NATIONAL STATISTICAL OFFICE

1996 DEMOGRAPHIC AND HEALTH SURVEY

Individual Questionnaire

Cluster	
Province	
District	
CD no.	
CU no.	
Dwelling no.	
Household no.	
Person no.	

Address of dwelling /Name of H/H Head

Respondent's Name _____

INTERVIEWER VISITS

	1	2	3	Final visit
Date				Day / Month / Year
Result *				Result
Interviewer's name				
Next visit: Date				Total number of visits
Time				

*Result codes:

1 Completed
2 Not at home
3 Postponed
4 Refused
5 Partly completed
6 Incapacitated
7 Other (*Specify*) _____

INTERVIEWER	FIELD EDITOR	OFFICE EDITOR	KEYER

INDIVIDUAL QUESTIONNAIRE

This questionnaire is ONLY for women aged 15 to 50 years old.

THE FOLLOWING QUESTIONS ARE ABOUT WOMEN 'S AND CHILDREN'S HEALTH. THE INFORMATION WILL BE USED TO HELP REDUCE ILLNESS AND PREVENT PREMATURE DEATH AMONG PNG WOMEN AND CHILDREN.

SECTION B: RESPONDENT'S BACKGROUND

B1. IN WHAT MONTH AND YEAR WERE YOU BORN?

Month..... ☐☐

Don't know..... ☐ 98

Year..... ☐☐

Don't know..... ☐ 98

B2. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?

Age in completed years..... ☐☐

Interviewer

Compare and correct B1 and/or B2 if inconsistent.

B3. HAVE YOU EVER BEEN MARRIED OR LIVED WITH A MAN?

Yes..... ☐ 1

No → *B11*..... ☐ 2

B4. ARE YOU NOW MARRIED OR LIVING WITH A MAN, OR ARE YOU NOW WIDOWED, DIVORCED, OR NO LONGER LIVING TOGETHER?

Married..... ☐ 1

Informal union..... ☐ 2

Divorced → *B9*..... ☐ 3

Separated → *B9*..... ☐ 4

Widowed → *B9*..... ☐ 5

B5. IS YOUR HUSBAND/PARTNER LIVING WITH YOU NOW OR IS HE STAYING ELSEWHERE?

Living with her..... ☐ 1

Staying elsewhere..... ☐ 2

B6. DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES BESIDES YOURSELF?

Yes..... ☐ 1

No → *B9*..... ☐ 2

Don't know → *B9*..... ☐ 8

B7. HOW MANY OTHER WIVES DOES HE HAVE?

Number..... ☐☐

Don't know → *B9*..... ☐ 98

B8. ARE YOU FIRST, SECOND,...WIFE?

Rank..... ☐☐

B9. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE, OR MORE THAN ONCE?

Once..... ☐ 1

More than once..... ☐ 2

B10. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR (FIRST) HUSBAND/PARTNER?

Age..... ☐☐

B11. CAN YOU READ AND UNDERSTAND A LETTER OR NEWS PAPER EASILY, WITH DIFFICULTY, OR NOT AT ALL IN ANY LANGUAGE?

Easily..... ☐ 1

With difficulty..... ☐ 2

Not at all ⟶ *B13*..... ☐ 3

B12 DO YOU USUALLY READ A NEWSPAPER OR MAGAZINE AT LEAST ONCE A WEEK?

Yes..... ☐ 1

No..... ☐ 2

B13. DO YOU USUALLY LISTEN TO A RADIO AT LEAST ONCE A WEEK?

Yes..... ☐ 1

No..... ☐ 2

B14. DO YOU USUALLY WATCH TELEVISION AT LEAST ONCE A WEEK?

Yes..... ☐ 1

No..... ☐ 2

B15. WHAT IS YOUR RELIGIOUS DENOMINATION (PREFERENCE)?

Christian

Anglican..... ☐ 01

Evangelical Alliance..... ☐ 02

Pentecostal..... ☐ 03

Evangelical Lutheran..... ☐ 04

Roman Catholic..... ☐ 05

Salvation Army..... ☐ 06

Seventh Day Adventist..... ☐ 07

United Church..... ☐ 08

Other Christian Church..... ☐ 09

Non-christian (*Specify*)..... ☐ 10

.....

No religion..... ☐ 20

B16. HAVE YOU USED A HEALTH SERVICE IN THE LAST TWO YEARS?

Yes..... ☐ 1

No ⟶ *C1*..... ☐ 2

B17. WHY DID YOU GO TO THE SERVICE THE LAST TIME YOU WENT?

Antenatal care..... ☐ 01

Delivery..... ☐ 02

Postnatal care..... ☐ 03

Illness..... ☐ 04

Accident/trauma..... ☐ 05

Health check up..... ☐ 06

Other (*Specify*)..... ☐ 96

.....

B18. WHERE DID YOU GO TO RECEIVE THE SERVICE?

Public sector

- Gov't. hospital/clinic..... ☐ 01
- Gov't. health center..... ☐ 02
- Gov't. aid post..... ☐ 03
- Mobile clinic..... ☐ 04
- Comm. health worker..... ☐ 05

Private medical sector

- Church hospital..... ☐ 06
- Church health center..... ☐ 07
- Church aid post..... ☐ 08
- Other private hospital..... ☐ 09
- Chemist/drug store..... ☐ 10
- Private clinic..... ☐ 11

Other private sector

- Traditional practitioner..... ☐ 12

Other (*Specify*)..... ☐ 96

.....

B19. HOW DID YOU GET THERE?

- On foot..... ☐ 1
- PMV..... ☐ 2
- Car/truck..... ☐ 3
- Boat/canoe..... ☐ 4
- Airplane..... ☐ 5
- Other (*Specify*)..... ☐ 6

.....

