Statutory Instrument No. 42 of 1996

STATISTICS ACT
(Cap. 17:01)

STATISTICS (FAMILY HEALTH SURVEY) REGULATIONS, 1996

(Published on 10th May, 1996)

ARRANGEMENT OF REGULATIONS

IN EXERCISE of the powers conferred on the Minister of Finance and Development Planning by section 15 of the Statistics Act, the following Regulations are hereby made —

Citation

1. These Regulations may be cited as the Statistics (Family Health Survey) Regulations, 1996.

Authorization to conduct a survey

2. The Government Statistician may direct any authorized officer to conduct a survey on the family planning awareness and use and on basic indications of maternal or child health and related reproductive behaviour.

Service of questionnaires

3. (1) The Government Statistician may serve or cause to be served on any person, questionnaires in Form BFHS III - 1 and BFHS III - 2 set out in the Schedule.

(2) The questionnaires served in accordance with subregulation (1) shall be accompanied by a Government of Botswana official envelope addressed to the Government Statistician, Central Statistics Office, Private Bag 0024, Gaborone and marked "Statistics".

Questionnaires to be answered

4. Any person on whom questionnaires are served shall, within 30 days of receipt of such questionnaires, complete, sign and return them to the Government Statistician enclosed in the official envelope.

Penalties

5. Any person who fails or who refuses to answer any question put to him for purposes of these Regulations shall be guilty of an offence and shall be liable to a fine of P100.00 and in the case of a continuing offence, to a fine of P5,00 for every day during which the offence continues.

SCHEDULE

CONFIDENTIAL

BFHS III – 1

REPUBLIC OF BOTSWANA
CENTRAL STATISTICS OFFICE
HOUSEHOLD SURVEYS PROGRAMME

If found please send to:
Central Statistics Office
Private Bag 0024
Gaborone
Or nearest District Commissioner's Office

BOTSWANA FAMILY HEALTH SURVEY III

Household Questionnaire

IDENTIFICATION

STRATUM	NUMBER	.....
DISTRICT	NAME/CODE	.....
VILLAGE	NAME	.....
LOCALITY	NAME	.....
EA	NUMBER	.....
PSU/BLOCK	NUMBER	.....
DWELLING	NUMBER	.....
HOUSEHOLD	NUMBER	.....

INTERVIEWER'S VISITS

	1	2	3	FINAL VISIT
Date				INTERVIEWER'S CODE
Interviewer's name				RESULT CODE
RESULTS *				TOTAL VISITS
Next visit: Date				Total number of visits
Time				

Total population in household

Total eligible women

* RESULT CODE:
1 Completed
2 Household present but no respondent at home
3 Postponed
4 Refused
5 Partly completed
6 Dwelling not occupied
7 Dwelling destroyed
8 Dwelling not found
Other _____ (Specify)

COMMENTS:

	Field edited by	Office edited by	Keyed by	Verified by
Name				
Date				

I would like to talk to you about the people who usually live in your household or who are staying with you now, and any other person who may not be members of your hous

A L L P E R S O N S									ALL PERSONS A
No.	USUAL RESIDENTS AND VISITORS	RELATIONSH	RESIDENCE		SEX	AGE	ELIGIBILITY	CITIZENSHIP	SCHOOL ATTENDENCE
	Please give me the names of the persons who usually live in your household or are staying with you now, starting with the head of the household. Make sure to include: – Small children or infants – Any other people who may not be members of your household, such as lodgers or friends, but usually live with you and spent the last night here. – Any guests or temporary visitors staying here, or any one else who slept here last night.	00 Head 01 Spouse 02 Son/daughter 03 Grandchild 04 Parent 05 Brother/Sister 6 Niece/Nephew 07 In-law 08 Grand-parent 09 Other relative Not related	Does ..... usually live here ? 1. URP - present 2. URA - absent 3. Visitor	Did ..... spend last night here ? Enter the correct code 1. Yes 2. No	Is ..... male or female ? Enter the correct code 1. Male 2. Female	How old is ....? (Age as at last birthday. If under 1 year enter 00, If 99+ enter 98)	Circle line numbers of women eligible for individual interview (Females who spent last night here and are 15 to 49 years old)	What is the country of .....'s citizenship ? 01 Botswana 02 Angola 03 Lesotho 04 Malawi 05 Mozambique 06 Namibia 07 South africa 08 Swaziland 09 Zambia 10 Zimbabwe 11 Tanzania 39 India 57 Mauritius 85 UK 86 USA Other (Specify) WRITE NAME AND CODE	Has ... ever attended school ? 1. Yes,attending GOTO (11) 2. Yes left school GOTO (12) 3. Never attended GOTO (13) 9. Not known GOTO (13)
P01	P02	P03	P04	P05	P06	P07	P08	P 9	P10
01							01		
02							02		
03							03		
04							04		
05							05		
06							06		
07							07		
08							08		
09							09		
10							10		
11							11		
12							12		

TICK HERE IF CONTINUATION SHEET USED ☐ TOTAL NUMBER OF ELIGIBLE WOMEN ☐☐

FOR THE QUESTIONS BELOW, CIRCLE THE CODE CORRESPONDING TO THE CORRECT ANSWER

WATER SUPPLY	TOILET	WHAT IS THE MAIN SOURCE OF ENERGY USED FOR :		TYPE OF HOUSING UNIT	NUMBER OF ROOMS
What is the principal source of water supply for this household ?	What is the main toilet facility used by this household ?	COOKING	LIGHTING		How many rooms are there in this housing unit ? (Exclude: Kitchen, toilet, bathroom, garage, store, if not used as living rooms)
H 01	H 02	H 03	H 04	H 05	H 06
1 Piped indoors 2 Standpipe within Plot/Lolwapa 3 Standpipe outside Plot/Lolwapa 4 Borehole 5 Well 6 Flowing river 7 Sand river (Riverbed) 8 Dam/lake/Pan Other _____ (Specify)	1 Own flush toilet 2 Own pit latrine 3 Neighbor's flush toilet 4 Neighbor's pit latrine 5 Communal flush toilet 6 Communal pit latrine 7 Pail/Bucket latrine 8 Bush	1 Electricity/Solar power 2 Gas 3 Paraffin 4 Wood/Charcoal 5 Coal Other _____ (Specify)	1. Electricity/Solar power 2. Gas 3. Paraffin 4. Wood 5. Candle 6. Diesel Other _____ (Specify)	1 Detached house 2 Lolwapa 3 Semi-detached 4 Town house Duplex 5 Flat 6 Servants quarter 7 Part of commercial building 8 Shack 9 Movable Caravan Tent 10 Rooms	☐☐

ehold who spent last night here.

GED 5 YEARS +		ALL PERSONS AGED 12 YEARS AND OVER					14 YEARS & BELOW
FOR THOSE STILL ATTENDING SCHOOL	FOR THOSE WHO HAVE LEFT SCHOOL	MARITAL STATUTS	TYPE OF ACTIVITY DURING PAST 30 DAYS		OCCUPATION	INDUSTRY	FOSTERING
What grade is ......studying? Primary: 11. Standard 1 12. Standard 2 13. Standard 3 14. Standard 4 15. Standard 5 16. Standard 6 17. Standard 7 19. Dont know Secondary: Tertiary 21. Form 1 31. Post – 22. Form 2 secondary 23. Form 3 training 24. Form 4 32. University or 25. Form 5 Equivalent 26. Form 6 39. Dont know 29. Dont know 99. All dont know	What was the highest grade that ....ever completed ? Primary: 10 Standard 1 not completed 11. Standard 1 12. Standard 2 13. Standard 3 14. Standard 4 15. Standard 5 16. Standard 6 17. Standard 7 19. Dont know Secondary: Tertiary 21. Form 1 31. Post – 22. Form 2 secondary 23. Form 3 training 24. Form 4 32. University or 25. Form 5 Equivalent 26. Form 6 39. Dont know 29 Dont know 99. All dont know	Is ....currently married? 01 Married under act 02 Customary marriage 03 Both under act & Customary 04 Living together 05 Separated 06 Divorced 07 Widowed 08 Never married	Did .....work for payment (cash/in Kind) for at least the in the past 30 days ? 1. Yes, as an employee GOTO (16) 2. Yes, self-employed with no employees GOTO (16) 3. Yes, self-employed with one or more employees GOTO (16) 4. No GOTO (15)	Since.....didn't work for payment, what was ......'s main activity ? 1. Worked unpaid in Family Business 2. Worked unpaid at Lands Farms/Cattlepost 3. Actively seeking work 4. Housework 5. Student 6. Retired Others (Specify) GOTO (18) IF UNDER 15 YRS	What type of work did ..... do ? To be precise, What were the main tasks and duties ? Probe as necessary	What was the main product, service or economic activity of ....'s place of work ? Probe as necessary	Do either of (NAME) natural parents usually live in this household ? 1 YES 2 NO
P11	P12	P13	P14	P15	P16	P17	P18

WHAT IS THE MAIN MATERIAL USED FOR CONSTRUCTION OF:			HOUSEHOLD ASSETS	
			ACCESS TO MEDIA	TRANSPORT FACILITIES
WALL	FLOOR	ROOF	Does the household have the following?	Does any member of the household (excluding visitors) own the following for transport ?
H 07	H 08	H 09	H 10	H 11
1 Stones Bricks Blocks 2 Asbestos 3 Iron/Zinc/Tin 4 Mud 5 Mud & Poles 6 Mud & Reeds 7 Poles / Reeds 8 Mud, Poles & Reeds Other ________ (Specify)	1 Stones 2 Tiles 3 Cement 4 Wood 5 Mud Other ________ (Specify)	1 Concrete 2 Slate 3 Blocks 4 Tiles 5 Asbestos 6 Iron/Zinc/Tin 7 Thatch Other ________ (Specify)	YES NO Working Radio 1 2 Working Television 1 2 Other ________ (Specify)	YES NO Bicycle 1 2 Motorcycle 1 2 Motor Vehicle 1 2 Animal drawn Vehicle 1 2 Tractor 1 2 Cattle 1 2 Donkeys/Horses 1 2 Camels 1 2

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BFHS III – 2

REPUBLIC OF BOTSWANA
CENTRAL STATISTICS OFFICE
HOUSEHOLD SURVEYS PROGRAMME

If found please send to:

Central Statistics Office
Private Bag 0024
Gaborone
Or nearest District Commissioner's Office

BOTSWANA FAMILY HEALTH SURVEY III

Individual Female Questionnaire

IDENTIFICATION

STRATUM	NUMBER	
DISTRICT	NAME/CODE	
VILLAGE	NAME	
LOCALITY	NAME	
EA	NUMBER	
PSU/BLOCK	NUMBER	
DWELLING	NUMBER	
HOUSEHOLD	NUMBER	
LINE NUMBER	OF WOMAN	

