

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"/>			<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
HOUSEHOLD NUMBER	<input style="width: 60%;" type="text"/>			<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
NAME OF HOUSEHOLD HEAD	<input style="width: 90%;" type="text"/>			
NAME AND LINE NUMBER OF WOMAN	<input style="width: 60%;" type="text"/>			<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)	<input style="width: 60%;" type="text"/>			<input style="width: 20px; height: 20px;" type="text"/>
WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO)	<input style="width: 60%;" type="text"/>			<input style="width: 20px; height: 20px;" 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 <input style="width: 20px; height: 20px;" type="text"/> MONTH <input style="width: 20px; height: 20px;" type="text"/> YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> INT. NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
INTERVIEWER'S NAME	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	YEAR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> INT. NUMBER <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
RESULT*	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>	RESULT* <input style="width: 20px; height: 20px;" type="text"/>
NEXT VISIT DATE	<input style="width: 40%;" type="text"/>	<input style="width: 40%;" type="text"/>		TOTAL NUMBER OF VISITS <input style="width: 20px; height: 20px;" type="text"/>
*RESULT CODES 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____				
LANGUAGE OF QUESTIONNAIRE** <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> LANGUAGE OF INTERVIEW** <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NATIVE LANGUAGE OF RESPONDENT** <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> TRANSLATOR USED (YES = 1, NO = 2) <input style="width: 20px; height: 20px;" type="text"/>				
LANGUAGE OF QUESTIONNAIRE** ENGLISH				
**LANGUAGE CODES: 01 ENGLISH 06 KAMBA 11 LUO 16 SOMALI 02 KISWAHILI 07 KIKUYU 12 MAASAI 17 TURKANA 03 BORANA 08 KISII 13 MERU 96 OTHER 04 EMBU 09 LUHYA 14 MIJIKENDA 05 KALENJIN 10 MARAGOLI 15 POKOT SPECIFY _____				
TEAM <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NUMBER		TEAM SUPERVISOR <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> NAME NUMBER		

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Kenya National Bureau of Statistics. We are conducting a survey about health and other topics all over Kenya. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED ... 1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS MINUTES	
102	What county were you born in? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE OUTSIDE OF KENYA 96	→ 104
103	What country were you born in?	COUNTRY	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00'	YEARS 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	In what month and year did you move here?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	
107	Just before you moved here, which county did you live in? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE OUTSIDE OF KENYA 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY (NAIROBI, KISUMU, MOMBASA, NAKURU) 1 TOWN 2 RURAL AREA 3	
109	Why did you move to this place?	ECONOMIC REASONS/BUSINESS 01 EDUCATION/TRAINING 02 MARRIAGE 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON 04 FORCED DISPLACEMENT 05 OTHER 96 (SPECIFY)	

SECTION 1. RESPONDENT'S BACKGROUND

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

SECTION 1. RESPONDENT'S BACKGROUND

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

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> PROBE AND CORRECT 201-208 AS NECESSARY.										
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 212								
211	How many miscarriages, abortions, and stillbirths have you ever had?	PREGNANCY LOSSES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	CHECK 212: ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> NO PAST PREGNANCIES <input type="checkbox"/>		→ 232								

