

2022 KENYA DEMOGRAPHIC AND HEALTH SURVEY (KDHS)
 MAN'S QUESTIONNAIRE

KENYA
 KENYA NATIONAL BUREAU OF STATISTICS

IDENTIFICATION				
COUNTY	<input style="width: 90%;" type="text"/>			
SUB COUNTY	<input style="width: 90%;" type="text"/>			
LOCATION	<input style="width: 90%;" type="text"/>			
SUB LOCATION	<input style="width: 90%;" type="text"/>			
KDHS CLUSTER NUMBER	<input style="width: 60%;" type="text"/>			<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
HOUSEHOLD NUMBER	<input style="width: 60%;" type="text"/>			<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NAME OF HOUSEHOLD HEAD	<input style="width: 90%;" type="text"/>			
NAME AND LINE NUMBER OF MAN	<input style="width: 60%;" type="text"/>			<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
MAN SELECTED FOR DV MODULE? (1=YES, 2=NO)	<input style="width: 60%;" type="text"/>			<div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	DAY <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
INTERVIEWER'S NAME	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	MONTH <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
RESULT*	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	YEAR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
NEXT VISIT: DATE	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	INT. NO. <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TIME	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	<input style="width: 60%;" type="text"/>	RESULT* <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
TOTAL NUMBER OF VISITS <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>				
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER <input style="width: 50%;" type="text"/> 3 POSTPONED 6 INCAPACITATED SPECIFY <input style="width: 50%;" type="text"/>				
LANGUAGE OF QUESTIONNAIRE** <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; text-align: center;">1</div> </div>				
LANGUAGE OF INTERVIEW** <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>				
NATIVE LANGUAGE OF RESPONDENT** <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>				
TRANSLATOR USED (YES = 1, NO = 2) <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>				
LANGUAGE OF QUESTIONNAIRE** ENGLISH				
**LANGUAGE CODES: 01 ENGLISH 06 KAMBA 11 LUO 16 SOMALI 02 KISWAHILI 07 KIKUYU 12 MAASAI 17 TURKANA 03 BORANA 08 KISII 13 MERU 96 OTHER 04 EMBU 09 LUHYA 14 MIJIKENDA 05 KALENJIN 10 MARAGOLI 15 POKOT SPECIFY <input style="width: 50%;" type="text"/>				
TEAM <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> NUMBER		TEAM SUPERVISOR <div style="display: flex; flex-direction: column; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> NAME NUMBER		

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Kenya National Bureau of Statistics. We are conducting a survey about health and other topics all over Kenya. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED . . . 1

RESPONDENT DOES NOT AGREE
TO BE INTERVIEWED . . . 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> MINUTES <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
102	What county were you born in? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> OUTSIDE OF KENYA 96	→ 104
103	Which country were you born in?	COUNTRY <input style="width: 100px; height: 20px; border: 1px solid black;" type="text"/>	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> ALWAYS/NEVER MOVED 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> 05 YEARS <input style="width: 20px; height: 20px; border: 1px solid black;" type="checkbox"/> OR MORE		→ 107
106	In what month and year did you move here?	MONTH <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW MONTH 98 YEAR <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW YEAR9998	
107	Just before you moved here, which county did you live in? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> OUTSIDE OF KENYA 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY (NAIROBI, KISUMU, MOMBASA, NAKURU) 1 TOWN 2 RURAL AREA 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Why did you move to this place?	ECONOMIC REASONS/BUSINESS 01 EDUCATION/TRAINING 02 MARRIAGE 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON 04 FORCED DISPLACEMENT 05 OTHER 96 (SPECIFY)	
110	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD 1 GOOD 2 MODERATE 3 BAD 4 VERY BAD 5	
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended: primary, secondary/'A' level, college, university, or vocational?	PRIMARY 1 SECONDARY/'A' LEVEL 2 MIDDLE LEVEL COLLEGE (CERTIFICATE/ DIPLOMA) 3 UNIVERSITY 4 VOCATIONAL TRAINING 5 INFORMAL EDUCATION (MADRASA/ ADULT BASIC) 6	
115	What is the highest (standard/grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/GRADE/FORM/YEAR .. <input type="text"/> <input type="text"/>	
116	CHECK 114: PRIMARY, SECONDARY, <input type="checkbox"/> VOCATIONAL OR 'INFORMAL' ↓ COLLEGE OR <input type="checkbox"/> UNIVERSITY →		→ 119
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/> →		→ 120
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES 1 NO 2	→ 124
123	Is your mobile phone a smart phone?	YES 1 NO 2	
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
125	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 127
126	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	What is your religion?	CATHOLIC 01 PROTESTANT 02 EVANGELICAL CHURCHES 03 AFRICAN INSTITUTED CHURCHE 04 ORTHODOX 05 OTHER CHRISTIAN 06 ISLAM 07 HINDU 08 TRADITIONISTS 09 NO RELIGION/ ATHEISTS 10 OTHER RELIGION _____ 96 (SPECIFY)	
131	What is your ethnic group?	EMBU 01 KALENJIN 02 KAMBA 03 KIKUYU 04 KISII 05 LUHYA 06 LUO 07 MAASAI 08 MERU 09 MIJIKENDA/SWAHILI 10 SOMALI 11 TAITA/TAVETA 12 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES 1 NO 2 DON'T KNOW 8	→ 206								
202	Do you have any sons or daughters that you have fathered who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters that you have fathered who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2 DON'T KNOW 8	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> HAS NOT HAD ANY CHILDREN <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div>		→ 211 → 301								
210	Did all of the children you have fathered have the same biological mother?	YES 1 NO 2									
211	CHECK 208: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> HAS HAD MORE THAN ONE CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> HAS HAD ONLY ONE CHILD <input type="checkbox"/> </div> </div> a) How old were you when your first child was born? b) How old were you when your child was born?	AGE IN YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	CHECK 203 AND 205: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE LIVING CHILD <input type="checkbox"/> </div> <div style="text-align: center;"> NO LIVING CHILDREN <input type="checkbox"/> </div> </div>		→ 301								

