

STATISTICS ACT
(Cap. 17:01)

STATISTICS (FAMILY HEALTH SURVEY) REGULATIONS, 2007
(Published on 19th October, 2007)

ARRANGEMENT OF REGULATIONS

REGULATION

1. Citation
2. Authorization to conduct a survey
3. Service of questionnaires
4. Questionnaires to be answered
5. Penalties
6. Revocation of S.I. No. 42 of 1996
7. Revocation of S.I. No. 54 of 2007

SCHEDULE

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 —

- | | |
|--|-----------------------------------|
| 1. These Regulations may be cited as the Statistics (Family Health Survey) Regulations, 2007. | Citation |
| 2. The Government Statistician may direct any authorized officer to conduct a survey on the family planning awareness and on basic indications of maternal or child health and related reproductive behaviour. | Authorization to conduct a survey |
| 3. (1) The Government Statistician may serve or cause to be served on any person, questionnaires in Forms BFHS IV - 1, BFHS IV - 2, BFHS IV - 3 and BFHS IV - 4 set out in the Schedule. | Service of questionnaires |
| (2) The questionnaires served in accordance with sub regulation (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". | |
| 4. Any 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. | Questionnaires to be answered 9 |
| 5. Any person who fails or who refuses to answer any question put to him or her 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. | Penalties 19 |
| 6. The Statistics (Family Health Survey) Regulations, 1996, are hereby revoked. | Revocation of S.I.No. 42 of 1996 |
| 7. The Statistics (Family Health Survey) Regulations, 2007, are hereby revoked. | Revocation of S.I. No. 54 of 2007 |

SCHEDULE



STRICTLY CONFIDENTIAL

MINISTRY OF FINANCE AND DEVELOPMENT PLANNING



2007 BOTSWANA FAMILY HEALTH SURVEY

INDIVIDUAL FEMALE (12 - 49 YEARS) QUESTIONNAIRE

Collected under Statistics Act (Cap. 17:01)

GENERAL INFORMATION

IDENTIFICATION			
STRATUM NUMBER			
DISTRICT NAME/CODE			
VILLAGE NAME/CODE			
LOCALITY NAME/CODE			
EA NUMBER			
EA SERIAL NUMBER			
DWELLING NUMBER			
HOUSEHOLD NUMBER			
NAME AND LINE NO. OF WOMAN			
NAME OF ENUMERATOR			
NAME OF SUPERVISOR			

	INTERVIEWER'S VISITS			INTERVIEW STATUS	
	1	2	3	FINAL VISIT	
				INTERVIEWER'S CODE	
DATE				*RESULT CODE	
NAME				TOTAL VISITS	
RESULTS*					
NEXT VISIT DATE					
TIME					

<p>RESULT CODE</p> <ol style="list-style-type: none"> 1. COMPLETED 2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS 3. POSTPONED 4. REFUSED 5. PARTIALLY COMPLETED 6. OTHER _____ (SPECIFY) 	<p>COMMENTS BOX</p>
---	----------------------------

	CODED	ENTERED	ONLINE EDITED
NAME			
DATE			

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE OR NEAREST DISTRICT COMMISSIONER OFFICE

Repeat greeting if not already read to this woman:
 We are from (CENTRAL STATISTICS OFFICE). We are working on a project concerned with family health and education. We would like to talk to you about this. The interview will take about (.....) minutes. All the information we obtain will remain strictly confidential and your answers will never be identified. May I start now?
 If the woman does not agree to continue, thank her, and go to the next interview. Discuss this result with your supervisor for re-visit.

RECORD THE STARTING TIME OF INTERVIEW IN 24 HOUR CLOCK																											
	Hour.....	<input type="text"/>	<input type="text"/>																								
	Minutes.....	<input type="text"/>	<input type="text"/>																								
101	In what month and year were you born?	Month.....	<input type="text"/>																								
		Year.....	<input type="text"/>																								
102	How old are you in completed years? <i>RECONCILE WITH P07 FROM HOUSEHOLD QUESTIONNAIRE</i>	Age (in completed years)	<input type="text"/>																								
103	Have you ever attended school?	Yes..... 1 No..... 2	→105																								
104	What is the highest level of school you attended?	Primary..... 1 Secondary..... 2 Higher..... 3 Non-formal..... 4 Non-standard Curriculum..... 5																									
105	Do you listen to a Radio at least once a week?	Yes..... 1 No..... 2	→108																								
106	Do you often listen to:	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Radio Botswana (RB1).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Radio Botswana (RB2).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Yarona FM.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Gabz FM.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other _____ (Specify)</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Radio Botswana (RB1).....	1	2	Radio Botswana (RB2).....	1	2	Yarona FM.....	1	2	Gabz FM.....	1	2	Other _____ (Specify)									
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107	Do you often listen to the following Programmes:	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Masa- a- Sele.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Maokaneng.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Tsa Boitekanelo.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Makgabaneng.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Dikgang.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Dikgang tsa Palamente.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other _____ (Specify)</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Masa- a- Sele.....	1	2	Maokaneng.....	1	2	Tsa Boitekanelo.....	1	2	Makgabaneng.....	1	2	Dikgang.....	1	2	Dikgang tsa Palamente.....	1	2	Other _____ (Specify)			
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108	Do you watch Television at least once a week?	Yes..... 1 No..... 2	→111																								
109	Do you often watch:	<table style="width: 100%; border: none;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Botswana Television (BTV).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Gaborone Broadcasting Corporation (GBC).....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other _____ (Specify)</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Botswana Television (BTV).....	1	2	Gaborone Broadcasting Corporation (GBC).....	1	2	Other _____ (Specify)															
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110	Do you often watch the following Programmes:	Yes No	
		Talk Back.....1 2	
		The Eye.....1 2	
		News Bulletin.....1 2	
		Matlho a Phage.....1 2	
		Sedibeng.....1 2	
		Silent Shout.....1 2	
		Religious Programmes.....1 2	
		Tshamekang (Sports).....1 2	
		Other _____	
		(Specify)	
111	What is your current marital status?	Married.....1	
		Living together.....2	
		Separated.....3	
		Divorced.....4	→ 115
		Widowed.....5	
		Never married.....6	→ 117
112	How old is your husband/partner in completed years?	Age (in completed years)....	<input type="text"/> <input type="text"/>
113	Does your husband/partner live with you or live elsewhere now?	Living with me.....1	→ 115
		Living elsewhere.....2	
		Never stayed together.....3	→ 115
114	How long has he been away? ENTER BOTH MONTHS AND YEARS	Months.....	<input type="text"/> <input type="text"/>
		Years.....	<input type="text"/> <input type="text"/>
115	In what month and year did you first marry or start living together?	Month.....	<input type="text"/> <input type="text"/>
		Year.....	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
116	How old were you then?	Age (in completed years)....	<input type="text"/> <input type="text"/> → 118
117	Have you ever lived together with a partner?	Yes.....1	
		No.....2	→ 119
118	Have you been in a relationship with one husband/partner in the past five years?	Yes.....1	
		No.....2	
118a	How many husbands/partners including the current husband/partner have you lived with?		<input type="text"/> <input type="text"/>
119	LOOK AT 102, CIRCLE AND ENTER THE CODE: AGE 29 YEARS AND BELOW?	Yes.....1	<input type="text"/>
		No.....2	<input type="text"/> → 201
120	Have you ever attended classes on sexual education?	Yes.....1	
		No.....2	→ 123

121	<p>Which topics did they talk about in these classes?</p> <p>(READ THE ALTERNATIVES AND MARK THOSE MENTIONED BY RESPONDENT)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>a. Physical changes.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. Reproductive feminine organs.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. Reproductive masculine organs.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. Menstruation or Period.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. Pregnancy.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. Delivery.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. Sex.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h. STIs.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>i. Contraceptive methods.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>j. AIDS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>k. Homosexuality.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>l. Prostitution.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>m. Lactation.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">(Specify)</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	a. Physical changes.....	1	2	b. Reproductive feminine organs.....	1	2	c. Reproductive masculine organs.....	1	2	d. Menstruation or Period.....	1	2	e. Pregnancy.....	1	2	f. Delivery.....	1	2	g. Sex.....	1	2	h. STIs.....	1	2	i. Contraceptive methods.....	1	2	j. AIDS.....	1	2	k. Homosexuality.....	1	2	l. Prostitution.....	1	2	m. Lactation.....	1	2	Other _____			(Specify)			
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122	<p>In which level of education were you when you received the first lesson?</p>	<p>Primary..... 1</p> <p>Secondary..... 2</p> <p>Higher..... 3</p> <p>Non-formal..... 4</p> <p>Non-Standard Curriculum..... 5</p> <p>None..... 6</p>																																																	
<p>NOW I WOULD LIKE TO ASK YOU SOME PERSONAL AND VERY INTIMATE QUESTIONS THAT ARE VERY IMPORTANT FOR OUR SURVEY. I WOULD LIKE TO REMIND YOU THAT THE INFORMATION YOU PROVIDE TO US IS CONFIDENTIAL.</p>																																																			
123	<p>Have you ever had sexual relations?</p>	<p>Yes..... 1</p> <p>No..... 2</p>	→ 401																																																
123a	<p>In what month and year did you have your first sexual relation?</p>	<p>Month..... <input type="text"/></p> <p>Year..... <input type="text"/></p>																																																	
124	<p>How old were you in completed years when you had sex for the first time?</p>	<p>Age in completed years..... <input type="text"/></p>																																																	
125	<p>How old in completed years was the person you had sex with?</p>	<p>Age in completed years..... <input type="text"/></p>																																																	
126	<p>At the time you had sex for the first time, would you say you felt (READ OUT RESPONSES)</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Very happy to have sex with the person.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Unsure if you wanted to have sex with that person.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Pressured by that person to have sex.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Coerced or forced into having sex.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">(Specify)</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	Very happy to have sex with the person.....	1	2	Unsure if you wanted to have sex with that person.....	1	2	Pressured by that person to have sex.....	1	2	Coerced or forced into having sex.....	1	2	Other _____			(Specify)																														
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127	<p>What was your relation with that person at that moment?</p>	<p>Husband/Partner..... 1</p> <p>Fiance/Lover..... 2</p> <p>Friend..... 3</p> <p>Relative..... 4</p> <p>Stranger/Just met..... 5</p> <p>Rapist..... 6</p> <p>Other _____</p> <p style="text-align: center;">(Specify)</p>																																																	

128	Did you or your partner use any contraceptive method during this first sexual relation?	Yes.....1 No.....2 Don't know.....9	→ 130 → 201
129	Why didn't you or your partner do anything nor use a method to avoid getting pregnant in this first relation?	Didn't plan to have relations at that moment.....01 Did not know any method.....02 Contraceptive damages health.....03 Wanted to have a child.....04 Unsatisfactory relations with contraceptive05 Wanted to use but could not get it.....06 Partner Opposition.....07 Thought could not get pregnant.....08 Did not have money.....09 Ashamed to buy it.....10 Religion did not allow it.....11 Was rape.....12 Did not want to use/ did not like.....13 Other _____ (Specify) Don't Know.....99	THEN SKIP TO 201
130	What was the contraceptive method that you or your partner used when you had sex for the first time?	Pills.....01 IUD.....02 Injection.....03 Diaphragm/Foam/Jelly.....04 Male Condom.....05 Female Condom.....06 Female Sterilization.....07 Male Sterilization.....08 Traditional.....09 Withdrawal.....10 Don't Remember.....99	
131	Who decided to use that method in the first relation?	Self.....1 Partner.....2 Both.....3 Don't Remember.....9	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
222	LOOK AT 201 & 212, CIRCLE AND ENTER THE CODE. EVER BEEN PREGNANT OR PREGNANT NOW?	Yes.....1 No.....2	<input type="text"/> → 401
223	LOOK AT 103, CIRCLE AND ENTER THE CODE. EVER ATTENDED SCHOOL?	Yes.....1 No.....2	<input type="text"/> → 228
224	Have you ever left formal school due to pregnancy?	Yes.....1 No.....2	→ 228
225	How many times have you left school due to pregnancy?		<input type="text"/>
226	Which grade and level were you when you left school because of the pregnancy the first time? CHECK P17 & P20 CODES FROM HOUSE HOLD QUEST.		<input type="text"/>

