

**2016 REPRODUCTIVE HEALTH SURVEY
KIGOMA REGION
INDIVIDUAL QUESTIONNAIRE**

Household Questionnaire #				Woman ID	

TIME THE INTERVIEW STARTED: HOUR (24 HOURS) MIN (60 MINUTES)

SECTION I – RESPONDENT’S BACKGROUND

101. In what month and year were you born?	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> MONTH <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEAR 88. DON'T KNOW MONTH 8888. DON'T KNOW YEAR
102. How old were you on your last birthday?	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEARS
103. Have you ever attended school?	1. YES 2. NO → Q105
104. What is the highest level of school you attended?	1. PREPRIMARY 2. PRIMARY 3. POST-PRIMARY TRAINING 4. SECONDARY 5. POST-SECONDARY TRAINING 6. UNIVERSITY
104A. What is the highest grade you completed at that level? IF COMPLETED LESS THAN ONE GRADE AT THAT LEVEL, RECORD '00'.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> GRADE
104B. Are you still attending school?	1. YES → Q105 2. NO
104C. How old were you when you last attended school?	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> YEARS 88. DON'T KNOW
105. How often do you attend religious services?	1. SEVERAL TIMES A DAY 2. ONCE A DAY 3. AT LEAST ONCE A WEEK 4. AT LEAST ONCE A MONTH 5. LESS THAN ONCE A MONTH 6. ONLY FOR SPECIAL OCCASIONS 7. DOES NOT ATTEND AT ALL 9. REFUSED
106A. Aside from your household chores and work, did you do any work outside the home in the past 12 months for which you received money?	1. YES 2. NO
106B. Aside from your household chores and work, did you do any work outside the home in the past 12 months for which you were paid in goods? IF BOTH Q106A AND Q106B = 2, SKIP TO Q108A.	1. YES 2. NO

<p>107. Would you say that the money that <u>you</u> earn covers none, some, or all/most of your household expenses?</p>	<p>1. NONE 2. SOME 3. ALL/MOST</p>
<p>108A. Now I would like to ask you some questions about your work and the ownership of goods in your household. Do you have any cash savings of your own?</p>	<p>1. YES 2. NO</p>
<p>108B. Do you have any land that is owned by you alone?</p>	<p>1. YES 2. NO</p>
<p>108C. Do you own any assets that could help you generate income?</p>	<p>1. YES 2. NO</p>
<p>111. How often do you listen to the radio?</p>	<p>1. ALMOST EVERY DAY 2. AT LEAST ONCE A WEEK 3. LESS THAN ONCE A WEEK 4. NOT AT ALL</p>
<p>112. How often do you watch television?</p>	<p>1. ALMOST EVERY DAY 2. AT LEAST ONCE A WEEK 3. LESS THAN ONCE A WEEK 4. NOT AT ALL</p>

SECTION II – RELATIONSHIP STATUS AND PARTNERSHIP HISTORY

Now, I would like to ask you some questions about your steady relationships.

201. Are you currently married or living with a man as if married?	1. YES, CURRENTLY MARRIED → Q203A 2. YES, LIVING WITH A MAN → Q203A 3. NO, NOT IN UNION																																																								
202. Have you ever been married or lived together with a man as if married?	1. YES, FORMERLY MARRIED 2. YES, LIVED WITH A MAN 3. NO → SECTION III																																																								
203. What is your marital status now: are you widowed, divorced, or separated?	1. WIDOWED 2. DIVORCED 3. SEPARATED } Q207																																																								
203A. Does your husband/partner have other wives or does he live with other women as if married?	1. YES 2. NO → Q204 8. DON'T KNOW → Q204																																																								
203B. Including yourself, in total, how many wives or partners does your husband live with now as if married?	<table style="border: 1px solid black; width: 100px; height: 20px; margin-bottom: 5px;"></table> TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS 98. DON'T KNOW																																																								
203C. Are you the first, second, ...wife?	RANK <table style="border: 1px solid black; width: 40px; height: 20px; margin-left: 10px;"></table>																																																								
204. In what month and year did you start living with your (husband/partner)?	<table style="border: 1px solid black; width: 100px; height: 20px; margin-right: 10px;"></table> MONTH <table style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></table> YEAR 88. DOES NOT REMEMBER MONTH 8888. DOES NOT REMEMBER YEAR																																																								
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205A. Now I would like to ask you about who usually makes decisions in your household. Would this person be: you, your husband/partner, both you and your husband partner together, your husband/partner's parents, your own parents, or someone else? Which member of your household usually makes decisions about: (READ A-F)	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 8%;"><u>WOMAN ONLY</u></th> <th style="width: 8%;"><u>HUSBAND/PARTNER ONLY</u></th> <th style="width: 8%;"><u>BOTH WOMAN & HUSBAND/PARTNER</u></th> <th style="width: 8%;"><u>HUSBAND/PARTNER'S PARENTS</u></th> <th style="width: 8%;"><u>WOMAN'S PARENTS</u></th> <th style="width: 8%;"><u>SOMEONE ELSE</u></th> <th style="width: 8%;"><u>NA</u></th> </tr> </thead> <tbody> <tr> <td>A. Your health care?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> </tr> <tr> <td>B. Making large household purchases?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> </tr> <tr> <td>C. Making household purchases for daily needs?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> </tr> <tr> <td>D. How to use the money that <u>you</u> bring into the household?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> </tr> <tr> <td>E. How to use the money that your partner brings into the household?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> </tr> <tr> <td>F. Whether you are allowed to work to earn money?</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>6</td> <td>9</td> </tr> </tbody> </table>		<u>WOMAN ONLY</u>	<u>HUSBAND/PARTNER ONLY</u>	<u>BOTH WOMAN & HUSBAND/PARTNER</u>	<u>HUSBAND/PARTNER'S PARENTS</u>	<u>WOMAN'S PARENTS</u>	<u>SOMEONE ELSE</u>	<u>NA</u>	A. Your health care?	1	2	3	4	5	6	9	B. Making large household purchases?	1	2	3	4	5	6	9	C. Making household purchases for daily needs?	1	2	3	4	5	6	9	D. How to use the money that <u>you</u> bring into the household?	1	2	3	4	5	6	9	E. How to use the money that your partner brings into the household?	1	2	3	4	5	6	9	F. Whether you are allowed to work to earn money?	1	2	3	4	5	6	9
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206. Have you been married or lived with a man only once or more than once?	1. ONLY ONCE → GO TO SECTION III 2. MORE THAN ONCE																																																								
207. In what month and year did you start your <u>first</u> legal or common-law marriage?	<table style="border: 1px solid black; width: 100px; height: 20px; margin-right: 10px;"></table> MONTH <table style="border: 1px solid black; width: 100px; height: 20px; margin-left: 10px;"></table> YEAR 88. DOES NOT REMEMBER MONTH 8888. DOES NOT REMEMBER YEAR																																																								
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SECTION III – FERTILITY

Now, we are going to talk about your history of menstruation and your pregnancy history. Some of the questions may not apply to you. In these cases, just say so.

<p>301. How old were you when your first period (menstruation) started? (PROBE: woman's monthly bleeding)</p>	<p><input type="text"/> <input type="text"/> YEARS 77. NEVER HAD A PERIOD → Q303</p>
<p>302. How long has it been since your last menstrual period?</p>	<p><input type="text"/> <input type="text"/> MONTHS 00. UP TO ONE MONTH 55. CURRENTLY HAVING A PERIOD 66. DO NOT HAVE A PERIOD ANY MORE 77. BEFORE LAST/ CURRENT PREGNANCY 88. DON'T REMEMBER</p>
<p>303. Are you currently pregnant?</p>	<p>1. YES 2. NO → Q308 8. NOT SURE → Q308</p>
<p>304. How many months pregnant are you now?</p>	<p><input type="text"/> <input type="text"/> MONTHS 88. NOT SURE</p>
<p>305. Just before you got pregnant, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?</p>	<p>1. WANTED THE PREGNANCY THEN 2. WANTED THE PREGNANCY LATER 3. DID NOT WANT THE PREGNANCY 8. NOT SURE</p>
<p>306. Is this your first pregnancy?</p>	<p>1. YES 2. NO → Q310 8. NOT SURE</p>
<p>307. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?</p>	<p>1. YES → Q315 2. NO → SECTION V</p>
<p>308. Have you ever been pregnant?</p>	<p>1. YES → Q310 2. NO 8. NOT SURE</p>
<p>309. Have you ever had a stillbirth, ectopic pregnancy, miscarriage, or an induced abortion?</p>	<p>1. YES → Q315 2. NO → SECTION V</p>
<p>310. How many children have you given birth to who <u>live with you now</u>?</p>	<p><input type="text"/> <input type="text"/> CHILDREN</p>
<p>311. How many children have you given birth to who <u>live somewhere else</u>?</p>	<p><input type="text"/> <input type="text"/> CHILDREN</p>
<p>312. Have you ever had a child born alive who later died, including those who may have died in the first hours or days after birth?</p>	<p>1. YES 2. NO → Q314</p>
<p>313. How many children were born alive but later died?</p>	<p><input type="text"/> <input type="text"/> CHILDREN</p>
<p>314. So altogether you had a total of (ADD NUMBER OF CHILDREN FROM Q310+Q311+Q313) live births?</p>	<p><input type="text"/> <input type="text"/> LIVE BIRTHS</p>

PREGNANCY HISTORY

Now I would like to talk to you about all your pregnancies (not counting the current one). Please, make sure you include all pregnancies, it doesn't matter when they happened or how they ended, whether in a live birth, a stillbirth, an ectopic pregnancy, an abortion, or a miscarriage. Starting with your most recent pregnancy, please give me the following information:

#	315	316	317	318	319	320	321
	How did that pregnancy end?	When did that pregnancy end? (month & year)	How many weeks or months had you been pregnant when that pregnancy ended?	IF 315=1, 2, or 3 What is the name of the child?	Was (NAME) a boy or a girl?	Is (NAME) still alive?	How old was (NAME) when he/she died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)
1	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE/ABORTION 7. ECTOPIC PREGNANCY	___ MTH ___ YR 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DNK 9. 9 9 NR/REF IF Q315=4,5,6, OR 7 GO TO NEXT ROW	IF 315=1, 2, or 3, RECORD NAME. _____	1. BOY 2. GIRL	1.YES-> GO TO NEXT ROW 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 9. 9 9 NR/REF
				IF Q315=2 RECORD 2ND TWIN NAME. _____			
2	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE/ABORTION 7. ECTOPIC PREGNANCY	___ MTH ___ YR 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DNK 9. 9 9 NR/REF IF Q315=4,5,6, OR 7 GO TO NEXT ROW	IF 315=1, 2, or 3, RECORD NAME. _____	1. BOY 2. GIRL	1.YES-> GO TO NEXT ROW 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 9. 9 9 NR/REF
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15	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE/ABORTION 7. ECTOPIC PREGNANCY	___ MTH ___ YR 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DNK 9. 9 9 NR/REF IF Q315=4,5,6, OR 7 GO TO NEXT ROW	IF 315=1, 2, or 3, RECORD NAME. _____	1. BOY 2. GIRL	1. YES-> GO TO NEXT ROW 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 9. 9 9 NR/REF
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16	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE/ABORTION 7. ECTOPIC PREGNANCY	___ MTH ___ YR 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DNK 9. 9 9 NR/REF IF Q315=4,5,6, OR 7 GO TO NEXT ROW	IF 315=1, 2, or 3, RECORD NAME. _____	1. BOY 2. GIRL	1. YES-> GO TO NEXT ROW 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 9. 9 9 NR/REF
				IF Q315=2 RECORD 2ND TWIN NAME. 8 _____	1. BOY 2. GIRL	1. YES-> GO TO NEXT ROW 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 9. 9 9 NR/REF

#	315	316	317	318	319	320	321
	How did that pregnancy end?	When did that pregnancy end? (month & year)	How many weeks or months had you been pregnant when that pregnancy ended?	IF 315=1, 2, or 3 What is the name of the child?	Was (NAME) a boy or a girl?	Is (NAME) still alive?	How old was (NAME) when he/she died? (RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YRS.)
17	1. LIVE BIRTH (SINGLE) 2. MULTIPLE LIVE BIRTH 3. MULTIPLE (LB WITH SB) 4. STILLBIRTH (SINGLE) 5. MULTIPLE STILLBIRTH 6. MISCARRIAGE/ABORTION 7. ECTOPIC PREGNANCY	___ MTH ___ YR 99. NR	1. ___ WKS OR 2. ___ MTHS 8. 8 8 DNK 9. 9 9 NR/REF IF Q315=4,5,6, OR 7 GO TO NEXT ROW	IF 315=1, 2, or 3, RECORD NAME. _____	1. BOY 2. GIRL	1.YES-> GO TO NEXT ROW 2. NO	1. ___ DAYS 2. ___ MTHS 3. ___ YEARS 9. 9 9 NR/REF
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**SECTION IV: HEALTH CARE FOR BIRTHS SINCE JANUARY 2014
LAST BIRTH**

<p>400. INTERVIEWER, CHECK THE PREGNANCY HISTORY AND RECORD THE TOTAL NUMBER OF PREGNANCIES THAT ENDED IN EITHER LIVEBIRTHS OR STILLBIRTHS (Q315= 1,2,3,4, or 5) SINCE JANUARY 2014.</p> <p>INTERVIEWER: THIS IS THE TOTAL NUMBER OF PREGNANCIES YOU SHOULD REGISTER IN SECTION IV (UP TO 3.)</p>	<p>1. TOTAL PREGNANCIES ENDING IN LIVEBIRTHS OR STILLBIRTHS SINCE JANUARY 2014 <input type="text"/></p> <p>2. IF NONE SINCE JANUARY 2014 → SECTION V</p>																																																			
<p>401. COPY THE PREGNANCY NUMBER AND OUTCOME OF THE <u>LAST BIRTH</u> SINCE JANUARY 2014 ON PAGE 5</p>	<p>PREGNANCY # FOR LAST BIRTH <input type="text"/></p> <p>PREGNANCY OUTCOME CODE:</p> <p>"1", "2", "3", "4, or "5" <input type="text"/></p> <p>IF CODE= 1, 2, or 3 FOR LAST BIRTH, RECORD:</p> <p>NAME: _____</p> <p>STILL ALIVE?</p> <p>(RECORD IF Q320=1 FOR LAST BIRTH)</p> <p>1. YES 2. NO</p>																																																			
<p>402. Now, I would like to talk to you about your last birth. <u>Just before you got pregnant</u>, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?</p>	<p>1. WANTED THE PREGNANCY THEN 2. WANTED THE PREGNANCY LATER 3. DID NOT WANT THE PREGNANCY 8. NOT SURE</p>																																																			
<p>405. Were you given any injection to prevent the baby from getting tetanus (i.e., <i>lock jaw</i>) during that pregnancy?</p>	<p>1. YES - FOR TETANUS 2. YES - DON'T KNOW WHAT FOR 3. NO → Q407</p>																																																			
<p>406. How many injections were given?</p>	<p><input type="text"/> INJECTIONS</p> <p>8. NOT SURE</p>																																																			
<p>407. Did you see anyone for antenatal care during that pregnancy?</p>	<p>1. YES → Q408 2. NO</p>																																																			
<p>407A. Why didn't you go for antenatal care?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED, THEN GO TO Q414A</p>	<p>A. COST TOO MUCH B. FACILITY FAR AWAY C. TRANSPORTATION UNAVAILABLE/EXPENSIVE D. DON'T TRUST FACILITY/POOR QUALITY SERVICE E. NO FEMALE PROVIDER AT FACILITY F. HUSBAND/FAMILY DID NOT ALLOW G. NOT NECESSARY H. NOT CUSTOMARY I. OTHER _____</p> <p align="center">GO TO Q414A</p>																																																			
<p>408. Where did you go for antenatal care? PROBE: Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<table border="0"> <tr> <td>KIGOMA HOSPITAL CODES:</td> <td>KIGOMA HEALTH CENTER CODES:</td> </tr> <tr> <td>BAPTIST: 128</td> <td>BIHARU: 32</td> </tr> <tr> <td>HERI: 36</td> <td>MULERA: 60</td> </tr> <tr> <td>KABANGA: 48</td> <td>MUYAMA: 63</td> </tr> <tr> <td>KASULU (MUMANI): 41</td> <td>BITALE: 3</td> </tr> <tr> <td>KIBONDO: 96</td> <td>BUHINGU: 81</td> </tr> <tr> <td>MAWENI: 15</td> <td>MUYOVOZI: 130</td> </tr> <tr> <td></td> <td>GUNGU (KIKUKU): 10</td> </tr> <tr> <td></td> <td>MWAMGONGO: 30</td> </tr> <tr> <td></td> <td>NGURUKA: 21</td> </tr> <tr> <td></td> <td>GWANUMPU: 86</td> </tr> <tr> <td></td> <td>NYWAKITONTO: 70</td> </tr> <tr> <td></td> <td>ILAGALA: 12</td> </tr> <tr> <td></td> <td>NYANZIGE: 118</td> </tr> <tr> <td></td> <td>JANDA: 39</td> </tr> <tr> <td></td> <td>NYENGE: 5</td> </tr> <tr> <td></td> <td>KAKONKO: 88</td> </tr> <tr> <td></td> <td>RUSESA: 76</td> </tr> <tr> <td></td> <td>KIFURA: 99</td> </tr> <tr> <td></td> <td>SHUNGA: 77</td> </tr> <tr> <td></td> <td>KIGANAMO: 46</td> </tr> <tr> <td></td> <td>UJIJI: 24</td> </tr> <tr> <td></td> <td>MABAMBA: 110</td> </tr> <tr> <td></td> <td>UVINZA: 27</td> </tr> <tr> <td></td> <td>MATYAZO: 14</td> </tr> </table>	KIGOMA HOSPITAL CODES:	KIGOMA HEALTH CENTER CODES:	BAPTIST: 128	BIHARU: 32	HERI: 36	MULERA: 60	KABANGA: 48	MUYAMA: 63	KASULU (MUMANI): 41	BITALE: 3	KIBONDO: 96	BUHINGU: 81	MAWENI: 15	MUYOVOZI: 130		GUNGU (KIKUKU): 10		MWAMGONGO: 30		NGURUKA: 21		GWANUMPU: 86		NYWAKITONTO: 70		ILAGALA: 12		NYANZIGE: 118		JANDA: 39		NYENGE: 5		KAKONKO: 88		RUSESA: 76		KIFURA: 99		SHUNGA: 77		KIGANAMO: 46		UJIJI: 24		MABAMBA: 110		UVINZA: 27		MATYAZO: 14	<p>A. KIGOMA HOSPITAL: CODE ____ _</p> <p>B. OTHER HOSPITAL (SPECIFY) _____</p> <p>C. KIGOMA HEALTH CENTER: CODE ____ _</p> <p>D. DISPENSARY _____</p> <p>E. HOME</p> <p>F. CBD WORKER</p> <p>G. COMMUNITY HEALTH WORKER (CHW)</p> <p>H. TRAINED BIRTH ATTENDANT</p> <p>I. OTHER (SPECIFY) _____</p>
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<p>409. How many times did you go?</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td>TIMES</td> </tr> </table> <p>66. NOT SURE, BUT AT LEAST 4 TIMES 67. NOT SURE 68. DOES NOT REMEMBER</p>			TIMES															
		TIMES																	
<p>410. In what month of the pregnancy did the antenatal care begin?</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td>MONTH</td> </tr> </table> <p>88. DOES NOT REMEMBER</p>			MONTH															
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<p>411. During this pregnancy, were any of the following done at least once: READ A-E. CIRCLE YES OR NO FOR EACH.</p> <p>A. Were you weighed? B. Was your height measured? C. Did you give a urine sample? D. Did you give a blood sample? E. Were you tested for HIV?</p>	<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. HEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. URINE SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. BLOOD SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. HIV TESTED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. WEIGHT	1	2	B. HEIGHT	1	2	C. URINE SAMPLE	1	2	D. BLOOD SAMPLE	1	2	E. HIV TESTED	1	2
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E. HIV TESTED	1	2																	
<p>412A. Was your blood pressure ever checked during that pregnancy?</p>	<p>1. YES 2. NO → Q413A 8. DOES NOT REMEMBER → Q413A</p>																		
<p>412B. During this pregnancy, were you told that your blood pressure was high?</p>	<p>1. YES 2. NO 8. DOES NOT REMEMBER</p>																		
<p>413A. Were you told about the signs of pregnancy complications?</p>	<p>1. YES 2. NO 8. DOES NOT REMEMBER</p>																		
<p>413A2. In your opinion, what are some of the serious health problems that can occur during pregnancy and around labor and childbirth that could endanger the life of a pregnant woman?</p> <p>PROBE: Any other health problem?</p> <p>RECORD ALL MENTIONED.</p>	<p>A. SEVERE VAGINAL BLEEDING B. SWOLLEN HANDS/FACE C. BLURRED VISION D. PROLONGED LABOR (>12 HOURS) E. CONVULSIONS F. RETAINED PLACENTA G. FOUL SMELLING VAGINAL DISCHARGE H. HIGH FEVER I. OTHER (SPECIFY) _____ Z. NONE MENTIONED</p>																		
<p>413B. Were you advised to develop a birth plan?</p>	<p>1. YES 2. NO 8. DOES NOT REMEMBER</p>																		
<p>413B2. What arrangements did you or your family make for the birth of this child? READ A-E. CIRCLE YES OR NO FOR EACH. Did you:</p> <p>A. Identify transport? B. Save money? C. Identify a blood donor? D. Identify a nurse, midwife, or doctor to deliver the baby? E. Identify a companion or support person to accompany you to a facility for delivery?</p>	<table border="1" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. TRANSPORT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. SAVE MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. BLOOD DONOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. SKILLED ATTENDANT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. COMPANION / SUPPORT FACILITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. TRANSPORT	1	2	B. SAVE MONEY	1	2	C. BLOOD DONOR	1	2	D. SKILLED ATTENDANT	1	2	E. COMPANION / SUPPORT FACILITY	1	2
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E. COMPANION / SUPPORT FACILITY	1	2																	
<p>414A. Did you sleep under insecticide-treated bed nets (ITN) most of the time?</p>	<p>1. YES 2. NO 8. DOES NOT REMEMBER</p>																		
<p>414B. During this pregnancy, did you take SP-Fansidar to keep you from getting malaria?</p>	<p>1. YES 2. NO → Q414D 8. DOES NOT REMEMBER → Q414D</p>																		
<p>414C. How many times did you take SP-Fansidar?</p>	<table border="1" style="width: 100%;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td>TIMES</td> </tr> </table>			TIMES															
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<p>414D. Did you take any local herbs during your pregnancy and/or labor?</p>	<p>1. YES 2. NO → Q415 8. DOES NOT REMEMBER → Q415</p>																		