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
213	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>a) How old is your youngest child?</p> </div> <div style="width: 45%;"> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>b) How old is your child?</p> </div> </div>	<p>AGE IN YEARS <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/></p>	
214	<p>CHECK 213:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>(YOUNGEST) CHILD IS <input type="checkbox"/></p> <p>AGE 0-2 YEARS</p> </div> <div style="text-align: center;"> <p>(YOUNGEST) CHILD IS <input type="checkbox"/></p> <p>AGE 3 YEARS OR OLDER</p> </div> </div>		→ 301
215	<p>CHECK 203 AND 205:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MORE THAN ONE LIVING CHILD <input type="checkbox"/></p> <p>a) What is the name of your youngest child?</p> </div> <div style="width: 45%;"> <p>ONLY ONE LIVING CHILD <input type="checkbox"/></p> <p>b) What is the name of your child?</p> </div> </div>	<p>_____</p> <p align="center">(NAME OF (YOUNGEST) CHILD)</p>	
216	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 218
217	Were you ever present during any of those antenatal check-ups?	<p>PRESENT 1</p> <p>NOT PRESENT 2</p>	
218	Was (NAME) born in a hospital or health facility?	<p>HOSPITAL/HEALTH FACILITY 1</p> <p>OTHER 2</p>	→ 301
219	Did you go with (NAME's) mother to the health facility where she gave birth to (NAME)?	<p>YES 1</p> <p>NO 2</p>	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES 1 NO 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES 1 NO 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES 1 NO 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES 1 NO 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES 1 NO 2
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES 1 NO 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES 1 NO 2
09	Emergency Contraception. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES 1 NO 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES 1 NO 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax/ ejaculation.	YES 1 NO 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
302	In the last 12 months have you:		YES	NO	
	a) Heard about family planning on the radio?	a) RADIO	1	2	
	b) Seen anything about family planning on the television?	b) TELEVISION	1	2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE ...	1	2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE	1	2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, Instagram, Tiktok, or WhatsApp?	e) FACEBOOK/TWITTER/INSTAGRAM/ TIKTOK/WHATSAPP	1	2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/ BROCHURE	1	2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD ...	1	2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/ EVENTS	1	2	
	i) Heard anything about family planning from friends/ peers?	i) FRIENDS/ PEERS	1	2	
	j) Have you seen anything on family planning on the internet?	j) INTERNET	1	2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES	1		
		NO	2		
304	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant when she has sexual relations?	YES	1		
		NO	2		
		DON'T KNOW	8		→ 306
305	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS	1		
		DURING HER PERIOD	2		
		RIGHT AFTER HER PERIOD HAS ENDED	3		
		HALFWAY BETWEEN TWO PERIODS	4		
		OTHER _____	6		
		(SPECIFY)			
		DON'T KNOW	8		
306	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES	1		
		NO	2		
		DON'T KNOW	8		
307	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.		DIS- AGREE	DK	
	a) Contraception is a woman's concern and a man should not have to worry about it.	a) CONTRACEPTION WOMAN'S CONCERN 1	2	8	
	b) Women who use contraception may become promiscuous.	b) WOMEN MAY BECOME PROMISCUOUS .. 1	2	8	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
401	Now I would like to talk about marriage. Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED	1	→ 404
		YES, LIVING WITH A WOMAN	2	
		NO, NOT IN UNION	3	
402	Have you ever been married or lived together with a woman as if married?	YES, PREVIOUSLY MARRIED	1	→ 413
		YES, LIVED WITH A WOMAN	2	
		NO	3	
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED	1	→ 410
		DIVORCED	2	
		SEPARATED	3	
404	Is your (wife/partner) living with you now or is she staying elsewhere?	LIVING WITH HIM	1	
		STAYING ELSEWHERE	2	
405	Do you have other wives or do you live with other women as if married?	YES (MORE THAN ONE WIFE)	1	→ 407
		NO (ONLY ONE WIFE)	2	
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS..... <input type="text"/> <input type="text"/>		
407	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>a) Please tell me the name of (your wife/the woman you are living with as if married).</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> <p>b) Please tell me the name of your (first/next) wife or woman you are living with as if married.</p> </div> </div> <p>RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR THE (FIRST/NEXT) WIFE OR LIVE-IN PARTNER.</p> <p>IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.</p>	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NAME</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> </div> <div style="width: 10%;"> <p>LINE NUMBER</p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> </div> <div style="width: 45%;"> <p>AGE</p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> <p><input type="text"/> <input type="text"/></p> </div> </div>		<p>408</p> <p>How old was (NAME/this wife or partner) on her last birthday?</p>
408	<p>How old was (NAME/this wife or partner) on her last birthday?</p> <p>RETURN TO 407 FOR THE NEXT WIFE OR LIVE-IN PARTNER.</p>			
409	<p>CHECK 407:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>↓</p> </div> <div style="text-align: center;"> <p>MORE THAN ONE WIFE/ PARTNER <input type="checkbox"/></p> <p>→ 411</p> </div> </div>			
410	Have you been married or lived with a woman only once or more than once?	MORE THAN ONCE	1	
		ONLY ONCE	2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	<p>CHECK 405 AND 410:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>BOTH ARE <input type="checkbox"/> CODE '2'</p> <p>a) In what month and year did you start living with your (wife/partner)?</p> </div> <div style="text-align: center;"> <p>OTHER <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?</p> </div> </div>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 413
412	How old were you when you first started living with her?	AGE <input type="text"/> <input type="text"/>	
413	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	→ 501
415	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1 <input type="text"/> <input type="text"/></p> <p>WEEKS AGO 2 <input type="text"/> <input type="text"/></p> <p>MONTHS AGO 3 <input type="text"/> <input type="text"/></p> <p>YEARS AGO 4 <input type="text"/> <input type="text"/></p>	→ 429
416	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid a pregnancy?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 418
417	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	→ 419
418	<p>What method did you or your partner use?</p> <p>RECORD ALL MENTIONED.</p> <p>IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 420 EVEN IF ANOTHER METHOD WAS ALSO USED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>MALE CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	→ 420
419	The last time you had sexual intercourse, was a male or female condom used?	<p>YES 1</p> <p>NO 2</p>	→ 422