B20. HOW LONG DID IT TAKE TO GET THERE?

- *Minutes*..... ☐☐☐
- Don't know..... ☐ 998

SECTION C: REPRODUCTION

C1. HAVE YOU EVER HAD A BABY?

- Yes..... ☐ 1
- No → *C6*..... ☐ 2

C2. **I WOULD NOW LIKE TO ASK YOU ABOUT ALL THE TIMES YOU HAVE GIVEN BIRTH DURING YOUR LIFE.**

DO YOU HAVE ANY SONS OR DAUGHTERS THAT YOU HAVE GIVEN BIRTH TO WHO ARE NOW LIVING WITH YOU?

- Yes..... ☐ 1
- No → *C4*..... ☐ 2

C3. HOW MANY OF YOUR OWN SONS AND DAUGHTERS LIVE WITH YOU?

- *Sons at home*..... *a* ☐☐
- Nil..... ☐ 00
- *Daughters at home*..... *b* ☐☐
- Nil..... ☐ 00

C4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?

- Yes..... ☐ 1
- No → *C6*..... ☐ 2

C5. HOW MANY SONS AND HOW MANY DAUGHTERS THAT YOU HAVE GIVEN BIRTH TO ARE ALIVE BUT DO NOT LIVE WITH YOU?

- *Sons elsewhere*..... *a* ☐☐
- Nil..... ☐ 00
- *Daughters elsewhere*..... *b* ☐☐
- Nil..... ☐ 00

C6. HAVE YOU EVER GIVEN BIRTH TO ANY SONS OR DAUGHTERS WHO WERE BORN ALIVE BUT LATER DIED?

Yes ..... ☐ 1

No ⟶ *C8* ..... ☐ 2

If No,
Probe: Any baby who cried or showed signs of life but lived only a few minutes/hours/days.

C7. HOW MANY SONS OR DAUGHTERS THAT YOU GAVE BIRTH TO HAVE DIED?

Sons ..... *a* ☐☐

Nil ..... ☐ 00

Daughters ..... *b* ☐☐

Nil ..... ☐ 00

C8. *Interviewer:*

Sum the responses for C.3, C.5, C.7 .

Total number of births ..... ☐☐

C9. IN TOTAL YOU HAVE HAD *(number in C.8)* BIRTHS DURING YOUR LIFE, IS THAT CORRECT?

Interviewer:

If not correct, probe and correct answers above.

Yes ..... ☐ 1

No ..... ☐ 2

C10. *Sequence guide*

One or more births ⟶ C11.

No births ⟶ Enter "0" in C22 then ask C23.

C11. NOW I WOULD LIKE US TO TALK ABOUT ALL OF YOUR BIRTHS, WHETHER STILL ALIVE OR NOT, STARTING WITH THE FIRST ONE YOU HAD.

Record names of all births . Record twins and triplets on separate lines. Then ask questions C14-C20 about each child in turn, and circle or record responses.

C12.	C13.	C14.	C15.		C16.	C17.	C18.	C19.	C20.
						If alive			*If dead*
WHAT NAME WAS GIVEN TO YOUR (FIRST, NEXT) CHILD?	*Record single or multiple birth status.* Single=1 Mult.=2	WAS (*Name*) A MALE OR A FEMALE? Male =1 Female =2	IN WHAT MONTH AND YEAR WAS (*Name*) BORN? *Probe: What is his/her birthday?* Month	Year	IS (*Name*) STILL ALIVE? Yes=1 No=2 (*Go to C20*)	HOW OLD WAS (*Name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.* 00=less than 1 year	IS (*Name*) LIVING WITH YOU? Yes=1 (*Go to next birth*) No=2	WITH WHOM DOES (*Name*) LIVE? Father=1 Relative=2 Someone else=3 Alone=4 (*Go to next birth*)	HOW OLD WAS (*Name*) WHEN HE/SHE DIED? ***If "1 year" probe: How many months old was (Name)?*** Days = 1 Months = 2 Years = 3
01	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3
02	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3
03	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3
04	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3
05	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3
06	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3
07	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3
08	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3

C12.	C13.	C14.	C15.		C16.	C17.	C18. *If alive*	C19.	C20. *If dead*
WHAT NAME WAS GIVEN TO YOUR (FIRST, NEXT) CHILD?	*Record single or multiple birth status.* Single=1 Mult.=2	WAS (*Name*) A MALE OR A FEMALE? Male =1 Female =2	IN WHAT MONTH AND YEAR WAS (*Name*) BORN? *Probe: what is his/her birth day* Month	Year	IS (*Name*) STILL ALIVE? Yes= 1 No=2 (*Go to C20*)	HOW OLD WAS (*Name*) AT HIS/HER LAST BIRTHDAY? *Record age in completed years.* 00=less than 1 year	IS (*Name*) LIVING WITH YOU? Yes= 1 (*Go to next birth*) No=2	WITH WHOM DOES (*Name*) LIVE? Father=1 Relative=2 Someone else=3 Alone=4 (*Go to next birth*)	HOW OLD WAS (*Name*) WHEN HE/SHE DIED? ***If "1 year" probe: How many months old was (Name)?*** Days =1 Months =2 Years =3
09	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3
10	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3
11	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3
12	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3
13	1 2	1 2			1 2		1 2	1 2 3 4	Days 1 Months 2 Years 3

C21. *Interviewer:*

Compare C8 with number of births in history above and mark:

Numbers are same ☐

Check:

For each birth: year of birth is recorded. ☐

For each living child: Current age is recorded. ☐

For each dead child: Age at death is recorded. ☐

For age at death 12 months: probe to determine exact number of months. ☐

Numbers are different (*Probe and reconcile*). ☐

C22. *Interviewer:*

Check C15 and enter the number of births since January, 1993 If none, record 0. ☐