<p>414E. For what reasons did you take the local herbs?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED</p>		<p>A. TO INDUCE OR SUSTAIN LABOR (CONTRACTION THAT LED UP TO BIRTH)</p> <p>B. TO TREAT MALARIA</p> <p>C. TO TREAT COLD/FLU</p> <p>D. TO TREAT HEADACHE</p> <p>E. TO TREAT CONVULSIONS</p> <p>F. TO TREAT VAGINAL BLEEDING</p> <p>G. TO TREAT STOMACH PAIN</p> <p>H. FOR THE HEALTH OF THE CHILD</p> <p>I. TO AVOID MISCARRIAGE</p> <p>J. OTHER (SPECIFY) _____</p>																											
<p>414F. Altogether, how many days did you take local herbs during the pregnancy and/or labor?</p> <p>IF ANSWER IS GIVEN IN MONTHS, CONVERT IT TO DAYS.</p>		<p>___ ___ DAYS</p> <p>777. CONTINUOUSLY</p> <p>888. DOES NOT REMEMBER</p>																											
<p>414G. In what month of the pregnancy did you <u>begin</u> using local herbs?</p>		<p>___ ___ MONTH</p> <p>77. JUST BEFORE DELIVERY</p> <p>88. DOES NOT REMEMBER</p>																											
<p>414H. In what month of the pregnancy did you <u>stop</u> using local herbs?</p>		<p>___ ___ MONTH</p> <p>55. DURING LABOR / JUST BEFORE DELIVERY</p> <p>66. DURING DELIVERY</p> <p>77. AFTER DELIVERY</p> <p>88. DOES NOT REMEMBER</p>																											
<p>415. Before you delivered the baby, how long had you been in labor? By labor, we mean strong, regular and frequent contractions at least 5 minutes apart.</p>		<p>___ ___ HOURS</p> <p>76. MORE THAN 3 DAYS (>72 HOURS)</p> <p>77. C-SECTION BEFORE LABOR</p> <p>88. DOESN'T KNOW</p>																											
<p>416A. Where did you give birth to your last baby?</p>	<p>KIGOMA HOSPITAL CODES:</p> <p>BAPTIST: 128</p> <p>HERI: 36</p> <p>KABANGA: 48</p> <p>KASULU (MUMANI): 41</p> <p>KIBONDO: 96</p> <p>MAWENI: 15</p>	<p>KIGOMA HEALTH CENTER CODES:</p> <table border="0"> <tr> <td>BIHARU: 32</td> <td>MULERA: 60</td> </tr> <tr> <td>BITALE: 3</td> <td>MUYAMA: 63</td> </tr> <tr> <td>BUHINGU: 81</td> <td>MUYOVOZI: 130</td> </tr> <tr> <td>GUNGU (KIKUKU): 10</td> <td>MWAMGONGO: 30</td> </tr> <tr> <td>GWANUMPU: 86</td> <td>NGURUKA: 21</td> </tr> <tr> <td>ILAGALA: 12</td> <td>NYWAKITONTO: 70</td> </tr> <tr> <td>JANDA: 39</td> <td>NYANZIGE: 118</td> </tr> <tr> <td>KAKONKO: 88</td> <td>NYENGE: 5</td> </tr> <tr> <td>KIFURA: 99</td> <td>RUSESA: 76</td> </tr> <tr> <td>KIGANAMO: 46</td> <td>SHUNGA: 77</td> </tr> <tr> <td>KIMWANYA: 129</td> <td>UJJI: 24</td> </tr> <tr> <td>MABAMBA: 110</td> <td>UVINZA: 27</td> </tr> <tr> <td>MATYAZO: 14</td> <td></td> </tr> </table>	BIHARU: 32	MULERA: 60	BITALE: 3	MUYAMA: 63	BUHINGU: 81	MUYOVOZI: 130	GUNGU (KIKUKU): 10	MWAMGONGO: 30	GWANUMPU: 86	NGURUKA: 21	ILAGALA: 12	NYWAKITONTO: 70	JANDA: 39	NYANZIGE: 118	KAKONKO: 88	NYENGE: 5	KIFURA: 99	RUSESA: 76	KIGANAMO: 46	SHUNGA: 77	KIMWANYA: 129	UJJI: 24	MABAMBA: 110	UVINZA: 27	MATYAZO: 14		<p>1. KIGOMA HOSPITAL: CODE ___ ___ ___</p> <p>2. OTHER HOSPITAL (SPECIFY): _____</p> <p>3. KIGOMA HEALTH CENTER: CODE ___ ___ ___</p> <p>4. DISPENSARY (SPECIFY): _____</p> <p>5. ON THE WAY TO A HEALTH FACILITY → Q419B</p> <p>6. OWN HOME → Q419A</p> <p>7. OTHER HOME → Q419A</p> <p>8. OTHER (SPECIFY) _____ → Q419A</p>
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KIMWANYA: 129	UJJI: 24																												
MABAMBA: 110	UVINZA: 27																												
MATYAZO: 14																													
<p>416A1. Would you recommend this health facility to a friend or family member for maternal health services?</p>		<p>1. YES</p> <p>2. NO</p> <p>8. DON'T KNOW</p>																											
<p>416A2. Was this the closest health facility to your home?</p>		<p>1. YES → Q416B</p> <p>2. NO</p> <p>8. DON'T KNOW → Q416B</p>																											
<p>416A3. What are the reasons you did not go to the facility nearest to your home?</p> <p>PROBE: "Anything else?"</p> <p>RECORD ALL MENTIONED</p>		<p>A. INCONVENIENT OPERATING HOURS</p> <p>B. BAD REPUTATION</p> <p>C. DON'T LIKE STAFF</p> <p>D. NO MEDICINE</p> <p>E. PREFERS TO REMAIN ANONYMOUS (NO ONE KNOWS ME AT THIS FACILITY)</p> <p>F. IT IS MORE EXPENSIVE</p> <p>G. REFERRED FROM ANOTHER FACILITY</p> <p>H. FACILITY NOT OPEN</p> <p>I. FACILITY OF POOR QUALITY</p> <p>J. FACILITY DOES NOT PROVIDE DESIRED SERVICES</p> <p>K. PROVIDERS OFTEN AWAY</p> <p>L. FACILITY DOES NOT ACCEPT INSURANCE</p> <p>M. PROVIDER TREATS PATIENTS UNKINDLY</p> <p>N. BAD EXPERIENCE AT THE FACILITY IN THE PAST</p> <p>O. OTHER (SPECIFY) _____</p> <p>Y. DON'T KNOW / REMEMBER</p>																											

416B. Were you referred?	1. YES 2. NO
417A. How long did it take you, one-way, to get from your home to the health facility where you delivered?	1. ____ MINUTES OR 2. ____ HOURS 888. DON'T REMEMBER
417B. How did you get to the health facility? PROBE: Any other way? RECORD ALL MENTIONED	A. WALKED / ON FOOT B. AMBULANCE BICYCLE C. AMBULANCE MOTORCYCLE D. AMBULANCE CAR / TRUCK E. SIMPLE BICYCLE F. SIMPLE MOTORCYCLE G. SIMPLE CAR / TRUCK H. BOAT I. BUS / MINIBUS J. BAJAJ K. CART L. LITTER (HOMEMADE GURNEY) M. OTHER (SPECIFY) _____
417C. How much did you pay for transport to the facility, in total?	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW
417D. Did you pay any formal or informal fees for deliver care for your last birth?	1. YES 2. NO → Q417G
417E. How much did you pay in <u>formal fees</u> for delivery care services at the facility?	_____ TSH 000000. NONE 888888. DOESN'T KNOW
417F. How much did you pay in <u>informal fees</u> for delivery care services at the facility?	_____ TSH 000000. NONE 888888. DOESN'T KNOW
417G. Did the facility provide supplies for childbirth?	1. YES 2. NO → Q417I
417H. How much did you pay for supplies at the facility?	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW
417I. How much did you pay for any supplies that you brought?	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW
417J. How much did you pay for any medications?	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW

417K. How much did you pay for accommodation near the facility?	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>																																							
417L. How much did you pay for food at the facility?	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>																																							
417M. How much did you pay for care for your dependents back home?	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>																																							
417N. How much did you pay for any other expenses related to your last delivery? (SPECIFY OTHER EXPENSES) _____	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>																																							
417N2. Did you give gifts or any non-monetary payments for services during your last delivery?	<p>1. YES</p> <p>2. NO</p> <p>8. DOESN'T KNOW / REMEMBER</p>																																							
417O. Thinking back to the way staff treated you during your last delivery, would you say you were satisfied, somewhat satisfied, or not satisfied?	<p>1. SATISFIED</p> <p>2. SOMEWHAT SATISFIED</p> <p>3. NOT SATISFIED</p> <p>8. DOESN'T KNOW / REMEMBER</p>																																							
417P. When you came to the facility for delivery, did the staff.... READ A-L. CIRCLE YES OR NO FOR EACH. A. Care for you with a kind approach? B. Treat you in a friendly manner? C. Show concern and empathy? D. Treat you with respect as an individual? E. Call you by my name? F. Respond to your needs whether or not you asked? G. Slap you during delivery for different reasons? H. Shout at you because you had not done what you were told? I. Keep you waiting for a long time before receiving service? J. Allow you to practice cultural rituals in the facility? K. Delay service provision due to health facility's internal problems? L. Not treat you well because of your personal attributes?	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. KIND APPROACH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. FRIENDLY MANNER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. CONCERN/EMPATHY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. TREAT WITH RESPECT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. CALL BY NAME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. RESPOND TO NEEDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. SLAP DURING DELIV.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>H. SHOUT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>I. WAITING LONG TIME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>J. ALLOW RITUALS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>K. DELAY SERVICE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>L. NOT TREAT WELL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. KIND APPROACH	1	2	B. FRIENDLY MANNER	1	2	C. CONCERN/EMPATHY	1	2	D. TREAT WITH RESPECT	1	2	E. CALL BY NAME	1	2	F. RESPOND TO NEEDS	1	2	G. SLAP DURING DELIV.	1	2	H. SHOUT	1	2	I. WAITING LONG TIME	1	2	J. ALLOW RITUALS	1	2	K. DELAY SERVICE	1	2	L. NOT TREAT WELL	1	2
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418. Was the baby delivered by caesarean section; that is, did they cut your belly open to take the baby out?	<p>1. YES</p> <p>2. NO</p>																																							
418A. Did you have a companion or support person accompany you to the facility where you delivered?	<p>1. YES</p> <p>2. NO → Q418F</p> <p>8. DOESN'T KNOW / REMEMBER → Q418F</p>																																							
418B. Was your companion or support person allowed to: A. Be with you during labor? B. Be with you during delivery? C. Be with you after delivery?	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. DURING LABOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. DURING DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. AFTER DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. DURING LABOR	1	2	B. DURING DELIVERY	1	2	C. AFTER DELIVERY	1	2																											
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<p>418C. Who was your companion or support person?</p> <p>PROBE: Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>A. HUSBAND OR PARTNER B. MOTHER C. SISTER D. MOTHER-IN-LAW E. OTHER RELATIVE F. TRADITIONAL BIRTH ATTENDANT G. NEIGHBOR H. FRIEND I. OTHER (SPECIFY) _____</p>																																				
<p>418F. INTERVIEWER: DID THE DELIVER OCCUR IN A FACILITY? CHECK Q416A = 1, 2, 3, OR 4.</p>	<p>1. YES → Q419B 2. NO → CONTINUE</p>																																				
<p>419A. Why did you decide to not deliver in a health facility?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED</p>	<p>A. COST TOO MUCH TO DELIVER AT FACILITY B. FACILITY NOT OPEN C. FACILITY FAR AWAY D. TRANSPORTATION UNAVAILABLE E. TRANSPORTATION EXPENSIVE F. DON'T TRUST FACILITY G. EXPECT POOR QUALITY SERVICE/CARE H. FEAR OF ABUSE/DISRESPECT AT FACILITY I. LACK OF ALTERNATIVE CARE FOR FAMILY J. NO ACCOMODATIONS NEAR FACILITY K. NO FEMALE PROVIDER AT FACILITY L. BABY CAME EARLIER THAN EXPECTED M. HUSBAND/FAMILY DID NOT ALLOW N. NOT NECESSARY O. NOT CUSTOMARY P. OTHER (SPECIFY) _____</p>																																				
<p>419A1. What was the <u>most important</u> reason? WRITE THE LETTER FOR THE MOST IMPORTANT REASON MENTIONED IN Q419A.</p>	<p><input type="checkbox"/></p>																																				
<p>419B. Who made the decision about where to deliver the baby?</p>	<p>1. PREGNANT WOMAN HERSELF 2. HUSBAND/PARTNER 3. BOTH WOMAN AND HUSBAND/PARTNER 4. HUSBAND'S FATHER 5. HUSBAND'S MOTHER 6. PREGNANT WOMAN'S FATHER 7. PREGNANT WOMAN'S MOTHER 8. OTHER (SPECIFY) _____</p>																																				
<p>420. Who assisted with the delivery? PROBE: Anyone else?</p> <p>RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT DELIVERY.</p>	<p>A. DOCTOR / ASSISTANT MEDICAL OFFICER B. CLINICAL OFFICER C. ASSISTANT CLINICAL OFFICER D. TRAINED NURSE / MIDWIFE E. MCH AIDE F. MEDICAL ATTENDANT G. NURSE ASSISTANT H. VILLAGE HEALTH WORKER I. TBA J. RELATIVE/FRIEND K. OTHER (SPECIFY) _____ L. NO ONE M. DOESN'T KNOW</p>																																				
<p>421. During the <u>first 6 weeks</u> after the birth, did you have any of the following complications? READ A–K. CIRCLE YES OR NO FOR EACH OPTION.</p> <p>A. Severe Bleeding B. Bad-smelling Vaginal Discharge C. Infection of Surgical Wound D. Faint/coma E. High Fever (39-40c) F. Painful Urination G. Painful Uterus (pelvic pain) H. Breast Infection I. Continuous leaking of urine from the vagina J. Continuous leaking of faeces from the vagina K. Any other complication?</p>	<table border="1"> <thead> <tr> <th></th> <th><u>YES</u></th> <th><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. SEVERE BLEEDING</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. BAD-SMELLING VAGINAL DISCHARGE</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. INFECTION OF SURGICAL WOUND</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. FAINT/COMA</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. HIGH FEVER (39-40C)</td> <td>1</td> <td>2</td> </tr> <tr> <td>F. PAINFUL URINATION</td> <td>1</td> <td>2</td> </tr> <tr> <td>G. PAINFUL UTERUS (PELVIC PAIN)</td> <td>1</td> <td>2</td> </tr> <tr> <td>H. BREAST INFECTION</td> <td>1</td> <td>2</td> </tr> <tr> <td>I. CONTINUOUS LEAKING OF URINE FROM VAGINA</td> <td>1</td> <td>2</td> </tr> <tr> <td>J. CONTINUOUS LEAKING OF FAECES FROM VAGINA</td> <td>1</td> <td>2</td> </tr> <tr> <td>K. OTHER (SPECIFY) _____</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. SEVERE BLEEDING	1	2	B. BAD-SMELLING VAGINAL DISCHARGE	1	2	C. INFECTION OF SURGICAL WOUND	1	2	D. FAINT/COMA	1	2	E. HIGH FEVER (39-40C)	1	2	F. PAINFUL URINATION	1	2	G. PAINFUL UTERUS (PELVIC PAIN)	1	2	H. BREAST INFECTION	1	2	I. CONTINUOUS LEAKING OF URINE FROM VAGINA	1	2	J. CONTINUOUS LEAKING OF FAECES FROM VAGINA	1	2	K. OTHER (SPECIFY) _____	1	2
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<p>422. Did you have any seizures or convulsions while pregnant, in labor or immediately after delivery? PROBE: Were you told that you had eclampsia?</p>	<p>1. YES 2. NO 8. DOES NOT REMEMBER</p>												
<p>423A. REVIEW 416A: IF DELIVERY OCCURRED IN A FACILITY (416A=1-4), ASK: After you left the facility, did any health care provider or a traditional birth attendant check on <u>your</u> health? IF DELIVERY OCCURRED OUTSIDE A FACILITY (416A=5-8), ASK: After the baby was born, did any health care provider or a traditional birth attendant check on <u>your</u> health?</p>	<p>1. YES 2. NO → Q424A 8. DOES NOT REMEMBER → Q424A</p>												
<p>423B. How long after delivery did the <u>first check</u> take place? INTERVIEWER: IF 'SAME DAY', PROBE TO BE SURE THE CHECK OCCURRED DURING A SEPARATE VISIT.</p>	<p>1. ___ ___ DAYS 2. ___ ___ WEEKS 000. SAME DAY 888. DON'T REMEMBER</p>												
<p>423C. Where did the first check take place?</p>	<p>1. HOSPITAL (SPECIFY) _____ 2. HEALTH CENTER (SPECIFY) _____ 3. DISPENSARY (SPECIFY) _____ 4. HOME 5. CBD WORKER 6. OTHER (SPECIFY) _____</p>												
<p>424A. At any time during that pregnancy, including after delivery, were you counseled about family planning?</p>	<p>1. YES 2. NO → Q425F 8. DOES NOT KNOW → Q425F</p>												
<p>424B. Did you receive counseling about family planning during...? READ A-C.</p> <p>A. Antenatal care B. Time of delivery C. Postpartum check-up</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. ANTENATAL CARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. AT THE TIME OF DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. POSTPARTUM CHECK UP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. ANTENATAL CARE	1	2	B. AT THE TIME OF DELIVERY	1	2	C. POSTPARTUM CHECK UP	1	2
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A. ANTENATAL CARE	1	2											
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<p>425F. INTERVIEWER: REVIEW Q401 AND RECORD THE PREGNANCY OUTCOME OF THE LAST BIRTH.</p> <p>PREGNANCY OUTCOME: <input type="checkbox"/></p>													
<p>425FF. INTERVIEWER: VERIFY 425F AND PREGNANCY HISTORY ON P.5, AND CIRCLE ONE ANSWER:</p> <p>1. IF THE PREGNANCY OUTCOME WAS NOT A LIVE BIRTH (CODE 4, 5, OR 3 IF <u>FIRST TWIN</u> WAS BORN DEAD), SKIP TO Q431. 2. IF THE PREGNANCY OUTCOME IS A LIVE BIRTH (CODE 1), CONTINUE. 3. IF THE PREGNANCY OUTCOME IS TWINS (BOTH ALIVE) (CODE 2), CONTINUE. 4. IF THE PREGNANCY OUTCOME IS TWINS (1 LIVE BIRTH, 1 STILLBIRTH) (CODE 3), CONTINUE IF THIS <u>FIRST TWIN</u> WAS BORN ALIVE (CHECK PREGNANCY HISTORY ON P. 5).</p>													
<p>426A. Was (NAME) weighed at birth?</p>	<p>1. YES 2. NO → Q426C 8. DOESN'T KNOW → Q426C</p>												
<p>426B. How much did (NAME) weigh?</p>	<p>___ ■ ___ KILOGRAMS → GO TO Q427 88. DON'T KNOW</p>												
<p>426C. Do you know if (NAME) weighed less than 2.5 kg or was considered too small?</p>	<p>1. YES, WAS LESS THAN 2.5 kg 2. NO, WAS MORE THAN 2.5 kg 8. DOESN'T KNOW / REMEMBER</p>												
<p>426D. Immediately after the birth, was (NAME) put directly on the bare skin of your chest?</p>	<p>1. YES 2. NO 8. DOES NOT KNOW</p>												
<p>426E. After you delivered, did the facility give you a birth notification form?</p>	<p>1. YES 2. NO 8. DOES NOT KNOW</p>												

