

2022 KENYA DEMOGRAPHIC AND HEALTH SURVEY (KDHS)
WOMAN'S QUESTIONNAIRE - SHORT VERSION

KENYA
KENYA NATIONAL BUREAU OF STATISTICS

SHORT

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="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD NUMBER	<input style="width: 60%;" type="text"/>			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NAME OF HOUSEHOLD HEAD	<input style="width: 90%;" type="text"/>			
NAME AND LINE NUMBER OF WOMAN	<input style="width: 60%;" type="text"/>			<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)	<input style="width: 60%;" type="text"/>			2
WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO)	<input style="width: 60%;" type="text"/>			
INTERVIEWER VISITS				
	1	2	3	FINAL VISIT
DATE	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	DAY <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">2</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> INT. NUMBER <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
INTERVIEWER'S NAME	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	
RESULT*	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	RESULT* <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
NEXT VISIT DATE TIME	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>		TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>
*RESULT CODES 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER <input style="width: 50px;" type="text"/> 3 POSTPONED 6 INCAPACITATED SPECIFY				
LANGUAGE OF QUESTIONNAIRE** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">0</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; text-align: center;">2</div> LANGUAGE OF INTERVIEW** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> NATIVE LANGUAGE OF RESPONDENT** <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> TRANSLATOR USED (YES = 1, NO = 2) <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>				
LANGUAGE OF QUESTIONNAIRE** KISWAHILI				
**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				
TEAM	TEAM SUPERVISOR			
<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>			
NUMBER	NAME NUMBER			

INTRODUCTION AND CONSENT

Hujambo, jina langu ni _____ na ninafanya kazi na shirika la Kitaifa la Takwimu la Kenya. Tunafanya utafiti kuhusu mambo ya afya na mambo mengine ya kijamii kote nchini Kenya. Habari tutakazokusanya zitaaidia serikali kupanga huduma za afya. Nyumba yako imechaguliwa kwa utafiti huu. Kwa kawaida maswali huchukua kadiri ya dakika 30 hadi 60. Majibu yako yote yatawekwa siri na hayataolewa kwa mtu yeyote isipokuwa watafiti wetu. Sio lazima ushiriki katika utafiti huu lakini tunataraji utajibu maswali hayo kwa sababu maoni yako ni muhimu. Nikikuuliza swali lolote ambalo hutaki kujibu, niambie na nitaliwacha na kwenda kwa swali litakalofuata au unaweza kusimamisha mahojiano haya wakati wowote.

Ikiwa una swali lolote kuhusu utafiti huu, unaweza kuwasiliana na mtu/watu aliyeorodheshwa/waliorodheshwa katika kadi ambayo tayari mumewachiwa hapa kwenu.

Je, una maswali yoyote?

Ninaweza kuanza mahojiano sasa?

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 MINUTES	
102	Je, ulizaliwa kwa kaunti gani? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE OUTSIDE OF KENYA 96	→ 104
103	Je, ulizaliwa nchi gani?	COUNTRY	
104	Umeishi hapa (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE) mfululizo kwa muda gani? IF LESS THAN ONE YEAR, RECORD '00'	YEARS ALWAYS/NEVER MOVED 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> 05 YEARS <input type="checkbox"/> OR MORE		→ 107
106	Ulihamia hapa mwezi na mwaka gani?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	
107	Kabla ya kuhamia hapa, Je uliishi kaunti gani? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE OUTSIDE OF KENYA 96	
108	Kabla ya kuhamia hapa, Je uliishi katika jiji kubwa, mjini au mashambani?	CITY (NAIROBI, KISUMU, MOMBASA, NAKURU) 1 TOWN 2 RURAL AREA 3	
109	Ni sababu gani kubwa iliyokufanya uhamie huku?	ECONOMIC REASONS/BUSINESS 01 EDUCATION/TRAINING 02 MARRIAGE 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON 04 FORCED DISPLACEMENT 05 OTHER 96 (SPECIFY)	

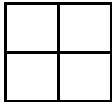
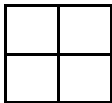
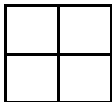



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	Ulizaliwa mwezi gani na mwaka gani?	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	Kufikia tarehe yako ya kuzaliwa iliyopita, ulikuwa umefika umri gani? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
112	Kwa jumla, unaweza sema afya yako ni nzuri sana, nzuri kiasi, kadiri, ni mbaya au ni mbaya zaidi?	VERY GOOD 1 GOOD 2 MODERATE..... 3 BAD 4 VERY BAD 5	
113	Umwahi kwenda shule?	YES 1 NO 2	→ 117
114	Ni kiwango gani cha juu zaidi cha shule ulichokwenda: ya msingi, ya upili, cha ufundi, au cha juu zaidi?	PRIMARY 1 SECONDARY/ 'A' LEVEL..... 2 MIDDLE LEVEL COLLEGE (CERTIFICATE/ DIPLOMA) 3 UNIVERSITY 4 VOCATIONAL TRAINING 5 INFORMAL EDUCATION (MADRASA/ ADULT BASIC) 6	
115	Ni (darasa la/ kidato cha/ miaka mingapi) ulilo/cho/yo maliza katika kiwango hicho? 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 <input type="checkbox"/>	COLLEGE OR <input type="checkbox"/> UNIVERSITY <input type="checkbox"/>	→ 119
117	Sasa ningependa unisomee sentensi hii. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Je, unaweza kunisomea sehemu yoyote ya sentensi hii?	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' <input type="checkbox"/> CIRCLED	→ 120

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	Je, wewe huwa unasoma gazeti au jarida angalau mara moja kwa wiki, chini ya mara moja kwa wiki ama husomi kabisa?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
120	Je, wewe huwa unasikiza radio angalau mara moja kwa wiki, chini ya mara moja kwa wiki ama husikizi kabisa?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
121	Je, wewe huwa unatizama runinga/televisheni angalau mara moja kwa wiki, chini ya mara moja kwa wiki ama husikizi kabisa?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
122	Je, unamiliki simu ya rununu?	YES 1 NO 2	→ 124
123	Je, simu yako ya rununu ni ni aina ya 'smart'?	YES 1 NO 2	
124	Je, kwa miezi kumi na miwili iliyopita, umetumia simu kufanya shughuli za kifedha, kwa mfano, kutuma au kupokea pesa, kulipa gharama, kununua bidhaa au huduma mbali mbali, au kupokea mishahara?	YES 1 NO 2	
125	Je, uko na akaunti kwa benki au kwa shirika lolote la kifedha, ambayo unatumia wewe mwenyewe?	YES 1 NO 2	→ 127
126	Je, kwa miezi kumi na miwili iliyopita, umeweka au kutoa pesa kwa hiyo akaunti wewe mwenyewe?	YES 1 NO 2	
127	Je, umewahi kutumia mtandao kutoka kwa sehemu yoyote ama kifaa chochote?	YES 1 NO 2	→ 130
128	Je, umetumia mtandao kwa miezi kumi na miwili iliyopita? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 130
129	Je, kwa mwezi mmoja uliopita, ulitumia mtandao kwa kiwango gani: karibu kila siku, chini ya mara moja kwa wiki ama haukutumia kabisa?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	Je, dini yako ni gani?	CATHOLIC 01 PROTESTANT 02 EVANGELICAL CHURCHES 03 AFRICAN INSTITUTED CHURCHES 04 ORTHODOX 05 OTHER CHRISTIAN 06 ISLAM 07 HINDU 08 TRADITIONISTS 09 NO RELIGION/ ATHEISTS 10 OTHER RELIGION _____ 96 (SPECIFY)	
131	Je, kabila lako ni gani?	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	Sasa ningependa kukuuliza kuhusu mimba zote ulizozaa katika maisha yako. Je, umewahi kuzaa?	YES 1 NO 2	→ 206
202	Je, una watoto wa kiume au wa kike wowote uliowazaa ambao kwa hivi sasa unaishi nao hapa?	YES 1 NO 2	→ 204
203	a) Ni watoto wangapi wa kiume unaishi nao? b) Ni watoto wangapi wa kike unaishi nao? IF NONE, RECORD '00'.	a) SONS AT HOME b) DAUGHTERS AT HOME 	
204	Je, una watoto wa kiume au wa kike wowote uliowazaa walio hai ambao kwa hivi sasa hawaishi na wewe hapa?	YES 1 NO 2	→ 206
205	a) Ni watoto wangapi wa kiume walio hai ambao hawaishi na wewe hapa? b) Ni watoto wangapi wa kike walio hai ambao hawaishi na wewe hapa? IF NONE, RECORD '00'.	a) SONS ELSEWHERE b) DAUGHTERS ELSEWHERE 	
206	Je, umewahi kuzaa mtoto wa kiume au wa kike, akiwa hai lakini akafariki baadaye? IF NO, PROBE: Kuna mtoto yeyote aliyelia au kuonyesha dalili ya uhai hata kama ni kwa muda mfupi, lakini hakuishi?	YES 1 NO 2	→ 208
207	a) Ni watoto wangapi wa kiume walifariki? b) Ni watoto wangapi wa kike walifariki? IF NONE, RECORD '00'.	a) BOYS DEAD b) GIRLS DEAD 	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS 	
209	CHECK 208: Ili kuhakikisha kuwa nimepata idadi sahihi: Kwa JUMLA, uliwahi kupata watoto _____ katika maisha yako. Je, hiyo ni sawa? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.		
210	Wakati mwingine wanawake hupata mimba ambayo haijaliwi mtoto aliye hai. Kwa mfano, mimba inaweza kuharibika/kutoka, kutolewa ama mtoto kuzaliwa akiwa amefariki tumboni? Je, umewahi kupata mimba ambayo haikujalia mtoto aliyehai?	YES 1 NO 2	→ 212
211	Je, ni mimba ngapi umewahi kuwa nazo ambazo zilitoka/kuharibika, kutolewa ama mtoto kuzaliwa akiwa amefariki tumboni?	PREGNANCY LOSSES 	
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOME 	
213	CHECK 212: ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> NO PAST PREGNANCIES <input type="checkbox"/>		→ 232