227	Did you return to school after you dropped out due to the (last) pregnancy?	Yes.....1 No.....2																									
228	LOOK AT 208, CIRCLE AND ENTER THE CODE. EVER GIVEN A LIVE BIRTH?	Yes.....1 No.....2	<input type="text"/> → 238																								
229	Were you married at the time you gave birth to your first child?	Yes.....1 No.....2	→ 238																								
230	Whom were you living with?	Mother.....1 Father.....2 Both Parents.....3 Guardian.....4 None.....5																									
231	What was your mother's/father's/guardian's reaction to your pregnancy?	<table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Guardian</th> </tr> </thead> <tbody> <tr> <td>Pleased</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Angry</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Indifferent</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Don't Know.....</td> <td>9</td> <td>9</td> <td>9</td> </tr> <tr> <td>Other</td> <td colspan="3">(Specify)</td> </tr> </tbody> </table>		Mother	Father	Guardian	Pleased	1	2	3	Angry	1	2	3	Indifferent	1	2	3	Don't Know.....	9	9	9	Other	(Specify)			
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232	Did they claim compensation (damage) from the father's parents?	Yes..... 1 No..... 2																									
233	Before you became pregnant, did your parents or guardians ever discuss pregnancy or family planning with you?	Yes..... 1 No..... 2																									
234	Before you became pregnant, did you think your partner would marry you if you had a child?	Yes..... 1 No..... 2																									
235	When you became pregnant, did you discuss marriage with the child's father?	Yes..... 1 No..... 2																									
236	When you became pregnant, how long did you continue the relationship with the child's father? IF LESS THAN A MONTH ENTER 00 FOR MONTHS	Months..... Years..... Still continuing.....91 Got Married.....92	→ 238																								

SECTION 2: FERTILITY AND CHILD MORTALITY MODULE (cont'd)

Now I would like to talk to you about all of your live births. Whether still alive or not, starting with the first one. RECORD MULTIPLE BIRTHS (OR TWINS) ON SEPARATE LINES AND MARK WITH BRACKETS. BEFORE ASKING QUESTIONS 206-211, CHECK THAT THE TOTAL NUMBER OF CHILDREN WHOSE NAMES ARE RECORDED IS EQUAL TO THE TOTAL IN 204.

205 LIST ALL BIRTHS STARTING WITH THE FIRST CHILD.	206 Is ... a boy or a girl?		207 In what month and year was ... born?	208 Is ... still alive?		209 FOR THOSE WHO ARE DEAD How old was ... in completed years when he/she died? CIRCLE AND ENTER CODE, RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN ONE YEAR.	210 FOR THOSE WHO ARE ALIVE How old is ... in completed years. RECORD AGE IN COMPLETED YEARS. RECONCILE WITH 207			211 Is ... (living with you now RECONCILE WITH P32 & P33	
	CIRCLE CODE	BOY 1		GIRL 2	Yes 1		No 2	Days..... Months..... Years.....	Age	Yes 1	No 2
01 (Name) _____	BOY 1	GIRL 2	Month Year.....	Yes 1	No 2	Days..... 1 Months..... 2 Years..... 3	Age	Yes 1	No 2		
02 (Name) _____	BOY 1	GIRL 2	Month Year.....	Yes 1	No 2	Days..... 1 Months..... 2 Years..... 3	Age	Yes 1	No 2		
03 (Name) _____	BOY 1	GIRL 2	Month Year.....	Yes 1	No 2	Days..... 1 Months..... 2 Years..... 3	Age	Yes 1	No 2		
04 (Name) _____	BOY 1	GIRL 2	Month Year.....	Yes 1	No 2	Days..... 1 Months..... 2 Years..... 3	Age	Yes 1	No 2		
05 (Name) _____	BOY 1	GIRL 2	Month Year.....	Yes 1	No 2	Days..... 1 Months..... 2 Years..... 3	Age	Yes 1	No 2		
06 (Name) _____	BOY 1	GIRL 2	Month Year.....	Yes 1	No 2	Days..... 1 Months..... 2 Years..... 3	Age	Yes 1	No 2		
07 (Name) _____	BOY 1	GIRL 2	Month Year.....	Yes 1	No 2	Days..... 1 Months..... 2 Years..... 3	Age	Yes 1	No 2		
08 (Name) _____	BOY 1	GIRL 2	Month Year.....	Yes 1	No 2	Days..... 1 Months..... 2 Years..... 3	Age	Yes 1	No 2		
09 (Name) _____	BOY 1	GIRL 2	Month Year.....	Yes 1	No 2	Days..... 1 Months..... 2 Years..... 3	Age	Yes 1	No 2		
10 (Name) _____	BOY 1	GIRL 2	Month Year.....	Yes 1	No 2	Days..... 1 Months..... 2 Years..... 3	Age	Yes 1	No 2		
11 (Name) _____	BOY 1	GIRL 2	Month Year.....	Yes 1	No 2	Days..... 1 Months..... 2 Years..... 3	Age	Yes 1	No 2		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPTO
212	Are you pregnant now?	Yes1 No2 9	→ 219 → 219
213	For how many months have you been pregnant ?	Months..... <input type="checkbox"/> Don't Know.....99	
214	Since you have been pregnant, have you been given any injection to prevent the baby from getting tetanus after birth?	Yes1 No2 Type of Injection Unknown.....9	→ 217
215	How many injections did you receive?	Number..... <input type="checkbox"/> Don't Know.....9	
216	Where did you go to get the (last) injection?	Public sector Govt. hospital.....21 Govt. clinic/health center.....22 Private Medical Sector Private hospital.....31 Private clinic.....32 Other source <u>(specify)</u>	
217	Did you consult anyone for a prenatal checkup?	Yes1 No2	→ 220
218	Whom did you consult the first time? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	Health professional: Doctor.....1 Nurse/midwife.....2 Auxiliary midwife.....3 Other person: Traditional birth attendant.....4 Traditional Doctor.....5 Relative/friend.....6 Other (specify) _____	THEN GO TO 220
219	How long ago did you begin your last menstrual period?	Days ago1 Weeks ago2 Months ago3 Years ago.....4 Before Last Birth95 Never Menstruated.....96	→ 221
220	How old were you when you had your first menstrual period?	Age..... <input type="checkbox"/>	
221	When do you think that a woman has the greatest chance of becoming pregnant during the monthly cycle if she is not using contraceptives?	Just Before Her Period Begins.....1 During Her Period2 Right After Her Period Has Ended3 In the Middle of the Cycle4 At Any Time5 Don't Know.....9 Other _____ (Specify)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
222	LOOK AT 201 & 212, CIRCLE AND ENTER THE CODE. EVER BEEN PREGNANT OR PREGNANT NOW?	Yes..... 1 No..... 2	<input type="checkbox"/> <input type="checkbox"/> → 401																								
223	LOOK AT 103, CIRCLE AND ENTER THE CODE. EVER ATTENDED SCHOOL ?	Yes..... 1 No..... 2	<input type="checkbox"/> <input type="checkbox"/> → 228																								
224	Have you ever left formal school due to pregnancy?	Yes..... 1 No..... 2	→ 228																								
225	How many times have you left school due to pregnancy?		<input type="text"/>																								
226	Which grade and level were you when you left school because of the pregnancy the first time? CHECK P17 & P20 CODES FROM HOUSEHOLD QUEST.		<input type="text"/> <input type="text"/>																								
227	Did you return to school after you dropped out due to the (last) pregnancy?	Yes..... 1 No..... 2																									
228	LOOK AT 208, CIRCLE AND ENTER THE CODE. EVER GIVEN A LIVE BIRTH?	Yes..... 1 No..... 2	<input type="checkbox"/> → 238																								
229	Were you married at the time you gave birth to your first child ?	Yes..... 1 No..... 2	→ 238																								
230	Whom were you living with?	Mother..... 1 Father..... 2 Both Parents..... 3 Guardian..... 4 None..... 5																									
231	What was your mother's/ father's/ guardian's reaction to your pregnancy?	<table border="0"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Guardian</th> </tr> </thead> <tbody> <tr> <td>Pleased</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Angry.....</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Indifferent</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>Don't Know.....</td> <td>9</td> <td>9</td> <td>9</td> </tr> <tr> <td>Other</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> (Specify) _____		Mother	Father	Guardian	Pleased	1	2	3	Angry.....	1	2	3	Indifferent	1	2	3	Don't Know.....	9	9	9	Other				
	Mother	Father	Guardian																								
Pleased	1	2	3																								
Angry.....	1	2	3																								
Indifferent	1	2	3																								
Don't Know.....	9	9	9																								
Other																											
232	Did they claim compensation (damage) from the father's parents?	Yes..... 1 No..... 2																									
233	Before you became pregnant, did your parents or guardians ever discuss pregnancy or family planning with you?	Yes..... 1 No..... 2																									
234	Before you became pregnant, did you think your partner would marry you if you had a child?	Yes..... 1 No..... 2																									
235	When you became pregnant, did you discuss marriage with the child's father?	Yes..... 1 No..... 2																									

236	When you became pregnant, how long did you continue the relationship with the child's father ? IF LESS THAN A MONTH ENTER 00 FOR MONTHS	Months..... Years..... Still continuing.....91 Got Married92	→ 238
-----	---	---	-------

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
237	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 Father Dead5 Both child & father Dead.....6																
238	PRESENCE OF OTHERS AT THIS POINT. Circle type of persons present during the fertility section interview	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10 ..</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10 ..	1	2	HUSBAND	1	2	OTHER MALES.....	1	2	OTHER FEMALES	1	2	
	YES	NO																
CHILDREN UNDER 10 ..	1	2																
HUSBAND	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES	1	2																

THIS MODULE (301 - 324) IS TO BE ADMINISTERED TO ALL FEMALES WITH A LIVE BIRTH IN 2 YEARS PRECEDING DATE OF INTERVIEW. CHECK 205 (FERT. & CHILD MORTALITY MODULE) AND RECORD NAME OF LAST-BORN CHILD HERE
USE THIS CHILD'S NAME IN THE FOLLOWING QUESTIONS, WHERE INDICATED.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	CHECK 207 IF LAST LIVE BIRTH OCCURRED WITHIN THE LAST 2 YEARS PRECEDING DATE OF INTERVIEW	Yes..... 1 No..... 2	→ 401
302	In the first two months after your last birth [the birth of], did you receive a Vitamin A dose like this? SHOW 200,000 IU CAPSULE OR DISPENSER.	Yes..... 1 No..... 2 Don't Know..... 9	
303	Did you see anyone for antenatal care for this pregnancy?	Yes..... 1 No..... 2	→ 307
304	Whom did you see? PROBE FOR THE TYPE OF PERSON SEEN AND CIRCLE ALL ANSWERS GIVEN.	Health professional: Doctor..... 1 Nurse/midwife..... 2 Auxiliary midwife..... 3 Other person: Traditional birth attendant..... 4 Traditional Doctor..... 5 Relative/friend..... 6 Other (specify)	→ 307
305	At what stage of pregnancy did you start your Antenatal care months visit?months	

312	How much did weigh? RECORD WEIGHT FROM HEALTH CARD IF AVAILABLE.	From card...(kilograms) From recall..... (kilograms) Don't Know.....99	
313	Did you ever breastfeed	Yes.....1 No.....2	—> 315
314	How long after birth did you first put to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	Immediately.....00 Between 1 and 24 Hours..... or Days..... Don't know/remember.....99	

SECTION 4. MATERNAL AND NEWBORN HEALTH MODULE (cont.)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315	When you were pregnant with your last child, did you have difficulty with your vision during the day?	Yes.....1 No.....2	
316	When you were pregnant with your last child, did you have difficulty with your vision during the night?	Yes.....1 No.....2	

