS.....E</p> <p>ASK SPOUSE TO BE FAITHFUL.....F</p> <p>NO MORE HOMOSEXUAL CONTACTS....G</p> <p>STOPPED INJECTIONS.....I</p> <p>OTHER _____ W</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO BEHAVIOR CHANGE.....Y</p>	<p>→811C</p> <p>→811F</p> <p>→811C</p>																											
811B	<p>Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior?</p> <p>IF YES, In what way?</p> <p>RECORD ALL MENTIONED</p>	<p>DIDN'T START SEX.....A</p> <p>STOPPED ALL SEX.....B</p> <p>STARTED USING CONDOMS.....C</p> <p>RESTRICTED SEX TO ONE PARTNER...D</p> <p>REDUCED NUMBER OF PARTNERS.....E</p> <p>NO MORE HOMOSEXUAL CONTACTS....G</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO CHANGE IN SEXUAL BEHAVIOR...Y</p> <p>DOES NOT KNOW.....Z</p>																												
811C	<p>Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases. Have you ever heard of this?</p>	<p>YES.....1</p> <p>NO.....2</p>	→811F																											
811D	<p>CHECK 515 AND 515F:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→813																											
811E	<p>We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?</p>	<p>YES.....1</p> <p>NO.....2</p>	→811G																											
811F	<p>CHECK 515 AND 515F:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→813																											
811G	<p>Have you given or received money, gifts or favours in return for sex at any time in the last 12 months?</p>	<p>YES.....1</p> <p>NO.....2</p>																												
812	<p>Would you say that you approve or disapprove of couples using condoms to avoid contracting or spreading AIDS and other sexually transmitted diseases?</p>	<p>APPROVE.....1</p> <p>DISAPPROVE.....2</p> <p>NO OPINION.....3</p>																												
813	<p>Is it acceptable or not acceptable to you for information on AIDS to be provided:</p> <p>On the radio?</p> <p>On the television?</p>	<table border="1"> <thead> <tr> <th></th> <th>ACCEPT- ABLE</th> <th>NOT ACCEPT- ABLE</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....1</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DK	RADIO.....1	1	2	8	TELEVISION.....1	1	2	8																
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RADIO.....1	1	2	8																											
TELEVISION.....1	1	2	8																											
814	<p>In the last few months have you heard or read about AIDS:</p> <p>On the radio?</p> <p>On the television?</p> <p>In a newspaper or magazine?</p> <p>From a poster?</p> <p>From leaflets or brochures?</p> <p>From live drama?</p> <p>From a doctor or a nurse?</p> <p>From a community health worker?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>RADIO.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>POSTER.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>LEAFLETS OR BROCHURES.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>LIVE DRAMA.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>DOCTOR OR NURSE.....1</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY HEALTH WORKER1</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	RADIO.....1	1	2	TELEVISION.....1	1	2	NEWSPAPER OR MAGAZINE.....1	1	2	POSTER.....1	1	2	LEAFLETS OR BROCHURES.....1	1	2	LIVE DRAMA.....1	1	2	DOCTOR OR NURSE.....1	1	2	COMMUNITY HEALTH WORKER1	1	2	
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SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
901	<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 type="text"/> <input type="text"/></p>	
902	<p>CHECK 901: TWO OR MORE BIRTHS <input type="checkbox"/></p>	<p>ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/></p>	916
903	<p>How many of these births did your mother have before you were born?</p>	<p>NUMBER OF PRECEDING BIRTHS..... <input type="text"/> <input type="text"/></p>	

W EN 38

904 What was the name given to your mother's (first born, second born,...)?	[1] -----	[2] -----	[3] -----	[4] -----	[5] -----	[6] -----
905 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
906 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [2]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [3]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [4]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [5]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [6]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [7]
907 How old is (NAME)?	<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]
908 In what year did (NAME) die?	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> <input type="text"/> GO TO 910 DK.....98
909 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"/>
910 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]
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2
912 Did (NAME) die during childbirth?	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2
913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915
914 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
915 How many children did (NAME) give birth to during her lifetime?	<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]

IF NO MORE BROTHERS OR SISTERS, GO TO 916

904 What was the name given to your mother's (first born, second born,...)?	[7]	[8]	[9]	[10]	[11]	[12]
905 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
906 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [8]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [9]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [10]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [11]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [12]	YES.....1 NO.....2 GO TO 908 DK.....8 GO TO [13]
907 How old is (NAME)?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]
908 In what year did (NAME) die?	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98	19 <input type="text"/> GO TO 910 DK.....98
909 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"/>
910 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2
912 Did (NAME) die during childbirth?	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2	YES.....1 GO TO 915 NO.....2
913 Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915	YES.....1 NO.....2 GO TO 915
914 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
915 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]

IF NO MORE BROTHERS OR SISTERS, GO TO 916

916

RECORD THE TIME.

HOUR.....

MINUTES.....

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

SECTION 10. HEIGHT AND WEIGHT

1001	CHECK 215: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ONE OR MORE BIRTHS SINCE JAN. 1991 </div> <div style="text-align: center;"> <input type="checkbox"/> </div> <div style="text-align: center;"> NO BIRTHS SINCE JAN. 1991 </div> <div style="text-align: center;"> <input type="checkbox"/> </div> <div style="text-align: center;"> END </div> </div>
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IN 1002 (COLUMNS 2 AND 3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1991 AND STILL ALIVE. IN 1003 AND 1004 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1991. IN 1006 AND 1008 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1991 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1991, USE CONTINUATION SHEETS).

		1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD
1002	LINE NO. FROM Q.212			
1003	NAME FROM Q.212 FOR CHILDREN	(NAME)	(NAME)	(NAME)
1004	DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH		DAY..... MONTH..... YEAR.....	DAY..... MONTH..... YEAR.....
1005	BCG SCAR ON TOP OF LEFT SHOULDER		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
1006	HEIGHT (in centimeters)			
1007	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
1008	WEIGHT (in kilograms)			
1009	DATE WEIGHED AND MEASURED	DAY..... MONTH..... YEAR.....	DAY..... MONTH..... YEAR.....	DAY..... MONTH..... YEAR.....
1010	RESULT	MEASURED.....1 NOT PRESENT.....3 REFUSED.....4 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED....4 MOTHER REFUSED...5 OTHER.....6 _____ (SPECIFY)	CHILD MEASURED....1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED....4 MOTHER REFUSED...5 OTHER.....6 _____ (SPECIFY)
1011	NAME OF MEASURER:		NAME OF ASSISTANT:	

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: _____

W EN 42