

# **APPENDIX C**

## **QUESTIONNAIRES**



## IDENTIFICATION

INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
INTERVIEWER'S NAME	_____	_____	_____	NAME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
RESULT***	_____	_____	_____	RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>								
NEXT VISIT:      DATE TIME	_____ _____	_____ _____	<div style="background-color: #cccccc; width: 100px; height: 20px;"></div>	TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								
<b>***RESULT CODES:</b> 1 COMPLETED 2 NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT 3 ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD 4 POSTPONED 5 REFUSED 6 DWELLING VACANT OR ADDRESS NOT A DWELLING 7 DWELLING DESTROYED 8 DWELLING NOT FOUND 9 OTHER _____ <div style="text-align: center;">(specify)</div>				TOTAL IN HOUSEHOLD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>  TOTAL ELIGIBLE WOMEN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>  LINE NO. OF RESP. TO HOUSEHOLD SCHEDULE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>								

LANGUAGE OF INTERVIEW..... ☐

LANGUAGE CODES: 1 KISUKUMA 2 KISWAHILI 3 OTHER

<b>SUPERVISOR</b> NAME _____ DATE _____		<b>FIELD EDITOR</b> NAME _____ DATE _____		<b>OFFICE EDITOR</b> 	<b>KEYED BY</b> 
	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>		<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

# HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD*	RESIDENCE		SEX	AGE	PARENTAL SURVIVORSHIP AND RESIDENCE FOR PERSONS LESS THAN 15 YEARS OLD**				ELIGIBILITY	SISTERS IN HOUSEHOLD SCHEDULE --(ONLY FOR ELIGIBLE WOMEN)--		
			Does (NAME) usually live here?	Did (NAME) sleep here last night?			Is (NAME)'s natural mother alive?	IF ALIVE Does (NAME)'s natural mother live in this household? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER (9)	Is (NAME)'s natural father alive?	IF ALIVE Does (NAME)'s natural father live in this household? IF YES: What is his name? RECORD FATHER'S LINE NUMBER (11)		Does (NAME) have any sisters who have the same mother and who usually live in this household or are currently visiting this household? ----- IF NO: SKIP TO NEXT LINE  IF YES: Who is the eldest amongst the sisters who usually live in this household or who are visiting? RECORD LINE NUMBER AND NAME OF ELDEST SISTER IN Q.14 AND Q.15. IF (NAME) IS ELDEST THEN RECORD HER LINE # and NAME	LINE NO	N. ELDEST S.
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			YES NO	YES NO	M F	IN YEARS	YES NO DK		YES NO DK			YES NO	LINE NO	
01			1 2	1 2	1 2		1 2 8		1 2 8		01→	1 2		
02			1 2	1 2	1 2		1 2 8		1 2 8		02→	1 2		
03			1 2	1 2	1 2		1 2 8		1 2 8		03→	1 2		
04			1 2	1 2	1 2		1 2 8		1 2 8		04→	1 2		
05			1 2	1 2	1 2		1 2 8		1 2 8		05→	1 2		
06			1 2	1 2	1 2		1 2 8		1 2 8		06→	1 2		
07			1 2	1 2	1 2		1 2 8		1 2 8		07→	1 2		
08			1 2	1 2	1 2		1 2 8		1 2 8		08→	1 2		
09			1 2	1 2	1 2		1 2 8		1 2 8		09→	1 2		
10			1 2	1 2	1 2		1 2 8		1 2 8		10→	1 2		

## HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			YES NO	YES NO	M F	IN YEARS	YES NO DK		YES NO DK			YES NO	LINE NO	N. ELDEST S.
11			1 2	1 2	1 2		1 2 8		1 2 8		11→	1 2		
12			1 2	1 2	1 2		1 2 8		1 2 8		12→	1 2		
13			1 2	1 2	1 2		1 2 8		1 2 8		13→	1 2		
14			1 2	1 2	1 2		1 2 8		1 2 8		14→	1 2		
15			1 2	1 2	1 2		1 2 8		1 2 8		15→	1 2		
16			1 2	1 2	1 2		1 2 8		1 2 8		16→	1 2		
17			1 2	1 2	1 2		1 2 8		1 2 8		17→	1 2		
18			1 2	1 2	1 2		1 2 8		1 2 8		18→	1 2		
19			1 2	1 2	1 2		1 2 8		1 2 8		19→	1 2		
20			1 2	1 2	1 2		1 2 8		1 2 8		20→	1 2		

TICK HERE IF CONTINUATION SHEET USED

☐

TOTAL NUMBER OF ELIGIBLE WOMEN

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed?
- 2) In addition, are there any other people who may not be members of your family, such as domestic workers, lodgers or friends who usually live here?
- 3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?