TETANUS TOXOID (TT) MODULE (WOMEN WITH A LIVE BIRTH 2 YEARS BEFORE INTERVIEW)

This module is to be administered to all women with a live birth 2 years preceding date of interview.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO															
317	When you were pregnant with your last child, did you receive any injection to prevent him or her from getting tetanus, that is convulsions after birth (an anti-tetanus shot, an injection at the top of the arm or shoulder)?	Yes.....1 No.....2 Unsure/ Don't Remember.....9	—> 319 —> 319															
318	How many doses/ injections of tetanus toxoid did you receive during this last pregnancy?	Number of doses..... <input type="text"/> Don't know.....																
319	Did you receive any tetanus toxoid injection at any time before your last pregnancy? (Including during a previous pregnancy or between pregnancies)	Yes.....1 No.....2 Don't know.....9	—> 324 —> 324															
320	How many doses/ injections of tetanus toxoid did you receive before your last pregnancy?	Number of doses..... <input type="text"/> Don't know.....99																
321	Considering all the pregnancies you have had when did you receive the last dose of tetanus toxoid?	Month..... <input type="text"/> Year..... <input type="text"/>																
322	How many years ago did you receive the last anti-tetanus injection before that last pregnancy?	Years ago..... <input type="text"/>																
323	ADD RESPONSES TO 318 AND 320 TO OBTAIN TOTAL DOSES IN LIFE TIME.	Total number of doses <input type="text"/>																
324	PRESENCE OF OTHERS AT THIS POINT	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </table>		Yes	No	CHILDREN UNDER 10.....	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2	
	Yes	No																
CHILDREN UNDER 10.....	1	2																
HUSBAND.....	1	2																
OTHER MALES.....	1	2																
OTHER FEMALES.....	1	2																

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.

CIRCLE CODE 2 IF METHOD NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 402, ASK 403-405 BEFORE PROCEEDING TO THE NEXT METHOD.

401		402 Have you ever heard of (METHOD)? READ DESCRIPTION. IF NO GO TO NEXT METHOD	403 Have you ever used (METHOD)? if 1 or 2 GO TO 405	404 Where would you go to obtain (METHOD) if you wanted to use it? (SEE CODES BELOW)	405 In your option, what is the main problem, if any, with using (METHOD)?
01	PILL (Women can take a pill).	YES1 NO.....2	YES, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
02	IUD (Women can have a loop or coil placed inside them by a Doctor or a nurse).	YES1 NO.....2	YES, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
03	INJECTIONS (Women can have an injection by a Doctor or Nurse which stops them from becoming pregnant for several months).	YES1 NO.....2	YES, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
04	DIAPHRAGM/FOAM/JELLY (Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse).	YES1 NO.....2	YES, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
05	CONDOM (Men/ Women can use a rubber sheath during sexual intercourse).	YES1 NO.....2	YES, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
06	FEMALE STERILIZATION (Women can have an operation to avoid having any more children).	YES1 NO.....2	YES, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
07	MALE STERILIZATION (Men can have an operation to avoid having any more children).	YES1 NO.....2	YES, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____

08	TRADITIONAL METHOD (A woman and a man can be given something by a traditional practitioner to avoid getting pregnant).	YES1 NO.....2	YES, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
09	PERIODIC ABSTINENCE (Rhythm) (women or men can deliberately avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant).	YES1 NO.....2	YES, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	Where would you go to obtain advice on periodic abstinence? <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> 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, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	Where would you go to obtain advice on prolonged abstinence? <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
11	WITHDRAWAL (Men can be careful and pull out before ejaculation).	YES1 NO.....2	YES, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	Where would you go to obtain advice on withdrawal? <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
12	ANY OTHER METHODS? (One may have heard of any other ways or methods that women or men can use to avoid pregnancy) _____ (Specify)	YES.....1 NO.....2	YES, EVER USED.....1 CURRENTLY USING.....2 NEVER USED.....3	OTHER <input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
406	LOOK AT 403, CIRCLE AND ENTER CODE	EVER USED METHOD.....1 <input type="checkbox"/> NEVER USED METHOD.....2 <input type="checkbox"/>			

CODES FOR 404

- | | |
|-----------------------------|------------------------|
| 01 Health Post | 07 Nowhere |
| 02 Clinic | 08 Peer group |
| 03 Hospital | 09 Parents/Friends |
| 04 Private Doctor/Clinic | 10 Church |
| 05 Pharmacy | 11 Marriage counselors |
| 06 Traditional practitioner | 12 Workplace |
| | 99 Don't Know |

CODES FOR 405

- | | |
|------------------------|---------------------|
| 01 Not effective | 07 Method permanent |
| 02 Partner disapproved | 08 None |
| 03 Side effects | 99 Don't Know |
| 04 Difficult to obtain | Other _____ |
| 05 Costs too much | (Specify) |
| 06 Inconvenient to use | |

SECTION 4. CONTRACEPTION (cont'd)

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPTO
407	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..... <input type="text"/> <input type="text"/>	
408	I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING AND REPRODUCTIVE HEALTH LOOK AT 212, CIRCLE AND ENTER THE CODE:	Yes, currently pregnant.....1 <input type="text"/> No.....2 <input type="text"/> Unsure or Don't Know.....9 <input type="text"/>	—>429
409	Are you currently doing something or using any method to avoid getting pregnant?	Yes.....1 No.....2	—>429
410	Which is the main method you are currently using?	Pill.....01 <input type="checkbox"/> IUD.....02 <input type="checkbox"/> Injection.....03 <input type="checkbox"/> Diaphragm/Foam/Jelly.....04 <input type="checkbox"/> Male Condom.....05 <input type="checkbox"/> Female Condom.....06 <input type="checkbox"/> Female Sterilization.....07 <input type="checkbox"/> Male Sterilization.....08 <input type="checkbox"/> Traditional.....09 <input type="checkbox"/> Periodic Abstinence.....10 <input type="checkbox"/> Prolonged Abstinence.....11 <input type="checkbox"/> Withdrawal.....12 <input type="checkbox"/> Other _____ <input type="checkbox"/> (Specify)	—>415 —>413 —>414 —>415 —>418 —>415
411	Please show me the package of pills you are now using. (RECORD NAME OF BRAND).	Brand Name..... Not able to Show.....96	
412	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)	
412a	How many PACKETS OF PILLS did you get the last time?	Number of Packets..... <input type="text"/> <input type="text"/>	—>415
413	How many CONDOMS did you get the last time?	Number of Condoms..... <input type="text"/> <input type="text"/> Don't know.....99	—>415 —>415
414	In what month and year did you /he have the operation (to be sterilized)	DATE: Month..... <input type="text"/> <input type="text"/> Year..... <input type="text"/> <input type="text"/> Don't know.....99	THEN SKIPTO —>415
415	Where did you visit to obtain (CURRENT METHOD)? ASK 415a ONLY IF 410 IS STERILIZATION.	Post.....1 Clinic.....2 Hospital.....3 Private Doctor/hospital clinic.....4 Pharmacy.....5 Traditional practitioner.....6 Don't Know.....9 Other _____	
415a	Where did the sterilization take place?	Other _____ (Specify)	

416	<p>Was there anything you particularly disliked about the services you received there? IF YES:What ?</p> <p>IF STERILIZATION GO TO 418 AND DO NOT ASK QUESTION 417</p>	<p>Wait too long.....1</p> <p>Staff Discourteous.....2</p> <p>Services Expensive.....3</p> <p>Desired Method Unavailable.....4</p> <p>Husband/Partner Obtained Method.....5</p> <p>No Complaints.....6</p> <p>Other _____ (Specify)</p>	
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
417	<p>At any time in the past month, have you interrupted use of (CURRENT METHOD) for any of the following reasons:</p> <p>READ OUT RESPONSES</p>	<p style="text-align: right;">YES NO</p> <p>Headache.....1 2</p> <p>Nausea/Vomiting.....1 2</p> <p>Hypertension.....1 2</p> <p>Weight Gain.....1 2</p> <p>Spotting/Bleeding.....1 2</p> <p>Period Did Not Come.....1 2</p> <p>Dizziness.....1 2</p> <p>Allergy.....1 2</p> <p>Reduces Sex Drive.....1 2</p> <p>Not Sexually Active.....1 2</p> <p>Forgot/Misplaced/Ran Out.....1 2</p> <p>Other _____ (Specify)</p>	
418	<p>LOOK AT 410 CIRCLE AND ENTER THE CODE:</p> <p>PARTNER IS STERILIZED.....1 <input type="checkbox"/></p> <p>CURRENTLY USING OTHER METHOD.....2 <input type="checkbox"/></p>	<p>.....</p>	<p>→424</p>
419	<p>For how long have you been using (CURRENT METHOD)?</p>	<p>Months..... <input type="text"/> <input type="text"/></p> <p>Years..... <input type="text"/> <input type="text"/></p> <p>Don't know.....99</p>	
420	<p>Have you experienced any problems from using (CURRENT METHOD)?</p>	<p>Yes.....1</p> <p>No.....2</p>	<p>→ 422</p>
421	<p>What is the main problem you experienced?</p>	<p>Method Failed01</p> <p>Partner Disapproved.....02</p> <p>Side effects03</p> <p>No Access04</p> <p>Not Available05</p> <p>Cost too much06</p> <p>Inconvenient to Use.....07</p> <p>Other _____ 08</p> <p>(Specify)</p>	
422	<p>At any time during the same month, do you regularly use any method other than (CURRENT METHOD)?</p>	<p>Yes.....1</p> <p>No.....2</p>	<p>→ 424</p>

423	Which method is that?	Pill.....01 Iud.....02 Injection.....03 Diaphragm/Foam/Jelly.....04 Male Condom.....05 Female Condom.....06 Traditional.....07 Periodic Abstinence.....08 Prolonged Abstinence.....09 Withdrawal.....10 Other _____ (Specify)					
424	Have you ever used any other method or done anything else before (CURRENT METHOD) to avoid getting pregnant?	Yes.....1 No.....2	→ 438				
425	Which method did you use before (CURRENT METHOD)?	Pill.....01 Iud.....02 Injection.....03 Diaphragm/Foam/ Jelly.....04 Male Condom.....05 Female Condom.....06 Female Sterilization.....07 Male Sterilization.....08 Traditional.....09 Periodic Abstinence.....10 Prolonged Abstinence.....11 Withdrawal.....12 Other _____ (Specify)					
SECTION 40							
NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
426	In what month and year did you start using (METHOD BEFORE CURRENT)?	DATE: 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> Don't know.....99					
427	How long did you use (METHOD BEFORE CURRENT) before you stopped it?	DURATION: 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> Don't know..... 99					
428	What was the main reason you stopped using (METHOD BEFORE CURRENT)?	Wanted a Child.....01 Method Failed.....02 Partner Disapproved.....03 Health Problems.....04 Access.....05 Not Available.....06 Cost Too Much.....07 Inconvenient To Use.....08 Infrequent Sex.....09 To Use Permanent Method.....10 Fatalistic.....11 To use other method.....12 Partner Away.....13 Don't Know.....99 Other _____ (Specify)					

429	LOOK AT 203, CIRCLE AND ENTER CODE: ANY BIRTHS ?	Yes.....1 No.....2	—> 431				
430	Since your last birth have you done anything or used any method to avoid getting pregnant ?	Yes.....1 No.....2	—> 435				
431	Which was the last method you used?	Pill..... 01 Iud..... 02 Injection..... 03 Diaphragm/Foam/elly..... 04 Male Condom..... 05 Female Condom..... 06 Male Sterilization..... 08 Traditional..... 09 Periodic Abstinence..... 10 Prolonged Abstinence..... 11 Withdrawal..... 12 Other _____ (Specify)					
432	In what month and year did you start using the method used after last birth/ last time?	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> Don't know..... 99					
432a	Are you currently using the method?	Yes..... 1 No..... 2	—> 440				
433	For how long have you been using (LAST METHOD) before you stopped using it/ last time?	DURATION 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> Don't know.....99					
434	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 To use permanent method..... 10 Fatalistic..... 11 To use other method.....12 Partner Away..... 13 Don't Know..... 99 Other _____ (Specify)					
435	Do you intend to use a method at any time in the future to avoid pregnancy ?	Yes.....1 No.....2 Don't know9	—>438 —>438				