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
420	<p>What was the brand name of the condom used?</p> <p>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.</p>	<p>SURE 01</p> <p>DUREX 02</p> <p>KISS 03</p> <p>TRUST 04</p> <p>POWER PLAY 05</p> <p>ROUGH RIDER 06</p> <p>LIFEGUARD 07</p> <p>FC2 FEMALE CONDOM 08</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
421	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE CLINIC 15</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 16</p> <p>OTHER PUBLIC SECTOR 17</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR 27</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR 36</p> <p align="center">(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO MOBILE CLINIC 43</p> <p>OTHER FBO MEDICAL SECTOR 46</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIEND/RELATIVE 53</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
422	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>WIFE 1</p> <p>LIVE-IN PARTNER 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6 (SPECIFY)</p>	
423	<p>Apart from this person, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 429
424	<p>The last time you had sexual intercourse with this second person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
425	<p>What was your relationship to this second person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>WIFE 1</p> <p>LIVE-IN PARTNER 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6 (SPECIFY)</p>	
426	<p>Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p>	→ 429
427	<p>The last time you had sexual intercourse with this third person, was a condom used?</p>	<p>YES 1</p> <p>NO 2</p>	
428	<p>What was your relationship to this third person with whom you had sexual intercourse?</p> <p>IF GIRLFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>WIFE 1</p> <p>LIVE-IN PARTNER 2</p> <p>GIRLFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER 6 (SPECIFY)</p>	
429	<p>In total, with how many different people have you had sexual intercourse in your lifetime?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.</p>	<p>NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
501	CHECK 401: CURRENTLY MARRIED OR <input type="checkbox"/> NOT CURRENTLY MARRIED <input type="checkbox"/> LIVING WITH A PARTNER ↓ AND NOT LIVING WITH A PARTNER	→ 514									
502	CHECK 418: MAN NOT STERILIZED <input type="checkbox"/> MAN <input type="checkbox"/> OR QUESTION NOT ASKED ↓ STERILIZED	→ 514									
503	CHECK 407: ONE WIFE/ <input type="checkbox"/> MORE THAN <input type="checkbox"/> PARTNER ↓ ONE WIFE/ PARTNER	→ 509									
504	Is your (wife/partner) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 507								
505	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
506	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
507	CHECK 208: <div style="display: flex; justify-content: space-between;"><div>HAS FATHERED <input type="checkbox"/> CHILDREN ↓ a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?</div><div>HAS NOT FATHERED <input type="checkbox"/> CHILDREN ↓ b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?</div></div>	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 WIFE/PARTNER STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	→ 514								
508	CHECK 208: <div style="display: flex; justify-content: space-between;"><div>HAS FATHERED <input type="checkbox"/> CHILDREN ↓ a) How long would you like to wait from now before the birth of another child?</div><div>HAS NOT FATHERED <input type="checkbox"/> CHILDREN ↓ b) How long would you like to wait from now before the birth of a child?</div></div>	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> SOON/NOW 993 SAYS COUPLE CAN'T GET PREGNANT 994 OTHER 996 (SPECIFY) DON'T KNOW 998									→ 514
509	Are any of your (wives/partners) currently pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 512								

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
510	Now I have some questions about the future. After the child you and your (wife/partner) are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 514								
511	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW993 OTHER 996 (SPECIFY) DON'T KNOW998									→ 514
512	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> a) Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS COUPLE CAN'T GET PREGNANT 3 (WIFE/WIVES/PARTNER(S)) STERILIZED 4 RESPONDENT STERILIZED 5 UNDECIDED/DON'T KNOW 8	→ 514								
513	CHECK 208: HAS FATHERED CHILDREN <input type="checkbox"/> a) How long would you like to wait from now before the birth of another child? HAS NOT FATHERED CHILDREN <input type="checkbox"/> b) How long would you like to wait from now before the birth of a child?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> SOON/NOW993 SAYS COUPLE CAN'T GET PREGNANT994 OTHER 996 (SPECIFY) DON'T KNOW998									
514	CHECK 203 AND 205: HAS LIVING CHILDREN <input type="checkbox"/> a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN <input type="checkbox"/> b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE 00 NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> OTHER96 (SPECIFY)			→ 601 → 601						
515	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER .. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> OTHER96 (SPECIFY)									

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
601	Have you done any work in the last 7 days?	YES 1 NO 2	→ 604							
602	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES 1 NO 2	→ 604							
603	Have you done any work in the last 12 months?	YES 1 NO 2	→ 607							
604	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____								
605	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3								
606	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 607							
606A	How much did you receive in cash or kind for this work last month?	VALUE (KSH) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> DID NOT WORK IN LAST MONTH 9999995 DON'T KNOW 9999998								
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER <input type="checkbox"/>		→ 612							
608	CHECK 606: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 610							
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)								
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6								
611	Who usually makes decisions about making major household purchases?	RESPONDENT 1 WIFE/PARTNER 2 RESPONDENT AND WIFE/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6								

