



Uganda Bureau of Statistics



REPUBLIC OF UGANDA

THE UGANDA NATIONAL PANEL SURVEY 2017/18

WOMAN QUESTIONNAIRE

[TO BE ANSWERED BY WOMEN AGED 15-49]

SECTION 1A: HOUSEHOLD IDENTIFICATION PARTICULARS										
1. Stratum										
2. District Name and Code										
3. EA										
4. Household Sample Number										
5. Name and Line Number of respondent										
6. Household code										
Lab barcode number										
7. RESPONSE CODE: 1 ST VISIT										
1. Completed 2. Partially done 3. Not done										<input type="checkbox"/>
8. IF THE WOMAN IS NOT ABLE TO PARTICIPATE IN THE SURVEY, GIVE REASONS (Circle appropriate code)										
1=Refuse to take part 2=Not at available for interview 96=Other, Specify										

THIS SURVEY IS BEING CONDUCTED BY THE UGANDA BUREAU OF STATISTICS UNDER THE STATISTICS ACT, 1998.

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SEC2: AGE & MARITAL STATUS

A	What is the date of birth of [NAME]?	DD	MM	YYYY
	<i>IF DAY OR MONTH IS UNKNOWN, MARK '99'.</i>			
B	How old is [NAME] in completed years?			
1A	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED	1	
		YES, LIVING WITH A MAN	2	
		NO, NOT IN UNION	3	>>2
1B	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE.	NAME -----		
	(IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.)	LINE NUMBER		
1C	Is this the first time you have been married or lived together with a man as if married?	YES	1>>4	NO 2>>4
2	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED	1	
		YES, LIVED WITH A MAN	2	
		NO	3	>>NEXT SECTION
3	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED	1	DIVORCED 2
		SEPARATED	3	
4	Now I would like to ask you about your first (husband/partner). How old were you when you first started living together? IF Q1C=1 ONLY ASK: How old were you when you first started living together?	AGE		
5	How old was your husband/partner when you first started living together?	AGE		

SEC3: CONTRACEPTION		
1. Now I would like to talk with you about family planning. ARE YOU PREGNANT NOW?	Yes, currently pregnant1 >>2A No 2 Unsure or DK 8	
2. Couples use various ways or methods to delay or avoid a pregnancy. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes1 >>3 No 2	
2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes 1 No 2	ALL>>NEXTSECTION
3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY? <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilizationA Male sterilization B IUDC InjectablesD ImplantsE Pill F Male condomG Female condomH Diaphragm I Foam/ Jelly J Lactational amenorrhoea method (LAM)K Periodic abstinence/Rhythm L WithdrawalM Other (<i>specify</i>) X	

SEC4: FERTILITY		
1. 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>>8	
4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes 1 . No 2>>6	
5. HOW MANY SONS LIVE WITH YOU? <i>If none, record '00'.</i> HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	Sons at home Daughters at home	
6. 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>>8	
7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Sons elsewhere..... Daughters elsewhere ..	
8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED? <i>If "No" probe by asking:</i> I mean, to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?	Yes 1 . No 2>>10	
9. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	Boys dead Girls dead	
10. SUM ANSWERS TO Q5, Q7, AND Q9.	Sum	
11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>total Number in Q10</i>) LIVE BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. <input type="checkbox"/> No. ⇒ CHECK RESPONSES AND MAKE CORRECTIONS AS NECESSARY	<i>IF Q10=0>> NEXT SECTION</i>	
12. OF THESE (<i>total number in Q10</i>) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?	DD	MM
		YYYY

CHILDREN BORN IN THE LAST TWO YEARS

ONLY ASK FOLLOWING QUESTIONS IF LAST CHILD BORN (Q12) WAS WITHIN THE LAST TWO YEARS

13	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>Doctor.....A Nurse/Midwife.....B Medical Assistant/ Clinical Officer.....C Nursing AideD</p> <p>OTHER PERSON</p> <p>Traditional Birth Attendant.....E Relative/FriendF NO ONEX OTHER (SPECIFY).....Y</p>
14	<p>Where did you give birth to (NAME OF LAST CHILD)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE BELOW.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>1 = Your Home 2 = TBA's Home 3 = Other Home</p> <p>PUBLIC SECTOR</p> <p>4 = Govt. Hospital 5 = Govt. Health Center 6 = Govt. Health Post</p> <p>PRIVATE MED. SECTOR</p> <p>8 = Pvt. Hospital/Clinic 86 = Other Private Med, (Specify) 96 = Other Public, (Specify) 76 = Not Sure, (Specify name of hospital, clinic, etc)</p>