C23. ARE YOU PREGNANT NOW? Yes..... No ⟶ *C26*..... Unsure ⟶ *C26*.....	☐ 1 ☐ 2 ☐ 3		
C24. HOW MANY MONTHS PREGNANT ARE YOU? *Months*..... Don't know.....	☐☐ ☐ 98		
C25. AT THE TIME YOU BECAME PREGNANT, DID YOU WANT TO BECOME PREGNANT <u>THEN</u>, DID YOU WANT TO WAIT UNTIL <u>LATER</u>, OR DID YOU <u>NOT WANT</u> TO HAVE ANY MORE CHILDREN AT ALL? Then..... Later..... No more..... Indifferent.....	☐ 1 ☐ 2 ☐ 3 ☐ 4		
C26. HAVE YOU EVER HAD A PREGNANCY THAT MISCARRIED, WAS ABORTED, OR ENDED IN A STILLBIRTH? Yes..... No ⟶ *C28*..... Don't know ⟶ *C28*.....	☐ 1 ☐ 2 ☐ 8		
C27. HOW MANY TIMES DID THIS HAPPEN TO YOU? *Number*..... Don't know.....	☐☐ ☐ 98		
C28. <u>*Interviewer*</u> ***Check C22.*** ***One or more births since January 1993*** ⟶ ***D1***.... ***No births since January 1993*** ⟶ ***E1***.....	☐ 1 ☐ 2		

SECTION D: MATERNAL AND CHILD HEALTH

D1. *Interviewer:*

Enter the line number , name and survival status of each birth since January 1993 in the table. Ask the questions about all of these births. Begin with the last birth. If there are more than two births, use additional forms or the space at the right.

NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF ALL OF YOUR CHILDREN BORN IN THE PAST THREE YEARS. (We will talk about one child at a time).

	Last birth	*Next-to-last birth*
Interviewer: *Copy line number from C12.*	☐☐	☐☐
Interviewer: *Copy name from C12 and survival status from C16.*	*Name* ..... Alive ☐ 1 Dead ☐ 2	*Name* ..... Alive ☐ 1 Dead ☐ 2
D2. AT THE TIME YOU BECAME PREGNANT WITH (*Name*), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?	Then ☐ 1 Later ☐ 2 No more ☐ 3 Indifferent ☐ 4	Then ☐ 1 Later ☐ 2 No more ☐ 3 Indifferent ☐ 4
D3. WHEN YOU WERE PREGNANT WITH (*Name*), DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY? If yes: WHOM DID YOU SEE? ANYONE ELSE? *Probe for all type of person and record all persons seen.* *If No, go to D5*	Doctor ☐ A Nurse/Midwife ☐ B Auxiliary (village) midwife ☐ C Traditional birth attendant ☐ D Other (*Specify*): ☐ X ..... No one ⟹ *D5* ☐ Y	Doctor ☐ A Nurse/Midwife ☐ B Auxiliary (village) midwife ☐ C Traditional birth attendant ☐ D Other (*Specify*): ☐ X ..... No one ⟹ *D5* ☐ Y
D4. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?	No. of times ☐☐ Don't know ☐ 98	No. of times ☐☐ Don't know ☐ 98
D5. WHEN YOU WERE PREGNANT WITH (*Name*), WERE YOU GIVEN AN INJECTION IN THE ARM TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS, CONVULSIONS OR FITS AFTER BIRTH?	Yes ☐ 1 No ☐ 2 Don't know ☐ 8	Yes ☐ 1 No ☐ 2 Don't know ☐ 8
D6. WHERE DID YOU GIVE BIRTH TO (*Name*)?	Your home ☐ 11 Other home ☐ 12 Gov't. hospital ☐ 21 Gov't. health center ☐ 22 Gov't. aid post ☐ 23 Other government ☐ 26 Church hospital ☐ 31 Church health center ☐ 32 Church aid post ☐ 33 Other private medical ☐ 41 Other (*Specify*) ☐ 96	Your home ☐ 11 Other home ☐ 12 Gov't. hospital ☐ 21 Gov't. health center ☐ 22 Gov't. aid post ☐ 23 Other government ☐ 26 Church hospital ☐ 31 Church health center ☐ 32 Church aid post ☐ 33 Other private medical ☐ 41 Other (*Specify*) ☐ 96 .....