SECTION 2. REPRODUCTION

<p>214 Sasa ningependa kuorodhesha mimba zote umewahi kupata ikijumulisha wale watoto umezaa wakiwa na uhai, na ile iliyoharibika/kutoka, kutolewa ama mtoto kuzaliwa akiwa amefariki tumboni. Tutaanza na ile mimba yako ya kwanza kabisa.</p> <p align="center">RECORD ALL PREGNANCIES IN 215-228. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 3 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE.</p>							
215	216	217	218	219	220	221	222
<p>Kumbuka mimba yako ya (kwanza/iliyofu ata). Je ilikuwa mimba ya mtoto mmoja, mapacha, ama watoto watatu?</p> <p>IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROW(S) PREGNANCY HISTORY LINE NUMBER</p>	<p>IF 215=1, ASK: Je, mtoto alizaliwa akiwa na uhai, akiwa amefariki ama mimba iliyoharibika, ilitoka au ilitolewa?</p> <p>IF 215 > 1, ASK: Je, mtoto huyu wa (kwanza/aliyefuata) alizaliwa akiwa na uhai au akiwa amefariki?</p>	<p>Je, mtoto alilia, au kuonye sha dalili za uhai kama kupumua au kusonga?</p>	<p>Huyu mtoto alipewa jina gani/lipi?</p> <p>RECORD NAME.</p>	<p>Je, (NAME) ni wa kiume au kike?</p> <p>CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.</p> <p>NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE. IF BORN ALIVE, ASK: (NAME) alizaliwa siku, mwezi na mwaka gani?</p> <p>IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: Ni siku, mwezi na mwaka gani mimba ilikatika?</p>	<p>Je, mimba ilikaa majuma mangapi au miezi mingapi?</p> <p>RECORD IN COMPLETED WEEKS OR MONTHS.</p>	<p>FOR ROW 01, ASK: Je, kulikuwana mimba ingine kabla ya hii mimba?</p> <p>AFTER ROW 01:</p> <p>IF 215=1 OR THIS IS THE FIRST BIRTH OF A MULTIPLE PREGNANCY, ASK: Je, kuliwa na mimba ingine katikati ya mimba iliyopita na hii mimba?</p> <p>IF 215 > 1 AND THIS IS NOT THE FIRST BIRTH OF THE PREGNANCY, SKIP TO 216 IN NEXT ROW.</p>	
<p>01 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT-COMES <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) <input type="checkbox"/></p> <p>BORN DEAD 2 <input type="checkbox"/></p> <p>MISCARRIAGE 3 (SKIP TO 220) <input type="checkbox"/></p> <p>ABORTION 4 <input type="checkbox"/></p>	<p>YES 1 <input type="checkbox"/></p> <p>NO 2 <input type="checkbox"/></p> <p>(SKIP TO 220)</p>	<p>NAME <input type="text"/></p>	<p>BOY 1 <input type="checkbox"/></p> <p>GIRL 2 <input type="checkbox"/></p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>	<p>YES 1 (ADD PREGNANCY) <input type="checkbox"/></p> <p>NO 2 (NEXT PREGNANCY) <input type="checkbox"/></p>
<p>02 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT-COMES <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) <input type="checkbox"/></p> <p>BORN DEAD 2 <input type="checkbox"/></p> <p>MISCARRIAGE 3 (SKIP TO 220) <input type="checkbox"/></p> <p>ABORTION 4 <input type="checkbox"/></p>	<p>YES 1 <input type="checkbox"/></p> <p>NO 2 <input type="checkbox"/></p> <p>(SKIP TO 220)</p>	<p>NAME <input type="text"/></p>	<p>BOY 1 <input type="checkbox"/></p> <p>GIRL 2 <input type="checkbox"/></p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>	<p>YES 1 (ADD PREGNANCY) <input type="checkbox"/></p> <p>NO 2 (NEXT PREGNANCY) <input type="checkbox"/></p>
<p>03 SING 1</p> <p>TWINS 2</p> <p>TRIP 3</p> <p>NO. OF OUT-COMES <input type="text"/></p>	<p>BORN ALIVE 1 (SKIP TO 218) <input type="checkbox"/></p> <p>BORN DEAD 2 <input type="checkbox"/></p> <p>MISCARRIAGE 3 (SKIP TO 220) <input type="checkbox"/></p> <p>ABORTION 4 <input type="checkbox"/></p>	<p>YES 1 <input type="checkbox"/></p> <p>NO 2 <input type="checkbox"/></p> <p>(SKIP TO 220)</p>	<p>NAME <input type="text"/></p>	<p>BOY 1 <input type="checkbox"/></p> <p>GIRL 2 <input type="checkbox"/></p>	<p>DAY <input type="text"/></p> <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>	<p>YES 1 (ADD PREGNANCY) <input type="checkbox"/></p> <p>NO 2 (NEXT PREGNANCY) <input type="checkbox"/></p>
222A	<p>Je, umekuwa na mimba zingine ambazo zilikatika baada ya hiyo ambayo umeitaja?</p> <p>YES <input type="checkbox"/> → ADD TO TABLE</p> <p>NO <input type="checkbox"/> → GO TO 223, ROW 1</p>						

SECTION 2. REPRODUCTION

	223	224	225	226	227	228
			IF BORN ALIVE AND STILL LIVING:			IF BORN ALIVE AND NOW DEAD:
	CHECK 216, 217 AND 221: IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE. IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE. IF 216=4, THEN PREGNANCY OUTCOME = ABORTION.	Je, (NAME) bado yuko hai?	Kufikia tarehe yake ya kuzaliwa iliyopita, (NAME) alikuwa amefika umri gani? RECORD AGE IN COMPLETED YEARS.	Je, (NAME) anaishi na wewe?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	Je, (NAME) alikuwa na umri gani alipofariki? IF '12 MONTHS' OR '1 YR', ASK: Je (NAME) alikuwa amefika siku yake ya kwanza ya kuzaliwa? THEN ASK: Je, (NAME) alikuwa na umri wa miezi ngapi alipofariki? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 ↓ (SKIP TO 228)	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)
02	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 ↓ (SKIP TO 228)	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)
03	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 ↓ (SKIP TO 228)	AGE IN YEARS [][]	YES 1 NO 2	HOUSEHOLD LINE NUMBER [][] ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 [][] MONTHS 2 [][] YEARS 3 [][] (SKIP TO 223 IN NEXT ROW)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p>COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p>NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p> <p>NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p>(PROBE AND RECONCILE) ←</p>		
232	Je, uko na mimba kwa sasa?	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	→ 301
234	Je, ulipopata hii mimba, ulitaka kupata mimba kwa wakati huo?	<p>YES 1</p> <p>NO 2</p>	→ 301
235	<p>CHECK 208: TOTAL NUMBER OF LIVE</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) Je, ulitaka kupata mtoto baadaye ama haukutaka kupata watoto wengine zaidi?</p> <p>b) Je, ulitaka kupata mtoto baadaye ama haukutaka kupata watoto kabisa?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	

SECTION 3. CONTRACEPTION

301	Sasa ningependa kuongea kuhusu upangaji wa uzazi - njia mbali mbali ambazo mme na/au mke anaweza kutumika kuzuia ama kucheleweza mimba. Je, umewahi kusikia kuhusu (METHOD)?	
01	Njia ya kufunga uzazi wa mwanamke. PROBE: Wanawake wanaweza kufanyiwa upasuaji ili kuzuia kupata watoto (zaidi).	YES 1 NO 2
02	Njia ya kufunga uzazi wa mwanamume. PROBE: Wanaume wanaweza kufanyiwa upasuaji ili kuzuia kupata watoto (zaidi).	YES 1 NO 2
03	Koili/kitanzi. PROBE: Wanawake wanaweza kuingizwa koili ama kitanzi ndani ya sehemu zao za siri na daktari ama muuguzi ili kuzuia mimba kwa mwaka mmoja au zaidi.	YES 1 NO 2
04	Sindano. PROBE: Wanawake wanaweza kudungwa sindano na muhudumu wa afya ambayo inazuiya kushika mimba kwa muda wa mwezi mmoja au zaidi.	YES 1 NO 2
05	Bandiko la upangaji wa uzazi PROBE: Wanawake wanaweza kuingizwa vichupa mkononi na daktari au muuguzi vinavyoweza kuzuia kushika mimba kwa mwaka mmoja ama zaidi.	YES 1 NO 2
06	Tembe/vidonge vya kumeza kila siku. PROBE: Wanawake wanaweza kumeza tembe kila siku kujikinga kushika mimba.	YES 1 NO 2
07	Kondomu ya wanamume. PROBE: Wanaume wanaweza kuvaa mpira mwembamba juu ya uume wao kabla ya kufanya ngono.	YES 1 NO 2
08	Kondomu ya wanawake. PROBE: Wanawake wanaweza kuingiza mfuko wa mpira mwembamba ndani ya uke wao kabla ya kufanya ngono.	YES 1 NO 2
09	Tembe za dharura. PROBE: Kama njia ya dharura, ndani ya muda wa siku tatu baada ya kufanya ngono bila kinga, wanawake wanaweza kumeza tembe maalum kuzuiya kushika mimba.	YES 1 NO 2
10	Njia ya kuhesabu siku/kalenda. PROBE: Mwanamke hutumia shanga zilizo na rangi mbali mbali ili kujua siku ambazo ana uwezo wa kushika mimba. Kwa hizo siku, anatumia kondomu ama anajizua kushiriki ngono.	YES 1 NO 2
11	Lactational Amenorrhea Method (LAM). PROBE: Kufikia hadi miezi sita, kabla ya hedhi kurejea, wanawake hutumia njia ambayo inahitaji kunyonyesha mara kwa mara usiku na mchana.	YES 1 NO 2
12	Mbinu ya kuhesabu siku. PROBE: Ili kuzuia kushika/kupata mimba wanawake hukosa kufanya ngono kwa zile siku za mwezi ambazo wanashuku kwamba wanauwezo wa kushika mimba.	YES 1 NO 2
13	Kuchomoa uume/kumwaga nje. PROBE: Wanaume wanaweza kuwa waangalifu, ili kuchomoa uume wao kabla ya kilele cha ngono na kumwaga shahawa nje.	YES 1 NO 2
14	Je, umewahi kusikia kuhusu njia zingine ambazo wanawake ama wanaume wanaweza kutumia ili kuzuia kushika mimba?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 320
303	Je, wewe au mwenzio mnatumia njia yoyote kuchelewesha ama kuzuia kushika/kupata mimba?	YES 1 NO 2	→ 307
304	Je, wewe au mwenzio mmefungwa uzazi? IF YES: Nani amefungwa uzazi? Wewe au mwenzio	YES, RESPONDENT STERILIZED ONLY 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.	PARTNER <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	BOTH <input type="checkbox"/> STERILIZED ↓ PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.
306	Ili kuthibitisha, je wewe na mwenzio mnafanya chochote kuzuia kushika/kupata mimba: kutoshiriki ngono kwa siku fulani, kutumia mpira/kondomu, kuchomoa uume ama kutumia tembe za dharura za kuzuia mimba?	YES 1 NO 2	→ 320
307	Je, mnatumia njia ipi? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 330 → 401 → 330 → 401
312	Je, ulifungwa uzazi katika kituo gani? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT DISPENSARY 13 MOBILE CLINIC 14 OTHER PUBLIC SECTOR 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PRIVATE DOCTOR'S OFFICE 23 MOBILE CLINIC 24 OTHER PRIVATE MEDICAL SECTOR 26 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 31 NGO CLINIC 32 OTHER NGO MEDICAL SECTOR 36 (SPECIFY) FBO MEDICAL SECTOR FBO/MISSION HOSPITAL 41 FBO/MISSION CLINIC 42 FBO MOBILE CLINIC 43 OTHER FBO SECTOR 46 (SPECIFY) OTHER 96 (SPECIFY) DONT KNOW 98	→ 401

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	Je, umewahi kutumia chochote ama kujaribu kwa njia yoyote kuchelewesha ama kuzuia kupata	YES 1 NO 2	
812	Je, unatarajia kutumia njia ya kupanga uzazi ili kuchelewesha au kuzuia kupata mimba kwa wakati wowote ujao?	YES 1 NO 2 DON'T KNOW 8	→ 401
330	Je, ulipata wapi (CURRENT METHOD) mara ya mwisho? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVERNMENT HEALTH CENTER 12 GOVERNMENT DISPENSARY 13 MOBILE CLINIC 14 COMMUNITY HEALTH WORKER FIELDWORKER 15 OTHER PUBLIC SECTOR 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 21 PRIVATE CLINIC 22 PHARMACY 23 PRIVATE DOCTOR 24 MOBILE CLINIC 25 COMMUNITY HEALTH WORKER FIELDWORKER 26 OTHER PRIVATE MEDICAL SECTOR 27 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 31 NGO CLINIC 32 OTHER NGO MEDICAL SECTOR 36 (SPECIFY) FBO MEDICAL SECTOR FBO/MISSION HOSPITAL 41 FBO/MISSION CLINIC 42 FBO MOBILE CLINIC 43 OTHER FBO SECTOR 46 (SPECIFY) OTHER SOURCE SHOP 51 CHURCH 52 FRIEND/RELATIVE 53 OTHER 96 (SPECIFY)	→ 401

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	<p>CHECK 220 AND 225:</p> <p>ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	→ 601	
402	<p>CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY.</p> <p>PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2</p> <p>MOST RECENT STILLBIRTH 3</p> <p>PRIOR STILLBIRTH 4</p> <p>ABORTION OR MISCARRIAGE 5</p> <p>PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p> <p>PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/></p>		
403	Sasa ningependa kuuliza maswali kuhusu watoto wako uliowazaa katika muda wa miaka mitatu iliyopita. (Tutazungumzia kila mmoja pekee yake.)		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
405	PREGNANCY OUTCOME TYPE FROM 402.	<p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2</p> <p>MOST RECENT STILLBIRTH 3</p> <p>PRIOR STILLBIRTH 4</p> <p>MISCARRIAGE/ABORTION 5</p>	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	<p>DAY <input type="text"/> <input type="text"/></p> <p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	→ 408
407	RECORD NAME FROM 218.	NAME <input type="text"/>	
408	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/></p> <p>PREGNANCY TYPE 3, 4, OR 5 <input type="checkbox"/></p> <p>a) Je, ulipokuwa na mimba ya (NAME), ulitaka kupata mimba wakati huo?</p> <p>b) Je, ulipopata mimba ambayo ilikatika (DATE FROM 406), ulitaka kupata mimba wakati huo?</p>	<p>YES 1</p> <p>NO 2</p>	→ 411