SECTION 2. REPRODUCTION

<p>214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.</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>Think back to your (first/next) pregnancy. Was that a single pregnancy, twins, or triplets?</p> <p>IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROW(S) PREGNANCY HISTORY LINE NUMBER</p>	<p>IF 215=1, ASK: Was the baby born alive, born dead, or did you have a miscarriage or abortion?</p> <p>IF 215 > 1, ASK: Was the (first/next) baby in this pregnancy born alive or born dead?</p>	<p>Did the baby cry, move, or breathe?</p>	<p>What name was given to the baby?</p> <p align="center">RECORD NAME.</p>	<p>Is (NAME) a boy or a girl?</p>	<p>CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.</p> <p>NOTE: IF 217=1, THEN PREGNANCY OUTCOME=</p> <p>IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born?</p> <p>IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?</p>	<p>How long did this pregnancy last in weeks or months?</p> <p align="center">RECORD IN COMPLETED WEEKS OR MONTHS.</p>	<p>FOR ROW 01, ASK: Were there any other pregnancies before this pregnancy?</p> <p>AFTER ROW 01:</p> <p>IF 215=1 OR THIS IS THE FIRST BIRTH OF A MULTIPLE PREGNANCY, ASK: Were there any other pregnancies between the previous pregnancy and this pregnancy?</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="text"/></p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) <input type="text"/></p> <p>ABORTION 4 <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>NAME <input type="text"/></p>	<p>BOY 1</p> <p>GIRL 2</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="text"/></p> <p>NO 2 (NEXT PREGNANCY) <input type="text"/></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="text"/></p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) <input type="text"/></p> <p>ABORTION 4 <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>NAME <input type="text"/></p>	<p>BOY 1</p> <p>GIRL 2</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="text"/></p> <p>NO 2 (NEXT PREGNANCY) <input type="text"/></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="text"/></p> <p>BORN DEAD 2</p> <p>MISCARRIAGE 3 (SKIP TO 220) <input type="text"/></p> <p>ABORTION 4 <input type="text"/></p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 220)</p>	<p>NAME <input type="text"/></p>	<p>BOY 1</p> <p>GIRL 2</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="text"/></p> <p>NO 2 (NEXT PREGNANCY) <input type="text"/></p>
222A	<p>Have you had any pregnancies that ended since the last pregnancy mentioned?</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.	Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? 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 <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (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 <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (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 <input type="text"/> <input type="text"/>	YES 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (SKIP TO 223 IN NEXT ROW)	DAYS 1 <input type="text"/> <input type="text"/> MONTHS 2 <input type="text"/> <input type="text"/> YEARS 3 <input type="text"/> <input type="text"/> (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	Are you pregnant now?	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	→ 301
234	When you got pregnant, did you want to get pregnant at that time?	<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) Did you want to have a baby later on or did you not want any more children?</p> <p>b) Did you want to have a baby later on or did you not want any children?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	

SECTION 3. CONTRACEPTION

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

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE <input type="checkbox"/>	PREGNANT <input type="checkbox"/>	→ 320
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 307
304	Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY ... 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT STERILIZED ONLY <input type="checkbox"/> PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.	PARTNER STERILIZED ONLY <input type="checkbox"/> PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	BOTH STERILIZED <input type="checkbox"/> PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES 1 NO 2	→ 320
307	Which method are you using? 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	In what facility did the sterilization take place? 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) DON'T KNOW 98	→ 401

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES 1 NO 2	
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES 1 NO 2 DON'T KNOW 8	→ 401
330	Where did you obtain (CURRENT METHOD) the last time? 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	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 601
402	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. PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5 PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/> PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/> PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/> PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/> PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/> PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/> PREGNANCY OUTCOME TYPE <input type="text"/>		
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 MISCARRIAGE/ABORTION 5	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	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"/>	→ 408
407	RECORD NAME FROM 218. NAME _____		
408	CHECK 405: PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3, 4, OR 5 <input type="checkbox"/> a) When you got pregnant with (NAME), did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	YES 1 NO 2	→ 411

409	Did you want to have a baby later on, or not at all?	LATER 1 NOT AT ALL 2	→ 411								
410	How much longer did you want to wait?	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	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 414								
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ←	MOST RECENT STILLBIRTH <input type="checkbox"/> →	→ 426								
414	Whom did you see? Anyone else? 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>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</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>How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</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>How many times did you receive antenatal care during this pregnancy?</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>As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:</p> <p>a) Measure your blood pressure?</p> <p>b) Take a urine sample?</p> <p>c) Take a blood sample?</p> <p>d) Listen to the baby's heartbeat?</p> <p>e) Talk with you about which foods you should eat?</p> <p>f) Talk with you about breastfeeding?</p> <p>g) Ask you if you had vaginal bleeding?</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	
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419	CHECK 405: PREGNANCY OUTCOME TYPE		
	MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 426
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES 1 NO 2 DON'T KNOW 8	→ 423
421	During this pregnancy, how many times did you get a tetanus injection?	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	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 DON'T KNOW 8	→ 426
424	Before this pregnancy, how many times did you receive a tetanus injection?	TIMES <input type="text"/> IF 7 OR MORE TIMES, RECORD DON'T KNOW 8	
425	CHECK 424:		
	ONLY <input type="checkbox"/> ONE ↓ a) How many years ago did you receive that tetanus injection?	MORE <input type="checkbox"/> THAN ↓ b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	
		YEARS AGO <input type="text"/> <input type="text"/>	
426	During this pregnancy, were you given or did you buy any iron tablets/IFAS or iron syrup?	YES 1 NO 2 DON'T KNOW 8	→ 434
	SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.		