427. Does (NAME) have a birth certificate?	1. YES 2. NO 8. DOES NOT KNOW
428A. Did you ever breastfeed (NAME)?	1. YES 2. NO → Q429A
428B. How long after birth did you first put (NAME) to the breast?	1. ___ ___ HOURS OR 2. ___ ___ DAYS 000. WITHIN ONE HOUR 888. DO NOT REMEMBER
428C. CHECK 320: IS THE <u>CHILD FROM THE LAST BIRTH</u> STILL LIVING?	1. YES 2. NO → Q429A
428D. Are you still breastfeeding (NAME)?	1. YES 2. NO → Q428H
428E. Now I would like to ask you about liquids or foods (NAME) had <u>yesterday</u> during the day or night. Did (NAME) drink/eat: READ A–E. CIRCLE YES OR NO FOR EACH.	YES NO
A. Plain water?	A. PLAIN WATER 1 2
B. Commercially produced infant formula?	B. FORMULA 1 2
C. Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, e.g. Cerelac]?	C. BABY CEREAL 1 2
D. Any milk from animals?	D. ANIMAL MILK 1 2
E. Any (other) porridge like ugali?	E. PORRIDGE/UGALI 1 2
428F. INTERVIEWER: CHECK Q428E. DID THE CHILD FROM THE LAST BIRTH HAVE ANY DRINK OR FOOD OTHER THAN BREAST MILK (ANY "YES" IN Q428E)?	1. YES → Q429A 2. NO
428G. Aside from breastmilk, did (NAME) have anything at all to eat or drink yesterday or last night? RECORD RESPONSE. THEN GO TO Q429A.	1. YES 2. NO 8. DOES NOT KNOW } Q429A
428H. For how many months did you breastfeed (NAME)?	<input type="text"/> <input type="text"/> MONTHS 88. DO NOT REMEMBER
429A. In the two months after (NAME) was born, did any health care provider or traditional birth attendant check on <u>the baby's</u> health?	1. YES 2. NO → Q431 3. NO, BABY DIED → Q431 8. DOES NOT REMEMBER → Q431
429B. How many days or weeks after (NAME's) birth did the first health check take place?	1. ___ ___ DAYS OR 2. ___ ___ WEEKS 000. SAME DAY 888. DO NOT REMEMBER
430. Was the health check because (NAME) was sick or was it a routine health exam?	1. HEALTH CHECK FOR SICKNESS 2. ROUTINE HEALTH CHECK 8. DOES NOT REMEMBER
431. How many months after (NAME's) birth did your period (menstruation) return?	<input type="text"/> <input type="text"/> MONTHS 66. NOT YET RESUMED
432. How many months after (NAME's) birth did you resume sexual relations?	<input type="text"/> <input type="text"/> MONTHS 66. NOT YET RESUMED
433F. INTERVIEWER, WAS THE LAST BIRTH A TWIN BIRTH (Q425F=2, 3, OR 5)?	1. YES 2. NO → Q400_2
433FF. INTERVIEWER, WAS THE <u>SECOND TWIN</u> FROM THIS BIRTH BORN ALIVE (Q425F=2, OR Q425F=3 IF SECOND TWIN WAS BORN ALIVE)?	1. BOTH TWINS ALIVE 2. FIRST TWIN DEAD, SECOND TWIN ALIVE 3. FIRST TWIN ALIVE, SECOND TWIN DEAD → Q400_2 4. BOTH TWINS DEAD → Q400_2

434A. Now I would like to talk about the second twin, (NAME). Was (NAME) also weighed at birth?	1. YES 2. NO → Q434C 8. DOES NOT KNOW → Q434C																					
434B. How much did (NAME) weigh?	____ . ____ KILOGRAMS → Q435 88. DON'T KNOW																					
434C. Do you know if (NAME) weighed less than 2.5 kg or was considered too small?	1. YES, WAS LESS THAN 2.5 kg 2. NO, WAS MORE THAN OR EQUAL TO 2.5 kg 8. DOESN'T KNOW / REMEMBER																					
434D. Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	1. YES 2. NO 8. DOES NOT KNOW																					
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435. Does (NAME) have a birth certificate?	1. YES 2. NO 8. DOES NOT KNOW																					
436A. Did you ever breastfeed (NAME)?	1. YES 2. NO → Q437A																					
436B. How long after birth did you first put (NAME) to the breast?	1. ____ HOURS OR 2. ____ DAYS 000. WITHIN ONE HOUR 888. DO NOT REMEMBER																					
436C. INTERVIEWER, CHECK Q320: IS THE SECOND TWIN OF THE LAST BIRTH STILL LIVING?	1. YES 2. NO → Q437A																					
436D. Are you still breastfeeding (NAME)?	1. YES 2. NO → Q436H																					
436E. Now I would like to ask you about liquids or foods (NAME) had yesterday during the day or night. Did (NAME) drink/eat: READ A–E. CIRCLE YES OR NO FOR EACH. A. Plain water? B. Commercially produced infant formula? C. Any milk from animals? D. Tea, juice, or other liquids? E. Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G. Cerelac]? F. Any (other) porridge like ugali?	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. PLAIN WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. FORMULA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. ANIMAL MILK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. OTHER LIQUIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. BABY CEREAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. PORRIDGE/UGALI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. PLAIN WATER	1	2	B. FORMULA	1	2	C. ANIMAL MILK	1	2	D. OTHER LIQUIDS	1	2	E. BABY CEREAL	1	2	F. PORRIDGE/UGALI	1	2
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436F. INTERVIEWER CHECK Q436E: DID THE CHILD FROM THE LAST BIRTH HAVE ANY DRINK OR FOOD OTHER THAN BREAST MILK (ANY "YES" IN Q436E)?	1. CHILD HAD ANY OF THE FOOD/DRINK → Q437A 2. CHILD DID NOT HAVE ANY OF THE FOOD/DRINK → CONTINUE																					
436G. Aside from breastmilk, did (NAME) have anything at all to eat or drink yesterday or last night? RECORD RESPONSE. THEN GO TO Q437A.	1. YES → Q437A 2. NO → Q437A 8. DOES NOT KNOW → Q437A																					
436H. For how many months did you breastfeed (NAME)?	<input type="text"/> <input type="text"/> MONTHS 88. DO NOT REMEMBER																					
437A. In the <u>two months after</u> (NAME) was born, did any health care provider or traditional birth attendant check on his/her health?	1. YES 2. NO → Q400_2 3. NO, BABY DIED → Q400_2 8. DOES NOT REMEMBER → Q400_2																					
437B. How many days or weeks after (NAME's) birth did the first health check take place?	1. ____ DAYS OR 2. ____ WEEKS 000. SAME DAY 888. DO NOT REMEMBER																					
438. Was the health check because (NAME) was sick or was it a routine health exam?	1. HEALTH CHECK FOR SICKNESS 2. ROUTINE HEALTH CHECK 8. DOES NOT REMEMBER																					

**SECTION IV: HEALTH CARE FOR BIRTHS SINCE JANUARY 2014
SECOND-TO-LAST BIRTH**

<p>400_2. INTERVIEWER, DID ANY <u>SECOND-TO-LAST BIRTH</u> OCCUR SINCE JANUARY 2014 (CHECK Q400 AND Q315)?</p>	<p>1. YES 2. NO → GO TO SECTION V 3. ONLY ONE BIRTH → GO TO SECTION V</p>																																		
<p>401_2. INTERVIEWER, COPY THE PREGNANCY NUMBER AND OUTCOME OF THE <u>SECOND-TO-LAST</u> SINCE JANUARY 2014 ON PAGE 5.</p>	<p>PREGNANCY # FOR SECOND-TO-LAST BIRTH: <input type="text"/></p> <p>PREGNANCY OUTCOME CODE: "1", "2", "3", "4, or "5" <input type="text"/></p> <p>IF CODE= 1, 2, or 3 FOR SECOND-TO-LAST BIRTH, RECORD: NAME: _____</p> <p>STILL ALIVE? (RECORD IF Q320=1 FOR SECOND-TO-LAST BIRTH) 1. YES 2. NO</p>																																		
<p>402_2. Now, I would like to talk to you about your last birth. <u>Just before you got pregnant</u>, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?</p>	<p>1. WANTED THE PREGNANCY THEN 2. WANTED THE PREGNANCY LATER 3. DID NOT WANT THE PREGNANCY 8. NOT SURE</p>																																		
<p>405_2. Were you given any injection to prevent the baby from getting tetanus (i.e., <i>lock jaw</i>) during that pregnancy?</p>	<p>1. YES - FOR TETANUS 2. YES - DON'T KNOW WHAT FOR 3. NO → Q407_2</p>																																		
<p>406_2. How many injections were given?</p>	<p><input type="text"/> INJECTIONS 8. NOT SURE</p>																																		
<p>407_2. Did you see anyone for antenatal care during that pregnancy?</p>	<p>1. YES → Q408_2 2. NO</p>																																		
<p>407A_2. Why didn't you go for antenatal care?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED, THEN GO TO Q414A</p>	<p>A. COST TOO MUCH B. FACILITY FAR AWAY C. TRANSPORTATION UNAVAILABLE/EXPENSIVE D. DON'T TRUST FACILITY/POOR QUALITY SERVICE E. NO FEMALE PROVIDER AT FACILITY F. HUSBAND/FAMILY DID NOT ALLOW G. NOT NECESSARY H. NOT CUSTOMARY I. OTHER _____</p> <p align="right">GO TO Q414A_2</p>																																		
<p>408_2. Where did you go for antenatal care? PROBE: Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<table border="0"> <tr> <td>KIGOMA HOSPITAL CODES:</td> <td>KIGOMA HEALTH CENTER CODES:</td> </tr> <tr> <td>BAPTIST: 128</td> <td>BIHARU: 32</td> </tr> <tr> <td>HERI: 36</td> <td>MULERA: 60</td> </tr> <tr> <td>KABANGA: 48</td> <td>BITALE: 3</td> </tr> <tr> <td>KASULU (MUMANI): 41</td> <td>MUYAMA: 63</td> </tr> <tr> <td>KIBONDO: 96</td> <td>MUYOVOZI: 130</td> </tr> <tr> <td>MAWENI: 15</td> <td>MWAMGONGO: 30</td> </tr> <tr> <td></td> <td>GUNGU (KIKUKU): 10</td> </tr> <tr> <td></td> <td>NGURUKA: 21</td> </tr> <tr> <td></td> <td>NYWAKITONTO: 70</td> </tr> <tr> <td></td> <td>NYANZIGE: 118</td> </tr> <tr> <td></td> <td>NYENGE: 5</td> </tr> <tr> <td></td> <td>RUSESAS: 76</td> </tr> <tr> <td></td> <td>SHUNGA: 77</td> </tr> <tr> <td></td> <td>UJJI: 24</td> </tr> <tr> <td></td> <td>UVINZA: 27</td> </tr> <tr> <td></td> <td>MATYAZO: 14</td> </tr> </table>	KIGOMA HOSPITAL CODES:	KIGOMA HEALTH CENTER CODES:	BAPTIST: 128	BIHARU: 32	HERI: 36	MULERA: 60	KABANGA: 48	BITALE: 3	KASULU (MUMANI): 41	MUYAMA: 63	KIBONDO: 96	MUYOVOZI: 130	MAWENI: 15	MWAMGONGO: 30		GUNGU (KIKUKU): 10		NGURUKA: 21		NYWAKITONTO: 70		NYANZIGE: 118		NYENGE: 5		RUSESAS: 76		SHUNGA: 77		UJJI: 24		UVINZA: 27		MATYAZO: 14
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<p>A. KIGOMA HOSPITAL: CODE ____ _</p> <p>B. OTHER HOSPITAL (SPECIFY) _____</p> <p>C. KIGOMA HEALTH CENTER: CODE ____ _</p> <p>D. DISPENSARY _____</p> <p>E. HOME</p> <p>F. CBD WORKER</p> <p>G. COMMUNITY HEALTH WORKER (CHW)</p> <p>H. TRAINED BIRTH ATTENDANT</p> <p>I. OTHER (SPECIFY) _____</p>																																			

409_2. How many times did you go?	<input type="text"/> <input type="text"/> TIMES 66. NOT SURE, BUT AT LEAST 4 TIMES 77. NOT SURE 88. DOES NOT REMEMBER																		
410_2. In what month of the pregnancy did the antenatal care begin?	<input type="text"/> <input type="text"/> MONTH 88. DOES NOT REMEMBER																		
411_2. During this pregnancy, were any of the following done at least once: READ A-E. CIRCLE YES OR NO FOR EACH. A. Were you weighed? B. Was your height measured? C. Did you give a urine sample? D. Did you give a blood sample? E. Were you tested for HIV?	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. WEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. HEIGHT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. URINE SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. BLOOD SAMPLE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. HIV TESTED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. WEIGHT	1	2	B. HEIGHT	1	2	C. URINE SAMPLE	1	2	D. BLOOD SAMPLE	1	2	E. HIV TESTED	1	2
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E. HIV TESTED	1	2																	
412A_2. Was your blood pressure ever checked during that pregnancy?	1. YES 2. NO → Q413A_2 8. DOES NOT REMEMBER → Q413A_2																		
412B_2. During this pregnancy, were you told that your blood pressure was high?	1. YES 2. NO 8. DOES NOT REMEMBER																		
413A_2. Were you told about the signs of pregnancy complications?	1. YES 2. NO 8. DOES NOT REMEMBER																		
413B_2. Were you advised to develop a birth plan?	1. YES 2. NO 8. DOES NOT REMEMBER																		
413B2_2. What arrangements did you or your family make for the birth of this child? READ A-E. CIRCLE YES OR NO FOR EACH. Did you: A. Identify transport? B. Save money? C. Identify a blood donor? D. Identify a nurse, midwife, or doctor to deliver the baby? E. Identify a companion or support person to accompany you to a facility for delivery?	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. TRANSPORT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. SAVE MONEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. BLOOD DONOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. SKILLED ATTENDANT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. COMPANION / SUPPORT FACILITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. TRANSPORT	1	2	B. SAVE MONEY	1	2	C. BLOOD DONOR	1	2	D. SKILLED ATTENDANT	1	2	E. COMPANION / SUPPORT FACILITY	1	2
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414A_2. Did you sleep under insecticide-treated bed nets (ITN) most of the time?	1. YES 2. NO 8. DOES NOT REMEMBER																		
414B_2. During this pregnancy, did you take SP-Fansidar to keep you from getting malaria?	1. YES 2. NO → Q414D_2 8. DOES NOT REMEMBER → Q414D_2																		
414C_2. How many times did you take SP-Fansidar?	<input type="text"/> <input type="text"/> TIMES																		
414D_2. Did you take any local herbs during your pregnancy and/or labor?	1. YES 2. NO → Q415_2 8. DOES NOT REMEMBER → Q415_2																		
414E_2. For what reasons did you take the local herbs? PROBE: Any other reason? RECORD ALL MENTIONED	A. TO INDUCE OR SUSTAIN LABOR (CONTRACTION THAT LED UP TO BIRTH) B. TO TREAT MALARIA C. TO TREAT COLD/FLU D. TO TREAT HEADACHE E. TO TREAT CONVULSIONS F. TO TREAT VAGINAL BLEEDING G. TO TREAT STOMACH PAIN H. FOR THE HEALTH OF THE CHILD I. TO AVOID MISCARRIAGE J. OTHER (SPECIFY) _____																		
414F_2. Altogether, how many days did you take local herbs during the pregnancy and/or labor? IF ANSWER IS GIVEN IN MONTHS, CONVERT IT TO DAYS.	____ _ DAYS 777. CONTINUOUSLY 888. DOES NOT REMEMBER																		

414G_2. In what month of the pregnancy did you begin using local herbs?		___ __ MONTH 77. JUST BEFORE DELIVERY 88. DOES NOT REMEMBER
414H_2. In what month of the pregnancy did you stop using local herbs?		___ __ MONTH 55. DURING LABOR / JUST BEFORE DELIVERY 66. DURING DELIVERY 77. AFTER DELIVERY 88. DOES NOT REMEMBER
415_2. Before you delivered the baby, how long had you been in labor? By labor, we mean strong, regular and frequent contractions at least 5 minutes apart.		___ __ HOURS 76. MORE THAN 3 DAYS (>72 HOURS) 77. C-SECTION BEFORE LABOR 88. DOESN'T KNOW
416A_2. Where did you give birth to this baby?	KIGOMA HOSPITAL CODES: BAPTIST: 128 HERI: 36 KABANGA: 48 KASULU (MUMANI): 41 KIBONDO: 96 MAWENI: 15	KIGOMA HEALTH CENTER CODES: BIHARU: 32 BITALE: 3 BUHINGU: 81 GUNGU (KIKUKU): 10 GWANUMPU: 86 ILAGALA: 12 JANDA: 39 KAKONKO: 88 KIFURA: 99 KIGANAMO: 46 KIMWANYA: 129 MABAMBA: 110 MATYAZO: 14 MULERA: 60 MUYAMA: 63 MUYOVOZI: 130 MWAMGONGO: 30 NGURUKA: 21 NYWAKITONTO: 70 NYANZIGE: 118 NYENGE: 5 RUSESA: 76 SHUNGA: 77 UJJI: 24 UVINZA: 27
		1. KIGOMA HOSPITAL: CODE ___ __ __ 2. OTHER HOSPITAL (SPECIFY) _____ 3. KIGOMA HEALTH CENTER: CODE ___ __ __ 4. DISPENSARY (SPECIFY) _____ 5. ON THE WAY TO A HEALTH FACILITY → Q419B_2 6. OWN HOME → Q419A_2 7. OTHER HOME → Q419A_2 8. OTHER (SPECIFY) → Q419A_2
416A1_2. Would you recommend this health facility to a friend or family member for maternal health services?		1. YES 2. NO 8. DON'T KNOW
416A2_2. Was this the closest health facility to your home?		1. YES → Q416B_2 2. NO 8. DON'T KNOW → Q416B_2
416A3_2. What are the reasons you did not go to the facility nearest to your home? PROBE: "Anything else?" RECORD ALL MENTIONED		A. INCONVENIENT OPERATING HOURS B. BAD REPUTATION C. DON'T LIKE STAFF D. NO MEDICINE E. PREFERS TO REMAIN ANONYMOUS (NO ONE KNOWS ME AT THIS FACILITY) F. IT IS MORE EXPENSIVE G. REFERRED FROM ANOTHER FACILITY H. FACILITY NOT OPEN I. FACILITY OF POOR QUALITY J. FACILITY DOES NOT PROVIDE DESIRED SERVICES K. PROVIDERS OFTEN AWAY L. FACILITY DOES NOT ACCEPT INSURANCE M. PROVIDER TREATS PATIENTS UNKINDLY N. BAD EXPERIENCE AT THE FACILITY IN THE PAST O. OTHER (SPECIFY) _____ Y. DON'T KNOW / REMEMBER
416B_2. Were you referred for the second-to-last-birth?		1. YES 2. NO
417A_2. How long did it take you, one-way, to get from your home to the health facility where you delivered?		1. ___ __ MINUTES OR 2. ___ __ HOURS 888. DON'T REMEMBER

<p>417B_2. How did you get to the health facility?</p> <p>PROBE: Any other way?</p> <p>RECORD ALL MENTIONED</p>	<p>A. WALKED / ON FOOT B. AMBULANCE BICYCLE C. AMBULANCE MOTORCYCLE D. AMBULANCE CAR / TRUCK E. SIMPLE BICYCLE F. SIMPLE MOTORCYCLE G. SIMPLE CAR / TRUCK H. BOAT I. BUS / MINIBUS J. BAJAJ K. CART L. LITTER (HOMEMADE GURNEY) M. OTHER (SPECIFY) _____</p>
<p>417C_2. How much did you pay for transport to the facility, in total?</p>	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>
<p>417D_2. Did you pay any formal or informal fees for deliver care for your second-to-last birth?</p>	<p>1. YES 2. NO → Q417G_2</p>
<p>417E_2. How much did you pay in <u>formal fees</u> for delivery care services at the facility?</p>	<p>_____ TSH</p> <p>000000. NONE</p> <p>888888. DOESN'T KNOW</p>
<p>417F_2. How much did you pay in <u>informal fees</u> for delivery care services at the facility?</p>	<p>_____ TSH</p> <p>000000. NONE</p> <p>888888. DOESN'T KNOW</p>
<p>417G_2. Did the facility provide supplies for childbirth?</p>	<p>1. YES 2. NO → Q417I_2</p>
<p>417H_2. How much did you pay for supplies at the facility?</p>	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>
<p>417I_2. How much did you pay for any supplies that you brought?</p>	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>
<p>417J_2. How much did you pay for any medications?</p>	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>
<p>417K_2. How much did you pay for accommodation near the facility?</p>	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>