	Name	*Name* .....
D7. WHO ASSISTED YOU WITH THE DELIVERY OF (*Name*)? *Probe*: ANYONE ELSE? *Record all persons assisting.*	Doctor ☐ A Nurse/Midwife ☐ B Auxiliary (village) midwife ☐ C Traditional birth attendant ☐ D Female relative ☐ E Other (*Specify*): ☐ X ..... No one ☐ Y	Doctor ☐ A Nurse/Midwife ☐ B Auxiliary (village) midwife ☐ C Traditional birth attendant ☐ D Female relative ☐ E Other (*Specify*): ☐ X ..... No one ☐ Y
D8. AROUND THE TIME OF THE BIRTH OF (*Name*), DID YOU HAVE ANY OF THE FOLLOWING PROBLEMS	Yes / No / Don't know	Yes / No / Don't know
Long labour, that is more than 12 hours?	☐ 1 ☐ 2 ☐ 8	☐ 1 ☐ 2 ☐ 8
Excessive bleeding?	☐ 1 ☐ 2 ☐ 8	☐ 1 ☐ 2 ☐ 8
A high fever?	☐ 1 ☐ 2 ☐ 8	☐ 1 ☐ 2 ☐ 8
Convulsions/fits?	☐ 1 ☐ 2 ☐ 8	☐ 1 ☐ 2 ☐ 8
D9. DID YOU BREASTFEED (*Name*)?	Yes ☐ 1 No ⟹ *D15* ☐ 2	Yes ☐ 1 No ⟹ *D15* ☐ 2
D10. *Interviewer:* *Check D1.* *Child alive?*	Alive ☐ 1 Dead ⟹ *D13* ☐ 2	Alive ☐ 1 Dead ⟹ *D13* ☐ 2
D11. ARE YOU STILL BREASTFEEDING (*Name*)?	Yes ☐ 1 No ⟹ *D13* ☐ 2	Yes ☐ 1 No ⟹ *D13* ☐ 2
D12. AT ANY TIME YESTERDAY OR LAST NIGHT, WAS (*Name*) GIVEN ANY OF THE FOLLOWING:	Yes / No / Don't know	Yes / No / Don't know
Plain water?	☐ 1 ☐ 2 ☐ 8	☐ 1 ☐ 2 ☐ 8
Any milk other than breast milk?	☐ 1 ☐ 2 ☐ 8	☐ 1 ☐ 2 ☐ 8
Any liquid other than milk or water?	☐ 1 ☐ 2 ☐ 8	☐ 1 ☐ 2 ☐ 8
Any solid or mushy food?	☐ 1 ☐ 2 ☐ 8 ***Skip to D16***	☐ 1 ☐ 2 ☐ 8 ***Skip to D16***
D13. FOR HOW MANY MONTHS DID YOU BREASTFEED (*Name*)?	*Months* ☐☐ Don't know ☐ 98	*Months* ☐☐ Don't know ☐ 98

	Name	Name .....
D14. WHY DID YOU STOP BREASTFEEDING (*Name*)?	Mother ill/weak ☐ 01 Child ill/weak ☐ 02 Child died ☐ 03 Nipple/breast problem ☐ 04 Not enough milk ☐ 05 Mother working ☐ 06 Child refused ☐ 07 Weaning age/age to stop ☐ 08 Became pregnant ☐ 09 Started contraception ☐ 10 Other (*Specify*) ☐ 96	Mother ill/weak ☐ 01 Child ill/weak ☐ 02 Child died ☐ 03 Nipple/breast problem ☐ 04 Not enough milk ☐ 05 Mother working ☐ 06 Child refused ☐ 07 Weaning age/age to stop ☐ 08 Became pregnant ☐ 09 Started contraception ☐ 10 Other (*Specify*) ☐ 96 .....
D15. *Interviewer:* *Check D1.* *Child alive?*	Alive ☐ 1 Dead ⇒ *next column or, if no more births go to E1.* ☐ 2	Alive ☐ 1 Dead ⇒ *next column or, if no more births go to E1.* ☐ 2
D16. DO YOU HAVE A CARD WHERE (*Name's*) VACCINATIONS ARE WRITTEN DOWN? If yes: MAY I SEE IT PLEASE?	Yes, seen ⇒ *D18* ☐ 1 Yes, not seen ⇒ *D19* ☐ 2 No card ☐ 3	Yes, seen ⇒ *D18* ☐ 1 Yes, not seen ⇒ *D19* ☐ 2 No card ☐ 3
D17. DID YOU EVER HAVE A VACCINATION CARD FOR (*Name*)?	Yes ⇒ *D19* ☐ 1 No ⇒ *D19* ☐ 2	Yes ⇒ *D19* ☐ 1 No ⇒ *D19* ☐ 2
D18. *Interviewer:* **Copy informatiom from the vaccination card, then skip to D20**	*Received* / *Not received* BCG ☐ 1 ☐ 2 P1/D1 ☐ 1 ☐ 2 P2/D2 ☐ 1 ☐ 2 P3/D3 ☐ 1 ☐ 2 HB1 ☐ 1 ☐ 2 HB2 ☐ 1 ☐ 2 HB3 ☐ 1 ☐ 2 MEA ☐ 1 ☐ 2 ***Skip to D20***	*Received* / *Not received* BCG ☐ 1 ☐ 2 P1/D1 ☐ 1 ☐ 2 P2/D2 ☐ 1 ☐ 2 P3/D3 ☐ 1 ☐ 2 HB1 ☐ 1 ☐ 2 HB2 ☐ 1 ☐ 2 HB3 ☐ 1 ☐ 2 MEA ☐ 1 ☐ 2 ***Skip to D20***

BCG
Polio 1/DPT1 (Sabin/T.A)
Polio 2 /DPT2
Polio 3/DPT3
Hepatitis B1
Hepatitis B2
Hepatitis B3
Measles