YES ☐ → ENTER EACH IN TABLENO ☐YES ☐ → ENTER EACH IN TABLENO ☐YES ☐ → ENTER EACH IN TABLENO ☐

## \* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01= HEAD

02= WIFE OR HUSBAND

03= SON OR DAUGHTER

04= SON-IN-LAW OR DAUGHTER-IN-LAW

05= GRANDCHILD

06= PARENT

07= PARENT-IN-LAW

08= BROTHER OR SISTER

09= OTHER RELATIVE

10= ADOPTED/FOSTER CHILD

11= NOT RELATED

98= DK

\*\* These questions refer to the biological parents of the child.

Record 00 if parent not member of household.

H3/E

## HOUSEHOLD SCHEDULE CONTINUED

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)
			YES NO	YES NO	M F	IN YEARS	YES NO DK		YES NO DK			YES NO	LINE NO	N. ELDEST S.
11			1 2	1 2	1 2		1 2 8		1 2 8		11→	1 2		
12			1 2	1 2	1 2		1 2 8		1 2 8		12→	1 2		
13			1 2	1 2	1 2		1 2 8		1 2 8		13→	1 2		
14			1 2	1 2	1 2		1 2 8		1 2 8		14→	1 2		
15			1 2	1 2	1 2		1 2 8		1 2 8		15→	1 2		
16			1 2	1 2	1 2		1 2 8		1 2 8		16→	1 2		
17			1 2	1 2	1 2		1 2 8		1 2 8		17→	1 2		
18			1 2	1 2	1 2		1 2 8		1 2 8		18→	1 2		
19			1 2	1 2	1 2		1 2 8		1 2 8		19→	1 2		
20			1 2	1 2	1 2		1 2 8		1 2 8		20→	1 2		

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

Just to make sure that I have a complete listing:

- 1) Are there any other persons such as small children or infants that we have not listed?
- 2) In addition, are there any other people who may not be members of your family, such as domestic workers, lodgers or friends who usually live here?
- 3) Are there any guests or temporary visitors staying here, or anyone else who slept here last night that have not been listed?

YES ☐ → ENTER EACH IN TABLENO ☐YES ☐ → ENTER EACH IN TABLENO ☐YES ☐ → ENTER EACH IN TABLENO ☐

## \* CODES FOR Q.3

RELATIONSHIP TO HEAD OF HOUSEHOLD:

01= HEAD

02= WIFE OR HUSBAND

03= SON OR DAUGHTER

04= SON-IN-LAW OR DAUGHTER-IN-LAW

05= GRANDCHILD

06= PARENT

07= PARENT-IN-LAW

08= BROTHER OR SISTER

09= OTHER RELATIVE

10= ADOPTED/FOSTER CHILD

11= NOT RELATED

98= DK

\*\* These questions refer to the biological parents of the child.  
Record 00 if parent not member of household.

H3/E

# SURVEY ON ADULT AND CHILDHOOD MORTALITY

## FEMALE QUESTIONNAIRE FIRST ROUND

### IDENTIFICATION

VILLAGE NAME \_\_\_\_\_

NAME OF HOUSEHOLD HEAD \_\_\_\_\_

SACM LISTING NUMBER (ON STRUCTURE).....

CLUSTER NUMBER.....

HOUSEHOLD NUMBER.....

FULL NAME AND LINE NUMBER OF WOMAN \_\_\_\_\_


### INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> MONTH <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> YEAR <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> NAME <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> RESULT <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
INTERVIEWER'S NAME				
RESULT***				
NEXT VISIT:    DATE				TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>
TIME				
<b>***RESULT CODES:</b> 1 COMPLETED                      4 REFUSED                      7 OTHER _____ (specify) 2 NOT AT HOME                      5 PARTLY COMPLETED 3 POSTPONED                        6 INCAPACITATED				

NUMBER OF SISTERS BORN 15-50 YEARS AGO .....

LANGUAGE OF QUESTIONNAIRE.....ENGLISH

LANGUAGE OF INTERVIEW.....

LANGUAGE CODES:    1 KISUKUMA    2 KISWAHILI    3 OTHER

#### SUPERVISOR

NAME \_\_\_\_\_

DATE \_\_\_\_\_

#### FIELD EDITOR

NAME \_\_\_\_\_

DATE \_\_\_\_\_

#### OFFICE EDITOR

--	--

#### KEYED BY

--	--

**SECTION 1. RESPONDENT'S BACKGROUND**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... MINUTES.....	
105	In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school?	YES.....1 NO.....2	→ 110
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	How many years did you complete at that level?	GRADE.....	
110	Is your natural mother still alive?	YES.....1 NO.....2 DK.....8	
111	What is (was) your mother's name ? IF RESPONDENT DOES NOT KNOW MOTHER'S NAME, RECORD "DON'T KNOW"	FIRST NAME      SURNAME .....	
112	Is your natural father still alive?	YES.....1 NO.....2 DK.....8	
113	Are you currently married or living with a man?	YES, CURRENTLY MARRIED.....1 YES, LIVING WITH A MAN.....2 NO, NOT IN UNION.....3	