417L_2. How much did you pay for food at the facility?	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>																																							
417M_2. How much did you pay for care for your dependents back home?	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>																																							
417N_2. How much did you pay for any other expenses related to your last delivery? (SPECIFY OTHER EXPENSES) _____	<p>_____ TSH</p> <p>000000. NONE</p> <p>777777. PAID IN-KIND</p> <p>888888. DOESN'T KNOW</p>																																							
417N2_2. Did you give gifts or any non-monetary payments for services during your delivery?	<p>1. YES</p> <p>2. NO</p> <p>8. DOESN'T KNOW / REMEMBER</p>																																							
417O_2. Thinking back to the <u>way staff treated you</u> during your second-to-last delivery, would you say you were satisfied, somewhat satisfied, or not satisfied?	<p>1. SATISFIED</p> <p>2. SOMEWHAT SATISFIED</p> <p>3. NOT SATISFIED</p> <p>8. DOESN'T KNOW / REMEMBER</p>																																							
417P_2. When you came to the facility for delivery, did the staff.... READ A-L. CIRCLE YES OR NO FOR EACH. A. Care for you with a kind approach? B. Treat you in a friendly manner? C. Show concern and empathy? D. Treat you with respect as an individual? E. Call you by my name? F. Respond to your needs whether or not you asked? G. Slap you during delivery for different reasons? H. Shout at you because you had not done what you were told? I. Keep you waiting for a long time before receiving service? J. Allow you to practice cultural rituals in the facility? K. Delay service provision due to health facility's internal problems? L. Not treat you well because of your personal attributes?	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. KIND APPROACH</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. FRIENDLY MANNER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. CONCERN/EMPATHY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. TREAT WITH RESPECT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. CALL BY NAME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. RESPOND TO NEEDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. SLAP DURING DELIV.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>H. SHOUT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>I. WAITING LONG TIME</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>J. ALLOW RITUALS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>K. DELAY SERVICE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>L. NOT TREAT WELL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. KIND APPROACH	1	2	B. FRIENDLY MANNER	1	2	C. CONCERN/EMPATHY	1	2	D. TREAT WITH RESPECT	1	2	E. CALL BY NAME	1	2	F. RESPOND TO NEEDS	1	2	G. SLAP DURING DELIV.	1	2	H. SHOUT	1	2	I. WAITING LONG TIME	1	2	J. ALLOW RITUALS	1	2	K. DELAY SERVICE	1	2	L. NOT TREAT WELL	1	2
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L. NOT TREAT WELL	1	2																																						
418_2. Was the baby delivered by caesarean section; that is, did they cut your belly open to take the baby out?	<p>1. YES</p> <p>2. NO</p>																																							
418A_2. Did you have a companion or support person accompany you to the facility where you delivered?	<p>1. YES</p> <p>2. NO → Q418F_2</p> <p>8. DOESN'T KNOW / REMEMBER → Q418F_2</p>																																							
418B_2. Was your companion or support person allowed to: A. Be with you during labor? B. Be with you during delivery? C. Be with you after delivery?	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. DURING LABOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. DURING DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. AFTER DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. DURING LABOR	1	2	B. DURING DELIVERY	1	2	C. AFTER DELIVERY	1	2																											
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C. AFTER DELIVERY	1	2																																						
418C_2. Who was your companion or support person? PROBE: Anyone else? RECORD ALL MENTIONED.	<p>A. HUSBAND OR PARTNER</p> <p>B. MOTHER</p> <p>C. SISTER</p> <p>D. MOTHER-IN-LAW</p> <p>E. OTHER RELATIVE</p> <p>F. TRADITIONAL BIRTH ATTENDANT</p> <p>G. NEIGHBOR</p> <p>H. FRIEND</p> <p>I. OTHER (SPECIFY) _____</p>																																							

418F_2. INTERVIEWER: DID THE DELIVER OCCUR IN A FACILITY? CHECK Q416A_2 = 1, 2, 3, OR 4.	1. YES → Q419B_2 2. NO → CONTINUE																																				
419A_2. Why did you decide to not deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED	A. COST TOO MUCH TO DELIVER AT FACILITY B. FACILITY NOT OPEN C. FACILITY FAR AWAY D. TRANSPORTATION UNAVAILABLE E. TRANSPORTATION EXPENSIVE F. DON'T TRUST FACILITY G. EXPECT POOR QUALITY SERVICE/CARE H. FEAR OF ABUSE/DISRESPECT AT FACILITY I. LACK OF ALTERNATIVE CARE FOR FAMILY J. NO ACCOMODATIONS NEAR FACILITY K. NO FEMALE PROVIDER AT FACILITY L. BABY CAME EARLIER THAN EXPECTED M. HUSBAND/FAMILY DID NOT ALLOW N. NOT NECESSARY O. NOT CUSTOMARY P. OTHER (SPECIFY) _____																																				
419A1_2. What was the <u>most important</u> reason? WRITE THE LETTER FOR THE MOST IMPORTANT REASON MENTIONED IN Q419A_2.	<input type="checkbox"/>																																				
419B_2. Who made the decision about where to deliver the baby?	1. PREGNANT WOMAN HERSELF 2. HUSBAND/PARTNER 3. BOTH WOMAN AND HUSBAND/PARTNER 4. HUSBAND'S FATHER 5. HUSBAND'S MOTHER 6. PREGNANT WOMAN'S FATHER 7. PREGNANT WOMAN'S MOTHER 8. OTHER (SPECIFY) _____																																				
420_2. Who assisted with the delivery? PROBE: Anyone else? RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT DELIVERY.	A. DOCTOR / ASSISTANT MEDICAL OFFICER B. CLINICAL OFFICER C. ASSISTANT CLINICAL OFFICER D. TRAINED NURSE / MIDWIFE E. MCH AIDE F. MEDICAL ATTENDANT G. NURSE ASSISTANT H. VILLAGE HEALTH WORKER I. TBA J. RELATIVE/FRIEND K. OTHER (SPECIFY) _____ L. NO ONE M. DOESN'T KNOW																																				
421_2. During the <u>first 6 weeks</u> after the birth, did you have any of the following complications? READ A–K. CIRCLE YES OR NO FOR EACH OPTION. A. Severe Bleeding B. Bad-smelling Vaginal Discharge C. Infection of Surgical Wound D. Faint/coma E. High Fever (39-40c) F. Painful Urination G. Painful Uterus (pelvic pain) H. Breast Infection I. Continuous leaking of urine from the vagina J. Continuous leaking of faeces from the vagina K. Any other complication?	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. SEVERE BLEEDING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. BAD-SMELLING VAGINAL DISCHARGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. INFECTION OF SURGICAL WOUND</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. FAINT/COMA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. HIGH FEVER (39-40C)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. PAINFUL URINATION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>G. PAINFUL UTERUS (PELVIC PAIN)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>H. BREAST INFECTION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>I. CONTINUOUS LEAKING OF URINE FROM VAGINA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>J. CONTINUOUS LEAKING OF FAECES FROM VAGINA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>K. OTHER (SPECIFY) _____</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. SEVERE BLEEDING	1	2	B. BAD-SMELLING VAGINAL DISCHARGE	1	2	C. INFECTION OF SURGICAL WOUND	1	2	D. FAINT/COMA	1	2	E. HIGH FEVER (39-40C)	1	2	F. PAINFUL URINATION	1	2	G. PAINFUL UTERUS (PELVIC PAIN)	1	2	H. BREAST INFECTION	1	2	I. CONTINUOUS LEAKING OF URINE FROM VAGINA	1	2	J. CONTINUOUS LEAKING OF FAECES FROM VAGINA	1	2	K. OTHER (SPECIFY) _____	1	2
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422_2. Did you have any seizures or convulsions while pregnant, in labor or immediately after delivery? PROBE: Were you told that you had eclampsia?	1. YES 2. NO 8. DOES NOT REMEMBER																																				

<p>423A_2. REVIEW 416A_2: IF DELIVERY OCCURRED IN A FACILITY (416A_2=1-4), ASK: After you left the facility, did any health care provider or a traditional birth attendant check on <u>your</u> health?</p> <p>IF DELIVERY OCCURRED OUTSIDE A FACILITY (416A_2=5-8), ASK: After the baby was born, did any health care provider or a traditional birth attendant check on <u>your</u> health?</p>	<p>1. YES 2. NO → Q424A_2 8. DOES NOT REMEMBER → Q424A_2</p>												
<p>423B_2. How long after delivery did the <u>first check</u> take place?</p> <p>INTERVIEWER: IF 'SAME DAY', PROBE TO BE SURE THE CHECK OCCURRED DURING A SEPARATE VISIT.</p>	<p>1. ____ DAYS 2. ____ WEEKS 000. SAME DAY 888. DON'T REMEMBER</p>												
<p>423C_2. Where did the first check take place?</p>	<p>1. HOSPITAL (SPECIFY) _____ 2. HEALTH CENTER (SPECIFY) _____ 3. DISPENSARY (SPECIFY) _____ 4. HOME 5. CBD WORKER 6. OTHER (SPECIFY) _____</p>												
<p>424A_2. At any time during that pregnancy, including after delivery, were you counseled about family planning?</p>	<p>1. YES 2. NO → Q425F_2 8. DOES NOT KNOW → Q425F_2</p>												
<p>424B_2. Did you receive counseling about family planning during...? READ A-C.</p> <p>A. Antenatal care B. Time of delivery C. Postpartum check-up</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. ANTENATAL CARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. AT THE TIME OF DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. POSTPARTUM CHECK UP</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. ANTENATAL CARE	1	2	B. AT THE TIME OF DELIVERY	1	2	C. POSTPARTUM CHECK UP	1	2
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<p>425F_2. INTERVIEWER: REVIEW Q401_2 AND RECORD THE PREGNANCY OUTCOME OF THE SECOND-TO-LAST BIRTH.</p> <p>PREGNANCY OUTCOME: <input type="checkbox"/></p>													
<p>425FF_2. INTERVIEWER: VERIFY 425F_2 AND PREGNANCY HISTORY ON P.5, AND CIRCLE ONE ANSWER:</p> <p>1. IF THE PREGNANCY OUTCOME WAS NOT A LIVE BIRTH (CODE 4, 5, OR 3 IF <u>FIRST TWIN</u> WAS BORN DEAD), SKIP TO Q431_2. 2. IF THE PREGNANCY OUTCOME IS A LIVE BIRTH (CODE 1), CONTINUE. 3. IF THE PREGNANCY OUTCOME IS TWINS (BOTH ALIVE) (CODE 2), CONTINUE. 4. IF THE PREGNANCY OUTCOME IS TWINS (1 LIVE BIRTH, 1 STILLBIRTH) (CODE 3), CONTINUE IF THIS <u>FIRST TWIN</u> WAS BORN ALIVE (CHECK PREGNANCY HISTORY ON P. 5).</p>													
<p>426A_2. Was (NAME) weighed at birth?</p>	<p>1. YES 2. NO → Q426C_2 8. DOESN'T KNOW → Q426C_2</p>												
<p>426B_2. How much did (NAME) weigh?</p>	<p>____ ■ ____ KILOGRAMS → GO TO Q427_2</p> <p>88. DON'T KNOW</p>												
<p>426C_2. Do you know if (NAME) weighed less than 2.5 kg or was considered too small?</p>	<p>1. YES, WAS LESS THAN 2.5 kg 2. NO, WAS MORE THAN 2.5 kg 8. DOESN'T KNOW / REMEMBER</p>												
<p>426D_2. Immediately after the birth, was (NAME) put directly on the bare skin of your chest?</p>	<p>1. YES 2. NO 8. DOES NOT KNOW</p>												
<p>426E_2. After you delivered, did the facility give you a birth notification form?</p>	<p>1. YES 2. NO 8. DOES NOT KNOW</p>												
<p>427_2. Does (NAME) have a birth certificate?</p>	<p>1. YES 2. NO 8. DOES NOT KNOW</p>												
<p>428A_2. Did you ever breastfeed (NAME)?</p>	<p>1. YES 2. NO → Q429A_2</p>												

<p>428B_2. How long after birth did you first put (NAME) to the breast?</p>	<p>1. ____ HOURS</p> <p>OR</p> <p>2. ____ DAYS</p> <p>000. WITHIN ONE HOUR 888. DO NOT REMEMBER</p>																		
<p>428C_2. CHECK 320: IS THE <u>CHILD FROM THE SECOND-TO-LAST BIRTH</u> STILL LIVING?</p>	<p>1. YES 2. NO → Q429A_2</p>																		
<p>428D_2. Are you still breastfeeding (NAME)?</p>	<p>1. YES 2. NO → Q428H_2</p>																		
<p>428E_2. Now I would like to ask you about liquids or foods (NAME) had <u>yesterday</u> during the day or night. Did (NAME) drink/eat: READ A–E. CIRCLE YES OR NO FOR EACH.</p> <p>A. Plain water? B. Commercially produced infant formula? C. Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, e.g. Cerelac]? D. Any milk from animals? E. Any (other) porridge like ugali?</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. PLAIN WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. FORMULA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. BABY CEREAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. ANIMAL MILK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. PORRIDGE/UGALI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. PLAIN WATER	1	2	B. FORMULA	1	2	C. BABY CEREAL	1	2	D. ANIMAL MILK	1	2	E. PORRIDGE/UGALI	1	2
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<p>428F_2. INTERVIEWER: CHECK Q428E_2. DID THE CHILD FROM THE LAST BIRTH HAVE ANY DRINK OR FOOD OTHER THAN BREAST MILK (ANY "YES" IN Q428E_2)?</p>	<p>1. YES → Q429A_2 2. NO</p>																		
<p>428G_2. Aside from breastmilk, did (NAME) have anything at all to eat or drink yesterday or last night? RECORD RESPONSE. THEN GO TO Q429A_2.</p>	<p>1. YES 2. NO 8. DOES NOT KNOW } Q429A_2</p>																		
<p>428H_2. For how many months did you breastfeed (NAME)?</p>	<p><input type="text"/> <input type="text"/> MONTHS</p> <p>88. DO NOT REMEMBER</p>																		
<p>429A_2. In the two months after (NAME) was born, did any health care provider or traditional birth attendant check on <u>the baby's</u> health?</p>	<p>1. YES 2. NO → Q431_2 3. NO, BABY DIED → Q431_2 8. DOES NOT REMEMBER → Q431_2</p>																		
<p>429B_2. How many days or weeks after (NAME's) birth did the first health check take place?</p>	<p>1. ____ DAYS OR 2. ____ WEEKS</p> <p>000. SAME DAY 888. DO NOT REMEMBER</p>																		
<p>430_2. Was the health check because (NAME) was sick or was it a routine health exam?</p>	<p>1. HEALTH CHECK FOR SICKNESS 2. ROUTINE HEALTH CHECK 8. DOES NOT REMEMBER</p>																		
<p>431_2. How many months after (NAME's) birth did your period (menstruation) return?</p>	<p><input type="text"/> <input type="text"/> MONTHS</p> <p>66. NOT YET RESUMED</p>																		
<p>432_2. How many months after (NAME's) birth did you resume sexual relations?</p>	<p><input type="text"/> <input type="text"/> MONTHS</p> <p>66. NOT YET RESUMED</p>																		
<p>433F_2. INTERVIEWER, WAS THE SECOND-TO-LAST BIRTH A TWIN BIRTH (Q425F_2=2, 3, OR 5)?</p>	<p>1. YES 2. NO → Q400_3</p>																		
<p>433FF_2. INTERVIEWER, WAS THE <u>SECOND TWIN</u> FROM THIS BIRTH BORN ALIVE (Q425F_2=2, OR Q425F_2=3 IF SECOND TWIN WAS BORN ALIVE)?</p>	<p>1. BOTH TWINS ALIVE 2. FIRST TWIN DEAD, SECOND TWIN ALIVE 3. FIRST TWIN ALIVE, SECOND TWIN DEAD → Q400_3 4. BOTH TWINS DEAD → Q400_3</p>																		
<p>434A_2. Now I would like to talk about the second twin, (NAME). Was (NAME) also weighed at birth?</p>	<p>1. YES 2. NO → Q434C_2 8. DOES NOT KNOW → Q434C_2</p>																		
<p>434B_2. How much did (NAME) weigh?</p>	<p>____ . ____ KILOGRAMS → Q435_2</p> <p>88. DON'T KNOW</p>																		
<p>434C_2. Do you know if (NAME) weighed less than 2.5 kg or was considered too small?</p>	<p>1. YES, WAS LESS THAN 2.5 kg 2. NO, WAS MORE THAN OR EQUAL TO 2.5 kg 8. DOESN'T KNOW / REMEMBER</p>																		

434D_2. Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	1. YES 2. NO 8. DOES NOT KNOW																					
434E_2. After you delivered, did the facility give you a birth notification form?	1. YES 2. NO 8. DOES NOT KNOW																					
435_2. Does (NAME) have a birth certificate?	1. YES 2. NO 8. DOES NOT KNOW																					
436A_2. Did you ever breastfeed (NAME)?	1. YES 2. NO → Q437A_2																					
436B_2. How long after birth did you first put (NAME) to the breast?	1. ____ HOURS OR 2. ____ DAYS 000. WITHIN ONE HOUR 888. DO NOT REMEMBER																					
436C_2. INTERVIEWER, CHECK Q320: IS THE SECOND TWIN OF THE SECOND-TO-LAST BIRTH STILL LIVING?	1. YES 2. NO → Q437A_2																					
436D_2. Are you still breastfeeding (NAME)?	1. YES 2. NO → Q436H_2																					
<p>436E_2. Now I would like to ask you about liquids or foods (NAME) had yesterday during the day or night. Did (NAME) drink/eat: READ A–E. CIRCLE YES OR NO FOR EACH.</p> <p>A. Plain water? B. Commercially produced infant formula? C. Any milk from animals? D. Tea, juice, or other liquids? E. Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G. Cerelac]? F. Any (other) porridge like ugali?</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. PLAIN WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. FORMULA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. ANIMAL MILK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. OTHER LIQUIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. BABY CEREAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. PORRIDGE/UGALI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. PLAIN WATER	1	2	B. FORMULA	1	2	C. ANIMAL MILK	1	2	D. OTHER LIQUIDS	1	2	E. BABY CEREAL	1	2	F. PORRIDGE/UGALI	1	2
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436F_2. INTERVIEWER CHECK Q436E: DID THE CHILD FROM THE LAST BIRTH HAVE ANY DRINK OR FOOD OTHER THAN BREAST MILK (ANY "YES" IN Q436E_2)?	1. CHILD HAD ANY OF THE FOOD/DRINK → Q437A_2 2. CHILD DID NOT HAVE ANY FOOD/DRINK → CONTINUE																					
436G_2. Aside from breastmilk, did (NAME) have anything at all to eat or drink yesterday or last night? RECORD RESPONSE. THEN GO TO Q437A_2.	1. YES → Q437A_2 2. NO → Q437A_2 8. DOES NOT KNOW → Q437A_2																					
436H_2. For how many months did you breastfeed (NAME)?	<input type="text"/> <input type="text"/> MONTHS 88. DO NOT REMEMBER																					
437A_2. In the <u>two months after</u> (NAME) was born, did any health care provider or traditional birth attendant check on his/her health?	1. YES 2. NO → Q400_3 3. NO, BABY DIED → Q400_3 8. DOES NOT REMEMBER → Q400_3																					
437B_2. How many days or weeks after (NAME's) birth did the first health check take place?	1. ____ DAYS OR 2. ____ WEEKS 000. SAME DAY 888. DO NOT REMEMBER																					
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**SECTION IV: HEALTH CARE FOR BIRTHS SINCE JANUARY 2014
THIRD-TO-LAST BIRTH**