INTERVIEWER'S VISITS

	1	2	3	FINAL VISIT
Date				INTERVIEWER'S CODE
Interviewer's name				RESULT CODE
RESULTS *				TOTAL VISITS
Next visit: Date				Total number of visits
Time				

* Result code:

1 Completed
2 Not at home/Not available for interview
3 Postponed
4 Refused
5 Partly completed
Other _____ (Specify)

COMMENTS:

	Field edited by	Office edited by	Keyed by	Verified by
Name				
Date				

SECTION 1: RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	TIME: Record the starting time of interview on the Female questionnaire In 24 hour clock	Hour ..... [ ][ ] Minutes ..... [ ][ ]	
102	In what month and year were you born?	Month..... [ ][ ] Year..... [ ][ ]	
102a	How old are you ? *RECONCILE WITH P07*	AGE IN COMPLETED YEARS..... [ ][ ]	
103	Have you ever attended school ?	Yes ..... 1 No 2	
104	What is your religious affiliation ?	_____ [ ] (Specify)	
105	Do you listen to a radio at least once a week ?	Yes ..... 1 No ..... 2 ----> 201	
106	Which Radio station do you often listen to ?	Yes No RADIO BOTSWANA (RB1) ..... 1 2 RADIO BOTSWANA (RB2) ..... 1 2 RADIO MMABATHO ..... 1 2 RADIO BOP ..... 1 2 B.B.C. ..... 1 2 Other ..... (Specify)	
107	Which Programme do you often listen to ?	Yes No MASAASELE..... 1 2 MAOKANENG..... 1 2 TSA BOITEKANELO..... 1 2 OTHER_____ (Specify)	

SECTION 2: FERTILITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
	Now, I would like to ask about all the births you have had during your life time (bear with me if I would be repeating some of the questions)		
201	Have you ever been pregnant ?	Yes ..... 1 No ..... 2 ----> 210	
202	How old were you when you became pregnant the first time ?	Age in years [ ][ ]	
203	Have you ever given birth to a live child ?	YES..... 1 NO..... 2 ----> 208	
204	Do you have any sons or daughters you have given birth to who are now living with you ?	YES..... 1 NO..... 2 ----> 206	
205	How many sons of your own live with you now ? And how many daugthers of your own live with you now ? **IF NONE ENTER '00'**	SONS LIVING WITH MOTHER ..... [ ][ ] DAUGHTERS LIVING WITH MOTHER..... [ ][ ]	
206	Do you have any sons or daughters you have given birth to who are now alive but do not live with you now ?	YES..... 1 NO..... 2 ----> 208	
207	How many sons of your own do not live with you now ? And how many daughters do not live with you now ? **IF NONE ENTER '00'**	SONS ELSEWHERE..... [ ][ ] DAUGHTERS ELSEWHERE..... [ ][ ]	
208	Have you ever given birth to a boy or a girl who was born alive but later died ? **IF NO, PROBE:** Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days ?	Yes ..... 1 No ..... 2 ----> 210	
209	How many boys that you have given birth to have died ? And how many girls that you have given birth to have died ?	BOYS DEAD ..... [ ][ ] GIRLS DEAD ..... [ ][ ]	
210	**SUM ANSWERS TO 205, 207, AND 209 AND ENTER TOTAL.** **IF NO IN 201 ENTER '00'.**	TOTAL..... [ ][ ]	
211	**LOOK AT 210:** Just to make sure that I have this right: During your life, how many live births in total have you had ? **NUMBERS ARE THE SAME** **YES** [ ] **NO** [ ] **Probe and correct 205–210 as necessary**	TOTAL _____	
212	**LOOK AT 210 and TICK THE CORRECT BOX:**	[ ] ONE OR MORE BIRTHS ----> 213 [ ] NO BIRTHS ----> 220	

FERTILITY (Continue)

Now I would like to talk to you about all of your births, Whether still alive or not starting with the first one. *RECORD MULTIPLE BIRTHS (OR TWINS) ON SEPARAT LINES AND MARK WITH BRACKETS.* *BEFORE ASKING QUESTIONS 214–219, CHECK THAT THE TOTAL NUMBER OF CHILDREN WHOSE NAMES ARE RECORDED IS EQUAL TO THE TOTAL IN 210*

213 What name was given to your (first, next) child including babies dying without being given names ?	214 Is .... a boy or a girl ? CIRCLE CODE	215 In what month and year was ..... born ? born ? Feb. – 02 Mar. – 03 Apr. – 04 May – 05 Jun. – 06 Jul. – 07 Aug. – 08 Sep. – 09 Oct. – 10 Nov. – 11 Dec. – 12	216 Is .....still alive ? IF YES GOTO 218 IF NO GOTO 217	217 *IF DEAD:* How old was ..... when he/she died ? *CIRCLE AND ENTER RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN ONE YEAR.*	218 *IF ALIVE:* How old was .....at his/her last birthday ? *RECORD AGE IN COMPLETED YEARS. RECONCILE WITH 215*	219 *IF ALIVE:* Is he/she living with you *RECONCILE WITH 205 and 207*
01 _____ (Name)	BOY 1 GIRL 2	Month ..... Year.....	YES 1 NO 2	Days .....1 Months.....2 Years.....3		YES 1 NO 2
02 _____ (Name)	BOY 1 GIRL 2	Month ..... Year.....	YES 1 NO 2	Days .....1 Months.....2 Years.....3		YES 1 NO 2
03 _____ (Name)	BOY 1 GIRL 2	Month ..... Year.....	YES 1 NO 2	Days .....1 Months.....2 Years.....3		YES 1 NO 2
04 _____ (Name)	BOY 1 GIRL 2	Month ..... Year.....	YES 1 NO 2	Days .....1 Months.....2 Years.....3		YES 1 NO 2
05 _____ (Name)	BOY 1 GIRL 2	Month ..... Year.....	YES 1 NO 2	Days .....1 Months.....2 Years.....3		YES 1 NO 2
06 _____ (Name)	BOY 1 GIRL 2	Month ..... Year.....	YES 1 NO 2	Days .....1 Months.....2 Years.....3		YES 1 NO 2
07 _____ (Name)	BOY 1 GIRL 2	Month ..... Year.....	YES 1 NO 2	Days .....1 Months.....2 Years.....3		YES 1 NO 2
08 _____ (Name)	BOY 1 GIRL 2	Month ..... Year.....	YES 1 NO 2	Days .....1 Months.....2 Years.....3		YES 1 NO 2
09 _____ (Name)	BOY 1 GIRL 2	Month ..... Year.....	YES 1 NO 2	Days .....1 Months.....2 Years.....3		YES 1 NO 2
10 _____ (Name)	BOY 1 GIRL 2	Month ..... Year.....	YES 1 NO 2	Days .....1 Months.....2 Years.....3		YES 1 NO 2
11 _____ (Name)	BOY 1 GIRL 2	Month ..... Year.....	YES 1 NO 2	Days .....1 Months.....2 Years.....3		YES 1 NO 2

FERTILITY (Continue)

Now I would like to talk to you about all of your births, Whether still alive or not starting with the first one. *RECORD MULTIPLE BIRTHS (OR TWINS) ON SEPARATED LINES AND MARK WITH BRACKETS. BEFORE ASKING QUESTIONS 216–219, CHECK THAT THE TOTAL NUMBER OF CHILDREN WHOSE NAMES ARE RECORDED IS EQUAL TO THE TOTAL IN 210*

213 What name was given to your (first, next) child including babies dying without being given names ?	214 Is ... a boy or a girl ? *CIRCLE CODE*	215 In what month and year was ... born ? Jan. = 01, Feb. = 02, Mar. = 03, Apr. = 04, May = 05, Jun. = 06, Jul. = 07, Aug. = 08, Sep. = 09, Oct. = 10, Nov. = 11, Dec. = 12	216 Is ... still alive ? IF YES GOTO 218 IF NO GO TO 217	217 *IF DEAD:* How old was ... when he/she died ? *CIRCLE AND ENTER RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN ONE YEAR.*	218 *IF ALIVE:* How old was ... at his/her last birthday ? *RECORD AGE IN COMPLETED YEARS. RECONCILE WITH 215*	219 *IF ALIVE:* Is he/she living with you *RECONCILE WITH 205 and 207*
12 (Name)	BOY 1 GIRL 2	Month [ ][ ] Year [ ][ ]	YES 1 NO 2	Days 1 [ ][ ] Months 2 [ ][ ] Years 3 [ ][ ]	[ ][ ]	YES 1 NO 2
13 (Name)	BOY 1 GIRL 2	Month [ ][ ] Year [ ][ ]	YES 1 NO 2	Days 1 [ ][ ] Months 2 [ ][ ] Years 3 [ ][ ]	[ ][ ]	YES 1 NO 2
14 (Name)	BOY 1 GIRL 2	Month [ ][ ] Year [ ][ ]	YES 1 NO 2	Days 1 [ ][ ] Months 2 [ ][ ] Years 3 [ ][ ]	[ ][ ]	YES 1 NO 2
15 (Name)	BOY 1 GIRL 2	Month [ ][ ] Year [ ][ ]	YES 1 NO 2	Days 1 [ ][ ] Months 2 [ ][ ] Years 3 [ ][ ]	[ ][ ]	YES 1 NO 2
16 (Name)	BOY 1 GIRL 2	Month [ ][ ] Year [ ][ ]	YES 1 NO 2	Days 1 [ ][ ] Months 2 [ ][ ] Years 3 [ ][ ]	[ ][ ]	YES 1 NO 2
17 (Name)	BOY 1 GIRL 2	Month [ ][ ] Year [ ][ ]	YES 1 NO 2	Days 1 [ ][ ] Months 2 [ ][ ] Years 3 [ ][ ]	[ ][ ]	YES 1 NO 2
18 (Name)	BOY 1 GIRL 2	Month [ ][ ] Year [ ][ ]	YES 1 NO 2	Days 1 [ ][ ] Months 2 [ ][ ] Years 3 [ ][ ]	[ ][ ]	YES 1 NO 2
19 (Name)	BOY 1 GIRL 2	Month [ ][ ] Year [ ][ ]	YES 1 NO 2	Days 1 [ ][ ] Months 2 [ ][ ] Years 3 [ ][ ]	[ ][ ]	YES 1 NO 2
20 (Name)	BOY 1 GIRL 2	Month [ ][ ] Year [ ][ ]	YES 1 NO 2	Days 1 [ ][ ] Months 2 [ ][ ] Years 3 [ ][ ]	[ ][ ]	YES 1 NO 2
21 (Name)	BOY 1 GIRL 2	Month [ ][ ] Year [ ][ ]	YES 1 NO 2	Days 1 [ ][ ] Months 2 [ ][ ] Years 3 [ ][ ]	[ ][ ]	YES 1 NO 2
22 (Name)	BOY 1 GIRL 2	Month [ ][ ] Year [ ][ ]	YES 1 NO 2	Days 1 [ ][ ] Months 2 [ ][ ] Years 3 [ ][ ]	[ ][ ]	YES 1 NO 2