F2/E



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
114	Do you usually live in this household?	YES.....1 NO.....2	→ 119
115	Does your household have a radio?	YES.....1 NO.....2	
116	Does any member of your household own:	YES NO	
	A bicycle?	BICYCLE.....1 2	
	An oxcart?	OX CART.....1 2	
	A plough?	PLOUGH.....1 2	
117	What is the total number of cows owned by your household? IF NONE RECORD '00'	NUMBER OF COWS..... <input type="text"/> <input type="text"/>	
	What is the total number of goats owned by your household? IF NONE RECORD '00'	NUMBER OF GOATS..... <input type="text"/> <input type="text"/>	
118	MAIN MATERIAL OF THE FLOOR.  RECORD OBSERVATION.	EARTH/SAND.....11 WOOD PLANKS.....21 PARQUET OR POLISHED WOOD.....31 CERAMIC TILES.....32 CEMENT.....33 OTHER.....41 (SPECIFY)	→ 201
119	Now I would like to ask about the household in which you usually live.  Does your household have a radio?	YES.....1 NO.....2	
120	Does any member of your household own:	YES NO	
	A bicycle?	BICYCLE.....1 2	
	An oxcart?	OX CART.....1 2	
	A plough?	PLOUGH.....1 2	
121	What is the total number of cows owned by your household? IF NONE RECORD '00'	NUMBER OF COWS..... <input type="text"/> <input type="text"/>	
	What is the total number of goats owned by your household? IF NONE RECORD '00'	NUMBER OF GOATS..... <input type="text"/> <input type="text"/>	
122	Could you describe the main material of the floor of your home?	EARTH/SAND.....11 WOOD PLANKS.....21 PARQUET OR POLISHED WOOD.....31 CERAMIC TILES.....32 CEMENT.....33 OTHER.....41 (SPECIFY)	

SECTION 2. SIBLING MORTALITY

201	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to (NAME OF NATURAL MOTHER), including those who are living with you, those living elsewhere, and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER..... <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>
-----	---	--

202	CHECK 201:      TWO OR MORE BIRTHS <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div>	ONLY ONE BIRTH (RESPONDENT ONLY) <span style="border: 1px solid black; display: inline-block; width: 20px; height: 20px; vertical-align: middle;"></span> → SKIP TO 301
-----	---	---

203	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS..... <span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; vertical-align: middle;"></span>
-----	---	--

204 What was the name given to your oldest (next oldest) brother or sister?	[1]	[2]	[3]	[4]	[5]	[6]	[7]
	-----	-----	-----	-----	-----	-----	-----
205 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
206 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [ 2]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [ 3]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [ 4]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [ 5]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [ 6]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [ 7]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [ 8]<
207 How old is (NAME)?	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
208 Does (NAME) live in this household? IF NO: Did (NAME) sleep here last night? IF NO: RECORD '00' IF YES TO EITHER QUESTION RECORD LINE NO. FROM HOUSEHOLD SCHEDULE.	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>    GO TO 222	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>    GO TO 222	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>    GO TO 222	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>    GO TO 222	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>    GO TO 222	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>    GO TO 222	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>    GO TO 222
209 How many years ago did (NAME) die?	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span>
210 How old was (NAME) when she/he died?	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> IF DIED BEFORE 12 YEARS, GO TO [2]	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> IF DIED BEFORE 12 YEARS, GO TO [3]	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> IF DIED BEFORE 12 YEARS, GO TO [4]	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> IF DIED BEFORE 12 YEARS, GO TO [5]	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> IF DIED BEFORE 12 YEARS, GO TO [6]	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> IF DIED BEFORE 12 YEARS, GO TO [7]	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> IF DIED BEFORE 12 YEARS, GO TO [8]
211 CHECK 205	IF MALE GO TO Q.216	IF MALE GO TO Q.216	IF MALE GO TO Q.216	IF MALE GO TO Q.216	IF MALE GO TO Q.216	IF MALE GO TO Q.216	IF MALE GO TO Q.216
212 Was (NAME) pregnant when she died?	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<
213 How many months pregnant was (NAME) when she died?	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> Months (GO TO 216)	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> Months (GO TO 216)	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> Months (GO TO 216)	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> Months (GO TO 216)	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> Months (GO TO 216)	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> Months (GO TO 216)	<span style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></span> Months (GO TO 216)

