



SID

Patient's survey identification (SID):

2 PREGNANCY

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2.01 Reasons for TOP  
 Do not read out options  
 Indicate as many as are mentioned

- 1 husband/partner did not want at the time
- 2 have enough children already
- 3 cost of raising children is too high
- 4 too soon after last pregnancy
- 5 would have to drop out of school due to pregnancy
- 6 would have to leave job
- 7 too young
- 8 too old
- 9 not married
- 10 pregnancy was without a husband or partner
- 11 health reasons
- 12 other (specify)
- 13 don't know
- 14 not the right time

2.02 Using contraception or doing anything to avoid getting pregnant?

1 yes                       2 no                       98 Do not know

2.03 What method or methods?  
 (multiple responses permitted)

- 1 female sterilisation
- 2 pill
- 3 injectables
- 4 male condom
- 5 diaphragm
- 6 male sterilisation
- 7 IUD
- 8 implants
- 9 female condom
- 10 foam/jelly
- 11 emergency contraception
- 12 lactational amenorrhea (breastfeeding)
- 13 rhythm method / moon beads / cycle beads
- 14 withdrawal
- 15 other (specify) \_\_\_\_\_

NOTES

SID

3.00 Number of times she did anything to stop this pregnancy before came to UTH  Record "0" if came straight to UTH

	COMPLETE NUMBER OF ACTION	ACTION #	ACTION #	ACTION #	ACTION #	ACTION #
3.01	Describe method of attempt					
3.02	Anyone else involved in this action?	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
3.03	If someone else involved, who?					
3.04	Fees for consultation or service	kw	kw	kw	kw	kw
3.05	Costs for medicines or supplies	kw	kw	kw	kw	kw
3.06	Fees for tests	kw	kw	kw	kw	kw
3.07	Any additional money paid to the provider	kw	kw	kw	kw	kw
3.08	Did you miss school?	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable
3.09	If missed school, how many days?					
3.10	Able to do normal job?	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable
3.11	If not, how many work days missed?					
3.12	Able to do normal housework?	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable
3.13	If not, how many housework days missed					
3.14	Lost any income because could not work?	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable	Yes / No / Not applicable
3.15	If lost income, how much?	kw	kw	kw	kw	kw
3.16	Did anyone else lose income because of this action?	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
3.17	If someone else lost income, who? Multiple people? Describe					
3.18	How much money do you think he/she/they lost?	kw	kw	kw	kw	kw
3.19	Have you had to do anything in order to cope with losing income / get some money?	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
3.20	What have you done to cope with losing income / get some money? Describe					
3.21	Did anyone help with money/childcare/etc?	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO
3.22	If yes, who helped?					
3.23	If yes, what kind of help did you receive from them? Describe					

question #

4 AT UTH

NOTES

4.01 Time spent at UTH receiving treatment   No. of hours OR   No. of days  Don't know

4.02 Transport to UTH  Public transport   Rented vehicle (e.g.: taxi)  
 Personal transport  Someone else transport  
 Other (specify)  Don't know

4.03 Estimate of transport to UTH (fare, gas, hire)  Kw  Don't know

4.04 Costs for transportation for people who came with you?  Kw  Don't know

4.05 Fees for consultation or services or procedures  Kw  Don't know

4.06 Fees for tests:  Kw  Don't know

4.07 Costs for medicines or supplies either here at UTH or brought to UTH  Kw  Don't know

4.08 Any additional money paid to staff (ie. People may give under-the-counter payments for better/faster service ie: no receipt)  Kw  Don't know

4.09 Costs for meals or lodging:  Kw  Don't know

4.10 Costs for meals or lodging for people who accompanied  kw  Don't know

4.11 Any other costs such as new clothes or things that needed to be brought?  kw  No other costs

AS A RESULT OF COMING HERE AT UTH

4.12 Have you missed school? If yes, how many days?  yes  no   Days

4.13 Able to do normal job? If no, how many days  yes  no   Days

4.14 Able to do your normal housework? If no how many days  yes  no   Days

4.15 Lost any income because could not work? If yes, how much?  yes kw \_\_\_\_\_  no  Don't know

4.16 Did anyone else lose income / pay/salary or take time off work because of you coming to UTH? Who?  yes  no Qu.4.16A WHO? \_\_\_\_\_