	Name	*Name* .....
D19. PLEASE TELL ME IF (*Name*) HAS RECEIVED ANY OF THE FOLLOWING VACCINATIONS:		
D19A. A BCG VACCINATION AGAINST TUBERCULOSIS, THAT IS, AN INJECTION IN THE LEFT ARM THAT CAUSED A SCAR?	Yes ☐ 1 No ☐ 2 Don't know ☐ 8	Yes ☐ 1 No ☐ 2 Don't know ☐ 8
D19B. POLIO VACCINE, THAT IS, DROPS IN THE MOUTH AND DPT VACCINATION, THAT IS, AN INJECTION GIVEN AT THE SAME TIME?	Yes ☐ 1 No ⇒ D19D ☐ 2 Don't know ⇒ D19D ☐ 8	Yes ☐ 1 No ⇒ D19D ☐ 2 Don't know ⇒ D19D ☐ 8
D19C. HOW MANY TIMES?	Number of times ⇒ ☐	Number of times ⇒ ☐
D19D. HEPATITIS VACCINATION, THAT IS, AN INJECTION USUALLY GIVEN IN THE BUTTOCK?	Yes ☐ 1 No ⇒ D19F ☐ 2 Don't know ⇒ D19F ☐ 8	Yes ☐ 1 No ⇒ D19F ☐ 2 Don't know ⇒ D19F ☐ 8
D19E. HOW MANY TIMES?	Number of times ⇒ ☐	Number of times ⇒ ☐
D19F. AN INJECTION TO PREVENT MEASLES?	Yes ☐ 1 No ☐ 2 Don't know ☐ 8	Yes ☐ 1 No ☐ 2 Don't know ☐ 8
D20. HAS (*Name*) BEEN ILL WITH A FEVER AT ANY TIME IN THE LAST 2 WEEKS ?	Yes ☐ 1 No ☐ 2 Don't know ☐ 8	Yes ☐ 1 No ☐ 2 Don't know ☐ 8
D21. HAS (*Name*) BEEN ILL WITH A COUGH AT ANY TIME IN THE LAST 2 WEEKS ?	Yes ☐ 1 No ⇒ D27 ☐ 2 Don't know ⇒ D27 ☐ 8	Yes ☐ 1 No ⇒ D27 ☐ 2 Don't know ⇒ D27 ☐ 8
D22. WHEN (*Name*) WAS ILL WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, FAST BREATHS?	Yes ☐ 1 No ☐ 2 Don't know ☐ 8	Yes ☐ 1 No ☐ 2 Don't know ☐ 8
D23. WAS ANYTHING GIVEN TO TREAT THE COUGH?	Yes ☐ 1 No ⇒ D25 ☐ 2 Don't know ⇒ D25 ☐ 8	Yes ☐ 1 No ⇒ D25 ☐ 2 Don't know ⇒ D25 ☐ 8

	Name	Name .....
D24. WHAT WAS GIVEN TO TREAT THE COUGH? *Probe*: ANYTHING ELSE? *Record all mentioned*	Injection ☐ A Antibiotic (pill/syrup) ☐ B Antimalaria (pill/syrup) ☐ C Cough syrup ☐ D Other pill/syrup ☐ E Unknown pill/syrup ☐ F Home remedy/herbs ☐ G Other (*Specify*): ☐ X	Injection ☐ A Antibiotic (pill/syrup) ☐ B Antimalaria (pill/syrup) ☐ C Cough syrup ☐ D Other pill/syrup ☐ E Unknown pill/syrup ☐ F Home remedy/herbs ☐ G Other (*Specify*): ☐ X .....
D25. DID YOU SEEK ADVICE OR TREATMENT FOR THE COUGH?	Yes ☐ 1 No ⇒ D27 ☐ 2 Don't know ⇒ D27 ☐ 8	Yes ☐ 1 No ⇒ D27 ☐ 2 Don't know ⇒ D27 ☐ 8
D26. WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe*: ANYWHERE ELSE? *Record all mentioned.*	PUBLIC SECTOR Govt. hospital/clinic ☐ A Govt. health center ☐ B Govt. aid post ☐ C Mobile clinic ☐ D Comm. health worker ☐ E PRIVATE MEDICAL SECTOR Church hospital ☐ F Church health center ☐ G Church aid post ☐ H Other private hospital ☐ I Chemist/drug store ☐ J Private doctor/clinic ☐ K Traditional practitioner ☐ L OTHER (*Specify*) ☐ X	PUBLIC SECTOR Govt. hospital/clinic ☐ A Govt. health center ☐ B Govt. aid post ☐ C Mobile clinic ☐ D Comm. health worker ☐ E PRIVATE MEDICAL SECTOR Church hospital ☐ F Church health center ☐ G Church aid post ☐ H Other private hospital ☐ I Chemist/drug store ☐ J Private doctor/clinic ☐ K Traditional practitioner ☐ L OTHER (*Specify*) ☐ X .....
D27. HAS (*Name*) HAD DIARRHOEA IN THE LAST TWO WEEKS?	Yes ☐ 1 No ⇒ *next column or, if no more births go to E1* ☐ 2 Don't know ⇒ *next column or, if no more births go to E1* ☐ 8	Yes ☐ 1 No ⇒ *next column or, if no more births go to E1* ☐ 2 Don't know ⇒ *next column or, if no more births go to E1* ☐ 8
D28. HAS (*Name*) HAD DIARRHOEA IN THE LAST 24 HOURS?	Yes ☐ 1 No ☐ 2 Don't know ☐ 8	Yes ☐ 1 No ☐ 2 Don't know ☐ 8
D29. FOR HOW MANY DAYS (HAS THE DIARRHOEA LASTED/DID THE DIARRHOEA LAST)? ***If less than 1 day, record 00***	Days ☐☐	Days ☐☐