409	Je, ulitaka kupata mtoto baadaye ama haukutaka kabisa?	LATER 1 NOT AT ALL 2	→ 411								
410	Je, ulipenda kungoja kwa muda gani?	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> DON'T KNOW 998									
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 479								
412	Je, ulimuona yeyote kwa huduma (kliniki) ya kutunza mimba hii?	YES 1 NO 2	→ 414								
413	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ←	→ 426								
414	Je, ulimuona nani? Kuna mwingine yeyote? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/CLINICAL OFFICER .. B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKER/ FIELD WORKER E OTHER _____ X (SPECIFY)									

415	<p>Je, ulipata wapi huduma (kliniki) ya kutunza mimba hii?</p> <p>Kuna mahali pengine tena?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME HER HOME A OTHER HOME B</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL C GOVERNMENT HEALTH CENTER D GOVERNMENT DISPENSARY E OTHER PUBLIC SECTOR F (SPECIFY) _____</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL G PRIVATE CLINIC H OTHER PRIVATE MEDICAL SECTOR I (SPECIFY) _____</p> <p>NGO MEDICAL SECTOR NGO HOSPITAL J NGO CLINIC K OTHER NGO MEDICAL SECTOR L (SPECIFY) _____</p> <p>FBO MEDICAL SECTOR FBO/MISSION HOSPITAL M FBO/MISSION CLINIC N OTHER FBO MEDICAL SECTOR O (SPECIFY) _____</p> <p>OTHER X (SPECIFY) _____</p>																																	
416	<p>Je, mimba hii ilikuwa ya majuma au miezi mingapi ulipoanza kliniki kwa mara ya kwanza?</p>	<p>WEEKS 1 <table border="1" data-bbox="1161 972 1266 1014"><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1" data-bbox="1161 1018 1266 1060"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>																																	
417	<p>Je, ulipata huduma ya utuzaji mimba mara ngapi ukiwa na hii mimba?</p>	<p>NUMBER OF TIMES <table border="1" data-bbox="1161 1140 1266 1182"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 98</p>																																	
418	<p>Kama mojawapo ya huduma za kliniki ya mimba hii, je mhadumu wa afya alifanya yafuatayo:</p> <p>a) Kupima msukumo wa damu yako (presha)?</p> <p>b) Chukua mkojo ili kupimwa?</p> <p>c) Chukua damu ili kupimwa?</p> <p>d) Kusikiza jinsi roho ya mtoto inavyopiga?</p> <p>e) Kukuongelea kuhusu vyakula unavyostahili kukula?</p> <p>f) Kukuongelea ama kukushauri kuhusu kunyonyesha mtoto?</p> <p>g) Kukuuliza ikiwa unatoa damu kutoka ukeni?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HEARTBEAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) FOODS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) BREASTFEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BP	1	2	8	b) URINE	1	2	8	c) BLOOD	1	2	8	d) HEARTBEAT	1	2	8	e) FOODS	1	2	8	f) BREASTFEED	1	2	8	g) BLEEDING	1	2	8	
	YES	NO	DK																																
a) BP	1	2	8																																
b) URINE	1	2	8																																
c) BLOOD	1	2	8																																
d) HEARTBEAT	1	2	8																																
e) FOODS	1	2	8																																
f) BREASTFEED	1	2	8																																
g) BLEEDING	1	2	8																																

419	CHECK 405: PREGNANCY OUTCOME TYPE		
	MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 426
420	Je, ukiwa na hii mimba, ulidungwa sindano mkononi ili kuzuia mtoto kupata ugonjwa wa pepo punda baada ya kuzaliwa?	YES 1 NO 2 DON'T KNOW 8	→ 423
421	Je, kwa muda wa hii mimba, ulidungwa sindano ya pepo punda mara ngapi?	TIMES <input type="text"/> DON'T KNOW 8	
422	CHECK 421:		
	ONE TIME OR DK <input type="checkbox"/>	TWO OR MORE TIMES <input type="checkbox"/>	→ 426
423	Je, uliwahi kudungwa sindano ya kuzuia kupata ugonjwa wa pepo punda, wakati wowote kabla ya hii mimba?	YES 1 NO 2 DON'T KNOW 8	→ 426
424	Je, uliwahi kudungwa sindano ya pepo punda mara ngapi kabla ya hii mimba?	TIMES <input type="text"/> DON'T KNOW 8	
	IF 7 OR MORE TIMES, RECORD		
425	CHECK 424:		
	ONLY <input type="checkbox"/> ONE ↓ a) Je, ulidungwa hiyo sindano ya pepo punda miaka mingapi iliyopita?	MORE <input type="checkbox"/> THAN ↓ b) Je, ni miaka mingapi tangu udungwe sindano ya pepo punda ya mwisho kabla ya hii mimba?	
	YEARS AGO <input type="text"/> <input type="text"/>		
426	Wakati wa mimba hii, ulipatiwa ama ulinunua vidonge/dawa ya maji za kuongeza damu mwilini? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES 1 NO 2 DON'T KNOW 8	→ 434

427	<p>Je, ulipata hivyo vidonge/dawa ya kukunywa wapi?</p> <p>Kuna pahali pengine tena?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT DISPENSARY C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>MOBILE CLINIC K</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR M</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL N</p> <p>NGO CLINIC O</p> <p>OTHER NGO MEDICAL SECTOR P</p> <p>(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL Q</p> <p>FBO/MISSION CLINIC R</p> <p>FBO MOBILE CLINIC S</p> <p>OTHER FBO MEDICAL SECTOR T</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP U</p> <p>MARKET V</p> <p>MASS DISTRIBUTION CAMPAIGN W</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
428	<p>Kwa wakati wote wa hii mimba, je, ulitumia hizi tembe/dawa kwa siku ngapi?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
434	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/></p> <p>a) Ni nani aliyekusaidia wakati wa kumzaa (NAME)?</p> <p>Kuna mwingine yeyote?</p> </div> <div style="width: 45%;"> <p>PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>b) Ni nani aliyekusaidia wakati wa kumzaa yule mtoto aliyefariki tumboni (DATE FROM 406)?</p> <p>Kuna mwingine yeyote?</p> </div> </div> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER .. B</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p>	

435	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/></p> <p>a) Je, ulimzaa (NAME) wapi?</p> </div> <div style="width: 45%;"> <p>PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>b) Je, ulizalia wapi yule mtoto aliyefariki tumboni?</p> </div> </div> <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>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT DISPENSARY 23</p> <p>OTHER PUBLIC SECTOR 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR 46</p> <p>(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 51</p> <p>FBO/MISSION CLINIC 52</p> <p>OTHER FBO MEDICAL SECTOR 56</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 437</p> <p>→ 437</p>
436	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/></p> <p>a) Je, ulimzaa (NAME) kwa opresheni, yaani walikupasua tumbo ili kumtoa mtoto?</p> </div> <div style="width: 45%;"> <p>PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>b) Je, ulimzaa huyu mtoto aliyefariki ndani ya tumbo kwa opresheni, yaani walikupasua tumbo ili kumtoa mtoto?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	
437	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2</p> <p>MOST RECENT STILLBIRTH 3</p> <p>PRIOR STILLBIRTH 4</p>	<p>→ 445</p> <p>→ 487</p>
444	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p>PRIOR LIVE BIRTH <input type="checkbox"/></p>	→ 480
445	CHECK 435: PLACE OF DELIVERY	<p>FACILITY BIRTH: ANY CODE 21 THROUGH 56 CIRCLED <input type="checkbox"/></p> <p>CODE 11, 12, OR 96 CIRCLED <input type="checkbox"/></p>	→ 464

447	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 <input type="checkbox"/></p> <p>PREGNANCY TYPE 3 <input type="checkbox"/></p> <p>a) Je, ulikaa muda gani kwenye (FACILITY IN 435) baada ya kumzaa (NAME)?</p> <p>b) Kwa yule mtoto aliyefariki kwa tumbo ambaye ulimzaa (DATE FROM 406), je, ulikaa muda gani kwenye (FACILITY IN 435) baada ya kumzaa?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	
448	<p>Ningependa kuongea na wewe kuhusu kuchunguzwa afya baada ya kuzaa, kwa mfano, mtu kukuuliza maswali kuhusu afya yako ama kukukagua.</p> <p>Kuna yeyote aliyechunguza afya yako kabla ya kutoka kwenye kituo, baada ya kumzaa (NAME)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 451
449	<p>Uchunguzi wa kwanza ulifanywa muda gani baada ya kujifungua?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	
450	<p>Ni nani aliyekuchunguza afya yako wakati huo?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER .. 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT .. 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	
451	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p>MOST RECENT STILLBIRTH <input type="checkbox"/></p>		→ 455
452	<p>Sasa ningependa kukuuliza kuhusu uchunguzi wa afya ya (NAME) --kwa mfano, mtu kumuangalia (NAME), kuangalia kitovu chake, ama kukuongelea jinsi ya kumlinda (NAME).</p> <p>Kabla ya (NAME) kutoka kwenye kituo, kuna yeyote aliyechunguza afya ya (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 454A
453	<p>Ni masaa, siku ama wiki ngapi baada ya kumzaa (NAME) ambapo alichunguzwa kwa mara ya kwanza?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	

454	<p>Ni nani aliyechunguza afya ya (NAME) wakati huo?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE/CLINICAL OFFICER .. 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER 96 (SPECIFY)</p>																			
454A	<p>(NAME) alikaa (FACILITY IN 435) kwa muda gani baada ya kuzaliwa?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 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></p> <p>DAYS 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></p> <p>WEEKS 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></p> <p>DON'T KNOW 998</p>																			
455	<p>Sasa ningependa kukuuliza kuhusu nini kilifanyika baada ya kutoka kwenye kituo. Kuna yeyote alichunguza afya yako baada ya kutoka kwenye kituo?</p>	<p>YES 1 NO 2</p>	→ 459																		
456	<p>Uchunguzi wa kwanza ulifanywa muda gani baada ya kujifungua?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 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></p> <p>DAYS 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></p> <p>WEEKS 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></p> <p>DON'T KNOW 998</p>																			
457	<p>Ni nani aliyekuchunguza afya yako wakati huo?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE/CLINICAL OFFICER .. 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER 96 (SPECIFY)</p>																			

458	<p>Uchunguzi huo ulifanyika wapi?</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>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTE 22 GOVERNMENT DISPENSARY 23 OTHER PUBLIC SECTOR 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY)</p> <p>NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR 46 (SPECIFY)</p> <p>FBO MEDICAL SECTOR FBO/MISSION HOSPITAL 51 FBO/MISSION CLINIC 52 OTHER FBO MEDICAL SECTOR 56 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>
459	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p>MOST RECENT STILLBIRTH <input type="checkbox"/></p>	<p>→ 479</p>
460	<p>Baada ya (NAME) kutoka kwenye (FACILITY IN 435) mhudumu yeyote wa afya ama daktari wa kienyeji alichunguza afya ya (NAME)?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p> <p>→ 479</p>
461	<p>Ni masaa, siku ama wiki ngapi baada ya kumzaa (NAME) ambapo alichunguzwa kwa mara ya kwanza? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p> <p>WEEKS 3 <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>
462	<p>Ni nani aliyechunguza afya ya (NAME) wakati huo?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE/CLINICAL OFFICER .. 12</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER 96 (SPECIFY)</p>

