

AGE QUESTION

5.01 How old are you? YEARS Month Year Don't know
 If she does not give her age spontaneously, ask for year and month of birth

WHERE SHE LIVES

5.02 Usually lives in Lusaka? yes: go to 5.05 no

5.03 Did you travel to Lusaka to attend this facility? yes no

5.04 What is the name of the province where you usually live? _____

EDUCATION

5.05 Currently attends school / college / university Yes No

5.06 Ever went to school Yes No GO TO 5.08

5.07 Highest completed school level/Current school level
 NURSERY/KINDERGARTEN PRIMARY SECONDARY
 HIGHER DON'T KNOW

RELIGION

5.08 What is your religion?
 Catholic Muslim Pentecostal
 Protestant SDA Other

OCCUPATION/EMPLOYMENT

5.09 Do you currently do any kind of work that you are paid for? Yes No

UNION / MARITAL/PARTNERSHIP QUESTIONS

5.10 Are you currently married or living together with a man as if married? YES:go to 5.13 NO. She is single.

5.11 Have you ever been married or lived together with a man as if married? YES NO: go to 5.13

5.12 What is your marital status now, are you widowed, divorced or separated? widowed divorced separated

FERTILITY HISTORY QUESTIONS

5.13 Have you ever given birth? yes NO: go to 5.15

5.14 How many times have you given birth?

Views on abortion legality

	yes	no	do not know	no answer
5.15 ...the pregnancy is a result of rape?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.16 ...the girl's life is endangered by the pregnancy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.17 ...the girl does not want another child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.18 ...the girl cannot financially afford to support another child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.19 ...if the girl wants to continue her studies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEHOLD CHARACTERISTICS (TO BE ASKED BY INTERVIEWER #2)

5.20 Does your household have:

	yes	no		yes	no
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	electricity	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a television	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a sofa	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

a clock (includes phone with a clock or watch)
 a fan (includes air conditioner)
 a VCR/DVD (includes digital or subscription TV)

5.21 Does any member of the household have a bank account? YES NO

5.22 what type of fuel does your household mainly use for cooking? electricity (includes gas stove) other

5.23 What is the main roofing material where you live? Thatch / palm leaf Other

5.24 What is the main flooring material where you live? Earth / sand / dung Concrete / cement Other