436	Which method would you prefer to use ?	Pill.....01 Iud.....02 Injection.....03 Diaphragm/Foam/Jelly.....04 Male Condom.....05 Female Condom.....06 Female Sterilization.....07 Male Sterilization.....08 Traditional09 Periodic Abstinence.....10 Prolonged Abstinence.....11 Withdrawal.....12 Other _____ (Specify)	
437	Do you intend to use (PREFERRED METHOD) in the next 12 months?	Yes.....1 No.....2 Don't know9	—→440
438	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 Unhappy.....2 Not Matter at all.....3	
439	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 Not yet sexually active.....16 Other _____ (Specify)	

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
440	Is it acceptable to you for family planning information to be provided: On Radio/Television in Newspaper/Magazine? at church? at Kgotla? at workplace at primary schools at secondary schools?	YES NO on Radio/television?.....1 2 in Newspaper/Magazine.. at Church1 2 Kgotla/Public Meetings.....1 2 at workplace.....1 2 at primary schools.....1 2 at secondary schools?.....1 2	

441	Is it acceptable to you for family planning supplies (condoms) to be provided: at Church? at Kgotla? at workplace? at primary schools? at secondary schools ?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>at church?.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Kgotla/Public Meetings.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>at workplace.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>at primary schools.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>at secondary schools.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	at church?.....	1	2	Kgotla/Public Meetings.....	1	2	at workplace.....	1	2	at primary schools.....	1	2	at secondary schools.....	1	2	
	YES	NO																			
at church?.....	1	2																			
Kgotla/Public Meetings.....	1	2																			
at workplace.....	1	2																			
at primary schools.....	1	2																			
at secondary schools.....	1	2																			
442	LOOK AT 212, CIRCLE AND ENTER CODE:	CURRENTLY PREGNANT.....1 NOT PREGNANT OR UNSURE.....2	<input type="checkbox"/> <input type="checkbox"/>																		
443	LOOK AT 207, CIRCLE AND ENTER CODE:	HAD BIRTH SINCE SEPTEMBER 2002....1 NO BIRTH SINCE SEPTEMBER 2002....2	<input type="checkbox"/> <input type="checkbox"/>																		
443a	LOOK AT 442 and 443, CIRCLE AND ENTER CODE:	HAD BIRTH SINCE SEPTEMBER 2002 AND PREGNANT.....1 HAD BIRTH SINCE SEPTEMBER 2002 AND NOT PREGNANT.....2 NO BIRTH SINCE SEPTEMBER 2002 AND PREGNANT.....3 NO BIRTH SINCE SEPTEMBER 2002 AND NOT PREGNANT.....4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>																		

->501

SECTION 4: CONTRACEPTION (cont'd)

New I would like to get some information about (your pregnancy and) the children you had in last 5 years.						
LOOK AT 212 AND CHECK WHETHER PREGNANT. THEN LOOK AT 208: RECORD NAMES AND LINE NUMBERS FOR BIRTHS SINCE SEPTEMBER 2002 (IF ANY).						
444		Line No. of the Child in 205 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		CURRENTLY PREGNANT YES.....1 <input type="text"/> NO.....2 <input type="text"/> GO TO next column	LAST BIRTH Name <input type="text"/> Look at 208: ALIVE.....1 <input type="text"/> DEAD.....2 <input type="text"/>	NEXT-TO-LAST BIRTH Name <input type="text"/> Look at 208: ALIVE.....1 <input type="text"/> DEAD.....2 <input type="text"/>	SECOND-FROM-LAST Name <input type="text"/> Look at 208: ALIVE.....1 <input type="text"/> DEAD.....2 <input type="text"/>	THIRD-FROM-LAST Name <input type="text"/> Look at 208: ALIVE.....1 <input type="text"/> DEAD.....2 <input type="text"/>
445	LOOK AT 406, CIRCLE AND ENTER CODE:	EVER USE A METHOD.....1 <input type="text"/>	→ (ASK 450 FOR THE FIRST COLUMN IF YES IN 444 AND ASK 446- 452 FOR OTHER COLUMNS)			
		NEVER USE A METHOD.....2 <input type="text"/>	→ (ASK 451 FOR EACH COLUMN)			
446	Before you became pregnant (With NAME but after PRECEDING BIRTH to avoid getting pregnant?)	YES.....1 NO.....2 (SKIP TO 451)	YES.....1 NO.....2 (SKIP TO 451)	YES.....1 NO.....2 (SKIP TO 451)	YES.....1 NO.....2 (SKIP TO 451)	YES.....1 NO.....2 (SKIP TO 451)
447	What was the last method you used then?	Pill..... 01 IUD..... 02 Injections..... 03 Diaph/Foam/Jelly..... 04 Condom..... 05 Female sterilization..... 06 Male Sterilization..... 07 Traditional..... 08 Periodic Abstinence..... 09 Prolonged Abstinence..... 10 Withdrawal..... 11 Other..... (Specify)	Pill..... 01 IUD..... 02 Injections..... 03 Diaph/Foam/Jelly..... 04 Condom..... 05 Female sterilization..... 06 Male Sterilization..... 07 Traditional..... 08 Periodic Abstinence..... 09 Prolonged Abstinence..... 10 Withdrawal..... 11 Other..... (Specify)	Pill..... 01 IUD..... 02 Injections..... 03 Diaph/Foam/Jelly..... 04 Condom..... 05 Female sterilization..... 06 Male Sterilization..... 07 Traditional..... 08 Periodic Abstinence..... 09 Prolonged Abstinence..... 10 Withdrawal..... 11 Other..... (Specify)	Pill..... 01 IUD..... 02 Injections..... 03 Diaph/Foam/Jelly..... 04 Condom..... 05 Female sterilization..... 06 Male Sterilization..... 07 Traditional..... 08 Periodic Abstinence..... 09 Prolonged Abstinence..... 10 Withdrawal..... 11 Other..... (Specify)	Pill..... 01 IUD..... 02 Injections..... 03 Diaph/Foam/Jelly..... 04 Condom..... 05 Female sterilization..... 06 Male Sterilization..... 07 Traditional..... 08 Periodic Abstinence..... 09 Prolonged Abstinence..... 10 Withdrawal..... 11 Other..... (Specify)
448	For how long had you used	Months..... Years.....	Months..... Years.....	Months..... Years.....	Months..... Years.....	Months..... Years.....
449	What was the main reason you stopped using	Wanted a Child.....01 (Skip to next Column) 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 Don't Know.....99 Other..... (Specify)	Wanted a Child..... 01 (Skip to next Column) 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 Don't Know.....99 Other..... (Specify)	Wanted a Child.....01 (Skip to next Column) 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 Don't Know.....99 Other..... (Specify)	Wanted a Child.....01 (Skip to 501) 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 Don't Know.....99 Other..... (Specify)	Wanted a Child.....01 (Skip to 501) 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 Don't Know.....99 Other..... (Specify)
450	Did you become pregnant while you were using	Yes.....1 (SKIP TO 452) No.....2	Yes.....1 (SKIP TO 452) No.....2	Yes.....1 (SKIP TO 452) No.....2	Yes.....1 (SKIP TO 452) No.....2	Yes.....1 (SKIP TO 452) No.....2
451	At the time you became pregnant (with, did you want to have a child THEN, did you want to wait until LATER, or did you want NO MORE children at all?	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 NEXT COLUMN)	Then.....1 Later.....2 No More.....3 (ALL GO TO 501)
452	Did you want to have a child but at a later time, or not have another child at all?	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 NEXT COLUMN)	Have Child Later.....1 Not Have Child.....2 (ALL GO TO 501)

NO	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIPTO
501	LOOK AT 111, CIRCLE AND ENTER CODE: CURRENTLY MARRIED/ LIVING TOGETHER	Yes.....1 <input type="checkbox"/> No.....2 <input type="checkbox"/>	→ 512
502	LOOK AT 212, CIRCLE AND ENTER CODE: CURRENTLY PREGNANT.....1 <input type="checkbox"/> NOT PREGNANT OR NOT SURE.....2 <input type="checkbox"/>		→ 504
503	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.....1 Have another Child.....2 No more Children.....3 Says she can't get Pregnant.....4 Undecided or Don't Know.....9	→ 505 → 506
504	After the child you are expecting, would you like to have another child or would you prefer not to have any (more) children?	Have a Child.....1 No more Children.....2 Undecided or Don't Know.....9	→ 506
505	How long would you like to wait from now before the birth of a (another) child? <i>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?</i>	DURATION: Months..... Years..... Don't Know.....99 Other (Specify)	
506	LOOK AT 208, CIRCLE AND ENTER CODE:	HAS LIVING CHILDREN.....1 <input type="checkbox"/> NO LIVING CHILDREN.....2 <input type="checkbox"/> NOT APPLICABLE.....3 <input type="checkbox"/>	→ 508
507	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	
508	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	
509	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	NUMBER BOYS GIRLS EITHER <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
510	Does your husband/partner approve or disapprove of couples using a method to avoid pregnancy?	Approves.....1 Disapproves.....2 Not Sure.....9	
511	How often have you talked to your husband/- partner about this subject in the 12 months?	Never.....1 Once or Twice.....2 More often.....3	
512	Do you approve or disapprove of couples using a method to avoid pregnancy?	Approves.....1 Disapproves.....2 Not Sure.....9	
513	Do you approve or disapprove of premarital sexual involvement?	Approves.....1 Disapproves.....2 Not Sure.....9	

514	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.....9													
515	For how long should a couple wait before starting sexual intercourse after the birth of a baby ?	DURATION: Weeks..... <input type="text"/> Months..... <input type="text"/> Years..... <input type="text"/> Dont Know.....99 Other..... (Specify)													
516	Should a married/ single mother wait until she has completely stopped breastfeeding before starting to have sexual relations again? (Read out Responses)	<table border="0"> <tr> <td></td> <td>Yes</td> <td>No</td> <td>Don't Know</td> </tr> <tr> <td>Married Wait.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> <tr> <td>Single Wait.....</td> <td>1</td> <td>2</td> <td>9</td> </tr> </table> Other..... (Specify)		Yes	No	Don't Know	Married Wait.....	1	2	9	Single Wait.....	1	2	9	
	Yes	No	Don't Know												
Married Wait.....	1	2	9												
Single Wait.....	1	2	9												
NO CODING CATEGORIES															
NO	CODING CATEGORIES		SKIP TO												
601	LOOK AT 501, CIRCLE AND ENTER CODE: CURRENTLY MARRIED/LIVING ASK QUESTIONS ABOUT HUSBAND/PARTNER.	Yes.....1 No.....2	→ 609												
602	Did your husband/partner ever attend school?	Yes.....1 Never Attended2	→ 604												
603	What is the highest level he completed at school?	Primary.....1 Secondary.....2 Higher.....3 Non-formal..... Non-Standard Curriculum.....													
604	According to your knowledge, does your husband/partner work for cash?	Yes, As An Employee1 Yes, For Self.....2 No.....3 Don't Know.....9	→ 606												
605	Then what does your husband/partner do regularly?	Unpaid family Helper in business.....1 Work at own Lands/ Cattle post.....2 Actively Seeking Work.....3 Housework.....4 Student.....5 Retired.....6 Other..... (Specify)	→ 607												
606	What type of work does your husband/partner do? (Use two or more words to describe occupation)	_____													
607	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													