463	<p>Uchunguzi huo wa (NAME) ulifanyika wapi?</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>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT DISPENSARY 23 OTHER PUBLIC SECTOR 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY)</p> <p>NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR 46 (SPECIFY)</p> <p>FBO MEDICAL SECTOR FBO/MISSION HOSPITAL 51 FBO/MISSION CLINIC 52 OTHER FBO MEDICAL SECTOR 56 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>	<p>→ 479</p>
464	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>PREGNANCY TYPE 1 <input type="checkbox"/></p> <p>a) Ningependa kukuuliza kuhusu kuchunguzwa afya baada ya kuzaa, kwa mfano, mtu kukuuliza maswali kuhusu afya yako ama kukukagua.</p> <p>Kuna yeyote aliyechunguza afya yako kabla ya kutoka kwenye kituo, baada ya kumzaa (NAME)?</p> </div> <div style="width: 45%;"> <p>PREGNANCY TYPE 3 <input type="checkbox"/></p> <p>b) Ningependa kuongea na wewe kuhusu kuchunguzwa afya baada ya kuzaa, kwa mfano, mtu kukuuliza maswali kuhusu afya yako ama kukukagua.</p> <p>Je, kuna yeyote aliyechunguza afya yako baada ya kumzaa mtoto aliyefariki kwa tumbo (DATE FROM 406)?</p> </div> </div>	<p>YES 1 NO 2</p>	<p>→ 468</p>

465	<p>Uchunguzi wa kwanza ulifanywa muda gani baada ya kujifungua?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 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></p> <p>DAYS 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></p> <p>WEEKS 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></p> <p>DON'T KNOW 998</p>																		
466	<p>Ni nani aliyechunguza afya yako wakati huo?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER .. 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT .. 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER 96 (SPECIFY)</p>																		
467	<p>Uchunguzi huo wa kwanza ulifanyika wapi?</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>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTE 22</p> <p>GOVERNMENT DISPENSARY 23</p> <p>OTHER PUBLIC SECTOR 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR 46 (SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 51</p> <p>FBO/MISSION CLINIC 52</p> <p>OTHER FBO MEDICAL SECTOR 56 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>																		

468	CHECK 405: PREGNANCY OUTCOME TYPE																				
	MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT <input type="checkbox"/> STILLBIRTH	→ 479																		
469	<p>Sasa ningependa kukuuliza kuhusu uchunguzi wa afya ya (NAME) --kwa mfano, kumuangalia (NAME), kuangalia kitovu chake, ama kukuongelesha jinsi ya kumlinda (NAME).</p> <p>Kabla ya (NAME) kutoka kwenye kituo, kuna yeyote aliyechunguza afya ya (NAME)?</p>	YES 1 NO 2 DON'T KNOW 8	→ 479																		
470	<p>Ni masaa, siku ama wiki ngapi baada ya kumzaa (NAME) ambapo alichunguzwa kwa mara ya kwanza?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW 998																			
471	<p>Ni nani aliyechunguza afya ya (NAME) wakati huo?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE/CLINICAL OFFICER .. 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT .. 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER 96 (SPECIFY)																			
472	<p>Uchunguzi huu wa kwanza wa (NAME) ulifanyika wapi?</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>	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT DISPENSARY 23 OTHER PUBLIC SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR 46 (SPECIFY) FBO MEDICAL SECTOR FBO/MISSION HOSPITAL 51 FBO/MISSION CLINIC 52 OTHER FBO MEDICAL SECTOR 56 (SPECIFY) OTHER 96 (SPECIFY)																			
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 MOST RECENT STILLBIRTH 3 MISCARRIAGE/ABORTION 5	→ 487																		

480	Je, uliwahi kumnyonyesha (NAME)?	YES 1 NO 2	→ 487
484	CHECK 224 FOR CHILD: LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>		→ 487
485	Je, (NAME) bado ananyonya?	YES 1 NO 2	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ← </div> <div style="text-align: center;"> NO MORE PREGNANCY <input type="checkbox"/> OUTCOMES 0-35 MONTHS BEFORE THE SURVEY </div> </div>		→ 501

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 601
502	Sasa ningependa kukuuliza maswali kuhusu chanjo ambazo watoto wako ambao umewazaa kwa miaka mitatu iliyopita wamepata. (Tutaongea kuhusu kila mtoto kando kando tukianzana mdogo kabisa).		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST NAME OF CHILD _____ PREGNANCY HISTORY NUMBER . <input type="text"/> <input type="text"/>		
504	Je, uko na kadi, kitabu ama cheti chochote ambacho kinaorodhesha chanjo ambazo (NAME) amepokea?	YES, HAS ONLY A CARD 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT . 3 NO, NO CARD AND NO OTHER DOCUMENT . 4	→ 507 → 507
505	Uliwahi kuwa na kadi ya chanjo ya (NAME)?	YES 1 NO 2	
506	CHECK 504: CODE '2' CIRCLED <input type="checkbox"/>	CODE '4' CIRCLED <input type="checkbox"/>	→ 513
507	Ninaweza kuona kadi, kitabu ama cheti chochote ambacho kinaorodhesha chanjo ambazo (NAME) amepokea?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN . 3 NO CARD AND NO OTHER DOCUMENT SEEN 4	→ 513
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH NOT ON CARD 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																
	NAME OF LIVE BIRT _____ PREGNANCY HISTORY NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																																																																		
509	<p>COPY VACCINATION DATES FROM THE CARD FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table border="1"> <thead> <tr> <th></th><th>DAY</th><th>MONTH</th><th>YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV)</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>MEASLES RUBELLA (MR) (9 MONTHS)</td><td></td><td></td><td></td></tr> <tr><td>MEASLES RUBELLA (MR) 2 (18 MONTHS)</td><td></td><td></td><td></td></tr> <tr><td>YELLOW FEVER</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> <tr><td>DEWORMER (ALBENDAZOLE) (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				INACTIVATED POLIO VACCINE (IPV)				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				ROTAVIRUS 1				ROTAVIRUS 2				MEASLES RUBELLA (MR) (9 MONTHS)				MEASLES RUBELLA (MR) 2 (18 MONTHS)				YELLOW FEVER				VITAMIN A (MOST RECENT)				DEWORMER (ALBENDAZOLE) (MOST RECENT)					
	DAY	MONTH	YEAR																																																																																
BCG																																																																																			
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)																																																																																			
ORAL POLIO VACCINE (OPV) 1																																																																																			
ORAL POLIO VACCINE (OPV) 2																																																																																			
ORAL POLIO VACCINE (OPV) 3																																																																																			
INACTIVATED POLIO VACCINE (IPV)																																																																																			
DPT-HEP.B-HIB (PENTAVALENT) 1																																																																																			
DPT-HEP.B-HIB (PENTAVALENT) 2																																																																																			
DPT-HEP.B-HIB (PENTAVALENT) 3																																																																																			
PNEUMOCOCCAL 1																																																																																			
PNEUMOCOCCAL 2																																																																																			
PNEUMOCOCCAL 3																																																																																			
ROTAVIRUS 1																																																																																			
ROTAVIRUS 2																																																																																			
MEASLES RUBELLA (MR) (9 MONTHS)																																																																																			
MEASLES RUBELLA (MR) 2 (18 MONTHS)																																																																																			
YELLOW FEVER																																																																																			
VITAMIN A (MOST RECENT)																																																																																			
DEWORMER (ALBENDAZOLE) (MOST RECENT)																																																																																			
510	<p>ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.</p>	<p>PHOTOGRAPH TAKEN 1</p> <p>PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED 2</p> <p>PHOTOGRAPH NOT TAKEN, OTHER REASON _____ 6</p> <p align="center">(SPECIFY)</p>																																																																																	
511	<p>CHECK 509: 'BCG' TO 'YELLOW FEVER' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN?</p> <p align="center">NO <input type="checkbox"/> ↓</p> <p align="center">YES <input type="checkbox"/> _____ → 529</p>																																																																																		

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRT _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
512	<p>Kando na zile zimeorodheshwa kwa hii kadi, kitabu ama cheti, je, (NAME) alipokea chanjo zingine, ukijumulisha na zile ambazo zinapewa kwa siku za kampeni za chanjo ama siku za afya kwa watoto?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529)</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
512A	<p>CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD?</p> <p align="center">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>SKIP TO 529 ← → 530</p>		
513	Je, (NAME) alipata chanjo ya kumzuia yeye kupata magonjwa, ukijumulisha na zile ambazo zinapewa kwa siku za kampeni za chanjo ama siku za afya kwa watoto?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 530
514	Je, (NAME) amepata chanjo ya BCG ambayo inamkinga kupata ugonjwa wa kifua kikuu (TB), yaani, sindano ambayo inadungwa kwa mkono na husababisha kovu?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
517	Je, (NAME) amepata chanjo ya polio, yaani tone mbili zinazonyunyiziwa kwa mdomo kuzuia ugonjwa wa polio?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 521
518	Je, (NAME) alipata chanjo ya kwanza ya polio ndani ya wiki mbili baada ya kuzaliwa ama baadaye?	<p>FIRST TWO WEEKS 1</p> <p>LATER 2</p>	
519	(NAME) alipata chanjo hiyo mara ngapi?	NUMBER OF TIMES <input type="text"/>	
520	Mara ya mwisho (NAME) alipata hizo tone za chanjo ya polio, je, alipata pia sindano ya IPV kwa paja la upande wa kulia ili kumkinga dhidi ya ugonjwa wa polio?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
521	Je, (NAME) amepata chanjo ya pentavalent, yaani, sindano kwa paja la upande wa kushoto ambayo wakati mwingi inapeanwa wakati mtoto anapata chanjo ya polio?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 523
522	Je, (NAME) alipata chanjo ya pentavalent mara ngapi?	NUMBER OF TIMES <input type="text"/>	
523	Je, (NAME) amepata chanjo ya pneumococcal, yaani, sindano kwa paja la upande wa kulia, ambayo inazuia kupata ugonjwa wa homa ya mapafu?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 525

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRT _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
524	(NAME) alipata chanjo hiyo ya pneumococcal mara ngapi?	NUMBER OF TIMES <input type="text"/>	
525	(NAME) amewahi kupata chanjo ya rotavirus, yaani, chanjo inayowekwa kwa mdomo kuzuia kuhara?	YES 1 NO 2 DON'T KNOW 8	→ 527
526	(NAME) alipata chanjo hiyo ya rotavirus mara ngapi?	NUMBER OF TIMES <input type="text"/>	
527	Je, (NAME) amepata chanjo dhidi ya ugonjwa wa surua/ukambi, yaani, sindano inayodungwa kwa mkono kuzuia kupata ugonjwa wa shurua?	YES 1 NO 2 DON'T KNOW 8	→ 528A
528	(NAME) alipata chanjo hiyo ya ugonjwa wa surua/ukambi (measeles rubella) mara ngapi?	NUMBER OF TIMES <input type="text"/>	
528A	Je, (NAME) amepata chanjo dhidi ya ugonjwa wa homa ya manjano, yaani chanjo inayodungwa kwa mkono was kushoto ili kuzuia kupata homa ya manjano?	YES 1 NO 2 DON'T KNOW 8	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRT _____	PREGNANCY HISTORY NUMBER <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table> <table border="1" style="display: inline-table; width: 40px; height: 20px; vertical-align: middle;"></table>	
529	<p>Je, (NAME) alipata chanjo zake nyingi wapi?</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>GOVERNMENT DISPENSARY 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR _____ 16 (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/ FIELDWORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR _____ 36 (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 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>VACCINATION CAMPAIGN 51</p> <p>OTHER _____ 96 (SPECIFY)</p>	
530	<p>CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 503 FOR THE NEXT SURVIVING CHILD) ←</p> <p>NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 601</p>		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>		→ 643
602	Sasa ningependa kukuuliza maswali kuhusu afya ya watoto wako ambao umewazaa kwa miaka mitano iliyopita wamepata. (Tutaongea kuhusu kila mtoto kando kando tukianzana mdogo kabisa).		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBE . <input type="text"/> <input type="text"/>		
604	Kwa miezi kumi na miwili iliyopita, je, (NAME) alipata: a) Tembe au dawa ya kukunywa ya madini ya iron? b) Poda ya micronutrient? SHOW COMMON TYPES OF MULTIPLE MICRONUTRIENT POWDERS.	YES NO DK a) TABLETS/SYRUP 1 2 8 b) MULTIPLE MICRONUTRIENT POWDERS 1 2 8	
605	Kwa miezi sita iliyopita, je, (NAME) alipewa vitamin A kama (hii/yoyote kati ya hizi)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	
606	Kwa miezi sita iliyopita, je, (NAME) alipewa dawa ya minyoo ya tumbo?	YES 1 NO 2 DON'T KNOW 8	
607	Kwa miezi tatu iliyopita, kuna muhudumu yeyote wa afya ama mfanyikazi wa afya wa jamii amepima: a) Uzani wa (NAME)? b) Urefu wa (NAME)? c) Upana wa sehemu ya juu ya mkono wa (NAME)? SHOW PICTURE OF MUAC TAPE	YES NO DK a) WEIGHT 1 2 8 b) LENGTH/HEIGHT 1 2 8 c) UPPER ARM 1 2 8	
607A	Je, (NAME) anasonga kama watoto wengine wa rika lake/umri wake?	YES 1 NO 2 DON'T KNOW 8	
607B	Je, (NAME) anafanya sauti/kuongea kama watoto wengine wa rika lake/umri wake?	YES 1 NO 2 DON'T KNOW 8	
608	Je, (NAME) ameharisha katika majuma mawili yaliyopita?	YES 1 NO 2 DON'T KNOW 8	→ 618

