

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;">1</td></tr> </table>					0	1						
0	1											
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** ENGLISH												
**LANGUAGE CODES: 01 ENGLISH 06 KAMBA 11 LUO 16 SOMALI 02 KISWAHILI 07 KIKUYU 12 MAASAI 17 TURKANA 03 BORANA 08 KISII 13 MERU 96 OTHER 04 EMBU 09 LUHYA 14 MIJIKENDA 05 KALENJIN 10 MARAGOLI 15 POKOT SPECIFY _____												
TEAM <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>				TEAM SUPERVISOR <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		NAME NUMBER										

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Kenya National Bureau of Statistics. We are conducting a survey about health and other topics all over Kenya. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 90 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE INTERVIEWED .. 1

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS MINUTES	
102	What county were you born in? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE OUTSIDE OF KENYA 96	→ 104
103	What country were you born in?	COUNTRY	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS/NEVER MOVED 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> ↓ 05 YEARS <input type="checkbox"/> OR MORE		→ 107
106	In what month and year did you move here?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	
107	Just before you moved here, which county did you live in? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE OUTSIDE OF KENYA 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY (NAIROBI, KISUMU, MOMBASA, NAKURU) 1 TOWN 2 RURAL AREA 3	
109	Why did you move to this place?	ECONOMIC REASONS/BUSINESS 01 EDUCATION/TRAINING 02 MARRIAGE 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON 04 FORCED DISPLACEMENT 05 OTHER 96 (SPECIFY)	

SECTION 1. RESPONDENT'S BACKGROUND

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

SECTION 1. RESPONDENT'S BACKGROUND

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

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; width: 40px; height: 20px;"><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; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? <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	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 212								
211	How many miscarriages, abortions, and stillbirths have you ever had?	PREGNANCY LOSSES <table border="1" style="display: inline-table; width: 40px; height: 20px;"><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; width: 40px; height: 20px;"><tr><td></td><td></td></tr></table>									
213	CHECK 212: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> ONE OR MORE PAST PREGNANCIES ↓ </div> <div style="text-align: center;"> NO PAST <input type="checkbox"/> PREGNANCIES </div> </div>		→ 232								

SECTION 2. REPRODUCTION

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.
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
Think back to your (first/next) pregnancy. Was that a single pregnancy, twins, or triplets? IF MULTIPLE PREGNANCY: COPY VALUE FOR 215 IN NEXT ROW(S). PREGNANCY HISTORY LINE NUMBER	IF 215=1, ASK: Was the baby born alive, born dead, or did you have a miscarriage or abortion? IF 215 > 1, ASK: Was the (first/next) baby in this pregnancy born alive or born dead?	Did the baby cry, move, or breathe?	What name was given to the baby? RECORD NAME.	Is (NAME) a boy or a girl?	CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME. NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE. IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born? IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?	How long did this pregnancy last in weeks or months? RECORD IN COMPLETED WEEKS OR MONTHS.	FOR ROW 01, ASK: Were there any other pregnancies before this pregnancy? AFTER ROW 01: IF 215=1 OR THIS IS THE FIRST BIRTH OF A MULTIPLE PREGNANCY, ASK: Were there any other pregnancies between the previous pregnancy and this pregnancy? 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 OUTCOMES	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 OUTCOMES	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 OUTCOMES	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	Have you had any pregnancies that ended since the last pregnancy mentioned? 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
		IF BORN ALIVE AND STILL LIVING:			IF BORN ALIVE AND NOW DEAD:
CHECK 216, 217 AND 221: IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE. IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE. IF 216=4, THEN PREGNANCY OUTCOME = ABORTION.	Is (NAME) still alive?	How old was (NAME) at (his/her) last birthday?	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD. RECORD AGE IN COMPLETED YEARS.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01 BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 (SKIP TO 228)	AGE IN YEARS	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	Are you pregnant now?	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	→ 236
233	<p>How many weeks or months pregnant are you?</p> <p>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	When you got pregnant, did you want to get pregnant at that time?	<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) Did you want to have a baby later on or did you not want any more children?</p> <p>b) Did you want to have a baby later on or did you not want any children?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST PREGNANCY 995 NEVER MENSTRUATED 996	<table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> → 240 → 241								
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, WITHIN LAST YEAR <input type="checkbox"/> NO, ONE YEAR OR MORE <input type="checkbox"/>		→ 240								
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PADS A DISPOSABLE SANITARY PADS B TAMPONS C MENSTRUAL CUP D CLOTH E TOILET PAPER F COTTON WOOL G UNDERWEAR ONLY H OTHER _____ X (SPECIFY) NOTHING Y									
239	During your last menstrual period, were you able to wash/clean your private parts and change in privacy while at home?	YES 1 NO 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3									
240	How old were you when you had your first menstrual period?	AGE DON'T KNOW 98	<table border="1"><tr><td></td><td></td></tr></table>								
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 243								
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED .. 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8									