608	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																									
609	LOOK AT 210, CIRCLE AND ENTER CODE: HAS LIVING CHILDREN 14 YEARS & BELOW?	Yes.....1 <input type="text"/> No.....2 <input type="text"/>	—>611																								
610	Who usually cares for your child(ren) while you are away from home?	Myself (take them with me).....01 Husband/Partner.....02 Respondent's Parents.....03 Husband's/Partner's Parents.....04 Older Children05 Other Relatives.....06 Friends.....07 Servants.....08 No One/Themselves.....09 Living Elsewhere.....10 Day Care Centre/Pre- school.....11 Other _____ (Specify)																									
611	Do you receive any support for your child(ren) from: READ OUT RESPONSES	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Father of the Children.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Respondent's Father.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Respondent's Mother.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other Maternal Relatives.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Paternal Grandparents.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other Paternal Relatives.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> </tbody> </table> (Specify)		YES	NO	Father of the Children.....	1	2	Respondent's Father.....	1	2	Respondent's Mother.....	1	2	Other Maternal Relatives.....	1	2	Paternal Grandparents.....	1	2	Other Paternal Relatives.....	1	2	Other _____			
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Other _____																											
612	Do you presently receive child support through the Affiliation Act?	Yes.....1 No.....2																									
613	PRESENCE OF OTHERS AT THIS POINT. Circle type of persons present during this interview	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Children Under 10</td> <td>1</td> <td>2</td> </tr> <tr> <td>Husband</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other Males</td> <td>1</td> <td>2</td> </tr> <tr> <td>Other Females</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Children Under 10	1	2	Husband	1	2	Other Males	1	2	Other Females	1	2										
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614	RECORD THE TIME AT THE END OF INTERVIEW	Hour..... <input type="text"/> Minutes..... <input type="text"/>																									



STRICTLY CONFIDENTIAL
MINISTRY OF FINANCE AND DEVELOPMENT PLANNING



2007 BOTSWANA FAMILY HEALTH SURVEY

INDIVIDUAL MALE (12 - 49 YEARS) QUESTIONNAIRE

Collected under Statistics Act (Cap. 17:01)

GENERAL INFORMATION

IDENTIFICATION	
STRATUM NUMBER	
DISTRICT NAME/CODE	
VILLAGE NAME/CODE	
LOCALITY NAME/CODE	
EA NUMBER	
EA SERIAL NUMBER	
DWELLING NUMBER	
HOUSEHOLD NUMBER	
NAME AND LINE NO. OF MAN	
NAME OF ENUMERATOR	
NAME OF SUPERVISOR	

	INTERVIEWERS VISITS			INTERVIEW STATUS
	1	2	3	FINAL VISIT
DATE				INTERVIEWER'S CODE
NAME				*RESULT CODE
RESULTS*				TOTAL VISITS
NEXT VISIT DATE				
TIME				

<p>RESULT CODE</p> <ol style="list-style-type: none"> 1. COMPLETED 2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS 3. POSTPONED 4. REFUSED 5. PARTIALLY COMPLETED 6. OTHER _____ (SPECIFY) 	<p>COMMENTS BOX</p>
---	----------------------------

	CHECKED BY	CODED	ENTERED	ONLINE EDITED
NAME				
DATE				

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE OR NEAREST DISTRICT COMMISSIONER OFFICE

SECTION 1 RESPONDENT'S BACKGROUND (MALES 15 - 49 YEARS)

Introduction and Consent

Informed Consent

Hello. My name is.....and I am working with **CENTRAL STATISTICS OFFICE**. We are conducting a national survey to ask men and women about various health issues. We would very much appreciate your participation in this surveys. This information will help the government to plan health services. The survey usually takes about 40 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

We hope that you will participate in this survey since your views are very important.

May I begin the interview now?

If the man does not agree to continue , thank him, and go to the next interview. Discuss this result with your supervisor for revisit.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																											
	RECORD THE TIME.	HOUR..... MINUTES.....																												
101	In what month and year were you born?	MONTH YEAR																												
102	How old are you in completed years? RECONCILE WITH P07 FROM HOUSEHOLD QUEST.	AGE IN COMPLETED YEARS																												
103	Have you ever attended school?	YES.....1 NO.....2	—>105																											
104	What is the highest level of school you attended?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3 NON-FORMAL.....4 NON-STANDARD CURRICULUM.....5																												
105	Do you listen to a Radio at least once a week?	YES.....1 NO.....2	—>108																											
106	Do you often listen to:	<table style="width:100%; border:none;"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> </tr> <tr> <td>Radio Botswana (RB1).....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Radio Botswana (RB2).....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Yarona FM.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Gabz FM.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> <tr> <td align="center" colspan="3">(Specify)</td> </tr> </table>		Yes	No	Radio Botswana (RB1).....	1	2	Radio Botswana (RB2).....	1	2	Yarona FM.....	1	2	Gabz FM.....	1	2	Other _____			(Specify)									
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107	Do you often listen to the following programmes:	<table style="width:100%; border:none;"> <tr> <td></td> <td align="center">Yes</td> <td align="center">No</td> </tr> <tr> <td>Masa-a- Sele.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Maokaneng.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Tsa Boitekanelo.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Makgabaneng.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Dikgang.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Dikgang tsa Palamente.....</td> <td align="center">1</td> <td align="center">2</td> </tr> <tr> <td>Other _____</td> <td></td> <td></td> </tr> <tr> <td align="center" colspan="3">(Specify)</td> </tr> </table>		Yes	No	Masa-a- Sele.....	1	2	Maokaneng.....	1	2	Tsa Boitekanelo.....	1	2	Makgabaneng.....	1	2	Dikgang.....	1	2	Dikgang tsa Palamente.....	1	2	Other _____			(Specify)			
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108	Do you watch Television at least once a week?	YES.....1 NO.....2	→111																														
109	Do you often watch:	<table border="0"> <tr> <td></td> <td style="text-align: right;">Yes</td> <td style="text-align: right;">No</td> </tr> <tr> <td>Botswana Television (BTV)</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Gaborone Broadcasting Corporation (GBC).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Other</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">(Specify)</td> </tr> </table>		Yes	No	Botswana Television (BTV)	1	2	Gaborone Broadcasting Corporation (GBC).....	1	2	Other			(Specify)																		
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110	Do you often watch the following Programmes:	<table border="0"> <tr> <td>Talk Back.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>The Eye.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>News Bulletin.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Matlho a Phage.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Sedibeng.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Silent Shout.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Religious Programme.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Tshamekang (sports).....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Other</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(Specify)</td> </tr> </table>	Talk Back.....	1	2	The Eye.....	1	2	News Bulletin.....	1	2	Matlho a Phage.....	1	2	Sedibeng.....	1	2	Silent Shout.....	1	2	Religious Programme.....	1	2	Tshamekang (sports).....	1	2	Other	1	2	(Specify)			
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111	What is your current marital status?	<table border="0"> <tr> <td>Married.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>Living together.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>Separated.....</td> <td style="text-align: right;">3</td> </tr> <tr> <td>Divorced.....</td> <td style="text-align: right;">4</td> </tr> <tr> <td>Widowed.....</td> <td style="text-align: right;">5</td> </tr> <tr> <td>Never married.....</td> <td style="text-align: right;">6</td> </tr> </table>	Married.....	1	Living together.....	2	Separated.....	3	Divorced.....	4	Widowed.....	5	Never married.....	6	→115 →117																		
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112	How old is your wife/partner in completed years?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>																															
113	Does your wife/partner live with you or live elsewhere now?	<table border="0"> <tr> <td>LIVING WITH ME.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>LIVING ELSEWHERE.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEVER STAYED TOGETHER.....</td> <td style="text-align: right;">3</td> </tr> </table>	LIVING WITH ME.....	1	LIVING ELSEWHERE.....	2	NEVER STAYED TOGETHER.....	3	→115 →115																								
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114	How long has she been away? ENTER BOTH MONTHS AND YEARS	<table border="0"> <tr> <td>MONTHS.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEARS.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	MONTHS.....	<input type="text"/>	<input type="text"/>	YEARS.....	<input type="text"/>	<input type="text"/>																									
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115	In what month and year did you first marry or start living together?	<table border="0"> <tr> <td>MONTH.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEAR.....</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	MONTH.....	<input type="text"/>	<input type="text"/>	YEAR.....	<input type="text"/>	<input type="text"/>																									
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116	How old were you then?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	→118																														
117	Have you ever lived together with a partner?	<table border="0"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> </table>	YES.....	1	NO.....	2	→120																										
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118	Have you been in a relationship with one wife/partner in the past five years?	<table border="0"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> </table>	YES.....	1	NO.....	2	→120																										
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119	How many wives/partners including the current wife/partner have you lived together with?	<input type="text"/> <input type="text"/>																															

120	LOOK AT 102 AND CIRCLE AS APPROPRIATE: AGE 29 YEARS AND BELOW?	YES..... 1 NO..... 2	→201																																													
121	Have you ever attended classes on sexual education?	YES..... 1 NO..... 2	→124																																													
122	Which topics did they talk about in these classes? (READ THE ALTERNATIVES AND MARK THOSE MENTIONED BY RESPONDENT)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>PHYSICAL CHANGES.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REPRODUCTIVE FEMININE ORGANS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REPRODUCTIVE MASCULINE ORGANS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MENSTRUATION OR PERIOD... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PREGNANCY..... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DELIVERY..... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEX..... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>STIs..... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CONTRACEPTIVE METHODS..... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIV/AIDS..... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HOMOSEXUALITY..... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PROSTITUTION..... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LACTATION..... 1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	PHYSICAL CHANGES.....	1	2	REPRODUCTIVE FEMININE ORGANS.....	1	2	REPRODUCTIVE MASCULINE ORGANS.....	1	2	MENSTRUATION OR PERIOD... 1	2	2	PREGNANCY..... 1	2	2	DELIVERY..... 1	2	2	SEX..... 1	2	2	STIs..... 1	2	2	CONTRACEPTIVE METHODS..... 1	2	2	HIV/AIDS..... 1	2	2	HOMOSEXUALITY..... 1	2	2	PROSTITUTION..... 1	2	2	LACTATION..... 1	2	2	OTHER _____ (SPECIFY)			
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123	In which level were you when you received the first lesson?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>PRIMARY.....</td> <td style="text-align: center;">1</td> </tr> <tr> <td>SECONDARY.....</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HIGHER.....</td> <td style="text-align: center;">3</td> </tr> <tr> <td>NON-FORMAL.....</td> <td style="text-align: center;">4</td> </tr> <tr> <td>NON-STANDARD CURRICULUM.....</td> <td style="text-align: center;">5</td> </tr> <tr> <td>NEVER ATTENDED.....</td> <td style="text-align: center;">6</td> </tr> </tbody> </table>	PRIMARY.....	1	SECONDARY.....	2	HIGHER.....	3	NON-FORMAL.....	4	NON-STANDARD CURRICULUM.....	5	NEVER ATTENDED.....	6																																		
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NEVER ATTENDED.....	6																																															
124	Have you ever had sexual relations?	YES..... 1 NO..... 2	→301																																													
125	In which month and year did you have your first sexual relation?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td>MONTH.....</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>YEAR.....</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>	MONTH.....					YEAR.....																																								
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126	How old were you in completed years when you had sex for the first time?	AGE IN COMPLETED YEARS.....																																														
127	years was the person you had sex with?	AGE IN COMPLETED YEARS.....																																														
127a	At the time you had sex for the first time, would you say you felt (READ OUT RESPONSES)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>VERY HAPPY TO HAVE SEX WITH THE PERSON.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>UNSURE IF YOU WANTED TO HAVE SEX WITH THAT PERSON.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PRESSURED BY THAT PERSON TO HAVE SEX.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COERCED OR FORCED INTO HAVING SEX.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____ (SPECIFY)</td> <td></td> <td></td> </tr> </tbody> </table>		Yes	No	VERY HAPPY TO HAVE SEX WITH THE PERSON.....	1	2	UNSURE IF YOU WANTED TO HAVE SEX WITH THAT PERSON.....	1	2	PRESSURED BY THAT PERSON TO HAVE SEX.....	1	2	COERCED OR FORCED INTO HAVING SEX.....	1	2	OTHER _____ (SPECIFY)																														
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128	What was your relation with that person at that moment?	WIFE/ PARTNER..... 1 FIANCE/LOVER..... 2 FRIEND..... 3 RELATIVE..... 4 STRANGER/ JUST MET..... 5 RAPIST..... 6 OTHER.....									
129	Did you or your partner use any contraceptive method during this first sexual relation?	YES..... 1 NO..... 2 DON'T KNOW..... 9	→131 →201								
130	Why didn't you or your partner do anything nor use a contraceptive method in this first relation?	DIDN'T PLAN TO HAVE SEXUAL RELATIONS AT THAT MOMENT..... 01 DID NOT KNOW ANY METHOD..... 02 CONTRACEPTIVE DAMAGES HEALTH..... 03 WANTED TO HAVE A CHILD..... 04 UNSATISFACTORY RELATIONS WITH CONTRACEPTIVE..... 05 WANTED TO USE BUT COULD NOT GET IT..... 06 PARTNER OPPOSITION..... 07 THOUGHT COULD NOT IMPREGNANT..... 08 DID NOT HAVE MONEY..... 09 ASHAMED TO BUY IT..... 10 RELIGION DID NOT ALLOW IT..... 11 WAS RAPE..... 12 DID NOT WANT TO USE/ DID NOT LIKE..... 13 OTHER..... (SPECIFY)	THEN SKIP TO →201								
131	What was the method of contraception that you or your partner used when you had sex for the first time?	PILLS..... 01 UD..... 02 INJECTION..... 03 DIAPHRAGM/FOAM/JELLY..... 04 MALE CONDOM..... 05 FEMALE CONDOM..... 06 FEMALE STERILIZATION..... 07 MALE STERILIZATION..... 08 TRADITIONAL..... 09 WITHDRAWAL..... 10 DON'T REMEMBER..... 99									
132	Who decided to use that method in the first relation?	SELF..... 1 PARTNER..... 2 BOTH..... 3 DON'T REMEMBER..... 9									
SECTION 2 REPRODUCTION (Males 12 - 49 years)											
201	Now I would like to ask about any children you have had during your life time. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your surname. Have you ever had biological children?	YES..... 1 NO..... 2	→301								
202	How many of your biological children live with you? IF NONE, RECORD '00'.	SONS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
203	How many of your biological children do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									

