

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

KENYA
KENYA NATIONAL BUREAU OF STATISTICS

LONG

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	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											
HOUSEHOLD NUMBER	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											
NAME OF HOUSEHOLD HEAD	<input style="width: 90%;" type="text"/>											
NAME AND LINE NUMBER OF WOMAN	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											
HOUSEHOLD SELECTED FOR MAN'S SURVEY? (1=YES, 2=NO)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											
WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>											
INTERVIEWER VISITS												
	1	2	3	FINAL VISIT								
DATE	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	DAY <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>								
INTERVIEWER'S NAME	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>								
RESULT*	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	YEAR <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>								
NEXT VISIT: DATE	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>		INT. NUMBER <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>								
TIME	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>		RESULT* <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>								
TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>												
*RESULT CODES: 1 COMPLETED 4 REFUSED 2 NOT AT HOME 5 PARTLY COMPLETED 7 OTHER _____ 3 POSTPONED 6 INCAPACITATED SPECIFY _____												
LANGUAGE OF QUESTIONNAIRE** <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px; text-align: center;">0</td><td style="width: 25px; height: 25px; text-align: center;">2</td></tr> </table>					0	2						
0	2											
LANGUAGE OF INTERVIEW** <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>												
NATIVE LANGUAGE OF RESPONDENT** <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>												
TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table>												
LANGUAGE OF QUESTIONNAIRE** KISWAHILI												
**LANGUAGE CODES: 01 ENGLISH 06 KAMBA 11 LUO 16 SOMALI 02 KISWAHILI 07 KIKUYU 12 MAASAI 17 TURKANA 03 BORANA 08 KISII 13 MERU 96 OTHER 04 EMBU 09 LUHYA 14 MIJIKENDA 05 KALENJIN 10 MARAGOLI 15 POKOT SPECIFY _____												
TEAM <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table> NUMBER				TEAM SUPERVISOR <input style="width: 50%;" type="text"/> <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> </table> NUMBER								

INTRODUCTION AND CONSENT

Hujambo, jina langu ni _____ na ninafanya kazi na shirika la Kitaifa la Takwimu la Kenya. Tunafanya utafiti kuhusu mambo ya afya na mambo mengine ya kijamii kote nchini Kenya. Habari tutakazosunyanua zitaisaidia serikali kupanga huduma za afya. Nyumba yako imechaguliwa kwa utafiti huu. Kwa kawaida maswali huchukua kadiri ya dakika 30 hadi 90. Majibu yako yote yatawekwa siri na hayatatolewa kwa mtu yeyote isipokuwa watafiti wetu. Sio lazima ushiriki katika utafiti huu lakini tunataraji utajibu maswali hayo kwa sababu maoni yako ni muhimu. Nikikuiuliza swali lolote ambalo hutaki kujibu, niambie na nitaliwacha na kwenda kwa swali litakaloftuata au unaweza kusimamia mahojiano haya wakati wowote.

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

Je, una maswali yoyote?
Ninaweza kuanza mahojiano sasa?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS MINUTES	
102	Je, ulizaliwa kwa kaunti gani? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE OUTSIDE OF KENYA 96	→ 104
103	Je, ulizaliwa nchi gani?	COUNTRY	
104	Umeishi hapa (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE) mfululizo kwa muda gani? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS/NEVER MOVED 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> ↓ 05 YEARS <input type="checkbox"/> OR MORE		→ 107
106	Ulihamia hapa mwezi na mwaka gani?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	
107	Kabla ya kuhamia hapa, Je uliishi kaunti gani? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE OUTSIDE OF KENYA 96	
108	Kabla ya kuhamia hapa, Je uliishi katika jiji kubwa, mjini au mashambani?	CITY (NAIROBI, KISUMU, MOMBASA, NAKURU) 1 TOWN 2 RURAL AREA 3	
109	Ni sababu gani kubwa iliyokufanya uhamie huku?	ECONOMIC REASONS/BUSINESS 01 EDUCATION/TRAINING 02 MARRIAGE 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON 04 FORCED DISPLACEMENT 05 OTHER 96 (SPECIFY)	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	Ulizaliwa mwezi gani na mwaka gani?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
111	Kufikia tarehe yako ya kuzaliwa iliyopita, ulikuwa umefika umri gani? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
112	Kwa jumla, unaweza sema afya yako ni nzuri sana, nzuri kiasi, kadiri, ni mbaya au ni mbaya zaidi?	VERY GOOD 1 GOOD 2 MODERATE 3 BAD 4 VERY BAD 5	
113	Umewahi kwenda shule?	YES 1 NO 2	→ 117
114	Ni kiwango gani cha juu zaidi cha shule ulichokwenda: ya msingi, ya upili, cha ufundi, au cha juu zaidi?	PRIMARY 1 SECONDARY/ 'A' LEVEL 2 MIDDLE LEVEL COLLEGE (CERTIFICATE/ DIPLOMA) 3 UNIVERSITY 4 VOCATIONAL TRAINING 5 INFORMAL EDUCATION (MADRASA/ ADULT BASIC) 6	
115	Ni (darasa la/ kidato cha/ miaka mingapi) ulilo/cho/yo maliza katika kiwango hicho? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/GRADE/FORM/YEAR .. <input type="text"/> <input type="text"/>	
116	CHECK 114: PRIMARY, SECONDARY, <input type="checkbox"/> VOCATIONAL OR INFORMAL <input type="checkbox"/>	COLLEGE OR <input type="checkbox"/> UNIVERSITY	→ 119
117	Sasa ningependa unisomee sentensi hii. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Je, unaweza kunisomea sehemu yoyote ya sentensi hii?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' <input type="checkbox"/> CIRCLED ↓	CODE '1' OR '5' <input type="checkbox"/> CIRCLED	→ 120

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	Je, wewe huwa unasoma gazeti au jarida angalau mara moja kwa wiki, chini ya mara moja kwa wiki ama husomi kabisa?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
120	Je, wewe huwa unasikiza redio angalau mara moja kwa wiki, chini ya mara moja kwa wiki ama husikizi kabisa?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
121	Je, wewe huwa unatizama runinga/televisheni angalau mara moja kwa wiki, chini ya mara moja kwa wiki ama husikizi kabisa?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
122	Je, unamiliki simu ya rununu?	YES 1 NO 2	→ 124
123	Je, simu yako ya rununu ni ni aina ya 'smart'?	YES 1 NO 2	
124	Je, kwa miezi kumi na miwili iliyopita, umetumia simu kufanya shughuli za kifedha, kwa mfano, kutuma au kupokea pesa, kulipa gharama, kununua bidhaa au huduma mbali mbali, au kupokea mishahara?	YES 1 NO 2	
125	Je, uko na akaunti kwa benki au kwa shirika lolote la kifedha, ambayo unatumia wewe mwenyewe?	YES 1 NO 2	→ 127
126	Je, kwa miezi kumi na miwili iliyopita, umeweka au kutoa pesa kwa hiyo akaunti wewe mwenyewe?	YES 1 NO 2	
127	Je, umewahi kutumia mtandao kutoka kwa sehemu yoyote ama kifaa chochote?	YES 1 NO 2	→ 130
128	Je, umetumia mtandao kwa miezi kumi na miwili iliyopita? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 130
129	Je, kwa mwezi mmoja uliopita, ulitumia mtandao kwa kiwango gani: karibu kila siku, chini ya mara moja kwa wiki ama haukutumia kabisa?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	Je, dini yako ni gani?	CATHOLIC 01 PROTESTANT 02 EVANGELICAL CHURCHES 03 AFRICAN INSTITUTED CHURCHES 04 ORTHODOX 05 OTHER CHRISTIAN 06 ISLAM 07 HINDU 08 TRADITIONISTS 09 NO RELIGION/ ATHEISTS 10 OTHER RELIGION _____ 96 (SPECIFY)	
131	Je, kabila lako ni gani?	EMBU 01 KALENJIN 02 KAMBA 03 KIKUYU 04 KISII 05 LUHYA 06 LUO 07 MAASAI 08 MERU 09 MIJIKENDA/SWAHILI 10 SOMALI 11 TAITA/TAVETA 12 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Sasa ningependa kukuuliza kuhusu mimba zote ulizozaa katika maisha yako. Je, umewahi kuzaa?	YES 1 NO 2	→ 206								
202	Je, una watoto wa kiume au wa kike wowote uliowazaa ambao kwa hivi sasa unaishi nao hapa?	YES 1 NO 2	→ 204								
203	a) Ni watoto wangapi wa kiume unaishi nao? b) Ni watoto wangapi wa kike unaishi nao? IF NONE, RECORD '00'.	a) SONS AT HOME <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	Je, una watoto wa kiume au wa kike wowote uliowazaa walio hai ambao kwa hivi sasa hawaishi na wewe hapa?	YES 1 NO 2	→ 206								
205	a) Ni watoto wangapi wa kiume walio hai ambao hawaishi na wewe hapa? b) Ni watoto wangapi wa kike walio hai ambao hawaishi na wewe hapa? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <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	Je, umewahi kuzaa mtoto wa kiume au wa kike, akiwa hai lakini akafariki baadaye? IF NO, PROBE: Kuna mtoto yeyote aliyelia au kuonyesha dalili ya uhai hata kama ni kwa muda mfupi, lakini hakuishi?	YES 1 NO 2	→ 208								
207	a) Ni watoto wangapi wa kiume walifariki? b) Ni watoto wangapi wa kike walifariki? IF NONE, RECORD '00'.	a) BOYS DEAD <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: Ili kuhakikisha kuwa nimepata idadi sahihi: Kwa JUMLA, uliwahi kupata watoto _____ katika maisha yako. Je, hiyo ni sawa? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NO <input type="checkbox"/> PROBE AND CORRECT 201- 208 AS </div> </div>										
210	Wakati mwingine wanawake hupata mimba ambayo haijaliwi mtoto aliye hai. Kwa mfano, mimba inaweza kuharibika/kutoka, kutolewa ama mtoto kuzaliwa akiwa amefariki tumboni? Je, umewahi kupata mimba ambayo haikujalia mtoto aliyehai?	YES 1 NO 2	→ 212								
211	Je, ni mimba ngapi umewahi kuwa nazo ambazo zilitoka/kuharibika, kutolewa ama mtoto kuzaliwa akiwa amefariki tumboni?	PREGNANCY LOSSES <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 OUTCOMES... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr></table>									
213	CHECK 212: <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> ONE OR MORE PAST PREGNANCIES </div> <div style="text-align: center;"> <input type="checkbox"/> NO PAST PREGNANCIES </div> </div>		→ 232								

SECTION 2. REPRODUCTION

214 Sasa ningependa kuorodhesha mimba zote umewahi kupata ikijumulisha wale watoto umezaa wakiwa na uhai, na ile iliyoharibika/kutoka, kutolewa ama mtoto kuzaliwa akiwa amefariki tumboni. Tutaanza na ile mimba yako ya kwanza kabisa
 RECORD ALL PREGNANCIES IN 215-228. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 3 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE.

215	216	217	218	219	220	221	222
Kumbuka mimba yako ya (kwanza/iliyofu ata). Je ilikuwa mimba ya mtoto mmoja, mapacha, ama watoto watatu? IF MULTIPLE PREG-NANCY: COPY VALUE FOR 215 IN NEXT ROW(S). PREG-NANCY HISTORY LINE NUMBER	IF 215=1, ASK: Je, mtoto alizaliwa akiwa na uhai, akiwa amefariki ama mimba iliharibika, ilitoka au ilitolewa? IF 215 > 1, ASK: Je, mtoto huyu wa (kwanza/aliyefuata) alizaliwa akiwa na uhai au akiwa amefariki?	Je, mtoto alilia, au kuonyes ha dalili za uhai kama kupumu a au kusonga ?	Huyu mtoto alipewa jina gani/lipi?	Je, (NAME) ni wa kiume au kike?	CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME. NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE. IF BORN ALIVE, ASK: (NAME) alizaliwa siku, mwezi na mwaka gani? IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: Ni siku, mwezi na mwaka gani mimba ilikatika?	Je, mimba ilikaa majuma mangapi au miezi mingapi?	FOR ROW 01, ASK: Je, kulikuwana mimba ingine kabla ya hii mimba? AFTER ROW 01: IF 215=1 OR THIS IS THE FIRST BIRTH OF A MULTIPLE PREGNANCY, ASK: Je, kuliwa na mimba ingine katikati ya mimba iyyopita na hii mimba? IF 215 > 1 AND THIS IS NOT THE FIRST BIRTH OF THE PREGNANCY, SKIP TO 216 IN NEXT ROW.
01 SING 1 TWINS 2 TRIP 3 NO. OF OUT-COMES	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES 1 NO 2 (SKIP TO 220)	NAME	BOY 1 GIRL 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES (ADD PREGNANCY) 1 NO (NEXT PREGNANCY) 2
02 SING 1 TWINS 2 TRIP 3 NO. OF OUT-COMES	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES 1 NO 2 (SKIP TO 220)	NAME	BOY 1 GIRL 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES (ADD PREGNANCY) 1 NO (NEXT PREGNANCY) 2
03 SING 1 TWINS 2 TRIP 3 NO. OF OUT-COMES	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES 1 NO 2 (SKIP TO 220)	NAME	BOY 1 GIRL 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES (ADD PREGNANCY) 1 NO (NEXT PREGNANCY) 2
222A	Je, umeikuwa na mimba zingine ambazo zilikatika baada ya hiyo ambayo umeitaja?		YES <input type="checkbox"/> → ADD TO TABLE NO <input type="checkbox"/> → GO TO 223, ROW 1				

SECTION 2. REPRODUCTION

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

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p>COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p>NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p> <p>NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p>(PROBE AND RECONCILE) ←</p>		
231	<p>C FOR EACH LIVE BIRTH IN 2017-2022, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2017-2022, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	<p>Je, uko na mimba kwa sasa?</p>	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	→ 236
233	<p>Mimba yako ni ya majuma mangapi au miezi mingapi? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS</p>	<p>WEEKS 1 <input type="text"/></p> <p>MONTHS 2 <input type="text"/></p>	
234	<p>Je, ulipopata hii mimba, ulitaka kupata mimba kwa wakati huo?</p>	<p>YES 1</p> <p>NO 2</p>	→ 236
235	<p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) Je, ulitaka kupata mtoto baadaye ama haukutaka kupata watoto wengine zaidi? b) Je, ulitaka kupata mtoto baadaye ama haukutaka kupata watoto kabisa?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
236	<p>Je, hedhi yako ya mwisho ilianza lini?</p> <p>_____</p> <p>(DATE, IF GIVEN)</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <p>IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994</p> <p>BEFORE LAST PREGNANCY 995</p> <p>NEVER MENSTRUATED 996</p>	<p>→ 240</p> <p>→ 241</p>
237	<p>CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR?</p> <p>YES, <input type="checkbox"/> WITHIN LAST YEAR ↓</p> <p>NO, <input type="checkbox"/> ONE YEAR OR MORE</p>		→ 240
238	<p>Wakati wa siku zako za mwezi/hedhi ya mwisho, je, ulitumia nini kukusanya au kufyonza hiyo damu ya hedhi?</p> <p>Chochote kingine?</p>	<p>REUSABLE SANITARY PADS A</p> <p>DISPOSABLE SANITARY PADS B</p> <p>TAMPONS C</p> <p>MENSTRUAL CUP D</p> <p>CLOTH E</p> <p>TOILET PAPER F</p> <p>COTTON WOOL G</p> <p>UNDERWEAR ONLY H</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NOTHING Y</p>	
239	<p>Wakati wa siku zako za mwezi/hedhi ya mwisho, je, uliweza kuosha/kusafisha sehemu zako za siri na kubadilisha kwa siri ukiwa nyumbani?</p>	<p>YES 1</p> <p>NO 2</p> <p>AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3</p>	
240	<p>Je, ulikuwa na umri gani ulipopata hedhi mara ya kwanza?</p>	<p>AGE <input type="text"/></p> <p>DON'T KNOW 98</p>	
241	<p>Je, kutoka kwa hedhi mwezi moja hadi nyingine, kuna wakati ambao mwanamke ana uwezekano mkubwa wa kushika/kupata mimba anapofanya ngono/mapenzi??</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 243
242	<p>Je, wakati huo ni mara tu kabla ya hedhi kuanza, wakati hedhi inapoendelea, punde tu baada ya hedhi ama ni wakati wa kati ya hedhi moja na nyingine?</p>	<p>JUST BEFORE HER PERIOD BEGINS 1</p> <p>DURING HER PERIOD 2</p> <p>RIGHT AFTER HER PERIOD HAS ENDED 3</p> <p>HALFWAY BETWEEN TWO PERIODS 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p> <p>DON'T KNOW 8</p>	
243	<p>Je, baada ya kuzaa mtoto, mwanamke anaweza kupata/kushika mimba kabla ya hedhi kurejea?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