SECTION 3. CONTRACEPTION

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

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/> → 317	
303	Are you or your partner currently doing something or using any method to delay or avoid getting	YES 1 NO 2	→ 307
304	Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY .. 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT <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	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES 1 NO 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD .. K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 312 → 314 → 314 → 310 → 311 → 314
308	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable. SHOW IMAGES OF SAYANA PRESS AND REGULAR SYRINGE.	DMPA-SC/SAYANA PRESS 1 NEEDLE AND SYRINGE 2 DON'T KNOW 8	→ 314
309	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?	SELF-INJECTION 1 INJECTION GIVEN BY HEALTH CARE PROVIDER 2 OTHER (FRIEND/RELATIVE ETC) 3 DON'T KNOW 8	→ 314
310	What is the brand name of the pills you are using? 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>What is the brand name of the male condoms you are using?</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>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>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	In what month and year was the sterilization performed?	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	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	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	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? <div style="display: flex; justify-content: space-between; align-items: center;"> <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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>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>THEN CONTINUE</p> </div> <div style="width: 45%; border-left: 1px dashed black; padding-left: 10px;"> <p>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>THEN</p> <p>(SKIP TO 329) ←</p> </div> </div>		
317	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</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.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES 1 NO 2	→ 317I
317C	Which method was that?	METHOD CODE <input type="text"/>	
317D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?	IMMEDIATELY 00	→ 317F
	CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	MONTHS <input type="text"/> <input type="text"/> DATE GIVEN 95	
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317F	For how many months did you use (METHOD)?	MONTHS <input type="text"/> <input type="text"/>	→ 317H
	CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	DATE GIVEN 95	
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317H	Why did you stop using (METHOD)?	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	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	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	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	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>You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time?</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</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 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>	
323	At that time, were you told about side effects or problems you might have with the method?	<p>YES 1</p> <p>NO 2</p>	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the method?	<p>YES 1</p> <p>NO 2</p>	
325	Were you told what to do if you experienced side effects or problems?	<p>YES 1</p> <p>NO 2</p>	
326	At that time, were you told about other methods of family planning that you could use?	<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	At that time, were you told that you could switch to another method if you wanted to or needed to?	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>Where did you obtain (CURRENT METHOD) the last time?</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	Do you know of a place where you can obtain a method of family planning?	<p>YES 1</p> <p>NO 2</p>	
332	In the last 12 months, were you visited by a fieldworker?	<p>YES 1</p> <p>NO 2</p>	→ 334
333	Did the fieldworker talk to you about family planning?	<p>YES 1</p> <p>NO 2</p>	
334	<p>CHECK 202: CHILDREN LIVING WITH</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	<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	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 MISCARRIAGE/ABORTION 5	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ 408
407	RECORD NAME FROM 218. NAME		
408	CHECK 405: PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3, 4, OR 5 <input type="checkbox"/> a) When you got pregnant with (NAME), did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	YES 1 NO 2	→ 411

409	Did you want to have a baby later on, or not at all?	LATER 1 NOT AT ALL 2	→ 411								
410	How much longer did you want to wait?	MONTHS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW 998									
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 475								
412	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 414								
413	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ←	→ 426								
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/CLINICAL OFFICER B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKER/ FIELD WORKER E OTHER _____ X (SPECIFY)									