204	How many of your biological children have died? IF NONE, RECORD '00'.	ONS DEAD <input type="text"/> DAUGHTERS DEAD..... <input type="text"/>	
205	SUM ANSWERS TO 202, 203, AND 204, AND ENTER TOTAL.	TOTAL CHILDREN <input type="text"/>	
206	CHECK 205: HAS HAD MORE THAN ONE CHILD.....1 HAS HAD ONLY ONE CHILD.....2		—> 209
207	Did all of your biological children have the same same biological mother?	YES.....1 NO.....2	—> 209
208	In all, how many women you had biological children with?	NUMBER OF WOMEN <input type="text"/>	
209	How old were you in completed years when your (first) child was born?	AGE IN YEARS <input type="text"/>	
210	CHECK 202 AND 203: AT LEAST ONE LIVING CHILD.....1 NO LIVING CHILDREN.....2		—> 301
211	How old is your (youngest) child in completed years?	AGE IN YEARS <input type="text"/>	IF AGE IS 4 OR 5YRS GO TO 301
212	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD (NAME OF (YOUNGEST) CHILD)	<input type="text"/>	
213	When’s mother was pregnant with’s, did she have any antenatal check-ups?	YES.....1 NO.....2 DON'T KNOW.....9	—> 215
214	Were you present during any of those antenatal check-ups?	PRESENT.....1 NOT PRESENT.....2	
215	Where wasdelivered?	Home YOUR HOME.....11 OTHER HOME.....12 Public sector GOVT. HOSPITAL.....21 GOVT. CLINIC/HEALTH CENTER.....22	
301	Private Medical Sector	PRIVATE HOSPITAL.....31 PRIVATE CLINIC.....32 OTHER SOURCE _____ (SPECIFY)	
216	What was the main reason’s mother did not deliver in a hospital or any other health facility?	COST TOO MUCH01 FACILITY CLOSED.....02 TOO FAR/NO03 TRANSPORTATION DON'T TRUST FACILITY/ POOR QUALITY SERVICE.....04 NO FEMALE HEALTH CARE PROVIDER.....05 NOT%yhe FIRST CHILD.....06 CHILD'X@MOTHER DID NOT THINK IT WAS SeCESSARY.....07 HE DID NOT THINK IT WAS WAS NECESSARY.....08 FAMILY DID NOT THINK IT WAS NECESSARY.....09 OTHER _____ (SPECIFY)	

New 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.

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 GO TO NEXT METHOD	303 Have you ever used (METHOD)? if 1 or 2 GO TO 305	304 Where would you go to obtain (METHOD) if you wanted to use it? (SEE CODES BELOW)	305 In your opinion, what is the main problem, if any, with using (METHOD)? (SEE CODES BELOW)
01 PILL (Women can take a pill)	YES1 NO2	YES, EVER USED1 CURRENTLY USING2 NEVER USED3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
02 IUD (Women can have a loop or coil placed inside them by a Doctor or a nurse).	YES1 NO2	YES, EVER USED1 CURRENTLY USING2 NEVER USED3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
03 INJECTIONS (Women can have an injection by a Doctor or Nurse which stops them from becoming pregnant for several months).	YES1 NO2	YES, EVER USED1 CURRENTLY USING2 NEVER USED3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
04 DIAPHRAGM/FOAM/JELLY (Women can place a sponge, suppository, diaphragm, jelly or cream inside them before intercourse.)	YES1 NO2	YES, EVER USED1 CURRENTLY USING2 NEVER USED3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
05 CONDOM (Men/Women can use a rubber sheath during sexual intercourse.)	YES1 NO2	YES, EVER USED1 CURRENTLY USING2 NEVER USED3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
06 FEMALE STERILIZATION (Women can have an operation to avoid having any more children).	YES1 NO2	YES, EVER USED1 CURRENTLY USING2 NEVER USED3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
07 MALE STERILIZATION (Men can have an operation to avoid having any more children).	YES1 NO2	YES, EVER USED1 CURRENTLY USING2 NEVER USED3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
08 TRADITIONAL (A woman and a man can be given something by a traditional practitioner to avoid getting pregnant)	YES1 NO2	YES, EVER USED1 CURRENTLY USING2 NEVER USED3	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____

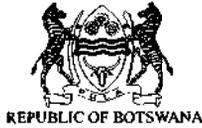
SECTION 3: CONTRACEPTION (MALES 12-45 YEARS)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																								
306	<p>In the last few months have you:</p> <p>Heard about family planning on the radio? Seen about family planning on the television? Read about family planning in a newspaper or magazine?</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>TELEVISION</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO	1	2	TELEVISION	1	2	NEWSPAPER OR MAGAZINE	1	2													
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NEWSPAPER OR MAGAZINE	1	2																									
307	<p>In the last few months, have you discussed the practice of family planning with a health worker or health professional?</p>	<p>YES.....1 2 NO.....1 2</p>																									
308	<p>Now I would like to ask you about a woman's risk of pregnancy.</p> <p>From one menstrual period to the next, are there certain days when a woman is more likely to become if she has sexual relations? pregnant</p>	<p>YES.....2 NO.....2 DON'T KNOW.....9</p>	→ 310																								
309	<p>When do you think that a woman has the greatest chance of becoming pregnant during the monthly cycle if she is not using contraceptives</p>	<p>JUST BEFORE HER PERIOD BEGINS1 DURING HER PERIOD.....2 RIGHT AFTER HER PERIOD HAS ENDED.....3 IN THE MIDDLE OF THE CYCLE.....4 AT ANYTIME.....5 DON'T KNOW.....9 OTHER..... (SPECIFY)</p>																									
310	<p>Do you think that a breastfeeding woman can become pregnant?</p>	<p>YES.....1 NO.....2 DEPENDS.....3 DON'T KNOW.....9</p>																									
311	<p>I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.</p> <p>a) Contraception is women's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">DIS- AGREE</td> <td style="text-align: right;">DON'T AGREE</td> <td style="text-align: right;">KNOW</td> </tr> <tr> <td>CONTRACEPTION WOMAN'S BUSINESS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> <tr> <td>WOMAN MAY BECOME PROMISCUOUS</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> <td style="text-align: right;">9</td> </tr> </table>		DIS- AGREE	DON'T AGREE	KNOW	CONTRACEPTION WOMAN'S BUSINESS	1	2	9	WOMAN MAY BECOME PROMISCUOUS	1	2	9													
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312	<p>Is it acceptable to you for family planning information to be provided:</p> <p>on Radio/television ? in Newspaper/Magazine ? at church ? at Kgotla ? at workplace? at school ?</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>RADIO/TELEVISION.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NEWSPAPER/MAGAZINE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AT CHURCH.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>KGOTLA/PUBLIC MEETINGS.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AT WORKPLACE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AT PRIMARY SCHOOL.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AT SECONDARY SCHOOL.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	RADIO/TELEVISION.....	1	2	NEWSPAPER/MAGAZINE.....	1	2	AT CHURCH.....	1	2	KGOTLA/PUBLIC MEETINGS.....	1	2	AT WORKPLACE.....	1	2	AT PRIMARY SCHOOL.....	1	2	AT SECONDARY SCHOOL.....	1	2	
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313	<p>Is it acceptable to you for family planning supplies (condoms) to be provided:</p> <p>at church ? at Kgotla? at workplace? at school?</p>	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>AT CHURCH.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>KGOTLA/PUBLIC MEETINGS...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AT WORKPLACE.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AT PRIMARY SCHOOL.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>AT SECONDARY SCHOOL...</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	AT CHURCH.....	1	2	KGOTLA/PUBLIC MEETINGS...	1	2	AT WORKPLACE.....	1	2	AT PRIMARY SCHOOL.....	1	2	AT SECONDARY SCHOOL...	1	2							
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 112: CURRENTLY MARRIED/ LIVING TOGETHER?	YES..... 1 NO..... 2	→ 414
402	CHECK 303: MAN STERILIZED..... 1 MAN NOT STERILIZED..... 2		→ 408 → 414
403	Is your wife/partner currently pregnant?	YES..... 1 NO..... 2 DON'T KNOW..... 9	→ 406
404	NOW I HAVE SOME QUESTIONS ABOUT YOUR FUTURE PLANS. Would you like to have a (another) child or would you prefer not to have any (more) children?	HAVE A (ANOTHER) CHILD..... 1 NO MORE/NONE..... 2 COUPLE INFECUND..... 3 WIFE /PARTNER(S) STERILIZED..... 4 UNDECIDED/DONT KNOW..... 9	→ 408
405	How long would you like to wait from now before the birth of a (another) child?	MONTHS..... <input type="text"/> YEARS..... <input type="text"/> DON'T KNOW..... 99 OTHER _____ (SPECIFY)	THEN GO TO → 408
406	After the Child your wife/partner is expecting, would you like to have another child or would you prefer not to have any (more) children?	HAVE A (ANOTHER) CHILD..... 1 NO MORE CHILDREN..... 2 UNDECIDED/DON'T KNOW..... 9	→ 408
407	How long would you like to wait from now before the birth of a/another child?	MONTHS..... <input type="text"/> YEARS..... <input type="text"/> KNOW..... 99 OTHER _____ (SPECIFY)	
408	CHECK 202 AND 203: HAS LIVING CHILDREN 1 NO LIVING CHILDREN..... 2 NOT APPLICABLE..... 3		→ 410 → 410
409	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	NUMBER..... <input type="text"/> ANY NUMBER..... 96 DON'T KNOW..... 99	→ 411
412	life, how many would that be?		
410	If you could choose exactly the number of children to have in your whole life, how many would that be ?	NUMBER..... <input type="text"/> ANY NUMBER..... 96 DON'T KNOW..... 99	→ 412
411	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER <input type="text"/>	
412	Does your wife/partner approve or disapprove of couples using a method to avoid pregnancy?	APPROVES..... 1 DISAPPROVES..... 2 NOT SURE..... 9 OTHER _____ (SPECIFY)	