SECTION 6. EMPLOYMENT AND GENDER ROLES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
612	Do you own this or any other house either alone or jointly with someone else?	OWN ONE HOUSE ALONE 01 OWN MORE THAN ONE HOUSE ALONE 02 JOINTLY WITH WIFE/PARTNER ONLY 03 JOINTLY WITH SOMEONE ELSE ONLY 04 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 05 BOTH ALONE AND JOINTLY 06 DOES NOT OWN 07	→ 615
613	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 615
614	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
615	Do you own any agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 617A
616	Do you have a title deed or other legally recognized document by the government for the agricultural land you own?	YES 1 NO 2 DON'T KNOW 8	→ 617A
617	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
617A	Do you own any non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH WIFE/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH WIFE/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 618
617B	Do you have a title deed or other legally recognized document by the government for the non-agricultural land you own?	YES 1 NO 2 DON'T KNOW 8	→ 618
617C	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
618	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out or leaves the house without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? f) If she refuses to cook? g) If she comes home late? h) If she is unfaithful to him?	<div> <div>YES</div> <div>NO</div> <div>DK</div> </div> a) GOES OUT 1 2 8 b) NEGLECTS CHILDREN 1 2 8 c) ARGUES 1 2 8 d) REFUSES SEX 1 2 8 e) BURNS FOOD 1 2 8 f) REFUSAL TO COOK 1 2 8 g) COMING HOME LATE 1 2 8 h) UNFAITHFUL 1 2 8	
619	As far as you know did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	
619A	As far as you know, did your mother ever beat or hit your father?	YES 1 NO 2 DON'T KNOW 8	

SECTION 7. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
700	Now I would like to talk about HIV and AIDS.		
701	Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 729
702	CHECK 111: AGE <div style="display: flex; justify-content: space-around; align-items: center;"> 15-34 YEARS <input type="checkbox"/> 35 YEARS OR OLDER <input type="checkbox"/> </div>		→ 708
703	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
704	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
705	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
706	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
708	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	
709	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
710	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 712
711	Do you approve of people who take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
712	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
713	Have you ever been tested for HIV?	YES 1 NO 2	→ 721
714	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

SECTION 7. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>STAND-ALONE HTC/VCT CENTER 13</p> <p>GOVERNMENT DISPENSARY 14</p> <p>MOBILE HTC SERVICES 15</p> <p>OTHER PUBLIC SECTOR 16</p> <p>_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>STAND-ALONE HTC/VCT CENTER 24</p> <p>PHARMACY 25</p> <p>MOBILE HTC SERVICES 26</p> <p>OTHER PRIVATE MEDICAL SECTOR 27</p> <p>_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>NGO STAND-ALONE HTC/VCT CENTER .. 33</p> <p>OTHER NGO MEDICAL SECTOR 36</p> <p>_____ (SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO STAND-ALONE HTC/VCT CENTER .. 33</p> <p>OTHER FBO MEDICAL SECTOR 46</p> <p>_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 51</p> <p>WORKPLACE 52</p> <p>CORRECTIONAL FACILITY 53</p> <p>OTHER 96</p> <p>_____ (SPECIFY)</p>	
716	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 720
717	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p>	} → 720
718	In what month and year did you receive your first HIV-positive test result?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS MOST RECENT HIV TEST .. 95</p>	
719	<p>Are you currently taking ARVs, that is antiretroviral medicines?</p> <p>By currently, I mean that you may have missed some doses but you are still taking ARVs.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 7. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
720	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>																			
721	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 723																		
722	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2																			
723	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																			
724	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																			
725	CHECK 717: CODE '1' <input type="checkbox"/> CIRCLED ↓	OTHER <input type="checkbox"/> → 729																			
726	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2																			
727	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE 1 DISAGREE 2																			
728	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months: a) People have talked badly about you because of your HIV status. b) Someone else disclosed your HIV status without your permission. c) You have been verbally insulted, harassed, or threatened because of your HIV status. d) Healthcare workers talked badly about you because of your HIV status. e) Healthcare workers yelled at you, scolded you, called you names, or verbally abused you in another way because of your HIV status.	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) PEOPLE TALK BADLY</td><td>1</td><td>2</td></tr> <tr> <td>b) DISCLOSED STATUS</td><td>1</td><td>2</td></tr> <tr> <td>c) VERBALLY INSULTED</td><td>1</td><td>2</td></tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY</td><td>1</td><td>2</td></tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) PEOPLE TALK BADLY	1	2	b) DISCLOSED STATUS	1	2	c) VERBALLY INSULTED	1	2	d) HEALTHCARE WORKERS TALKED BADLY	1	2	e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2	
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a) PEOPLE TALK BADLY	1	2																			
b) DISCLOSED STATUS	1	2																			
c) VERBALLY INSULTED	1	2																			
d) HEALTHCARE WORKERS TALKED BADLY	1	2																			
e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2																			
729	CHECK 701: HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> ↓ b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2																			