FERTILITY (Continue)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP T
220	Are you pregnant now ?	Yes	1	
		No	2 ----->	227
		UNSURE	9 ----->	227
221	For how many months have you been pregnant ?	MONTHS	__	
		DONT KNOW	__	
222	Since you have been pregnant, have you been given any injection to prevent the baby from getting tetanus after birth ?	Yes	1	
		No	2 ----->	225
		TYPE OF INJECTION UNKNOWN	9	
223	How many injections did you receive ?	NUMBER	_	
		DONT KNOW	9	
224	Where did you go to get the (last) injection ?	HEALTH POST	1	
		CLINIC	2	
		HOSPITAL/HEALTH CENTRE	3	
		PRIVATE DOCTOR/CLINIC	4	
		OTHER _____ (Specify)		
225	Did you consult anyone for a prenatal checkup ?	Yes	1	
		No	2 ----->	228
226	Whom did you consult the first time ? ***PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.***	DOCTOR	1 ->	228
		TRAINED NURSE/MIDWIFE	2 ->	228
		TRADITIONAL DOCTOR	2 ->	228
		TRADITIONAL BIRTH ATTENDANT	3 ->	228
		OTHER _____ (Specify)	->	228
227	How long ago did you begin your menstrual period ?	DAYS AGO	1 __	
		WEEKS AGO	2 __	
		MONTHS AGO	3 __	
		YEARS AGO	4 __	
		BEFORE LAST BIRTH	995	
		NEVER MENSTRUATED	996 ----->	229
228	How old were you when you had your first menstrual period ?	AGE	__	
		DONT KNOW	99	
229	When do you think that a woman has the greatest chance of becoming pregnant during the monthly cyle ?	DURING HER PERIOD	1	
		RIGHT AFTER HER PERIOD HAS ENDED	2	
		IN THE MIDDLE OF THE CYCLE	3	
		JUST BEFORE HER PERIOD BEGINS	4	
		AT ANY TIME	5	
		DONT KNOW	9	
		OTHER _____ (Specify)		

FERTILITY (Continue)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
230	***LOOK AT 103 AND TICK AS APPROPRIATE*** ***EVER ATTENDED SCHOOL ?***	***YES*** ----- ☐ ------> 231 ***NO*** ----- ☐ ------> 235	
231	Have you ever left formal school due to pregnancy ?	YES ..... 1 NO ..... 2 -----> 235	
232	How many times have you left school due to pregnancy ?	☐	
233	What grade were you in when you left school because of the pregnancy the first time ?	PRIMARY ..... 1 ☐☐ SECONDARY ..... 2 ☐☐ TERTIARY ..... 3 ☐☐	
234	Did you return to school after you dropped out due to the (last) pregnancy?	YES ..... 1 NO 2	
235	***LOOK AT 210 AND TICK AS APPROPRIATE*** ***ONE OR MORE BIRTHS?***	***YES*** ----- ☐ ------> 236 ***NO*** ----- ☐ ------> 247	
236	Were you married at the time you gave birth to your first child ?	YES ..... 1 -----> 245 NO 2	
237	Were you living with either of your parents or guardians in the same yard when you became pregnant with your first child ?	YES ..... 1 NO 2	
238	What was their reaction to your pregnancy ? **Specify whether mother/father/guardian on response OTHER**	PLEASED ..... 1 ANGRY ..... 2 INDIFFERENT ..... 3 DONT KNOW ..... OTHER _____ ..... (Specify) 9	
239	Did they claim compensation (damage) from the father's parents ?	YES ..... 1 NO 2	
240	Before you became pregnant, did your parents or guardians ever discuss pregnancy or family planning with you ?	YES ..... 1 NO 2	
241	Before you became pregnant, did you think your boyfriend would marry you if you had a child ?	YES ..... 1 NO 2	
242	When you became pregnant, did you discuss marriage with the child's father ?	YES ..... 1 NO 2	
243	When you became pregnant, how long did you continue the relationship with the child's father ?	MONTHS ..... 1 ☐☐ YEARS ..... 2 ☐☐ STILL CONTINUING ..... 91 GOT MARRIED ..... 92 -> 245	
244	Does the father ever visit the child or ask to visit the child ?	YES ..... 1 NO ..... 2 CHILD LIVES WITH FATHER ..... 3 CHILD DEAD 4	
245	***I now have a few questions about your last birth.*** Where did you deliver your last birth ?	HOME ..... 1 HOSPITAL ..... 2 -> 247 HEALTH CLINIC ..... 3 -> 247	
246	Why did you deliver there ?	BETTER HELP AVAILABLE ..... 1 MORE HYGIENIC ..... 2 HEALTH CONCERNS ..... 3 NO HELP AVAILABLE ..... 4 NO TRANSPORTATION AVAILABLE ..... 5 TRADITION/CUSTOM ..... 6 SUPERSTITIOUS ..... 7 OTHER _____ ..... (Specify)	
247	***PRESENCE OF OTHERS AT THIS POINT.*** ***Circle type of persons present during the fertility section interview***	YES NO CHILDREN UNDER 10 ..... 1 2 HUSBAND ..... 1 2 OTHER MALES ..... 1 2 OTHER FEMALES 1 2	

SECTION 3: CONTRACEPTION

301 *Now I would like to talk about a different topic. There are various ways or methods that a woman or man can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about ?* *CIRCLE CODE 1 IN 302 FOR EACH METHOD RECOGNIZED. CIRCLE CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 302, ASK 303 – 305 BEFORE PROCEEDING TO THE NEXT METHOD.*

		302 Have you ever heard of (METHOD) ? *READ DESCRIPTION. IF NO GOTO NEXT METHOD*	303 Have you ever used (METHOD) ? *IF YES GOTO 305 IF NO GOTO 304*	304 Where would you go to obtain (METHOD) if you wanted to use it ? (CODE BELOW)	305 In your opinion, what is the main problem, if any, with using (METHOD) ? (CODE BELOW)
01	*PILL (Women can take a pill every day).*	YES ....1 NO 2	YES ....1 NO 2	OTHER ____	OTHER ____
02	*IUD (Women can have a loop or coil placed inside them by a Doctor or a nurse).*	YES ....1 NO 2	YES ....1 NO 2	OTHER ____	OTHER ____
03	*INJECTIONS (Women can have an injection by a Doctor or Nurse which stops them from becoming pregnant for several months).*	YES ....1 NO 2	YES ....1 NO 2	OTHER ____	OTHER ____
04	*DIAPHRAGM FOAM JELLY (Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.)*	YES ....1 NO 2	YES ....1 NO 2	OTHER ____	OTHER ____
05	*CONDOM (Men/Women can use a rubber sheath during sexual intercourse.)*	YES ....1 NO 2	YES ....1 NO 2	OTHER ____	OTHER ____
06	*FEMALE STERILIZATION (Women can have an operation to avoid having any more children).*	YES ....1 NO 2	YES ....1 NO 2	OTHER ____	OTHER ____
07	*MALE STERILIZATION (Men can have an operation to avoid having any more children).*	YES ....1 NO 2	YES ....1 NO 2	OTHER ____	OTHER ____
08	*TRADITIONAL METHOD (A woman and a man can be given something by a traditional practioner to avoid getting pregnant).*	YES ....1 NO 2	YES ....1 NO 2	OTHER ____	OTHER ____
09	*PERIODIC ABSTINENCE (Rythm) (women or men can deliberately avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant).*	YES ....1 NO 2	YES ....1 NO 2	Where would you go to obtain advice on periodic abstinence ? ____ OTHER ____	OTHER ____
10	*PROLONGED ABSTINENCE (A Woman and a man can deliberately abstain from sexual intercourse for several months or more in order to avoid having a child).*	YES ....1 NO 2	YES ....1 NO 2	Where would you go to obtain advice on prolonged abstinence ? ____ OTHER ____	OTHER ____
11	*WITHDRAWAL (Men can be careful and pull out before climax).*	YES ....1 NO 2	YES ....1 NO 2	Where would you go to obtain advice on withdrawal? ____ OTHER ____	OTHER ____
12	*ANY OTHER METHODS ? (Have you heard of any other ways or methods that women or men can use to avoid pregnancy ?)* ____ *(Specify)*	YES ....1 NO 2	YES ....1 NO 2	CODE FOR 304 01 Health Post 02 Clinic 03 Hospital 04 Private Doctor/Clinic 05 Pharmacy 06 Traditional 07 Nowhere 08 Peer group 09 Parents/Friends 10 Church 11 Marriage counsellors 99 Dont know	CODE FOR 305 01 Not effective 02 Partner disapproved 03 Health problems 04 Difficult to obtain 05 Costs too much 06 Inconvenient to use 07 Method permanent 08 None 99 Dont Know Other ____ (Specify)

306 LOOK AT 303 AND TICK

EVER USED (Not a single YES) ____ ---------- > 335

EVER USED (At least one Yes) ____ ---------- > 307

CONTRACEPTION (Continue)