	NAME [1]	NAME [2]	NAME [3]	NAME [4]	NAME [5]	NAME [6]	NAME [7]
214 Did (NAME) die during childbirth?	YES.....1 GO TO 216<	YES.....1 GO TO 216<	YES.....1 GO TO 216<	YES.....1 GO TO 216<	YES.....1 GO TO 216<	YES.....1 GO TO 216<	YES.....1 GO TO 216<
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
215 Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
216 Was (NAME) very sick for more than 2 months before her/his death?	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
217 Was (NAME) very thin in the two-month period before his/her death?	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
218 In your opinion, what did (NAME) die from?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
219 CHECK 218	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221
220 Did (NAME) have AIDS when he/she died?	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
221 Where did the death of (NAME) take place?	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)
222 CHECK 205-207 AND 209-210	ELIGIBLE <input type="checkbox"/> GO TO [ 2 ]	ELIGIBLE <input type="checkbox"/> GO TO [ 3 ]	ELIGIBLE <input type="checkbox"/> GO TO [ 4 ]	ELIGIBLE <input type="checkbox"/> GO TO [ 5 ]	ELIGIBLE <input type="checkbox"/> GO TO [ 6 ]	ELIGIBLE <input type="checkbox"/> GO TO [ 7 ]	ELIGIBLE <input type="checkbox"/> GO TO [ 8 ]

F5/E

204 What was the name given to your oldest (next oldest) brother or sister?	[8] -----	[9] -----	[10] -----	[11] -----	[12] -----	[13] -----	[14] -----
205 Is (NAME) male or female?	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2	MALE.....1 FEMALE.....2
206 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [9]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [10]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [11]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [12]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [13]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [14]<	YES.....1 NO.....2 GO TO 209< DK.....8 GO TO [15]<
207 How old is (NAME)?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
208 Does (NAME) live in this household? IF NO: Did (NAME) sleep here last night? IF NO: RECORD '00' IF YES TO EITHER QUESTION RECORD LINE NO. FROM HOUSEHOLD SCHEDULE.	<input type="text"/> <input type="text"/>  GO TO 222	<input type="text"/> <input type="text"/>  GO TO 222	<input type="text"/> <input type="text"/>  GO TO 222	<input type="text"/> <input type="text"/>  GO TO 222	<input type="text"/> <input type="text"/>  GO TO 222	<input type="text"/> <input type="text"/>  GO TO 222	<input type="text"/> <input type="text"/>  GO TO 222
209 How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
210 How old was (NAME) when she/he died?	<input type="text"/> <input type="text"/> IF DIED BEFORE 12 YEARS, GO TO [9]	<input type="text"/> <input type="text"/> IF DIED BEFORE 12 YEARS, GO TO [10]	<input type="text"/> <input type="text"/> IF DIED BEFORE 12 YEARS, GO TO [11]	<input type="text"/> <input type="text"/> IF DIED BEFORE 12 YEARS, GO TO [12]	<input type="text"/> <input type="text"/> IF DIED BEFORE 12 YEARS, GO TO [13]	<input type="text"/> <input type="text"/> IF DIED BEFORE 12 YEARS, GO TO [14]	<input type="text"/> <input type="text"/> IF DIED BEFORE 12 YEARS, GO TO [15]
211 CHECK 205	IF MALE GO TO Q.216	IF MALE GO TO Q.216	IF MALE GO TO Q.216	IF MALE GO TO Q.216	IF MALE GO TO Q.216	IF MALE GO TO Q.216	IF MALE GO TO Q.216
212 Was (NAME) pregnant when she died?	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<	YES.....1 NO.....2 GO TO 214<
213 How many months pregnant was (NAME) when she died?	<input type="text"/> <input type="text"/> Months (GO TO 216)	<input type="text"/> <input type="text"/> Months (GO TO 216)	<input type="text"/> <input type="text"/> Months (GO TO 216)	<input type="text"/> <input type="text"/> Months (GO TO 216)	<input type="text"/> <input type="text"/> Months (GO TO 216)	<input type="text"/> <input type="text"/> Months (GO TO 216)	<input type="text"/> <input type="text"/> Months (GO TO 216)

F6/E

	NAME [8]	NAME [9]	NAME [10]	NAME [11]	NAME [12]	NAME [13]	NAME [14]
214 Did (NAME) die during childbirth?	YES.....1 GO TO 216<	YES.....1 GO TO 216<	YES.....1 GO TO 216<	YES.....1 GO TO 216<	YES.....1 GO TO 216<	YES.....1 GO TO 216<	YES.....1 GO TO 216<
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
215 Did (NAME) die within six weeks after the end of a pregnancy or childbirth?	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
216 Was (NAME) very sick for more than 2 months before her/his death?	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
217 Was (NAME) very thin in the two-month period before his/her death?	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
218 In your opinion, what did (NAME) die from?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
219 CHECK 218	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221	IF "AIDS" GO TO 221
220 Did (NAME) have AIDS when he/she died?	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1	YES.....1
	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2	NO.....2
221 Where did the death of (NAME) take place?	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)	HOME.....1 TRADIT. HEALER.....2 HOSPITAL...3 ON WAY TO HOSPITAL...4 OTHER.....5 (SPECIFY)
222 CHECK 205-207 AND 209-210	ELIGIBLE <input type="checkbox"/> GO TO [ 9 ]	ELIGIBLE <input type="checkbox"/> GO TO [10]	ELIGIBLE <input type="checkbox"/> GO TO [11]	ELIGIBLE <input type="checkbox"/> GO TO [12]	ELIGIBLE <input type="checkbox"/> GO TO [13]	ELIGIBLE <input type="checkbox"/> GO TO [14]	ELIGIBLE <input type="checkbox"/> GO TO [15]