19	Was (NAME) weighed at birth?	Yes 1 No 2 >>Next Section DK..... 98 >>Next Section	
20	How much did [NAME] weigh at birth? <i>If a card is available, record weight from card</i>	From card 1 From recall 2 DK 98 >>Next Section	
21	Weight at birth	KGS	____.____
22	Are you currently breastfeeding any child?	Yes 1 No 2	

SECTION 5: ANC AND UNMET NEED FOR FAMILY PLANNING		
1. Check 1. Currently pregnant?	No, UNSURE OR DK=1>>5 Yes, CURRENTLY PREGNANT =2	
1a. How far along is your pregnancy – how many months? INSTRUCTION: WRITE NUMBER OF MONTHS. WRITE 0 FOR LESS THAN ONE MONTH	<input type="text"/> <input type="text"/>	
2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	Yes.....1>>4 No.....2	
3. Did you want to have a baby later on or did you not want any (more) children?	Later = 1 No more = 2	
3a. In the last 7 days, did you consume any iron/folic acid tablets?	Yes = 1 No = 2>>3b DK = 98 >>3b	
3aa. How many iron/folic acid tablets did you consume over the last 7 days?	<input type="text"/> <input type="text"/>	
3b. Did you get iron/folic acid tablets from a government or public health facility?	Yes = 1 No = 2 DK = 98	
3c. Were you given DRUGS for intestinal worms like this one? SHOW SAMPLE YOU CARRY TO THE RESPONDENT	1=Yes 2=No 98=Don't know	
3d. Were you given DRUGS for IPT for malaria during pregnancy like this one? SHOW SAMPLE YOU CARRY TO THE RESPONDENT	1=Yes 2=No 98=Don't know	
4. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	Have another child.....1>>7 No more / None.....2>>13 Undecided / DK.....98>>13	
5. Check 3. Currently using "Female sterilization"?	Yes =1 >>13 No = 2	
6. Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	Have (a/another) child 1 No more / None2 >>9 Says she cannot get pregnant...3 >>11 Undecided / DK98 >>9	

<p>7.HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p> <p><i>Record the answer as stated by respondent.</i></p>	<p>Months __ __</p> <p>Years __ __</p> <p>Does not want to wait (soon/now)993 Says she cannot get pregnant.....994>>11 After marriage.....995 Other.....996 DK.....998</p>	
<p>8.Check 1. Currently pregnant?</p>	<p>Yes, currently pregnant.....1 >>13 No, unsure or DK 2</p>	
<p>9.CHECK 2.CURRENTLY USING A METHOD OF CONTRACEPTION?</p>	<p>Yes..... 1>>13 No... ..2</p>	

<p>10.DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes 1 >>13 No 2 DK 8 >>13</p>	
<p>11.WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</p>	<p>Infrequent sex / No sex.....A Menopausal B Never menstruated C Hysterectomy (surgical removal of uterus) D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrheic F Breastfeeding G Too old H Fatalistic I</p> <p>Other (<i>specify</i>) _____ X DK Z</p>	
<p>12.Check Sec5Q11. "Never menstruated" mentioned?</p>	<p>Mentioned1>>END Not mentioned2</p>	
<p>13.WHEN DID YOUR LAST MENSTRUAL PERIOD START?</p> <p><i>Record the answer using the same unit stated by the respondent</i></p>	<p>Days ago.....1 Weeks ago.....2 Months ago.....3 Years ago.....4 In menopause / Has had hysterectomy 994 Before last birth..... 995 Never menstruated 996</p>	

SECTION 6: SMOKING

<p>1.HAVE YOU EVER SMOKED CIGARETTES?</p>	<p>Yes.....1 No.....2-→SKIP DK.....8-→SKIP</p>	<p>NO/DK SKIP TO SECTION 7</p>
<p>2.DURING THE LAST 30 DAYS, ON AVERAGE HOW MANY CIGARETTES DID YOU SMOKE IN A DAY?</p>	<p><input type="text"/> <input type="text"/> <input type="text"/></p> <p>AVERAGE NUMBER DK USE 999</p>	