427	<p>Where did you get the iron tablets/IFAS or syrup?</p> <p>Anywhere else?</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>During the whole pregnancy, for how many days did you take the iron tablets/IFAS or syrup?</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-around;"> <div style="text-align: center;"> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/></p> <p>a) Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> </div> <div style="text-align: center;"> <p>PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)?</p> <p>Anyone else?</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-around;"> <div style="text-align: center;"> PREGNANCY TYPE 1 OR 2 ↓ a) Where did you give birth to (NAME)? </div> <div style="text-align: center;"> PREGNANCY TYPE 3 OR 4 ↓ b) Where did you deliver this stillbirth? </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> HER HOME 11 OTHER HOME 12 → 437	
		<p>PUBLIC SECTOR</p> GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT DISPENSARY 23 OTHER PUBLIC SECTOR 26 (SPECIFY)	
		<p>PRIVATE MEDICAL SECTOR</p> PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY)	
		<p>NGO MEDICAL SECTOR</p> NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR 46 (SPECIFY)	
		<p>FBO MEDICAL SECTOR</p> FBO/MISSION HOSPITAL 51 FBO/MISSION CLINIC 52 OTHER FBO MEDICAL SECTOR 56 (SPECIFY)	
		OTHER 96 → 437 (SPECIFY)	
436	<p>CHECK 405:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> PREGNANCY TYPE 1 OR 2 ↓ a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out? </div> <div style="text-align: center;"> PREGNANCY TYPE 3 OR 4 ↓ b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out? </div> </div>	YES 1 NO 2	
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 → 445 PRIOR STILLBIRTH 4 → 487	
444	CHECK 405: PREGNANCY OUTCOME TYPE <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> MOST RECENT LIVE BIRTH ↓ </div> <div style="text-align: center;"> PRIOR LIVE BIRTH <input type="checkbox"/> → 480 </div> </div>		
445	CHECK 435: PLACE OF DELIVERY FACILITY BIRTH: ANY CODE <input type="checkbox"/> 21 THROUGH 56 CIRCLED ↓	CODE 11, 12, OR 96 <input type="checkbox"/> → 464 CIRCLED	

447	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 <input type="checkbox"/></p> <p>a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)?</p> <p>PREGNANCY TYPE 3 <input type="checkbox"/></p> <p>b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)?</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>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you.</p> <p>Before you left the facility, did anyone check on your health?</p>	<p>YES 1</p> <p>NO 2</p>	→ 451
449	<p>How long after delivery did the first check take place?</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>Who checked on your health at that time?</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>Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).</p> <p>Before (NAME) left the facility, did anyone check on (NAME'S) health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 454A
453	<p>How long after delivery was (NAME)'s health first checked?</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>Who checked on (NAME)'s health at that time?</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>How long after delivery did (NAME) stay in the (FACILITY IN 435)?</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>Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?</p>	<p>YES 1 NO 2</p>	→ 459																		
456	<p>How long after delivery did that check take place?</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>Who checked on your health at that time?</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>Where did the check take place?</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 <input type="checkbox"/> LIVE BIRTH</p> <p>MOST RECENT <input type="checkbox"/> STILLBIRTH</p>		→ 479
460	<p>After (NAME) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 479
461	<p>How long after the birth of (NAME) did that check take place?</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>	
462	<p>Who checked on (NAME)'s health at that time?</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>Where did this check of (NAME) take place?</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) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p> </div> <div style="width: 45%;"> <p>PREGNANCY TYPE 3 <input type="checkbox"/></p> <p>b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM 406)?</p> </div> </div>	<p>YES 1 NO 2</p>	<p>→ 468</p>