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
307	How many children,if any, did you have when you first did something or used a method to avoid getting pregnant ? IF NONE ENTER '00'.	NUMBER OF CHILDREN.....[ ][ ]	
308	*LOOK AT 220 AND TICK IN APPROPRIATE BOX*		
	NOT PREGNANT OR NOT SURE [ ]		> 309
	CURRENTLY PREGNANT [ ]		> 329
309	Are you currently doing something or using any method to avoid getting pregnant ?	YES.....1 NO.....2	> 329
310	Which method are you using ?	PILL.....01 IUD.....02 INJECTION.....03 DIAPHRAGM FOAM JELLY....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 TRADITIONAL.....08 PERIODIC ABSTINENCE.....09 PROLONGED ABSTINENCE....10 WITHDRAWAL.....11 OTHER _____ (Specify)	> 311 > 315 > 313 > 314 > 315 > 318 > 315
311	Please show me the package of pills you are now using. (RECORD NAME OF BRAND).	BRAND NAME _____ NOT ABLE TO SHOW.....96	
312	Any person can miss taking the pill sometime. What did you do the last time that you forgot to take one pill ?	NEVER FORGET.....1 TOOK ONE PILL THE NEXT DAY.....2 TOOK TWO PILLS THE NEXT DAY.....3 NOT SURE.....9 OTHER _____ (Specify)	
313	How many (PACKET OF THE PILL OR NUMBER OF CONDOMS) did you get the last time that you obtained the method ?	NUMBER OF PACKETS OR CONDOMS [ ][ ] DON'T KNOW.....99	-> 315 -> 315
314	In what month and year did you (he) have the operation (to be sterilized) ?	DATE Month.....[ ][ ] Year.....[ ][ ] Dont know.....99	-> 315a -> 315a -> 315a
315	Where did you visit to obtain (CURRENT METHOD) ? *ASK 315a ONLY IF 310 IS STERILIZATION.*		
315a	Where did the sterilization take place ?	HEALTH POST.....1 CLINIC.....2 HOSPITAL.....3 PRIVATE DOCTOR/CLINIC.....4 PHARMACY.....5 DONT KNOW.....9 OTHER _____ (Specify)	
316	Was there anything you particularly disliked about the services you received there ? IF YES: What ? IF STERILIZATION GOTO 318 AND DO NOT ASK QUESTION 317	WAIT TOO LONG.....1 STAFF DISCOURTEOUS.....2 SERVICES EXPENSIVE.....3 DESIRED METHOD UNAVAILABLE.....4 HUSBAND/PARTNER OBTAINED METHOD.....5 NO COMPLAINTS.....6 OTHER _____ (Specify)	
317	At any time in the past month, have you interrupted use of (CURRENT METHOD) for any of the following reasons: Experienced side effects or illness ? Had spotting or bleeding more than once ? Period did not come when expected ? Ran out of pills ? Forgot to take pill or misplaced package ? Not having sexual relations or husband away ? Any other reason ? _____ (Specify)	YES / NO HEADACHE.....1 2 NAUSEA/VOMITING.....1 2 HYPERTENSION.....1 2 WEIGHT GAIN.....1 2 SPOTTING/BLEEDING.....1 2 PERIOD DID NOT COME.....1 2 DIZZINESS.....1 2 ALLERGY.....1 2 REDUCES SEX DRIVE.....1 2 NOT SEXUALLY ACTIVE.....1 2 FORGOT/MISPLACED/RAN OUT.....1 2 OTHER _____ (Specify)	
318	*LOOK AT 310 AND TICK IN THE BOX*	*PARTNER IS STERILIZED* [ ]	> 324
		CURRENTLY USING OTHER METHOD [ ]	> 319

CONTRACEPTION (Continue)

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
319	For how long have you been using (CURRENT METHOD) ?	Month ____ Year ____ Dont know 99	
320	Have you experienced any problems from using (CURRENT METHOD) ?	YES ..... 1 NO 2	----------> 322
321	What is the main problem you experienced ?	METHOD FAILLED ..... 02 PARTNER DISAPPROVED ..... 03 HEALTH PROBLEMS ..... 04 NO ACCESS ..... 05 NOT AVAILABLE ..... 06 COST TOO MUCH ..... 07 INCONVENIENT TO USE ..... 08 OTHER _____	
322	At any time during the same month, do you regularly use any method other than (CURRENT METHOD) ?	YES ..... 1 NO 2	----------> 324
323	Which method is that ?	PILL ..... 01 IUD ..... 02 INJECTION ..... 03 DIAPHRAGM FOAM/JELLY ..... 04 CONDOM ..... 05 MALE STERILIZATION ..... 07 TRADITIONAL ..... 08 PERIODIC ABSTINENCE ..... 09 PROLONGED ABSTINENCE ..... 10 WITHDRAWAL ..... 11 OTHER _____ (Specify)	
324	Have you ever used any other method or done anything else before (CURRENT METHOD) to avoid getting pregnant ?	YES ..... 1 NO 2	----------> 338
325	Which method did you use before (CURRENT METHOD) !	PILL ..... 01 IUD ..... 02 INJECTIONS ..... 03 DIAPHRAGM/FOAM/JELLY ..... 04 CONDOM ..... 05 FEMALE STERILIZATION ..... 06 MALE STERILIZATION ..... 07 TRADITIONAL ..... 08 PERIODIC ABSTINENCE ..... 09 PROLONGED ABSTINENCE ..... 10 WITHDRAWAL ..... 11 OTHER _____ (Specify)	
326	In what month and year did you start using (METHOD BEFORE CURRENT) (The last time) ?	DATE: Month ____ Year ____ Dont know 99	
327	How long did you use (METHOD BEFORE CURRENT) before you stopped it ?	DURATION Month ____ Year ____ Dont know 99	
328	What was the main reason you stopped using (METHOD BEFORE CURRENT) ?	WANTED A CHILD 01 METHOD FAILLED 02 PARTNER DISAPPROVED 03 HEALTH PROBLEMS 04 NO ACCESS 05 NOT AVAILABLE 06 COST TOO MUCH 07 INCONVENIENT TO USE 08 INFREQUENT SEX 09 TO USE PERMANENT METHOD 10 FATALISTIC 11 DONT KNOW 99 OTHER	
329	*LOOK AT 210 AND TICK IN THE APPROPRIATE BOX: ANY BIRTHS ?*	YES [ ] ----------> 330 NO [ ] ----------> 331	

CONTRACEPTION (Continue)

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
330	Since your last-birth have you done anything or used any method to avoid getting pregnant ?	YES.....1 NO.....2	---------> 335
331	Which was the last method you used ?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 TRADITIONAL .....08 PERIODIC ABSTINENCE.....09 PROLONGED ABSTINENCE..10 WITHDRAWAL.....11 OTHER _____ (Specify)	
332	In what month and year did you start using the method used after last birth (last time) ?	DATE: Month..... Year..... Dont know.....99	
332a	Are you currently using the method ?	YES.....1 NO.....2	---------> 338 ---------> 333
333	For how long had you been using (LAST METHOD) before you stopped using it (last time) ?	DURATION Month..... Year..... Dont know.....99	
334	What was the main reason you stopped using (LAST METHOD) ?	WANTED A CHILD 01 METHOD FAILED 02 PARTNER DISAPPROVED 03 HEALTH PROBLEMS 04 NO ACCESS 05 NOT AVAILABLE 06 COST TOO MUCH 07 INCONVENIENT TO USE 08 INFREQUENT SEX 09 FATALISTIC 10 PARTNER AWAY 11 DONT KNOW 99 OTHER _____ (Specify)	
335	Do you intend to use a method at any time in the future to avoid pregnancy ?	YES.....1 NO.....2 Dont know.....9	---->338 ---->338
336	Which method would you prefer to use ?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY...04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 TRADITIONAL .....08 PERIODIC ABSTINENCE.....09 PROLONGED ABSTINENCE..10 WITHDRAWAL.....11 UNSURE.....99 OTHER _____ (Specify)	
337	Do you intend to use (PREFERRED METHOD) in the next 12 months ?	YES.....1 NO.....2 Dont know.....9	
338	Is it acceptable or not acceptable to you for family planning information to be provided: on Radio/television ? in Newspaper/Magazine ? at church ? at Kgotla ? at school ?	YES NO RADIO/TELEVISION..... 1 2 NEWSPAPER/MAGAZINE..... 1 2 AT CHURCH ..... 1 2 KGOTLA/PUBLIC MEETINGS 1 2 AT SCHOOL 1 2	
338a	Is it acceptable or not acceptable to you for family planning supplies (condoms) to be provided: at church ? at Kgotla ? at school ?	YES NO AT CHURCH ..... 1 2 KGOTLA/PUBLIC MEETINGS 1 2 AT SCHOOL 1 2	
339	*LOOK AT 220 AND TICK THE APPROPRIATE BOX:*	NOT PREGNANT OR UNSURE ☐ ---------- CURRENTLY PREGNANT ☐ ----------	
340	*LOOK AT 215 AND TICK THE APPROPRIATE BOX:*	HAD BIRTH SINCE MAY 1991 ☐ ---------- NO BIRTH SINCE MAY 1991 ☐ ----------	
340a	*LOOK AT 339 and 340 AND TICK THE APPROPRIATE BOX:*	HAD BIRTH SINCE MAY 1991 AND PREGNANT ☐ --->341 HAD BIRTH SINCE MAY 1991 AND NOT PREGNANT ☐ --->341 NO BIRTH SINCE MAY 1991 AND PREGNANT ☐ --->341 NO BIRTH SINCE MAY 1991 AND NOT PREGNANT ☐ --->463	

CONTRACEPTION (Continue)

341 *Now I would like to get some information about (your pregnancy and) the children you had in last 5 years.*
LOOK AT 220 AND CHECK WHETHER PREGNANT. THEN LOOK AT 213: RECORD NAMES AND LINE NUMBERS FOR BIRTHS SINCE MAY 1991 (IF ANY).

	CURRENTLY PREGNANT	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND FROM LAST	THIRD-FROM-LAST
Line No of the Child in 211					
		Name	Name	Name	Name
	YES > *Goto 342*	Look at 216: ALIVE > *342*	Look at 216: ALIVE > *342*	Look at 216: ALIVE > *342*	Look at 216: ALIVE > *342*
	NO *Goto next column*	DEAD > *342*	DEAD > *342*	DEAD > *342*	DEAD > *342*

342 *LOOK AT 306 AND TICK BOX:*
EVER USE A METHOD ----> *(ASK 347 FOR THE FIRST COLUMN IF YES IN 341 AND ASK 343–349 FOR OTHER COLUMNS)*
NEVER USE A METHOD ----> *(ASK 348 FOR EACH COLUMN)*

343 Before you became pregnant (With NAME but after PRECEDING BIRTH IF ANY), had you done anything or used any method, even for a short time, to avoid getting pregnant?