223 CHECK COLUMNS 14 AND 15 IN HOUSEHOLD SCHEDULE.

FOR EACH SISTER RECORDED IN COLUMNS 14 AND 15, VERIFY THAT 208 IS CORRECT AND CONSISTENT

224 CHECK 208, FOR EACH LIVING SISTER AGED 15-50

IF NOT '00', VERIFY RECORD IN HOUSEHOLD COLUMNS 14 AND 15.  
IF '00', VERIFY NO RECORD IN HOUSEHOLD COLUMNS 14 AND 15

CHECK 222: TOTAL NUMBER OF ELIGIBLE SISTERS

COLUMN NUMBER OF FIRST ELIGIBLE SISTER

LIST OF SISTERS EVER BORN WHO REACHED AGE 15 AND WHO ARE (OR WOULD BE) AGE 50 OR LESS NOW

NAME OF SISTER	COL. NO. OF SISTER	FULL NAME OF SISTER			SURVIVAL OF SISTER AND WHETHER IN HOUSEHOLD LIST	SISTER'S USUAL RESIDENCE						
		SURNAME/FAMILY NAME	FIRST NAME	COMMON NAME		DISTRICT	VILLAGE	KITONGOJI/ ADDRESS	10-CELL LEADER	HEAD OF HOUSEHOLD	MARITAL STATUS	
CHECK: Q.222  TRANSFER NAMES OF EACH SISTER REACHING AGE 15-50 BEGIN WITH FIRST BORN	CHECK: Q.204  RECORD COL. NO. OF EACH SISTER IN 225	Please give me the full name of (NAME) starting with her surname.	PROBE: Does/did (NAME) have a first name?	PROBE: What is/ was the familiar name that (NAME) commonly goes/went by?	CHECK 206 AND 208:  IF DEAD: RECORD 98  IF LIVING, COPY LINE NUMBER FROM Q.208	What is the name of the district where (NAME) usually lives?	What is the name of the village/ town where (NAME) usually lives?	What is the name of the kitongoji/ address where (NAME) usually lives?	What is the name of (NAME)'s 10-cell leader in her village/ town?	What is the name of the person who is the head of the household where (NAME) usually lives? RECORD FULL NAME OF HEAD OF HOUSEHOLD	Is (NAME) currently married or living with a man?	What is the full name of (NAME)'s husband?
(225)	(226)	(227)	(228)	(229)	(230)	(231)	(232)	(233)	(234)	(235)	(236)	(237)
	<div><div></div><div></div></div>				<div><div></div><div></div></div> IF=00 → ELSE → 225	KWIMBA...1 MAGU....2 OTHER....3 DK.....4	<div><div></div><div></div></div>				YES.....1 NO.....2 GO TO 225←	
	<div><div></div><div></div></div>				<div><div></div><div></div></div> IF=00 → ELSE → 225	KWIMBA...1 MAGU....2 OTHER....3 DK.....4	<div><div></div><div></div></div>				YES.....1 NO.....2 GO TO 225←	
	<div><div></div><div></div></div>				<div><div></div><div></div></div> IF=00 → ELSE → 225	KWIMBA...1 MAGU....2 OTHER....3 DK.....4	<div><div></div><div></div></div>				YES.....1 NO.....2 GO TO 225←	
	<div><div></div><div></div></div>				<div><div></div><div></div></div> IF=00 → ELSE → 225	KWIMBA...1 MAGU....2 OTHER....3 DK.....4	<div><div></div><div></div></div>				YES.....1 NO.....2 GO TO 225←	
	<div><div></div><div></div></div>				<div><div></div><div></div></div> IF=00 → ELSE → 225	KWIMBA...1 MAGU....2 OTHER....3 DK.....4	<div><div></div><div></div></div>				YES.....1 NO.....2 GO TO 225←	
	<div><div></div><div></div></div>				<div><div></div><div></div></div> IF=00 → ELSE → 225	KWIMBA...1 MAGU....2 OTHER....3 DK.....4	<div><div></div><div></div></div>				YES.....1 NO.....2 GO TO 225←	
	<div><div></div><div></div></div>				<div><div></div><div></div></div> IF=00 → ELSE → 225	KWIMBA...1 MAGU....2 OTHER....3 DK.....4	<div><div></div><div></div></div>				YES.....1 NO.....2 GO TO 225←	

