



# Uganda Bureau of Statistics



## THE UGANDA NATIONAL PANEL SURVEY 2013/14

### WOMAN QUESTIONNAIRE

*[TO BE ANSWERED BY WOMEN AGED 15-49]*

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

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

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## SEC2: AGE & MARITAL STATUS

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

## SEC3: CONTRACEPTION

<b>1.</b> NOW I WOULD LIKE TO TALK WITH YOU ABOUT FAMILY PLANNING.  ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 >>2A No ..... 2 . Unsure or DK ..... 8 .	
<b>2.</b> COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 >>3 No ..... 2 .	
<b>2A.</b> HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes ..... 1 No ..... 2	<b>ALL&gt;&gt;NEXT SECTION</b>
<b>3.</b> WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?  <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization..... A Male sterilization..... B IUD ..... C Injectables ..... D Implants ..... E Pill..... F Male condom ..... G Female condom ..... H Diaphragm ..... I Foam/ Jelly ..... J <b>Lactational amenorrhoea method (LAM) ..... K</b> Periodic abstinence/Rhythm ..... L Withdrawal ..... M Other ( <i>specify</i> ) ..... X	

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

**CHILDREN BORN IN THE LAST TWO YEARS**

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

13	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.  IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	<b>HEALTH PERSONNEL</b> Doctor.....A Nurse/Midwife.....B Medical Assistant/ Clinical Officer.....C Nursing Aide .....D <b>OTHER PERSON</b> Traditional Birth Attendant.....E Relative/Friend .....F NO ONE .....X OTHER (SPECIFY).....Y
14	Where did you give birth to (NAME OF LAST CHILD)?  PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE BELOW.  IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.	
19	Was (NAME) weighed at birth?	Yes .....1 No.....2 >>Next Section DK..... 8 >>Next Section
20	How much did [NAME] weigh at birth? <i>If a card is available, record weight from card</i>	From card.....1 From recall .....2 DK .... 99998>>Next Section
21	Weight at birth	KGS  _ . _ _

<b>CODES FOR Q14</b>		<b>PRIVATE MED. SECTOR</b>
<b>HOME</b>	<b>PUBLIC SECTOR</b>	8 = Pvt. Hospital/Clinic
1 = Your Home	4 = Govt. Hospital	86 = Other Private Med, (Specify)
2 = TBA's Home	5 = Govt. Health Center	96 = Other Public, (Specify)
3 = Other Home	6 = Govt. Health Post	76 = Not Sure, (Specify name of hospital, clinic, etc)

## SECTION 5: UNMET NEED FOR FAMILY PLANNING

1. <i>Check 1. Currently pregnant?</i>	No, UNSURE OR DK = 1 >> 5 Yes, CURRENTLY PREGNANT = 2	
2. NOW I WOULD LIKE TO TALK TO YOU ABOUT YOUR CURRENT PREGNANCY. WHEN YOU GOT PREGNANT, DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes.....1>>4 No.....2	
3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later.....1 No more.....2	
4. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY MORE CHILDREN?	Have another child.....1>>7 No more / None.....2>>13 Undecided / DK.....8>>13	
5. <i>Check 3. Currently using "Female sterilization"?</i>	Yes = 1 >>13 No = 2	
6. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (a/another) child ..... 1 No more / None .....2 >>9 Says she cannot get pregnant ..3 >>11 Undecided / DK .....8 >>9	
7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?  <i>Record the answer as stated by respondent.</i>	Months    __ __  Years     __ __  Does not want to wait (soon/now) .....993 Says she cannot get pregnant.....994>>11 After marriage.....995 Other.....996 DK.....998	
8. <i>Check 1. Currently pregnant?</i>	Yes, currently pregnant.....1 >>13 No, unsure or DK ..... 2	
9. <i>CHECK 2. CURRENTLY USING A METHOD OF CONTRACEPTION?</i>	Yes..... 1>>13 No... ..2	

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