SECTION 3. CONTRACEPTION

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

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 317	
303	Je, wewe au mwenzio mnatumia njia yoyote kuchelewesha ama kuzuia kushika/kupata mimba?	YES 1 NO 2	→ 307
304	Je, wewe au mwenzio mmefungwa uzazi? IF YES: Nani amefungwa uzazi? Wewe au mwenzio	YES, RESPONDENT STERILIZED ONLY .. 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.	PARTNER <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	BOTH <input type="checkbox"/> STERILIZED ↓ PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.
306	Ili kuthibitisha, je wewe na mwenzio mnafanya chochote kuzuia kushika/kupata mimba: kutoshiriki ngono kwa siku fulani, kutumia mpira/kondomu, kuchomoa uume ama kutumia tembe za dharura za kuzuia mimba?	YES 1 NO 2	→ 317
307	Je, mnatumia njia ipi? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD .. K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 312 → 314 → 314 → 310 → 311 → 314
308	Sasa nitakuonyesha picha mbili. Tafadhali nieleze ile picha ambayo inafanana na ile sindano uliyodungwa mara ya mwisho. SHOW IMAGES OF SAYANA PRESS AND REGULAR SYRINGE.	DMPA-SC/SAYANA PRESS 1 NEEDLE AND SYRINGE 2 DON'T KNOW 8	→ 314
309	Mara ya mwisho ulipodungwa sindano, ulijidunga DMPA-SC/Sayana Press wewe mwenyewe ama ulidungwa na mhuduma wa afya?	SELF-INJECTION 1 INJECTION GIVEN BY HEALTH CARE PROVIDER 2 OTHER (FRIEND/RELATIVE ETC) 3 DON'T KNOW 8	→ 314
310	Ni tembe gani unazotumia? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	COMBINED ORAL CONTRACEPTIVES (CHAGUO LANGU) 01 PROGESTIN ONLY PILLS (MICROLUT) 02 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>Je, unatumia aina gani ya kondomu za wanaume?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>SURE 01</p> <p>DUREX 02</p> <p>KISS 03</p> <p>TRUST 04</p> <p>POWER PLAY 05</p> <p>ROUGH RIDER 06</p> <p>LIFEGUARD 07</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>314</p>
312	<p>Je, ulifungwa uzazi katika kituo gani?</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>OTHER PUBLIC SECTOR</p> <p>..... 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR'S OFFICE 23</p> <p>MOBILE CLINIC 24</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>..... 26</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>..... 36</p> <p align="center">(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO MOBILE CLINIC 43</p> <p>OTHER FBO SECTOR</p> <p>..... 46</p> <p align="center">(SPECIFY)</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
313	Je, ilifungwa mwezi upi na mwaka gani?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>													→ 315
314	Je, umetumia (CURRENT METHOD) bila kuwacha tangu mwezi na mwaka gani? PROBE: Je, umekuwa ukitemia (CURRENT METHOD) bila kuwacha kwa muda gani?	MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></table>													
315	<p>CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314?</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> NO <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION). </div> <div style="text-align: center;"> YES <input type="checkbox"/> ← </div> </div>														

SECTION 3. CONTRACEPTION (CAPI OPTION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 313 AND 314:</p> <p align="center">YEAR IS 2017-2022 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p align="center">THEN CONTINUE</p>	<p align="center">YEAR IS 2016 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2017 .</p> <p align="center">THEN</p> <p align="right">(SKIP TO 329) ←</p>	
317	<p>Ningependa kukuuliza maswali kuhusu wakati ambapo wewe na mwenzio mmewahi kutumia mbinu moja au nyingine ili kuzuia kushika/kupata mimba kwa miaka michache iliyopita?</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2017. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317B	Kati ya (EVENT) ya (MONTH/YEAR) na (EVENT) ya (MONTH/YEAR), je, wewe au mwenzio mlitumia mbinu yoyote ya kuzuia mimba?	<p>YES 1</p> <p>NO 2</p>	→ 317I
317C	Je mlitumia mbinu gani?	METHOD CODE <input type="text"/>	
317D	Je ulianza kutumia (METHOD) miezi mingapi baada ya (EVENT) ya (MONTH/YEAR)?	<p>IMMEDIATELY 00</p> <p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317F	Je, ulitumia (METHOD) kwa miezi mingapi?	<p>MONTHS <input type="text"/> <input type="text"/></p> <p>DATE GIVEN 95</p>	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	<p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p>	
317H	Uliacha kutumia (METHOD) kwa sababu gani?	REASON STOPPED <input type="text"/>	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Je, umetumia mbinu ya dharura ya kupanga uzazi kwa muda wa miezi kumi na miwili (METHOD). Maana yake, umetumia tembe tatu spesheli za kuzuia kushika/kupata mimba ndani ya muda wa siku tatu baada ya kushiriki ngono?	YES 1 NO 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED <input type="checkbox"/> ANY METHOD USED <input type="checkbox"/>		→ 321
320	Je, umewahi kutumia chochote ama kujaribu kwa njia yoyote kuchelewesha ama kuzuia kupata mimba?	YES 1 NO 2	→ 331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED 00 FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 331 → 324 → 332 → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	<p>Ulianza kutumia (CURRENT METHOD) (DATE FROM 314). Je, ulipata kutoka wapi wakati huo?</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</p> <p>_____ 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</p> <p>_____ 27 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 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 SECTOR</p> <p>_____ 46 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIEND/RELATIVE 53</p> <p>OTHER _____ 96 (SPECIFY)</p>	
323	Je, ulifahamishwa kuhusu madhara au shida yoyote ambayo inawezatokea kwa kutumia hiyo mbinu?	<p>YES 1</p> <p>NO 2</p>	→ 325
324	Je, wakati ulifungwa uzazi, ulifahamishwa kuhusu madhara au matatizo yoyote ambayo yanaweza toka kwa kutumia hiyo mbinu?	<p>YES 1</p> <p>NO 2</p>	
325	Je, ulifahamishwa jambo la kufanya endapo utapata madhara au matatizo yoyote?	<p>YES 1</p> <p>NO 2</p>	
326	Je, wakati huo, ulifahamishwa kuhusu njia zingine mbadala ambazo ungetumia?	<p>YES 1</p> <p>NO 2</p>	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95	→ 332
328	Je, wakati huo, ulifahamishwa kwamba ungeweza kubadilisha ili kutumia njia zingine mbadala?	YES 1 NO 2	→ 330
329	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 332 → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP				
330	<p>Je, ulipata wapi (CURRENT METHOD) mara ya mwisho?</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</p> <p>FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>COMMUNITY HEALTH WORKER</p> <p>FIELDWORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO MOBILE CLINIC 43</p> <p>OTHER FBO SECTOR</p> <p>_____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIEND/RELATIVE 53</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	<p>→ 332</p>				
331	Je, unajua mahali unaweza kupata njia ya kupanga uzazi?	<p>YES 1</p> <p>NO 2</p>					
332	Je, kwa miezi kumi na miwili iliyopita, umetembelea na mhudumu wa nyanjani?	<p>YES 1</p> <p>NO 2</p>	→ 334				
333	Je, mhudumu huyu alikuongelea kuhusu upangaji wa uzazi?	<p>YES 1</p> <p>NO 2</p>					
334	<p>CHECK 202: CHILDREN LIVING WITH</p> <table border="0"> <tr> <td align="center">YES <input type="checkbox"/></td> <td align="center">NO <input type="checkbox"/></td> </tr> <tr> <td>a) Je, kwa muda wa miezi kumi na miwili imepita, umetembelea kituo cha afya kupata huduma yako ama ya watoto wako?</td> <td>b) Je, kwa muda wa miezi kumi na miwili imepita, umetembelea kituo cha afya kupata huduma yako?</td> </tr> </table>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	a) Je, kwa muda wa miezi kumi na miwili imepita, umetembelea kituo cha afya kupata huduma yako ama ya watoto wako?	b) Je, kwa muda wa miezi kumi na miwili imepita, umetembelea kituo cha afya kupata huduma yako?	<p>YES 1</p> <p>NO 2</p>	→ 401
YES <input type="checkbox"/>	NO <input type="checkbox"/>						
a) Je, kwa muda wa miezi kumi na miwili imepita, umetembelea kituo cha afya kupata huduma yako ama ya watoto wako?	b) Je, kwa muda wa miezi kumi na miwili imepita, umetembelea kituo cha afya kupata huduma yako?						
335	Je, mhudumu yeyote wa kituo cha afya alikuongelea kuhusu upangaji wa uzazi?	<p>YES 1</p> <p>NO 2</p>					

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	Sasa ningependa kuuliza maswali kuhusu watoto wako uliowazaa katika muda wa miaka mitatu iliyopita. (Tutazungumzia kila mmoja pekee yake.)		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
405	PREGNANCY OUTCOME TYPE FROM 402.	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 <input type="checkbox"/> 1 OR 2 a) Je, ulipokuwa na mimba ya (NAME), ulitaka kupata mimba wakati huo? PREGNANCY TYPE <input type="checkbox"/> 3, 4, OR 5 b) Je, ulipopata mimba ambayo ilikatika (DATE FROM 406), ulitaka kupata mimba wakati huo?	YES 1 NO 2	→ 411

409	Je, ulitaka kupata mtoto baadaye ama haukutaka kabisa?	LATER 1 NOT AT ALL 2	→ 411								
410	Je, ulipenda kungoja kwa muda gani?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998									
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 475								
412	Je, ulimuona yeyote kwa huduma (kliniki) ya kutunza mimba hii?	YES 1 NO 2	→ 414								
413	CHECK 405: PREGNANCY OUTCOME TYPE <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> MOST RECENT LIVE BIRTH (SKIP TO 420) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> </div> <div style="text-align: center;"> MOST RECENT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> STILLBIRTH </div> </div>				→ 426						
414	Je, ulimuona nani? Kuna mwingine yeyote? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/CLINICAL OFFICER B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKER/ FIELD WORKER E OTHER _____ X (SPECIFY)									

415	<p>Je, ulipata wapi huduma (kliniki) ya kutunza mimba hii?</p> <p>Kuna mahali pengine tena?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME HER HOME A OTHER HOME B</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL C GOVERNMENT HEALTH CENTER D GOVERNMENT DISPENSARY E OTHER PUBLIC SECTOR F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL G PRIVATE CLINIC H OTHER PRIVATE MEDICAL SECTOR I (SPECIFY)</p> <p>NGO MEDICAL SECTOR NGO HOSPITAL J NGO CLINIC K OTHER NGO MEDICAL SECTOR L (SPECIFY)</p> <p>FBO MEDICAL SECTOR FBO/MISSION HOSPITAL M FBO/MISSION CLINIC N OTHER FBO MEDICAL SECTOR O (SPECIFY)</p> <p>OTHER X (SPECIFY)</p>																																	
416	<p>Je, mimba hii ilikuwa ya majuma au miezi mingapi ulipoanza kliniki kwa mara ya kwanza?</p>	<p>WEEKS 1 <table border="1" data-bbox="1193 982 1307 1081"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1" data-bbox="1193 1081 1307 1180"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW998</p>																																	
417	<p>Je, ulipata huduma ya utuzaji mimba mara ngapi ukiwa na hii mimba?</p>	<p>NUMBER OF TIMES <table border="1" data-bbox="1193 1155 1307 1207"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 98</p>																																	
418	<p>Kama mojawapo ya huduma za kliniki ya mimba hii, je mhudumu wa afya alifanya yafuatayo:</p> <p>a) Kupima msukumo wa damu yako (presha)?</p> <p>b) Chukua mkojo ili kupimwa?</p> <p>c) Chukua damu ili kupimwa?</p> <p>d) Kusikiza jinsi roho ya mtoto inavyopiga?</p> <p>e) Kukuongelea kuhusu vyakula unavyostahili kukula?</p> <p>f) Kukuongelea ama kukushauri kuhusu kunyonyesha mtoto?</p> <p>g) Kukuuliza ikiwa unatoa damu kutoka ukeni?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HEARTBEAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) FOODS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) BREASTFEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BP	1	2	8	b) URINE	1	2	8	c) BLOOD	1	2	8	d) HEARTBEAT	1	2	8	e) FOODS	1	2	8	f) BREASTFEED	1	2	8	g) BLEEDING	1	2	8	
	YES	NO	DK																																
a) BP	1	2	8																																
b) URINE	1	2	8																																
c) BLOOD	1	2	8																																
d) HEARTBEAT	1	2	8																																
e) FOODS	1	2	8																																
f) BREASTFEED	1	2	8																																
g) BLEEDING	1	2	8																																

419	CHECK 405: PREGNANCY OUTCOME TYPE		
	MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 426
420	Je, ukiwa na hii mimba, ulidungwa sindano mkononi ili kuzuia mtoto kupata ugonjwa wa pepo punda baada ya kuzaliwa?	YES 1 NO 2 DON'T KNOW 8	→ 423
421	Je, kwa muda wa hii mimba, ulidungwa sindano ya pepo punda mara ngapi?	TIMES <input type="text"/> DON'T KNOW 8	
422	CHECK 421:		
	ONE TIME OR DK <input type="checkbox"/>	TWO OR MORE TIMES <input type="checkbox"/>	→ 426
423	Je, uliwahi kudungwa sindano ya kuzuia kupata ugonjwa wa pepo punda, wakati wowote kabla ya hii mimba?	YES 1 NO 2 DON'T KNOW 8	→ 426
424	Je, uliwahi kudungwa sindano ya pepo punda mara ngapi kabla ya hii mimba?	TIMES <input type="text"/> IF 7 OR MORE TIMES, RECORD '7'. DON'T KNOW 8	
425	CHECK 424:		
	ONLY <input type="checkbox"/> ONE a) Je, ulidungwa hiyo sindano ya pepo punda miaka mingapi iliyopita?	MORE <input type="checkbox"/> THAN ONE b) Je, ni miaka mingapi tangu udungwe sindano ya pepo punda ya mwisho kabla ya hii mimba?	YEARS AGO <input type="text"/> <input type="text"/>
426	Wakati wa mimba hii, ulipatiwa ama ulinunua vidonge/dawa ya maji za kuongeza damu mwilini?	YES 1 NO 2 DON'T KNOW 8	→ 429
	SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.		