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND FROM LAST	THIRD-FROM-LAST
	YES .....1 NO .....2 (SKIP TO 348)	YES .....1 NO .....2 (SKIP TO 348)	YES .....1 NO .....2 (SKIP TO 348)	YES .....1 NO .....2 (SKIP TO 348)

344 What was the last method you used then?

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND FROM LAST	THIRD-FROM-LAST
	PILL 01	PILL 01	PILL 01	PILL 01
	IUD 02	IUD 02	IUD 02	IUD 02
	INJECTIONS 03	INJECTIONS 03	INJECTIONS 03	INJECTIONS 03
	DIAPH/FOAM/JELLY 04	DIAPH/FOAM/JELLY 04	DIAPH/FOAM/JELLY 04	DIAPH/FOAM/JELLY 04
	CONDOM 05	CONDOM 05	CONDOM 05	CONDOM 05
	MALE STER 07	MALE STER 07	MALE STER 07	MALE STER 07
	TRADITIONAL 08	TRADITIONAL 08	TRADITIONAL 08	TRADITIONAL 08
	PERIODIC ABST 09	PERIODIC ABST 09	PERIODIC ABST 09	PERIODIC ABST 09
	PROLONGED ABST 10	PROLONGED ABST 10	PROLONGED ABST 10	PROLONGED ABST 10
	WITHDRAWAL 11	WITHDRAWAL 11	WITHDRAWAL 11	WITHDRAWAL 11
	OTHER _____ (Specify)	OTHER _____ (Specify)	OTHER _____ (Specify)	OTHER _____ (Specify)

345 For how long had you used (LAST METHOD) then?

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND FROM LAST	THIRD-FROM-LAST
	Months	Months	Months	Months .....
	Years	Years	Years	Years .....

346 What was the main reason you stopped using (LAST METHOD)?

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND FROM LAST	THIRD-FROM-LAST
	WANTED A CHILD ..... 01 (Skip to next column)	WANTED A CHILD ..... 01 (Skip to next column)	WANTED A CHILD ..... 01 (Skip to next column)	WANTED A CHILD ..... 01 (Skip to 401)
	METHOD FAILED 02	METHOD FAILED 02	METHOD FAILED 02	METHOD FAILED 02
	PARTNER DISAPPROVED 03	PARTNER DISAPPROVED 03	PARTNER DISAPPROVED 03	PARTNER DISAPPROVED 03
	HEALTH PROBLEMS 04	HEALTH PROBLEMS 04	HEALTH PROBLEMS 04	HEALTH PROBLEMS 04
	NO ACCESS 05	NO ACCESS 05	NO ACCESS 05	NO ACCESS 05
	NOT AVAILABLE 06	NOT AVAILABLE 06	NOT AVAILABLE 06	NOT AVAILABLE 06
	COST TOO MUCH 07	COST TOO MUCH 07	COST TOO MUCH 07	COST TOO MUCH 07
	INCONVEN TO USE 08	INCONVEN TO USE 08	INCONVEN TO USE 08	INCONVEN TO USE 08
	INFREQUENT SEX 09	INFREQUENT SEX 09	INFREQUENT SEX 09	INFREQUENT SEX 09
	FATALISTIC 10	FATALISTIC 10	FATALISTIC 10	FATALISTIC 10
	DONT KNOW 99	DONT KNOW 99	DONT KNOW 99	DONT KNOW 99
	OTHER _____ (Specify)	OTHER _____ (Specify)	OTHER _____ (Specify)	OTHER _____ (Specify)

347 Did you become pregnant while you were using (LAST METHOD)?

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND FROM LAST	THIRD-FROM-LAST
	YES .....1 (SKIP TO 349) NO 2	YES .....1 (SKIP TO 349) NO 2	YES .....1 (SKIP TO 349) NO 2	YES .....1 (SKIP TO 349) NO 2

348 At the time you became pregnant (with NAME), did you want to have a child THEN, did you want to wait until LATER, or did you want NO MORE children at all?

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND FROM LAST	THIRD-FROM-LAST
	THEN ..... 1 LATER ..... 2 NO MORE ..... 3 *(All go to next column)*	THEN ..... 1 LATER ..... 2 NO MORE ..... 3 *(All go to next column)*	THEN ..... 1 LATER ..... 2 NO MORE ..... 3 *(All go to next column)*	THEN ..... 1 LATER ..... 2 NO MORE ..... 3 *(All go to 401)*

349 Did you want to have a child but at a later time, or not have another child at all?

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND FROM LAST	THIRD-FROM-LAST
	HAVE CHILD LATER ..... 1 NOT HAVE CHILD ..... 2 *(All go to next column)*	HAVE CHILD LATER ..... 1 NOT HAVE CHILD ..... 2 *(All go to next column)*	HAVE CHILD LATER ..... 1 NOT HAVE CHILD ..... 2 *(All go to next column)*	HAVE CHILD LATER ..... 1 NOT HAVE CHILD ..... 2 *(All go to 401)*

SECTION 4: HEALTH AND BREASTFEEDING

401 *LOOK AT 341 AND TICK:* *ONE OR MORE LIVE BIRTHS SINCE MAY 1991* [1] *(GO TO 402)*
NO LIVE BIRTHS SINCE MAY 1991 [2] *(SKIP TO 463)*

402 *LOOK AT 341, RE-ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE MAY 1991*

Line No OF CHILD in 341	[ ][ ]	[ ][ ]	[ ][ ]	[ ][ ]
	LAST BIRTH Name ____ ALIVE [1] > 403 DEAD [2] > 403	NEXT-TO-LAST BIRTH Name ____ ALIVE [1] > 403 DEAD [2] > 403	SECOND-FROM-LAST Name ____ ALIVE [1] > 403 DEAD [2] > 403	THIRD-FROM-LAST Name ____ ALIVE [1] > 403 DEAD [2] > 403
403 When you were pregnant with (NAME) were you given any injection to prevent the baby from getting tetanus, that is, convulsions (stiff jaw & stiff neck) after birth ?	YES ____ 1 NO ____ 2 DONT KNOW____ 9	YES ____ 1 NO ____ 2 DONT KNOW____ 9	YES ____ 1 NO ____ 2 DONT KNOW____ 9	YES ____ 1 NO ____ 2 DONT KNOW____ 9
404 When you were pregnant with (NAME), did you consult anyone for a check on this pregnancy ? IF YES: Whom did you see ? (PRENATAL CHECKUP)	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 NO ONE____ 5 OTHER ____ (Specify)	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 NO ONE____ 5 OTHER ____ (Specify)	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 NO ONE____ 5 OTHER ____ (Specify)	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 NO ONE____ 5 OTHER ____ (Specify)
405 Who assisted with the delivery of (NAME) ? **PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.**	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 RELATIVE/FRIEND____ 5 NO ONE____ 6 OTHER ____ (Specify)	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 RELATIVE/FRIEND____ 5 NO ONE____ 6 OTHER ____ (Specify)	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 RELATIVE/FRIEND____ 5 NO ONE____ 6 OTHER ____ (Specify)	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 RELATIVE/FRIEND____ 5 NO ONE____ 6 OTHER ____ (Specify)
406 After the birth of (NAME), did you see anyone for a checkup ?	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 NO ONE____ 5 OTHER ____ (Specify)	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 NO ONE____ 5 OTHER ____ (Specify)	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 NO ONE____ 5 OTHER ____ (Specify)	MEDICAL DOCTOR____ 1 TRAINED NURSE/ MIDWIFE____ 2 TRADITIONAL DOCTOR. 3 TRADITIONAL BIRTH ATTENDANT____ 4 NO ONE____ 5 OTHER ____ (Specify)
407 In the first week after the birth, were you visited, in your home, by a health worker ?	YES ____ 1 NO ____ 2 DONT KNOW____ 9	YES ____ 1 NO ____ 2 DONT KNOW____ 9	YES ____ 1 NO ____ 2 DONT KNOW____ 9	YES ____ 1 NO ____ 2 DONT KNOW____ 9
408 Did you ever feed (NAME) at the breast ?	YES ____1 *SKIP TO 410)* NO ____2	YES ____1 *SKIP TO 412)* NO ____2	YES ____1 *SKIP TO 412)* NO ____2	YES ____1 *SKIP TO 412)* NO ____2
409 Why did you never feed (NAME) at the breast ?	INCONVENIENT____ 1 HAD TO WORK____ 2 INSUFFIENT MILK____ 3 BABY REFUSED____ 4 CHILD SICK____ 5 MOTHER SICK____ 6 CHILD DIED____ 7 OTHER ____ (Specify) *(ALL SKIP TO 415)*	INCONVENIENT____ 1 HAD TO WORK____ 2 INSUFFIENT MILK____ 3 BABY REFUSED____ 4 CHILD SICK____ 5 MOTHER SICK____ 6 CHILD DIED____ 7 OTHER ____ (Specify) *(ALL SKIP TO 416)*	INCONVENIENT____ 1 HAD TO WORK____ 2 INSUFFIENT MILK____ 3 BABY REFUSED____ 4 CHILD SICK____ 5 MOTHER SICK____ 6 CHILD DIED____ 7 OTHER ____ (Specify) *(ALL SKIP TO 416)*	INCONVENIENT____ 1 HAD TO WORK____ 2 INSUFFIENT MILK____ 3 BABY REFUSED____ 4 CHILD SICK____ 5 MOTHER SICK____ 6 CHILD DIED____ 7 OTHER ____ (Specify) *(ALL SKIP TO 416)*
410 How soon after birth did you give (NAME) the breast?	LESS THAN 1 HOUR____1 BETWEEN 1 AND 24 HOURS____2 AFTER ONE DAY____3			
411 Are you still breastfeeding (NAME) ? (IF DEAD, CIRCLE 2)	YES ____1 *SKIP TO 414)* NO ____2 *OR DEAD)*			
412 How many months did you breastfeed (NAME) ?	MONTHS ____[ ][ ] UNTIL DEATH____96	MONTHS ____[ ][ ] UNTIL DEATH____96	MONTHS ____[ ][ ] UNTIL DEATH____96	MONTHS ____[ ][ ] UNTIL DEATH____96
413 Why did you stop breastfeeding (NAME) ? **CH = Child**	INCONVENIENT____ 1 HAD TO WORK____ 2 INSUFFIENT MILK____ 3 BABY REFUSED____ 4 CHILD SICK____ 5 CH HAD DIARRHOEA____ 6 CH WEANING AGE____ 7 BECAME PREGNANT____ 8 MOTHER SICK____ 9 CHILD DIED____10 OTHER ____ (Specify)	INCONVENIENT____ 1 HAD TO WORK____ 2 INSUFFIENT MILK____ 3 BABY REFUSED____ 4 CHILD SICK____ 5 CH HAD DIARRHOEA____ 6 CH WEANING AGE____ 7 BECAME PREGNANT____ 8 MOTHER SICK____ 9 CHILD DIED____10 OTHER ____ (Specify)	INCONVENIENT____ 1 HAD TO WORK____ 2 INSUFFIENT MILK____ 3 BABY REFUSED____ 4 CHILD SICK____ 5 CH HAD DIARRHOEA____ 6 CH WEANING AGE____ 7 BECAME PREGNANT____ 8 MOTHER SICK____ 9 CHILD DIED____10 OTHER ____ (Specify)	INCONVENIENT____ 1 HAD TO WORK____ 2 INSUFFIENT MILK____ 3 BABY REFUSED____ 4 CHILD SICK____ 5 CH HAD DIARRHOEA____ 6 CH WEANING AGE____ 7 BECAME PREGNANT____ 8 MOTHER SICK____ 9 CHILD DIED____10 OTHER ____ (Specify)
414 How many months after the birth of (NAME) did your period return ?	Months____[ ][ ] NOT RETURNED____96	Months____[ ][ ] NOT RETURNED____96	Months____[ ][ ] NOT RETURNED____96	Months____[ ][ ] NOT RETURNED____96
415 Have you resumed sexual relations since the birth of (NAME) ?	YES ____ 1 NO____ 2 *(GO TO NEXT COL)*			
416 How many months after the birth of (NAME) did you resume sexual relations ?	Months____[ ][ ] *(GO TO NEXT COL)*	Months____[ ][ ] *(GO TO NEXT COL)*	Months____[ ][ ] *(GO TO NEXT COL)*	Months____[ ][ ] *(GO TO 417)*