465	<p>How long after delivery did the first check take place?</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>Who checked on your health at that time?</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>Where did this first check take place?</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 STILLBIRTH <input type="checkbox"/>	→ 479																		
469	I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). After (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?	YES 1 NO 2 DON'T KNOW 8	→ 479																		
470	How long after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	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	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	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	Where did this first check of (NAME) take place? 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.	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	Did you ever breastfeed (NAME)?	YES 1 NO 2	→ 487
484	CHECK 224 FOR CHILD: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>LIVING <input type="checkbox"/></div> <div>DEAD <input type="checkbox"/></div> </div>		→ 487
485	Are you still breastfeeding (NAME)?	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; align-items: center;"> <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	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. (We will talk about each separately, starting with the youngest.)		
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	Do you have a card or other document where (NAME)'s vaccinations are written down?	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	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506	CHECK 504: CODE '2' CIRCLED <input type="checkbox"/>	CODE '4' CIRCLED <input type="checkbox"/>	→ 513
507	May I see the card or other document where (NAME)'s vaccinations are written down?	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 																																																																																		
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 style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">DAY</th> <th style="text-align: center;">MONTH</th> <th style="text-align: center;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV)</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>ROTAVIRUS 1</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>ROTAVIRUS 2</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>MEASLES RUBELLA (MR) (9 MONTHS)</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>MEASLES RUBELLA (MR) 2 (18 MONTHS)</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>YELLOW FEVER</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> <tr><td>DEWORMER (ALBENDAZOLE) (MOST RECENT)</td><td><div></div></td><td><div></div></td><td><div></div></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG	<div></div>	<div></div>	<div></div>	ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)	<div></div>	<div></div>	<div></div>	ORAL POLIO VACCINE (OPV) 1	<div></div>	<div></div>	<div></div>	ORAL POLIO VACCINE (OPV) 2	<div></div>	<div></div>	<div></div>	ORAL POLIO VACCINE (OPV) 3	<div></div>	<div></div>	<div></div>	INACTIVATED POLIO VACCINE (IPV)	<div></div>	<div></div>	<div></div>	DPT-HEP.B-HIB (PENTAVALENT) 1	<div></div>	<div></div>	<div></div>	DPT-HEP.B-HIB (PENTAVALENT) 2	<div></div>	<div></div>	<div></div>	DPT-HEP.B-HIB (PENTAVALENT) 3	<div></div>	<div></div>	<div></div>	PNEUMOCOCCAL 1	<div></div>	<div></div>	<div></div>	PNEUMOCOCCAL 2	<div></div>	<div></div>	<div></div>	PNEUMOCOCCAL 3	<div></div>	<div></div>	<div></div>	ROTAVIRUS 1	<div></div>	<div></div>	<div></div>	ROTAVIRUS 2	<div></div>	<div></div>	<div></div>	MEASLES RUBELLA (MR) (9 MONTHS)	<div></div>	<div></div>	<div></div>	MEASLES RUBELLA (MR) 2 (18 MONTHS)	<div></div>	<div></div>	<div></div>	YELLOW FEVER	<div></div>	<div></div>	<div></div>	VITAMIN A (MOST RECENT)	<div></div>	<div></div>	<div></div>	DEWORMER (ALBENDAZOLE) (MOST RECENT)	<div></div>	<div></div>	<div></div>		
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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 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED 2 PHOTOGRAPH NOT TAKEN, OTHER REASON 6 (SPECIFY)</p>																																																																																	
511	<p>CHECK 509: 'BCG' TO 'YELLOW FEVER' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN?</p> <p style="text-align: center;">NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p style="text-align: center;">↓ → 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>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</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 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	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 530
514	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
517	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 521
518	Did (NAME) receive the first oral polio vaccine in the first 2 weeks after birth or later?	<p>FIRST TWO WEEKS 1 LATER 2</p>	
519	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
520	The last time (NAME) received the polio drops, did (NAME) also get an IPV injection in the right thigh to protect against polio?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
521	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the left thigh sometimes at the same time as polio drops?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 523
522	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
523	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	<p>YES 1 NO 2 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	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
525	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 527
526	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
527	Has (NAME) ever received a measles rubella vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 528A
528	How many times did (NAME) receive the measles rubella vaccine?	NUMBER OF TIMES <input type="text"/>	
528A	Has (NAME) ever received a yellow fever vaccination, that is, an injection in the left arm to prevent yellow fever?	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; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