415	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME</p> <p>HER HOME A</p> <p>OTHER HOME B</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL C</p> <p>GOVERNMENT HEALTH CENTER D</p> <p>GOVERNMENT DISPENSARY 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>OTHER PRIVATE MEDICAL SECTOR I</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL J</p> <p>NGO CLINIC K</p> <p>OTHER NGO MEDICAL SECTOR L</p> <p>(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL M</p> <p>FBO/MISSION CLINIC N</p> <p>OTHER FBO MEDICAL SECTOR O</p> <p>(SPECIFY)</p> <p>OTHER X</p> <p>(SPECIFY)</p>																																	
416	<p>How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>WEEKS 1</p> <p>MONTHS 2</p> <p>DON'T KNOW998</p>	<table border="1"> <tr> <td></td><td></td> </tr> <tr> <td></td><td></td> </tr> </table>																																
417	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES</p> <p>DON'T KNOW 98</p>	<table border="1"> <tr> <td></td><td></td> </tr> </table>																																
418	<p>As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:</p> <p>a) Measure your blood pressure?</p> <p>b) Take a urine sample?</p> <p>c) Take a blood sample?</p> <p>d) Listen to the baby's heartbeat?</p> <p>e) Talk with you about which foods you should eat?</p> <p>f) Talk with you about breastfeeding?</p> <p>g) Ask you if you had vaginal bleeding?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HEARTBEAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) FOODS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) BREASTFEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BP	1	2	8	b) URINE	1	2	8	c) BLOOD	1	2	8	d) HEARTBEAT	1	2	8	e) FOODS	1	2	8	f) BREASTFEED	1	2	8	g) BLEEDING	1	2	8	
	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	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES 1 NO 2 DON'T KNOW 8	→ 423
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="text"/> DON'T KNOW 8	
422	CHECK 421:		
	ONE TIME OR DK <input type="checkbox"/>	TWO OR MORE TIMES <input type="checkbox"/>	→ 426
423	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 DON'T KNOW 8	→ 426
424	Before this pregnancy, how many times did you receive a tetanus injection?	TIMES <input type="text"/> IF 7 OR MORE TIMES, RECORD '7'. DON'T KNOW 8	
425	CHECK 424:		
	ONLY <input type="checkbox"/> ONE ↓ a) How many years ago did you receive that tetanus injection?	MORE <input type="checkbox"/> THAN ONE ↓ b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>
426	During this pregnancy, were you given or did you buy any iron tablets/IFAS or iron syrup?	YES 1 NO 2 DON'T KNOW 8	→ 429
	SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.		

427	<p>Where did you get the iron tablets/IFAS or syrup?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT DISPENSARY C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>MOBILE CLINIC K</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR M</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL N</p> <p>NGO CLINIC O</p> <p>OTHER NGO MEDICAL SECTOR P</p> <p>(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL Q</p> <p>FBO/MISSION CLINIC R</p> <p>FBO MOBILE CLINIC S</p> <p>OTHER FBO MEDICAL SECTOR T</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP U</p> <p>MARKET V</p> <p>MASS DISTRIBUTION CAMPAIGN W</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
428	<p>During the whole pregnancy, for how many days did you take the iron tablets/IFAS or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 998</p>	
429	<p>During this pregnancy, did you take any medicine for intestinal worms?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

[illegible]

436	<p>CHECK 405:</p> <p>PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/></p> <p>a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p> <p>b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p>	
437	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH 1</p> <p>PRIOR LIVE BIRTH 2</p> <p>MOST RECENT STILLBIRTH 3</p> <p>PRIOR STILLBIRTH 4</p>	<p>→ 441</p> <p>→ 445</p> <p>→ 487</p>
438	After the birth, was (NAME) put on your chest?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 441
439	Was (NAME)'s bare skin touching your bare skin?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 441
440	<p>How long after birth was (NAME) put on the bare skin of your chest?</p> <p>IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.</p>	<p>IMMEDIATELY 000</p> <p>HOURS 1 <input type="text"/> <input type="text"/></p> <p>DAYS 2 <input type="text"/> <input type="text"/></p>	
441	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	<p>VERY LARGE 1</p> <p>LARGER THAN AVERAGE 2</p> <p>AVERAGE 3</p> <p>SMALLER THAN AVERAGE 4</p> <p>VERY SMALL 5</p> <p>DON'T KNOW 8</p>	
442	Was (NAME) weighed at birth?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 444
443	<p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.</p>	<p>KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 99998</p>	
444	CHECK 405: PREGNANCY OUTCOME TYPE	<p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p>PRIOR LIVE BIRTH <input type="checkbox"/></p>	→ 480
445	CHECK 435: PLACE OF DELIVERY	<p>FACILITY BIRTH: ANY CODE 21 THROUGH 56 CIRCLED <input type="checkbox"/></p> <p>CODE 11, 12, OR 96 CIRCLED <input type="checkbox"/></p>	→ 464
446	Did the doctors, nurses, or other staff at the facility treat you with respect all of the time, some of the time, or not at all?	<p>ALL OF THE TIME 1</p> <p>SOME OF THE TIME 2</p> <p>NOT AT ALL 3</p>	

447	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 PREGNANCY TYPE <input type="checkbox"/> 3</p> <p>a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)?</p> <p>b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>	
448	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you.</p> <p>Before you left the facility, did anyone check on your health?</p>	<p>YES 1</p> <p>NO 2</p>	→ 451
449	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>	
450	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT..... 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER96 (SPECIFY)</p>	
451	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p> <p>MOST RECENT STILLBIRTH <input type="checkbox"/></p>		→ 455
452	<p>Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).</p> <p>Before (NAME) left the facility, did anyone check on (NAME'S) health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 454A
453	<p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>	