# SECTION 3. REPRODUCTION OF RESPONDENT

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
301	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	→306
302	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→304
303	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
304	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	→306
305	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
306	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	→308
307	How many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	
308	SUM ANSWERS TO 303, 305, AND 307, AND ENTER TOTAL. IF NONE RECORD '00'.	TOTAL.....	
309	CHECK 308: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct?		
310	CHECK 308: ONE OR MORE BIRTHS NO BIRTHS		→325
311	Now I would like to ask about the place that you lived when you gave birth for the first time. Did you live in this village? IF YES: CIRCLE '00' IF NO: In which district did you live at that time? IF DK DISTRICT PROBE TO OBTAIN THE REGION. IF MWANZA REGION RECORD '18'. IF OUTSIDE MWANZA REGION RECORD '28'	SAME VILLAGE.....00 DISTRICT..... DK.....98	→313
312	Did you live in a town or in the countryside at the time of your first birth?	TOWN.....1 COUNTRYSIDE.....2	

313 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 314. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

314	315	316	317	318	319	320	321	322
What name was given to your (first/next) baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Who is (NAME) now living with?	How old was (NAME) when he/she died?  IF '1 YR.', PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH;  IF 4 YRS. OR MORE, ASK:  Were there any other live births between the birth of (NAME) and (NAME OF THE PREVIOUS BIRTH)?
01	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO NEXT BIRTH	DAYS....1 MONTHS..2 YEARS...3	
02	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO 322	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
03	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO 322	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
04	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO 322	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
05	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO 322	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
06	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO 322	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
07	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO 322	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2



314	315	316	317	318	319	320	321	322
What name was given to your next baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Who is (NAME) now living with?	How old was (NAME) when he/she died?  IF '1 YR.', PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH;  IF 4 YRS. OR MORE, ASK:  Were there any other live births between the birth of (NAME) and (NAME OF THE PREVIOUS BIRTH)?
(NAME)								

08	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO 322	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
----	----------------------	--------------------	--	-------------------------------	--------------------------------------	---	-------------------------------------	-----------------------

09	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO 322	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
----	----------------------	--------------------	--	-------------------------------	--------------------------------------	---	-------------------------------------	-----------------------

10	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO 322	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
----	----------------------	--------------------	--	-------------------------------	--------------------------------------	---	-------------------------------------	-----------------------

11	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO 322	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
----	----------------------	--------------------	--	-------------------------------	--------------------------------------	---	-------------------------------------	-----------------------

12	SING...1 MULT...2	BOY...1 GIRL..2	MONTH.. <input type="text"/> YEAR... <input type="text"/>	YES...1 NO...2 ↓ 321	AGE IN YEARS <input type="text"/>	MOTHER...1 FATHER...2 G'MOTHER.3 OTHER....4 GO TO 322	DAYS....1 MONTHS..2 YEARS...3	YES.....1 NO.....2
----	----------------------	--------------------	--	-------------------------------	--------------------------------------	---	-------------------------------------	-----------------------

323	SUBTRACT YEAR OF LAST BIRTH FROM 1995.  IF 4 YRS. OR MORE, ASK: Have you had any live births since (NAME OF LAST BIRTH)?	YES.....1 NO.....2
-----	--	-----------------------

324	COMPARE 308 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:  NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)  CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.  FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.  FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.  FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
-----	--	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
325	Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→327 →327
326	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS.	MONTHS.....	
327	CHECK 314: ONE OR MORE BIRTHS <input type="checkbox"/> NO LIVE BIRTHS <input type="checkbox"/> RECORD THE NAME OF LAST BORN CHILD NAME	(SKIP TO 401)	
328	Now I would like to ask you some questions about the pregnancy that resulted in the birth of (NAME).  When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy?  IF YES: Whom did you see? Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRADITIONAL HEALER.....F TRADITIONAL BIRTH ATTENDENT...G RELATIVE.....H  OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 332)←	
329	How many months pregnant were you when you first received antenatal care?	MONTHS..... DK.....98	
330	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... DK.....98	
331	During your antenatal visits, were you ever advised by a health professional that you should deliver (NAME) in hospital?	YES.....1 NO.....2	