529	<p>Where did (NAME) receive most of his/her vaccinations?</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	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)		
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	In the last 12 months, was (NAME) given any of the following: a) Iron tablets or syrup? b) Micronutrient powder like this? SHOW COMMON TYPES OF MULTIPLE MICRONUTRIENT POWDERS.	YES NO DK a) TABLETS/SYRUF 1 2 8 b) MULTIPLE MICRONUTRIENT POWDERS 1 2 8	
605	In the last 6 months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	
606	In the last 6 months, was (NAME) given any medicine for intestinal worms?	YES 1 NO 2 DON'T KNOW 8	
607	In the last 3 months, has any healthcare provider or community health worker measured: a) (NAME)'s weight? b) (NAME)'s length or height? c) Around (NAME)'s upper arm? 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	Is (NAME) able to move like children of the same age?	YES 1 NO 2 DON'T KNOW 8	
607B	Is (NAME) able to make sounds or talk like children of the same age?	YES 1 NO 2 DON'T KNOW 8	
608	Has (NAME) had diarrhea in the last 2 weeks?	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) Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </div> <div style="width: 45%;"> <p align="center">NO/ NOT ASKED ↓ <input type="checkbox"/></p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</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>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</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>Did you seek advice or treatment for the diarrhea from any source?</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>Where did you seek advice or treatment?</p> <p>Anywhere else?</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</p> <p align="center">(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 align="center">(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</p> <p align="center">(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</p> <p align="center">(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>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="checkbox"/></p>																					
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a packet called ORS?</p> <p>c) Zinc tablets or syrup?</p> <p>d) A homemade sugar-salt solution?</p> <p>e) Other homemade fluids such as prridge, soup, yoghurt, coconut water, fresh fruit juice, tea, milk or rice water?</p>	<table border="0"> <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																				
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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) Was anything else given to treat the diarrhea?</p> </div> <div style="text-align: center;"> <p>ALL 'NO' OR 'DK'</p> <p><input type="checkbox"/></p> <p>↓</p> <p>b) Was anything given to treat the diarrhea?</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) What else was given to treat the diarrhea?</p> <p>Anything else?</p> </div> <div style="text-align: center;"> <p>ALL 'NO' OR 'DK'</p> <p><input type="checkbox"/></p> <p>↓</p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else?</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>(SPECIFY)</p>	
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 621
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
620	Were you told by a healthcare provider that (NAME) had malaria?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
621A	Has (NAME) been in contact with a person with persistent cough or TB in the last 12 months?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 622
621B	Was (NAME) tested for TB?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 624
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER 6</p> <p>(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	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2	→ 630
626	Where did you seek advice or treatment? Anywhere else? 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>	<div style="text-align: right;">→ 629</div>
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE <input type="checkbox"/>	
629	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	
630	At any time during the illness, did (NAME) take any medicine for the illness?	YES 1 NO 2 DON'T KNOW 8	<div style="text-align: right;">→ 634</div>
631	What medicine did (NAME) take? Any other medicine? 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	<p>CHECK 631: ARTEMISININ COMBINATION THERAPY ('A' OR 'B' OR 'C') GIVEN</p> <p>CODE 'A', 'B', OR 'C' CIRCLED <input type="checkbox"/> CODE 'A', 'B', OR 'C' NOT CIRCLED <input type="checkbox"/></p> <p>↓</p> <p>→ 634</p>		
633	<p>How long after the fever started did (NAME) first take an artemisinin combination therapy?</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE OR MORE DAYS AFTER FEVER . 3</p> <p>DON'T KNOW 8</p>	
634	<p>CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 603 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>→ 643</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
643	<p>Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did you eat</p>				
	a) Ugali, porridge, rice, bread, chapati, pasta, or green maize?	a)	YES 1	NO 2	DK 8
	b) Carrots, pumpkin, butternut, or sweet potato that is orange inside?	b)	1	2	8
	c) Irish potato, white sweet potato, green banana, nduma (arrowroot), yam, or cassava?	c)	1	2	8
	d) Sukuma wiki, spinach, managu (nightshade), terere (amaranth), saget, or kunde (cowpea leaves)?	d)	1	2	8
	d1) Khandira (Ethiopian kale), mrenda (jute mallow), pumpkin leaves, nderema (Malabar spinach), mitoo, broccoli, or mchungu?	d1)	1	2	8
	e) Any other vegetables, such as tomatoes, cabbage, green capsicum, mushrooms, cucumber or other vegetables?	e)	1	2	8
	f) Ripe pawpaw, ripe mango, passionfruit, or matunda ya damu?	f)	1	2	8
	g) Any other fruits, such as banana, pineapple, avocado, watermelon, orange or other fruits?	g)	1	2	8
	h) Liver, blood, kidney, lung, gizzard, or heart?	h)	1	2	8
	i) Sausages, Smokies, hot dogs, salami, or ham?	i)	1	2	8
	j) Any other meat, such as goat, beef, minced beef, mutton, pork, wild game, or chicken?	j)	1	2	8
	k) Eggs?	k)	1	2	8