HEALTH AND BREASTFEEDING (Continue)

417 ENTER BELOW THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE MAY 1991. BEGIN WITH THE LAST BIRTH. THE HEADINGS IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE AFTER 402. ASK THE QUESTIONS ONLY FOR LIVING CHILDREN

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	THIRD-FROM-LAST BIRTH
Line No of child in 341	[ ][ ] Name ____ ALIVE [ ] GOTO 418 DEAD [ ] GOTO NEXT COL.	[ ][ ] Name ____ ALIVE [ ] GOTO 418 DEAD [ ] GOTO NEXT COL.	[ ][ ] Name ____ ALIVE [1] GOTO 418 DEAD [2] GOTO NEXT COL.	[ ][ ] Name ____ ALIVE [1] GOTO 418 DEAD [2] GOTO 443
418 *CHECK 319*	LIVING WITH MOTHER [1] > 420 LIVING ELSEWHERE [2] > 419	LIVING WITH MOTHER [1] > 420 LIVING ELSEWHERE [2] > 419	LIVING WITH MOTHER [1] > 420 LIVING ELSEWHERE [2] > 419	LIVING WITH MOTHER [1] > 420 LIVING ELSEWHERE [2] > 419
419 With whom is (NAME) currently living?	FATHER 1 MOTHER'S PARENTS 2 FATHER'S PARENTS 3 OTHER RELATIVES 4 DONT KNOW 9 OTHER ____ (Specify) (ALL GO TO TO NEXT COLUMN)	FATHER 1 MOTHER'S PARENTS 2 FATHER'S PARENTS 3 OTHER RELATIVES 4 DONT KNOW 9 OTHER ____ (Specify) (ALL GO TO TO NEXT COLUMN)	FATHER 1 MOTHER'S PARENTS 2 FATHER'S PARENTS 3 OTHER RELATIVES 4 DONT KNOW 9 OTHER ____ (Specify) (ALL GO TO TO NEXT COLUMN)	FATHER 1 MOTHER'S PARENTS 2 FATHER'S PARENTS 3 OTHER RELATIVES 4 DONT KNOW 9 OTHER ____ (Specify) (ALL GO TO 443)
420 Do you have an under five health card for (NAME)? IF YES: May I see it, please?	YES, SEEN 1 -> 421 YES, NOT SEEN 2 -> 423 NO CARD 3 -> 423	YES, SEEN 1 -> 421 YES, NOT SEEN 2 -> 423 NO CARD 3 -> 423	YES, SEEN 1 -> 421 YES, NOT SEEN 2 -> 423 NO CARD 3 -> 423	YES, SEEN 1 -> 421 YES, NOT SEEN 2 -> 423 NO CARD 3 -> 423

421 RECORD DATES OF IMMUNIZATIONS FROM UNDER FIVE CARD

	LAST BIRTH YES NO / DA MO YR	NEXT-TO-LAST BIRTH YES NO / DA MO YR	SECOND-FROM-LAST BIRTH YES NO / DA MO YR	THIRD-FROM-LAST BIRTH YES NO / DA MO YR
BCG 1	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
BCG 2	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
DPT 1	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
DPT 2	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
DPT 3	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
DPT BSTR 1	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
DPT BSTR 2	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
POLIO 1	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
POLIO 2	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
POLIO 3	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
POLIO BSTR 1	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
POLIO BSTR 2	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
HBI	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]
MEASLES	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]	1 2 [ ][ ][ ]

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	THIRD-FROM-LAST BIRTH
422 *WRITE THE BIRTH WEIGHT FROM CARD*	Weight (in Kg) [ ] (SKIP TO 424)	Weight (in Kg) [ ] (SKIP TO 424)	Weight (in Kg) [ ] (SKIP TO 424)	Weight (in Kg) [ ] (SKIP TO 424)
423 Has (NAME) ever had a vaccination to prevent him/her from getting diseases?	YES 1 NO 2 DONT KNOW 9	YES 1 NO 2 DONT KNOW 9	YES 1 NO 2 DONT KNOW 9	YES 1 NO 2 DONT KNOW 9
424 *MESURE THE WEIGHT AND RECORD FOR EACH CHILD* *MESURE THE HEIGHT AND RECORD FOR EACH CHILD*	Weight (in Kg) [ ] Height (in Cm) [ ]	Weight (in Kg) [ ] Height (in Cm) [ ]	Weight (in Kg) [ ] Height (in Cm) [ ]	Weight (in Kg) [ ] Height (in Cm) [ ]
425 Has (NAME) had diarrhoea in last 24 hours?	YES 1 ---> 427 NO 2 DONT KNOW 9	YES 1 ---> 427 NO 2 DONT KNOW 9	YES 1 ---> 427 NO 2 DONT KNOW 9	YES 1 ---> 427 NO 2 DONT KNOW 9
426 Has (NAME) had diarrhoea in last two weeks?	YES 1 NO 2 ---> 438 DONT KNOW 9 ---> 438	YES 1 NO 2 ---> 438 DONT KNOW 9 ---> 438	YES 1 NO 2 ---> 438 DONT KNOW 9 ---> 438	YES 1 NO 2 ---> 438 DONT KNOW 9 ---> 438
427 How many stools did (NAME) have?	Number of stools [ ]	Number of stools [ ]	Number of stools [ ]	Number of stools [ ]
428 In the last time, how many days ago did the diarrhoea start?	Days [ ] DONT KNOW 99	Days [ ] DONT KNOW 99	Days [ ] DONT KNOW 99	Days [ ] DONT KNOW 99
429 *CHECK AT 411 AND TICK THE BOX LAST CHILD STILL BREASTFED?*	YES [ ] GO TO 430 NO [ ] GOTO 431	GOTO 432		
430 Did you continue breastfeeding (NAME) when he/she had diarrhoea?	YES 1 NO 2			
431 When (NAME) had diarrhoea, was he/she given more, less or the same amount of fluids to drink as before the diarrhoea?	MORE 1 LESS 2 SAME 3 DONT KNOW 9	MORE 1 LESS 2 SAME 3 DONT KNOW 9	MORE 1 LESS 2 SAME 3 DONT KNOW 9	MORE 1 LESS 2 SAME 3 DONT KNOW 9
432 When (NAME) had diarrhoea, was he/she given more, less or the same amount of solid food as given before he/she had diarrhoea?	MORE 1 LESS 2 SAME 3 SOLID FOODS NOT YET GIVEN 4 DONT KNOW 9 OTHER ____ (Specify)	MORE 1 LESS 2 SAME 3 SOLID FOODS NOT YET GIVEN 4 DONT KNOW 9 OTHER ____ (Specify)	MORE 1 LESS 2 SAME 3 SOLID FOODS NOT YET GIVEN 4 DONT KNOW 9 OTHER ____ (Specify)	MORE 1 LESS 2 SAME 3 SOLID FOODS NOT YET GIVEN 4 DONT KNOW 9 OTHER ____ (Specify)
433 Was (NAME) given either a home solution of sugar, salt, and water to drink, or a solution made from a ORS packet? IF YES: Which?	HOME SOLUTION OF SALT, SUGAR, WATER 1 ORS PACKET SOLUTION 2 BOTH GIVEN 3 NEITHER GIVEN 4 -> 436	HOME SOLUTION OF SALT, SUGAR, WATER 1 ORS PACKET SOLUTION 2 BOTH GIVEN 3 NEITHER GIVEN 4 -> 436	HOME SOLUTION OF SALT, SUGAR, WATER 1 ORS PACKET SOLUTION 2 BOTH GIVEN 3 NEITHER GIVEN 4 -> 436	HOME SOLUTION OF SALT, SUGAR, WATER 1 ORS PACKET SOLUTION 2 BOTH GIVEN 3 NEITHER GIVEN 4 -> 436
434 How much of the home solution/special packet (ORS) was (NAME) given every 24 hours?	1/2 LITER 1 1 LITER 2 1 1/2 LITERS 3 2 LITERS 4 DONT KNOW 8 OTHER ____ (Specify)	1/2 LITER 1 1 LITER 2 1 1/2 LITERS 3 2 LITERS 4 DONT KNOW 9 OTHER ____ (Specify)	1/2 LITER 1 1 LITER 2 1 1/2 LITERS 3 2 LITERS 4 DONT KNOW 9 OTHER ____ (Specify)	1/2 LITER 1 1 LITER 2 1 1/2 LITERS 3 2 LITERS 4 DONT KNOW 9 OTHER ____ (Specify)
435 For how many days was (NAME) given home solution/special packet (ORS)?	DAYS [ ] DONT KNOW 9	DAYS [ ] DONT KNOW 9	DAYS [ ] DONT KNOW 9	DAYS [ ] DONT KNOW 9
436 Was (NAME) treated anywhere during the last episode of diarrhoea? IF YES: Where was he/she taken (the last time)?	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)
437 Was there anything (else) you or someone did to treat the diarrhoea (the last time)? IF YES: What was the treatment? *CIRCLE ALL TREATMENTS MENTIONED*	YES NO INJECTION 1 2 INTRAVENOUS(DRIP) 1 2 TABLETS OR PILLS 1 2 SYRUPS 1 2 ORS 1 2 NOTHING GIVEN 1 2 OTHER ____ (Specify)	YES NO INJECTION 1 2 INTRAVENOUS(DRIP) 1 2 TABLETS OR PILLS 1 2 SYRUPS 1 2 ORS 1 2 NOTHING GIVEN 1 2 OTHER ____ (Specify)	YES NO INJECTION 1 2 INTRAVENOUS(DRIP) 1 2 TABLETS OR PILLS 1 2 SYRUPS 1 2 ORS 1 2 NOTHING GIVEN 1 2 OTHER ____ (Specify)	YES NO INJECTION 1 2 INTRAVENOUS(DRIP) 1 2 TABLETS OR PILLS 1 2 SYRUPS 1 2 ORS 1 2 NOTHING GIVEN 1 2 OTHER ____ (Specify)