	Name	Name .....
D30. WAS THERE ANY BLOOD IN THE STOOLS?	Yes ☐ 1 No ☐ 2 Don't know ☐ 8	Yes ☐ 1 No ☐ 2 Don't know ☐ 8
D31. WAS ANYTHING GIVEN TO TREAT THE DIARRHOEA?	Yes ☐ 1 No ⇒ D33 ☐ 2 Don't know ⇒ D33 ☐ 8	Yes ☐ 1 No ⇒ D33 ☐ 2 Don't know ⇒ D33 ☐ 8
D32. WHAT WAS GIVEN TO TREAT THE DIARRHOEA? *Probe*: ANYTHING ELSE? *Record all mentioned.*	Fluid from ORS packet ☐ A Recommended home fluid ☐ B Pill or syrup ☐ C Injection ☐ D Intravenous (I.V) ☐ E Home remedies/herbs ☐ F Other (*Specify*) ☐ X	Fluid from ORS packet ☐ A Recommended home fluid ☐ B Pill or syrup ☐ C Injection ☐ D Intravenous (I.V) ☐ E Home remedies/herbs ☐ F Other (*Specify*) ☐ X .....
D33. DID YOU SEEK ADVICE OR TREATMENT FOR DIARRHOEA?	Yes ☐ 1 No ⇒ *next column or, if no more births go to E1* ☐ 2 Don't know ⇒ *next column or, if no more births go to E1* ☐ 8	Yes ☐ 1 No ⇒ *next column or, if no more births go to E1* ☐ 2 Don't know ⇒ *next column or, if no more births go to E1* ☐ 8
D34. WHERE DID YOU SEEK ADVICE OR TREATMENT? *Probe*: ANYWHERE ELSE? *Record all mentioned*	PUBLIC SECTOR Govt. hospital/clinic ☐ A Govt. health center ☐ B Govt. aid post ☐ C Mobile clinic ☐ D Comm. health worker ☐ E PRIVATE MEDICAL SECTOR Church hospital ☐ F Church health center ☐ G Church aid post ☐ H Other private hospital ☐ I Chemist/drug store ☐ J Private doctor/clinic ☐ K OTHER PRIVATE SECTOR Traditional practitioner ☐ L OTHER (*Specify*) ..... ☐ X	PUBLIC SECTOR Govt. hospital/clinic ☐ A Govt. health center ☐ B Govt. aid post ☐ C Mobile clinic ☐ D Comm. health worker ☐ E PRIVATE MEDICAL SECTOR Church hospital ☐ F Church health center ☐ G Church aid post ☐ H Other private hospital ☐ I Chemist/drug store ☐ J Private doctor/clinic ☐ K OTHER PRIVATE SECTOR Traditional practitioner ☐ L OTHER (*Specify*) ..... ☐ X

SKIP INSTRUCTION: ***At this point, go back to D1 and ask the series of questions for the birth in the next column. If there are no other births, proceed to Section E.***

SECTION E: FAMILY PLANNING

E1. THERE ARE A NUMBER OF THINGS PEOPLE CAN DO TO DELAY OR AVOID HAVING CHILDREN. THE FOLLOWING QUESTIONS ASK YOU ABOUT FAMILY PLANNING METHODS. WHICH WAYS OR METHODS HAVE YOU HEARD ABOUT?

Circle code 1 in E2 for each method mentioned spontaneously.
Then proceed down the column, reading the name and description of each method not mentioned spontaneously. Circle code 2 if method is recognised, and code 3 if not recognised. ***Then for each method with a 1 or 2 circled in E2, ask E3 and E4.***

	METHODS	E2. HAVE YOU EVER HEARD OF (METHOD)? Yes/spont = 1, Yes/probed = 2, No = 3	E3. HAVE YOU AND YOUR PARTNER EVER USED (METHOD)? Yes = 1, No = 2	E4. DO YOU KNOW WHERE A PERSON COULD GO TO GET (METHOD)? Yes = 1, No = 2
01	**PILL** Women can take a pill every day.	1 2 3 ⇩	1 2	1 2
02	**IUD** Women can have a loop or coil placed inside them by a doctor or a nurse.	1 2 3 ⇩	1 2	1 2
03	**INJECTIONS** Women can have an injection by a doctor or a nurse which stops them from becoming pregnant for several months.	1 2 3 ⇩	1 2	1 2
04	**DIAPHRAGM/FOAM/JELLY** Women can place a sponge, diaphragm, jelly or cream inside them before intercourse.	1 2 3 ⇩	1 2	1 2
05	**CONDOM** Men can use a rubber sheath during sexual intercourse.	1 2 3 ⇩	1 2	1 2
06	**FEMALE STERILISATION** Women can have an operation to stop having any more children.	1 2 3 ⇩	Have you ever had an operation like this? 1 2	1 2
07	**MALE STERILISATION** Men can have an operation to stop having any more children.	1 2 3 ⇩	Has your husband ever had an operation like this? 1 2	1 2
08	**PERIODIC ABSTINENCE** Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	1 2 3 ⇩	1 2	Do you know where a person can obtain advice on how to use periodic abstinence? 1 2
09	**WITHDRAWAL** Men can be careful and pull out before climax.	1 2 3 ⇩	1 2	
10	**OTHERS** Have you heard of any other ways or methods that women and men can use to avoid pregnancy. 1. ..... (*Specify*) 2. ..... (*Specify*) 3 ..... (*Specify*)	1 3	1 2 1 2 1 2	

E5. *Interviewer*

Check E3.

Woman sterilised → ***E7 and tick 06*** ..... ☐ 1

Woman not sterilised ..... ☐ 2

E6. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?

B31

Yes ..... ☐ 1

No → *E9* ..... ☐ 2

E7. WHICH METHOD ARE YOU USING?

Pill ..... ☐ 01

IUD (Loop) ..... ☐ 02

Injection ..... ☐ 03

Diaphragm/Foam/Jelly ..... ☐ 04

Condom ..... ☐ 05

Female Steril. → *E8b* ..... ☐ 06

Male Steril. → *E8b* ..... ☐ 07

Periodic abstinence/Rhythm .... ☐ 08

→ *Section F*

Withdrawal → *Section F.* . ☐ 09

Other (*Specify*) → *Section F* ..... ☐ 96

.....

.....

E8a. WHERE DID YOU OBTAIN (*Method*) THE LAST TIME?