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	l) Fish, dagaa, canned tuna, or seafood?	l) 1	2	8	
	m) Beans, githeri, ndengu (green gram), njahi (black gram), kamande (lentils), pigeon peas, or chickpeas?	m) 1	2	8	
	n) Groundnuts, cashews, pumpkin seeds, simsim (sesame seeds), or peanut butter?	n) 1	2	8	
	o) Milk, milk tea, powdered milk, yogurt, mala, or cheese?	o) 1	2	8	
	p) Termites, locusts, or grasshoppers?	p) 1	2	8	
	q) Any sweet foods such as cakes, sweet biscuits, candy, chocolates, ice cream, or ice lollies?	q) 1	2	8	
	r) Crisps, chips, ngumu, mandaazi, samosa, bhajias, or Indomie?	r) 1	2	8	
	s) Fruit juice or fruit drinks?	s) 1	2	8	
	t) Soft drinks such as Coca-Cola, Fanta, Sprite, or energy drinks such as Red Bull?	t) 1	2	8	
	u) Tea with sugar, coffee with sugar, Milo, or cocoa?	u) 1	2	8	
	w) Any other liquids? IF YES: What was the drink? IF YES: Was the drink sweetened?	w) 1	2	8	
		OTHER DRINK(S) _____ (SPECIFY)			
		SWEETENED 1	2	8	
	x) Any other food? IF YES: What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONALFOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	x) 1	2	8	
		OTHER FOOD(S) _____ (SPECIFY)			