427	<p>Je, ulipata hivyo vidonge/dawa ya kukunywa wapi?</p> <p>Kuna pahali pengine tena?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT DISPENSARY C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>MOBILE CLINIC K</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR M</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL N</p> <p>NGO CLINIC O</p> <p>OTHER NGO MEDICAL SECTOR P</p> <p>(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL Q</p> <p>FBO/MISSION CLINIC R</p> <p>FBO MOBILE CLINIC S</p> <p>OTHER FBO MEDICAL SECTOR T</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP U</p> <p>MARKET V</p> <p>MASS DISTRIBUTION CAMPAIGN W</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
428	<p>Kwa wakati wote wa hii mimba, je, ulitumia hizi tembe/dawa kwa siku ngapi?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
429	<p>Je, wakati wowote ukiwa na hii mimba, ulitumia dawa za minyoo ya tumbo?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

431	Wakati wa mimba hii, ulitumia SP/Fansidar kujikinga na malaria?	YES 1 NO 2 DON'T KNOW 8	→ 434		
432	Ni mara ngapi ulitumia (SP/Fansidar) wakati wa mimba hii?	TIMES <table border="1"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>			
433	Ulipata (SP/Fansidar) wakati wowote ulipokwenda kwa kliniki ya utunzaji mimba ama ulipokwenda mara nyingine kwa kituo cha afya, ama kutoka mahali pengine? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE 6			
434	CHECK 405: PREGNANCY TYPE <table border="1"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 1 OR 2 ↓ a) Ni nani aliyekusaidia wakati wa kumzaa (NAME)? Kuna mwingine yeyote? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.		PREGNANCY TYPE <table border="1"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 3 OR 4 ↓ b) Ni nani aliyekusaidia wakati wa kumzaa yule mtoto aliyefariki tumboni (DATE FROM 406)? Kuna mwingine yeyote? HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/CLINICAL OFFICER B OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... D RELATIVE/FRIEND E OTHER X (SPECIFY) NO ONE ASSISTED Y		
435	CHECK 405: PREGNANCY TYPE <table border="1"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 1 OR 2 ↓ a) Je, ulimzaa (NAME) wapi? 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.		PREGNANCY TYPE <table border="1"><tr><td style="width: 20px; height: 20px;"></td></tr></table> 3 OR 4 ↓ b) Je, ulizalia wapi yule mtoto aliyefariki tumboni? 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 # NGO CLINIC 42 OTHER NGO MEDICAL SECTOR 46 (SPECIFY) FBO MEDICAL SECTOR FBO/MISSION HOSPITAL 51 FBO/MISSION CLINIC 52 OTHER FBO MEDICAL SECTOR # (SPECIFY) OTHER 96 (SPECIFY)		→ 437
		OTHER 96 (SPECIFY)	→ 437		

436	CHECK 405: PREGNANCY TYPE <input type="checkbox"/> 1 OR 2 PREGNANCY TYPE <input type="checkbox"/> 3 OR 4 a) Je, ulimzaa (NAME) kwa oparesheni, yaani walikupasua tumbo ili kumtoa mtoto? b) Je, ulimzaa huyu mtoto aliyefariki ndani ya tumbo kwa oparesheni, yaani walikupasua tumbo ili kumtoa mtoto?	YES 1 NO 2																	
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4	→ 441 → 445 → 487																
438	Je, baada ya kumzaa, (NAME) alilazwa kwa kifua chako?	YES 1 NO 2 DON'T KNOW 8	→ 441																
439	Je, ngozi ya (NAME) iliguza ngozi yako?	YES 1 NO 2 DON'T KNOW 8	→ 441																
440	Je, (NAME) alilazwa kwa kifua chako muda gani baada ya kuzaliwa? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>																	
441	Wakati (NAME) alipozaliwa, je, alikuwa mkubwa zaidi, mkubwa kuliko kadiri, kadiri, mdogo kuliko kadiri ama alikuwa mdogo sana?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8																	
442	Je, (NAME) alipimwa uzani/uzito alipozaliwa?	YES 1 NO 2 DON'T KNOW 8	→ 444																
443	Je, (NAME) alikuwa na uzani/uzito wa kilo ngapi? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> KG FROM RECALL 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> . <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td></tr></table> DON'T KNOW 99998																	
444	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/>	PRIOR LIVE BIRTH <input type="checkbox"/>	→ 480																
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"/> CIRCLED	→ 464																
446	Je, madaktari, wauguzi au wahudumu wowote kwa hicho kituo walikuhudumia kwa heshima, kila wakati, wakati mwingine ama hawakufanya hivyo kabisa?	ALL OF THE TIME 1 SOME OF THE TIME 2 NOT AT ALL 3																	

447	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 PREGNANCY TYPE <input type="checkbox"/> 3</p> <p>a) Je, ulikaa muda gani kwenye (FACILITY IN 435) baada ya kumzaa (NAME)?</p> <p>b) Kwa yule mtoto aliyefariki kwa tumbo ambaye ulimzaa (DATE FROM 406), je, ulikaa muda gani kwenye (FACILITY IN 435) baada ya kumzaa?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>	
448	<p>Ningependa kuongea na wewe kuhusu kuchunguzwa afya baada ya kuzaa, kwa mfano, mtu kukuuliza maswali kuhusu afya yako ama kukukagua.</p> <p>Kuna yeyote aliyechunguza afya yako kabla ya kutoka kwenye kituo, baada ya kumzaa (NAME)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 451
449	<p>Uchunguzi wa kwanza ulifanywa muda gani baada ya kujifungua?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>	
450	<p>Ni nani aliyekuchunguza afya yako wakati huo?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER96</p> <p>(SPECIFY)</p>	
451	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/> MOST RECENT STILLBIRTH <input type="checkbox"/></p>		→ 455
452	<p>Sasa ningependa kukuuliza kuhusu uchunguzi wa afya ya (NAME) --kwa mfano, mtu kumuangalia (NAME), kuangalia kitovu chake, ama kukuongelesha jinsi ya kumlinda (NAME).</p> <p>Kabla ya (NAME) kutoka kwenye kituo, kuna yeyote aliyechunguza afya ya (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 454A
453	<p>Ni masaa, siku ama wiki ngapi baada ya kumzaa (NAME) ambapo alichunguzwa kwa mara ya kwanza?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>	

454	<p>Ni nani aliyechunguza afya ya (NAME) wakati huo?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER..... 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT..... 21</p> <p>COMMUNITY HEALTH WORKER/</p> <p>FIELD WORKER 22</p> <p>OTHER 96</p> <p>(SPECIFY)</p>							
454A	<p>(NAME) alikaa (FACILITY IN 435) kwa muda gani baada ya kuzaliwa?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
455	<p>Sasa ningependa kukuuliza kuhusu nini kilifanyika baada ya kutoka kwenye kituo. Kuna yeyote alichunguza afya yako baada ya kutoka kwenye kituo?</p>	<p>YES 1</p> <p>NO 2</p>	→ 459						
456	<p>Uchunguzi wa kwanza ulifanywa muda gani baada ya kujifungua?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>						
457	<p>Ni nani aliyekuchunguza afya yako wakati huo?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER..... 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT..... 21</p> <p>COMMUNITY HEALTH WORKER/</p> <p>FIELD WORKER 22</p> <p>OTHER 96</p> <p>(SPECIFY)</p>							

458	<p>Uchunguzi huo ulifanyika wapi?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT DISPENSARY 23</p> <p>OTHER PUBLIC SECTOR 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR 46</p> <p>(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 51</p> <p>FBO/MISSION CLINIC 52</p> <p>OTHER FBO MEDICAL SECTOR 56</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>							
459	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p>MOST RECENT STILLBIRTH <input type="checkbox"/></p>		<p>→ 474</p>						
460	<p>Baada ya (NAME) kutoka kwenye (FACILITY IN 435) mhudumu yeyote wa afya ama daktari wa kienyeji alichunguza afya ya (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 473</p>						
461	<p>Ni masaa, siku ama wiki ngapi baada ya kumzaa (NAME) ambapo alichunguzwa kwa mara ya kwanza?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS;</p> <p>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>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
462	<p>Ni nani aliyechunguza afya ya (NAME) wakati huo?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER 96</p> <p>(SPECIFY)</p>							

463	<p>Uchunguzi huo wa (NAME) ulifanyika wapi?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT DISPENSARY 23</p> <p>OTHER PUBLIC SECTOR 26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR 36</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR 46</p> <p>(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 51</p> <p>FBO/MISSION CLINIC 52</p> <p>OTHER FBO MEDICAL SECTOR 56</p> <p>(SPECIFY)</p> <p>OTHER 96</p> <p>(SPECIFY)</p>	<p>→ 473</p>
464	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 PREGNANCY TYPE <input type="checkbox"/> 3</p> <p>a) Ningependa kukuuliza kuhusu kuchunguzwa afya baada ya kuzaa, kwa mfano, mtu kukuuliza maswali kuhusu afya yako ama kukukagua.</p> <p>b) Ningependa kuongea na wewe kuhusu kuchunguzwa afya baada ya kuzaa, kwa mfano, mtu kukuuliza maswali kuhusu afya yako ama kukukagua.</p> <p>Kuna yeyote aliyechunguza afya yako kabla ya kutoka kwenye kituo, baada ya kumzaa (NAME)?</p> <p>Je, kuna yeyote aliyechunguza afya yako baada ya kumzaa mtoto aliyefariki kwa tumbo (DATE FROM 406)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 468</p>

465	<p>Uchunguzi wa kwanza ulifanywa muda gani baada ya kujifungua?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>						
466	<p>Ni nani aliyechunguza afya yako wakati huo?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER.... 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT..... 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER96</p> <p>(SPECIFY)</p>							
467	<p>Uchunguzi huo wa kwanza ulifanyika wapi?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT DISPENSARY 23</p> <p>OTHER PUBLIC SECTOR.....26</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR.....36</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL..... 41</p> <p>NGO CLINIC..... 42</p> <p>OTHER NGO MEDICAL SECTOR.....46</p> <p>(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 51</p> <p>FBO/MISSION CLINIC..... 52</p> <p>OTHER FBO MEDICAL SECTOR.....56</p> <p>(SPECIFY)</p> <p>OTHER96</p> <p>(SPECIFY)</p>							

468	CHECK 405: PREGNANCY OUTCOME TYPE																				
	MOST RECENT LIVE BIRTH <input type="checkbox"/>	MOST RECENT <input type="checkbox"/>	→ 474																		
469	Sasa ningependa kukuuliza kuhusu uchunguzi wa afya ya (NAME) --kwa mfano, kumuangalia (NAME), kuangalia kitovu chake, ama kukuongelesha jinsi ya kumlinda (NAME). Kabla ya (NAME) kutoka kwenye kituo, kuna yeyote aliyechunguza afya ya (NAME)?	YES 1 NO 2 DON'T KNOW 8	→ 473																		
470	Ni masaa, siku ama wiki ngapi baada ya kumzaa (NAME) ambapo alichunguzwa kwa mara ya kwanza? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	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> 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> 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> DON'T KNOW 998																			
471	Ni nani aliyechunguza afya ya (NAME) wakati huo? 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	Uchunguzi huu wa kwanza wa (NAME) ulifanyika wapi? 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)																			

473	Katika siku mbili za kwanza baada ya (NAME) kuzaliwa, je, mhudumu yeyote wa afya alifanya a) Angalia kitovu? b) Pima hali ya joto ya mwili? c) Kukueleza jinsi ya kutambua ikiwa mtoto anahitaji matibabu ya dharura/haraka? d) Kukuongeleza kuhusu kunyonyesha mtoto? e) Aliangalia (NAME) akinyonya matiti? f) Kukuonyesha vile unaweza safisha kitovu?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) CORD</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) TEMPERATURE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) MEDICAL ATTENTION</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) TALK ABOUT BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) OBSERVE BREASTFEEDING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>f) CORD CARE</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) CORD	1	2	8	b) TEMPERATURE	1	2	8	c) MEDICAL ATTENTION	1	2	8	d) TALK ABOUT BREASTFEEDING	1	2	8	e) OBSERVE BREASTFEEDING	1	2	8	f) CORD CARE	1	2	8	
	YES	NO	DK																												
a) CORD	1	2	8																												
b) TEMPERATURE	1	2	8																												
c) MEDICAL ATTENTION	1	2	8																												
d) TALK ABOUT BREASTFEEDING	1	2	8																												
e) OBSERVE BREASTFEEDING	1	2	8																												
f) CORD CARE	1	2	8																												
474	Katika siku mbili za kwanza baada ya kujifungua, je, mhudumu yeyote wa afya alifanya yafwatayo: a) Kupima msukumo wa damu yako (presha)? b) Kuongea na wewe kuhusu kuvuja damu kwa sehemu zako za siri? c) Kukuongeleza jinsi ya kupanga uzazi?	<table border="0"> <tr> <td></td><td>YES</td><td>NO</td><td>DK</td></tr> <tr> <td>a) BLOOD PRESSURE</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>b) BLEEDING</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) FAMILY PLANNING</td><td>1</td><td>2</td><td>8</td></tr> </table>		YES	NO	DK	a) BLOOD PRESSURE	1	2	8	b) BLEEDING	1	2	8	c) FAMILY PLANNING	1	2	8													
	YES	NO	DK																												
a) BLOOD PRESSURE	1	2	8																												
b) BLEEDING	1	2	8																												
c) FAMILY PLANNING	1	2	8																												
475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY? YES <input type="checkbox"/> NO <input type="checkbox"/> → 479																														
476	CHECK 405: <table border="0"> <tr> <td>PREGNANCY TYPE 1 <input type="checkbox"/></td> <td>PREGNANCY TYPE 3 OR 5 <input type="checkbox"/></td> </tr> </table> a) Je siku zako za mwezi/hedhi zimewahi kurudi tangu kumzaa (NAME)? b) Je siku zako za mwezi/hedhi zimewahi kurudi tangu kumzaa mtoto aliyefariki (DATE FROM 406)?	PREGNANCY TYPE 1 <input type="checkbox"/>	PREGNANCY TYPE 3 OR 5 <input type="checkbox"/>	YES 1 NO 2																											
PREGNANCY TYPE 1 <input type="checkbox"/>	PREGNANCY TYPE 3 OR 5 <input type="checkbox"/>																														
477	CHECK 232: IS RESPONDENT PREGNANT? NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> → 479																														
478	CHECK 405: <table border="0"> <tr> <td>PREGNANCY TYPE 1 <input type="checkbox"/></td> <td>PREGNANCY TYPE 3 OR 5 <input type="checkbox"/></td> </tr> </table> a) Je, umeshiriki ngono tangu kumzaa (NAME)? b) Je, umeshiriki ngono tangu kumzaa mtoto aliyefariki (DATE FROM 406)?	PREGNANCY TYPE 1 <input type="checkbox"/>	PREGNANCY TYPE 3 OR 5 <input type="checkbox"/>	YES 1 NO 2																											
PREGNANCY TYPE 1 <input type="checkbox"/>	PREGNANCY TYPE 3 OR 5 <input type="checkbox"/>																														
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 MOST RECENT STILLBIRTH 3 MISCARRIAGE/ABORTION 5	→ 487																												
480	Je, uliwahi kumnyonyesha (NAME)?	YES 1 NO 2	→ 482																												
481	CHECK 224 FOR CHILD: LIVING <input type="checkbox"/> → 486 DEAD <input type="checkbox"/> → 487																														
482	Je, ulimweka (NAME) kwenye titi muda gani baada ya kuzaliwa? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY000 HOURS 1 DAYS 2																													

483	Ndani ya siku mbili baada ya kuzaa, mbali na maziwa ya matiti, je (NAME) alipatiwa chochote kingine cha kunywa. Kwa mfano maji, maziwa ya mkebe au miti shamba?	YES 1 NO 2	
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> <div style="text-align: right; margin-top: -10px;">→ 487</div>		
485	Je, (NAME) bado anayonya?	YES 1 NO 2	
486	Je, jana (NAME) alikunywa chochote kutoka kwa chupa iliyo na mdomo/titi wakati wa usiku au mchana?	YES 1 NO 2 DON'T KNOW 8	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ← </div> <div style="width: 45%; text-align: right;"> NO MORE PREGNANCY <input type="checkbox"/> OUTCOMES 0-35 MONTHS BEFORE THE SURVEY </div> </div> <div style="text-align: right; margin-top: -10px;">→ 501</div>		

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

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																																																																												
	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>																																																																																																																																														
509	<p>COPY VACCINATION DATES FROM THE CARD FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;"></th><th style="width: 10%;">DAY</th><th style="width: 10%;">MONTH</th><th style="width: 10%;">YEAR</th><th style="width: 10%;">YEAR</th><th style="width: 10%;">YEAR</th><th style="width: 10%;">YEAR</th></tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES RUBELLA (MR) (9 MONTHS)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES RUBELLA (MR) 2 (18 MONTHS)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>YELLOW FEVER</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DEWORMER (ALBENDAZOLE) (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	YEAR	YEAR	YEAR	BCG							ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)							ORAL POLIO VACCINE (OPV) 1							ORAL POLIO VACCINE (OPV) 2							ORAL POLIO VACCINE (OPV) 3							INACTIVATED POLIO VACCINE (IPV)							DPT-HEP.B-HIB (PENTAVALENT) 1							DPT-HEP.B-HIB (PENTAVALENT) 2							DPT-HEP.B-HIB (PENTAVALENT) 3							PNEUMOCOCCAL 1							PNEUMOCOCCAL 2							PNEUMOCOCCAL 3							ROTAVIRUS 1							ROTAVIRUS 2							MEASLES RUBELLA (MR) (9 MONTHS)							MEASLES RUBELLA (MR) 2 (18 MONTHS)							YELLOW FEVER							VITAMIN A (MOST RECENT)							DEWORMER (ALBENDAZOLE) (MOST RECENT)								
	DAY	MONTH	YEAR	YEAR	YEAR	YEAR																																																																																																																																									
BCG																																																																																																																																															
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)																																																																																																																																															
ORAL POLIO VACCINE (OPV) 1																																																																																																																																															
ORAL POLIO VACCINE (OPV) 2																																																																																																																																															
ORAL POLIO VACCINE (OPV) 3																																																																																																																																															
INACTIVATED POLIO VACCINE (IPV)																																																																																																																																															
DPT-HEP.B-HIB (PENTAVALENT) 1																																																																																																																																															
DPT-HEP.B-HIB (PENTAVALENT) 2																																																																																																																																															
DPT-HEP.B-HIB (PENTAVALENT) 3																																																																																																																																															
PNEUMOCOCCAL 1																																																																																																																																															
PNEUMOCOCCAL 2																																																																																																																																															
PNEUMOCOCCAL 3																																																																																																																																															
ROTAVIRUS 1																																																																																																																																															
ROTAVIRUS 2																																																																																																																																															
MEASLES RUBELLA (MR) (9 MONTHS)																																																																																																																																															
MEASLES RUBELLA (MR) 2 (18 MONTHS)																																																																																																																																															
YELLOW FEVER																																																																																																																																															
VITAMIN A (MOST RECENT)																																																																																																																																															
DEWORMER (ALBENDAZOLE) (MOST RECENT)																																																																																																																																															
510	<p>ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.</p>	<p>PHOTOGRAPH TAKEN 1 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>		529																																																																																																																																												