SECTION 7. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
730	CHECK 414: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	 → 735																			
731	CHECK 729: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>	 → 733																			
732	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8																			
733	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES 1 NO 2 DON'T KNOW 8																			
734	Sometimes men have a sore or ulcer on or near their penis. During the last 12 months, have you had a sore or ulcer on or near your penis?	YES 1 NO 2 DON'T KNOW 8																			
735	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8																			
736	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8																			
736A	Have you ever heard about an illness called tuberculosis or TB?	YES 1 NO 2	→ 801																		
736B	Do all people with TB have HIV?	YES 1 NO 2 DON'T KNOW 8																			
736C	In the last 12 months, have you been diagnosed with TB?	YES 1 NO 2 DON'T KNOW 8	→ 801																		
736D	How long did it take you to be diagnosed with TB after visiting a facility?	DAYS 1 <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></table> WEEKS 2 <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></table> MONTHS 3 <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></table> DON'T KNOW 998																			
736E	After you were diagnosed with TB, were other members of your household screened for TB?	YES 1 NO 2 LIVES ALONE/NO OTHER HOUSEHOLD MEMBERS 3 DON'T KNOW 8																			
736F	After you were diagnosed with TB, were any children under age 5 years in your household initiated on treatment to prevent them from developing TB?	YES 1 NO 2 NO CHILDREN UNDER 5 IN HOUSEHOLD 3 DON'T KNOW 8																			

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised. Are you circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 806
802	Some men are traditionally circumcised by a traditional practitioner, family member or friend. Are you traditionally circumcised?	YES 1 NO 2 DON'T KNOW 8	→ 804
803	How old were you when you got traditionally circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
804	CHECK 802: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO / DON'T KNOW <input type="checkbox"/> ↓ </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a) Some men are also medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you also medically </div> <div style="width: 45%;"> b) Some men are medically circumcised, that is, the foreskin is completely removed from the penis by a healthcare worker. Are you medically circumcised? </div> </div>	YES 1 NO 2 DON'T KNOW 8	→ 806
805	How old were you when you got medically circumcised?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DURING CHILDHOOD (<5 YEARS) 95 DON'T KNOW 98	
806	Do you currently smoke tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 809 → 808
807	In the past, have you smoked tobacco every day?	YES 1 NO 2	→ 810
808	In the past, have you ever smoked tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 811
809	On average, how many of the following products do you currently smoke each day? Also, let me know if you use the product, but not every day. IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'. a) Manufactured cigarettes? b) Hand-rolled cigarettes? c) Rolled, unfiltered cigarettes? d) Pipes full of tobacco? e) Cigars, cheroots, or cigarillos? f) Number of shisha or water pipe sessions? g) Any others? <div style="text-align: center; border-top: 1px solid black; margin-top: 5px;">(SPECIFY)</div>	<div style="text-align: right; margin-bottom: 5px;">NUMBER DAILY</div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> a) MANUFACTURED CIGARETTES b) HAND-ROLLED CIGARETTES c) ROLLED, UNFILTERED CIGARETTES d) PIPES FULL OF TOBACCO e) CIGARS, CHEROOTS, OR CIGARILLOS f) NUMBER OF WATER PIPE SESSIONS g) OTHERS </div> <div style="width: 45%;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 60px; height: 20px;"></div> </div> </div>	→ 811

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>On average, how many of the following products do you currently smoke each week? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Manufactured cigarettes?</p> <p>b) Hand-rolled cigarettes?</p> <p>c) Rolled, unfiltered cigarettes?</p> <p>d) Pipes full of tobacco?</p> <p>e) Cigars, cheroots, or cigarillos?</p> <p>f) Number of shisha or water pipe sessions?</p> <p>g) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="right">NUMBER WEEKLY</p> <p>a) MANUFACTURED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) HAND-ROLLED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) ROLLED, UNFILTERED CIGARETTES <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) PIPES FULL OF TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) CIGARS, CHEROOTS, OR CIGARILLOS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>f) NUMBER OF WATER PIPE SESSIONS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>g) OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
811	Do you currently use smokeless tobacco every day, some days, or not at all?	<p>EVERY DAY 1</p> <p>SOME DAYS 2</p> <p>NOT AT ALL 3</p>	<p>→ 813</p> <p>→ 814</p>
812	<p>On average, how many times a day do you use the following products? Also, let me know if you use the product, but not every day.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY DAY, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco or Kuber?</p> <p>e) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="right">TIMES DAILY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO (KUBER) .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	<p>→ 814</p>

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	<p>On average, how many times a week do you use the following products? Also, let me know if you use the product, but not every week.</p> <p>IF RESPONDENT REPORTS USING THE PRODUCT BUT NOT EVERY WEEK, RECORD '888'. IF THE PRODUCT IS NOT USED AT ALL, RECORD '000'.</p> <p>a) Snuff, by mouth?</p> <p>b) Snuff, by nose?</p> <p>c) Chewing tobacco?</p> <p>d) Betel quid with tobacco or Kuber?</p> <p>e) Any others?</p> <p align="center">_____ (SPECIFY)</p>	<p align="right">TIMES WEEKLY</p> <p>a) SNUFF, BY MOUTH <input type="text"/> <input type="text"/> <input type="text"/></p> <p>b) SNUFF, BY NOSE <input type="text"/> <input type="text"/> <input type="text"/></p> <p>c) CHEWING TOBACCO <input type="text"/> <input type="text"/> <input type="text"/></p> <p>d) BETEL QUID WITH TOBACCO (KUBER) .. <input type="text"/> <input type="text"/> <input type="text"/></p> <p>e) ANY OTHERS <input type="text"/> <input type="text"/> <input type="text"/></p>	
814	<p>Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, changáa, busaa, muratina, mnazi, or Keg?</p>	<p>YES 1</p> <p>NO 2</p>	→ 816A
815	<p>We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of changáa, busaa, muratina, mnazi, or Keg. During the last one month, on how many days did you have at least one drink of alcohol?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.</p>	<p>DID NOT HAVE EVEN ONE DRINK 00</p> <p>NUMBER OF DAYS <input type="text"/> <input type="text"/></p> <p>EVERY DAY/ALMOST EVERY DAY 95</p>	→ 816A
816	<p>In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?</p>	<p>NUMBER OF DRINKS <input type="text"/> <input type="text"/></p>	
816A	<p>In a typical week, how many days do you do moderate to vigorous intensity activity?</p> <p>USE SHOW CARD TO EXPLAIN MODERATE AND VIGOROUS INTENSITY ACTIVITIES</p>	<p>NUMBER OF DAYS <input type="text"/></p> <p>NONE 0</p>	→ 816C
816B	<p>In a typical week, how many minutes do you do moderate to vigorous intensity activity?</p> <p>USE SHOW CARD TO EXPLAIN MODERATE AND VIGOROUS INTENSITY ACTIVITIES</p>	<p>MINUTES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
816C	<p>In a typical day, how many hours do you spend seated?</p>	<p>HOURS <input type="text"/> <input type="text"/></p>	