FPA Clinic → *F1* ..... ☐ 01

Aid Post → *F1* ..... ☐ 02

Health Sub Centre → *F1* ... ☐ 03

Health Centre → *F1* ..... ☐ 04

MCH Clinic → *F1* ..... ☐ 05

Hospital → *F1* ..... ☐ 06

Private doctor → *F1* ..... ☐ 07

Comm. based distributor → *F1* ..... ☐ 08

Pharmacy / chemist → *F1* ..... ☐ 09

Shop → *F1* ..... ☐ 10

Relative or friend → *F1* ... ☐ 11

Other (*Specify*)) → *F1* ..... ☐ 96

.....

.....

E8b. WHERE DID THE STERILISATION TAKE PLACE?

Health Sub Centre → *F1* ... ☐ 03

Health Centre → *F1* ..... ☐ 04

Hospital → *F1* ..... ☐ 06

Private doctor → *F1* ..... ☐ 07

Other (*Specify*) → *F1* ..... ☐ 96

.....

.....

E9. *Interviewer:*

Check E3

Ever user ..... ☐ 1

Never user → *E11* ..... ☐ 2

E10 WHY ARENT YOU CURRENTLY USING ANY METHOD TO DELAY OR AVOID PREGNANCY?

Pregnant	☐ 01
Wants children	☐ 02
Partner opposed	☐ 03
Costs too much	☐ 04
Side effect/health concern	☐ 05
Hard to get methods	☐ 06
Religion	☐ 07
Menopausal/had hysterectomy → *Section F*	☐ 08
Not married	☐ 09
Other *(Specify)*	☐ 96
.....	
.....	

E11. DO YOU INTEND TO USE A METHOD TO DELAY OR AVOID PREGNANCY AT ANY TIME IN THE FUTURE?

Yes → *E13.*	☐ 1
No	☐ 2
Don't know → *F1*	☐ 8

E12. WHY DONT YOU INTEND TO USE A METHOD?

Lack of knowledge → *F1*	☐ 01
Wants children → *F1*	☐ 02
Partner opposed → *F1*	☐ 03
Costs too much → *F1*	☐ 04
Side effect/health concern → *F1*	☐ 05
Hard to get methods → *F1*	☐ 06
Religion → *F1*	☐ 07
Fatalistic → *F1*	☐ 08
Menopausal/had hysterectomy → *F1*	☐ 09
Not married → *F1*	☐ 10
Other *(Specify)* → *F1*	☐ 96
.....	
Don't know → *F1*	☐ 98

E13. WHAT METHOD DO YOU INTEND TO USE?

Pill	☐ 01
IUD (Loop)	☐ 02
Injection	☐ 03
Diaphragm/Foam/Jelly	☐ 04
Condom	☐ 05
Female Sterilisation	☐ 06
Male Sterilisation	☐ 07
Periodic abstinence/Rhythm	☐ 08
Withdrawal	☐ 09
Other *(Specify)*	☐ 96
.....	
Don't know	☐ 98

SECTION F: FERTILITY PREFERENCES

F1. ***Sequence guide***

Check E7.

If male or female sterilisation used → *F9* ..... ☐ 1

Check B3.

If never married → *F9* ..... ☐ 2

Otherwise → *F2* ..... ☐ 3

F2. ***Sequence guide***

Check C23.

If currently pregnant → *F3* ..... ☐ 1

If not pregnant → *F4* ..... ☐ 2

F3. AFTER THE CHILD YOU ARE EXPECTING, WOULD YOU LIKE ANOTHER OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?

Have another child → *F6* ..... ☐ 1

No (more) children → *F7* ..... ☐ 2

Not up to me to decide/Not sure → *F8* ..... ☐ 3

Don't know → *F9* ..... ☐ 8

F4. WOULD YOU LIKE TO HAVE A (ANOTHER) CHILD OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?

Have (another) child ..... ☐ 1

No (more) children → *F7* ..... ☐ 2

Not up to me to decide/Not sure → *F8* ..... ☐ 3

Don't know → *F9* ..... ☐ 8

F5. WOULD YOU LIKE TO HAVE A BOY OR A GIRL?

A boy ..... ☐ 1

A girl ..... ☐ 2

No preference ..... ☐ 3

F6. WHAT IS THE MAIN REASON YOU WOULD LIKE ANOTHER CHILD (AFTER THE ONE YOU ARE EXPECTING) ?

Love for children → *F9* .... ☐ 1

Family wish → *F9* ..... ☐ 2

Husband's wish → *F9* ..... ☐ 3

Old age security → *F9* ..... ☐ 4

Recent child death → *F9* .. ☐ 5

Other (*Specify*) → *F9* ..... ☐ 6

.....

Don't know → *F9* ..... ☐ 8

F7. WHAT IS THE MAIN REASON WHY YOU WOULD NOT LIKE ANOTHER CHILD ?

Medical reasons → *F9* ..... ☐ 1

Financial reasons → *F9* ... ☐ 2

Have enough children → *F9* ..... ☐ 3

For career reasons → *F9* ... ☐ 4

Single parent → *F9* ..... ☐ 5

Other *(Specify)* → *F9* ..... ☐ 6

.....

F8. WHO WILL DECIDE HOW MANY CHILDREN YOU HAVE?

Husband	☐ 1
Husband's clan	☐ 2
My clan	☐ 3
My mother	☐ 4
God	☐ 5
Other (*Specify*)	☐ 6
.....	

F9. *Sequence guide*

Check C16.

Has living children → *F10*	☐ 1
No living children → *F11*	☐ 2

F10. IF YOU COULD GO BACK TO THE TIME YOU DID NOT HAVE ANY CHILDREN AND COULD CHOOSE EXACTLY THE NUMBER OF CHILDREN TO HAVE IN YOUR WHOLE LIFE, HOW MANY WOULD THAT BE?

Number → *Section G*	☐☐
Other (*Specify*) → *Section G*	☐ 96
.....	