SECTION 5. CHILD IMMUNIZATION

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

SECTION 5. CHILD IMMUNIZATION

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

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
	NAME OF LIVE BIRTH _____	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>Je, (NAME) alipata chanjo zake nyingi wapi?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR 27</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR 36</p> <p align="center">(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO MOBILE CLINIC 43</p> <p>OTHER FBO MEDICAL SECTOR 46</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>VACCINATION CAMPAIGN 51</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>			
530	<p>CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <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> </div> <div style="text-align: center;"> <p>NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> </div> </div>		→ 601		

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? <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </div> <div style="text-align: center;"> NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> </div> </div>	→ 643																	
602	Sasa ningependa kukuuliza maswali kuhusu afya ya watoto wako ambao umewazaa kwa miaka mitano iliyopita wamepata. (Tutaongea kuhusu kila mtoto kando kando tukianzana mdogo kabisa).																		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																		
604	Kwa miezi kumi na miwili iliyopita, je, (NAME) alipata: a) Tembe au dawa ya kukunywa ya madini ya iron? b) Poda ya micronutrient? SHOW COMMON TYPES OF MULTIPLE MICRONUTRIENT POWDERS.	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th><th style="text-align: center;">DK</th></tr> </thead> <tbody> <tr> <td>a) TABLETS/SYRUP</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>b) MULTIPLE MICRONUTRIENT POWDERS</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		YES	NO	DK	a) TABLETS/SYRUP	1	2	8	b) MULTIPLE MICRONUTRIENT POWDERS	1	2	8					
	YES	NO	DK																
a) TABLETS/SYRUP	1	2	8																
b) MULTIPLE MICRONUTRIENT POWDERS	1	2	8																
605	Kwa miezi sita iliyopita, je, (NAME) alipewa vitamin A kama (hii/yoyote kati ya hizi)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td><td style="text-align: center;">1</td></tr> <tr> <td>NO</td><td style="text-align: center;">2</td></tr> <tr> <td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
606	Kwa miezi sita iliyopita, je, (NAME) alipewa dawa ya minyoo ya tumbo?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td><td style="text-align: center;">1</td></tr> <tr> <td>NO</td><td style="text-align: center;">2</td></tr> <tr> <td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
607	Kwa miezi tatu iliyopita , kuna muhudumu yeyote wa afya ama mfanyikazi wa afya wa jamii amepima: a) Uzani wa (NAME)? b) Urefu wa (NAME)? c) Upana wa sehemu ya juu ya mkono wa (NAME)? SHOW PICTURE OF MUAC TAPE	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th><th style="text-align: center;">YES</th><th style="text-align: center;">NO</th><th style="text-align: center;">DK</th></tr> </thead> <tbody> <tr> <td>a) WEIGHT</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>b) LENGTH/HEIGHT</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> <tr> <td>c) UPPER ARM</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">8</td></tr> </tbody> </table>		YES	NO	DK	a) WEIGHT	1	2	8	b) LENGTH/HEIGHT	1	2	8	c) UPPER ARM	1	2	8	
	YES	NO	DK																
a) WEIGHT	1	2	8																
b) LENGTH/HEIGHT	1	2	8																
c) UPPER ARM	1	2	8																
607A	Je, (NAME) anasonga kama watoto wengine wa rika lake/umri wake?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td><td style="text-align: center;">1</td></tr> <tr> <td>NO</td><td style="text-align: center;">2</td></tr> <tr> <td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
607B	Je, (NAME) anafanya sauti/kuongea kama watoto wengine wa rika lake/umri wake?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td><td style="text-align: center;">1</td></tr> <tr> <td>NO</td><td style="text-align: center;">2</td></tr> <tr> <td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
608	Je, (NAME) ameharisha katika majuma mawili yaliyopita?	<table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td><td style="text-align: center;">1</td></tr> <tr> <td>NO</td><td style="text-align: center;">2</td></tr> <tr> <td>DON'T KNOW</td><td style="text-align: center;">8</td></tr> </tbody> </table>	YES	1	NO	2	DON'T KNOW	8	→ 618										
YES	1																		
NO	2																		
DON'T KNOW	8																		

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	CHECK 631: ARTEMISININ COMBINATION THERAPY ('A' OR 'B' OR 'C') GIVEN CODE 'A', 'B', OR 'C' CIRCLED <input type="checkbox"/>	CODE 'A', 'B', OR 'C' NOT CIRCLED <input type="checkbox"/>	→ 634
633	Ni muda gani baada ya kupata joto mwilini, (NAME) alitumia dawa ya mchanganyiko ya artmisinin?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8	
634	CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 603 FOR THE NEXT SURVIVING CHILD) ←	NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	→ 635

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	<p>CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT</p> <p align="center">ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p align="center">↓</p> <p align="center">(NAME OF YOUNGEST CHILD LIVING WITH HER)</p> <p align="center">↓</p>		643
636	<p>Sasa ningependa kukuuliza kuhusu vinywaji ambavyo (NAME FROM 635) alikunywa jana wakati wa mchana ama usiku. Tafadhali nieleze kuhusu vinywaji vyote, ikiwa (NAME) alivitumia nyumbani ama pahali pengine.</p> <p>Jana mchana ama usiku, je, (NAME) alikunywa:</p>		
		<p>YES NO DK</p>	
a)	Maji ya kawaida?	a) 1 2 8	
b)	Maziwa ya mkebe kama NAN (Nestle), SMA, or S26?	b) 1 2 8	
	IF YES: Ni mara ngapi (NAME) alikunywa maziwa ya mkebe? IF 7 OR MORE TIMES, RECORD '7'.	<p>NUMBER OF TIMES DRANK FORMULA <input type="checkbox"/> 8</p>	
c)	Maziwa kutoka kwa wanyama kama yale mabichi, ya unga ama chai ya maziwa?	c) 1 2 8	
	IF YES: Ni mara ngapi (NAME) alikunywa IF 7 OR MORE TIMES, RECORD '7'.	<p>NUMBER OF TIMES DRANK MILK <input type="checkbox"/> 8</p>	
	IF YES: Je, maziwa yalikuwa yameongezewa utamu ama ladha?	<p>SWEET/ FLAVORED ... 1 2 8</p>	
d)	Maziwa ya mgando/yogati?	d) 1 2 8	
	IF YES: Ni mara ngapi (NAME) alikunywa maziwa ya mgando/yogati? IF 7 OR MORE TIMES, RECORD '7'.	<p>NUMBER OF TIMES DRANK YOGURT <input type="checkbox"/> 8</p>	
	IF YES: Hiyo yogati ilikuwa imeongezewa utamu ama ladha?	<p>SWEET/ FLAVORED ... 1 2 8</p>	
f)	Vinywaji vya ladha ya chokoleti, milo au kakao?	f) 1 2 8	
g)	Maji ya matunda ama kinywaji cha matunda?	g) 1 2 8	
h)	Soda kwa mfano coca cola, fanta, sprite ama vinywaji vya wanaspoti navilivyo na msisimuo kama Redbull?	h) 1 2 8	
i)	Chai ya majani, kahawa ama vinywaji vya majani?	i) 1 2 8	
	IF YES: Je, kinywaji kilikuwa kimeongezewa utamu?	<p>SWEETENED . 1 2 8</p>	
j)	Supu ya maji maji?	j) 1 2 8	
k)	Vinywaji vingine?	k) 1 2 8	
	IF YES: Kilikuwa kinywaji kipi?	<p>OTHER DRINK(S) _____ (SPECIFY)</p>	
	IF YES: Kinywaji kilikuwa kimeongezewa utamu?	<p>SWEETENED . 1 2 8</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
637	<p>Sasa nataka kukuuliza kuhusu vyakula ambavyo (NAME) alitumia wakati wa mchana ama usiku wa jana. Nina haja ya kujua vyakula ambavyo mtoto wako alikula nyumbani ama pahali pengine. Tafadhali kumbuka vitafunio na vyakula vidogo vidogo ama vya kawaida.</p> <p>Nitakuuliza kuhusu vyakula mbali mbali, na ningependa kujua ikiwa mtoto wako alipatiwa vitu hivi hata kama vilichanganywa na vyakula vingine?</p> <p>Tafadhali usijibu 'ndio' kwa chakula chochote ama kiungo kidogo kilichotumika kuongeza ladha kwa chakula?.</p> <p>Jana mchana ama usiku, je (NAME) alikula:</p> <p>a) Yogati ama maziwa mala?</p> <p>IF YES: Ni mara ngapi (NAME) alikula yogati? IF 7 OR MORE TIMES, RECORD '7'.</p>	YES	NO	DK	
	a) Yogati ama maziwa mala?	a) 1	2	8	
	IF YES: Ni mara ngapi (NAME) alikula yogati? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT <input type="text"/>		8	
	b) Ugali, uji, mkate, wali, mie, tambi ama chakula kingine kilichotengezwa kwa nafaka, ama mahindi changa?	b) 1	2	8	
	c) Tango, karoti, viazi vitamu ambazo ndani ni rangi ya manjano ama ya machungwa?	c) 1	2	8	
	d) Ndizi, viazi vyeupe, nduma, muhogo ama vyakula vingine vya asili vinavyotokana na mizizi?	d) 1	2	8	
	e) Mboga zozote za majani za rangi ya kijani kibichi kama vile: Sukuma wiki,managu,terere,kunde?	e) 1	2	8	
	e1) Mboga zingine zozote, kama vile: kandira, mrenda, matawi ya malenge, nderema, mitoo, brokoli, au mchungu?	e1) 1	2	8	
	f) Mboga zingine zozote kama: nyanya, kabeji, hoho, uyoga, tango ama mboga zingine zozote?	f) 1	2	8	
	g) Mapapai yaliyoiva, maembe yaliyoiva, karakara/pesheni ama matunda ya damu?	g) 1	2	8	
	h) Matunda mengine yoyote kama vile ndizi, nanasi, parachichi, tikiti maji, chungwa ama matunda mengine?	h) 1	2	8	
	i) Nyama ya maini, damu, figo, firigisi ama roho?	i) 1	2	8	
	j) Soseji, smokies, hot dogs, salami, ama ham?	j) 1	2	8	
	k) Nyama nyingine yoyote kama ya ngombe, mbuzi, kondoo, nguruwe, mnyama wa mwiu, ama kuku?	k) 1	2	8	
	l) Mayai?	l) 1	2	8	
	m) Samaki mbichi, dagaa (omena) aliyekaushwa, tuna ama koa?	m) 1	2	8	
	n) Maharage, githeri, pojo, chakula chochote kilichotokana na kunde, mbaazi, ama kokwa?	n) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	o) nNugu, korosho, mbegu za malenge, simsim ama siagi ya karanga?	YES 1 NO 2 DK 8	
	p) Jibini ?	p) 1 2 8	
	q) Mchwa, nzige ama panzi?	q) 1 2 8	
	r) Vyakula vyovyote vitamu kama keki, biskuti, peremende, chokoleti, ice cream ama barafu?	r) 1 2 8	
	s) Vibanzi au 'chips', viazi vya karai, 'noodles', maandazi, samosa ama bhajia?	s) 1 2 8	
	u) Chakula kingine chochote kigumu, kigumu kiasi ama chakula laini/nyepesi? IF YES: Kilikuwa chakula kipi? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	u) 1 2 8 OTHER FOOD(S) _____ (SPECIFY)	
638	CHECK 637 (CATEGORIES 'a' THROUGH 'u'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>		→ 640
639	Je, (NAME) alikula chakula chochote kigumu, kigumu kiasi ama chakula laini/nyepesi jana wakati wa mchana ama usiku? IF 'YES' PROBE: Ni chakula cha aina gani (NAME) alikula?	YES 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640) NO 2	→ 641
640	(NAME) alikula vyakula vya aina hiyo mara ngapi jana wakati wa mchana ama usiku? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/> DON'T KNOW 8	
641	Je, kwa miezi sita iliyopita, mhadumu yeyote wa afya alikuongesha au kukushauri jinsi ya kumlisha ama vyakula vya kumlisha (NAME)?	YES 1 NO 2 DON'T KNOW 8	
642	Wakati wa mwisho (NAME) alipoenda haja kubwa, kinyesi/choo kiliondoshwa aje?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER 96 (SPECIFY)	

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6B. EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECDA	CHECK 220, 224, 225 AND 226 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY WHO LIVE WITH THE RESPONDENT? ONE OR MORE SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE MOTHER <input type="checkbox"/> NO SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE MOTHER <input type="checkbox"/>	→ 701	
ECDB	Sasa ningependa kukuuliza baadhi ya maswali kuhusu watoto wako wenye umri wa miaka 2-4 ambao wanaishi nawe, kuanzia na mdogo zaidi. Maswali haya yanahusu mambo fulani ambayo wanaweza kufanya kwa sasa. Tafadhali kumbuka kwamba watoto wanaweza kukua na kujifunza kwa kasi tofauti. Kwa mfano, wengine huanza kuzungumza mapema zaidi kuliko wengine, au wanaweza tayari kusema maneno fulani lakini bado hawajaunda sentensi. Kwa hivyo, ni sawa ikiwa mtoto wako hawezi kufanya mambo yote nitakayokuuliza. Unaweza kunijulisha ikiwa una shaka yoyote kuhusu jibu gani la kutoa.		
ECDC	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT, STARTING WITH THE YOUNGEST. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER ... <input type="text"/>		
ECD01	Je, (NAME) anaweza kutemebea kwa barabara isiyo na usawa, kwa mfano, barabara iliyonamatuta ama iliyoinuka sana, bila kuanguka?	YES 1 NO 2 DON'T KNOW 8	
ECD02	Je, (NAME) anaweza kuruka juu kwa kuinua miguu yake yote miwili kwa mara moja?	YES 1 NO 2 DON'T KNOW 8	
ECD03	Je, (NAME) anaweza kujivalisha mavazi, maana yake, kuvaa suruali na shati bila usaidizi?	YES 1 NO 2 DON'T KNOW 8	
ECD04	Je, (NAME) anaweza kufunga na kufungua vifungo bila usaidizi?	YES 1 NO 2 DON'T KNOW 8	
ECD05	Je, (NAME) anaweza kutamka maneno kumi au zaidi, kwa mfano kusema 'mama' ama 'mpira'?	YES 1 NO 2 DON'T KNOW 8	
ECD06	Je, (NAME) anaweza kuongea akitumia sentensi ya maneno matatu au zaidi yanayoambatana, kwa mfano, 'mimi ninaomba maji' ama 'ile nyumba ni kubwa'?	YES 1 NO 2 DON'T KNOW 8	→ ECD08
ECD07	Je, (NAME) anaweza kuongea akitumia sentensi za maneno tano au zaidi yanayoambatana, kwa mfano, 'ile nyumba ni kubwa sana'?	YES 1 NO 2 DON'T KNOW 8	
ECD08	Je, (NAME) anaweza kutumia kwa usawa maneno kama 'mimi', 'wewe', 'yeye', kwa mfano, "mimi nataka maji" ama "yeye anakula wali"?	YES 1 NO 2 DON'T KNOW 8	
ECD09	Ukimuonyesha (NAME) kitu ambacho anakijua vyema, kwa mfano, kikombe ama mnyama fulani, Je, anaweza kukitaja vivyo hivyo mara kwa mara? Kusema mara kwa mara tunamaanisha anatumia neno hilo hilo kila mara kukitaja kitu hicho hata ikiwa sio sahihi sana.	YES 1 NO 2 DON'T KNOW 8	