<p>400_3. INTERVIEWER, DID ANY <u>THIRD-TO-LAST BIRTH</u> OCCUR SINCE JANUARY 2014 (CHECK Q400 AND Q315)?</p>	<p>1. YES 2. NO → GO TO SECTION V 3. ONLY ONE BIRTH → GO TO SECTION V</p>																												
<p>401_3. INTERVIEWER, COPY THE PREGNANCY NUMBER AND OUTCOME OF THE <u>THIRD-TO-LAST</u> SINCE JANUARY 2014 ON PAGE 5.</p>	<p>PREGNANCY # FOR THIRD-TO-LAST BIRTH: <input type="text"/></p> <p>PREGNANCY OUTCOME CODE: "1", "2", "3", "4, or "5" <input type="text"/></p> <p>IF CODE= 1, 2, or 3 FOR THIRD-TO-LAST BIRTH, RECORD: NAME: _____</p> <p>STILL ALIVE? (RECORD IF Q320=1 FOR THIRD-TO-LAST BIRTH) 1. YES 2. NO</p>																												
<p>402_3. Now, I would like to talk to you about your last birth. <u>Just before you got pregnant</u>, did you want to get pregnant then, did you want to get pregnant later, or did you not want to get pregnant then or any time in the future?</p>	<p>1. WANTED THE PREGNANCY THEN 2. WANTED THE PREGNANCY LATER 3. DID NOT WANT THE PREGNANCY 8. NOT SURE</p>																												
<p>405_3. Were you given any injection to prevent the baby from getting tetanus (i.e., <i>lock jaw</i>) during that pregnancy?</p>	<p>1. YES - FOR TETANUS 2. YES - DON'T KNOW WHAT FOR 3. NO → Q407_3</p>																												
<p>406_3. How many injections were given?</p>	<p><input type="text"/> INJECTIONS 8. NOT SURE</p>																												
<p>407_3. Did you see anyone for antenatal care during that pregnancy?</p>	<p>1. YES → Q408_3 2. NO</p>																												
<p>407A_3. Why didn't you go for antenatal care?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED, THEN GO TO Q414A</p>	<p>A. COST TOO MUCH B. FACILITY FAR AWAY C. TRANSPORTATION UNAVAILABLE/EXPENSIVE D. DON'T TRUST FACILITY/POOR QUALITY SERVICE E. NO FEMALE PROVIDER AT FACILITY F. HUSBAND/FAMILY DID NOT ALLOW G. NOT NECESSARY H. NOT CUSTOMARY I. OTHER _____</p> <p align="center">GO TO Q414A_3</p>																												
<p>408_3. Where did you go for antenatal care?</p> <p>PROBE: Anywhere else?</p> <p>RECORD ALL MENTIONED.</p>	<table border="1"> <tr> <td data-bbox="391 1291 578 1753"> <p>KIGOMA HOSPITAL CODES:</p> <p>BAPTIST: 128 HERI: 36 KABANGA: 48 KASULU (MUMANI): 41 KIBONDO: 96 MAWENI: 15</p> </td> <td data-bbox="578 1291 951 1753"> <p>KIGOMA HEALTH CENTER CODES:</p> <table border="0"> <tr> <td>BIHARU: 32</td> <td>MULERA: 60</td> </tr> <tr> <td>BITALE: 3</td> <td>MUYAMA: 63</td> </tr> <tr> <td>BUHINGU: 81</td> <td>MUYOVOZI: 130</td> </tr> <tr> <td>GUNGU (KIKUKU): 10</td> <td>MWAMGONGO: 30</td> </tr> <tr> <td>GWANUMPU: 86</td> <td>NGURUKA: 21</td> </tr> <tr> <td>ILAGALA: 12</td> <td>NYWAKITONTO: 70</td> </tr> <tr> <td>JANDA: 39</td> <td>NYANZIGE: 118</td> </tr> <tr> <td>KAKONKO: 88</td> <td>NYENGE: 5</td> </tr> <tr> <td>KIFURA: 99</td> <td>RUSESA: 76</td> </tr> <tr> <td>KIGANAMO: 46</td> <td>SHUNGA: 77</td> </tr> <tr> <td>KIMWANYA: 129</td> <td>UJJI: 24</td> </tr> <tr> <td>MABAMBA: 110</td> <td>UVINZA: 27</td> </tr> <tr> <td>MATYAZO: 14</td> <td></td> </tr> </table> </td> </tr> </table> <p>A. KIGOMA HOSPITAL: CODE ____ _</p> <p>B. OTHER HOSPITAL (SPECIFY) _____</p> <p>C. KIGOMA HEALTH CENTER: CODE ____ _</p> <p>D. DISPENSARY _____</p> <p>E. HOME</p> <p>F. CBD WORKER</p> <p>G. COMMUNITY HEALTH WORKER (CHW)</p> <p>H. TRAINED BIRTH ATTENDANT</p> <p>I. OTHER (SPECIFY) _____</p>	<p>KIGOMA HOSPITAL CODES:</p> <p>BAPTIST: 128 HERI: 36 KABANGA: 48 KASULU (MUMANI): 41 KIBONDO: 96 MAWENI: 15</p>	<p>KIGOMA HEALTH CENTER CODES:</p> <table border="0"> <tr> <td>BIHARU: 32</td> <td>MULERA: 60</td> </tr> <tr> <td>BITALE: 3</td> <td>MUYAMA: 63</td> </tr> <tr> <td>BUHINGU: 81</td> <td>MUYOVOZI: 130</td> </tr> <tr> <td>GUNGU (KIKUKU): 10</td> <td>MWAMGONGO: 30</td> </tr> <tr> <td>GWANUMPU: 86</td> <td>NGURUKA: 21</td> </tr> <tr> <td>ILAGALA: 12</td> <td>NYWAKITONTO: 70</td> </tr> <tr> <td>JANDA: 39</td> <td>NYANZIGE: 118</td> </tr> <tr> <td>KAKONKO: 88</td> <td>NYENGE: 5</td> </tr> <tr> <td>KIFURA: 99</td> <td>RUSESA: 76</td> </tr> <tr> <td>KIGANAMO: 46</td> <td>SHUNGA: 77</td> </tr> <tr> <td>KIMWANYA: 129</td> <td>UJJI: 24</td> </tr> <tr> <td>MABAMBA: 110</td> <td>UVINZA: 27</td> </tr> <tr> <td>MATYAZO: 14</td> <td></td> </tr> </table>	BIHARU: 32	MULERA: 60	BITALE: 3	MUYAMA: 63	BUHINGU: 81	MUYOVOZI: 130	GUNGU (KIKUKU): 10	MWAMGONGO: 30	GWANUMPU: 86	NGURUKA: 21	ILAGALA: 12	NYWAKITONTO: 70	JANDA: 39	NYANZIGE: 118	KAKONKO: 88	NYENGE: 5	KIFURA: 99	RUSESA: 76	KIGANAMO: 46	SHUNGA: 77	KIMWANYA: 129	UJJI: 24	MABAMBA: 110	UVINZA: 27	MATYAZO: 14	
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<p>409_3. How many times did you go?</p>	<p><input type="text"/> <input type="text"/> TIMES</p> <p>66. NOT SURE, BUT AT LEAST 4 TIMES 77. NOT SURE 88. DOES NOT REMEMBER</p>																												

410_3. In what month of the pregnancy did the antenatal care begin?	<input type="text"/> <input type="text"/> MONTH 88. DOES NOT REMEMBER																		
411_3. During this pregnancy, were any of the following done at least once: READ A-E. CIRCLE YES OR NO FOR EACH. A. Were you weighed? B. Was your height measured? C. Did you give a urine sample? D. Did you give a blood sample? E. Were you tested for HIV?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. WEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. HEIGHT</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. URINE SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. BLOOD SAMPLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. HIV TESTED</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. WEIGHT	1	2	B. HEIGHT	1	2	C. URINE SAMPLE	1	2	D. BLOOD SAMPLE	1	2	E. HIV TESTED	1	2
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C. URINE SAMPLE	1	2																	
D. BLOOD SAMPLE	1	2																	
E. HIV TESTED	1	2																	
412A_3. Was your blood pressure ever checked during that pregnancy?	1. YES 2. NO → Q413A_3 8. DOES NOT REMEMBER → Q413A_3																		
412B_3. During this pregnancy, were you told that your blood pressure was high?	1. YES 2. NO 8. DOES NOT REMEMBER																		
413A_3. Were you told about the signs of pregnancy complications?	1. YES 2. NO 8. DOES NOT REMEMBER																		
413B_3. Were you advised to develop a birth plan?	1. YES 2. NO 8. DOES NOT REMEMBER																		
413B2_3. What arrangements did you or your family make for the birth of this child? READ A-E. CIRCLE YES OR NO FOR EACH. Did you: A. Identify transport? B. Save money? C. Identify a blood donor? D. Identify a nurse, midwife, or doctor to deliver the baby? E. Identify a companion or support person to accompany you to a facility for delivery?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>A. TRANSPORT</td> <td>1</td> <td>2</td> </tr> <tr> <td>B. SAVE MONEY</td> <td>1</td> <td>2</td> </tr> <tr> <td>C. BLOOD DONOR</td> <td>1</td> <td>2</td> </tr> <tr> <td>D. SKILLED ATTENDANT</td> <td>1</td> <td>2</td> </tr> <tr> <td>E. COMPANION / SUPPORT FACILITY</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	A. TRANSPORT	1	2	B. SAVE MONEY	1	2	C. BLOOD DONOR	1	2	D. SKILLED ATTENDANT	1	2	E. COMPANION / SUPPORT FACILITY	1	2
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E. COMPANION / SUPPORT FACILITY	1	2																	
414A_3. Did you sleep under insecticide-treated bed nets (ITN) most of the time?	1. YES 2. NO 8. DOES NOT REMEMBER																		
414B_3. During this pregnancy, did you take SP-Fansidar to keep you from getting malaria?	1. YES 2. NO → Q414D_3 8. DOES NOT REMEMBER → Q414D_3																		
414C_3. How many times did you take SP-Fansidar?	<input type="text"/> <input type="text"/> TIMES																		
414D_3. Did you take any local herbs during your pregnancy and/or labor?	1. YES 2. NO → Q415_3 8. DOES NOT REMEMBER → Q415_3																		
414E_3. For what reasons did you take the local herbs? PROBE: Any other reason? RECORD ALL MENTIONED	A. TO INDUCE OR SUSTAIN LABOR (CONTRACTION THAT LED UP TO BIRTH) B. TO TREAT MALARIA C. TO TREAT COLD/FLU D. TO TREAT HEADACHE E. TO TREAT CONVULSIONS F. TO TREAT VAGINAL BLEEDING G. TO TREAT STOMACH PAIN H. FOR THE HEALTH OF THE CHILD I. TO AVOID MISCARRIAGE J. OTHER (SPECIFY) _____																		
414F_3. Altogether, how many days did you take local herbs during the pregnancy and/or labor? IF ANSWER IS GIVEN IN MONTHS, CONVERT IT TO DAYS.	___ ___ ___ DAYS 777. CONTINUOUSLY 888. DOES NOT REMEMBER																		
414G_3. In what month of the pregnancy did you begin using local herbs?	___ ___ MONTH 77. JUST BEFORE DELIVERY 88. DOES NOT REMEMBER																		

414H_3. In what month of the pregnancy did you stop using local herbs?		___ __ MONTH 55. DURING LABOR / JUST BEFORE DELIVERY 66. DURING DELIVERY 77. AFTER DELIVERY 88. DOES NOT REMEMBER
415_3. Before you delivered the baby, how long had you been in labor? By labor, we mean strong, regular and frequent contractions at least 5 minutes apart.		___ __ HOURS 76. MORE THAN 3 DAYS (>72 HOURS) 77. C-SECTION BEFORE LABOR 88. DOESN'T KNOW
416A_3. Where did you give birth to this baby?	KIGOMA HOSPITAL CODES: BAPTIST: 128 HERI: 36 KABANGA: 48 KASULU (MUMANI): 41 KIBONDO: 96 MAWENI: 15	KIGOMA HEALTH CENTER CODES: BIHARU: 32 MULERA: 60 BITALE: 3 MUYAMA: 63 BUHINGU: 81 MUYOVOZI: 130 GUNGU (KIKUKU): 10 MWAMGONGO: 30 GWANUMPU: 86 NGURUKA: 21 ILAGALA: 12 NYWAKITONTO: 70 JANDA: 39 NYANZIGE: 118 KAKONKO: 88 NYENGE: 5 KIFURA: 99 RUSESA: 76 KIGANAMO: 46 SHUNGA: 77 KIMWANYA: 129 UJJI: 24 MABAMBA: 110 UVINZA: 27 MATYAZO: 14
		1. KIGOMA HOSPITAL: CODE ___ __ __ 2. OTHER HOSPITAL (SPECIFY) _____ 3. KIGOMA HEALTH CENTER: CODE ___ __ __ 4. DISPENSARY (SPECIFY) _____ 5. ON THE WAY TO A HEALTH FACILITY → Q419B_3 6. OWN HOME → Q419A_3 7. OTHER HOME → Q419A_3 8. OTHER (SPECIFY) _____ → Q419A_3
416A1_3. Would you recommend this health facility to a friend or family member for maternal health services?		1. YES 2. NO 8. DON'T KNOW
416A2_3. Was this the closest health facility to your home?		1. YES → Q416B_3 2. NO 8. DON'T KNOW → Q416B_3
416A3_3. What are the reasons you did not go to the facility nearest to your home? PROBE: "Anything else?" RECORD ALL MENTIONED		A. INCONVENIENT OPERATING HOURS B. BAD REPUTATION C. DON'T LIKE STAFF D. NO MEDICINE E. PREFERS TO REMAIN ANONYMOUS (NO ONE KNOWS ME AT THIS FACILITY) F. IT IS MORE EXPENSIVE G. REFERRED FROM ANOTHER FACILITY H. FACILITY NOT OPEN I. FACILITY OF POOR QUALITY J. FACILITY DOES NOT PROVIDE DESIRED SERVICES K. PROVIDERS OFTEN AWAY L. FACILITY DOES NOT ACCEPT INSURANCE M. PROVIDER TREATS PATIENTS UNKINDLY N. BAD EXPERIENCE AT THE FACILITY IN THE PAST O. OTHER (SPECIFY) _____ Y. DON'T KNOW / REMEMBER
416B_3. Were you referred for the third-to-last-birth?		1. YES 2. NO
417A_3. How long did it take you, one-way, to get from your home to the health facility where you delivered?		1. ___ __ MINUTES OR 2. ___ __ HOURS 888. DON'T REMEMBER
417B_3. How did you get to the health facility? PROBE: Any other way? RECORD ALL MENTIONED		A. WALKED / ON FOOT B. AMBULANCE BICYCLE C. AMBULANCE MOTORCYCLE D. AMBULANCE CAR / TRUCK E. SIMPLE BICYCLE F. SIMPLE MOTORCYCLE G. SIMPLE CAR / TRUCK H. BOAT I. BUS / MINIBUS J. BAJAJ K. CART L. LITTER (HOMEMADE GURNEY) M. OTHER (SPECIFY) _____

417C_3. How much did you pay for transport to the facility, in total?	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW		
417D_3. Did you pay any formal or informal fees for deliver care for your third-to-last birth?	1. YES 2. NO → Q417G_3		
417E_3. How much did you pay in <u>formal fees</u> for delivery care services at the facility?	_____ TSH 000000. NONE 888888. DOESN'T KNOW		
417F_3. How much did you pay in <u>informal fees</u> for delivery care services at the facility?	_____ TSH 000000. NONE 888888. DOESN'T KNOW		
417G_3. Did the facility provide supplies for childbirth?	1. YES 2. NO → Q417I_3		
417H_3. How much did you pay for supplies at the facility?	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW		
417I_3. How much did you pay for any supplies that you brought?	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW		
417J_3. How much did you pay for any medications?	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW		
417K_3. How much did you pay for accommodation near the facility?	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW		
417L_3. How much did you pay for food at the facility?	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW		
417M_3. How much did you pay for care for your dependents back home?	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW		
417N_3. How much did you pay for any other expenses related to your last delivery? (SPECIFY OTHER EXPENSES) _____	_____ TSH 000000. NONE 777777. PAID IN-KIND 888888. DOESN'T KNOW		
417N2_3. Did you give gifts or any non-monetary payments for services during your delivery?	1. YES 2. NO 8. DOESN'T KNOW / REMEMBER		
417O_3. Thinking back to the <u>way staff treated you</u> during your third-to-last delivery, would you say you were satisfied, somewhat satisfied, or not satisfied?	1. SATISFIED 2. SOMEWHAT SATISFIED 3. NOT SATISFIED 8. DOESN'T KNOW / REMEMBER		
417P_3. When you came to the facility for delivery, did the staff... READ A-L. CIRCLE YES OR NO FOR EACH.			
A. Care for you with a kind approach?	A. KIND APPROACH	YES	NO
B. Treat you in a friendly manner?	B. FRIENDLY MANNER	1	2
C. Show concern and empathy?	C. CONCERN/EMPATHY	1	2
D. Treat you with respect as an individual?	D. TREAT WITH RESPECT	1	2
E. Call you by my name?	E. CALL BY NAME	1	2
F. Respond to your needs whether or not you asked?	F. RESPOND TO NEEDS	1	2
G. Slap you during delivery for different reasons?	G. SLAP DURING DELIV.	1	2
H. Shout at you because you had not done what you were told?	H. SHOUT	1	2
I. Keep you waiting for a long time before receiving service?	I. WAITING LONG TIME	1	2
J. Allow you to practice cultural rituals in the facility?	J. ALLOW RITUALS	1	2
K. Delay service provision due to health facility's internal problems?	K. DELAY SERVICE	1	2
L. Not treat you well because of your personal attributes?	L. NOT TREAT WELL	1	2

<p>418_3. Was the baby delivered by caesarean section; that is, did they cut your belly open to take the baby out?</p>	<p>1. YES 2. NO</p>												
<p>418A_3. Did you have a companion or support person accompany you to the facility where you delivered?</p>	<p>1. YES 2. NO → Q418F_3 8. DOESN'T KNOW / REMEMBER → Q418F_3</p>												
<p>418B_3. Was your companion or support person allowed to:</p> <p>A. Be with you during labor? B. Be with you during delivery? C. Be with you after delivery?</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. DURING LABOR</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. DURING DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. AFTER DELIVERY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. DURING LABOR	1	2	B. DURING DELIVERY	1	2	C. AFTER DELIVERY	1	2
	<u>YES</u>	<u>NO</u>											
A. DURING LABOR	1	2											
B. DURING DELIVERY	1	2											
C. AFTER DELIVERY	1	2											
<p>418C_3. Who was your companion or support person?</p> <p>PROBE: Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>A. HUSBAND OR PARTNER B. MOTHER C. SISTER D. MOTHER-IN-LAW E. OTHER RELATIVE F. TRADITIONAL BIRTH ATTENDANT G. NEIGHBOR H. FRIEND I. OTHER (SPECIFY) _____</p>												
<p>418F_3. INTERVIEWER: DID THE DELIVER OCCUR IN A FACILITY? CHECK Q416A_3 = 1, 2, 3, OR 4.</p>	<p>1. YES → Q419B_3 2. NO → CONTINUE</p>												
<p>419A_3. Why did you decide to not deliver in a health facility?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED</p>	<p>A. COST TOO MUCH TO DELIVER AT FACILITY B. FACILITY NOT OPEN C. FACILITY FAR AWAY D. TRANSPORTATION UNAVAILABLE E. TRANSPORTATION EXPENSIVE F. DON'T TRUST FACILITY G. EXPECT POOR QUALITY SERVICE/CARE H. FEAR OF ABUSE/DISRESPECT AT FACILITY I. LACK OF ALTERNATIVE CARE FOR FAMILY J. NO ACCOMODATIONS NEAR FACILITY K. NO FEMALE PROVIDER AT FACILITY L. BABY CAME EARLIER THAN EXPECTED M. HUSBAND/FAMILY DID NOT ALLOW N. NOT NECESSARY O. NOT CUSTOMARY P. OTHER (SPECIFY) _____</p>												
<p>419A1_3. What was the <u>most important</u> reason? WRITE THE LETTER FOR THE MOST IMPORTANT REASON MENTIONED IN Q419A_3.</p>	<p style="text-align: center;"><input type="checkbox"/></p>												
<p>419B_3. Who made the decision about where to deliver the baby?</p>	<p>1. PREGNANT WOMAN HERSELF 2. HUSBAND/PARTNER 3. BOTH WOMAN AND HUSBAND/PARTNER 4. HUSBAND'S FATHER 5. HUSBAND'S MOTHER 6. PREGNANT WOMAN'S FATHER 7. PREGNANT WOMAN'S MOTHER 8. OTHER (SPECIFY) _____</p>												
<p>420_3. Who assisted with the delivery? PROBE: Anyone else?</p> <p>RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT DELIVERY.</p>	<p>A. DOCTOR / ASSISTANT MEDICAL OFFICER B. CLINICAL OFFICER C. ASSISTANT CLINICAL OFFICER D. TRAINED NURSE / MIDWIFE E. MCH AIDE F. MEDICAL ATTENDANT G. NURSE ASSISTANT H. VILLAGE HEALTH WORKER I. TBA J. RELATIVE/FRIEND K. OTHER (SPECIFY) _____ L. NO ONE M. DOESN'T KNOW</p>												

<p>421_3. During the <u>first 6 weeks</u> after the birth, did you have any of the following complications? READ A–K. CIRCLE YES OR NO FOR EACH OPTION.</p> <p>A. Severe Bleeding B. Bad-smelling Vaginal Discharge C. Infection of Surgical Wound D. Faint/coma E. High Fever (39-40c) F. Painful Urination G. Painful Uterus (pelvic pain) H. Breast Infection I. Continuous leaking of urine from the vagina J. Continuous leaking of faeces from the vagina K. Any other complication?</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr><td>A. SEVERE BLEEDING</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. BAD-SMELLING VAGINAL DISCHARGE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. INFECTION OF SURGICAL WOUND</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. FAINT/COMA</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. HIGH FEVER (39-40C)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. PAINFUL URINATION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. PAINFUL UTERUS (PELVIC PAIN)</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. BREAST INFECTION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>I. CONTINUOUS LEAKING OF URINE FROM VAGINA</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>J. CONTINUOUS LEAKING OF FAECES FROM VAGINA</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>K. OTHER (SPECIFY) _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. SEVERE BLEEDING	1	2	B. BAD-SMELLING VAGINAL DISCHARGE	1	2	C. INFECTION OF SURGICAL WOUND	1	2	D. FAINT/COMA	1	2	E. HIGH FEVER (39-40C)	1	2	F. PAINFUL URINATION	1	2	G. PAINFUL UTERUS (PELVIC PAIN)	1	2	H. BREAST INFECTION	1	2	I. CONTINUOUS LEAKING OF URINE FROM VAGINA	1	2	J. CONTINUOUS LEAKING OF FAECES FROM VAGINA	1	2	K. OTHER (SPECIFY) _____	1	2
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K. OTHER (SPECIFY) _____	1	2																																			
<p>422_3. Did you have any seizures or convulsions while pregnant, in labor or immediately after delivery? PROBE: Were you told that you had eclampsia?</p>	<p>1. YES 2. NO 8. DOES NOT REMEMBER</p>																																				
<p>423A_3. REVIEW 416A_3: IF DELIVERY OCCURRED IN A FACILITY (416A_3=1-4), ASK: After you left the facility, did any health care provider or a traditional birth attendant check on <u>your</u> health? IF DELIVERY OCCURRED OUTSIDE A FACILITY (416A_3=5-8), ASK: After the baby was born, did any health care provider or a traditional birth attendant check on <u>your</u> health?</p>	<p>1. YES 2. NO → Q424A_3 8. DOES NOT REMEMBER → Q424A_3</p>																																				
<p>423B_3. How long after delivery did the <u>first check</u> take place? INTERVIEWER: IF 'SAME DAY', PROBE TO BE SURE THE CHECK OCCURRED DURING A SEPARATE VISIT.</p>	<p>1. ____ DAYS 2. ____ WEEKS 000. SAME DAY 888. DON'T REMEMBER</p>																																				
<p>423C_3. Where did the first check take place?</p>	<p>1. HOSPITAL (SPECIFY) _____ 2. HEALTH CENTER (SPECIFY) _____ 3. DISPENSARY (SPECIFY) _____ 4. HOME 5. CBD WORKER 6. OTHER (SPECIFY) _____</p>																																				
<p>424A_3. At any time during that pregnancy, including after delivery, were you counseled about family planning?</p>	<p>1. YES 2. NO → Q425F_3 8. DOES NOT KNOW → Q425F_3</p>																																				
<p>424B_3. Did you receive counseling about family planning during...? READ A-C.</p> <p>A. Antenatal care B. Time of delivery C. Postpartum check-up</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr><td>A. ANTENATAL CARE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. AT THE TIME OF DELIVERY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. POSTPARTUM CHECK UP</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. ANTENATAL CARE	1	2	B. AT THE TIME OF DELIVERY	1	2	C. POSTPARTUM CHECK UP	1	2																								
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<p>425F_3. INTERVIEWER: REVIEW Q401_3 AND RECORD THE PREGNANCY OUTCOME OF THE THIRD-TO-LAST BIRTH. PREGNANCY OUTCOME: <input type="text"/></p>																																					
<p>425FF_3. INTERVIEWER: VERIFY 425F_3 AND PREGNANCY HISTORY ON P.5, AND CIRCLE ONE ANSWER:</p> <p>1. IF THE PREGNANCY OUTCOME WAS NOT A LIVE BIRTH (CODE 4, 5, OR 3 IF <u>FIRST TWIN</u> WAS BORN DEAD), SKIP TO Q431_3. 2. IF THE PREGNANCY OUTCOME IS A LIVE BIRTH (CODE 1), CONTINUE. 3. IF THE PREGNANCY OUTCOME IS TWINS (BOTH ALIVE) (CODE 2), CONTINUE. 4. IF THE PREGNANCY OUTCOME IS TWINS (1 LIVE BIRTH, 1 STILLBIRTH) (CODE 3), CONTINUE IF THIS <u>FIRST TWIN</u> WAS BORN ALIVE (CHECK PREGNANCY HISTORY ON P. 5).</p>																																					
<p>426A_3. Was (NAME) weighed at birth?</p>	<p>1. YES 2. NO → Q426C_3 8. DOESN'T KNOW → Q426C_3</p>																																				
<p>426B_3. How much did (NAME) weigh?</p>	<p>____ . ____ KILOGRAMS → GO TO Q427_3 88. DON'T KNOW</p>																																				
<p>426C_3. Do you know if (NAME) weighed less than 2.5 kg or was considered too small?</p>	<p>1. YES, WAS LESS THAN 2.5 kg 2. NO, WAS MORE THAN 2.5 kg 8. DOESN'T KNOW / REMEMBER</p>																																				