F12/E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
332	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 HOSPITAL SUMVE DES. DIST. HOSPITAL.....21 OTHER HOSPITAL.....22 HEALTH CENTRE.....31 DISPENSARY/CLINIC.....41  TRADITIONAL HEALER'S HOME.....51 TRAD. BIRTH ATTENDENT'S HOME.....52  ON WAY TO HOSPITAL/CLINIC.....61  OTHER _____ 96 (SPECIFY)	
333	Who assisted with the delivery of (NAME)?  Anyone else?  PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR/MEDICAL ASST.....A RURAL MEDICAL AIDE.....B NURSE/MIDWIFE.....C MCH AIDE.....D OTHER PERSON VILLAGE HEALTH WORKER.....E TRADITIONAL HEALER.....F TRADITIONAL BIRTH ATTENDENT....G RELATIVE.....H  OTHER _____ X (SPECIFY) NO ONE.....Y	
334	CHECK 332: DELIVERED IN A HOSPITAL?  NO <input type="checkbox"/> YES <input type="checkbox"/> _____ (SKIP TO 337)		
335	Did you intend to deliver (NAME) in the hospital?	YES.....1 NO.....2	
336	What was the reason that you did not deliver (NAME) in the hospital?  Any other reason?  RECORD ALL RESPONSES	TOO FAR AWAY.....A NOT NECESSARY.....B NO TRANSPORT.....C NO CHILDCARE.....D HUSBAND/FAMILY FORBID.....E POOR SERVICES AT HOSPITAL.....F TOO EXPENSIVE.....G DELIVERED ON WAY TO HOSPITAL.....H TBA CAN MANAGE.....I RELATIVES/FRIENDS CAN MANAGE.....J  OTHER _____ X (SPECIFY)	

F13/E

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
337	<p>Around the time of the birth of (NAME), did you have any of the following problems:</p> <p>Long and active labor, that is, did your regular contractions last more than 12 hours?</p> <p>Excessive bleeding that was so much that you feared it was life threatening?</p> <p>A high fever with bad smelling vaginal discharge?</p> <p>Convulsions not caused by fever?</p> <p>Any other serious problems?</p>	<p>YES NO</p> <p>LABOR MORE THAN 12 HOURS.....1 2</p> <p>EXCESSIVE BLEEDING.....1 2</p> <p>FEVER/BAD SMELLING VAGINAL DISCHARGE.....1 2</p> <p>CONVULSIONS.....1 2</p> <p>ANY OTHER.....1 2</p>	
338	<p>CHECK 337:</p> <p>"YES" TO ANY QUESTION <input type="checkbox"/></p> <p>"NO" TO ALL QUESTIONS <input type="checkbox"/></p> <p>→ (SKIP TO 401)</p>		
339	<p>When you experienced that (those) problem(s), were you advised that you should go to hospital?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>WAS ALREADY IN HOSPITAL.....3</p>	

F14/E

**SECTION 4. REPRODUCTION OF SISTERS**  
(one completed for each sister listed in Q.225)

OF   TOTAL SISTERS

401	CHECK 204: (COLUMN NUMBER) <input type="text"/>	CHECK 227-229: NAME (Sister) _____	CHECK 207: AGE (LIVING SISTER) _____ yrs CHECK 209+210: WOULD-BE AGE (DEAD SISTER) _____ yrs
402	CHECK 206: SISTER STILL ALIVE? <div style="display: flex; justify-content: space-between;"> <span>NO, DECEASED <input type="checkbox"/></span> <span>YES, SURVIVING <input type="checkbox"/></span> </div> <div style="text-align: right;">→ 405</div>		
403	Now I would like to ask about the place that (NAME) lived at the time of her death. In what district did (NAME) live at that time?  IF DK DISTRICT PROBE TO OBTAIN THE REGION. IF MWANZA REGION RECORD '18'. IF OUTSIDE MWANZA REGION RECORD '28'		DISTRICT <input type="text"/> DK.....98
404	Did (NAME) live in a town or in the countryside at the time of her death?	TOWN.....1 COUNTRYSIDE.....2	
405	Now I would like to ask about all the births (NAME) has/had ever given birth to (before her death). Has(had) she ever given birth?	YES.....1 NO.....2 → 410	
406	Has(did) (NAME) had(have) any sons or daughters who are now alive?	YES.....1 NO.....2 → 410	
407	How many of her sons are now alive?  How many of her daughters are now alive?  IF NONE RECORD '00'.	SONS ALIVE ..... <input type="text"/> DAUGHTERS ALIVE ..... <input type="text"/>	
408	CHECK 206: SISTER STILL ALIVE? <div style="display: flex; justify-content: space-between;"> <span>YES, SURVIVING <input type="checkbox"/></span> <span>NO, DECEASED <input type="checkbox"/></span> </div> <div style="text-align: right;">→ 410</div>		
409	How many of her sons are now living with (NAME)?  How many of her daughters are now living with (NAME)?  IF NONE RECORD '00'.	SONS LIVING WITH SISTER..... <input type="text"/> DAUGHTERS LIVING WITH SISTER.. <input type="text"/>	
410	Has (did) (NAME) ever given birth to a boy or a girl who was born alive but later died?  IF NO, PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2 → 412	
411	How many of her boys have died?  And how many of her girls have died?  IF NONE RECORD '00'.	BOYS DEAD..... <input type="text"/> GIRLS DEAD..... <input type="text"/>	
412	SUM ANSWERS TO 407 AND 411, AND ENTER TOTAL.  IF NONE RECORD '00'.	TOTAL..... <input type="text"/>	
413	CHECK 412: Just to make sure that I have this right: (NAME) had in TOTAL _____ births during her life. Is that correct?  YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 405-412 AS NECESSARY		
414	CHECK 412:  ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		GO TO 402 (NEXT SISTER)
415	Now I would like to ask about the place that (NAME) lived when she gave birth for the first time. In what district did (NAME) live?  IF DK DISTRICT PROBE TO OBTAIN THE REGION. IF MWANZA REGION RECORD '18'. IF OUTSIDE MWANZA REGION RECORD '28'		DISTRICT <input type="text"/> DK.....98
416	Did (NAME) live in a town or in the countryside at the time of her first birth?	TOWN.....1 COUNTRYSIDE.....2	