SECTION 7: WOMAN'S DIETARY DIVERSITY

THIS SECTION IS APPLICABLE TO ALL WOMEN

WOMAN'S DIETARY DIVERSITY			
001	HOW LONG HAS IT BEEN SINCE YOU LAST ATE OR DRANK ANYTHING OTHER THAN WATER?	1. MINUTES	<input type="text"/> <input type="text"/>
		2. HOURS.....	<input type="text"/> <input type="text"/>
<p>NOW I'D LIKE TO ASK YOU ABOUT FOODS AND DRINKS THAT YOU ATE OR DRANK YESTERDAY DURING THE DAY OR NIGHT, WHETHER YOU ATE IT AT HOME OR ANYWHERE ELSE.</p> <p>I AM INTERESTED IN WHETHER YOU HAD THE FOOD ITEMS I WILL MENTION EVEN IF THEY WERE COMBINED WITH OTHER FOODS. FOR EXAMPLE, IF YOU HAD A SOUP MADE WITH CARROTS, POTATOES AND MEAT, YOU SHOULD REPLY "YES" FOR EACH OF THESE INGREDIENTS WHEN I READ YOU THE LIST. HOWEVER, IF YOU CONSUMED ONLY THE BROTH OF A SOUP, BUT NOT THE MEAT OR VEGETABLE, DO NOT SAY "YES" FOR THE MEAT OR VEGETABLE.</p> <p>AS I ASK YOU ABOUT FOODS AND DRINKS, PLEASE THINK OF FOODS AND DRINKS YOU HAD AS SNACKS OR SMALL MEALS AS WELL AS DURING ANY MAIN MEALS. PLEASE ALSO REMEMBER FOODS YOU MAY HAVE EATEN WHILE PREPARING MEALS OR PREPARING FOOD FOR OTHERS.</p> <p>PLEASE DO NOT INCLUDE ANY FOOD USED IN A SMALL AMOUNT (≤ 15 GRAMS OR ≤ 1 TBS) FOR SEASONING OR CONDIMENTS (LIKE CHILIES, SPICES, HERBS OR FISH POWDER). I WILL ASK YOU ABOUT THOSE FOODS SEPARATELY.</p>			
		Yes	No
		1	2
002	GRAINS AND CEREALS: Rice, roti, bread, puffed rice, maize/corn, pressed rice, noodles, millet, porridge, wheat, buckwheat, sorghum or other foods made from grains?		
003	WHITE TUBERS AND ROOTS OR OTHER STARCHY FOOD: Potatoes, white yams, white sweet potato (NOT ORANGE INSIDE), or other foods made from roots.	1	2
004	Beans, peas, or lentils or any foods made from these?	1	2
005	Nuts and seeds or any foods made from these? (>15 g)	1	2
006	MILK AND MILK PRODUCTS: Milk, cheese, yogurt, or other food made from milk?	1	2
007	EGGS: Chicken, duck, quail, etc	1	2
008	ORGAN MEAT: Liver, kidney, heart, or other organ meats	1	2
009	OTHER MEAT: Beef, lamb, goat, chicken or duck?	1	2
010	FISH: Big/small fresh or dried or shellfish such as prawn, crab, etc.	1	2
011	DARK GREEN LEAVY VEGETABLES: spinach, amaranth leaves, mustard leaves, pumpkin leaves, other?	1	2
012	VITAMIN A RICH VEGETABLES AND TUBERS: Pumpkin, carrots, squash, and sweet potatoes that are orange inside (SHOW EXAMPLE PHOTOGRAPH)?	1	2
013	OTHER VEGETABLES: Cauliflower, cabbage, eggplant, green papaya, radish, onion, tomatoes	1	2
014	VITAMIN A RICH FRUITS: Ripe mangoes, ripe papayas, fruit	1	2
015	OTHER FRUITS: Bananas, apples, guavas, oranges, other citrus fruits, pineapple, watermelon, grapes, strawberries, plum, etc	1	2
016	SWEETS: Sugar, honey, rock candy, chocolates, biscuits,	1	2
017	Any drinks <u>made at home</u> with added sugar (where sugar is mixed into the drink)? E.g., coffee, tea, passion fruit, bushera etc	1	2
018	Any <u>purchased</u> sweet drinks with sugar (juice drinks with added sugar, fizzy drinks, soda)? (Excludes diet soda)	1	2
019	Tea (unsweetened)	1	2
021	Coffee (unsweetened)	1	2
024	OTHER FATS: Butter, vegetable oil or animal ghee, etc	1	2
025	Snails, larvae of wasps/aringal, edible insects?	1	2
026	Other foods mentioned but not categorized above, Specify _____	1	2
027	Dirt, earth, termite mounds, or clay from any source, e.g., walls of house, yard, purchased from markets	1	2
028	SAVORY/FRIED SNACKS: chips, crisps, fried dough	1	2
029	CONDIMENTS/SEASONINGS: chilies, spices, herbs, fish powder, tomato paste, seeds, flavor cubes, etc	1	2