



Uganda Bureau of Statistics



REPUBLIC OF UGANDA

THE UGANDA NATIONAL PANEL SURVEY 2019/20

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 (Prefilled)											
6_1. Lab barcode number (copied from label of the lab tech it is alpha numeric)											
7. RESPONSE CODE: 1 ST VISIT											
1. Completed 2. Partially done 3. Not done											<input type="checkbox"/>
8. IF THE WOMAN IS NOT ABLE TO PARTICIPATE IN THE SURVEY, GIVE REASONS (Circle appropriate code) 1=Refuse to take part 2=Not at available for interview 96=Other, Specify											

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

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SEC2: AGE & MARITAL STATUS

A	What is the date of birth of [NAME]?	DD	MM	YYYY
	<i>IF DAY OR MONTH IS UNKNOWN, MARK '99'.</i>			
B	How old is [NAME] in completed years?			
1A	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	
1B	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		
1C	Is this the first time you have been married or lived together with a man as if married?	YES	1 >>4	
		NO	2 >>4	
2	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	
3	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED	1	DIVORCED 2
		SEPARATED	3	
4	Now I would like to ask you about your first (husband/partner). How old were you when you first started living together? IF Q1C=1 ONLY ASK: How old were you when you first started living together?	AGE		
5	How old was your husband/partner when you first started living together?	AGE		

SEC4: FERTILITY

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>	Sons at home	
HOW MANY DAUGHTERS LIVE WITH YOU? <i>If none, record '00'.</i>	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?	Sons elsewhere.....	
HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU? <i>If none, record '00'.</i>	Daughters elsewhere ..	
8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes 1 .	
If "No" probe by asking: 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?	No 2 >>10	
9. HOW MANY BOYS HAVE DIED?	Boys dead	

HOW MANY GIRLS HAVE DIED? <i>If none, record '00'.</i>	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>> 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.	HEALTH PERSONNEL Doctor.....A Nurse/Midwife.....B Medical Assistant/ Clinical Officer.....C Nursing AideD OTHER PERSON Traditional Birth Attendant.....E Relative/FriendF NO ONEX 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.	HOME 1 = Your Home 2 = TBA's Home 3 = Other Home PUBLIC SECTOR 4 = Govt. Hospital 5 = Govt. Health Center 6 = Govt. Health Post PRIVATE MED. SECTOR 8 = Pvt. Hospital/Clinic 86 = Other Private Med, (Specify) 96 = Other Public, (Specify) 76 = Not Sure, (Specify name of hospital, clinic, etc)
19	Was (NAME) weighed at birth?	Yes1 No 2 >>22 DK..... 98 >>22
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 98>>q22
21	Weight at birth	KGS _ . _ _
22	Were you provided with a MAMA Kit?	1=Yes, free of charge >>q25 2=Yes, at a fee 3=No >>q24 98=DK>>Next section
23	How much did you pay?	SHS [>>25]
24	What did you do to get the items used during delivery?	1=Borrowed 2=Re-used items from previous birth >>29 3=Bought from nearby shop 4= Did not have any items>>29 96 = Other (specify)

25	Was the KIT pre-packed IN A SEALED BAG?	1=Yes 2=No	
26	What were the contents of the MAMA Kit? Each mama kit contains plastic sheeting, razor blades, cotton wool (gauze pad), soap, gloves, cord ties, and a child health card	A=Plastic sheeting B=Surgical gloves C=Soap D=Cotton wool (gauze pad) E=Razorblade F=Sanitary pads G=Jik H=Suturing thread I=Eye Ointment J= Cord ties K=Child health card X= Other(specify)	PROBE FOR ALL MENTIONED
28	Was the KIT actually used on you during birth?	1=Yes 2=No	
29	Were you able to deliver at the health facility even without the provision of a MAMA Kit?	1= No, delivered at home 2= No, delivered at TBAs home 3= No, deliver at other home (specify) 4= Yes	ONLY TO THOSE WHO ANSWERED 1 OR 2 OR 3 IN Q14
30	What is your opinion about the content of the MAMA KITS?		
31	What challenges do you face in using MAMA KITS?		
32	What are the possible solutions?		

SEC3: CONTRACEPTION		
1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT FAMILY PLANNING. ARE YOU PREGNANT NOW?	Yes, currently pregnant1 >>2A No 2 Unsure or DK 98	
2. COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU OR YOUR PARTNER CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes1 >>3 No 2	
2A. HAVE YOU EVER DONE SOMETHING OR USED ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes..... 1 No 2	ALL>>NEXTSECTION