413	How often have you talked to your wife/partner about this subject in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
414	Do you approve or disapprove of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 NOT SURE.....9 OTHER _____ (SPECIFY)	
415	Do you approve or disapprove of premarital sexual involvement?	APPROVES.....1 DISAPPROVES.....2 NOT SURE.....9 OTHER _____ (SPECIFY)	
416	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.....9 OTHER _____ (SPECIFY)	
417	For how long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/> DON'T KNOW.....99 OTHER _____ (SPECIFY)	
418	For how long should a breastfeeding mother wait before starting to have sexual relations again?	MONTHS..... <input type="text"/> <input type="text"/> YEARS..... <input type="text"/> <input type="text"/> DON'T KNOW.....99 OTHER _____ (SPECIFY)	
NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	LOOK AT 401 AND CIRCLE AS APPROPRIATE: CURRENTLY MARRIED / LIVING ASK QUESTIONS ABOUT WIFE/PARTNER.	YES.....1 NO.....2	→ 509
502	Did your wife/partner ever attend school?	YES.....1 NO.....2	→ 504
503	What is the highest level she completed at school?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3 NON-FORMAL.....4 NON-STANDARD CURRICULUM.....5	
504	According to your knowledge, does your wife/partner work for cash or is self-employed?	YES, AS AN EMPLOYEE.....1 YES, FOR SELF.....2 NO.....3	→ 506
505	Then what does your wife/partner do regularly?	UNPAID FAMILY HELPER IN BUSINESS.....1 WORK AT OWN LANDS/ CATTLEPOST.....2 ACTIVELY SEEKING WORK.....3 HOUSEWORK.....4 STUDENT.....5 RETIRED.....6 OTHER _____ (SPECIFY)	→ 507

506	What type of work does your wife/partner do?	(Use two or more words to describe occupation)	
507	Before you married/live with your wife/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	
508	Since you got married to your wife/partner, have you ever owned a business or worked for someone else for a regular wage or payment in kind ?	YES.....1 NO.....2	
509	CHECK 202: LIVING WITH CHILDREN?	YES.....1 NO.....2 NOT APPLICABLE.....3	END INTERVIEW
510	Do you have children less than 15 years old?	YES.....1 NO.....2	→512
511	Who usually cares for your child(ren) while you are away from home?	MYSELF.....(take them with me).....1 WIFE/PARTNER.....02 RESPONDENT'S PARENTS.....03 WIFE'S/PARTNER'S PARENTS.....04 OLDER CHILDREN.....05 OTHER RELATIVES.....06 FRIENDS.....07 SERVANTS.....08 NO ONE/THEMSELVES.....09 DAY CARE CENTRE/PRE-SCHOOL...10 OTHER _____ (SPECIFY)	
512	Do you receive any support for your child(ren) from: READ OUT RESPONSES	YES NO MOTHER OF THE CHILDREN.....1 2 RESPONDENT'S FATHER.....1 2 RESPONDENT'S MOTHER.....1 2 OTHER MATERNAL RELATIVES.....1 2 MATERNAL GRANDPARENTS.....1 2 OTHER PATERNAL RELATIVES.....1 2 NONE.....1 2 OTHER _____ (SPECIFY)	
513	Do you presently receive child support through the Affiliation Act?	YES.....1 NO.....2	
514	PRESENCE OF OTHERS AT THIS POINT. Circle type of persons present during this interview	YES NO CHILDREN UNDER 10.....1 2 WIFE/PARTNER.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	
	RECORD THE TIME AT THE END OF INTERVIEW	Hour..... Minutes.....	



STRICTLY CONFIDENTIAL

MINISTRY OF FINANCE & DEVELOPMENT PLANNING

HH - 01



2007 BOTSWANA FAMILY HEALTH SURVEY

HOUSEHOLD QUESTIONNAIRE

Collected under Statistics Act (Chap. 17:01)

GENERAL INFORMATION

GENERAL INFORMATION		IDENTIFICATION		
STRATUM NUMBER				
DISTRICT NAME /CODE				
VILLAGE NAME/CODE				
LOCALITY NAME/CODE				
EA NUMBER				
EA SERIAL NUMBER				
DWELLING NUMBER				
HOUSEHOLD NUMBER				
RESP'S NAME & LINE NO.				
NAME OF ENUMERATOR				
NAME OF SUPERVISOR				

	INTERVIEWER'S VISITS			INTERVIEW STATUS	
	1	2	3	FINAL VISIT	
DATE				INTERVIEWERS' CODE	
NAME				*RESULT CODE	
STARTING TIME :					
FINISHING TIME:				TOTAL VISITS	
RESULTS*				TOTAL MALE ELIGIBLE	
NEXT VISIT DATE				TOTAL FEMALE ELIGIBLE	
TIME				TOTAL U-5 ELIGIBLE	

*RESULT CODE 1. COMPLETED 2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS 3. POSTPONED 4. REFUSED 5. PARTIALLY COMPLETED 6. OTHER _____ (SPECIFY)	TOTAL PERSONS IN HOUSEHOLD	
	NUMBER OF QUESTIONNAIRES USED	
	COMMENT BOX:	

	PREPARED BY	CODED	ENTERED	ONLINE EDITED
NAME				
DATE				

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE OR NEAREST DISTRICT COMMISSIONER OFFICE

BOTSWANA FAMILY HEALTH SURVEY							
Serial No.	NAME	RESIDENCE		RELATIONSHIP TO HEAD	SEX	AGE	PLACE OF BIRTH
	<p>Please give the names of all persons who slept with this household last night. Make sure to include:</p> <p>1. Persons who were away last night on duty, prayer meetings, wake keeping, etc.</p> <p>2. Babies, newly born, elderly, visitors and persons with disability who slept with this household.</p> <p>Please also give names of all persons who did not sleep here last night but usually live with this household and no other household.</p> <p>Make sure to include:</p> <p>1. Usual members hospitalised, in prisons, in boarding schools, hotels and outside the country.</p> <p>2. Babies, newly-born, and persons with disabilities.</p> <p>(START WITH THE HEAD OF HOUSEHOLD)</p>	<p>Does usually live here?</p> <p>1. Yes - present 2. Yes - absent 3. Visitor</p>	<p>Did..... Spend the last night here?</p> <p>1. Yes Usual member 2. Yes Visitor 3. No</p>	<p>What is.....'s relationship to the head of the house-hold?</p> <p>00 Head 01 Spouse/Partner 02 Son/Daughter 03 Child In-law 04 Step child/ Foster/adopted 05 Grandchild 06 Parent 07 Parent In-law 08 Grand Parent 09 Brother/Sister 10 Nephew/Niece 11 Uncle/Aunt 12 Other relative 13 Not related</p>	<p>Is..... male or female?</p> <p>1 Male 2 Female</p>	<p>How old is.....in completed years?</p> <p>(Age as at last birthday. If under 1 enter 00 and if 96 or above enter 98)</p>	<p>Where was born? (USUAL PLACE OF RESIDENCE OF MOTHER BEFORE DELIVERY)</p> <p>(STATE DISTRICT VILLAGE AND LOCALITY IF BORN IN BOTSWANA) Otherwise state Country</p> <p>(IF AGE IS 1 YEAR AND OVER GO TO P16)</p>
P01	P02	P03	P04	P05	P06	P07	P08
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							



REPUBLIC OF BOTSWANA

STRICTLY CONFIDENTIAL

MINISTRY OF FINANCE & DEVELOPMENT PLANNING

U5 - 02



2007 BOTSWANA FAMILY HEALTH SURVEY

UNDER FIVE (0-4 YEARS) QUESTIONNAIRE

Collected under Statistics Act (Chap. 17:01)

GENERAL INFORMATION

		IDENTIFICATION			
STRATUM NUMBER					
DISTRICT NAME/CODE					
VILLAGE NAME/CODE					
LOCALITY NAME/CODE					
EA NUMBER					
EA SERIAL NUMBER					
DWELLING NUMBER					
HOUSEHOLD NUMBER					
CHILD'S NAME & LINE NO.					
MOTHER'S NAME & LINE NO.					
NAME OF ENUMERATOR					
NAME OF SUPERVISOR					

		INTERVIEWER'S VISITS			INTERVIEW STATUS
		1	2	3	FINAL VISIT
DATE					INTERVIEWERS' CODE
NAME					*RESULT CODE
RESULTS*					TOTAL VISITS
NEXT VISIT	DATE TIME				

<p>*RESULT CODE</p> <p>1. COMPLETED</p> <p>2. PRESENT BUT NOT AVAILABLE FOR INTERVIEWS</p> <p>3. POSTPONED</p> <p>4. REFUSED</p> <p>5. PARTIALLY COMPLETED</p> <p>6. OTHER _____ (SPECIFY)</p>	<p>COMMENT BOX:</p>
---	----------------------------

		CODED	ENTERED	ONLINE EDITED
NAME				
DATE				

IF FOUND PLEASE SEND TO: CENTRAL STATISTICS OFFICE, PRIVATE BAG 0024, GABORONE OR NEAREST DISTRICT COMMISSIONER OFFICE

ENTER BELOW THE NAME, LINE NUMBER AND SURVIVAL STATUS OF EACH BIRTH SINCE SEPTEMBER 2002									
QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP TO						
RECORD STARTING TIME IN 24 HOUR CLOCK	HOUR..... MINUTES.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							
Line Number of child from P1 or D1 of the Household questionnaire	Line Number Name	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>							
101 RE-ENTER THE NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JULY 2002.	ALIVE	1							
	DEAD.....	2							
102 Is the respondent the mother or caretaker of	MOTHER..... CARETAKER.....	1 2							
103 Date of birth of	DAY	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							
Age at last birthday/at death.	MONTH	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>							
	YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></table>							
	If age >5 yrs end interview								
104 With whom is currently living (with whom was living)?	MOTHER	1							
	FATHER	2							
	MOTHER'S PARENTS.....	3							
	FATHER'S PARENTS.....	4							
	OTHER RELATIVES.....	5							
	OTHER _____ (SPECIFY)								
105 When mother was pregnant with was she given any injection to prevent the baby from getting tetanus, that is, convulsions (stiff jaw & stiff neck) after birth?	YES..... NO	1 2							
	DON'T KNOW	9							
106a When pregnant with, did you (she) consult anyone for a check up (Antenatal Care) on this pregnancy?	YES..... NO	1 2	→ 107						
	DON'T KNOW	9	→ 107						
106b Whom did you (she) see? (ANTENATAL CHECKUP)	HEALTH PROFESSIONAL: DOCTOR..... NURSE/MIDWIFE	1 2							
	AUXILIARY MIDWIFE.....	3							
	OTHER PERSON: TRADITIONAL BIRTH ATTENDANT.....	4							
	TRADITIONAL DOCTOR	5							
	RELATIVE/FRIEND.....	6							
	OTHER _____ (SPECIFY)								
107 Who assisted with the delivery of.....? PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.	HEALTH PROFESSIONAL: DOCTOR..... NURSE/MIDWIFE	1 2							
	AUXILIARY MIDWIFE	3							
	OTHER PERSON: TRADITIONAL BIRTH ATTENDANT.....	4							
	TRADITIONAL DOCTOR	5							
	RELATIVE/FRIEND	6							
	OTHER _____ (SPECIFY)								
108a After the birth of, did you (mother) see anyone for a Post -natal checkup?	YES	1							
	NO	2	→ 109						
	DON'T KNOW	9	→ 109						