HEALTH AND BREASTFEEDING (Continue)

438 *ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE MAY 1991 BELOW, BEGIN WITH THE LAST BIRTH. THE HEADINGS IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE ON 417. ASK THE QUESTIONS ONLY FOR LIVING CHILDREN.*

Line No of child in 341	LAST BIRTH Name ____ ALIVE ☐ GO TO 439 DEAD ☐ GOTO NEXT COLUMN	NEXT-TO-LAST BIRTH Name ____ ALIVE ☐ GO TO 439 DEAD ☐ GOTO NEXT COLUMN	SECOND-FROM-LAST Name ____ ALIVE ☐ GO TO 439 DEAD ☐ GOTO NEXT COLUM	THIRD-FROM-LAST Name ____ ALIVE ☐ GO TO 439 DEAD ☐ GOTO 439
439 Has (NAME) suffered from severe cough or difficult or rapid breathing in the last four weeks?	YES 1 NO 2 ---> 442 DONT KNOW 9 ---> 442	YES 1 NO 2 ---> 442 DONT KNOW 9 ---> 442	YES 1 NO 2 ---> 442 DONT KNOW 9 ---> 442	YES 1 NO 2 ---> 442 DONT KNOW 9 ---> 442
440 Was (NAME) taken anywhere to treat the problem?	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)
441 Was there anything (else) you or somebody did to treat the problem? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)
442 Has (NAME) suffered from ear pain or ear discharge (pus draining from the ear) in the last four weeks?	YES 1 NO 2 GOTO 444 DONT KNOW 9 GOTO 444	YES 1 NO 2 GOTO 444 DONT KNOW 9 GOTO 444	YES 1 NO 2 GOTO 444 DONT KNOW 9 GOTO 444	YES 1 NO 2 GOTO 444 DONT KNOW 9 GOTO 444
443 Was (NAME) taken anywhere to treat the problem?	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)
444 Has (NAME) suffered from common cold (flu) in the last four weeks?	YES 1 NO 2 GO TO 446 DONT KNOW 9 GO TO 446	YES 1 NO 2 GO TO 446 DONT KNOW 9 GO TO 446	YES 1 NO 2 GO TO 446 DONT KNOW 9 GO TO 446	YES 1 NO 2 GO TO 446 DONT KNOW 9 GO TO 446
444(a) Was (NAME) taken anywhere to treat the problem?	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)
445 Was there anything you or somebody did to treat the problem? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)
446 Has (NAME) had fever in the last four weeks?	YES 1 NO 2 ---> 449 DONT KNOW 9 ---> 449	YES 1 NO 2 ---> 449 DONT KNOW 9 ---> 449	YES 1 NO 2 ---> 449 DONT KNOW 9 ---> 449	YES 1 NO 2 ---> 449 DONT KNOW 9 ---> 449
447 Was (NAME) taken anywhere to treat the fever? IF YES: Where was he/she taken?	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)	HEALTH POST 1 CLINIC 2 HOSPITAL/HEALTH CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DONT KNOW 9 OTHER ____ (Specify)
448 Was there anything (else) you or somebody did to treat the problem? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)	YES NO ANTIBIOTICS 1 2 LIQUID OR SYRUP 1 2 ASPIRIN 1 2 INJECTION 1 2 OTHER ____ (Specify)
449 Is (NAME) currently receiving TSABANA from the CLINIC/HOSPITAL?	YES 1 GOTO 451 NO 2 DONT KNOW 9 GOTO 454	YES 1 GOTO 451 NO 2 DONT KNOW 9 GOTO 454	YES 1 GOTO 451 NO 2 DONT KNOW 9 GOTO 454	YES 1 GOTO 451 NO 2 DONT KNOW 9 GOTO 454
450 IF NO, Why did (NAME) not receive TSABANA?	NEVER HEARD OF IT 1 -> 454 CHILD NOT TAKEN TO CLINIC 2 -> 454 CHILD NOT ELIGIBLE 3 -> 454 MOTHER UNINTERESTED 4 -> 454 NOT AVAILABLE 5 -> 454 MOTHER WANT PHALETSHE 6 -> 454 OTHER ____ (Specify)	NEVER HEARD OF IT 1 -> 454 CHILD NOT TAKEN TO CLINIC 2 -> 454 CHILD NOT ELIGIBLE 3 -> 454 MOTHER UNINTERESTED 4 -> 454 NOT AVAILABLE 5 -> 454 MOTHER WANT PHALETSHE 6 -> 454 OTHER ____ (Specify)	NEVER HEARD OF IT 1 -> 454 CHILD NOT TAKEN TO CLINIC 2 -> 454 CHILD NOT ELIGIBLE 3 -> 454 MOTHER UNINTERESTED 4 -> 454 NOT AVAILABLE 5 -> 454 MOTHER WANT PHALETSHE 6 -> 454 OTHER ____ (Specify)	NEVER HEARD OF IT 1 -> 454 CHILD NOT TAKEN TO CLINIC 2 -> 454 CHILD NOT ELIGIBLE 3 -> 454 MOTHER UNINTERESTED 4 -> 454 NOT AVAILABLE 5 -> 454 MOTHER WANT PHALETSHE 6 -> 454 OTHER ____ (Specify)
451 How often does (NAME) eat TSABANA?	MORE THAN 2 TIMES A DAY. 1 1-2 TIMES A DAY 2 LESS THAN 3 TIMES A WEEK. 3 NEVER 4 -> 454 OTHER ____ Specify	MORE THAN 2 TIMES A DAY. 1 1-2 TIMES A DAY 2 LESS THAN 3 TIMES A WEEK. 3 NEVER 4 -> 454 OTHER ____ Specify	MORE THAN 2 TIMES A DAY. 1 1-2 TIMES A DAY 2 LESS THAN 3 TIMES A WEEK. 3 NEVER 4 -> 454 OTHER ____ Specify	MORE THAN 2 TIMES A DAY. 1 1-2 TIMES A DAY 2 LESS THAN 3 TIMES A WEEK. 3 NEVER 4 -> 454 OTHER ____ Specify
452 When did you last give (NAME) Tsabana?	Number of: Hours 1 Days 2 Weeks 3 Months 4 Years 5 Don't Know 999	Number of: Hours 1 Days 2 Weeks 3 Months 4 Years 5 Don't Know 999	Number of: Hours 1 Days 2 Weeks 3 Months 4 Years 5 Don't Know 999	Number of: Hours 1 Days 2 Weeks 3 Months 4 Years 5 Don't Know 999
453 ASK FOR A SAMPLE OF TSABANA AND RECORD	SAMPLE SEEN 1 SAMPLE NOT SEEN 2			

HEALTH AND BREASTFEEDING (Continue)

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
454	LOOK AT 411 AND TICK IN THE BOX: LAST CHILD STILL BREASTFED?	YES ☐ ----------> 455 NO ☐ ----------> 460	
455	How many times did you breastfeed last night between sundown and sunrise ?	NUMBER OF TIMES..... CHILD SLEEPS AT BREAST.....- 96	
456	How many times did you breastfeed yesterday during the daylight hours ?	NUMBER OF TIMES.....	
457	Since this time yesterday, including last night, was (NAME OF LAST CHILD) given any of the following: IF AT LEAST ONE YES GO TO 459	YES / NO / DON'T KNOW PLAIN WATER..... 1 2 9 JUICE(plain/sweetened)..... 1 2 9 BABY FORMULA/POWDERED MILK.. 1 2 9 TEA..... 1 2 9 TSABANA..... 1 2 9 COW'S OR GOAT'S MILK..... 1 2 9 ANY SOLID OR MUSHY FOOD..... 1 2 9 ANY OTHER LIQUID _____ (Specify) NOTHING GIVEN..... -> 458	
458	Do you usually give (NAME) anything else than breast?	YES..... 1 NO..... 2	-> 460
459	Were any of these given in a bottle with a nipple ?	YES.....1 NO.....2	
460	LOOK AT 433 AND TICK IF 1 OR 3 ---------- IF 2 OR 4 ---------- NOT APPLICABLE ----------	☐ ---------- ☐ ---------- ☐ ----------	> 461 > 462 > 463
461	Where did you learn how to prepare the sugar, salt and water solution (home solution) ?	HEALTH POST..... 1 CLINIC..... 2 HOSPITAL/HEALTH CENTRE..... 3 PRIVATE DOCTOR/CLINIC..... 4 PHARMACY..... 5 DONT KNOW..... 9 OTHER _____ (Specify)	
462	LOOK AT 433 AND TICK IF 2 OR 3 ---------- IF 1 OR 4 ----------	☐ ---------- ☐ ----------	> 465 > 463
463	Have you ever heard of a special product called ORS you can get for the treatment of diarrhoea ?	YES..... 1 NO..... 2	> 473
464	Have you ever prepared one of these ORS solution for yourself or someone else ?	YES..... 1 NO..... 2	> 470
465	Did you use one whole packet when you prepared the solution the last time ? IF NO: How much did you use ?	ONE PACKET..... 1 LESS THAN ONE PACKET ..... 2 MORE THAN ONE PACKET..... 3 DONT KNOW..... 9 OTHER _____ (Specify)	
466	How much water did you use to prepare the solution (the last time) ?	1/2 LITER ..... 1 1 LITER ..... 2 1 1/2 LITERS ..... 3 DONT KNOW..... 9 OTHER _____ (Specify)	
467	Did you use boiled water or other water to prepare the solution (the last time) ?	BOILED WATER..... 1 UNBOILED WATER..... 2 DONT KNOW..... 9	
468	In what kind of container did you prepare the solution (the last time) ?	COOKING POT ..... 1 EARTHEN JAR (Ntgwana)..... 2 EMPTY BOTTLE..... 3 BASIN..... 4 OTHER _____ (Specify)	
469	Did you prepare a new mixture every day or did you use the same mixture for more than one day ?	NEW MIXTURE EACH DAY..... 1 USE SAME FOR MORE THAN 1 DAY..... 2 OTHER _____ (Specify)	
470	Where can you get these packets of ORS? PROBE: Anywhere else ? CIRCLE ALL PLACES MENTIONED.	YES / NO / DON'T KNOW HEALTH POST..... 1 2 9 CLINIC..... 1 2 9 HOSPITAL/HEALTH CENTRE..... 1 2 9 PRIVATE DOCTOR/CLINIC..... 1 2 9 PHARMACY..... 1 2 9 OTHER _____ (Specify)	
471	Do you have one of these ORS packets in your house now ?	YES..... 1 NO..... 2	-> 473
472	May I see the packet please?	SHOWS PACKET..... 1 DOES NOT SHOW PACKET..... 2	
473	Have you ever heard of the disease called Breast Cancer ?	YES.....1 NO.....2	-> 501
474	Do you know how to detect lumps in your breast?	YES.....1 NO.....2	-> 476
475	Have you ever self examined your breast for any lumps?	YES.....1 NO.....2	
476	Have you ever suffered from Breast Cancer?	YES.....1 NO.....2	