426D_3. Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	1. YES 2. NO 8. DOES NOT KNOW
426E_3. After you delivered, did the facility give you a birth notification form?	1. YES 2. NO 8. DOES NOT KNOW
427_3. Does (NAME) have a birth certificate?	1. YES 2. NO 8. DOES NOT KNOW
428A_3. Did you ever breastfeed (NAME)?	1. YES 2. NO → Q429A_3
428B_3. How long after birth did you first put (NAME) to the breast?	1. ____ HOURS OR 2. ____ DAYS 000. WITHIN ONE HOUR 888. DO NOT REMEMBER
428C_3. CHECK 320: IS THE <u>CHILD FROM THE THIRD-TO-LAST BIRTH STILL LIVING?</u>	1. YES 2. NO → Q429A_3
428D_3. Are you still breastfeeding (NAME)?	1. YES 2. NO → Q428H_3
428E_3. Now I would like to ask you about liquids or foods (NAME) had <u>yesterday</u> during the day or night. Did (NAME) drink/eat: READ A–E. CIRCLE YES OR NO FOR EACH.	
A. Plain water?	YES NO A. PLAIN WATER 1 2
B. Commercially produced infant formula?	B. FORMULA 1 2
C. Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, e.g. Cerelac]?	C. BABY CEREAL 1 2
D. Any milk from animals?	D. ANIMAL MILK 1 2
E. Any (other) porridge like ugali?	E. PORRIDGE/UGALI 1 2
428F_3. INTERVIEWER: CHECK Q428E_3. DID THE CHILD FROM THE LAST BIRTH HAVE ANY DRINK OR FOOD OTHER THAN BREAST MILK (ANY "YES" IN Q428E_3)?	1. YES → Q429A_3 2. NO
428G_3. Aside from breastmilk, did (NAME) have anything at all to eat or drink yesterday or last night? RECORD RESPONSE. THEN GO TO Q429A_3.	1. YES 2. NO 8. DOES NOT KNOW } Q429A_3
428H_3. For how many months did you breastfeed (NAME)?	<input type="text"/> <input type="text"/> MONTHS 88. DO NOT REMEMBER
429A_3. In the two months after (NAME) was born, did any health care provider or traditional birth attendant check on <u>the baby's</u> health?	1. YES 2. NO → Q431_3 3. NO, BABY DIED → Q431_3 8. DOES NOT REMEMBER → Q431_3
429B_3. How many days or weeks after (NAME's) birth did the first health check take place?	1. ____ DAYS OR 2. ____ WEEKS 000. SAME DAY 888. DO NOT REMEMBER
430_3. Was the health check because (NAME) was sick or was it a routine health exam?	1. HEALTH CHECK FOR SICKNESS 2. ROUTINE HEALTH CHECK 8. DOES NOT REMEMBER
431_3. How many months after (NAME's) birth did your period (menstruation) return?	<input type="text"/> <input type="text"/> MONTHS 66. NOT YET RESUMED
432_3. How many months after (NAME's) birth did you resume sexual relations?	<input type="text"/> <input type="text"/> MONTHS 66. NOT YET RESUMED
433F_3. INTERVIEWER, WAS THE THIRD-TO-LAST BIRTH A TWIN BIRTH (Q425F_3=2, 3, OR 5)?	1. YES 2. NO → SECTION V
433FF_3. INTERVIEWER, WAS THE <u>SECOND TWIN</u> FROM THIS BIRTH BORN ALIVE (Q425F_3=2, OR Q425F_3=3 IF SECOND TWIN WAS BORN ALIVE)?	1. BOTH TWINS ALIVE 2. FIRST TWIN DEAD, SECOND TWIN ALIVE 3. FIRST TWIN ALIVE, SECOND TWIN DEAD → SECTION V 4. BOTH TWINS DEAD → SECTION V

434A_3. Now I would like to talk about the second twin, (NAME). Was (NAME) also weighed at birth?	1. YES 2. NO → Q434C_3 8. DOES NOT KNOW → Q434C_3																					
434B_3. How much did (NAME) weigh?	____ . ____ KILOGRAMS → Q435_3 88. DON'T KNOW																					
434C_3. Do you know if (NAME) weighed less than 2.5 kg or was considered too small?	1. YES, WAS LESS THAN 2.5 kg 2. NO, WAS MORE THAN OR EQUAL TO 2.5 kg 8. DOESN'T KNOW / REMEMBER																					
434D_3. Immediately after the birth, was (NAME) put directly on the bare skin of your chest?	1. YES 2. NO 8. DOES NOT KNOW																					
434E_3. After you delivered, did the facility give you a birth notification form?	1. YES 2. NO 8. DOES NOT KNOW																					
435_3. Does (NAME) have a birth certificate?	1. YES 2. NO 8. DOES NOT KNOW																					
436A_3. Did you ever breastfeed (NAME)?	1. YES 2. NO → Q437A_3																					
436B_3. How long after birth did you first put (NAME) to the breast?	1. ____ HOURS OR 2. ____ DAYS 000. WITHIN ONE HOUR 888. DO NOT REMEMBER																					
436C_3. INTERVIEWER, CHECK Q320: IS THE SECOND TWIN OF THE THIRD-TO-LAST BIRTH STILL LIVING?	1. YES 2. NO → Q437A_3																					
436D_3. Are you still breastfeeding (NAME)?	1. YES 2. NO → Q436H_3																					
436E_3. Now I would like to ask you about liquids or foods (NAME) had yesterday during the day or night. Did (NAME) drink/eat: READ A–E. CIRCLE YES OR NO FOR EACH. A. Plain water? B. Commercially produced infant formula? C. Any milk from animals? D. Tea, juice, or other liquids? E. Any [BRAND NAME OF COMMERCIALY FORTIFIED BABY FOOD, E.G. Cerelac]? F. Any (other) porridge like ugali?	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>A. PLAIN WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>B. FORMULA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>C. ANIMAL MILK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>D. OTHER LIQUIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>E. BABY CEREAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>F. PORRIDGE/UGALI</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	A. PLAIN WATER	1	2	B. FORMULA	1	2	C. ANIMAL MILK	1	2	D. OTHER LIQUIDS	1	2	E. BABY CEREAL	1	2	F. PORRIDGE/UGALI	1	2
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436F_3. INTERVIEWER CHECK Q436E: DID THE CHILD FROM THE LAST BIRTH HAVE ANY DRINK OR FOOD OTHER THAN BREAST MILK (ANY "YES" IN Q436E_3)?	1. CHILD HAD ANY OF THE FOOD/DRINK → Q437A_3 2. CHILD DID NOT HAVE ANY FOOD/DRINK → CONTINUE																					
436G_3. Aside from breastmilk, did (NAME) have anything at all to eat or drink yesterday or last night? RECORD RESPONSE. THEN GO TO Q437A_3.	1. YES → Q437A_3 2. NO → Q437A_3 8. DOES NOT KNOW → Q437A_3																					
436H_3. For how many months did you breastfeed (NAME)?	<input type="text"/> <input type="text"/> MONTHS 88. DO NOT REMEMBER																					
437A_3. In the <u>two months after</u> (NAME) was born, did any health care provider or traditional birth attendant check on his/her health?	1. YES 2. NO → SECTION V 3. NO, BABY DIED → SECTION V 8. DOES NOT REMEMBER → SECTION V																					
437B_3. How many days or weeks after (NAME's) birth did the first health check take place?	1. ____ DAYS OR 2. ____ WEEKS 000. SAME DAY 888. DO NOT REMEMBER																					
438_3. Was the health check because (NAME) was sick or was it a routine health exam?	1. HEALTH CHECK FOR SICKNESS 2. ROUTINE HEALTH CHECK 8. DOES NOT REMEMBER																					

SECTION V– CONTRACEPTIVE AWARENESS AND USE

Now I am going to ask you some questions about Family Planning; this is about methods that couples use to delay or avoid pregnancy.			
READ THE NAME OF EACH METHOD AND CIRCLE "1" OR "2" IN Q501, AS APPROPRIATE. ONLY ASK 501A and 502 IF 501=1 (YES) IF 501=2 (NO), MOVE TO NEXT METHOD.	501. Have you heard of (METHOD)?	502. Have you ever used (METHOD)?	502A. What was your main source of information on this method? (RECORD CODE FROM LIST BELOW TABLE)
METHOD			
A. Female sterilization, tubal ligation PROBE: Women can have an operation to avoid having more children.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
B. Male sterilization, vasectomy PROBE: Men can have an operation to avoid having more children.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
C. IUD PROBE: Women can have a loop or coil placed inside them by a doctor or nurse.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
D. Injectables PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
E. Implants (e.g. Implanon, Nexplanon, Jadelle, Norplant) PROBE: Women can have several small rods placed in their upper arm by a doctor or nurse, which can prevent pregnancy for one or more months.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
F. Pill PROBE: Women can take a pill every day to avoid becoming pregnant.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
G. Male Condom PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
H. Female Condom PROBE: Women can place a sheath in their vagina before sexual intercourse.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
I. Diaphragm PROBE: Women can place a shallow cup in their vagina before sexual intercourse.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
J. Foam or Jelly PROBE: Women can place a suppository, jelly or cream in their vagina before sexual intercourse.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
K. Lactational Amenorrhea Method (LAM)	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
L. Rhythm PROBE: Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
M. Withdrawal PROBE: Men can be careful and pull out before climax.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
N. Emergency Contraception PROBE: As an emergency measure after unprotected intercourse, women can take special pills at any time within five days to prevent pregnancy.	1. YES → Continue to 502 2. NO	1. YES } 2. NO } 502A	____ _
O. Have you heard of any other ways or methods that women or men can use to avoid pregnancy? (SPECIFY)	1. YES → Continue to 502 2. NO → Q503A	1. YES } 2. NO } 502A	____ _
CODES FOR Q502A:			
1. PARENT(S) / GUARDIAN(S)	7. COMMUNITY HEALTH WORKER	13. RADIO	
2. SISTER(S) / BROTHERS (S)	8. PHARMACIST	14. TELEVISION	
3. OTHER RELATIVE	9. RELIGIOUS LEADER	15. INTERNET	
4. TEACHER	10. BOOKS	20. OTHER _____	
5. PEERS / FRIENDS	11. NEWSPAPER, MAGAZINES, BROCHURES, FLYER	88. DON'T REMEMBER	
6. CLINIC STAFF	12. WAZAZI NIPENDENI		

<p>503A. In the <u>last 12 months</u>, were you visited by a community health worker or facility outreach worker who talked to you about family planning?</p>	<p>1. YES, COMMUNITY HEALTH WORKER 2. YES, FACILITY OUTREACH WORKER 3. YES, BOTH 4. NO 8. NOT SURE</p>
<p>503B. In the <u>last 12 months</u>, have you visited a health facility for care for yourself or your children?</p>	<p>1. YES 2. NO → Q504F 8. NOT SURE → Q504F</p>
<p>503C. Did any staff member at the health facility speak to you about family planning?</p>	<p>1. YES 2. NO 8. NOT SURE</p>
<p>504F. INTERVIEWER, CHECK QUESTION Q502. HAS RESPONDENT EVER USED AT LEAST ONE METHOD OF CONTRACEPTION (AT LEAST ONE "1" CIRCLED IN Q502)?</p>	<p>1. EVER USED METHODS (AT LEAST ONE "1" IN Q502_A—Q502_N) 2. NEVER USED A CONTRACEPTIVE METHOD → Q539</p>
<p>505. How old were you when you first used contraception?</p>	<p><input type="text"/> <input type="text"/> YEARS 88. DOES NOT REMEMBER</p>
<p>506. How many living children did you have when you first used contraception?</p>	<p><input type="text"/> <input type="text"/> CHILDREN 00. NO LIVING CHILDREN 88. DOES NOT REMEMBER</p>
<p>507. Are you <u>currently</u> (<u>last 30 days</u>) doing something or using any method to delay or avoid getting pregnant?</p>	<p>1. YES 2. NO → Q530 8. NOT SURE → Q530</p>
<p>508. Which method are you using? CIRCLE ALL MENTIONED IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.</p>	<p>A. FEMALE STERILIZATION, TUBAL LIGATION → Q512 B. MALE STERILIZATION, VASECTOMY → Q512 C. IUD → Q514 D. INJECTABLES → Q509 E. IMPLANT → Q510 F. PILL → Q511 G. MALE CONDOM H. FEMALE CONDOM I. DIAPHRAGM J. FOAM/JELLY K. LAM L. RHYTHM M. WITHDRAWAL X. OTHER MODERN METHOD (SPECIFY) _____ Y. OTHER TRADITIONAL METHOD (SPECIFY) _____</p> <p style="text-align: right;">} Q514</p>
<p>509. What is the brand name of the injectables you are using?</p>	<p>1. THREE MONTH (DEPO PROVERA) 2. OTHER (SPECIFY) _____ 8. DOES NOT KNOW / NOT SURE</p> <p style="text-align: right;">} Q514</p>
<p>510. What is the brand name of the implant you are using?</p>	<p>1. THREE YEARS (IMPLANON) 2. FIVE YEARS (JADELLE) 3. OTHER (SPECIFY) _____ 8. DOES NOT KNOW</p> <p style="text-align: right;">} Q514</p>
<p>511. What is the brand name of the pills you are using? IF DON'T KNOW, ASK TO SEE PACKAGE</p>	<p>1. MICROGYNON 2. LO FEMANAL 3. SAFE PLAN 4. MACROVAL 5. MICROLUT 6. FAMILIA 7. FLEXIP 8. OTHER (SPECIFY) _____ 9. DOES NOT KNOW/NOT SURE</p> <p style="text-align: right;">} Q514</p>

512. In what facility did the sterilization take place?	1. HOSPITAL (SPECIFY) _____ 2. HEALTH CENTER (SPECIFY) _____ 3. OTHER (SPECIFY) _____ 8. DOES NOT REMEMBER																								
513. In what month and year was the sterilization performed?	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"> <input type="text"/> <input type="text"/> MONTH </td> <td style="border: none; text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR </td> <td style="border: none; vertical-align: middle; font-size: 2em;">}</td> <td style="border: none; vertical-align: middle;">Q533</td> </tr> <tr> <td style="border: none; text-align: center;">88. DNR MONTH</td> <td style="border: none; text-align: center;">8888. DNR YEAR</td> <td style="border: none;"></td> <td style="border: none;"></td> </tr> </table>	<input type="text"/> <input type="text"/> MONTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	}	Q533	88. DNR MONTH	8888. DNR YEAR																		
<input type="text"/> <input type="text"/> MONTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	}	Q533																						
88. DNR MONTH	8888. DNR YEAR																								
514. In what month and year did you start using (CURRENT METHOD IN Q508) continuously (without stopping)? (IF NEEDED, PROBE USING THE PREGNANCY HISTORY: "How long after your last birth did you start using your current method continuously?")	<table style="width: 100%; border: none;"> <tr> <td style="border: none; text-align: center;"> <input type="text"/> <input type="text"/> MONTH </td> <td style="border: none; text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR </td> </tr> <tr> <td style="border: none; text-align: center;">88. DNR MONTH</td> <td style="border: none; text-align: center;">8888. DNR YEAR</td> </tr> </table>	<input type="text"/> <input type="text"/> MONTH	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	88. DNR MONTH	8888. DNR YEAR																				
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88. DNR MONTH	8888. DNR YEAR																								
515F. INTERVIEWER: REVIEW Q508.	1. HIGHEST RANKED METHOD IS A NATURAL OR TRADITIONAL METHOD (K, L, M, Y) → Q524 2. HIGHEST RANKED METHOD IS A MODERN METHOD																								
515G. Where do you (or your partner) obtain the contraceptive method you are currently using as a couple? (IF MULTIPLE PLACES RECORD <u>THE MAIN SOURCE</u>)	1. GOVERNMENT HOSPITAL (SPECIFY) _____ 2. GOVERNMENT HEALTH CENTER (SPECIFY) _____ 3. GOVERNMENT DISPENSARY(SPECIFY) _____ 4. RELIGIOUS/PRIVATE HEALTH FACILITY 5. PHARMACY 6. NGO 7. VCT CENTER 8. CBD/ VILLAGE HEALTH WORKER 9. FAMILY/FRIEND/NEIGHBOR 10. MARKET/SHOP/BAR 20. OTHER (SPECIFY) _____ → Q524 88. DOES NOT REMEMBER → Q524																								
516. Who gets the supplies? You, your partner, or both?	1. HERSELF 2. HER PARTNER 3. BOTH 8. DOES NOT REMEMBER																								
517. Can you get family planning services there at any time or do they only offer family planning services at special times during the day or on certain days?	1. CAN GET FAMILY PLANNING SERVICES AT ANY TIME → Q521A 2. CAN ONLY GET FAMILY PLANNING SERVICES AT CERTAIN TIMES/DAYS 8. DOES NOT KNOW/NOT SURE																								
518. Are the special times or days convenient for you?	1. YES → Q521A 2. NO 8. NOT SURE																								
519. What <u>time of day</u> is convenient for you to get family planning services? (READ A-E). A. Early Morning (Until 10.00AM) B. Late morning (10.00AM-Noon) C. Early Afternoon (12.00PM-3PM) D. Late Afternoon (3.00PM-6.00PM) E. Evenings (6.00PM or Later)	<table style="width: 100%; border: none;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;"><u>YES</u></th> <th style="border: none; text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td style="border: none;">A. EARLY MORNING</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> <tr> <td style="border: none;">B. LATE MORNING</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> <tr> <td style="border: none;">C. EARLY AFTERNOON</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> <tr> <td style="border: none;">D. LATE AFTERNOON</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> <tr> <td style="border: none;">E. EVENINGS</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. EARLY MORNING	1	2	B. LATE MORNING	1	2	C. EARLY AFTERNOON	1	2	D. LATE AFTERNOON	1	2	E. EVENINGS	1	2						
	<u>YES</u>	<u>NO</u>																							
A. EARLY MORNING	1	2																							
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C. EARLY AFTERNOON	1	2																							
D. LATE AFTERNOON	1	2																							
E. EVENINGS	1	2																							
520. Which <u>day, or days of the week</u> are convenient for you? CIRCLE ALL MENTIONED	<table style="width: 100%; border: none;"> <thead> <tr> <th style="border: none;"></th> <th style="border: none; text-align: center;"><u>MENTIONED</u></th> <th style="border: none; text-align: center;"><u>NOT MENTIONED</u></th> </tr> </thead> <tbody> <tr> <td style="border: none;">A. MONDAY</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> <tr> <td style="border: none;">B. TUESDAY</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> <tr> <td style="border: none;">C. WEDNESDAY</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> <tr> <td style="border: none;">D. THURSDAY</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> <tr> <td style="border: none;">E. FRIDAY</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> <tr> <td style="border: none;">F. SATURDAY</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> <tr> <td style="border: none;">G. SUNDAY</td> <td style="border: none; text-align: center;">1</td> <td style="border: none; text-align: center;">2</td> </tr> </tbody> </table>		<u>MENTIONED</u>	<u>NOT MENTIONED</u>	A. MONDAY	1	2	B. TUESDAY	1	2	C. WEDNESDAY	1	2	D. THURSDAY	1	2	E. FRIDAY	1	2	F. SATURDAY	1	2	G. SUNDAY	1	2
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E. FRIDAY	1	2																							
F. SATURDAY	1	2																							
G. SUNDAY	1	2																							
521A. You obtained (CURRENT METHOD FROM 508) from (SOURCE OF METHOD IN 515G) in (DATE FROM 514). At that time, were you told about side effects or problems you might have with the method?	1. YES → Q521C 2. NO 8. NOT SURE																								