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE . <input type="text"/> <input type="text"/>	
609	<p>CHECK 485: CURRENTLY BREASTFEEDING?</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p align="center">YES ↓ <input type="checkbox"/></p> <p>a) Sasa ningependa kujua kiasi cha kinywaji ambacho (NAME) alipewa wakati alikuwa akiharisha, ikiwemo maziwa ya mama/matiti. Je, (NAME) alipewa vinywaji chini ya kiwango cha kawaida, karibu na kawaida ama zaidi ya kawaida?</p> <p>IF LESS, PROBE: Je, (NAME) alipewa kiwango/kipimo cha chini kabisa kuliko kawaida ama kidogo kiasi tu?</p> </div> <div style="width: 45%;"> <p align="center">NO/ NOT ASKED ↓ <input type="checkbox"/></p> <p>b) Sasa ningependa kujua kiasi cha kinywaji ambacho (NAME) alipewa wakati alikuwa akiharisha, ikiwemo maziwa ya mama. Je, (NAME) alipewa vinywaji chini ya kiwango cha kawaida, karibu na kawaida ama zaidi ya kawaida?</p> <p>IF LESS, PROBE: Je, (NAME) alipewa kiwango/kipimo cha chini kabisa kuliko kawaida ama kidogo kiasi tu?</p> </div> </div>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK 5</p> <p>DON'T KNOW 8</p>	
610	<p>Sasa ningependa kujua kiasi cha chakula ambacho (NAME) alipewa wakati alikuwa akiharisha. Je, (NAME) alipewa chakula chini ya kiwango cha kawaida, karibu na kawaida ama zaidi ya kawaida?</p> <p>IF LESS, PROBE: Je, (NAME) alipewa kiwango/kipimo cha chini kabisa kuliko kawaida ama kidogo kiasi tu?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS 2</p> <p>ABOUT THE SAME 3</p> <p>MORE 4</p> <p>STOPPED FOOD 5</p> <p>NEVER GAVE FOOD 6</p> <p>DON'T KNOW 8</p>	
611	<p>Je, ulitafuta ushauri au matibabu kutoka kwa yeyote wakati wa kuharisha?</p>	<p>YES 1</p> <p>NO 2</p>	→ 615

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
612	<p>Je, ulipata ushauri au matibabu wapi?</p> <p>Kuna pahali pengine tena?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT DISPENSARY C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR SECTOR F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>MOBILE CLINIC K</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR M (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL N</p> <p>NGO CLINIC O</p> <p>OTHER NGO MEDICAL SECTOR P</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL Q</p> <p>FBO/MISSION CLINIC R</p> <p>FBO MOBILE CLINIC S</p> <p>OTHER FBO MEDICAL SECTOR T (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP U</p> <p>TRADITIONAL PRACTITIONER V</p> <p>MARKET W</p> <p>ITINERANT DRUG SELLER X</p> <p>OTHER Y (SPECIFY)</p>																					
613	<p>CHECK 612:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p>	<p>615</p>																					
614	<p>Ni wapi ulitafuta ushauri au matibabu kwa mara ya kwanza?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="checkbox"/></p>																					
615	<p>Je, (NAME) alipewa vitu vifwatavyo wakati wowote tangu (NAME) alipoanza kuharisha?</p> <p>a) Kinywaji kilichotengenezwa kilichoko ndani ya pakiti iitwayo ORS?</p> <p>c) Tembe/vidonge au dawa ya kukunywa yenye madini ya zinki?</p> <p>d) Mchanganyiko wa maji ya chumvi na sukari wa kujitengezea nyumbani?</p> <p>e) Vinywaji vingine vilivyotengenezwa nyumbani kama uji, supu, mala, maji, maziwa ya matiti, maji ya matunda, chai, maziwa ama maji ya mchele?</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) FLUID FROM ORS PACKET</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ZINC</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) SUGAR-SALT SOLUTION</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) HOMEMADE FLUID</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET	1	2	8	c) ZINC	1	2	8	d) SUGAR-SALT SOLUTION	1	2	8	e) HOMEMADE FLUID	1	2	8	
	YES	NO	DK																				
a) FLUID FROM ORS PACKET	1	2	8																				
c) ZINC	1	2	8																				
d) SUGAR-SALT SOLUTION	1	2	8																				
e) HOMEMADE FLUID	1	2	8																				

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616	<p>CHECK 615:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ANY 'YES'</p> <p><input type="checkbox"/></p> <p>↓</p> <p>a) Je, kuna chochote kingine alipewa ili kutibu hiyo kuharisha?</p> </div> <div style="text-align: center;"> <p>ALL 'NO' OR 'DK'</p> <p><input type="checkbox"/></p> <p>↓</p> <p>b) Je, kuna chochote alichopewa ili kutibu hiyo kuharisha?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 618
617	<p>CHECK 615:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ANY 'YES'</p> <p><input type="checkbox"/></p> <p>↓</p> <p>a) Ni nini kingine alichopewa ili kutibu hiyo kuharisha?</p> <p>Nini kingine?</p> </div> <div style="text-align: center;"> <p>ALL 'NO' OR 'DK'</p> <p><input type="checkbox"/></p> <p>↓</p> <p>b) Ni nini alichopewa ili kutibu hiyo kuharisha?</p> <p>Nini kingine?</p> </div> </div> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>THERAPEUTIC VITAMIN A E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION H</p> <p>(IV) INTRAVENOUS FLUIDS I</p> <p>HOME REMEDY/HERBAL MEDICINE J</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	
618	Je, (NAME) amewahi kuwa na joto jingi mwilini wakati wowote ndani ya wiki mbili zilizopita?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 621
619	Je, (NAME) alipokuwa mgonjwa, kuna wakati wowote alitolewa damu kutoka kwa kidole ama kisigino ili kupimwa?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
620	Je, uliambiwa na muhudumu wa afya kwamba (NAME) alikuwa na malaria?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
621	Je, (NAME) amekuwa na ugonjwa wa kukohoa ndani ya wiki mbili zilizopita?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
621A	Kwa miezi kumi na miwili imepita, je, (NAME) amekuwa karibu na mtu aliye na kikohozi sugu ama TB (ugonjwa wa kifua kikuu)?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 622
621B	Je, (NAME) alipimwa ugonjwa wa TB?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
622	Je, (NAME) amekuwa na kuhema, yaani, pumzi fupi na za haraka haraka ama alikuwa anavuta pumzi kwa shida?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 624
623	Huko kuvuta pumzi haraka ama kwa shida kulishababishwa na shida ya kifua au pua kuziba?	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER 6</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 8</p>	→ 625

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
624	CHECK 618: HAD FEVER? <div style="text-align: center;">YES <input type="checkbox"/> NO OR DON'T KNOW <input type="checkbox"/></div>		634
625	Je, ulitafuta ushauri au matibabu kwa ajili ya huu ugonjwa kutoka kwa yeyote?	YES 1 NO 2	→ 630
626	Je, ulitafuta ushauri ama matibabu wapi? Kuna pahali pengine tena? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT DISPENSARY C MOBILE CLINIC D COMMUNITY HEALTH WORKER/ FIELDWORKER E OTHER PUBLIC SECTOR SECTOR F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL G PRIVATE CLINIC H PHARMACY I PRIVATE DOCTOR J MOBILE CLINIC K COMMUNITY HEALTH WORKER/ FIELDWORKER L OTHER PRIVATE MEDICAL SECTOR M (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL N NGO CLINIC O OTHER NGO MEDICAL SECTOR P (SPECIFY) FBO MEDICAL SECTOR FBO/MISSION HOSPITAL Q FBO/MISSION CLINIC R FBO MOBILE CLINIC S OTHER FBO MEDICAL SECTOR T (SPECIFY) OTHER SOURCE SHOP U TRADITIONAL PRACTITIONER V MARKET W ITINERANT DRUG SELLER X OTHER Y (SPECIFY)	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	CHECK 626: <div style="text-align: right;">TWO OR MORE CODES CIRCLED <input type="checkbox"/></div>	<div style="text-align: right;">ONLY ONE CODE CIRCLED <input type="checkbox"/></div>	→ 629
628	Ni wapi ulitafuta ushauri ama matibabu kwa mara ya kwanza? USE LETTER CODE FROM 626.	FIRST PLACE <input type="checkbox"/>	
629	Je, ulitafuta ushauri ama matibabu ya (NAME) kwa mara ya kwanza baada ya siku ngapi? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	
630	Kwa wakati wowote wa ugonjwa huu, je, (NAME) alitumia dawa yoyote kwa huu ugonjwa?	YES 1 NO 2 DON'T KNOW 8	→ 634
631	Ni dawa gani (NAME) alitumia? Kuna dawa nyingine alitumia? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	ACT ANTIMALARIAL MEDICINE AL A DHAP B OTHER ACT (NOT AL OR DHAP) C NON-ACT ANTIMALARIAL SP/FANSIDAR D CHLOROQUINE E AMODIAQUINE F QUININE PILLS G INJECTION/IV H ARTESUNATE RECTAL I INJECTION/IV J OTHER ANTIMALARIAL K (SPECIFY) ANTIBIOTIC MEDICINE AMOXICILLIN DT TABLETS L AMOXICILLIN SYRUP M COTRIMOXAZOLE N OTHER PILL/SYRUP O OTHER INJECTION/IV P OTHER MEDICINE ASPIRIN Q PARACETAMOL/PANADOL/ ACETAMINOPHEN R IBUPROFEN S OXYGEN T OTHER X (SPECIFY) DON'T KNOW Z	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	CHECK 631: ARTEMISININ COMBINATION THERAPY ('A' OR 'B' OR 'C') GIVEN CODE 'A', 'B', OR 'C' CIRCLED <input type="checkbox"/>	CODE 'A', 'B', OR 'C' NOT CIRCLED <input type="checkbox"/>	→ 634
633	Ni muda gani baada ya kupata joto mwilini, (NAME) alitumia dawa ya mchanganyiko ya artmisinin?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER . 3 DON'T KNOW 8	
634	CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 603 FOR THE NEXT SURVIVING CHILD)	NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 643