108b	Whom did you (mother) see for a check-up ?	HEALTH PROFESSIONAL: DOCTOR 1 NURSE/MIDWIFE 2 AUXILIARY MIDWIFE 3 OTHER PERSON: TRADITIONAL BIRTH ATTENDANT 4 TRADITIONAL DOCTOR 5 RELATIVE/FRIEND 6 OTHER (SPECIFY)	
109	In the first week after delivery, were you (was mother) visited in your (her) home by a health worker?	YES 1 NO 2 DON'T KNOW 9	
110a	Has 's birth been registered with the Civil Authorities?	Yes 1 No 2 DON'T KNOW 9	→ 110c → 110d
110b	Does/Did have a birth certificate? MAY I SEE IT PLEASE?	Yes seen 1 Yes, not seen 2 No 3 DON'T KNOW 9	Then go to 110d
110c	Why is 's birth not registered?	Costs too much 1 Must travel too far 2 Did not know it should be registered 3 Did not want to pay fine 4 Did not know where to register 5 DON'T KNOW 9 Other (Specify)	
110d	Do you know how to register your child's birth?	Yes 1 No 2	
111	Has ever been breastfed?	YES 1 NO 2	→ 113
112	Why did you (mother) never breastfed?	INCONVENIENT 1 HAD TO WORK 2 INSUFFICIENT MILK 3 BABY REFUSED 4 CHILD SICK 5 MOTHER'S HEALTH CONDITION 6 CHILD DIED 7 OTHER (SPECIFY)	THEN ALL GO TO 117A
113	How soon after birth did you give the breast ?	LESS THAN 1 HOUR 1 BETWEEN 1 AND 24 HOURS 2 AFTER ONE DAY 3	
114	Is she/he still being breastfed?	YES 1 NO 2 CHILD DIED 3	→ 117A
115	How many months did you breastfeed?	Months <input type="text"/>	
116a	Why did you stop breastfeeding?	INCONVENIENT 1 HAD TO WORK 2 INSUFFICIENT MILK 3 BABY REFUSED 4 CHILD SICK 5 CHILD HAD DIARRHOEA 6 CHILD WEANING AGE 7 BECAME PREGNANT 8 MOTHER'S HEALTH CONDITION 9 CHILD DIED 10 OTHER (SPECIFY)	
116b	Check 101: Child alive?	YES 1 NO 2	→ 118

125	WRITE THE BIRTH WEIGHT FROM CARD	WEIGHT (in kg).....		
126	Has ever received a vitamin A capsule Supplement) Like this one? SHOW CAPSULE OR DISPENSER FOR DIFFERENT DOSES. 100,000 IU FOR THOSE 6-11 MONTHS OLD 200,000 IU FOR THOSE 12-59 MONTHS OLD	YES 1 NO 2 DON'T KNOW..... 9		129
126a	CHECK 101: CHILD ALIVE	YES 1 NO 2		128
127	How many months ago did take the last dose?	MONTHS AGO..... DON'T KNOW 99		
128	Where did get the last dose?	ON ROUTINE VISIT TO HEALTH FACILITY..... 1 SICK CHILD VISIT TO HEALTH FACILITY 2 NATIONAL IMMUNISATION DAY CAMPAIGNS... 3 DON'T KNOW 9 OTHER (specify).....		IF CHILD DEAD END INTERVIEW
129	Hashad diarrhoea in last 24 hours? (DIARRHOEA IS DETERMINED AS PERCEIVED BY MOTHER OR CARETAKER, AS 3 OR MORE LOOSE OR WATERY STOOLS PER DAY, OR BLOOD IN STOOL).	YES 1 NO 2 DON'T KNOW 9		131
130	Has had diarrhoea in the last two weeks?	YES 1 NO 2 DON'T KNOW 9		132 143 145
131	How many times did pass stools?	Number of stools		
132	The last time passed stools, what was done to dispose of the stools?	CHILD USED TOILET /LATRINE..... 1 PUT /RINSED INTO TOILET OR LATRINE..... 2 PUT /RINSED INTO DRAIN OR DITCH 3 THROWN INTO GARBAGE (SOLID WASTE) 4 BURIED..... 5 LEFT IN THE OPEN 6 DON'T KNOW..... 9 OTHER (SPECIFY).....		
133	How many days ago did the last diarrhoea start?	DAYS..... DON'T KNOW 99		
134	LOOK AT 114: IS CHILD STILL BREASTFED?	YES 1 NO 2		136
135	Did you continue breastfeeding when he/she had diarrhoea?	YES 1 NO 2		
136	When had diarrhoea ,was he/she given more, less or the same amount of fluids to drink as given before the diarrhoea?	MORE 1 LESS 2 SAME 3 DON'T KNOW..... 9		
137	When had diarrhoea, was she/he 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 DON'T KNOW 9 OTHER (SPECIFY)		
138	During the last episode of the diarrhoea was given any of the following? READ EACH ITEM ALOUD AND RECORD RESPONSE PROCEEDING TO THE NEXT ITEM.	HOME SOLUTION OF SALT, SUGAR WATER..... ORS PACKET SOLUTION.....	Yes No 1 2 1 2	IF NO TO BOTH GO TO 141a

139	How much of the home solutions/special packet (ORS) was given every 24 hours?	1/2 LITER 1 1 LITER 2 1 1/2 LITER 3 2 LITER 4 DON'T KNOW 9 OTHER (SPECIFY)																									
140	For how many days was given home solutions/ special packet (ORS)?	DAYS <input type="text"/> <input type="text"/> DON'T KNOW 9																									
141a	Was treated anywhere during the last episode of diarrhoea?	YES 1 NO 2	143																								
141b	Where was he/she taken (the last time)?	HEALTH POST 1 CLINIC 2 HOSPITAL HEALTH/CENTRE 3 PRIVATE DOCTOR/CLINIC 4 TRADITIONAL DOCTOR 5 DON'T KNOW 9 OTHER (SPECIFY)																									
142	Was any of the following given to to treat the diarrhoea (the last time)?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>INJECTION</td> <td>1</td> <td>2</td> </tr> <tr> <td>INTRAVENOUS(DRIP).....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TABLETS OR PILLS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SYRUPS</td> <td>1</td> <td>2</td> </tr> <tr> <td>ORS</td> <td>1</td> <td>2</td> </tr> <tr> <td>NOTHING GIVEN</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td></td> <td></td> </tr> </tbody> </table>		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																									
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ORS	1	2																									
NOTHING GIVEN	1	2																									
OTHER (SPECIFY)																											
	READ OUT RESPONSES																										
143	Has suffered from severe cough or different or rapid breathing in the last four weeks?	YES..... 1 NO 2 DON'T KNOW 9	148 148																								
144	Whenhad illness with a cough, did he/she breathe faster than usual with short, quick breaths or have difficulty in breathing?	YES 1 NO 2 DON'T KNOW 9	148 148																								
145	Were the symptoms due to a problem in the chest or a blocked nose?	PROBLEM IN CHEST 1 BLOCKED NOSE 2 BOTH 3 DON'T KNOW 9 OTHER (specify).....																									
146	Where was taken for the treatment of the problem?	PUBLIC SECTOR Govt. Hospital 1 Govt. Clinic 2 Govt. Health Post..... 3 Village Health Worker..... 4 Mobile/Outreach Clinic 5 PRIVATE MEDICAL SECTOR Private Hospital/Clinic 6 Private Doctor 7 Private Pharmacy 8 Mobile Clinic 9 OTHER SOURCE Relative or friend 10 Shop 11 Traditional Practitioner 12 Other (Specify)																									
	CIRCLE ALL MENTIONED BUT DO NOT PROMPT WITH ANY SUGGESTIONS.																										
147	Was any of the following given to to treat the problem?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ANTIBIOTICS</td> <td>1</td> <td>2</td> </tr> <tr> <td>PARACETAMOL, PANADO</td> <td>1</td> <td>2</td> </tr> <tr> <td>ASPRIN</td> <td>1</td> <td>2</td> </tr> <tr> <td>INJECTION</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>(SPECIFY)</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ANTIBIOTICS	1	2	PARACETAMOL, PANADO	1	2	ASPRIN	1	2	INJECTION	1	2	OTHER	1	2	(SPECIFY)	1	2				
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INJECTION	1	2																									
OTHER	1	2																									
(SPECIFY)	1	2																									
	Read Out Responses																										

148	Has suffered from ear pain or ear discharge (pus draining from the ear) in the last four weeks?	YES 1 NO 2 → 150 DON'T KNOW 9 → 150	
149	Was..... taken anywhere to treat the problem? CIRCLE ALL MENTIONED	HEALTH POST 1 CLINIC 2 HOSPITAL HEALTH/CENTRE 3 PRIVATE DOCTOR /CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DON'T KNOW 9 OTHER _____ (SPECIFY)	
150	Has suffered from common cold (flu) in the last four weeks?	YES 1 NO 2 → 153 DON'T KNOW 9 → 153	
151	Was taken anywhere to treat the problem? Circle all mentioned	HEALTH POST 1 CLINIC 2 HOSPITAL HEALTH/CENTRE 3 PRIVATE DOCTOR /CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DON'T KNOW 9 OTHER _____ (SPECIFY)	
152	Was any of the following given to..... to treat the problem? Read out Responses	ANTIBIOTICS YES NO 1 2 PANADO, PARACETAMOL SYRUP/ TABLETS 1 2 COUGH SYRUP 1 2 INJECTION 1 2 OTHER _____ (SPECIFY)	
153	Has had fever in the last four weeks?	YES 1 NO 2 → 156 DON'T 9 → 156	
154	Was taken anywhere to treat the fever? IF YES : Where was he/she taken? Circle all mentioned	HEALTH POST 1 CLINIC 2 HOSPITAL HEALTH/CENTRE 3 PRIVATE DOCTOR /CLINIC 4 TRADITIONAL DOCTOR 5 CHILD NOT TAKEN 6 DON'T KNOW 9 OTHER _____ (SPECIFY)	
155	Was any of the following given to..... to treat the problem? Read out Responses	ANTIBIOTICS YES NO 1 2 PANADO, PARACETAMOL SYRUP/ TABLETS 1 2 COUGH SYRUP 1 2 INJECTION 1 2 OTHER _____ (SPECIFY)	
156	Sometimes children have severe illness and should be taken immediately to a health facility. Which types of symptoms will cause you to take your child to a health facility right away? KEEP ASKING FOR MORE SIGNS OR SYMPTOMS UNTIL THE CARETAKER CANNOT RECALL ANY ADDITIONAL SYMPTOMS. CIRCLE ALL SYMPTOMS MENTIONED, BUT DO NOT PROMPT WITH ANY SUGGESTIONS	Child not able to drink or breastfeed..... 1 Child becomes sicker 2 Child develops a fever 3 Child has fast breathing 4 Child has difficulty in breathing 5 Child has blood in stool 6 Child is drinking poorly 7 Other _____ (SPECIFY)	

165	<p>a) MEASURE THE WEIGHT AND RECORD FOR CHILD.</p> <p>b) MEASURE THE HEAD CIRCUMFERENCE AND RECORD FOR CHILD.</p> <p>c) MEASURE THE HEIGHT AND RECORD FOR CHILD.</p> <p>IF CHILD IS UNDER 2 YEARS OLD → MEASURE LENGTH (LYING DOWN)</p> <p>IF CHILD IS 2 OR MORE YEARS → MEASURE HEIGHT (STANDING UP)</p>	<p>Weight (in kg)..... _____</p> <p>Circumference (in cm)..... _____</p> <p>Length (in cm)..... _____</p> <p>Height (in cm)..... _____</p>								
166	Result of measurement	<p>MEASURED 1</p> <p>NOT PRESENT 2</p> <p>REFUSED 3</p> <p>Other _____</p> <p>(SPECIFY)</p>								
	RECORD THE TIME AT THE END OF INTERVIEW	<p>HOUR..... <table border="1" data-bbox="954 573 1019 609"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> END INTERVIEW</p> <p>MINUTES..... <table border="1" data-bbox="954 609 1019 646"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table></p>								

MADE this 28th day of August, 2007.

B. GAOLATHE,
*Minister of Finance and
Development Planning.*

L2/7/150 IV (50)