SECTION 9. CHRONIC DISEASE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
CD02	Have you ever been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ CD07
CD05	Are you taking medication to control your blood pressure?	YES 1 NO 2	
CD07	Have you ever been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ CD11
CD10	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	
CD11	Have you ever been told by a doctor or other healthcare worker that you have heart disease or a chronic heart condition?	YES 1 NO 2	→ CD13
CD12	Are you receiving any treatment for your heart disease or chronic heart condition?	YES 1 NO 2	
CD13	Have you ever been told by a doctor or other healthcare worker that you have lung disease or a chronic lung condition?	YES 1 NO 2	→ CD15
CD14	Are you receiving any treatment for your lung disease or chronic lung condition?	YES 1 NO 2	
CD15	Have you ever been told by a doctor or other healthcare worker that you have prostate cancer?	YES 1 NO 2	→ CD17
CD16	Are you receiving any treatment for prostate cancer?	YES 1 NO 2	
CD17	Have you ever been told by a doctor or other healthcare worker that you have: a) Depression? b) Anxiety?	<div style="text-align: right; margin-bottom: 5px;">YES NO</div> a) DEPRESSION 1 2 b) ANXIETY 1 2	
CD18	CHECK CD17 (a-b): <div style="text-align: center;"> AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> 'YES' ↓ 'YES' → </div>		→ CD20
CD19	Are you receiving any treatment for depression or anxiety?	YES 1 NO 2	
CD20	Have you ever been told by a doctor or other healthcare worker that you have arthritis?	YES 1 NO 2	→ GCM1
CD21	Are you receiving any treatment for arthritis?	YES 1 NO 2	

SECTION 10. FEMALE GENITAL CUTTING/MUTILATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
GCM1	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES	1		→ GCM3
		NO	2		
GCM2	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES	1		→ DV00
		NO	2		
GCM3	Do you believe that female circumcision is required by your: a) Culture? b) Society? c) Religion?	YES	NO	DK	
		a) CULTURE	1	2	8
		b) SOCIETY	1	2	8
		c) RELIGION	1	2	8
GCM4	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED	1		
		STOPPED	2		
		DEPENDS	3		
		DON'T KNOW	8		

SECTION 11. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
DV00	CHECK COVER PAGE: MAN SELECTED FOR DV MODULE? MAN SELECTED <input type="checkbox"/> FOR THIS SECTION MAN <input type="checkbox"/> NOT SELECTED		1200																														
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2		DV34																														
DV02	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.																																
DV03	CHECK 401 AND 402: NEVER MARRIED/ NEVER LIVED WITH A WOMAN <input type="checkbox"/> CURRENTLY MARRIED/ LIVING WITH A WOMAN <input type="checkbox"/> PREVIOUSLY MARRIED/ LIVED WITH A WOMAN (READ IN PAST TENSE AND USE 'LAST' WITH 'WIFE/ FEMALE PARTNER') <input type="checkbox"/>		DV06 DV06																														
DV04	You have said that you are not married and are not living with a woman as if married. Are you currently in an intimate relationship with a woman even though you are not living with her?	YES 1 NO 2	DV06																														
DV05	Have you ever been in an intimate relationship with a woman even though you did not ever live with her?	YES 1 NO 2	DV19																														
DV06	Now, I am going to ask you about some situations that can happen between some men and their (wife/female partner). A. Please tell me if these descriptions apply to your relationship with your (last) (wife/female partner). B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																
		<table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME-TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) She (is/was) jealous or angry if you (talk/talked) to other women.</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) She wrongly (accuses/accused) you of being unfaithful.</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c) She (does/did) not permit you to meet your male friends.</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>d) She (tries/tried) to limit your contact with your family.</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>e) She (insists/insisted) on knowing where you (are/were) at all times.</td><td>YES 1 NO 2 ↓</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) She (is/was) jealous or angry if you (talk/talked) to other women.	YES 1 NO 2 ↓	→ 1	2	3	b) She wrongly (accuses/accused) you of being unfaithful.	YES 1 NO 2 ↓	→ 1	2	3	c) She (does/did) not permit you to meet your male friends.	YES 1 NO 2 ↓	→ 1	2	3	d) She (tries/tried) to limit your contact with your family.	YES 1 NO 2 ↓	→ 1	2	3	e) She (insists/insisted) on knowing where you (are/were) at all times.	YES 1 NO 2 ↓	→ 1	2	3	
	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS																													
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e) She (insists/insisted) on knowing where you (are/were) at all times.	YES 1 NO 2 ↓	→ 1	2	3																													