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
643	<p>Sasa ningependa kukuuliza kuhusu vyakula ambavyo ulivitumia wakati wa mchana ama usiku wa jana, iwe nyumbani ama pahali pengine. Tafadhali kumbuka vitafunio na vyakula vidogo vidogo ama vya kawaida. Nitakuuliza kuhusu vyakula mbali mbali, na ningependa kujua ikiwa ulikula vyakula hivi hata kama vilichanganywa na vyakula vingine?</p> <p>Tafadhali usijibu 'ndio' kwa chakula chochote ama kiungo kidogo kilichotumika kuongeza ladha kwa chakula. Jana mchana ama usiku, ulikula ama kunywa:</p>				
		YES	NO	DK	
	a) Ugali, uji, mkate, wali, mie, tambi ama chakula kingine kilichotengezwa kwa nafaka?	a) 1	2	8	
	b) Tango, karoti, viazi vitamu ambazo ndani ni rangi ya manjano ama ya machungwa?	b) 1	2	8	
	c) Viazi vya kizungu, viazi tamu vyeupe, ndizi ya kupika, nduma, muhogo ama vyakula vingine vya asili vinavyotokana na mizizi?	c) 1	2	8	
	d) Sukuma wiki, spinach, managu, terere, sageti ama kunde?	d) 1	2	8	
	d1) Kandira, mrenda, matawi ya malenge, nderema, mitoo, mchungwa ama brocoli?	d1) 1	2	8	
	e) Mboga zingine zozote kama: nyanya, kabeji, hoho, uyoga, tango ama mboga zozote?	e) 1	2	8	
	f) Mapapai yaliyoiva, maembe yaliyoiva, karakara/pesheni ama matunda ya damu?	f) 1	2	8	
	g) Matunda mengine yoyote kama vile ndizi, nanasi, parachichi, tikiti maji, chungwa ama matunda mengine?	g) 1	2	8	
	h) Nyama ya maini, damu, figo, firigisi ama roho?	h) 1	2	8	
	i) Soseji, smokies, hot dogs, salami, ama ham?	i) 1	2	8	
	j) Nyama yoyote nyingine kama ya ngombe, mbuzi, kondoo, nguruwe, mnyama wa mwitu, ama kuku?	j) 1	2	8	
	k) Mayai?	k) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	l) Samaki mbichi, dagaa (omena) aliyekaushwa, tuna ama koa?	l) 1	2	8	
	m) Maharage, githeri, ndegu, njahi, kamande, ama chakula chochote kilichotokana na kunde, mbaazi, ama kokwa?	m) 1	2	8	
	n) njugu, korosho, mbegu za malenge, simsim ama siagi ya karanga?	n) 1	2	8	
	o) Maziwa, chai ya maziwa, maziwa ya unga, yogati, mala ama jabini?	o) 1	2	8	
	p) Mchwa, nziye ama panzi?	p) 1	2	8	
	q) Vyakula vyovyote vitamu kama chokoleti, keki, biskuti, peremende, ice cream ama, barafu?	q) 1	2	8	
	r) Vibanzi au 'chips', viazi vya karai, 'noodles', maandazi, samosa ama bhajia?	r) 1	2	8	
	s) Maji ya matunda ama kinywaji cha matunda?	s) 1	2	8	
	t) Soda kwa mfano coca cola, fanta, sprite ama vinywaji vya wanaspoti navilivyo na msisimuo kama Redbull?	t) 1	2	8	
	u) Chai iliyoongezewa utamu, kahawa iliyoongezewa utamu, milo ama kakao?	u) 1	2	8	
	w) Vinywaji vingine vyovyote? IF YES: Kilikuwa kinywaji gani? IF YES: Je, kinywaji kilikuwa kimeongezewa utamu?	w) 1 OTHER DRINK(S) _____ (SPECIFY) SWEETENED 1	2	8	
	x) Chakula kingine chochote? IF YES: Ni chakula kigani? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	x) 1 OTHER FOOD(S) _____ (SPECIFY)	2	8	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Sasa ningependa kuongea kuhusu ndoa. Umeolewa hivi sasa ama unaishi na mwanamume kama uliyeolewa?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 706 → 709
702	Kuna wakati wowote uliwahi kuolewa ama kuishi na mwanamume kama uliyeolewa?	YES, PREVIOUSLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 721
703	Hali yako ya ndoa hivi sasa ni gani: ni mjane, umetalakiwa ama mumetengana kwa muda?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
704	CHECK 702: YES, <input type="checkbox"/> PREVIOUSLY MARRIED YES, <input type="checkbox"/> LIVED WITH A MAN		→ 714
705	Je, ulikuwa na cheti cha ndoa kwa ndoa yako ya mwisho?	YES 1 NO 2 DON'T KNOW 8	→ 714 → 707
706	Je, uko na cheti cha ndoa kwa ndoa hii?	YES 1 NO 2 DON'T KNOW 8	→ 709
707	Je, hii ndoa iliwahi kuandikishwa kwa mamlaka ya serikali?	YES 1 NO 2 DON'T KNOW 8	
708	CHECK 701: YES, <input type="checkbox"/> CURRENTLY MARRIED NO, <input type="checkbox"/> NOT IN A UNION		→ 714
709	Je, (mumeo/mpenzio/mwenzio) anaishi na wewe wakati huu ama anaishi pahali pengine?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
710	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME LINE NO. <input type="text"/> <input type="text"/>	
714	Je, umewahi kuolewa ama kuishi na mwanamume mara moja tu ama zaidi ya mara moja?	ONLY ONCE 1 MORE THAN ONCE 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
715	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>a) Ni katika mwezi na mwaka gani ulipoanza kuishi na (Mumeo/mpenzio/mwenzio)?</p> </div> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>b) Sasa ningependa kukuuliza kuhusu (Mumeo/mpenzio/mwenzio) wa kwanza. Ni mwezi na mwaka gani ulipoanza kuishi naye?</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>	→ 717												
716	Ulikuwa na umri gani ulipoanza kuishi naye?	AGE <input type="text"/> <input type="text"/>													
717	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-around;"> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> </div>		→ 721												
718	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-around;"> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, NOT IN A UNION <input type="checkbox"/></p> </div>		→ 721												
719	Sasa ningependa kukuuliza kuhusu (Mumeo/mpenzio/mwenzio) wa wakati huu. Ni katika mwezi na mwaka gani ulipoanza kuishi naye?	<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>	→ 721												
720	Ulikuwa na umri gani ulipoanza kuishi na (mumeo/mpenzio/mwenzio) wa wakati huu?	AGE <input type="text"/> <input type="text"/>													
721	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO														
722	<p>Sasa ningependa kukuuliza maswali kuhusu mambo ya ngono ili niweze kupata ufahamu bora kuhusu mambo muhimu ya maisha.</p> <p>Ulikuwa na umri gani ulipofanya ngono kwa mara ya kwanza?</p>	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	→ 738												
738	PRESENCE OF OTHERS DURING THIS SECTION.	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>CHILDREN <10</td><td>1</td><td>2</td></tr> <tr> <td>MALE ADULTS</td><td>1</td><td>2</td></tr> <tr> <td>FEMALE ADULTS</td><td>1</td><td>2</td></tr> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: <div>CURRENTLY MARRIED/ LIVING WITH A MAN</div>	<div>NOT IN UNION</div>	→ 909
902	Mumeo/mpenzio/mwenzio alikuwa na umri gani kufikia tarehe yake ya kuzaliwa iliyopita?	AGE IN COMPLETED YEARS	
903	Je, Mumeo/mpenzio/mwenzio aliwahi kwenda shule?	YES 1 NO 2	→ 906
904	Ni kiwango gani cha juu zaidi cha shule alichokwenda, cha msingi, cha upili, cha ufundi, au cha juu zaidi?	PRIMARY 1 SECONDARY/ 'A' LEVEL 2 MIDDLE LEVEL COLLEGE (CERTIFICATE/ DIPLOMA) 3 UNIVERSITY 4 VOCATIONAL TRAINING 5 INFORMAL EDUCATION (MADRASA/ ADULT BASIC) 6	
905	Ni (darasa gani la/kidato gani cha/mwaka gani wa) juu zaidi aliokamilisha katika kiwango hicho? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/GRADE/FORM/YEAF . . DON'T KNOW 98	
906	Je, (mumeo/mpenzio) amejishughulisha na kazi yoyote kwa siku saba zilizopita?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Je, (mumeo/mpenzio) amejishughulisha na kazi yoyote kwa miezi kumi na miwili iliyopita?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	Je, (mumeo/mpenzio) anajishughulisha na nini, yaani, ni kazi gani anayofanya zaidi?	<div></div>	
909	Kando na kazi zako za nyumbani, umewahi kufanya kazi yoyote katika siku saba zilizopita?	YES 1 NO 2	→ 913
910	Kama unavyojuwa, wanawake wengine hufanya kazi ambazo hulipwa kwa pesa ama kwa vitu mbadala. Wengine huuza bidhaa, wana biashara ndogo ndogo ama wanafanya kazi katika shamba la familia ama biashara ya familia. Katika siku saba zilizopita, je umewahi kufanya lolote kati ya haya mambo ama kazi nyingine yeyote?	YES 1 NO 2	→ 913
911	Ingawaje hukufanya kazi ndani ya siku saba zilizopita, je una kazi yoyote ama biashara ambayo ulikosa kwenda kwa ajili uko likizo, ugonjwa, likizo ya uzazi, ama sababu nyingine kama hizo?	YES 1 NO 2	→ 913
912	Je umefanya kazi yoyote ndani ya miezi 12 iliyopita?	YES 1 NO 2	→ 917
913	Je, unajishughulisha na nini, yaani, ni kazi gani unayofanya zaidi?	<div></div>	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
914	Kazi hii unamfanyia mtu wa familia yako, unamfanyia mtu mwingine ama ni kazi yako mwenyewe?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3								
915	Kwa kawaida unafanya kazi mwaka mzima ama unafanya kazi kwa msimu ama mara moja moja?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3								
916	Unalipwa kwa pesa taslimu ama kwa kupatiwa vitu ama hulipwi kamwe?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 917							
916A	Je, ulipokea kiasi kigani cha pesa taslimu ama malipo mbadala kwa kazi hii mwezi uliopita?	VALUE (KSH): <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> DID NOT WORK IN LAST MONTH .. 9999995 DON'T KNOW9999998								
917	CHECK 701: <div style="text-align: center;">CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/></div>	NOT IN UNION <input type="checkbox"/>	→ 925							
918	CHECK 916: <div style="text-align: center;">CODE '1' OR '2' CIRCLED <input type="checkbox"/></div>	OTHER <input type="checkbox"/>	→ 921							
919	Ni nani ambaye kwa kawaida huamua jinsi zitakavyotumiwa pesa unazopata: wewe, mumeo/ mpenzio ama wewe na (mumeo/mpenzio) kwa pamoja?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6 (SPECIFY)								
920	Unaweza kusema kuwa pesa unazopata ni nyingi kuliko anazopata (mumeo/mpenzio), ni kidogo kuliko anazopata yeye ama ni karibu sawa?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 922							
921	Ni nani ambaye kwa kawaida huamua jinsi zitakavyotumiwa pesa anazopata (mumeo/mpenzio): wewe, mumeo/mpenzio ama wewe na (mumeo/mpenzio) kwa pamoja?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 (SPECIFY)								
922	Ni nani ambaye kwa kawaida hufanya uamuzi kuhusu afya yako: wewe, mumeo/mpenzio, wewe na (mumeo/mpenzio) kwa pamoja ama mtu mwingine?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6								
923	Ni nani anayefanya uamuzi kuhusu kununua vitu muhimu vya nyumbani?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6								