SECTION 6B. EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD10	Je, (NAME) anaweza kutambua herufi tano za alfabeti?	YES 1 NO 2 DON'T KNOW 8	
ECD11	Je, (NAME) anaweza kuandika jina lake?	YES 1 NO 2 DON'T KNOW 8	
ECD12	Je, (NAME) anaweza kutambua nambari zote kutoka moja hadi tano?	YES 1 NO 2 DON'T KNOW 8	
ECD13	Ukiuliza (NAME) akupatie vitu vitatu, kwa mfano, mawe matatu au maharagwe tatu, Je, atakupea idadi iliyosahihi?	YES 1 NO 2 DON'T KNOW 8	
ECD14	Je, (NAME) anaweza kuhesabu vitu kumi, kwa mfano, vidole kumi ana vitalu kumi bila kukosea?	YES 1 NO 2 DON'T KNOW 8	
ECD15	Je, (NAME) anaweza kufanya shughuli, kwa mfano, kuchorea ama kucheza na vitalu, bila kuitisha usaidizi mara kwa mara wala kukata tamaa haraka?	YES 1 NO 2 DON'T KNOW 8	
ECD16	Je, (NAME) huulizia watu ambao amezoeana nao mbali na wazazi wake, wakati hawako karibu, kwa mfano, "yu wapi nyanya/bibi"?	YES 1 NO 2 DON'T KNOW 8	
ECD17	Je, (NAME) hujitolea kusaidia mtu anayeonekana kuhitaji usaidizi?	YES 1 NO 2 DON'T KNOW 8	
ECD18	Je, (NAME) hushirikiana vyema na watoto wengine?	YES 1 NO 2 DON'T KNOW 8	
ECD19	Ni kwa mara ngapi au kiasi gani (NAME) huonekana mwenye huzuni ama mwenye kusombwa na mawazo? Je, unaweza kusema ni kila siku, mara moja kwa wiki, kwa mwezi, mara kadhaa kwa mwaka, hapati huzuni kamwe?	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5 DON'T KNOW 8	
ECD20	Ukilinganisha na watoto wengine wa rika lake, ni kiasi kigani (NAME) huwapiga mateke, kuwauma, ama kuwagonga watotowengine ama watu wazima? Unaweza kusema: hafanyi hivyo kamwe, ni sawa na wengine, ni kiwango cha chini au ni zaidi ya wengine?	NOT AT ALL 1 THE SAME OR LESS 2 MORE 3 A LOT MORE 4 DON'T KNOW 8	
ECD21	<p>CHECK 220, 224, 225, AND 226 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE MOTHER?</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="text-align: center;"> <p>MORE SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE MOTHER</p> <p>(GO TO ECD01 FOR THE NEXT SURVIVING CHILD)</p> </div> <div style="text-align: center;"> <p>NO MORE SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE MOTHER</p> </div> </div>		701

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Sasa ningependa kuongea kuhusu ndoa. Umeolewa hivi sasa ama unaishi na mwanamume kama uliyeolewa?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 706 → 709
702	Kuna wakati wowote uliwahi kuolewa ama kuishi na mwanamume kama uliyeolewa?	YES, PREVIOUSLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 721
703	Hali yako ya ndoa hivi sasa ni gani: ni mjane, umetalakiwa ama mumetengana kwa muda?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
704	CHECK 702: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> PREVIOUSLY MARRIED ↓</div> <div>YES, <input type="checkbox"/> LIVED WITH A MAN →</div> </div>		→ 714
705	Je, ulikuwa na cheti cha ndoa kwa ndoa yako ya mwisho?	YES 1 NO 2 DON'T KNOW 8	→ 714 → 707
706	Je, uko na cheti cha ndoa kwa ndoa hii?	YES 1 NO 2 DON'T KNOW 8	→ 709
707	Je, hii ndoa iliwahi kuandikishwa kwa mamlaka ya serikali?	YES 1 NO 2 DON'T KNOW 8	
708	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED ↓</div> <div>NO, <input type="checkbox"/> NOT IN A UNION →</div> </div>		→ 714
709	Je, (mumeo/mpenzio/mwenzio) anaishi na wewe wakati huu ama anaishi pahali pengine?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
710	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
711	Mumeo/mpenzio/mwenzio ana mabibi wengine ama anaishi na wanawake wengine kama wameoana?	YES 1 NO 2 DON'T KNOW 8	→ 714
712	Pamoja na wewe, nyote kwa jumla, ana wake ama wapenzi aliowaweka kinyumba wangapi?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
713	Wewe ndie mke wa kwanza, wa pili ?	RANK <input type="text"/> <input type="text"/> DON'T KNOW 98	
714	Je, umewahi kuolewa ama kuishi na mwanamume mara moja tu ama zaidi ya mara moja?	ONLY ONCE 1 MORE THAN ONCE 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>a) Ni katika mwezi na mwaka gani ulipoanza kuishi na (Mumeo/mpenzio/mw enzio)?</p> </div> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>b) Sasa ningependa kukuuliza kuhusu (Mumeo/mpenzio/mw enzio) wa kwanza. Ni mwezi na mwaka gani ulipoanza kuishi naye?</p> </div> </div>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 717
716	Ulikuwa na umri gani ulipoanza kuishi naye?	AGE <input type="text"/> <input type="text"/>	
717	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-around;"> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> </div>		→ 721
718	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-around;"> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, <input type="checkbox"/></p> </div> <p>NOT IN A UNION</p>		→ 721
719	Sasa ningependa kukuuliza kuhusu (Mumeo/mpenzio/mwenzio) wa wakati huu. Ni katika mwezi na mwaka gani ulipoanza kuishi naye?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 721
720	Ulikuwa na umri gani ulipoanza kuishi na (mumeo/mpenzio/mwenzio) wa wakati huu?	AGE <input type="text"/> <input type="text"/>	
721	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE		
722	Sasa ningependa kukuuliza maswali kuhusu mambo ya ngono ili niweze kupata ufahamu bora kuhusu mambo muhimu ya maisha. Nakuhakikishia tena ya kwamba majibu yako yote yatawekwa siri na hayatatolewa kwa mtu yeyote. Nikikuuliza swali lolote ambalo hutaki kujibu, niambie na nitaliwacha na kwenda kwa swali litakalofuata. Ulikuwa na umri gani ulipofanya ngono kwa mara ya kwanza?	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	→ 738

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
723	<p>Sasa ningependa kukuuliza kuhusu vitendo vyako vya ngono vya siku za karibuni. Mara ya mwisho ulipofanya ngono ilikuwa lini?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<table> <tr> <td>DAYS AGO</td><td>1</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>WEEKS AGO</td><td>2</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>MONTHS AGO</td><td>3</td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr> <td>YEARS AGO</td><td>4</td><td><input type="text"/></td><td><input type="text"/></td></tr> </table>	DAYS AGO	1	<input type="text"/>	<input type="text"/>	WEEKS AGO	2	<input type="text"/>	<input type="text"/>	MONTHS AGO	3	<input type="text"/>	<input type="text"/>	YEARS AGO	4	<input type="text"/>	<input type="text"/>	→ 737
DAYS AGO	1	<input type="text"/>	<input type="text"/>																
WEEKS AGO	2	<input type="text"/>	<input type="text"/>																
MONTHS AGO	3	<input type="text"/>	<input type="text"/>																
YEARS AGO	4	<input type="text"/>	<input type="text"/>																
724	<p>CHECK 232:</p> <p align="center">NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓</p> <p align="center">PREGNANT <input type="checkbox"/> → 727</p>																		
725	<p>Mara ya mwisho ulipofanya ngono, je wewe ams mwenzio mlifanya au kutumia chochote ili kuchelewesha ama kuzuia kupata mimba?</p>	<p>YES 1</p> <p>NO 2</p>	→ 727																
726	<p>Ni njia gani mlitumia?</p> <p>RECORD ALL MENTIONED.</p> <p>IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>MALE CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	→ 728																
727	<p>Mara ya mwisho ulipofanya ngono, je kondomu ya wanaume au wanawake ilitumika?</p>	<p>YES 1</p> <p>NO 2</p>	→ 730																
728	<p>Ilikuwa kondomu ya aina gani?</p> <p>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.</p>	<p>SURE 01</p> <p>DUREX 02</p> <p>KISS 03</p> <p>TRUST 04</p> <p>POWER PLAY 05</p> <p>ROUGH RIDER 06</p> <p>LIFEGUARD 07</p> <p>FC2 FEMALE CONDOM 08</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>																	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<p>Ulipata hii kondomu wapi mara ya mwisho?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE CLINIC 15</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ #</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO MOBILE CLINIC 43</p> <p>OTHER FBO MEDICAL SECTOR _____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIEND/RELATIVE 53</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
730	<p>Uhusiano wako na huyu uliyefanya naye ngono ulikuwa wa aina gani?</p> <p>IF BOYFRIEND: Mlikuwa mnaishi pamoja kana kwamba mumeoana?</p> <p>IF YES, RECORD '2'.</p> <p>IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731	Mbali na mtu huyu, je umewahi kufanya ngono na mtu mwingine ndani ya miezi 12 iliyopita?	YES 1 NO 2	→ 737
732	Mara ya mwisho ulipofanya ngono na mtu huyu wa pili, kondomu ilitumika?	YES 1 NO 2	
733	Uhusiano wako na huyu mtu wa pili uliyefanya naye ngono ulikuwa wa aina gani? IF BOYFRIEND: Mlikuwa mnaishi pamoja kana kwamba mumeoana? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 OTHER 6 (SPECIFY)	
734	Mbali na watu hawa wawili, je umefanya ngono na mtu mwingine ndani ya miezi 12 iliyopita?	YES 1 NO 2	→ 737
735	Mara ya mwisho ulipofanya ngono na mtu huyu wa tatu, kondomu ilitumika?	YES 1 NO 2	
736	Uhusiano wako na huyu mtu wa tatu uliyefanya naye ngono ulikuwa wa aina gani? IF BOYFRIEND: Mlikuwa mnaishi pamoja kana kwamba mumeoana? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 OTHER 6 (SPECIFY)	
737	Kwa jumla, ni watu wangapi umefanya nao ngono kwa maisha yako yote? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
738	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 1 2 MALE ADULTS 1 2 FEMALE ADULTS 1 2	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 307: <div style="display: flex; justify-content: space-around;"> <div>NOT ASKED <input type="checkbox"/></div> <div>NEITHER ARE STERILIZED <input type="checkbox"/></div> <div>HE OR SHE STERILIZED <input type="checkbox"/></div> </div>		→ 813
802	CHECK 232: <div style="display: flex; justify-content: space-around;"> <div>PREGNANT <input type="checkbox"/></div> <div>NOT PREGNANT OR UNSURE <input type="checkbox"/></div> </div>		→ 804
803	Sasa niko na maswali kuhusu siku zijazo. Baada ya huyu mtoto unayemtarajia sasa, ungependa kupata mtoto mwingine, ama unaona ni vyema usipate watoto wengine zaidi?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812
804	Sasa niko na maswali kuhusu siku zijazo/za usoni. Ungependa kupata (mtoto/ mtoto mwingine), ama unaona ni vyema usipate watoto (zaidi)?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNAN 3 UNDECIDED/DON'T KNOW 8	→ 807 → 813 → 811
805	CHECK 232: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> NOT PREGNANT OR UNSURE <input type="checkbox"/> a) Ungependa kungoja muda kiasi gani kabla kuzaa (mtoto/ mtoto mwingine)? </div> <div style="width: 45%;"> PREGNANT <input type="checkbox"/> b) Baada ya kuzaa huyu mtoto unayemtarajia sasa, ungependa kungoja muda kiasi gani kabla kuzaa mtoto mwingine? </div> </div>	<div style="display: flex; justify-content: space-between;"> <div> MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNAN 994 AFTER MARRIAGE 995 OTHER 996 (SPECIFY) DON'T KNOW 998 </div> <div style="border: 1px solid black; width: 80px; height: 80px; display: flex; flex-direction: column; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 40px; height: 40px; margin-bottom: 2px;"></div> <div style="border: 1px solid black; width: 40px; height: 40px;"></div> </div> </div>	→ 811 → 813 → 811
806	CHECK 232: <div style="display: flex; justify-content: space-around;"> <div>NOT PREGNANT OR UNSURE <input type="checkbox"/></div> <div>PREGNANT <input type="checkbox"/></div> </div>		→ 812
807	CHECK 307: USING A CONTRACEPTIVE <div style="display: flex; justify-content: space-around;"> <div>NOT ASKED <input type="checkbox"/></div> <div>CURRENTLY USING <input type="checkbox"/></div> </div>		→ 813
808	CHECK 805: <div style="display: flex; justify-content: space-around;"> <div>'24' OR MORE MONTHS OR '02' OR MORE YEARS <input type="checkbox"/></div> <div>NOT ASKED <input type="checkbox"/></div> <div>'00-23' MONTHS OR '00-01' YEAR <input type="checkbox"/></div> </div>		→ 812
809	CHECK 723: <div style="display: flex; justify-content: space-around;"> <div>DAYS, WEEKS OR MONTHS AGO <input type="checkbox"/></div> <div>YEARS AGO <input type="checkbox"/></div> <div>NOT ASKED <input type="checkbox"/></div> </div>		→ 811 → 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/></p> <p>a) Umesema hautaki kupata (mtoto/mtoto mwingine) hivi karibuni. Je, unaweza kunieleza ni kwa nini hautumii njia yoyote kuzuia kupata mimba?</p> <p>Kuna sababu nyingine?</p> <p>b) Umesema hautaki kupata watoto wengine zaidi. Je, unaweza kunieleza ni kwa nini hautumii njia yoyote kuzuia kupata mimba?</p> <p>Kuna sababu nyingine?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>INCONVENIENT TO USE O</p> <p>CHANGES IN MENSTRUAL BLEEDING P</p> <p>METHODS COULD CAUSE INFERTILITY Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES R</p> <p>OTHER SIDE EFFECTS S</p> <p>COST/ACCESS/AVAILABILITY</p> <p>LACK OF ACCESS/TOO FAR T</p> <p>COSTS TOO MUCH U</p> <p>PREFERRED METHOD NOT AVAILABLE V</p> <p>NO METHOD AVAILABLE W</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 307: USING A CONTRACEPTIVE</p> <p>NOT ASKED <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/></p>		813
812	<p>Je, unatarajia kutumia njia ya kupanga uzazi ili kuchelewesha au kuzuia kupata mimba kwa wakati wowote ujao?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
813	<p>CHECK 224:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>a) Je, ungeweza kurudi kwa wakati ambao haukuwa na watoto wowote na ungeweza kuchagua idadi ya watoto ambao ungepata kwa maisha yako yote, je ungelitaka uwe na watoto wangapi?</p> <p>b) Ungekuwa na uwezo wa kuchagua idadi ya watoto ambao ungepata kwa maisha yako yote. Je, ungelitaka wangapi?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	815
814	<p>Ni wangapi kati ya watoto hawa ungependelea wawe wavulana, wangapi ungependelea wawe wasichana na ni wangapi si hoja wakiwa mvulana ama msichana?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
815	<p>Katika miezi kumi na miwili iliyopita, umewahi:</p> <p>a) Kusikia kuhusu upangaji wa uzazi kwa radio?</p> <p>b) Kuona chochote kuhusu upangaji wa uzazi kwenye runinga/televisheni?</p> <p>c) Kusoma kuhusu upangaji uzazi kwenye gazeti ama jarida?</p> <p>d) Kupokea ujumbe wa sauti ama arafa (ujumbe mfupi) kuhusu upangaji wa uzazi kwa simu ya rununu?</p> <p>e) Kuona chochote kuhusu upangaji wa uzazi kwenye mitandao ya kijamii kama Facebook, Twitter, ama Instagram, Tiktok, ama WhatsApp?</p> <p>f) Kuona chochote kuhusu upangaji wa uzazi kwenye vibandiko vya ukutani, vipeperushi, ama brosha?</p> <p>g) Je, umeona chochote kuhusu kupanga uzazi kwenye bango au mabango ya nje?</p> <p>h) Kusikia chochote kuhusu upangaji wa uzazi katika mikutano ama sherehe za kijamii ama ya umma?</p> <p>i) Kusikia chochote kuhusu upangaji wa uzazi kutoka kwa marafiki/wenzako?</p> <p>j) Umeona chochote kuhusu upangaji wa uzazi mtandaoni?</p>	<table> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) RADIO</td><td>1</td><td>2</td></tr> <tr> <td>b) TELEVISION</td><td>1</td><td>2</td></tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td><td>1</td><td>2</td></tr> <tr> <td>d) MOBILE PHONE</td><td>1</td><td>2</td></tr> <tr> <td>e) FACEBOOK/TWITTER/INSTAGRAM/TIKTOK/WHATSAPP</td><td>1</td><td>2</td></tr> <tr> <td>f) POSTER/LEAFLET/BROCHURE</td><td>1</td><td>2</td></tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD ..</td><td>1</td><td>2</td></tr> <tr> <td>h) COMMUNITY MEETINGS/EVENTS</td><td>1</td><td>2</td></tr> <tr> <td>h) FRIENDS/PEERS</td><td>1</td><td>2</td></tr> <tr> <td>h) INTERNET</td><td>1</td><td>2</td></tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	e) FACEBOOK/TWITTER/INSTAGRAM/TIKTOK/WHATSAPP	1	2	f) POSTER/LEAFLET/BROCHURE	1	2	g) OUTDOOR SIGN/BILLBOARD ..	1	2	h) COMMUNITY MEETINGS/EVENTS	1	2	h) FRIENDS/PEERS	1	2	h) INTERNET	1	2	
	YES	NO																																		
a) RADIO	1	2																																		
b) TELEVISION	1	2																																		
c) NEWSPAPER OR MAGAZINE	1	2																																		
d) MOBILE PHONE	1	2																																		
e) FACEBOOK/TWITTER/INSTAGRAM/TIKTOK/WHATSAPP	1	2																																		
f) POSTER/LEAFLET/BROCHURE	1	2																																		
g) OUTDOOR SIGN/BILLBOARD ..	1	2																																		
h) COMMUNITY MEETINGS/EVENTS	1	2																																		
h) FRIENDS/PEERS	1	2																																		
h) INTERNET	1	2																																		
817	<p>CHECK 701:</p> <p>YES, <input type="checkbox"/> CURRENTLY MARRIED</p> <p>YES, <input type="checkbox"/> LIVING WITH A MAN</p> <p>NO, <input type="checkbox"/> NOT IN A UNION</p>		→ 901																																	
818	<p>Ni nani hufanya uamuzi kuhusu wewe kupanga ama kutopanga uzazi: wewe mwenyewe, mumeo/mpenzio, wewe na mumeo/mpenzio, ama mtu mwingine tofauti?</p>	<p>RESPONDENT 1</p> <p>HUSBAND/PARTNER 2</p> <p>RESPONDENT AND HUSBAND/PARTNER JOINTLY 3</p> <p>SOMEONE ELSE 4</p> <p>OTHER 6</p> <p>(SPECIFY)</p>	<p>→ 820</p> <p>→ 820</p>																																	
819	<p>Mnapofanya uamuzi pamoja na mumeo/mpenzio, je unaweza kusema kuwa uamuzi wako ni wa muhimu zaidi kuliko wa mumeo, ni sawa na wa mumeo ama ni wa chini kuliko wa mumeo/mpenzio?</p>	<p>MORE IMPORTANT 1</p> <p>EQUALLY IMPORTANT 2</p> <p>LESS IMPORTANT 3</p>																																		
820	<p>Je, mumeo/mpenzio ama mtu yeyote wa jamii amewahi kuweka shinikizo kwako kupata mimba hata wakati haukutaka kupata mimba?</p>	<p>YES 1</p> <p>NO 2</p>																																		
821	<p>CHECK 307:</p> <p>NOT ASKED <input type="checkbox"/></p> <p>NEITHER ARE <input type="checkbox"/> STERILIZED</p> <p>HE OR SHE ARE <input type="checkbox"/> STERILIZED</p>		→ 901																																	
822	<p>Je, (mumeo/mpenzio) anataka idadi ya watoto sawa na wale unaowataka, ama anataka zaidi ama anataka wachache kukuliko wewe?</p>	<p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DON'T KNOW 8</p>																																		