4.17 If yes, how much money do you think he/she/they lost? \_\_\_\_\_  Don't know

4.18 Done anything in order to cope with losing income? What?  yes  no WHAT? \_\_\_\_\_

4.19 Did anyone help with money / childcare? If yes, who?  yes  no \_\_\_\_\_

4.20 if yes, what kind of help did you receive from them? \_\_\_\_\_

4 AT UTH

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5 INDIVIDUAL CHARACTERISTICS



AGE QUESTION	
5.01	Age <input type="text"/> <input type="text"/> YEARS If she does not give her age spontaneously, ask for year and month of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year <input type="text"/> 98 Don't know
WHERE SHE LIVES	
5.02	Usually lives in Lusaka? <input type="text"/> 1 yes <input type="text"/> 2 no SKIP to 5.04
5.03	Name of the compound/township where she lives _____
5.04	What is the name and province of the place she usually lives? _____
EDUCATION	
5.05	Ever went to school <input type="text"/> 1 Yes <input type="text"/> 2 No SKIP TO 5.08
5.06	Currently attends school <input type="text"/> 1 Yes <input type="text"/> 2 No
5.07	Highest completed school level <input type="text"/> 1 NURSERY/KINDERGARTEN <input type="text"/> 2 PRIMARY <input type="text"/> 3 SECONDARY <input type="text"/> 4 HIGHER <input type="text"/> 98 DON'T KNOW
RELIGION	
5.08	her religion 1 Catholic 2 Protestant 3 Muslim 4 SDA 5 Other 6 SA
TRIBE	
5.09	Her tribe _____
OCCUPATION/EMPLOYMENT	
5.10	Main activity <input type="text"/> 1 work, full-time <input type="text"/> 2 work, part-time <input type="text"/> 3 full-time housewife <input type="text"/> 4 school student <input type="text"/> 5 college/university student <input type="text"/> 6 unpaid family worker <input type="text"/> 7 operates own business <input type="text"/> 8 unemployed and looking for work <input type="text"/> 9 other (specify)
UNION / MARITAL/PARTNERSHIP QUESTIONS	
5.11	Are you currently married or living together with a man as if married? <input type="text"/> 1 YES SKIP TO 5.14 <input type="text"/> 2 NO
5.12	Have you ever been married or lived together with a man as if married? <input type="text"/> 1 YES <input type="text"/> 2 NO SKIP TO 5.14
5.13	What is your marital status now, are you widowed, divorced or separated? <input type="text"/> 1 widowed <input type="text"/> 2 divorced <input type="text"/> 3 separated
FERTILITY HISTORY QUESTIONS	
5.14	Now I would like to ask about all the births you have had during your life. Have you ever given birth? <input type="text"/> 1 yes <input type="text"/> 2 NO SKIP TO SHEET 6
5.15	In total, how many boys have you given birth to (including any that may have been born alive but later died) <input type="text"/> <input type="text"/> Number
5.16	In total, how many girls have you given birth to (including any that may have been born alive but later died) <input type="text"/> <input type="text"/> Number
5.17	So, to check, you have given birth to a total of XX children? <input type="text"/> yes <input type="text"/> no If no, return to 5.15 and 5.16 and re-check
5.18	What is the date of birth of your <u>youngest</u> (living) child? <input type="text"/> <input type="text"/> Month (98 = DK) <input type="text"/> <input type="text"/> Year
5.19	What is the date of birth of your <u>oldest</u> (living) child? <input type="text"/> <input type="text"/> Month (98 = DK) <input type="text"/> <input type="text"/> Year

**HER HOUSEHOLD (Household means the people you normally live with and eat with)**

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6.01 Does she live alone?  1 YES SKIP TO 6.03  2 NO

6.02 How many people slept in your household last night?   Number  98 Don't know

**HOUSEHOLD ECONOMIC STATUS QUESTIONS**

6.03 In the past 7 days, did you worry that you would not have enough food?  1 Yes  2 No

6.04 In the past 7 days did you worry that your household, where you are living now, would not have enough food?  1 Yes  2 No

6.05 what is the main source of drinking water for members of your household?