<p>3. WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?</p> <p><i>Do not prompt. RECORD ALL MENTIONED</i></p>	<p>1= Female sterilization 2= Male sterilization 3= IUD 4= Injectables 5= Implants 6= Pill 7= Male condom 8= Female condom 9= Diaphragm 10= Foam/Jelly 11= Lactational Amenorrhea method (LAM) 12= Periodic abstinence/Rhythm 13= Withdrawal 96= Other (specify)</p>	
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SECTION 5: ANC AND UNMET NEED FOR FAMILY PLANNING		
<p>1. Check 1. Currently pregnant?</p>	<p>No, UNSURE OR DK=1>>5 Yes, CURRENTLY PREGNANT =2</p>	
<p>1a. How far along is your pregnancy – how many months? INSTRUCTION: WRITE NUMBER OF MONTHS. WRITE 0 FOR LESS THAN ONE MONTH</p>	<p style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> </p>	
<p>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?</p>	<p>Yes.....1>>4 No.....2</p>	
<p>3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later = 1 No more = 2</p>	
<p>3c_1. Did you take DRUGS for intestinal worms like this one? SHOW SAMPLE YOU CARRY TO THE RESPONDENT</p>	<p>1=Yes 2=No 98=Don't know</p>	
<p>3d_1. Did you take SP Fansidar to keep from getting Malaria during pregnancy like this one? SHOW SAMPLE YOU CARRY TO THE RESPONDENT</p>	<p>1=Yes 2=No >>q4 98=Don't know>>q4</p>	
<p>3e_1. How many times did you take SP Fansidar to keep from getting Malaria during pregnancy</p>	<p>Number</p>	
<p>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?</p>	<p>Have another child.....1>>7 No more / None.....2>>13 Undecided / DK.....98>>13</p>	
<p>5. Check 3. Currently using "Female sterilization"?</p>	<p>Yes =1 >>13 No = 2</p>	
<p>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?</p>	<p>Have (a/another) child 1 No more / None2 >>9 Says she cannot get pregnant...3 >>11 Undecided / DK98 >>9</p>	
<p>7. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD? <i>Record the answer as stated by respondent.</i></p>	<p>Months ___</p> <p>Years ___</p> <p>Does not want to wait (soon/now)993 Says she cannot get pregnant.....994>>11 After marriage.....995 Other.....996 DK.....998</p>	
<p>8. Check 1. Currently pregnant?</p>	<p>Yes, currently pregnant.....1 >>13 No, unsure or DK 2</p>	
<p>9. CHECK 2. CURRENTLY USING A METHOD OF CONTRACEPTION?</p>	<p>Yes..... 1>>13 No... ..2</p>	

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?	A= Infrequent sex / No sex B= Menopausal C= Never menstruated. D= Hysterectomy (surgical removal of uterus) E= Has been trying to get pregnant for 2 years or more without result F= Postpartum amenorrheic G= Breastfeeding H= Too old I= Fatalistic X= Other (<i>specify</i>) Z= DK	
12. Check Sec5Q11. "Never menstruated" mentioned?	Mentioned1>>END Not mentioned2	
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	
22. Are you currently breastfeeding any child	Yes 1 No 2	
3a. In the last 7 days, did you consume any iron/folic acid tablets?	Yes = 1 No = 2>>3b DK = 98 >>3b	
3aa. How many iron/folic acid tablets did you consume over the last 7 days?	<input type="text"/> <input type="text"/>	
3b. Did you get iron/folic acid tablets from a government or public health facility?	Yes = 1 No = 2 DK = 98	

SECTION 6: SMOKING

1. HAVE YOU EVER SMOKED CIGARETTES?	Yes.....1 No.....2->SKIP DK.....8->SKIP	NO/DK SKIP TO SECTION 7
2. DURING THE LAST 30 DAYS, ON AVERAGE HOW MANY CIGARETTES DID YOU SMOKE IN A DAY?	<input type="text"/> <input type="text"/> <input type="text"/> AVERAGE NUMBER DK USE 999	