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
924	Ni nani anayefanya uamuzi kuhusu kuwatembelea familia ama jamaa zako?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
925	Unamiliki nyumba hii ama nyingine yeyote ukiwa wewe peke yako ama pamoja na mtu mwingine?	OWN ONE HOUSE ALONE 01 OWN MORE THAN ONE HOUSE ALON 02 JOINTLY WITH HUSBAND/ PARTNER ONLY 03 JOINTLY WITH SOMEONE ELSE ONLY 04 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 05 BOTH ALONE AND JOINTLY 06 DOES NOT OWN 07	→ 928
926	Je, uko na cheti ama stakabadi yoyote inayotambulika na serikali kwa nyumba yoyote unayomiliki?	YES 1 NO 2 DON'T KNOW 8	→ 928
927	Jina lako liko kwenye hicho cheti ama stakabadi hiyo?	YES 1 NO 2 DON'T KNOW 8	
928	Je, unamiliki ardhi yoyote kilimo wewe peke yako ama pamoja na mtu mwingine?	ALONE ONLY 01 JOINTLY WITH HUSBAND/ PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 930A
929	Je, uko na cheti ama stakabadi yoyote inayotambulika na serikali kwa ardhi hiyo ya kilimo unayomiliki?	YES 1 NO 2 DON'T KNOW 8	→ 930A
930	Jina lako liko kwenye hicho cheti ama stakabadi hiyo?	YES 1 NO 2 DON'T KNOW 8	
930A	Je, unamiliki ardhi yoyote isio ya kilimo wewe peke yako ama pamoja na mtu mwingine?	ALONE ONLY 01 JOINTLY WITH HUSBAND/ PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 931
930B	Je, uko na cheti ama stakabadi yoyote inayotambulika na serikali kwa ardhi hiyo isio ya kilimo unayomiliki?	YES 1 NO 2 DON'T KNOW 8	→ 931
930C	Jina lako liko kwenye hicho cheti ama stakabadi hiyo?	YES 1 NO 2 DON'T KNOW 8	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		PRES./ PRES./ NOT LISTEN. LISTEN. NOT PRES.		
		CHILDREN < 10	1 2 3		
		HUSBAND/PARTNER ..	1 2 3		
		OTHER MALES	1 2 3		
		OTHER FEMALES	1 2 3		
932	Kwa maoni yako, je, mume anastahili kumgonga ama kumpiga mkewe katika hali zifuatazo:		YES NO DK		
	a) Akitoka nyumbani bila kumuarifu?	a) GOES OUT	1 2 8		
	b) Akikosa kuwalinda watoto?	b) NEGLECTS CHILDREN	1 2 8		
	c) Akibishana naye?	c) ARGUES	1 2 8		
	d) Akikataa kufanya mapenzi naye?	d) REFUSES SEX	1 2 8		
	e) Akiunguza chakula?	e) BURNS FOOD	1 2 8		
	f) Akikataa kupika?	f) REFUSAL TO COOK ..	1 2 8		
	g) Akichelewa kurejea nyumbani?	g) COMING HOME LATE ..	1 2 8		
	h) Kwa kutokuwa mwaminifu kwa uhusiano wao?	h) UNFAITHFUL	1 2 8		

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
DV00	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION WOMAN <input type="checkbox"/> NOT SELECTED		1500																								
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2		DV37																								
DV02	READ TO THE RESPONDENT: Sasa ningependa kukuuliza maswali kuhusu mambo muhimu kwa maisha ya wanawake. Unaweza kuhisi kwamba maswali mengine ni ya ndani kabisa. Lakini, majibu yako ni ya muhimu kusaaidia kuelewa hali ya wanawake nchini Kenya. Nakuhakikishia ya kwamba majibu yako yatawekwa siri na hayataelezewa mtu yeyote mwingine. Pia ningependa kukujulisha kwamba kwa hii nyumba, ni wewe pekee yako umeulizwa haya maswali na hakuna mtu wa hii nyumba atajua kwamba umeulizwa haya maswali. Nikikuuliza swali lolote ambalo hutaki kujibu, niambie na nitaliwacha na kwenda kwa swali litakalofuata.																										
DV03	CHECK 701 AND 702: NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/>		DV06 DV06																								
DV04	Umesema kwamba haujaolewa na hauishi na mwanaume kama ambao mumeoana. Je uko na uhusiano wa karibu/kimapenzi na mwanaume hata kama hamuishi pamoja?	YES 1 NO 2	DV06																								
DV05	Umewahi kuwa na uhusiano wa karibi/kimapenzi na mwanaume hata kama haukuishi na yeye?	YES 1 NO 2	DV19																								
DV06	Sasa nitakuuliza kuhusu baadhi ya hali ambazo hutokea/huwafika baadhi ya wanawake na waume/wapenzi wao? A. Tafadhali nieleze/nijulishe ikiwa mambo yafuatayo yamekuwa/yalitokea katika uhusiano wako na mumeo/mwenzio/mpenzi wako wa kiume (wa mwisho). B. Ni mara ngapi hili lilifanyika ndani ya miezi 12 iliyopita: kila mara, mara kadhaa, ama halikufanyika kabisa?	<table border="1"> <thead> <tr> <th>EVER</th><th>OFTEN</th><th>SOME- TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) (Ana/ alikuwa na) wivu ama hasira (ukiongea/ ulipoongea) na wanaume wengine. YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) Mara kwa mara (husingizia/ alikuwa akikusingizia) kuwa wewe si muaminifu. YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c) (Hakuruhusu/ alikuwa hakuruhusu) ukutane na wanawake marafiki YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>d) (Anajaribu/ alikuwa akijaribu) kukuzuia kukutana na familia yako. YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>e) (Anasisitiza/ alisisitiza) kujua pahali (ulipo/ ulipokuwa) kila wakati. 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) (Ana/ alikuwa na) wivu ama hasira (ukiongea/ ulipoongea) na wanaume wengine. YES 1 NO 2	→ 1	2	3	b) Mara kwa mara (husingizia/ alikuwa akikusingizia) kuwa wewe si muaminifu. YES 1 NO 2	→ 1	2	3	c) (Hakuruhusu/ alikuwa hakuruhusu) ukutane na wanawake marafiki YES 1 NO 2	→ 1	2	3	d) (Anajaribu/ alikuwa akijaribu) kukuzuia kukutana na familia yako. YES 1 NO 2	→ 1	2	3	e) (Anasisitiza/ alisisitiza) kujua pahali (ulipo/ ulipokuwa) kila wakati. YES 1 NO 2	→ 1	2	3	
EVER	OFTEN	SOME- TIMES	NOT IN LAST 12 MONTHS																								
a) (Ana/ alikuwa na) wivu ama hasira (ukiongea/ ulipoongea) na wanaume wengine. YES 1 NO 2	→ 1	2	3																								
b) Mara kwa mara (husingizia/ alikuwa akikusingizia) kuwa wewe si muaminifu. YES 1 NO 2	→ 1	2	3																								
c) (Hakuruhusu/ alikuwa hakuruhusu) ukutane na wanawake marafiki YES 1 NO 2	→ 1	2	3																								
d) (Anajaribu/ alikuwa akijaribu) kukuzuia kukutana na familia yako. YES 1 NO 2	→ 1	2	3																								
e) (Anasisitiza/ alisisitiza) kujua pahali (ulipo/ ulipokuwa) kila wakati. YES 1 NO 2	→ 1	2	3																								

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
DV07	<p>Sasa ningependa kukuuliza maswali zaidi kuhusu uhusiano wako na (mumeo/ mpenzi wako) (wa mwisho).</p> <p>A. (Mumeo/ mpenzi wako) (wa mwisho) aliwahi:</p>	<p>B. Ni mara ngapi hili lilifanyika ndani ya miezi 12 iliyopita: kila mara, mara kadhaa, ama halikufanyika kabisa?</p>				
		EVER	OFTEN	SOME- TIMES	NOT IN LAST 12 MONTHS	
	a) Kusema ama kufanya kitu kilichoshusha heshima yako mbele ya watu?	YES 1 NO 2 ↓	→ 1	2	3	
	b) Kutishia kukuumiza wewe ama kuumiza mtu unayemthamini/unayemjali?	YES 1 NO 2 ↓	→ 1	2	3	
	c) Kukutusi ama kukufanya ujisikie kuwa na ubaya?	YES 1 NO 2 ↓	→ 1	2	3	
	d) Kuzuia au kukatisha uwezo wako wa kifiedha ama njia zako za kupata au kuzalisha riziki?	YES 1 NO 2 ↓	→ 1	2	3	
DV08	<p>A. Je, mumeo/ mpenzi wako (wa mwisho) aliwahi kukufanyia/kukutendea mambo yafuatayo?</p>	<p>B. Ni mara ngapi hili lilifanyika ndani ya miezi 12 iliyopita: kila mara, mara kadhaa, ama halikufanyika kabisa?</p>				
		EVER	OFTEN	SOME- TIMES	NOT IN LAST 12 MONTHS	
	a) Alikusukuma, alikusukasuka, ama alikurushia kitu?	YES 1 NO 2 ↓	→ 1	2	3	
	b) Alikupiga kofi?	YES 1 NO 2 ↓	→ 1	2	3	
	c) Alikusokota mkono ama alikuvuta nywele?	YES 1 NO 2 ↓	→ 1	2	3	
	d) Alikupiga ngumi ama na kitu kinachoweza kukuumiza?	YES 1 NO 2 ↓	→ 1	2	3	
	e) Alikupiga teke, kukukokota, ama alikuchapa?	YES 1 NO 2 ↓	→ 1	2	3	
	f) Alijaribu kukunyonga koo ama kukuchoma kwa makusudi?	YES 1 NO 2 ↓	→ 1	2	3	
	g) Alikushambulia kwa kisu, bunduki ama silaha nyingine?	YES 1 NO 2 ↓	→ 1	2	3	
	h) Alitumia nguvu kukulazimisha kufanya ngono naye wakati wewe hukutaka kufanya hivyo?	YES 1 NO 2 ↓	→ 1	2	3	
	i) litumia nguvu kukulazimisha kufanya vitendo vingine vya mapenzi ambavyo wewe hukuvitaka?	YES 1 NO 2 ↓	→ 1	2	3	
	j) Alikulazimisha akitumia vitisho ama njia nyingine kufanya vitendo vya mapenzi ambavyo wewe hukuvitaka?	YES 1 NO 2 ↓	→ 1	2	3	

SECTION 14. 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	Je, mambo yafuatayo yaliwahi kufanyika kutokana na alivyokutendea (mumeo/ mpenzi wako) (wa mwisho): a) Ulipata kukatika, kukwaruzwa, ama kupata maumivu? b) Ulipata kuumia machoni, kuteguka, kutoka kiungo, ama kuungua? c) Ulipata majeraha makubwa, kuvunjika mifupa, kuvunjika meno ama madhara mengine makubwa? d) Ulijihisi kudhalilishwa, kuwa mwenye upweke, wasiwasi, mwingi wa mawazo na njia zingine za kusababisha madhara ya kihisia.	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	
DV11	Je, umewahi kumpiga, kumpiga kofi, kumpiga teke ama kumfanya jambo lolote lingine la kumuumiza kimwili (mumeo/ mpenzi wako) (wa mwisho) wakati ambao yeye alikuwa hakupigi wala kumuumiza kimwili?	YES 1 NO 2	→ DV13
DV12	Ndani ya miezi 12 iliyopita, umefanya haya mara ngapi kwa (mumeo/ mpenzi wako) (wa mwisho) : kila mara, mara kadhaa, ama hukumfanyia kabisa?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
DV13	Je, (mumeo/ mpenzi wako) (wa mwisho) anakunywa (alikuwa akinywa) pombe?	YES 1 NO 2	→ DV15
DV14	Je analewa (alikuwa akilewa) kila baada ya muda gani: Kila mara, mara kadhaa, ama halewi (hakuwa akilewa) kabisa?	OFTEN 1 SOMETIMES 2 NEVER 3	
DV15	Je, unamuogopa (ulikuwa ukimuogopa) (mumeo/ mpenzi wako) (wa mwisho) : wakati mwingi, mara nyingine, ama humuogopi (hukuwa ukimuogopa) kabisa?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
DV16	<p>A. Kufikia sasa tumekuwa tukizungumza kuhusu tabia za (mumeo/ mpenzi wako) (wa sasa/wa mwisho). Sasa ningependa kukuuliza kuhusu tabia ya (mume/ mpenzi) yeyote wa zamani.</p> <p>a) Je, (mumeo/ mpenzi wako) yeyote wa zamani aliwahi kukupiga, kukupiga kofi, kukupiga teke, ama kufanya kitu kingine chochote kukuumiza kimwili?</p> <p>b) Je, (mumeo/mpenzi wako) yeyote wa zamani na hata wa hivi punde alitumia nguvu kukulazimisha ufanye ngono ama vitendo vingine vya kimapenzi ambavyo haukutaka?</p> <p>c) Je, (mumeo/ mpenzi wako) yeyote wa zamani na hata wa hivi punde aliwahi kukudhalilisha mbele ya watu wengine, kutishia kukuumiza wewe ama kuumiza mtu unayemthamini/unayemjali, kukutusi ama kukufanya ujisikie kuwa na ubaya?</p> <p>d) Je, (mumeo/ mpenzi wako) yeyote wa zamani/awali na hata wa hivi punde alikatisha usaidizi wa kifedha na wa aina mbali mbali maksudi?</p>	<p>B. Ni muda gani uliopita tangu jambo hili lilifanyike mara ya mwisho?</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>HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6</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> <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				
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																																											
DV17	<p>CHECK DV08A (h-j) AND DV16A (b):</p> <p>AT LEAST ONE <input type="checkbox"/> 'YES' ↓</p> <p>NOT A SINGLE <input type="checkbox"/> YES →</p>		DV19																																								
DV18	<p>Je, ulikuwa na umri gani wakati wa kwanza, ulipolazimishwa kufanya ngono ama vitendo vingine vya mapenzi bila ya hiari yako na (mumeo/mpenzi wako) wasasa ama wa zamani?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																																									
DV19	<p>CHECK 212 AND 232:</p> <p>CURRENTLY PREGNANT 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 <input type="checkbox"/> ↓</p> <p>NOT PREGNANT 232=2 AND NO PAST PREGNANCIES 212=0 <input type="checkbox"/> →</p>		DV22																																								
DV20	<p>Je, yeyote amewahi kukugonga, kukupiga kofi, ama kukufanyia kitu kingine chochote cha kukuumiza mwili wakati ulikuwa mjamzito?</p>	<p>YES 1</p> <p>NO 2</p>	DV22																																								