<b>Piped water</b>	<b>Well</b>	<b>Other</b>
<input type="checkbox"/> 1 Piped water into dwelling	<input type="checkbox"/> 3 Protected public well	<input type="checkbox"/> 7 Tanker truck/cart
<input type="checkbox"/> 2 Piped water to yard/plot	<input type="checkbox"/> 4 Protected well/borehole in yard/plot	<input type="checkbox"/> 8 Communal tap
	<input type="checkbox"/> 5 Open public well/borehole	<input type="checkbox"/> 9 Bottled water
	<input type="checkbox"/> 6 Open well in yard/plot	<input type="checkbox"/> 10 Spring/river/stream
		<input type="checkbox"/> 11 Pond/lake/dam
		<input type="checkbox"/> 12 Rainwater
		<input type="checkbox"/> 98 do not know
		<input type="checkbox"/> 96 other (specify) _____

6.06 what kind of toilet facility do members of your household usually use?

<b>Flush</b>	<b>Latrine</b>	<b>Other</b>
<input type="checkbox"/> 1 Flush to sewer system/septic tank	<input type="checkbox"/> 4 Latrine, covered	<input type="checkbox"/> 6 Composite toilet
<input type="checkbox"/> 2 Flush to somewhere else	<input type="checkbox"/> 5 Pit latrine without slab, open pit	<input type="checkbox"/> 7 Bucket/hanging toilet
<input type="checkbox"/> 3 Flush, don't know where		<input type="checkbox"/> 8 no facility/bush/field
		<input type="checkbox"/> 98 don't know
		<input type="checkbox"/> 96 other (specify) _____

6.07 does your household have:

<input type="checkbox"/> 1 <input type="checkbox"/> 2 electricity	<input type="checkbox"/> 1 <input type="checkbox"/> 2 radio	<input type="checkbox"/> 1 <input type="checkbox"/> 2 TV	<input type="checkbox"/> 1 <input type="checkbox"/> 2 mobile phone	<input type="checkbox"/> 1 <input type="checkbox"/> 2 fixed phone	<input type="checkbox"/> 1 <input type="checkbox"/> 2 sewing machine
<input type="checkbox"/> 1 <input type="checkbox"/> 2 refrigerator	<input type="checkbox"/> 1 <input type="checkbox"/> 2 bed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 chair	<input type="checkbox"/> 1 <input type="checkbox"/> 2 table	<input type="checkbox"/> 1 <input type="checkbox"/> 2 cupboard	<input type="checkbox"/> 1 <input type="checkbox"/> 2 vcr/dvd
<input type="checkbox"/> 1 <input type="checkbox"/> 2 sofa	<input type="checkbox"/> 1 <input type="checkbox"/> 2 clock	<input type="checkbox"/> 1 <input type="checkbox"/> 2 fan	<input type="checkbox"/> 1 <input type="checkbox"/> 2 cassette player	<input type="checkbox"/> 1 <input type="checkbox"/> 2 plough	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 grain grinder	<input type="checkbox"/> 1 <input type="checkbox"/> 2 tractor	<input type="checkbox"/> 1 <input type="checkbox"/> 2 vehicle	<input type="checkbox"/> 1 <input type="checkbox"/> 2 hammer mill	<input type="checkbox"/> 1 <input type="checkbox"/> 2 bicycle	

6.08 what type of fuel does your household mainly use for cooking?

<input type="checkbox"/> 1 electricity	<input type="checkbox"/> 2 solar power	<input type="checkbox"/> 3 LPG	<input type="checkbox"/> 4 natural gas	<input type="checkbox"/> 5 biogas	<input type="checkbox"/> 6 kerosene	<input type="checkbox"/> 7 coal, lignite
<input type="checkbox"/> 8 charcoal	<input type="checkbox"/> 9 wood	<input type="checkbox"/> 10 straw/shrubs/grass	<input type="checkbox"/> 11 agricultural crop	<input type="checkbox"/> 12 animal dung		
<input type="checkbox"/> 13 no food cooked in household		<input type="checkbox"/> 96 other (specify) _____	<input type="checkbox"/> 98 don't know			

6.09 What is the main roofing material where you live?

<input type="checkbox"/> 1 Natural roof (thatch/leaf)	<input type="checkbox"/> 2 Rudimentary roof (mat/plastic sheets/reed/wood planks)
<input type="checkbox"/> 3 Finished roof (corrugated iron/cement/concrete/tiled/roofing shingles/ asbestos)	<input type="checkbox"/> 96 Other (specify) _____
<input type="checkbox"/> 98 Don't know	

6.10 How many rooms do members of your household use exclusively for sleeping?   Number **[DO NOT INCLUDE ROOMS/HUTS with dual uses]**

**NOW END + THANK + ASK ABOUT FOLLOW UP**