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
912	Je umefanya kazi yoyote ndani ya miezi 12 iliyopita?	YES 1 NO 2	→ 917
913	Je, unajishughulisha na nini, yaani, ni kazi gani unayofanya zaidi?	<div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; width: 150px;"></div>	
914	Kazi hii unamfanyia mtu wa familia yako, unamfanyia mtu mwingine ama ni kazi yako mwenyewe?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
915	Kwa kawaida unafanya kazi mwaka mzima ama unafanya kazi kwa msimu ama mara moja moja?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
916	Unalipwa kwa pesa taslimu ama kwa kupatiwa vitu ama hulipwi kamwe?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 917
916A	Je, ulipokea kiasi kigani cha pesa taslimu ama malipo mbadala kwa kazi hii mwezi uliopita?	VALUE (KSH): <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div>	DID NOT WORK IN LAST MONTH 9999995 DON'T KNOW 9999998
917	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> </div> <div style="text-align: center;"> NOT IN UNION <input type="checkbox"/> </div> </div>		→ 925
918	CHECK 916: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> CODE '1' OR '2' CIRCLED <input type="checkbox"/> </div> <div style="text-align: center;"> OTHER <input type="checkbox"/> </div> </div>		→ 921
919	Ni nani ambaye kwa kawaida huamua jinsi zitakavyotumiwa pesa unazopata: wewe, mumeo/ mpenzio ama wewe na (mumeo/mpenzio) kwa pamoja?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>	
920	Unaweza kusema kuwa pesa unazopata ni nyingi kuliko anazopata (mumeo/mpenzio), ni kidogo kuliko anazopata yeye ama ni karibu sawa?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 922
921	Ni nani ambaye kwa kawaida huamua jinsi zitakavyotumiwa pesa anazopata (mumeo/mpenzio): wewe, mumeo/mpenzio ama wewe na (mumeo/mpenzio) kwa pamoja?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 <div style="text-align: center;">(SPECIFY)</div>	

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

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

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

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

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Sasa ningependa kuongea kuhusu ugonjwa unaoitwa UKIMWI		
1001	Umewahi kusikia kuhusu UKIMWI?	YES 1 NO 2	→ 1040
1002	CHECK 111: AGE 15-34 YEARS <input type="checkbox"/> 35 YEARS OR OLDER <input type="checkbox"/>		→ 1008
1003	HIV ndio virusi vinavyosababisha UKIMWI. Je, watu wanaweza kupunguza uwezekano wa kupata virusi vya UKIMWI kwa kuwa na mpenzi mmoja tu, ambaye hajaathirika na ambaye hana wapenzi wengine?	YES 1 NO 2 DON'T KNOW 8	
1004	Je, watu wanaweza kupata virusi vya UKIMWI kwa kuumwa na mbu?	YES 1 NO 2 DON'T KNOW 8	
1005	Watu wanaweza kupunguza uwezekano wa kupata virusi vya UKIMWI kwa kutumia kondomu kila mara wanapofanya ngono?	YES 1 NO 2 DON'T KNOW 8	
1006	Watu wanaweza kupata virusi vya UKIMWI kwa kula chakula pamoja na mtu mwenye UKIMWI?	YES 1 NO 2 DON'T KNOW 8	
1007	Je, inawezekana kwa mtu anaonekana mwenye afya nzuri kuwa na virusi vya UKIMWI?	YES 1 NO 2 DON'T KNOW 8	
1008	Je, umewahi kusikia kuhusu ARVs, yaani dawa zinazotibu UKIMWI?	YES 1 NO 2	
1009	Je, kuna dawa zozote maalum/spesheli ambayo daktari au muuguzi anaweza kumpatia mwanamke aliye na virusi vya UKIMWI ili kupunguza uwezo wa kuambukiza mtoto?	YES 1 NO 2 DON'T KNOW 8	
1010	Je, umewahi kusikia kuhusu PrEP, dawa inayotumika kwa kila siku na ambayo inaweza kuzuia mtu kuambukizwa UKIMWI?	YES 1 NO 2	→ 1012
1011	Je, unakubali kuhusu watu wanaomeza tembe/vidongekila siku ili kuzuia kupata UKIMWI?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1012	CHECK 220 AND 223: NO LIVE BIRTHS <input type="checkbox"/> → 1024 LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 1024 LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY <input type="checkbox"/> → 1024		
1013	CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'): HAD ANTENATAL CARE <input type="checkbox"/> → 1018 NO ANTENATAL CARE <input type="checkbox"/>		
1014	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
1015	Ulipimwa virusi vya UKIMWI kama mojawapo ya ukaguzi wa afya ulipokuwa na mimba ya (NAME)?	YES 1 NO 2	→ 1018

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	<p>Ulipimiwa wapi?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>STAND-ALONE HTC/VCT CENTEF..... 13</p> <p>GOVERNMENT DISPENSARY 14</p> <p>MOBILE HTC SERVICES 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>STAND-ALONE HTC/VCT CENTEF..... 24</p> <p>PHARMACY 25</p> <p>MOBILE HTC SERVICES 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>OTHER FBO MEDICAL SECTOR _____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 51</p> <p>WORKPLACE 52</p> <p>CORRECTIONAL FACILITY 53</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
1017	Je, ulipata matokeo ulipopimwa?	<p>YES 1</p> <p>NO 2</p>	
1018	<p>CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'):</p> <p>ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> _____ → 1021</p> <p>'21-56' CIRCLED ↓</p>		
1019	Kati ya wakati ulipoenda kujifungua na kabla ya kuzaliwa kwa mtoto, je ulipimwa UKIMWI?	<p>YES 1</p> <p>NO 2</p>	→ 1021
1020	Je, ulipata matokeo ulipopimwa?	<p>YES 1</p> <p>NO 2</p>	→ 1022

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1021	CHECK 1015: <div style="display: flex; justify-content: space-around; align-items: center;"> YES <input type="checkbox"/> NO OR <input type="checkbox"/> NOT ASKED </div>		→ 1024
1022	Je, umepimwa virusi vya UKIMWI, kutoka wakati ulipopimwa ulipokuwa na mimba?	YES 1 NO 2	→ 1025
1023	Mara ya mwisho ulipimwa UKIMWI ilikuwa mwezi na mwaka gani?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 1028
1024	Umewahi kupimwa virusi vya UKIMWI?	YES 1 NO 2	→ 1032
1025	Mara ya mwisho ulipimwa UKIMWI ilikuwa mwezi na mwaka gani?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1026	<p>Ulipimwa wapi?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>STAND-ALONE HTC/VCT CENTER 13</p> <p>GOVERNMENT DISPENSARY 14</p> <p>MOBILE HTC SERVICES 15</p> <p>OTHER PUBLIC SECTOR 16</p> <p align="center">_____ (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>STAND-ALONE HTC/VCT CENTER 24</p> <p>PHARMACY 25</p> <p>MOBILE HTC SERVICES 26</p> <p>OTHER PRIVATE MEDICAL SECTOR 27</p> <p align="center">_____ (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>NGO STAND-ALONE HTC/VCT CENTER .. 33</p> <p>OTHER NGO MEDICAL SECTOR 36</p> <p align="center">_____ (SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO STAND-ALONE HTC/VCT CENTER .. 43</p> <p>OTHER FBO MEDICAL SECTOR 46</p> <p align="center">_____ (SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 51</p> <p>WORKPLACE 52</p> <p>CORRECTIONAL FACILITY 53</p> <p>OTHER 96</p> <p align="center">_____ (SPECIFY)</p>	
1027	Je, ulipata matokeo ulipopimwa?	<p>YES 1</p> <p>NO 2</p>	→ 1031
1028	Matokeo yalikuwa gani?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p> <p>DID NOT RECEIVE TEST RESULT 5</p>	→ 1031
1029	Ni mwezi na mwaka gani ulipokea matokeo ya kwanza ya kuonyesha kwamba ulikuwa na virusi vya UKIMWI?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS LAST HIV TEST 95</p>	

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1030	Je, kwa sasa unatumia ARVs, yaani madawa yanayopunguza makali ya virusi vya UKIMWI? Maana yake, hata ikiwa umekosa kumeza dawa wakati mwingine, bado unaendelea kutumia ARVs.	YES 1 NO 2 DON'T KNOW 8																			
1031	Ni mara ngapi umepimwa UKIMWI maishani mwako? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/>																			
1032	Je, umesikia kwamba kuna vifaa ambavyo watu wanaweza kutumia kujipima UKIMWI wenyewe?	YES 1 NO 2	→ 1034																		
1033	Umwepimwa kujipima UKIMWI wewe mwenyewe ukitumia hivi vifaa?	YES 1 NO 2																			
1034	Je, unaweza kununua mboga kutoka kwa mwenye duka ama mchuuzi ukijua kuwa mtu huyo ana virusi vya UKIMWI?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																			
1035	Je, kwa maoni yako, watoto walio na virusi vya UKIMWI wanafaa kuruhusiwa kwenda shule pamoja na watoto ambao hawana virusi vya UKIMWI?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8																			
1036	CHECK 1028: CODE '1' <input type="checkbox"/> CIRCLED OTHER <input type="checkbox"/>		→ 1040																		
1037	Sasa ningependa kukuuliza maswali machache kuhusu yale umepitia ukiishi na virusi vya UKIMWI. Je, umemfahamisha yeyote isipokuwa mimi kuhusu hali yako ya kuwa na virusi vya UKIMWI?	YES 1 NO 2																			
1038	Je, unakubaliana ama haukubaliani na semi lifuatalo: Nimeahibika kwa sababu ya hali yangu ya UKIMWI.	AGREE 1 DISAGREE 2																			
1039	Tafadhali niambie ikiwa kwa miezi kumi na miwili imepita, mambo yafwatayo yametendeka kwako, ama ikiwa unaona kwamba yametendeka kwako kwa sababu ya hali yako ya UKIMWI: a) Watu wameongea vibaya juu yako kuhusu hali yako ya UKIMWI. b) Mtu amefichua hali yako ya UKIMWI bila idhini yako. c) Umetusiwa, kudhulumiwa, ama kutishiwa maisha kwa sababu ya hali yako ya UKIMWI. d) Wahudumu wa afya waliongea vibaya juu yako kwa sababu ya hali yako ya UKIMWI. e) Wahudumu wa afya wamekupigia makelele, kukukemea, kukuita majina, na kukutusi kwa ajili ya hali yako ya UKIMWI.	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th></tr> </thead> <tbody> <tr> <td>a) PEOPLE TALK BADLY</td><td>1</td><td>2</td></tr> <tr> <td>b) DISCLOSED STATUS</td><td>1</td><td>2</td></tr> <tr> <td>c) VERBALLY INSULTED</td><td>1</td><td>2</td></tr> <tr> <td>d) HEALTHCARE WORKERS TALKED BADLY</td><td>1</td><td>2</td></tr> <tr> <td>e) HEALTHCARE WORKERS VERBALLY ABUSED</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) PEOPLE TALK BADLY	1	2	b) DISCLOSED STATUS	1	2	c) VERBALLY INSULTED	1	2	d) HEALTHCARE WORKERS TALKED BADLY	1	2	e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2	
	YES	NO																			
a) PEOPLE TALK BADLY	1	2																			
b) DISCLOSED STATUS	1	2																			
c) VERBALLY INSULTED	1	2																			
d) HEALTHCARE WORKERS TALKED BADLY	1	2																			
e) HEALTHCARE WORKERS VERBALLY ABUSED	1	2																			