417 Now I would like to talk to you about all of (NAME)'s births, whether still alive or not, starting with the first one she had.

RECORD NAMES OF ALL THE BIRTHS IN 418. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

418	419	420	421	422	423	424	425	426
What name was given to the (first/next) baby?  (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Who is (NAME) now living with?	How old was (NAME) when he/she died?  IF '1 YR.', PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH;  IF 4 YRS. OR MORE, ASK:  Were there any other live births between the birth of (NAME) and (NAME OF THE PREVIOUS BIRTH)?
01	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO NEXT BIRTH	DAYS...1 MONTHS...2 YEARS...3	
02	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO 426	DAYS...1 MONTHS...2 YEARS...3	YES.....1 NO.....2
03	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO 426	DAYS...1 MONTHS...2 YEARS...3	YES.....1 NO.....2
04	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO 426	DAYS...1 MONTHS...2 YEARS...3	YES.....1 NO.....2
05	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO 426	DAYS...1 MONTHS...2 YEARS...3	YES.....1 NO.....2
06	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO 426	DAYS...1 MONTHS...2 YEARS...3	YES.....1 NO.....2
07	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO 426	DAYS...1 MONTHS...2 YEARS...3	YES.....1 NO.....2

418	419	420	421	422	423	424	425	426
What name was given to the (first/next) baby?	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born?  PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday?  RECORD AGE IN COMPLETED YEARS.	Who is (NAME) now living with?	How old was (NAME) when he/she died?  IF '1 YR.', PROBE: How many months old was (NAME)?  RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH;  IF 4 YRS. OR MORE, ASK:  Were there any other live births between the birth of (NAME) and (NAME OF THE PREVIOUS BIRTH)?
(NAME)								

08	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO 426	DAYS...1 MONTHS...2 YEARS...3	YES.....1 NO.....2
09	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO 426	DAYS...1 MONTHS...2 YEARS...3	YES.....1 NO.....2
10	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO 426	DAYS...1 MONTHS...2 YEARS...3	YES.....1 NO.....2
11	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO 426	DAYS...1 MONTHS...2 YEARS...3	YES.....1 NO.....2
12	SING...1 MULT...2	BOY...1 GIRL...2	MONTH... YEAR...	YES...1 NO...2 ↓ 425	AGE IN YEARS  	MOTHER...1 FATHER...2 G'MOTHER...3 OTHER...4 GO TO 426	DAYS...1 MONTHS...2 YEARS...3	YES.....1 NO.....2

427	SUBTRACT YEAR OF LAST BIRTH FROM 1995. IF 4 YRS. OR MORE, ASK:	YES.....1
	SISTER LIVING: Has (NAME) had any live births since the birth of (NAME OF LAST BIRTH)?	NO.....2
	SISTER DEAD: Did (NAME) have any live births between the birth of (NAME OF LAST BIRTH) and her death?	

428	COMPARE 412 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:
	NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE)
	CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.
	FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.
	FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED.
	FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

501	RECORD THE TIME.	HOUR.....	MINUTES.....
502	RECORD WHETHER OR NOT ALL OR PART OF THE INTERVIEW WAS TRANSLATED BY AN INTERPRETER.	FULLY TRANSLATED.....1	PARTIALLY TRANSLATED.....2
		NOT TRANSLATED.....3	

INTERVIEWER'S OBSERVATIONS

To be filled in after completing interview

Comments about Respondent:

---



---



---

Comments on  
Specific Questions:

---



---



---

Any Other Comments:

---



---



---

SUPERVISOR'S OBSERVATIONS

---



---



---

Name of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

EDITOR'S OBSERVATIONS

---



---



---

Name of Editor: \_\_\_\_\_ Date: \_\_\_\_\_