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about marriage. Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 706 → 709
702	Have you ever been married or lived together with a man as if married?	YES, PREVIOUSLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	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	Did you have a marriage certificate for your last marriage?	YES 1 NO 2 DON'T KNOW 8	→ 714 → 707
706	Do you have a marriage certificate for this marriage?	YES 1 NO 2 DON'T KNOW 8	→ 709
707	Was this marriage ever registered with the civil authority?	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	Is your (husband/partner) living with you now or is he staying elsewhere?	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	Have you been married or lived with a man only once or more than once?	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) In what month and year did you start living with your (husband/partner)?</p> </div> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</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>	<p>→ 717</p>												
716	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>													
717	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> </div> <div style="width: 45%;"> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> </div> </div>		→ 721												
718	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> </div> <div style="width: 30%;"> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> </div> <div style="width: 30%;"> <p>NO, NOT IN A UNION <input type="checkbox"/></p> </div> </div>		→ 721												
719	Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?	<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	How old were you when you first started living with your current (husband/partner)?	AGE <input type="text"/> <input type="text"/>													
721	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO														
722	<p>Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues.</p> <p>How old were you when you had sexual intercourse for the very first time?</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 style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>CHILDREN <10</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>MALE ADULTS</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>FEMALE ADULTS</td><td align="center">1</td><td align="center">2</td></tr> </tbody> </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: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN <input type="checkbox"/> UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, secondary/'A' level, college, university, or vocational?	PRIMARY 1 SECONDARY/'A' LEVEL 2 MIDDLE LEVEL COLLEGE (CERTIFICATE/ DIPLOMA) 3 UNIVERSITY 4 VOCATIONAL TRAINING 5 INFORMAL EDUCATION (MADRASA/ ADULT BASIC) 6	
905	What was the highest (standard/grade/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/GRADE/FORM/YEAF... <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	
909	Aside from your own housework, have you done any work in the last 7 days?	YES 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last 7 days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP							
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3								
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3								
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 917							
916A	How much did you receive in cash or kind for this work last month?	VALUE (KSH): <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td 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	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6 (SPECIFY)								
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 922							
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 (SPECIFY)								
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6								
923	Who usually makes decisions about making major household purchases?	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	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
925	Do you own this or any other house either alone or jointly with someone else?	OWN ONE HOUSE ALONE 01 OWN MORE THAN ONE HOUSE 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	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928
927	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
928	Do you own any agricultural land either alone or jointly with someone else?	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	Do you have a title deed or other legally recognized document by the government for the agricultural land you own?	YES 1 NO 2 DON'T KNOW 8	→ 930A
930	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
930A	Do you own any non-agricultural land either alone or jointly with someone else?	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	Do you have a title deed or other legally recognized document by the government for the non-agricultural land you own?	YES 1 NO 2 DON'T KNOW 8	→ 931
930C	Is your name on this document?	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 NOT LISTEN. LISTEN. PRES.		
		CHILDREN < 10	1 2 3		
		HUSBAND/PARTNER ..	1 2 3		
		OTHER MALES	1 2 3		
		OTHER FEMALES	1 2 3		
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES NO DK		
	a) If she goes out without telling him?	a) GOES OUT	1 2 8		
	b) If she neglects the children?	b) NEGLECTS CHILDREN	1 2 8		
	c) If she argues with him?	c) ARGUES	1 2 8		
	d) If she refuses to have sex with him?	d) REFUSES SEX	1 2 8		
	e) If she burns the food?	e) BURNS FOOD	1 2 8		
	f) If she refuses to cook?	f) REFUSAL TO COOK ..	1 2 8		
	g) If she comes home late?	g) COMING HOME LATE ..	1 2 8		
	h) If she is unfaithful to him?	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: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.																																
DV03	CHECK 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	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?	YES 1 NO 2	DV06																														
DV05	Have you ever been in an intimate relationship with a man even though you did not ever live with him?	YES 1 NO 2	DV19																														
DV06	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner). A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner). B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																
		<table border="1"> <thead> <tr> <th></th><th>EVER</th><th>OFTEN</th><th>SOME- TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men.</td><td>YES 1 NO 2</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>b) He wrongly (accuses/accused) you of being unfaithful.</td><td>YES 1 NO 2</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>c) He (does/did) not permit you to meet your female friends.</td><td>YES 1 NO 2</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>d) He (tries/tried) to limit your contact with your family.</td><td>YES 1 NO 2</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times.</td><td>YES 1 NO 2</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		EVER	OFTEN	SOME- TIMES	NOT IN LAST 12 MONTHS	a) He (is/was) jealous or angry if you (talk/talked) to other men.	YES 1 NO 2	1	2	3	b) He wrongly (accuses/accused) you of being unfaithful.	YES 1 NO 2	1	2	3	c) He (does/did) not permit you to meet your female friends.	YES 1 NO 2	1	2	3	d) He (tries/tried) to limit your contact with your family.	YES 1 NO 2	1	2	3	e) He (insists/insisted) on knowing where you (are/were) at all times.	YES 1 NO 2	1	2	3	
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e) He (insists/insisted) on knowing where you (are/were) at all times.	YES 1 NO 2	1	2	3																													