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1040	<p>CHECK 1001:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>a) Mbali na UKIMWI, je umewahi kusikia kuhusu maambukizi mengine ambayo yanaweza kusambazwa kwa njia ya ngono ama kufanya mapenzi?</p> </div> <div style="width: 45%;"> <p>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>b) Umesikia kuhusu maambukizi mengine ambayo yanaweza kusambazwa kwa njia ya ngono ama kufanya mapenzi?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	
1041	<p>CHECK 722:</p> <div style="display: flex; justify-content: space-between;"> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> </div>		→ 1046
1042	<p>CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>		→ 1044
1043	Sasa ningependa kukuuliza maswali kuhusu afya yako kwa miezi kumi na miwili iliyopita. Je, ndani ya miezi kumi na miwili iliyopita, umepata ugonjwa ambao umesambazwa kupitia kwa njia ya ngono ama kufanya mapenzi?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1044	Mara nyingine wanawake hutokwa na uchafu wenye harufu mbaya kwenye sehemu za siri. Ndani ya miezi 12 iliyopita umepata kutokwa na uchafu wenye harufu mbaya kwenye sehemu za siri?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1045	Mara nyingine mwanamke hupatwa na kidonda ama mfuro kwenye sehemu za siri. Ndani ya miezi 12 iliyopita, umepata kuwa na kidonda ama mfuro kwenye sehemu za siri?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1046	Ikiwa mke anajua kuwa mumewe ana ugonjwa ambao anaweza kumuambukiza wakifanya ngono/mapenzi, je ana haki ya kumwambia watumie kondomu wanapofanya ngono?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1047	Je, mke ana haki ya kukataa kufanya ngono na mumewe wakati akijua kuwa mumewe anafanya ngono/mapenzi na wanawake wengine wasiokua wake zake?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1048	<p>CHECK 701:</p> <div style="display: flex; justify-content: space-between;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>NOT IN UNION <input type="checkbox"/></p> </div>		→ 1050A
1049	Je, unaweza kusema hapana kwa (mumeo/mpenzi wako) ikiwa hutaki kufanya ngono?	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	
1050	Je, unaweza kumwambia (mumeo/mpenzi wako) atumie kondomu ukitaka atumie?	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1050A	Umewahi kusikia kuhusu ugonjwa wa kifua kikuu/TB?	YES 1 NO 2	→ 1101
1050B	Je, watu wote walio na ugonjwa wa TB wako na UKIMWI?	YES 1 NO 2 DON'T KNOW 8	
1050C	Je, umepatikana na ugonjwa wa TB kwa miezi kumi na miwili iliyopita?	YES 1 NO 2 DON'T KNOW 8	→ 1101
1050D	Ilichukuwa muda gani kwako kupatikana na/kujulikana kuwa na ugonjwa wa TB baada ya kutembelea kituo cha afya? (Kati ya kupata dalili na ugonjwa kujulikana)	DAYS 1 WEEKS 2 MONTHS 3 DON'T KNOW 998	
1050E	Je, baada ya kupatikana na TB, watu wengine wa nyumba yako walichunguzwa/kupimwa ugonjwa wa TB?	YES 1 NO 2 LIVES ALONE/NO OTHER HOUSEHOLD MEMBERS 3 DON'T KNOW 8	
1050F	Je, baada ya kupatikana na TB, watoto walio chini ya umri wa miaka tano walianza kupata matibabu ili wasiambukizwe ugonjwa wa TB?	YES 1 NO 2 NO CHILDREN UNDER 5 IN HOUSEHOLD 3 DON'T KNOW 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
1101	Je, inachukuwa dakika ngapi kutoka kwako hadi kwa kituo kilicho karibu kabisa, kama hospitali, kliniki ya afya, daktari ama kituo cha afya?	MINUTES <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></tr></table>				
1102	Unatumia njia gani kwa usafiri kutoka kwako kufika kwa hicho kituo? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, CIRCLE THE ONE HIGHEST ON THE LIST.	MOTORIZED CAR/TRUCK 01 PUBLIC BUS 02 MOTORCYCLE/SCOOTER/TUK TUK 03 BOAT WITH MOTOR 04 NOT MOTORIZED ANIMAL-DRAWN CART 05 BICYCLE 06 BOAT WITHOUT MOTOR 07 WALKING 08 OTHER 96 (SPECIFY)				
1102A	Kwa miezi mitatu iliyopita, umetembelewa na muhudumu wa afya ya jamii?	YES 1 NO 2	→ 1102C			
1102B	Wakati ulipotembelewa, je, muhudumu wa afya ya jamii alikupea huduma gani ama maongezi yapi ya kiafya? Kiningine chochote? RECORD ALL MENTIONED.	WATER/SANITATION/HANDWASHING A ANTENATAL/POSTNATAL CARE B FAMILY PLANNING C CHILD IMMUNIZATION D CHILD ILLNESS E CHILD GROWTH/NUTRITION F NONCOMMUNICABLE DISEASES (HYPERTENSION/DIABETES) G SOCIAL/CHILD PROTECTION PROGRAM H SPECIAL DEVICES/DISABILITY I FOLLOW UP ON DEFAULT MEDICAL ISSUE J OTHER X (SPECIFY)				
1102C	Je, unafahamu kwamba unaweza kukagua/kuchunguza matiti yako ili kutambua uvimbe na saratani ya matiti?	YES 1 NO 2				
1103	Je, daktari ama muuguzi yeyote wa afya amekagua/kuchunguza matiti yako kwa ajili ya ugonjwa wa saratani ya matiti?	YES 1 NO 2 DON'T KNOW 8				
1103A	Je, umewahi kuambiwa na daktari ama muuguzi wa afya kwamba uko na saratani ya matiti?	YES 1 NO 2	→ 1104			
1103B	Je, unapokea matibabu ya ugonjwa wa saratani ya matiti?	YES 1 NO 2				
1104	Sasa ningependa kukuuliza kuhusu upimaji au uchunguzi ambao muhudumu wa afya anaweza kufanya ili kuona ikiwa kuna saratani ya mlango wa uzao? Hii ni sehemu inayounganisha sehemu ya uzazi wa mwanamke na sehemu zake za siri. Ili kufanyiwa uchunguzi huu, mwanamke huambiwa alale chali na kufungua miguu yake. Muhudumu wa afya atachukua sampuli kwa kusugua ili ipelekwe kwa maabara kwa kupimwa. Hii inaitwa Pap smear ama HPV test. Njia nyingine ya kupima ni kwa kuingiza siki ndani ya sehemu ya siri na kuona matokeo					
1105	Je, umewahi kupimwa na daktari ama muhudumu wa afya kuona ikiwa una saratani ya mlango wa uzao?	YES 1 NO 2 DON'T KNOW 8				
1105A	Je, umewahi kuambiwa na daktari ama muhudumu wa afya una saratani ya mlango wa uzao?	YES 1 NO 2	→ 1106			

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1105B	Unapokea matibabu ya saratan ya mlango wa uzao?	YES 1 NO 2																			
1106	Sasa ningependa kukuuliza maswali kuhusu uvutaji wa sigara na utumizi wa tumbako. Je, wewe kwa hivi sasa unavuta sigara kila siku, siku zingine, ama hauvuti kabisa?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1108																		
1107	Unavuta kadiri sigara ngapi kila siku?	NUMBER OF CIGARETTES <input type="text"/>																			
1108	Je, kwa wakati huu, unavuta au kutumia aina nyingine yoyote ya tumbaku kila siku, siku zingine, au hauvuti kamwe?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1110																		
1109	Unavuta au kutumia tumbako ya aina gani nyingine kwa wakati huu? RECORD ALL MENTIONED.	ROLLED UNFILTERED CIGARETTES A PIPES FULL OF TOBACCO B CIGARS, CHEROOTS, OR CIGARILLOS C WATER PIPE/SHISHA D SNUFF BY MOUTH E SNUFF BY NOSE F CHEWING TOBACCO G BETEL QUID WITH TOBACCO/KUBER H OTHER X (SPECIFY)																			
1110	Sasa ningependa kukuuliza maswali kuhusu unywaji wa pombe. Je umewahi kutumia/kunywa pombe ya aina yoyote kama vile bia, divai, mvinyo kali, chang'aa, busaa, muratina, mnazi ama keg?	YES 1 NO 2	→ 1113																		
1111	Tunahesabu kinywaji kimoja kama mkebe ama chupa moja ya bia, glesi moja ya divai, kipimo kimoja cha mvinyo kali ama kikombe kimoja cha chang'aa, busaa, muratina, mnazi au keg. Kwa muda wa mwezi moja uliopita, ni kwa siku ngapi ulitumia angalau kinywaji kimoja cha pombe? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT HAVE EVEN ONE DRINK 00 NUMBER OF DAYS <input type="text"/> EVERY DAY/ALMOST EVERY DAY 95	→ 1113																		
1112	Kwa siku ambazo umetumia pombe, kwa mwezi moja uliopita, ulitumia vinywaji ngapi kwa siku moja?	NUMBER OF DRINKS <input type="text"/>																			
1113	Mambo mengi yanaweza kuwazuia wanawake wasijipatie ushauri ama matibabu ya afya zao. Unapokuwa mgonjwa na unataka kupata ushauri ama matibabu ya afya, je mambo yafuatayo huwa ni shida au la: a) Kupata ruhusa ya kwenda kwa daktari? b) Kupata pesa zinazohitajika kupata ushauri ama matibabu? c) Umbali wa kituo cha afya? d) Kutotaka kwenda peke yako?	<table border="0"> <tr> <td></td><td align="center">BIG</td><td align="center">NOT A BIG</td></tr> <tr> <td></td><td align="center">PROBLEM</td><td align="center">PROBLEM</td></tr> <tr> <td>a) PERMISSION TO GO</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>b) GETTING MONEY</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>c) DISTANCE</td><td align="center">1</td><td align="center">2</td></tr> <tr> <td>d) GO ALONE</td><td align="center">1</td><td align="center">2</td></tr> </table>		BIG	NOT A BIG		PROBLEM	PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
	BIG	NOT A BIG																			
	PROBLEM	PROBLEM																			
a) PERMISSION TO GO	1	2																			
b) GETTING MONEY	1	2																			
c) DISTANCE	1	2																			
d) GO ALONE	1	2																			
1115A	Kwa wiki ya/juma la kawaida, ni kwa siku ngapi unafanya zoezi la kutumia nguvu kiasi ama nguvu nyingi? USE SHOW CARD TO EXPLAIN MODERATE AND VIGOROUS INTENSITY ACTIVITIES	NUMBER OF DAYS <input type="text"/> NONE 0	→ 1115C																		
1115B	Kwa wiki ya/juma la kawaida, unatumia dakika ngapi kuafanya zoezi la kutumia nguvu kiasi ama nguvu nyingi? USE SHOW CARD TO EXPLAIN MODERATE AND VIGOROUS INTENSITY ACTIVITIES	MINUTES <input type="text"/>																			
1115C	Kwa siku ya kawaida, unatumia masaa mangapi ukiwa umekaa?	HOURS <input type="text"/>																			

SECTION 12. CHRONIC DISEASE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
CD02	Je, umewahi kuambiwa na daktari ama mhadumu wa afya kwamba uko na shinikizo la damu?	YES 1 NO 2	→ CD07
CD05	Je, unatumia dawa kudhibiti shinikizo la damu?	YES 1 NO 2	
CD07	Je, umewahi kuambiwa na daktari ama mhadumu wa afya kwamba uko na kisukari?	YES 1 NO 2	→ CD11
CD10	Je, unatumia dawa kudhibiti kisukari?	YES 1 NO 2	
CD11	Je, umewahi kuambiwa na daktari ama mhadumu mwingine wa afya kwamba uko na ugonjwa wa moyo ama ugonjwa wa muda mrefu wa moyo?	YES 1 NO 2	→ CD13
CD12	Je, unapokea ama kupata matibabu kwa ajili ya huo ugonjwa wa moyo ama ugonjwa wa muda mrefu wa moyo?	YES 1 NO 2	
CD13	Je, umewahi kuambiwa na daktari ama mhadumu mwingine wa afya kwamba uko na ugonjwa wa mapafu ama ugonjwa wa muda mrefu wa mapafu?	YES 1 NO 2	→ CD17
CD14	Je unapokea/kutumia matibabu kwa ajili ya huo ugonjwa wa mapafu?	YES 1 NO 2	
CD17	Je, umewahi kuambiwa na daktari ama mhadumu mwingine wa afya kwamba uko na: a) Ugonjwa wa kusombwa na mawazo? b) Ugonjwa wa wasiwasi?	<div style="text-align: right; margin-bottom: 5px;">YES NO</div> a) DEPRESSION 1 2 b) ANXIETY 1 2	
CD18	CHECK CD17 (a-b): <div style="display: flex; justify-content: space-around; align-items: center;"> <div> AT LEAST ONE 'YES' <input type="checkbox"/> </div> <div> NOT A SINGLE 'YES' <input type="checkbox"/> </div> </div>		→ CD20
CD19	Je unapokea/unapatamatibabu yoyote kwa huo ugonjwa wa kusombwa na kusombwa na mawazo?	YES 1 NO 2	
CD20	Je, umewahi kuambiwa na daktari ama mhadumu mwingine wa afya kwamba uko na ugonjwa wa yabisi?	YES 1 NO 2	→ GC1
CD21	Je unapokea/kutumia matibabu kwa ajili ya huo ugonjwa wa yabisi?	YES 1 NO 2	

SECTION 13. FEMALE GENITAL MUTILATION/CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC1	Sasa ningependa kukuuliza maswali kuhusu tohara ya wanawake. Je, umewahi kusikia kuhusu hiki kitendo cha kupasha tohara kwa wanawake?	YES 1 NO 2	→ GC3
GC2	Katika baadhi ya nchi, kuna itikadi/mazoea ambapo msichana anaweza kukatwa kipande cha sehemu yake ya siri. Je, umewahi kusikia kuhusu mazoezi haya?	YES 1 NO 2	→ DV00
GC3	Je, wewe umepashwa tohara?	YES 1 NO 2	→ GC9
GC4	Sasa ningependa kukuuliza ni nini kilichotendeka kwako wakati huo. Je, kuna kipande cha sehemu yako ya siri kilichotolewa?	YES 1 NO 2 DON'T KNOW 8	→ GC6
GC5	Je, sehemu ya siri ilichunwa tu bila kuondoa nyama yoyote?	YES 1 NO 2 DON'T KNOW 8	
GC6	Je, sehemu yako ya siri ilishonwa?	YES 1 NO 2 DON'T KNOW 8	
GC7	Je, ulikuwa na umri gani wakati ulipopashwa tohara? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
GC8	Je, ni nani aliyekupasha tohara?	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRADITIONAL BIRTH ATTENDANT 12 OTHER TRADITIONAL PROVIDER 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE/CLINICAL OFFICER 22 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	
GC8A	Je, wewe ulipashwa tohara wapi?	AT HOME 1 AT RELATIVES HOME 2 AT HOSPITAL/CLINIC/HEALTH FACILITY 3 FOREST/RIVER BANK/CAVE 4 OTHER 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC8B	Je, ulifanyiwa tohara kaunti gani? IF OUTSIDE KENYA, PROBE: Tohara ilifanywa nchi gani? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE <input type="text"/> <input type="text"/> BURUNDI 48 ERITREA 49 ETHIOPIA 50 RWANDA 51 SOMALIA 52 SOUTH SUDAN 53 TANZANIA 54 UGANDA 55 OTHER COUNTRY 96 (SPECIFY) DON'T KNOW 98	
GC8C	Ni athari gani ulizopata kutokana na kuketwa? Kitu kingine chochote?	HEAVY BLEEDING A SEVERE PAIN B INFECTION C URINE RETENTION D ANAEMIA E FEVER F COMPLICATIONS WITH MENSTRUAL PERIODS G COMPLICATIONS DURING SEXUAL INTERCOURSE H COMPLICATIONS DURING CHILDBIRTH I FISTULA J STIGMA K DEPRESSION/STRESS/MENTAL HEALTH L OTHER X (SPECIFY) NONE Y DON'T KNOW Z	→ GC9
GC8D	Je, ulitafuta usaidizi kutokana na athari hizi?	YES 1 NO 2	→ GC9
GC8E	Ikiwa ulitafuta usaidizi, je ni wapi na kwa nani ulitafuta usaidizi?	DOCTOR/MEDICAL PERSONNEL A TRADITIONAL CIRCUMCISER B TRADITIONAL HEALER/HERBALIS C FAMILY MEMBER(S) D CURRENT/FORMER HUSBAND/PARTNER E FRIEND F NEIGHBOR G RELIGIOUS LEADER H CHIEF, OTHER NGAOs I POLICE J LAWYER K SOCIAL SERVICE ORGANIZATION L THROUGH HELPLINES M SAFE SPACES/RESCUE CENTERS N OTHER X (SPECIFY)	
GC9	CHECK 219, 220, AND 224 IN THE PREGNANCY HISTORY: HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2007 OR LATER <input type="checkbox"/> HAS NO LIVING DAUGHTERS BORN IN 2007 OR LATER <input type="checkbox"/>		→ GC17