454	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE/CLINICAL OFFICER.... 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER 96 (SPECIFY)							
454A	How long after delivery did (NAME) stay in the (FACILITY IN 435)? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 WEEKS 3 DON'T KNOW 998							
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2	→ 459						
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS 2 WEEKS 3 DON'T KNOW 998							
457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE/CLINICAL OFFICER.... 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT..... 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER 96 (SPECIFY)							

458	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</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>		→ 474
460	<p>After (NAME) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 473
461	<p>How long after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1</p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>	
462	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</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>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</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 1 <input type="checkbox"/> PREGNANCY TYPE 3 <input type="checkbox"/></p> <p>a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p> <p>b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM 406)?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 468</p>

465	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="1192 111 1307 258"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW 998</p>							
466	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT1. 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER 96 (SPECIFY)</p>							
467	<p>Where did this first check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT DISPENSARY 23</p> <p>OTHER PUBLIC SECTOR 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR 46 (SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 51</p> <p>FBO/MISSION CLINIC 52</p> <p>OTHER FBO MEDICAL SECTOR 56 (SPECIFY)</p> <p>OTHER 96 (SPECIFY)</p>							

468	CHECK 405: PREGNANCY OUTCOME TYPE																				
	MOST RECENT <input type="checkbox"/> LIVE BIRTH	MOST RECENT <input type="checkbox"/> STILLBIRTH	→ 474																		
469	I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). After (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?	YES 1 NO 2 DON'T KNOW 8	→ 473																		
470	How long after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" 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	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE/CLINICAL OFFICER 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER 96 (SPECIFY)																			
472	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	HOME HER HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT DISPENSARY 23 OTHER PUBLIC SECTOR 26 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR 36 (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR 46 (SPECIFY) FBO MEDICAL SECTOR FBO/MISSION HOSPITAL 51 FBO/MISSION CLINIC 52 OTHER FBO MEDICAL SECTOR 56 (SPECIFY) OTHER 96 (SPECIFY)																			

473	During the first 2 days after (NAME)'s birth, did any health care provider do the following: a) Examine the cord? b) Measure (NAME)'s temperature? c) Tell you how to recognize if your baby needs immediate medical attention? d) Talk with you about breastfeeding? e) Observe (NAME) breastfeeding? f) Show how you can clean the cord?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <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> </tbody> </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	During the first 2 days after the birth, did any healthcare provider do the following to you: a) Measure your blood pressure? b) Discuss your vaginal bleeding with you? c) Discuss family planning with you?	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <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> </tbody> </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: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> PREGNANCY TYPE 1 <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> PREGNANCY TYPE 3 OR 5 <input type="checkbox"/> ↓ </div> </div> a) Has your menstrual period returned since the birth of (NAME)? b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?	YES 1 NO 2																													
477	CHECK 232: IS RESPONDENT PREGNANT? NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/>		→ 479																												
478	CHECK 405: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> PREGNANCY TYPE 1 <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> PREGNANCY TYPE 3 OR 5 <input type="checkbox"/> ↓ </div> </div> a) Have you had sexual intercourse since the birth of (NAME)? b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?	YES 1 NO 2																													
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 MOST RECENT STILLBIRTH 3 MISCARRIAGE/ABORTION 5	→ 487																												
480	Did you ever breastfeed (NAME)?	YES 1 NO 2	→ 482																												
481	CHECK 224 FOR CHILD:	LIVING <input type="checkbox"/> → 486 DEAD <input type="checkbox"/> → 487																													
482	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY000 HOURS 1 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table> DAYS 2 <table border="1" style="display: inline-table; width: 40px; height: 20px;"></table>																													