SECTION 7: THIS SECTION IS APPLICABLE TO ALL WOMEN 15-49 YEARS

WOMAN'S DIETARY DIVERSITY		
001	HOW LONG HAS IT BEEN SINCE YOU LAST ATE OR DRANK ANYTHING OTHER THAN WATER?	1. MINUTES <input type="text"/> <input type="text"/> 2. HOURS <input type="text"/> <input type="text"/>
<p><i>Now I'd like to ask you to describe everything that you ate or drank yesterday during the day or night, whether you ate it at home or anywhere else. Please include all foods and drinks, any snacks or small meals, as well as any main meals. Remember to include all foods you may have eaten while preparing meals or preparing food for others. Please also include food you ate even if it was eaten elsewhere, away from your home. Please do not include any food used in a small amount (≤15 grams OR ≤1 TBS) for seasoning or condiments (like chillies, spices, herbs or fish power). I will ask you about those foods separately. Let's start with the first food or drink consumed yesterday.</i></p> <p><i>Did you have anything to eat or drink when you woke? If yes, what? Anything else?*</i></p> <p><i>Did you have anything to eat or drink later in the morning? If yes, what? Anything else?*</i></p> <p><i>Did you eat or drink anything at mid-day? If yes, what? Anything else?*</i></p> <p><i>Did you have anything to eat or drink during the afternoon? If yes, what? Anything else?*</i></p> <p><i>Did you have anything to eat in the evening? If yes, what? Anything else?*</i></p> <p><i>Did you have anything else to eat or drink in the evening before going to bed or during the night?</i></p> <p><i>If yes, what? Anything else?*</i></p> <p>* For each eating episode, after the respondent mentions foods and drinks, probe to ask if she ate or drank anything else. Continue probing until she says "no, nothing else". If the respondent mentions a mixed dish like a soup or stew, ask for all the ingredients in the mixed dish. For mixed dishes where it is possible to pick out ingredients or consume only broth, ask if she herself ate each ingredient or if she only had the broth. Continue to probe about ingredients until she says "nothing else".</p>		
RECORD 1 FOR EACH ROW THAT CONTAINS A FOOD MENTIONED. WHEN SHE IS DONE, GO BACK AND READ THE LIST OF FOODS FOR ROWS NOT MENTIONED ONE BY ONE UNTIL LIST IS COMPLETE.		
ERROR ON THE SIDE OF NOT OVERESTIMATING CONSUMPTION		
		Yes No
002	GRAINS AND CEREALS: Rice, roti, chapati, bread, puffed rice, maize/corn, pressed rice, noodles, millet, porridge, wheat, buckwheat, sorghum or other foods made from grains	1 2
003	WHITE TUBERS AND ROOTS OR OTHER STARCHY FOOD: Matooke, Irish potatoes, cassava, white yams, white or yellow sweet potato (NOT ORANGE INSIDE), or other foods made from roots.	1 2
004	BEANS, PEAS, OR LENTILS or any foods made from these?	1 2
005	NUTS AND SEEDS or any foods made from these (groundnut, cashew, sesame, etc) <i>If less than 15 g (<1 TBS), code as condiment.</i>	1 2
006	MILK AND MILK PRODUCTS: Milk, cheese, eshabwe, yogurt, or other food made from milk	1 2
007	EGGS: Chicken, duck, quail, turkey, etc	1 2
008	ORGAN MEAT: Liver, kidney, heart, offal, or other organ meats	1 2
009	OTHER MEAT: Beef, lamb, goat, chicken, duck, rabbit, pork, game meat, turkey, sausage	1 2
010	FISH: Big/small fresh or dried or shellfish such as prawn, crab, silverfish, etc.	1 2
011	DARK GREEN LEAFY VEGETABLES: spinach, amaranth leaves, mustard leaves, pumpkin leaves, dodo, other	1 2
012_1	VITAMIN A RICH VEGETABLES AND TUBERS: Pumpkin, carrots, squash (<i>Do NOT include orange sweet potato</i>)	1 2
012_2	ORANGE SWEET POTATO: sweet potatoes that are orange inside (<i>SHOW EXAMPLE PHOTOGRAPH</i>)	1 2
013	OTHER VEGETABLES: Cauliflower, broccoli, cabbage, eggplant, green papaya, radish, onion, tomatoes, cucumber, zucchini, green peppers, etc	1 2
014	VITAMIN A RICH FRUITS: Ripe mangoes, ripe papayas, red palm fruit/pulp (kinazi), passion fruit, matungunda	1 2
015	OTHER FRUITS: Bananas, apples, guavas, oranges, other citrus fruits, pineapple, watermelon, grapes, strawberries, plum, jackfruit, gooseberry, tamarind, avocado, etc	1 2
016	SWEETS: Sugar, honey, rock candy, chocolates, biscuits, jams, cakes, pastries	1 2
017	Any DRINKS MADE AT HOME WITH ADDED SUGAR (where sugar is mixed into the drink)? E.g., coffee, tea, passion fruit, etc	1 2
018	Any PURCHASED SWEET DRINKS WITH SUGAR (juice drinks with added sugar, fizzy drinks, soda)? (Excludes diet soda)	1 2
019	Tea (UNSWEETENED), hot water with lemon, etc	1 2
021	Coffee (UNSWEETENED)	1 2
021_1	Other drinks <u>without</u> any added sugar (UNSWEETENED , fermented drinks with no added sugar)	1 2
030	RED PALM OIL (ngasi)	
024_1	COOKING/EDIBLE FAT (e.g., KIMBO, Cowboy, Butter, vegetable or animal ghee, shea butter, lard)	1 2
024_2	COOKING OIL (<i>other than red palm oil</i>)	1 2
025	INSECTS: Grasshoppers, white ants, edible insects, termites, grubs, snails	1 2
027	DIRT/EARTH: Dirt, earth, termite mounds, or clay from any source, e.g., walls of house, yard, purchased from markets	1 2
028	SAVORY/FRIED SNACKS: chips, crisps, fried dough, samosas	1 2

029	CONDIMENTS/SEASONINGS: (foods used in small amounts for flavoring) chilies, spices, herbs, fish powder, tomato paste, seeds, flavor cubes, etc	1	2
096	Other foods mentioned but not categorized above, Specify _____	1	2