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV21	<p>Ni nani amewahi kukutendea mambo haya ya kukuumiza mwili wakati ulikuwa mjamzito?</p> <p>Kuna mwingine yeyote?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER . A</p> <p>MOTHER/STEP-MOTHER B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAND/PARTNER . G</p> <p>CURRENT BOYFRIEND H</p> <p>FORMER BOYFRIEND I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHER IN-LAW L</p> <p>TEACHER M</p> <p>SCHOOLMATE/CLASSMATE N</p> <p>EMPLOYER/SOMEONE AT WORK . O</p> <p>POLICE/SOLDIER P</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>			
DV22	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) Je, kutoka wakati ulipokuwa na umri wa miaka 15, kuna mtu yeyote mbali na (mumeo/ mpenzi wako) aliyewahi kukupiga, kukupiga kofi, kukupiga teke, ama kufanya kingine chochote kukuumiza kimwili? Kumbuka kwamba sitaki umtaje yeyote aliyekuwa mumeo/mpenzi wako.</p> </td> <td style="vertical-align: top;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) Je, kutoka wakati ulipokuwa na umri wa miaka 15, kuna mtu yeyote aliyewahi kukupiga, kukupiga kofi, kukupiga teke, ama kufanya kingine chochote kukuumiza kimwili?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) Je, kutoka wakati ulipokuwa na umri wa miaka 15, kuna mtu yeyote mbali na (mumeo/ mpenzi wako) aliyewahi kukupiga, kukupiga kofi, kukupiga teke, ama kufanya kingine chochote kukuumiza kimwili? Kumbuka kwamba sitaki umtaje yeyote aliyekuwa mumeo/mpenzi wako.</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) Je, kutoka wakati ulipokuwa na umri wa miaka 15, kuna mtu yeyote aliyewahi kukupiga, kukupiga kofi, kukupiga teke, ama kufanya kingine chochote kukuumiza kimwili?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p align="center">→ DV25</p>
<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) Je, kutoka wakati ulipokuwa na umri wa miaka 15, kuna mtu yeyote mbali na (mumeo/ mpenzi wako) aliyewahi kukupiga, kukupiga kofi, kukupiga teke, ama kufanya kingine chochote kukuumiza kimwili? Kumbuka kwamba sitaki umtaje yeyote aliyekuwa mumeo/mpenzi wako.</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) Je, kutoka wakati ulipokuwa na umri wa miaka 15, kuna mtu yeyote aliyewahi kukupiga, kukupiga kofi, kukupiga teke, ama kufanya kingine chochote kukuumiza kimwili?</p>				
DV23	<p>Ni nani amekuumiza kwa njia hii?</p> <p>Kuna mwingine yeyote?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>CURRENT BOYFRIEND F</p> <p>FORMER BOYFRIEND G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER K</p> <p>SCHOOLMATE/CLASSMATE L</p> <p>EMPLOYER/SOMEONE AT WORK . M</p> <p>POLICE/SOLDIER N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>			
DV24	<p>Ndani ya muda wa miezi 12 iliyopita, ni mara ngapi (mtu huyu/ watu hawa) walikuumiza kimwili: mara nyingi, mara kadhaa ama hawakuumiza kabisa?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>			

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV25	CHECK 701 AND 702 AND DV04 AND DV05: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ↓ </div> <div style="text-align: center;"> NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/> → DV27 </div> </div>		
DV26	Wakati wowote kwa maisha yako, ukiwa mtoto ama mtu mzima, je, kuna mtu yeyote mbali na (mumeo/ mpenzi wako) (ama aliyekuwa mumeo/ mpenzi wako) aliyekulazimisha kwa njia yoyote, kufanya ngono/mapenzi naye ama kufanya vitendo vingine vya mapenzi bila ya hiari yako? Kumbuka kwamba sitaki umtaje yeyote aliyekuwa mumeo/mpenzi wako.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV28 → DV30B
DV27	Wakati wowote kwa maisha yako, ukiwa mtoto ama mtu mzima, je, kuna mtu yeyote aliyekulazimisha kwa njia yoyote, kufanya ngono/mapenzi naye ama kufanya vitendo vingine vya mapenzi bila ya hiari yako?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV30B
DV28	CHECK 701 AND 702 AND DV04 AND DV05: <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ↓ a) Je, ulikuwa na umri gani wakati wa kwanza, ulipolazimishwa kufanya ngono ama vitendo vingine vya mapenzi bila ya hiari yako na mtu yeyote mbali na (mumeo/mpenzi wako) wasasa ama wa zamani? </div> <div style="text-align: center;"> NEVER MARRIED/ NEVER HAD A MALE PARTNER ↓ b) Je, ulikuwa na umri gani wakati wa kwanza, ulipolazimishwa kufanya ngono ama vitendo vingine vya mapenzi bila ya hiari yako? </div> </div>	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
DV29	Ni nani huyo aliyekulazimisha kufanya ngono ama vitendo vingine vya mapenzi bila ya hiari yako? Kuna mwingine yeyote? RECORD ALL MENTIONED.	FATHER/STEP-FATHER A BROTHER/STEP-BROTHER B OTHER RELATIVE C CURRENT BOYFRIEND D FORMER BOYFRIEND E IN-LAW F OWN FRIEND/ACQUAINTANCE G FAMILY FRIEND H TEACHER I SCHOOLMATE/CLASSMATE J EMPLOYER/SOMEONE AT WOF. K POLICE/SOLDIER L RELIGIOUS LEADER M STRANGER N OTHER X (SPECIFY)	

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0"> <tr> <td> <p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) Je, katika kipindi cha miezi 12 iliyopita, kuna mtu yeyote mbali ya mume wako awali au mwenzi mwingine wa sasa au wa awali aliyekulazimisha kufanya ngono au kufanya tendo lolote la ngono ambalo hukutaka?</p> </td><td> <p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) Je, katika kipindi cha miezi kumi na miwili iliyopita, je yeyote amekulazimisha kufanya ngono ama vitendo vingine vya ngono bila ya hiari yako?</p> </td></tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) Je, katika kipindi cha miezi 12 iliyopita, kuna mtu yeyote mbali ya mume wako awali au mwenzi mwingine wa sasa au wa awali aliyekulazimisha kufanya ngono au kufanya tendo lolote la ngono ambalo hukutaka?</p>	<p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) Je, katika kipindi cha miezi kumi na miwili iliyopita, je yeyote amekulazimisha kufanya ngono ama vitendo vingine vya ngono bila ya hiari yako?</p>	<p>YES 1</p> <p>NO 2</p>	→ DV30B
<p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) Je, katika kipindi cha miezi 12 iliyopita, kuna mtu yeyote mbali ya mume wako awali au mwenzi mwingine wa sasa au wa awali aliyekulazimisha kufanya ngono au kufanya tendo lolote la ngono ambalo hukutaka?</p>	<p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) Je, katika kipindi cha miezi kumi na miwili iliyopita, je yeyote amekulazimisha kufanya ngono ama vitendo vingine vya ngono bila ya hiari yako?</p>				
DV30A	Je, haya mambo yalitendeka mahali gani kwa mara nyingi?	<p>IN MY OWN HOME 01</p> <p>SOME OTHER HOUSE OR APARTMENT 02</p> <p>ELSEWHERE IN A RESIDENTIAL BUILDING 03</p> <p>AT SCHOOL OR WORKPLAC 04</p> <p>CAFÉ/RESTAURANT/PUB/CLUB/DISCO 05</p> <p>IN A SHOP 06</p> <p>ELSEWHERE INDOORS 07</p> <p>IN THE STREET/SQUARE/PARKING LOT/OTHER PUBLIC PLACE 08</p> <p>IN PUBLIC TRANSPORT 09</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>			
DV30B	Je, ukikumbana na ukatili wa aina yoyote, utatafuta usaidizi kutoka wapi ama kwa nani?	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND 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 THROUGH HELPLINES K</p> <p>SAFE SPACES/RESCUE CENTERS L</p> <p>CHIEF/OTHER NGAS N</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>			
DV31	<p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <p align="center">AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ DV35		
DV32	Je, ukifikiria kuhusu mambo ambayo wewe yamekufika, kati ya mambo tofauti tuliyoyazungumzia, je, umewahi kujaribu kutafuta usaidizi?	<p>YES 1</p> <p>NO 2</p>	→ DV34		

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
DV33	<p>Umetafuta usaidizi kutoka kwa nani ama wapi?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER</p> <p>HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND .. 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>(SPECIFY)</p>	<p>→ DV35</p>																
DV34	Je, umewahi kumueleza mtu yeyote kuhusu mambo haya?	<p>YES 1</p> <p>NO 2</p>																	
DV35	Kwa kiasi unachojua wewe, je baba yako aliwahi kumpiga au kumgonga mama yako?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																	
DV35A	Kwa kiasi unachojua wewe, je mama yako aliwahi kumpiga au kumgonga baba yako?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																	
	<p>VERBALLY SHARE THE HOTLINE NUMBER 1195 SHOULD THE RESPONDENT EVER WISH TO SEEK HELP OR REPORT DOMESTIC VIOLENCE.</p> <p>THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.</p>																		
DV36	<p>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?</p>	<table border="1"> <thead> <tr> <th></th><th>YES, ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT ..</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ..	1	2	3																
FEMALE ADULT	1	2	3																
DV37	<p>INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE</p> <p>_____</p> <p>_____</p> <p>_____</p>																		

FOLLOW-ON STUDY CONSENT

1500 Katika siku zijazo, timu nyengine kutoka kwa Shirika la Takwimu la Kenya, wangependa kutembelea nyumba yako kukuuliza maswali zaidi kuhusu afya na huduma za afya. Habari hizi zitatumika na Serikali ya Kenya kuweka mikakati na mipango kwa lengo la kuboresha afya na huduma za afya kwa jamii yako. idhini yako ni kwa hiari na unaweza kuondoa idhini hii wakati wowote. Hata hivyo tunatumai kwamba utakubali.

Je, una maswali yoyote?

Unakubali kutembelewa tena na timu kutoka Shirika la Kitaifa la Takwimu Kenya?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE REVISITED . . 1



RESPONDENT DOES NOT AGREE
TO BE REVISITED . . 2



1501	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