F11. IF YOU COULD CHOOSE EXACTLY THE NUMBER OF CHILDREN TO HAVE IN YOUR WHOLE LIFE, HOW MANY WOULD THAT BE?

Number	☐☐
Other (*Specify*)	☐ 96
.....	

SECTION G: AIDS

NOW I WOULD LIKE TO TALK TO YOU ABOUT SOMETHING ELSE.

G1. HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?

Yes	☐ 1
No → *Section H*	☐ 2

G2. FROM WHICH SOURCES OF INFORMATION HAVE YOU LEARNED MOST ABOUT AIDS?

Probe: ANY OTHER SOURCES?

Record all mentioned.

Radio	☐ A
TV	☐ B
Newspapers/magazines	☐ C
Pamphlets/posters	☐ D
Health workers	☐ E
Churches	☐ F
Schools/teachers	☐ G
Community meetings	☐ H
Friends/relatives	☐ I
Workplace	☐ J
Other (*Specify*)	☐ X
.....	
.....	

G3. IS THERE ANYTHING A PERSON CAN DO TO AVOID GETTING AIDS OR THE VIRUS THAT CAUSES AIDS?

Yes	☐ 1
No → G7	☐ 2
Don't know → G7	☐ 8

G4. WHAT CAN A PERSON DO?

Probe: ANY OTHER WAYS?

Record all mentioned

Safe sex	A
Abstain from sex	B
Use condoms	C
Have only one sex partner	D
Avoid sex with prostitutes	E
Avoid sex with homosexuals	F
Avoid blood transfusions	G
Avoid injections	H
Avoid kissing	I
Avoid mosquito bites	J
Seek protection from traditional healer	K
Other (*Specify*)	X
.....	
Don't know	Z

G5. *Sequence guide:*

Check G4

Mentioned safe sex → *G6.*
Did not mention safe sex → *G7.*

G6. WHAT DOES SAFE SEX MEAN TO YOU?

Probe: ANY OTHER WAYS?

Record all mentioned

Abstain from sex	B
Use condoms	C
Have only one sex partner	D
Avoid sex with prostitutes	E
Avoid sex with homosexuals	F
Other (*Specify*)	X
.....	
Don't know	Z

G7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?

Yes	1
No	2
Don't know	8

G8. DO YOU THINK THAT PERSONS WITH AIDS ALMOST NEVER DIE FROM THE DISEASE, SOMETIMES DIE, OR ALMOST ALWAYS DIE FROM THE DISEASE?

Almost never	1
Sometimes	2
Almost always	3
Don't know	8

G9. DO YOU THINK YOUR CHANCE OF GETTING AIDS IS SMALL, MODERATE, GREAT, OR NO RISK AT ALL?

Small	1
Moderate	2
Great	3
No risk at all	4
Has AIDS	5

G10. HAS YOUR KNOWLEDGE OF AIDS INFLUENCED OR CHANGED YOUR SEXUAL BEHAVIOUR?

Yes..... ☐ 1

No ⟶ *G12*..... ☐ 2

G11 IN WHAT WAY HAS IT INFLUENCED OR CHANGED YOUR BEHAVIOUR?

Record all mentioned

Did not start sex..... ☐ A

Stopped all sex..... ☐ B

Started using condoms..... ☐ C

Restricted sex to one partner.... ☐ D

Reduced number of partners..... ☐ E

Other (*Specify*)..... ☐ X

.....

Don't know..... ☐ Z

G12. HAVE YOU HEARD OF OTHER DISEASES APART FROM AIDS WHICH COULD BE TRANSMITTED THROUGH SEXUAL CONTACT?

Yes..... ☐ 1

No ⟶ *Section H*..... ☐ 2

G13. COULD YOU NAME THE DISEASES?

Probe: ANY OTHER?

Record all mentioned

Gonorrhoea..... ☐ A

Syphilis..... ☐ B

Herpes..... ☐ C

Hepatitis..... ☐ D

Other (*Specify*)..... ☐ X

.....

SECTION H: MATERNAL MORTALITY

I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT ALL YOUR SISTERS BORN TO YOUR NATURAL MOTHER.

H1. HOW MANY SISTERS DID YOU EVER HAVE, INCLUDING THOSE WHO ARE NOW DEAD?

Sisters..... ☐☐

If 00, End of interview.

H2. HOW MANY OF YOUR SISTERS EVER REACHED AGE 12?

Reached age 12..... ☐☐

If 00 End of interview.

H3. HOW MANY OF YOUR SISTERS WHO REACHED AGE 12 ARE ALIVE NOW?

Alive..... ☐☐

H4. HOW MANY OF YOUR SISTERS WHO REACHED AGE 12 ARE DEAD?

Dead..... ☐☐

H5. *Interviewer:*

Check that sum of *H3* and *H4* is equal to *H2*. *IF H4 equals 00, end of interview.*

H6. HOW MANY OF THESE DEAD SISTERS DIED DURING PREGNANCY?

During pregnancy..... ☐☐

H7. HOW MANY OF THESE DEAD SISTERS DIED DURING CHILDBIRTH? During childbirth.....	☐☐		
H8. HOW MANY OF THESE DEAD SISTERS DIED DURING THE SIX WEEKS AFTER THE END OF A PREGNANCY? After pregnancy.....	☐☐		
H9. *Interviewer:* *Sum answers to H6, H7 and H8* *Sum maternal deaths*	☐☐		

INTERVIEWER'S OBSERVATIONS

(To be filled in after completing interview)

Comments About Respondent: _____

_____

_____

_____

_____

Comments on Specific Questions: _____

_____

_____

_____

_____

SUPERVISOR'S OBSERVATIONS

_____

_____

_____

_____

_____

_____

Name of Supervisor: _____ **Date:** _____