SECTION 14. DOMESTIC VIOLENCE MODULE

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

SECTION 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> AT LEAST ONE <input type="checkbox"/> 'YES' ↓ </div> <div> NOT A SINGLE <input type="checkbox"/> 'YES' </div> </div>		→ DV11
DV10	Did the following ever happen as a result of what your (last) (husband/male partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury? d) You felt humiliated, stressed, isolated, lonely, anxious or any other form of emotional harm?	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES 1 NO 2	→ DV13
DV12	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
DV13	Does (did) your (last) (husband/male partner) drink alcohol?	YES 1 NO 2	→ DV15
DV14	How frequently does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
DV15	Are (Were) you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	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. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.</p>	<p>B. How long ago did this last happen?</p> <table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td colspan="4">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6</td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2</td><td></td><td></td><td></td></tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6				YES 1	1	2	3	NO 2				YES 1	1	2	3	NO 2				YES 1	1	2	3	NO 2				YES 1	1	2	3	NO 2				
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DV17	<p>CHECK DV08A (h-j) AND DV16A (b):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p>	<p>NOT A SINGLE YES <input type="checkbox"/></p>	DV19																																								
DV18	<p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?</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>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	DV22																																								

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV21	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</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> <p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER</p> <p align="center"><input type="checkbox"/></p> <p align="center">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p> </td> <td> <p>NEVER MARRIED/NEVER HAD A MALE PARTNER</p> <p align="center"><input type="checkbox"/></p> <p align="center">↓</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER</p> <p align="center"><input type="checkbox"/></p> <p align="center">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p>	<p>NEVER MARRIED/NEVER HAD A MALE PARTNER</p> <p align="center"><input type="checkbox"/></p> <p align="center">↓</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<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</p> <p align="center"><input type="checkbox"/></p> <p align="center">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p>	<p>NEVER MARRIED/NEVER HAD A MALE PARTNER</p> <p align="center"><input type="checkbox"/></p> <p align="center">↓</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>				
DV23	<p>Who has hurt you in this way?</p> <p>Anyone else?</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>In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?</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-around;"> <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 ↓ </div> </div>	<div style="display: flex; align-items: center;"> <div style="flex-grow: 1; border-bottom: 1px solid black; position: relative;"> → DV27 </div> </div>	
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV28 → DV30B
DV27	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV30B
DV28	CHECK 701 AND 702 AND DV04 AND DV05: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner? </div> <div style="width: 45%;"> NEVER MARRIED/ NEVER HAD A MALE PARTNER ↓ b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to? </div> </div>	AGE IN COMPLETED YEARS DON'T KNOW 98	
DV29	Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to? Anyone else? 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 WORK K POLICE/SOLDIER L RELIGIOUS LEADER M STRANGER N OTHER X <div style="text-align: center;">(SPECIFY)</div>	

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ DV30B
DV30A	At what place did these incidence(s) mostly happen?	<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 WORKPLACE 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	If you ever experience any form of violence, where or from whom could you seek help?	<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 K</p> <p>THROUGH HELPLINES L</p> <p>SAFE SPACES/RESCUE CENTERS M</p> <p>CHIEF/OTHER NGOs 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> <div style="display: flex; justify-content: space-around;"> <p>AT LEAST ONE "YES" <input type="checkbox"/></p> <p>NOT A SINGLE "YES" <input type="checkbox"/></p> </div>		→ DV35
DV32	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	<p>YES 1</p> <p>NO 2</p>	→ DV34

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
DV33	<p>From whom or where have you sought help?</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 align="center">(SPECIFY)</p>	<p>→ DV35</p>																
DV34	Have you ever told any one about this?	<p>YES 1</p> <p>NO 2</p>																	
DV35	As far as you know, did your father ever beat or hit your mother?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																	
DV35A	As far as you know, did your mother ever beat or hit your father?	<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> <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 In the coming days, another team from Kenya National Bureau of Statistics would like to visit you to ask you additional questions about health and health care services. The information will be used by the Government of Kenya to plan strategies and programs aimed at improving the health and health services in your community. Your permission is completely voluntary and you can withdraw this permission at any time. However, we hope you will agree.

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE REVISITED . . 1

RESPONDENT DOES NOT AGREE
TO BE REVISITED . . 2



1501	RECORD THE TIME.	HOURS	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				
		MINUTES	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>				

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