<p>521B. Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>1. YES 2. NO → Q522A 8. NOT SURE</p>
<p>521C. Were you told what to do if you experienced side effects or problems?</p>	<p>1. YES 2. NO 8. NOT SURE</p>
<p>522A. Do you think the <u>waiting time</u> where you get the method is too long or not too long?</p>	<p>1. TOO LONG 2. NOT TOO LONG 8. DOES NOT KNOW/NOT SURE</p>
<p>522B. How long does it take you to <u>get to the place</u> where you or your partner gets the contraceptive supplies?</p>	<p>1. LESS THAN 30 MIN 2. 30-59 MINUTES 3. 1-2 HOURS 4. 2-3 HOURS 5. MORE THAN 3 HOURS 6. SUPPLIES OFFERED AT HOME OR WORK PLACE 7. OTHER (SPECIFY) _____ 8. DOES NOT KNOW / NOT SURE</p>
<p>523. Do you or your partner pay for the contraceptive method you now use?</p>	<p>1. YES 2. NO 8. NOT SURE</p>
<p>524. Would you prefer to use a different method of family planning from the one you are currently using?</p>	<p>1. YES 2. NO → Q533 8. NOT SURE → Q533</p>
<p>525. What method would you prefer to use? (OTHER THAN THE METHOD SPECIFIED IN Q508)</p>	<p>1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IUD 4. INJECTABLES 5. IMPLANT 6. PILL 7. MALE CONDOM 8. FEMALE CONDOM 9. DIAPHRAGM 10. FOAM/JELLY 11. LACTATIONAL AMENHORREA (LAM) 12. RHYTHM 13. WITHDRAWAL 14. OTHER MODERN METHOD (SPECIFY) _____ 15. OTHER TRADITIONAL METHOD (SPECIFY) _____</p>
<p>526. Do you know where to obtain this method? (OR INFORMATION ABOUT A TRADITIONAL METHOD IF IT IS RHYTHM OR WITHDRAWAL.)</p>	<p>1. YES 2. NO → Q529 8. NOT SURE → Q529</p>
<p>527. Where can you obtain this preferred method? (OR INFORMATION ABOUT A TRADITIONAL METHOD.)</p>	<p>1. GOVERNMENT HOSPITAL (SPECIFY) _____ 2. GOVERNMENT HEALTH CENTER (SPECIFY) _____ 3. GOVERNMENT DISPENSARY (SPECIFY) _____ 4. RELIGIOUS/PRIVATE HEALTH FACILITY 5. PHARMACY 6. NGO 7. VCT CENTER 8. CBD/ VILLAGE HEALTH WORKER 9. FRIEND/NEIGHBOR 10. MARKET/SHOP/BAR 20. OTHER (SPECIFY) _____ 88. DOES NOT REMEMBER</p>

<p>528. How much time would you or your partner have to travel to obtain the supplies or information about the method?</p>	<ol style="list-style-type: none"> 1. LESS THAN 30 MIN 2. 30-59 MINUTES 3. 1-2 HOURS 4. 2-3 HOURS 5. MORE THAN 3 HOURS 6. SUPPLIES OFFERED AT HOME OR WORK PLACE 7. OTHER (SPECIFY) _____ 8. DOES NOT KNOW / NOT SURE
<p>529. What is the <u>most important</u> reason why you do not use the preferred method?</p>	<ol style="list-style-type: none"> 1. DOCTOR WILL NOT PRESCRIBE IT 2. COST 3. NOT AVAILABLE/DIFFICULT ACCESS/ UNRELIABLE SOURCE 4. SOURCE TOO FAR AWAY 5. DOES NOT KNOW HOW/WHERE TO OBTAIN IT 6. HUSBAND/PARTNER OBJECTS TO IT 7. RELIGIOUS REASONS 8. FEAR OF SIDE EFFECTS 9. STILL THINKING ABOUT IT/ NOT MADE UP HER MIND 10. DIFFICULT TO USE 11. FEAR OF SURGERY (IUD, TUBAL LIGATION, IMPLANT) 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW <p style="text-align: right;">Q533</p>
<p>530. What was the <u>last</u> contraceptive method you or your partner had used?</p> <p>CIRCLE ONE METHOD ONLY</p>	<ol style="list-style-type: none"> 1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IUD 4. INJECTABLES 5. IMPLANT 6. PILL 7. MALE CONDOM 8. FEMALE CONDOM 9. DIAPHRAGM 10. FOAM/JELLY 11. LACTATIONAL AMENHORREA (LAM) 12. RHYTHM 13. WITHDRAWAL 14. OTHER MODERN METHOD (SPECIFY) _____ 15. OTHER TRADITIONAL METHOD (SPECIFY) _____
<p>531. In what month and year did you <u>stop</u> using (LAST METHOD IN Q530)? RECORD LAST MONTH OF USE</p>	<p><input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR</p> <p>88. DR MONTH 8888. DR YEAR</p>
<p>532. REVIEW Q530: IF LAM, RHYTHM, OR WITHDRAWAL (Q530=11, 12, 13, OR 15), THEN CIRCLE 11 WITHOUT ASKING.</p> <p>OTHERWISE, ASK:</p> <p>Where did you obtain that method?</p>	<ol style="list-style-type: none"> 1. GOVERNMENT HOSPITAL (SPECIFY) _____ 2. GOVERNMENT HEALTH CENTER (SPECIFY) _____ 3. GOVERNMENT DISPENSARY (SPECIFY) _____ 4. RELIGIOUS/PRIVATE HEALTH FACILITY 5. PHARMACY 6. NGO 7. VCT CENTER 8. CBD/ VILLAGE HEALTH WORKER 9. FRIEND/NEIGHBOR 10. MARKET/SHOP/BAR 11. DOES NOT APPLY (NON-SUPPLY METHOD) 20. OTHER (SPECIFY) _____ 88. DOES NOT REMEMBER
<p>533. Now, I would like to ask you some questions on your pregnancies and family planning history during the last few years. First, I will verify with you the pregnancies you may have had since January 2014. REFER TO THE PREGNANCY HISTORY (Q315-317) AND COMPLETE COLUMN 1 IN THE PREGNANCY AND CONTRACEPTIVE USE CALENDAR ON THE NEXT PAGE.</p>	
<p>534F. CHECK Q513, Q514 AND Q531 TO RECORD IF RESPONDENT HAD USED ANY CONTRACEPTIVE METHOD SINCE JANUARY 2014</p>	<ol style="list-style-type: none"> 1. HAD USED CONTRACEPTION IN YEAR 2014 OR LATER 2. HAD NEVER USED CONTRACEPTION OR HAD USED IT BEFORE JAN. 2014 → COMPLETE COLUMN 2 WITH "0"; LEAVE COLUMN 3 BLANK

535. COMPLETE THE REST OF THE CONTRACEPTIVE CALENDAR FOR THOSE WHO HAVE USED CONTRACEPTION SINCE JANUARY 2014
 USE CALENDAR TO PROBE FOR PERIODS OF USE AND NONUSE, STARTING WITH EARLIEST USE, BEGINNING WITH JANUARY 2014. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
IN COLUMN 2, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH. ILLUSTRATIVE QUESTIONS:

- When was the last time you used a method? Which method was that?
- When did you start using that method? How long after the birth of (NAME)?
- How long did you use the method then?

IN COLUMN 3, ENTER CODES FOR DISCONTINUATION ONE MONTH AFTER THE LAST MONTH OF USE. ILLUSTRATIVE QUESTIONS:

- Why did you stop using the (METHOD)?
- Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?

COLUMN 1 (PREGNANCY OUTCOME)	DATE	1	2	3
0. PREGNANT THAT MONTH	2014			
1. LIVE BIRTH	1 Jan			
2. MULTIPLE LIVE BIRTHS	2 Feb			
3. MULTIPLE (LIVE BIRTH WITH STILLBIRTH)	3 Mar			
4. STILLBIRTH (SINGLE)	4 Apr			
5. MULTIPLE STILLBIRTH	5 May			
6. MISCARRIAGE / ABORTION	6 Jun			
7. ECTOPIC	7 Jul			
COLUMN 2 (METHOD USED)	8 Aug			
0. NO METHOD	9 Sep			
1. FEMALE STERILIZATION, TUBAL LIGATION	10 Oct			
2. MALE STERILIZATION, VASECTOMY	11 Nov			
3. IUD	12 Dec			
4. INJECTABLES	2015			
5. IMPLANTS	1 Jan			
6. PILL	2 Feb			
7. MALE CONDOM	3 Mar			
8. FEMALE CONDOM	4 Apr			
9. DIAPHRAGM	5 May			
10. FOAM/JELLY _____	6 Jun			
11. LACTATIONAL AMENORRHEA METHOD	7 Jul			
12. RHYTHM METHOD	8 Aug			
13. WITHDRAWAL	9 Sep			
14. OTHER MODERN _____	10 Oct			
15. OTHER TRADITIONAL	11 Nov			
88. DOES NOT REMEMBER	12 Dec			
COLUMN 3 (MAIN REASON THE USE WAS STOPPED)	2016			
1. GOT PREGNANT WHILE USING	1 Jan			
2. WANTED TO GET PREGNANT	2 Feb			
3. HUSBAND OBJECTED	3 Mar			
4. SIDE EFFECTS	4 Apr			
5. HEALTH CONCERNS	5 May			
6. STOPPED TO "REST THE BODY"	6 Jun			
7. PHYSICIAN DECISION	7 Jul			
8. SUPPLY/AVAILABILITY	8 Aug			
9. DIFFICULT/INCONVENIENT TO USE	9 Sep			
10. MARRIAGE/RELATIONSHIP ENDED	10 Oct			
11. WANTED TO TRY OTHER METHOD	11 Nov			
12. SPORADIC SEXUAL ACTIVITY	12 Dec			
13. NOT SEXUALLY ACTIVE				
14. NO LONGER ABLE TO GET PREGNANT				
15. PERIOD RETURNED (LAM)				
16. NEGLIGENCE				
20. OTHER (SPECIFY) _____				
88. DOES NOT KNOW				
	536F. INTERVIEWER, CHECK THE CALENDAR AND DETERMINE IF: 1. RESPONDENT USED CONTRACEPTION IN JANUARY 2014 → Q537 2. RESPONDENT DID NOT USE CONTRACEPTION IN JAN. 2014 → Q538F			
537. You said that in January of 2014 you were using _____ (WRITE METHOD CODE USED IN COLUMN 2 IN JAN 2014). When did you start using that method?	[] [] MONTH [] [] [] [] YEAR 88. DNR MONTH 8888. DNR YEAR			

<p>538F. INTERVIEWER: VERIFY Q507, Q508, AND COLUMN 2 IN THE CALENDAR FOR THE MONTH OF THE INTERVIEW</p>	<p>1. CURRENTLY USING MALE/FEMALE STERILIZATION (A or B) → Q552F 2. CURRENTLY USING ANOTHER METHOD (C-Y) → Q544 3. NOT CURRENTLY USING A CONTRACEPTIVE METHOD → CONTINUE</p>
<p>539. Do you think you are physically able to get pregnant <u>at the present time</u>?</p>	<p>1. YES → Q541 2. CURRENTLY PREGNANT → Q542 3. NO 8. NOT SURE</p>
<p>540. What is the main reason why you think you cannot get pregnant?</p>	<p>1. DOES NOT HAVE A PARTNER/NO SEXUAL RELATIONS → Q542 2. RESPONDENT CURRENTLY IS BREAST-FEEDING /POSTPARTUM → Q542 3. PELVIC INFLAMMATORY DISEASE (PID) 4. HORMONAL DYSFUNCTION 5. HYSTERECTOMY (SURGICAL REMOVAL OF UTERUS) 6. PREMENOPAUSE/ MENOPAUSE 7. OVARIAN CYSTS/ OVARIAN DYSFUNCTION 8. RESPONDENT HAD BOTH TUBES REMOVED OR OBSTRUCTED 9. SHE DID NOT SUCCEED TO GET PREGNANT IN THE PAST 2 YEARS 10. PARTNER IS INFERTILE 11. CURRENTLY USES A METHOD (GO BACK TO Q507 AND CORRECT SECTION) 12. OTHER (SPECIFY) _____ 88. DOES NOT KNOW 99. REFUSED TO ANSWER</p> <p style="text-align: right;">} Q544</p>
<p>541. Why are you not using a method to prevent pregnancy now?</p> <p>PROBE: Any other reason?</p> <p>RECORD ALL MENTIONED</p>	<p>A. SHE WANTS TO GET PREGNANT B. NO SEXUAL RELATIONS C. HEALTH / MEDICAL REASONS D. POSTPARTUM / BREASTFEEDING E. RESPONDENT OPPOSES CONTRACEPTIVES F. PARTNER OPPOSES G. PARTNER WANTS HER TO BECOME PREGNANT H. HEALTH CONCERNS I. FEAR OF SIDE EFFECTS J. SOURCES FAR AWAY K. LACK OF KNOWLEDGE OF METHODS L. LACK OF KNOWLEDGE OF A SOURCE M. LACK OF ACCESS/TOO FAR N. CAN'T AFFORD COST O. HEALTH CARE PROVIDER / PHARMACIST WON'T GIVE THEM P. RELIGION AGAINST Q. FATALISTIC R. OTHER (SPECIFY) _____ Y. NOT SURE</p>
<p>542. Do you think you will use a contraceptive method <u>any time in the future</u>?</p>	<p>1. YES 2. NO → Q544 8. NOT SURE → Q544</p>
<p>543. What method would you want to use <u>most</u>?</p> <p>PROBE FOR THE MOST PREFERRED METHOD. CIRCLE ONLY ONE.</p>	<p>1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IUD 4. INJECTABLES 5. IMPLANT 6. PILL 7. MALE CONDOM 8. FEMALE CONDOM 9. DIAPHRAGM 10. FOAM/JELLY 11. LAM 12. RHYTHM 13. WITHDRAWAL 14. OTHER MODERN METHOD _____ (SPECIFY) 15. OTHER TRADITIONAL METHOD: _____ (SPECIFY) 88. UNDECIDED</p>

<p>544. Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children? (IF CURRENTLY PREGNANT ADD: "after this pregnancy?")</p>	<p>1. WANT A(ANOTHER) CHILD 2. NOT ABLE TO GET PREGNANT → Q552F 3. NO MORE CHILDREN → Q547 4. GOD'S WILL, FATE → Q547 8. NOT SURE → Q547</p>
<p>545. IF NOT PREGNANT, ASK: How many <u>additional</u> children would you like to have?</p> <p>IF CURRENTLY PREGNANT, ASK: After this pregnancy, how many more children would you like to have?</p>	<p><input type="text"/> <input type="text"/> CHILDREN</p> <p>66. AS MANY AS POSSIBLE 77. GOD'S WILL, FATE 88. NOT SURE</p>
<p>546. IF NOT PREGNANT, ASK: How long would you like to wait from now before the birth of a/another child?</p> <p>IF CURRENTLY PREGNANT, ASK: How long would you like to wait for the birth of another child, after the birth of the child you are currently expecting?</p>	<p>1. <input type="text"/> <input type="text"/> MONTHS</p> <p>2. <input type="text"/> <input type="text"/> YEARS</p> <p>000. RIGHT AWAY, AS SOON AS POSSIBLE 666. AFTER MARRIAGE 777. GOD'S WILL 888. NOT SURE</p>
<p>547. Do you think you (or your partner) would be interested in having an operation to prevent you from having any more children?</p> <p>IF THE RESPONDENT WANTS TO HAVE MORE CHILDREN (Q544=1) ADD: "After having all the children you want?"</p>	<p>1. YES 2. NO → Q551 3. NOT ABLE TO GET PREGNANT → Q552F 8. NOT SURE</p>
<p>548. Do you know where to go for this operation?</p>	<p>1. YES → Q550 2. NO 8. NOT SURE</p>
<p>549. Do you know where to get information about this operation?</p>	<p>1. YES 2. NO → Q552F</p>
<p>550. Where? [IF MORE THAN ONE PLACE MENTIONED, MARK THE ONE SHE WOULD MOST LIKELY USE].</p>	<p>1. GOVERNMENT HOSPITAL (SPECIFY) _____ 2. GOVERNMENT HEALTH CENTER (SPECIFY) _____ 3. GOVERNMENT DISPENSARY (SPECIFY) _____ 4. RELIGIOUS/PRIVATE HEALTH FACILITY 5. PHARMACY 6. NGO 7. CBD/ VILLAGE HEALTH WORKER 8. OTHER (SPECIFY) _____</p> <p style="text-align: right;">} Q552F</p>
<p>551. Why would you not be interested in this operation?</p>	<p>1. HEALTH RISKS/FEAR OF SIDE EFFECTS 2. FEAR OF OPERATION (SURGERY OR ANESTHESIA) 3. THINKING ABOUT IT 4. PLANS FOR HER/PARTNER TO HAVE STERILIZATION SOON 5. TOO YOUNG 6. TOO OLD (APPROACHING MENOPAUSE) 7. NOT SEXUALLY ACTIVE/NO PARTNER 8. PARTNER OPPOSES 9. MIGHT WANT ANOTHER CHILD 10. LACK OF INFORMATION ABOUT THE METHOD OR WHERE TO OBTAIN IT 11. MEDICAL FACILITY TOO FAR AWAY 12. COST/LACK OF MONEY TO PAY FOR IT 13. DOCTOR REFUSED TO DO THE OPERATION/ADVISED AGAINST 14. RELIGIOUS REASONS 15. PREFERS (OR USES) OTHER CONTRACEPTIVE METHODS 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW</p>

<p>552F. CHECK Q320: DOES THE WOMAN HAVE ANY LIVING CHILDREN?</p>	<p>1. YES 2. NO → Q553B</p>
<p>553A. 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?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p><input type="text"/> <input type="text"/> CHILDREN</p> <p>00. NONE 77. FATE, UP TO GOD 88. NOT SURE 96. OTHER (SPECIFY) _____</p> <p style="text-align: right;">} Q554F</p>
<p>553B. If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p><input type="text"/> <input type="text"/> CHILDREN</p> <p>00. NONE 77. FATE, UP TO GOD 88. NOT SURE 96. OTHER (SPECIFY) _____</p>
<p>554F. INTERVIEWER: CHECK Q507, Q508. CIRCLE AN ANSWER ABOUT CURRENT CONTRACEPTIVE USE.</p>	<p>1. NOT CURRENTLY USING A CONTRACEPTIVE METHOD 2. USING FEMALE STERILIZATION OR MALE STERILIZATION (A, B) 3. USING A TRADITIONAL/NATURAL METHOD (K, L, M, Y) 4. USING OTHER MODERN METHOD → CONTINUE</p> <p style="text-align: right;">} SECTION VI</p>
<p>555F. INTERVIEWER: CHECK Q201.</p>	<p>1. NOT CURRENTLY IN UNION (Q201=3) → SECTION VI 2. WOMAN CURRENTLY IN UNION (Q201=1 OR 2) → CONTINUE</p>
<p>556. Does your husband/partner know that you are using a method of family planning?</p>	<p>1. YES 2. NO 8. NOT SURE</p>
<p>557. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?</p>	<p>1. MAINLY RESPONDENT 2. MAINLY HUSBAND/PARTNER 3. JOINT DECISION 4. OTHER (SPECIFY) _____</p>

SECTION VI: SEXUAL ACTIVITY AND CHILDBEARING

CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.