SECTION 11. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
DV07	<p>Now I need to ask some more questions about your relationship with your (last) (wife/female partner).</p> <p>A. Did your (last) (wife/female partner) ever:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>				
		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) say or do something to humiliate you in front of others?	YES 1 NO 2 ↓	→ 1	2	3	
	b) threaten to hurt or harm you or someone you care about?	YES 1 NO 2 ↓	→ 1	2	3	
	c) insult you or make you feel bad about yourself?	YES 1 NO 2	→ 1	2	3	
	d) Restrict or exploit or sabotage your ability to acquire or access or maintain economic resources?	YES 1 NO 2 ↓	→ 1	2	3	
DV08	<p>A. Did your (last) (wife/female partner) ever do any of the following things to you:</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p>				
		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	
	a) push you, shake you, or throw something at you?	YES 1 NO 2 ↓	→ 1	2	3	
	b) slap you?	YES 1 NO 2 ↓	→ 1	2	3	
	c) twist your arm or poke?	YES 1 NO 2 ↓	→ 1	2	3	
	d) punch you with her fist or with something that could hurt you?	YES 1 NO 2 ↓	→ 1	2	3	
	e) kick you, drag you, or beat you up?	YES 1 NO 2 ↓	→ 1	2	3	
	f) try to choke you or burn you on purpose?	YES 1 NO 2 ↓	→ 1	2	3	
	g) attack you with a knife, gun, or other weapon?	YES 1 NO 2 ↓	→ 1	2	3	
	h) physically force you to have sexual intercourse with her when you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	
	i) physically force you to perform any other sexual acts you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	
	j) force you with threats or in any other way to perform sexual acts you did not want to?	YES 1 NO 2 ↓	→ 1	2	3	

SECTION 11. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV09	CHECK DV08A (a-j): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> </div> <div style="text-align: center;"> NOT A SINGLE 'YES' <input type="checkbox"/> </div> </div>		→ DV11
DV10	Did the following ever happen as a result of what your (last) (wife/female partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury? d) You felt humiliated, stressed, isolated, lonely, anxious or any other form of emotional harm?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (wife/female partner) at times when she was not already beating or physically hurting you?	YES 1 NO 2	→ DV13
DV12	In the last 12 months, how often have you done this to your (last) (wife/female partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
DV13	Does (did) your (last) (wife/female partner) drink alcohol?	YES 1 NO 2	→ DV15
DV14	How frequently does (did) she get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
DV15	Are (Were) you afraid of your (last) (wife/female partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	

SECTION 11. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
DV16	<p>A. So far we have been talking about the behavior of your (current/last) (wife/female partner). Now I want to ask you about the behavior of any previous wife or any other current or previous female partner that you may have ever had.</p>	<p>B. How long ago did this last happen?</p> <table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td colspan="4">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6</td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2</td><td></td><td></td><td></td></tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6				YES 1	1	2	3	NO 2				YES 1	1	2	3	NO 2				YES 1	1	2	3	NO 2				YES 1	1	2	3	NO 2				
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	<p>a) Did any previous wife or any other current or previous female partner ever hit, slap, kick, or do anything else to hurt you physically?</p> <p>b) Did any previous wife or any other current or previous female partner physically force you to have intercourse or perform any other sexual acts that you did not want to?</p> <p>c) Did any previous wife or any other current or previous female partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?</p> <p>d) Did any previous wife or any other current or previous female partner restrict or exploit or sabotage your ability to acquire or access or maintain economic resources?</p>																																										
DV17	<p>CHECK DV08A (h-j) AND DV16A (b):</p> <p align="center">AT LEAST ONE <input type="checkbox"/> 'YES' ↓</p>	<p align="center">NOT A SINGLE <input type="checkbox"/> YES →</p>	DV19																																								
DV18	<p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous wife or female partner?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																																									
DV19	<p>CHECK 401 AND 402 AND DV04 AND DV05:</p> <table border="1"> <thead> <tr> <th>EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER</th><th>NEVER MARRIED/ NEVER HAD A FEMALE PARTNER</th></tr> </thead> <tbody> <tr> <td>a) From the time you were 15 years old, has anyone other than a wife or female partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any wife or any other female partner.</td><td>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</td></tr> </tbody> </table>	EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER	NEVER MARRIED/ NEVER HAD A FEMALE PARTNER	a) From the time you were 15 years old, has anyone other than a wife or female partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any wife or any other female partner.	b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	DV22																																				
EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER	NEVER MARRIED/ NEVER HAD A FEMALE PARTNER																																										
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SECTION 11. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV20	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT GIRLFRIEND F FORMER GIRLFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K SCHOOLMATE/CLASSMATE L EMPLOYER/SOMEONE AT WORK .. M POLICE/SOLDIER N OTHER _____ X (SPECIFY)	
DV21	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
DV22	CHECK 401 AND 402 AND DV04 AND DV05: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> EVER MARRIED/ EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="text-align: center;"> NEVER MARRIED/ NEVER HAD A FEMALE PARTNER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div>		→ DV24
DV23	At any time in your life, as a child or as an adult, has anyone other than any previous wife or any other current or previous female partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any wife or female partner.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV25 → DV27B
DV24	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV27B
DV25	CHECK 401 AND 402 AND DV04 AND DV05: <div style="display: flex;"> <div style="flex: 1;"> EVER MARRIED/EVER LIVED WITH A WOMAN/ EVER HAD A FEMALE PARTNER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> <div style="flex: 1; border-left: 1px dashed black; padding-left: 10px;"> NEVER MARRIED/ NEVER HAD A FEMALE PARTNER <div style="border: 1px solid black; width: 20px; height: 20px; margin: 0 auto;"></div> </div> </div> <div style="display: flex; margin-top: 10px;"> <div style="flex: 1;"> a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any wife or any other female partner? </div> <div style="flex: 1;"> b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to? </div> </div>	AGE IN COMPLETED YEARS <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> DON'T KNOW 98	