SECTION 13. FEMALE GENITAL MUTILATION/CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC10	Sasa ningependa kukuuliza maswali kuhusu binti wako.		
GC11	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF EACH LIVING DAUGHTER BORN IN 2007 OR LATER, STARTING WITH THE YOUNGEST. NAME _____ PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>		
GC12	Je, (NAME OF DAUGHTER) amepashwa tohara?	YES 1 NO 2	→ GC16
GC13	Je, (NAME OF DAUGHTER) alikuwa na umri gani alipopashwa tohara? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
GC13A	Sasa ningependa kukuuliza ni nini kilichotendeka kwako wakati huo. Je, kuna kipane cha sehemu ya (NAME OF DAUGHTER) ya siri kilochotolewa?	YES 1 NO 2 DON'T KNOW 8	→ GC14
GC13B	Je, sehemu ya siri ilichunwa tu bila kuondoa nyama yoyote?	YES 1 NO 2 DON'T KNOW 8	
GC14	Je, sehemu yake ya siri ilishonwa?	YES 1 NO 2 DON'T KNOW 8	
GC15	Je, ni nani aliyempasha tohara?	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRADITIONAL BIRTH ATTENDANT 12 OTHER TRADITIONAL PROVIDER 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE/CLINICAL OFFICER 22 OTHER HEALTH PROFESSIONAL 26 (SPECIFY) DON'T KNOW 98	
GC16	CHECK 219, 220, AND 224 IN THE PREGNANCY HISTORY: ANY MORE DAUGHTERS BORN IN 2007 OR LATER? YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO GC11 FOR THE NEXT YOUNGEST DAUGHTER) ←		→ GC17

SECTION 13. FEMALE GENITAL MUTILATION/CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
GC17	Unaamini kuwa tohara ya wanawake inahitajika katika	YES	NO	DK	
	a) Utamaduni wako/wenu?	a) CULTURE	1	2	8
	b) Jamii yako/yenu?	b) SOCIETY	1	2	8
	c) Dini yako/yenu?	c) RELIGION	1	2	8
GC18	Kwa maoni yako, unafikiria kuwa tohara ya wanawake inafaa kuendelezwa au kukomeshwa kabisa?	CONTINUED			1
		STOPPED			2
		DEPENDS			3
		DON'T KNOW			8

SECTION 14. DOMESTIC VIOLENCE MODULE

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

SECTION 14. DOMESTIC VIOLENCE MODULE

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

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV09	CHECK DV08A (a-j): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> </div> <div style="text-align: center;"> NOT A SINGLE 'YES' <input type="checkbox"/> </div> </div>		→ DV11
DV10	Je, mambo yafuatayo yaliwahi kufanyika kutokana na alivyokutendea (mumeo/ mpenzi wako) (wa mwisho): a) Ulipata kukatika, kukwaruzwa, ama kupata maumivu? b) Ulipata kuumia machoni, kuteguka, kutoka kiungo, ama kuungua? c) Ulipata majeraha makubwa, kuvunjika mifupa, kuvunjika meno ama madhara mengine makubwa? d) Ulijihisi kudhalilishwa, kuwa mwenye upweke, wasiwasi, mwingi wa mawazo na njia zingine za kusababisha madhara ya kihisia.	YES 1 NO 2 YES 1 NO 2 YES 1 NO 2 YES 1 NO 2	
DV11	Je, umewahi kumpiga, kumpiga kofi, kumpiga teke ama kumfanya jambo lolote lingine la kuumiza kimwili (mumeo/ mpenzi wako) (wa mwisho) wakati ambao yeye alikuwa hakupigi wala kuumiza kimwili?	YES 1 NO 2	→ DV13
DV12	Ndani ya miezi 12 iliyopita, umefanya haya mara ngapi kwa (mumeo/ mpenzi wako) (wa mwisho) : kila mara, mara kadhaa, ama hukumfanyia kabisa?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
DV13	Je, (mumeo/ mpenzi wako) (wa mwisho) anakunywa (alikuwa akinywa) pombe?	YES 1 NO 2	→ DV15
DV14	Je analewa (alikuwa akilewa) kila baada ya muda gani: Kila mara, mara kadhaa, ama halewi (hakuwa akilewa) kabisa?	OFTEN 1 SOMETIMES 2 NEVER 3	
DV15	Je, unamuogopa (ulikuwa ukimuogopa) (mumeo/ mpenzi wako) (wa mwisho) : wakati mwingi, mara nyingine, ama humuogopi (hukuwa ukimuogopa) kabisa?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
DV16	<p>A. Kufikia sasa tumekuwa tukizungumza kuhusu tabia za (mumeo/ mpenzi wako) (wa sasa/wa mwisho). Sasa ningependa kukuuliza kuhusu tabia ya (mume/ mpenzi) yeyote wa zamani.</p>	<p>B. Ni muda gani uliopita tangu jambo hili lilifanyike mara ya mwisho?</p> <table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td 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 ↓				
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 ↓																																											
	<p>a) Je, (mumeo/ mpenzi wako) yeyote wa zamani aliwahi kukupiga, kukupiga kofi, kukupiga teke, ama kufanya kitu kingine chochote kukuumiza kimwili?</p> <p>b) Je, (mumeo/mpenzi wako) yeyote wa zamani na hata wa hivi punde alitumia nguvu kukulazimisha ufanye ngono ama vitendo vingine vya kimapenzi ambavyo haukutaka?</p> <p>c) Je, (mumeo/ mpenzi wako) yeyote wa zamani na hata wa hivi punde aliwahi kukudhalilisha mbele ya watu wengine, kutishia kukuumiza wewe ama kuumiza mtu unayemthamini/unayemjali, kukutusi ama kukufanya ujisikie kuwa na ubaya?</p> <p>d) Je, (mumeo/ mpenzi wako) yeyote wa zamani/awali na hata wa hivi punde alikatisha usaidizi wa kifedha na wa aina mbali mbali maksudi?</p>		→ DV17																																								
DV17	<p>CHECK DV08A (h-j) AND DV16A (b):</p> <p>AT LEAST ONE <input type="checkbox"/> 'YES' ↓</p>	<p>NOT A SINGLE <input type="checkbox"/> YES →</p>	→ DV19																																								
DV18	<p>Je, ulikuwa na umri gani wakati wa kwanza, ulipolazimishwa kufanya ngono ama vitendo vingine vya mapenzi bila ya hiari yako na (mumeo/mpenzi wako) wasasa ama wa zamani?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																																									
DV19	<p>CHECK 212 AND 232:</p> <p>CURRENTLY PREGNANT <input type="checkbox"/> 232=1 OR HAD ONE OR MORE PAST PREGNANCIES <input type="checkbox"/> 212>0</p>	<p>NOT PREGNANT <input type="checkbox"/> 232=2 AND NO PAST PREGNANCIES <input type="checkbox"/> 212=0</p>	→ DV22																																								
DV20	<p>Je, yeyote amewahi kukugonga, kukupiga kofi, ama kukufanyia kitu kingine chochote cha kukuumiza mwili wakati ulikuwa mjamzito?</p>	<p>YES 1</p> <p>NO 2</p>	→ DV22																																								

SECTION 14. DOMESTIC VIOLENCE MODULE

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

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV25	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <input type="checkbox"/> </div> <div style="text-align: center;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <input type="checkbox"/> </div> </div>		→ DV27
DV26	<p>Wakati wowote kwa maisha yako, ukiwa mtoto ama mtu mzima, je, kuna mtu yeyote mbali na (mumeo/ mpenzi wako) (ama aliyekuwa mumeo/ mpenzi wako) aliyekulazimisha kwa njia yoyote, kufanya ngono/mapenzi naye ama kufanya vitendo vingine vya mapenzi bila ya hiari yako? Kumbuka kwamba sitaki umtaje yeyote aliyekuwa mumeo/mpenzi wako.</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ DV28</p> <p>→ DV30B</p>
DV27	<p>Wakati wowote kwa maisha yako, ukiwa mtoto ama mtu mzima, je, kuna mtu yeyote aliyekulazimisha kwa njia yoyote, kufanya ngono/mapenzi naye ama kufanya vitendo vingine vya mapenzi bila ya hiari yako?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ DV30B</p>
DV28	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <div style="display: flex;"> <div style="flex: 1;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <input type="checkbox"/> <p>a) Je, ulikuwa na umri gani wakati wa kwanza, ulipolazimishwa kufanya ngono ama vitendo vingine vya mapenzi bila ya hiari yako na mtu yeyote mbali na (mumeo/mpenzi wako) wasasa ama wa zamani?</p> </div> <div style="flex: 1; border-left: 1px dashed black; padding-left: 10px;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <input type="checkbox"/> <p>b) Je, ulikuwa na umri gani wakati wa kwanza, ulipolazimishwa kufanya ngono ama vitendo vingine vya mapenzi bila ya hiari yako?</p> </div> </div>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
DV29	<p>Ni nani huyo aliyekulazimisha kufanya ngono ama vitendo vingine vya mapenzi bila ya hiari yako?</p> <p>Kuna mwingine yeyote?</p> <p>RECORD ALL MENTIONED.</p>	<p>FATHER/STEP-FATHER A</p> <p>BROTHER/STEP-BROTHER B</p> <p>OTHER RELATIVE C</p> <p>CURRENT BOYFRIEND D</p> <p>FORMER BOYFRIEND E</p> <p>IN-LAW F</p> <p>OWN FRIEND/ACQUAINTANCE G</p> <p>FAMILY FRIEND H</p> <p>TEACHER I</p> <p>SCHOOLMATE/CLASSMATE J</p> <p>EMPLOYER/SOMEONE AT WORK K</p> <p>POLICE/SOLDIER L</p> <p>RELIGIOUS LEADER M</p> <p>STRANGER N</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0"> <tr> <td> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) Je, katika kipindi cha miezi 12 iliyopita, kuna mtu yeyote mbali ya mume wako awali au mwenzi mwingine wa sasa au wa awali aliyekulazimisha kufanya ngono au kufanya tendo lolote la ngono ambalo</p> </td><td> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) Je, katika kipindi cha miezi kumi na miwili iliyopita, je yeyote amekulazimisha kufanya ngono ama vitendo vingine vya ngono bila ya hiari yako?</p> </td></tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) Je, katika kipindi cha miezi 12 iliyopita, kuna mtu yeyote mbali ya mume wako awali au mwenzi mwingine wa sasa au wa awali aliyekulazimisha kufanya ngono au kufanya tendo lolote la ngono ambalo</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) Je, katika kipindi cha miezi kumi na miwili iliyopita, je yeyote amekulazimisha kufanya ngono ama vitendo vingine vya ngono bila ya hiari yako?</p>	<p>YES 1</p> <p>NO 2</p>	→ DV30B
<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) Je, katika kipindi cha miezi 12 iliyopita, kuna mtu yeyote mbali ya mume wako awali au mwenzi mwingine wa sasa au wa awali aliyekulazimisha kufanya ngono au kufanya tendo lolote la ngono ambalo</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) Je, katika kipindi cha miezi kumi na miwili iliyopita, je yeyote amekulazimisha kufanya ngono ama vitendo vingine vya ngono bila ya hiari yako?</p>				
DV30A	Je, haya mambo yalitendeka mahali gani kwa mara nyingi?	<p>IN MY OWN HOME 01</p> <p>SOME OTHER HOUSE OR APARTMENT 02</p> <p>ELSEWHERE IN A RESIDENTIAL BUILDING 03</p> <p>AT SCHOOL OR 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	Je, ukikumbana na ukatili wa aina yoyote, utatafuta usaidizi kutoka wapi ama kwa nani?	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND .. D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL .. H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION .. K</p> <p>THROUGH HELPLINES L</p> <p>SAFE SPACES/RESCUE CENTERS .. M</p> <p>CHIEF/OTHER NGAOS N</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>			
DV31	<p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <p align="center">AT LEAST ONE <input type="checkbox"/> NOT A SINGLE <input type="checkbox"/></p> <p align="center">'YES' 'YES'</p>		→ DV35		
DV32	Je, ukifikiria kuhusu mambo ambayo wewe yamekufika, kati ya mambo tofauti tuliyoazungumzia, je, umewahi kujaribu kutafuta usaidizi?	<p>YES 1</p> <p>NO 2</p>	→ DV34		

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
DV33	Umetafuta usaidizi kutoka kwa nani ama wapi? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY .. B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND .. D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL .. H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION .. K THROUGH HELPLINES L SAFE SPACES/RESCUE CENTERS .. M CHIEF/OTHER NGAOS N OTHER _____ X (SPECIFY)	<div style="border-left: 1px solid black; border-right: 1px solid black; height: 150px; position: relative;"> <div style="position: absolute; top: 50%; left: 50%; transform: translate(-50%, -50%);">→ DV35</div> </div>																
DV34	Je, umewahi kumueleza mtu yeyote kuhusu mambo haya?	YES 1 NO 2																	
DV35	Kwa kiasi unachojua wewe, je baba yako aliwahi kumpiga au kumgonga mama yako?	YES 1 NO 2 DON'T KNOW 8																	
DV35A	Kwa kiasi unachojua wewe, je mama yako aliwahi kumpiga au kumgonga baba yako?	YES 1 NO 2 DON'T KNOW 8																	
	<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	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <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	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE 																		

FOLLOW-ON STUDY CONSENT

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

Je, una maswali yoyote?

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE REVISITED . . 1



RESPONDENT DOES NOT AGREE
TO BE REVISITED . . 2



1501	RECORD THE TIME.	HOURS	<input type="text"/>	<input type="text"/>
		MINUTES	<input type="text"/>	<input type="text"/>

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

B BIRTHS
P PREGNANCIES
T TERMINATIONS

0 NO METHOD

1 FEMALE STERILIZATION
2 MALE STERILIZATION
3 IUD
4 INJECTABLES
5 IMPLANTS
6 PILL
7 MALE CONDOM
8 FEMALE CONDOM
9 EMERGENCY CONTRACEPTION
J STANDARD DAYS METHOD
K LACTATIONAL AMENORRHEA METHOD
L RHYTHM METHOD

M WITHDRAWAL
X OTHER MODERN METHOD
Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

0 INFREQUENT SEX/HUSBAND AWAY
1 BECAME PREGNANT WHILE USING
2 WANTED TO BECOME PREGNANT
3 HUSBAND/PARTNER DISAPPROVED
4 WANTED MORE EFFECTIVE METHOD
5 CHANGES IN MENSTRUAL BLEEDING

6 OTHER SIDE EFFECTS/HEALTH CONCERNS

7 LACK OF ACCESS/TOO FAR
8 COSTS TOO MUCH
N INCONVENIENT TO USE
F UP TO GOD/FATALISTIC
A DIFFICULT TO GET PREGNANT/MENOPAUSAL
D MARITAL DISSOLUTION/SEPARATION
X OTHER

(SPECIFY)

Z DON'T KNOW

			COL. 1	COL. 2	
	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
2	09	SEP	04		2
0	08	AUG	05		0
2	07	JUL	06		2
2	06	JUN	07		2
	05	MAY	08		
	04	APR	09		2
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
2	09	SEP	16		2
0	08	AUG	17		0
2	07	JUL	18		2
1	06	JUN	19		1
	05	MAY	20		
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
2	09	SEP	28		2
0	08	AUG	29		0
2	07	JUL	30		2
0	06	JUN	31		0
	05	MAY	32		
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
2	09	SEP	40		2
0	08	AUG	41		0
1	07	JUL	42		1
9	06	JUN	43		9
	05	MAY	44		
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
	12	DEC	49		
	11	NOV	50		
	10	OCT	51		
2	09	SEP	52		2
0	08	AUG	53		0
1	07	JUL	54		1
8	06	JUN	55		8
	05	MAY	56		
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
	12	DEC	61		
	11	NOV	62		
	10	OCT	63		
2	09	SEP	64		2
0	08	AUG	65		0
1	07	JUL	66		1
7	06	JUN	67		7
	05	MAY	68		
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