SECTION 5: MARRIAGE

NO	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO
501	Are you currently married ?	YES, MARRIED (Under Act only)	01	
		YES, MARRIED (Customary law only)	02	
		YES, MARRIED (Both under Act and customary)	03	
		LIVING TOGETHER	04	-> 506
		SEPARATED	05	-> 506
		DIVORCED	06	-> 506
		WIDOWED	07	-> 506
		NEVER MARRIED	08	> 506
502	Does your husband live with you or is he now living elsewhere ?	LIVING WITH HER	1	-> 504
		LIVING ELSEWHERE	2	
503	How long has he been away ? ENTER BOTH MONTHS AND YEARS.	DURATION: Months		
		Years		
504	When did you get married for the first time?	MONTHS		
		DONT KNOW	99	
		YEARS		
		DONT KNOW	99	
505	How old were you then ?	AGE		
506	*LOOK AT Z20 AND TICK:* *NOT PREGNANT OR NOT SURE*	1		-> 507
	CURRENTLY PREGNANT	2		-> 601
507	*LOOK AT 309 AND TICK* *NOT USING CONTRACEPTION*	1		-> 508
	USING CONTRACEPTION	2		-> 601
508	If you were to become pregnant in the next few weeks, would you feel HAPPY, or UNHAPPY, or would it NOT MATTER at all ?	HAPPY	1	-> 601
		UNHAPPY	2	
		NOT MATTER AT ALL	3	
509	What is the main reason that you are not using a method to avoid pregnancy ?	WANT A CHILD	1	
		LACK OF KNOWLEDGE	2	
		OPPOSED TO FAMILY PLANNING	3	
		HUSBAND/PARTNER DISAPPROVES	4	
		OTHER DISAPPROVE	5	
		HEALTH PROBLEMS	6	
		DIFFICULT TO GET	7	
		COSTS TOO MUCH	8	
		INCONVENIENT TO USE	9	
		NOT EFFECTIVE	10	
		INFREQUENT SEX	11	
		FATALISTIC	12	
		RELIGION	13	
		POSTPARTUM/BREASTFEEDING	14	
		MENOPAUSAL/SUBFECUND	15	
		DONT KNOW	99	
		OTHER _____ (Specify)		

SECTION 6: FERTILITY PREFERENCES

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	*LOOK AT 301 AND TICK:* *CURRENTLY MARRIED OR LIVING TOGETHER*	YES ☐ NO ☐	----------> 602 ----------> 610
602	*LOOK AT 220 AND TICK:* *CURRENTLY PREGNANT* *NOT PREGNANT OR NOT SURE*	1 ☐ 2 ☐	----------> 604 ----------> 603
603	***Now I have some questions about your future plans*** Would you like to have a (another) child or would prefer not to have any (more) children ?	HAVE A CHILD HAVE ANOTHER CHILD NO MORE CHILDREN SAYS SHE CAN'T GET PREGNANT UNDECIDED OR DON'T KNOW	1 -> 605 2 -> 605 3 -> 606 4 -> 606 9 -> 606
604	***Now I have some questions about the future plans*** After the child you are expecting, would you like to have another child or would you prefer not to have any (more) children ?	HAVE ANOTHER CHILD NO MORE CHILDREN UNDECIDED OR DON'T KNOW	1 2 -> 606 9 -> 606
605	How long would you like to wait from now before the birth of a (another) child ? ***If pregnant ask: After the birth of the child you are now expecting, how long would you want to wait before the birth of another child ?***	DURATION: Months 1 ☐☐ Years 2 ☐☐ DON'T KNOW 9 OTHER _____ (Specify)	
606	For how long should a couple wait before starting sexual intercourse after the birth of a baby ?	DURATION: Weeks 1 ☐☐ Months 2 ☐☐ Years 3 ☐☐ DON'T KNOW 9 OTHER _____ (Specify)	
607	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter ?	YES / NO / DON'T KNOW MARRIED WAIT 1 2 9 SINGLE WAIT 1 2 9 OTHER _____ (Specify)	
608	Does your husband/partner approve or disapprove of couples using a method to avoid pregnancy ?	APPROVES 1 DISAPPROVES 2 NOT SURE 8	
609	How often have you talked to your husband/partner about this subject in the past year ?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3	
610	Do you approve or disapprove of couples using a method to avoid pregnancy ?	APPROVES 1 DISAPPROVES 2 NOT SURE 8	
611	Do you approve or disapprove of premarital sexual involvement ?	APPROVES 1 DISAPPROVES 2 NOT SURE 8	
612	Do you approve or disapprove of the idea of providing unmarried, sexually active teenagers with contraceptive methods if they want them ?	APPROVES 1 DISAPPROVES 2 NOT SURE 8	
613	*LOOK AT 204 and 206 and tick:* *NOT APPLICABLE* ☐ *NO LIVING CHILDREN* ☐ *HAS LIVING CHILDREN* ☐	1 2 3	----------> 614 ----------> 614 ----------> 615
614	If you could choose exactly the number of children to have in your whole life, how many would that be ?	NUMBER ☐☐ ANY NUMBER 96 DON'T KNOW 99	-> 701
615	If you could go back to the time before you had any children and could choose exactly the number of children to have in your whole life, how many would that be ?	NUMBER ☐☐ ANY NUMBER 96 DON'T KNOW 99	

SECTION 7: HUSBAND/PARTNER BACKGROUND

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	*LOOK AT 501* *CURRENTLY MARRIED OR LIVING TOGETHER* *ALL OTHERS* *ASK QUESTIONS ABOUT HUSBAND/PARTNER.*	1 [ ] ----------> 702 2 [ ] ----------> 709	
702	Did your husband/partner ever attend formal school ?	YES, ATTENDING ..... 1 YES, LEFT SCHOOL ..... 2 NEVER ATTENDED 3	-> 704
703	What is the highest grade and level he completed at school? SEE CODE LIST AT THE BOTTOM OF THE PAGE	PRIMARY ..... 1 [ ][ ] SECONDARY ..... 2 [ ][ ] TERTIARY ..... 3 [ ][ ]	
704	According to your knowledge, does your husband/partner work for cash ?	YES, AS AN EMPLOYEE ..... 1 YES, FOR SELF ..... 2 NO ..... 3 DONT KNOW 9	-> 706 -> 706
705	Then what does your husband do regularly?	FAMILY BUSINESS ..... 1 WORK AT LANDS/FARMS/CATTLEPOST ..... 2 ACTIVELY SEEKING WORK ..... 3 HOUSEWORK ..... 4 STUDENT ..... 5 RETIRED ..... 6 OTHER _____ (Specify)	-> 706 -> 706 -> 707 -> 707 -> 707 -> 707 -> 707
706	What type of work does your husband/partner do ? *PROBE AS NECESSARY*	_____ [ ][ ][ ] _____ _____ (Specify) _____	
707	Before you married your husband/partner, did you yourself ever have a business of your own or did you ever work for someone else for a regular wage or payment in kind ?	YES ..... 1 NO 2	
708	Since you got married to your husband/partner, have you ever owned a business or worked for someone else for a regular wage or payment in kind ?	YES ..... 1 NO 2	
709	*LOOK AT 218 AND TICK* *HAS LIVING CHILDREN AGED 14 YEARS AND BELOW ?*	YES [ ] ----------> 710 NO [ ] ----------> 714	
710	Who usually cares for your child(ren) while you are working ?	MYSELF ..... 01 HUSBAND/PARTNER ..... 02 RESPONDENT'S PARENTS ..... 03 HUSBAND'S/PARTNER'S PARENTS ..... 04 OLDER CHILDREN ..... 05 OTHER RELATIVES ..... 06 FRIENDS ..... 07 SERVANTS ..... 08 NO ONE/THEMSELVES ..... 09 LIVING ELSEWHERE ..... 10 OTHER _____ (Specify)	
711	*LOOK AT 501* *CURRENTLY MARRIED*	YES [ ] ----------> 714 NO [ ] ----------> 712	
712	Do you receive any support for your child(ren) from: father of the child(ren) ? your father ? your mother ? other maternal relatives ? parents of your child(ren)'s father ? other relatives of your child(ren)'s father ? none ? other _____ ? (Specify)	YES NO FATHER OF THE CHILDREN ..... 1 2 RESPONDENT'S FATHER ..... 1 2 RESPONDENT'S MOTHER ..... 1 2 OTHER MARTERNAL RELATIVES ..... 1 2 PATERNAL GRANDPARENTS ..... 1 2 OTHER PATERNAL RELATIVES ..... 1 2 NONE ..... 1 2 OTHER _____	
713	Do you presently receive child support through the Affiliation Act ?	YES ..... 1 NO 2	
714	*PRESENCE OF OTHERS AT THIS POINT.* *Circle type of persons present during this interview*	YES NO *CHILDREN UNDER 10* ..... 1 2 *HUSBAND* ..... 1 2 *OTHER MALES* ..... 1 2 *OTHER FEMALES* 1 2	
715	*RECORD THE TIME AT THE END OF INTERVIEW*	*HOUR* ..... [ ][ ] *MINUTES* ..... [ ][ ]	

EDUCATION CODES

99 ALL DON'T KNOW

PRIMARY	SECONDARY	TERTIARY
10 STD 1 NOT COMPLETED		
11 STD 1	21 FORM 1	31 POST SECONDARY EDUCATION
12 STD 2	22 FORM 2	32 UNIVERSITY OR EQUIVALENT
13 STD 3	23 FORM 3	39 DON'T KNOW
14 STD 4	24 FORM 4	
15 STD 5	25 FORM 5	
16 STD 6	29 FORM UNKNOWN	
17 STD 7		
19 STD UNKNOWN		

MADE this 18th day of April, 1996.

F.G. MOGAE,
Minister of Finance and Development Planning.

L2/7/150 IV