SECTION 11. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV26	<p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>SISTER/STEP-SISTER B</p> <p>OTHER RELATIVE C</p> <p>CURRENT GIRLFRIEND D</p> <p>FORMER GIRLFRIEND E</p> <p>IN-LAW F</p> <p>OWN FRIEND/ACQUAINTANCE .. G</p> <p>FAMILY FRIEND H</p> <p>TEACHER I</p> <p>SCHOOLMATE/CLASSMATE J</p> <p>EMPLOYER/SOMEONE AT WORK .. K</p> <p>POLICE/SOLDIER L</p> <p>RELIGIOUS LEADER M</p> <p>STRANGER N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>			
DV27	<p>CHECK 401 AND 402 AND DV04 AND DV05:</p> <table border="0"> <tr> <td> <p>EVER MARRIED/EVER <input type="checkbox"/></p> <p>LIVED WITH A WOMAN/</p> <p>EVER HAD A FEMALE</p> <p>PARTNER ↓</p> <p>a) In the last 12 months, has anyone other than any previous wife or any other current or previous female partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> <td> <p>NEVER MARRIED/ <input type="checkbox"/></p> <p>NEVER HAD A FEMALE</p> <p>PARTNER ↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER <input type="checkbox"/></p> <p>LIVED WITH A WOMAN/</p> <p>EVER HAD A FEMALE</p> <p>PARTNER ↓</p> <p>a) In the last 12 months, has anyone other than any previous wife or any other current or previous female partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>NEVER MARRIED/ <input type="checkbox"/></p> <p>NEVER HAD A FEMALE</p> <p>PARTNER ↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>YES 1</p> <p>NO 2</p> <p align="right">→ DV27B</p>	
<p>EVER MARRIED/EVER <input type="checkbox"/></p> <p>LIVED WITH A WOMAN/</p> <p>EVER HAD A FEMALE</p> <p>PARTNER ↓</p> <p>a) In the last 12 months, has anyone other than any previous wife or any other current or previous female partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>NEVER MARRIED/ <input type="checkbox"/></p> <p>NEVER HAD A FEMALE</p> <p>PARTNER ↓</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>				
DV27A	<p>At what place did these incidence(s) mostly happen?</p>	<p>IN MY OWN HOME 01</p> <p>SOME OTHER HOUSE OR</p> <p>APARTMENT 02</p> <p>ELSEWHERE IN A</p> <p>RESIDENTIAL BUILDING 03</p> <p>AT SCHOOL OR WORKPLACE 04</p> <p>CAFÉ/RESTAURANT/PUB/</p> <p>CLUB/DISCO 05</p> <p>IN A SHOP 06</p> <p>ELSEWHERE INDOORS 07</p> <p>IN THE STREET/SQUARE/PARKING</p> <p>LOT/OTHER PUBLIC PLACE .. 08</p> <p>IN PUBLIC TRANSPORT 09</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>			
DV27B	<p>If you ever experience any form of violence, where or from whom could you seek help?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>WIFE'S/PARTNER'S FAMILY B</p> <p>CURRENT/FORMER</p> <p>WIFE/PARTNER C</p> <p>CURRENT/FORMER GIRLFRIEND .. D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL .. H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION.. K</p> <p>THROUGH HELPLINES L</p> <p>SAFE SPACES/RESCUE CENTERS . M</p> <p>CHIEF/OTHER NGAOS N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>			

SECTION 11. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
DV28	CHECK DV08A (a-j), DV16A (a,b), DV19, DV23, AND DV24: AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/> 'YES' 'YES'		→ DV31A																
DV29	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	→ DV31																
DV30	From whom or where have you sought help? RECORD ALL MENTIONED.	OWN FAMILY A WIFE'S/PARTNER'S FAMILY B CURRENT/FORMER WIFE/PARTNER C CURRENT/FORMER GIRLFRIEND .. D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL .. H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION .. K THROUGH HELPLINES L SAFE SPACES/RESCUE CENTERS .. M CHIEF/OTHER NGAOS N OTHER X (SPECIFY)	→ DV31A																
DV31	Have you ever told any one about this?	YES 1 NO 2																	
DV31A	VERBALLY SHARE THE HOTLINE NUMBER 1195 SHOULD THE RESPONDENT EVER WISH TO SEEK HELP OR REPORT DOMESTIC VIOLENCE. THANK THE RESPONDENT FOR HIS COOPERATION AND REASSURE HIM ABOUT THE CONFIDENTIALITY OF HIS ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																		
DV33	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table> <tr> <td></td><td>YES, ONCE</td><td>YES, MORE THAN ONCE</td><td>NO</td></tr> <tr> <td>WIFE</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER FEMALE ADULT .</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>MALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	WIFE	1	2	3	OTHER FEMALE ADULT .	1	2	3	MALE ADULT	1	2	3	→ 1200
	YES, ONCE	YES, MORE THAN ONCE	NO																
WIFE	1	2	3																
OTHER FEMALE ADULT .	1	2	3																
MALE ADULT	1	2	3																
DV34	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE _____ _____ _____																		

FOLLOW-ON STUDY CONSENT

1200 In the coming days, another team from Kenya National Bureau of Statistics would like to visit you to ask you additional questions about health and health care services. The information will be used by the Government of Kenya to plan strategies and programs aimed at improving the health and health services in your community. Your permission is completely voluntary and you can withdraw this permission at any time. However, we hope you will agree.

Do you have any questions?
Do you agree to another visit by a Kenya National Bureau of Statistics team?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE REVISITED .. 1

RESPONDENT DOES NOT AGREE
TO BE REVISITED .. 2



1201	RECORD THE TIME.	HOURS	<input type="text"/>	<input type="text"/>
		MINUTES	<input type="text"/>	<input type="text"/>

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