<p>600A. Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How long ago did you last have sexual intercourse?</p>	<p>1. ___ ___ DAYS</p> <p>2. ___ ___ WEEKS</p> <p>3. ___ ___ MONTHS</p> <p>4. ___ ___ YEARS</p> <p>000. NEVER HAD SEXUAL INTERCOURSE → SECTION VII</p> <p>888. DOES NOT REMEMBER</p>
<p>600B. At the time of your <u>last sexual intercourse</u>, did you or your partner use any contraceptive method?</p>	<p>1. YES</p> <p>2. NO → Q600D</p> <p>8. DOES NOT REMEMBER → Q600D</p> <p>9. REFUSED → Q600D</p>
<p>600C. What was this method?</p> <p>INTERVIEWER: VERIFY RESPONSE WITH Q502, 507, 508, AND CALENDAR</p>	<p>1. FEMALE STERILIZATION, TUBAL LIGATION</p> <p>2. MALE STERILIZATION, VASECTOMY</p> <p>3. IUD</p> <p>4. INJECTABLES</p> <p>5. IMPLANT</p> <p>6. PILL</p> <p>7. MALE CONDOM</p> <p>8. FEMALE CONDOM</p> <p>9. DIAPHRAGM</p> <p>10. FOAM/JELLY</p> <p>11. LAM</p> <p>12. RHYTHM</p> <p>13. WITHDRAWAL</p> <p>14. OTHER MODERN METHOD (SPECIFY) _____</p> <p>15. OTHER TRADITIONAL METHOD (SPECIFY) _____</p>
<p>600D. How old were you when you had sexual intercourse for the very first time?</p>	<p><input type="text"/> <input type="text"/> AGE IN YEARS</p> <p>88. DOES NOT REMEMBER</p> <p>99. REFUSED</p>
<p>601F. INTERVIEWER: CHECK AGE OF RESPONDENT (Q102)</p>	<p>1. 15-24 YEARS</p> <p>2. 25-49 YEARS → SECTION VII</p>
<p>603. What was your relationship with the person with whom you <u>first</u> had sexual intercourse?</p>	<p>1. HUSBAND/LIVE-IN PARTNER</p> <p>2. FIANCÉ</p> <p>3. BOYFRIEND</p> <p>4. FRIEND</p> <p>5. ACQUAINTANCE</p> <p>6. RELATIVE</p> <p>7. JUST MET</p> <p>8. RAPE/INCEST → Q611</p> <p>20. OTHER (SPECIFY) _____</p> <p>88. DOES NOT REMEMBER</p> <p>99. REFUSED</p>
<p>604. How old was the person you first had sexual intercourse with? PROBE: "Was this person older than you, younger than you, or about the same age as you?" AND OBTAIN AN ESTIMATE.</p>	<p><input type="text"/> <input type="text"/> AGE IN YEARS → Q605</p> <p>88. DOES NOT REMEMBER</p> <p>99. REFUSED</p> <p>IF "88" OR "99" ASK Q604A; OTHERWISE GO TO Q605.</p>
<p>604A. How much older or younger was the person with whom you had your first sexual experience? Was he.... (READ 1-4)</p> <p>1. More than 10 years older?</p> <p>2. 5-10 years older?</p> <p>3. Less than 5 years older?</p> <p>4. Younger?</p>	<p>1. MORE THAN 10 YEARS OLDER</p> <p>2. 5-10 YEARS OLDER</p> <p>3. LESS THAN 5 YEARS OLDER</p> <p>4. YOUNGER</p> <p>8. DOESN'T KNOW</p>
<p>605. How would you describe the first time you had sexual intercourse? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?</p>	<p>1. WANTED TO HAVE SEX</p> <p>2. DID NOT WANT BUT IT HAPPENED ANYWAY</p> <p>3. FORCED TO HAVE SEX</p> <p>8. DOES NOT REMEMBER</p>

<p>606. The first time you had sexual intercourse did you or your partner use a contraceptive method?</p>	<p>1. YES 2. NO → Q610 8. DOES NOT REMEMBER → Q610 9. REFUSED → Q610</p>
<p>607. What was this method?</p>	<p>1. FEMALE STERILIZATION, TUBAL LIGATION 2. MALE STERILIZATION, VASECTOMY 3. IUD 4. INJECTABLES 5. IMPLANT 6. PILL 7. MALE CONDOM 8. FEMALE CONDOM 9. DIAPHRAGM 10. FOAM/JELLY 11. LAM 12. RHYTHM → Q609 13. WITHDRAWAL → Q609 14. OTHER MODERN METHOD (SPECIFY) _____ 15. OTHER TRADITIONAL METHOD (SPECIFY) _____</p>
<p>608. Where did you get this method?</p>	<p>1. GOVERNMENT HOSPITAL (SPECIFY) _____ 2. GOVERNMENT HEALTH CENTER (SPECIFY) _____ 3. GOVT. DISPENSARY (SPECIFY) _____ 4. RELIGIOUS/PRIVATE HEALTH FACILITY 5. PHARMACY 6. NGO 7. CBD/ VILLAGE HEALTH WORKER 8. OTHER (SPECIFY) _____</p>
<p>609. Whose decision was it to use the method? Was it ... 1. Your decision? 2. Your partner's decision? 3. Decision made together?</p>	<p>1. YOUR DECISION 2. YOUR PARTNER'S DECISION 3. DECISION MADE TOGETHER 8. DOES NOT REMEMBER</p> <p style="text-align: right;">} Q611</p>
<p>610. What was the <u>main reason</u> for not using a contraceptive method at the time of first sexual intercourse?</p>	<p>1. SEX WAS NOT EXPECTED 2. DID NOT KNOW ABOUT CONTRACEPTION 3. DID NOT KNOW WHERE TO GET CONTRACEPTIVES 4. DID NOT THINK IT WAS NECESSARY 5. PARTNER OBJECTED 6. RESPONDENT OBJECTED 7. SHE WANTED TO BECOME PREGNANT 8. NEGLIGENCE 9. COULD NOT GET A METHOD/ NOT AVAILABLE 10. TOO EXPENSIVE 11. FORCED SEX 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW / DOES NOT REMEMBER</p>
<p>611. What is your <u>preferred source of information</u> about family life or sex education topics? CIRCLE ONLY ONE.</p>	<p>1. PARENT(S) / GUARDIAN(S) 2. SISTER(S) OR BROTHER(S) 3. OTHER RELATIVE 4. TEACHERS 5. PEERS / FRIENDS 6. CLINIC STAFF 7. COMMUNITY HEALTH WORKER 8. RELIGIOUS LEADER 9. RADIO PROGRAM 10. YOUTH TV PROGRAM 11. OTHER TELEVISION PROGRAMS OR MESSAGES 12. PRINTED MATERIALS (BOOKS, BROCHURES, POSTERS) 13. WAZAZI NIPENDENI (MOBILE PHONE PROGRAM) 14. INTERNET 20. OTHER (SPECIFY): _____ 88. DOES NOT KNOW</p>
<p>611F. INTERVIEWER: CHECK Q314 (P. 4) AND RECORD IF RESPONDENT HAD EVER HAD A LIVE BIRTH</p>	<p>1. YES 2. NO → GO TO SECTION VII</p>
<p>612. When pregnant with your first child, were you still in school?</p>	<p>1. YES 2. NO → GO TO SECTION VII</p>
<p>613. What level and grade of schooling were you in?</p>	<p>1. PRIMARY _____ 2. SECONDARY _____ 77. TERTIARY 88. OTHER</p>
<p>613A. Did you have to leave school because of the pregnancy?</p>	<p>1. YES 2. NO → GO TO SECTION VII</p>
<p>613B. After the first child was born, did you return to school?</p>	<p>1. YES 2. NO</p>

SECTION VII – ATTITUDES TOWARDS CONTRACEPTION AND CHILDBEARING

<p>700. Now I would like to talk about something else. Have you ever tried to obtain a contraceptive method and been refused?</p>	<p>1. YES 2. NO → Q703B 8. DOES NOT REMEMBER → Q703B</p>																																	
<p>701. How many times have you been refused?</p>	<p><input type="text"/> <input type="text"/> TIMES 88. DOES NOT REMEMBER</p>																																	
<p>702. In what place were you refused a contraceptive method? PROBE: Any place else? CIRCLE '1' FOR ALL RESPONSES MENTIONED CIRCLE '2' IF NOT MENTIONED</p>	<table border="0"> <thead> <tr> <th></th> <th align="right"><u>MEN- TIONED</u></th> <th align="right"><u>NOT MEN- TIONED</u></th> </tr> </thead> <tbody> <tr> <td>A. GOVERNMENT HOSPITAL (SPECIFY) _____</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>B. GOV'T HEALTH CENTER (SPECIFY) _____</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>C. GOV'T DISPENSARY (SPECIFY) _____</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>D. RELIGIOUS / PRIVATE HEALTH FACILITY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>E. PHARMACY</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>F. NGO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>G. CBD/ VILLAGE HEALTH WORKER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>H. OTHER (SPECIFY) _____</td> <td align="right">1</td> <td align="right">2</td> </tr> </tbody> </table>		<u>MEN- TIONED</u>	<u>NOT MEN- TIONED</u>	A. GOVERNMENT HOSPITAL (SPECIFY) _____	1	2	B. GOV'T HEALTH CENTER (SPECIFY) _____	1	2	C. GOV'T DISPENSARY (SPECIFY) _____	1	2	D. RELIGIOUS / PRIVATE HEALTH FACILITY	1	2	E. PHARMACY	1	2	F. NGO	1	2	G. CBD/ VILLAGE HEALTH WORKER	1	2	H. OTHER (SPECIFY) _____	1	2						
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<p>703. What was the gender of the <u>last person</u> who refused to provide a contraceptive method?</p>	<p>1. MALE 2. FEMALE 8. DOES NOT REMEMBER</p>																																	
<p>703B. If you wanted to get information on family planning, who would you like to talk to most?</p>	<p>1. PARENT(S) / GUARDIAN(S) 2. SISTER(S) OR BROTHER(S) 3. OTHER RELATIVE 4. TEACHERS 5. PEERS / FRIENDS 6. CLINIC STAFF 7. COMMUNITY HEALTH WORKER 8. RELIGIOUS LEADER 9. PHARMACIST 10. RADIO PROGRAM OR MESSAGES 11. TELEVISION PROGRAMS OR MESSAGES 12. PRINTED MATERIALS (BOOKS, BROCHURES, POSTERS) 13. WAZAZI NIPENDENI (MOBILE PHONE PROGRAM) 14. INTERNET 20. OTHER (SPECIFY) _____ 88. DOES NOT KNOW</p>																																	
<p>703C. Is it acceptable to you for information on family planning to be provided: (READ A-F) A. On the radio? B. On the television? C. In a newspaper or magazine? D. In school? E. In religious settings (church/mosque/etc?) F. Through a mobile phone?</p>	<table border="0"> <thead> <tr> <th></th> <th align="right"><u>YES</u></th> <th align="right"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>B. TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>C. NEWSPAPER/MAG</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>D. SCHOOL</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>E. CHURCH/MOSQUE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>F. MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. RADIO	1	2	B. TELEVISION	1	2	C. NEWSPAPER/MAG	1	2	D. SCHOOL	1	2	E. CHURCH/MOSQUE	1	2	F. MOBILE PHONE	1	2												
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<p>703D. In the <u>last 6 months</u> have you heard about family planning: (READ A-L) A. On the radio? B. On the television? C. In a newspaper or magazine? D. From a poster? E. From billboards? F. At community events? G. From live drama? H. From a doctor or nurse? I. From a community health worker? J. Through a mobile phone?</p>	<table border="0"> <thead> <tr> <th></th> <th align="right"><u>YES</u></th> <th align="right"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>A. RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>B. TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>C. NEWSPAPER/MAG</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>D. POSTER</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>E. BILLBOARDS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>F. COMM. EVENTS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>G. LIVE DRAMA</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>H. DOCTOR/NURSE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>I. COMM. HW</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>J. MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. RADIO	1	2	B. TELEVISION	1	2	C. NEWSPAPER/MAG	1	2	D. POSTER	1	2	E. BILLBOARDS	1	2	F. COMM. EVENTS	1	2	G. LIVE DRAMA	1	2	H. DOCTOR/NURSE	1	2	I. COMM. HW	1	2	J. MOBILE PHONE	1	2
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<p>703E. Do you personally own a cell phone?</p>	<p>1. YES 2. NO</p>																																	
<p>704A. Have you heard of the Wazazi Nipendeni safe motherhood text message services that sends free health messages by mobile phone to pregnant women and new mothers?</p>	<p>1. YES 2. NO → Q706 8. DON'T KNOW → Q706</p>																																	

<p>704A1. How did you learn about the Wazazi Nipendeni service? (READ A-F)</p> <p>A. On the radio? B. On television? C. In a newspaper or magazine? D. On a poster? E. On a billboard? F. From a facility health worker? G. From a community health volunteer? H. From a friend? I. From a family member? J. Other (specify) _____</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr><td>A. RADIO</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. TELEVISION</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. NEWSPAPER/MAGAZINE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. POSTER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. BILLBOARDS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. FACILITY HEALTH WORKER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. COMM. HEALTH VOLUNTEER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. FRIEND</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>I. FAMILY MEMBER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>J. OTHER (SPECIFY) _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. RADIO	1	2	B. TELEVISION	1	2	C. NEWSPAPER/MAGAZINE	1	2	D. POSTER	1	2	E. BILLBOARDS	1	2	F. FACILITY HEALTH WORKER	1	2	G. COMM. HEALTH VOLUNTEER	1	2	H. FRIEND	1	2	I. FAMILY MEMBER	1	2	J. OTHER (SPECIFY) _____	1	2
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<p>704B. Have you ever enrolled to receive the messages from the Wazazi Nipendeni services?</p>	<p>1. YES 2. NO → Q704C 8. DON'T KNOW → Q704C</p>																																	
<p>704B1. Have you ever been enrolled in Wazazi Nipendeni by</p> <p>A. Facility health worker? B. Community health volunteer? C. Family member? D. Friend/neighbor? E. Self? F. Other (specify) _____ ?</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr><td>A. FACILITY HEALTH WORKER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. COMM. HEALTH VOL.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. FAMILY MEMBER</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. FRIEND/NEIGHBOR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. SELF</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. OTHER (SPECIFY) _____</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. FACILITY HEALTH WORKER	1	2	B. COMM. HEALTH VOL.	1	2	C. FAMILY MEMBER	1	2	D. FRIEND/NEIGHBOR	1	2	E. SELF	1	2	F. OTHER (SPECIFY) _____	1	2												
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<p>704B2. Have you received the following messages through Wazazi Nipendeni? (READ A-J)</p> <p>A. Antenatal care reminder text B. Reminder about needing to test for HIV C. Reminder to go for malaria preventive treatment during pregnancy D. Sleeping under insecticide-treated mosquito nets during pregnancy E. Information on danger signs during pregnancy F. Nutrition during pregnancy G. Reminder to deliver in a health facility H. Reminder about breastfeeding within one hour of birth I. Reminder to exclusively breastfeed for 6 months J. Reminder that if a mother is HIV positive, her baby has to get tested 6 weeks after birth</p>	<table border="1"> <thead> <tr> <th></th> <th style="text-align: center;"><u>YES</u></th> <th style="text-align: center;"><u>NO</u></th> </tr> </thead> <tbody> <tr><td>A. ANTENATAL CARE</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B. TEST FOR HIV</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>C. MALARIA PREV. TREATMENT</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>D. SLEEP WITH MOSQUITO NET</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>E. DANGER SIGNS IN PREG.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>F. NURTITION DURING PREG.</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>G. DELIVER IN FACILITY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>H. BREASTFEED WITHIN 1 HOUR</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>I. EXCLUSIVELY BF FOR 6 MOS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>J. HIV TEST FOR BABY</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	A. ANTENATAL CARE	1	2	B. TEST FOR HIV	1	2	C. MALARIA PREV. TREATMENT	1	2	D. SLEEP WITH MOSQUITO NET	1	2	E. DANGER SIGNS IN PREG.	1	2	F. NURTITION DURING PREG.	1	2	G. DELIVER IN FACILITY	1	2	H. BREASTFEED WITHIN 1 HOUR	1	2	I. EXCLUSIVELY BF FOR 6 MOS	1	2	J. HIV TEST FOR BABY	1	2
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<p>704B3. How often do you have access to the phone through which you enrolled in Wazazi Nipendeni?</p>	<p>1. ALWAYS (7 DAYS PER WEEK) 2. 4-6 DAYS PER WEEK 3. 3 OR FEWER DAYS PER WEEK</p>																																	
<p>704B4. How did you feel about the Wazazi Nipendei service? Were you say you were very satisfied, somewhat satisfied, or not satisfied?</p>	<p>1. VERY SATISFIED 2. SOMEWHAT SATISFIED 3. NOT SATISFIED 8. DON'T KNOW</p>																																	
<p>704B5. Have you ever recommended this service to someone else?</p>	<p>1. YES } Q706 2. NO }</p>																																	
<p>704C. Have you considered registering to receive Wazazi Nipendeni text messages?</p>	<p>1. YES 2. NO</p>																																	
<p>706. Now I would like you to read this sentence to me.</p> <p>SHOW CARD TO RESPONDENT. HAVE HER READ ONE SENTENCE. USE A DIFFERENT SENTENCE FOR THE NEXT ELIGIBLE WOMAN IN THE HOUSEHOLD.</p> <p>IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:</p> <p>Can you read any part of the sentence to me?</p> <p>CARD READS: PARENTS LOVE THEIR CHILDREN. FARMING IS HARD WORK. THE CHILD IS READING A BOOK. CHILDREN WORK HARD AT SCHOOL.</p>	<p>1. CANNOT READ AT ALL 2. ABLE TO READ ONLY PARTS OF SENTENCE 3. ABLE TO READ WHOLE SENTENCE 4. NO CARD WITH REQUIRED LANGUAGE 5. BLIND/VISUALLY IMPAIRED</p>																																	

<p>707. In the last 6 months, have you heard or seen a message on radio or television giving information about ... (READ A-E)</p> <p>A. Delivering your baby in a health facility? B. Developing a Birth Plan in pregnancy? C. HIV/AIDS? D. Other STDs? E. Domestic violence</p>	<table border="1"> <thead> <tr> <th><u>RADIO ONLY</u></th> <th><u>TV ONLY</u></th> <th><u>YES BOTH</u></th> <th><u>NO. NEITHER</u></th> <th><u>DOES NOT REMEMBER</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>8</td> </tr> </tbody> </table>	<u>RADIO ONLY</u>	<u>TV ONLY</u>	<u>YES BOTH</u>	<u>NO. NEITHER</u>	<u>DOES NOT REMEMBER</u>	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8	1	2	3	4	8						
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<p>711. To what extent do you agree or disagree with the following statements? Do you strongly disagree, disagree, neither disagree nor agree, agree, or strongly agree? (READ STATEMENTS A-E.)</p> <p>A. Family planning is important for the welfare of a family. B. Use of birth control pills or injections will reduce my ability to get pregnant in the future. C. The decision to use contraception or not is one that should be made equally by the man and woman. D. Families should only have children if they can afford to take care of their needs, including food, health care, clothing, and schooling. E. Families should have many children because some of them will die.</p>	<table border="1"> <thead> <tr> <th><u>STRONGLY DISAGREE</u></th> <th><u>DISAGREE</u></th> <th><u>NEITHER DISAGREE NOR AGREE</u></th> <th><u>AGREE</u></th> <th><u>STRONGLY AGREE</u></th> <th><u>DOES NOT KNOW</u></th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> <td>8</td> </tr> </tbody> </table>	<u>STRONGLY DISAGREE</u>	<u>DISAGREE</u>	<u>NEITHER DISAGREE NOR AGREE</u>	<u>AGREE</u>	<u>STRONGLY AGREE</u>	<u>DOES NOT KNOW</u>	1	2	3	4	5	8	1	2	3	4	5	8	1	2	3	4	5	8	1	2	3	4	5	8	1	2	3	4	5	8
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<p>712. How old do you think it is best for a child to be before another child is born?</p>	<input type="text"/> <input type="text"/> MONTHS 66. FATE, UP TO GOD 77. MORE THAN 5 YEARS 88. NOT SURE																																				
<p>713. How old do you think a child should be before the mother stops breastfeeding him / her?</p>	<input type="text"/> <input type="text"/> MONTHS 77. NO AGE LIMIT, AS LONG AS POSSIBLE 88. NOT SURE																																				

<p>714. THANK THE RESPONDENT FOR PARTICIPATING IN THE SURVEY AND RECORD THE TIME THE INTERVIEW HAD ENDED:</p> <p><input type="text"/> <input type="text"/> HOUR <input type="text"/> <input type="text"/> MIN</p>
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INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

715. WAS THE INTERVIEW CONDUCTED IN COMPLETE PRIVACY?	1. YES 2. NO																								
716. DID THE WOMAN CARE FOR A BABY OR SMALL CHILD DURING THE INTERVIEW?	1. YES 2. NO																								
717. DID ANYONE INTERRUPT THE INTERVIEW?	1. YES 2. NO → Q720																								
718. WHO INTERRUPTED THE INTERVIEW? CIRCLE ALL THAT APPLY	A. HUSBAND/WIFE B. SON/DAUGHTER C. SON-IN-LAW/DAUGHTER-IN-LAW D. GRANDCHILD E. PARENT/PARENT-IN-LAW F. BROTHER/SISTER G. OTHER RELATIVE H. NEIGHBOR, NOT RELATED I. FRIEND, NOT RELATED J. OTHER (SPECIFY) _____																								
719. HOW MANY TIMES WAS THE INTERVIEW INTERRUPTED?	____ TIMES																								
720. DID THE RESPONDENT DISPLAY ANY OF THE FOLLOWING BEHAVIOR AT ANY POINT DURING THE INTERVIEW? CIRCLE YES/NO FOR EACH	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>YES</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>NO</u></th> </tr> </thead> <tbody> <tr> <td>1. SHY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>2. EMBARRASSED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>3. NERVOUS, SCARED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>4. CONFUSED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>5. OPEN, WILLING TO TALK</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>6. INTERESTED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>7. EAGER, EXCITED</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		<u>YES</u>	<u>NO</u>	1. SHY	1	2	2. EMBARRASSED	1	2	3. NERVOUS, SCARED	1	2	4. CONFUSED	1	2	5. OPEN, WILLING TO TALK	1	2	6. INTERESTED	1	2	7. EAGER, EXCITED	1	2
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COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS:

NAME OF SUPERVISOR: _____