483	In the first 2 days after delivery, was (NAME) given anything other than breastmilk to eat or drink – anything at all like water, infant formula, or herbs?	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"/> → 487 </div> </div>		
485	Are you still breastfeeding (NAME)?	YES 1 NO 2	
486	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or at night?	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-around; align-items: center;"> <div> MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) ← </div> <div> NO MORE PREGNANCY <input type="checkbox"/> → 501 OUTCOMES 0-35 MONTHS BEFORE THE SURVEY </div> </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	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. (We will talk about each separately, starting with the youngest.)		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
504	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT .. 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507 → 507
505	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506	CHECK 504: <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	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 513
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH NOT ON CARD 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																
	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER 																																																																																		
509	<p>COPY VACCINATION DATES FROM THE CARD FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:45%;"></th> <th style="width:10%;">DAY</th> <th style="width:10%;">MONTH</th> <th style="width:10%;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV)</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td></tr> <tr><td>MEASLES RUBELLA (MR) (9 MONTHS)</td><td></td><td></td><td></td></tr> <tr><td>MEASLES RUBELLA (MR) 2 (18 MONTHS)</td><td></td><td></td><td></td></tr> <tr><td>YELLOW FEVER</td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td></tr> <tr><td>DEWORMER (ALBENDAZOLE) (MOST RECENT)</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	BCG				ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)				ORAL POLIO VACCINE (OPV) 1				ORAL POLIO VACCINE (OPV) 2				ORAL POLIO VACCINE (OPV) 3				INACTIVATED POLIO VACCINE (IPV)				DPT-HEP.B-HIB (PENTAVALENT) 1				DPT-HEP.B-HIB (PENTAVALENT) 2				DPT-HEP.B-HIB (PENTAVALENT) 3				PNEUMOCOCCAL 1				PNEUMOCOCCAL 2				PNEUMOCOCCAL 3				ROTAVIRUS 1				ROTAVIRUS 2				MEASLES RUBELLA (MR) (9 MONTHS)				MEASLES RUBELLA (MR) 2 (18 MONTHS)				YELLOW FEVER				VITAMIN A (MOST RECENT)				DEWORMER (ALBENDAZOLE) (MOST RECENT)					
	DAY	MONTH	YEAR																																																																																
BCG																																																																																			
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)																																																																																			
ORAL POLIO VACCINE (OPV) 1																																																																																			
ORAL POLIO VACCINE (OPV) 2																																																																																			
ORAL POLIO VACCINE (OPV) 3																																																																																			
INACTIVATED POLIO VACCINE (IPV)																																																																																			
DPT-HEP.B-HIB (PENTAVALENT) 1																																																																																			
DPT-HEP.B-HIB (PENTAVALENT) 2																																																																																			
DPT-HEP.B-HIB (PENTAVALENT) 3																																																																																			
PNEUMOCOCCAL 1																																																																																			
PNEUMOCOCCAL 2																																																																																			
PNEUMOCOCCAL 3																																																																																			
ROTAVIRUS 1																																																																																			
ROTAVIRUS 2																																																																																			
MEASLES RUBELLA (MR) (9 MONTHS)																																																																																			
MEASLES RUBELLA (MR) 2 (18 MONTHS)																																																																																			
YELLOW FEVER																																																																																			
VITAMIN A (MOST RECENT)																																																																																			
DEWORMER (ALBENDAZOLE) (MOST RECENT)																																																																																			
510	<p>ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.</p>	<p>PHOTOGRAPH TAKEN 1 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 align="center">NO <input type="checkbox"/> YES <input type="checkbox"/></p> <p align="center">↓ → 529</p>																																																																																		

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>In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?</p> <p>RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.</p>	<p>YES 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529)</p> <p>NO 2 DON'T KNOW 8</p>	
512A	<p>CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>SKIP TO 529 ←</p>		→ 530
513	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 530
514	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
517	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 521
518	Did (NAME) receive the first oral polio vaccine in the first 2 weeks after birth or later?	<p>FIRST TWO WEEKS 1 LATER 2</p>	
519	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES <input type="text"/>	
520	The last time (NAME) received the polio drops, did (NAME) also get an IPV injection in the right thigh to protect against polio?	<p>YES 1 NO 2 DON'T KNOW 8</p>	
521	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the left thigh sometimes at the same time as polio drops?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 523
522	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES <input type="text"/>	
523	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	<p>YES 1 NO 2 DON'T KNOW 8</p>	→ 525

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
524	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
525	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 527
526	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
527	Has (NAME) ever received a measles rubella vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 528A
528	How many times did (NAME) receive the measles rubella vaccine?	NUMBER OF TIMES <input type="text"/>	
528A	Has (NAME) ever received a yellow fever vaccination, that is, an injection in the left arm to prevent yellow fever?	YES 1 NO 2 DON'T KNOW 8	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
	NAME OF LIVE 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>Where did (NAME) receive most of his/her vaccinations?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR 16</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> <p>→ 601</p> </div> </div>				

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>ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></div> <div>NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></div> </div>	<div style="text-align: right;">→ 643</div>	
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
604	In the last 12 months, was (NAME) given any of the following: a) Iron tablets or syrup? b) Micronutrient powder like this? SHOW COMMON TYPES OF MULTIPLE MICRONUTRIENT POWDERS.	<div style="text-align: right;">YES NO DK</div> a) TABLETS/SYRUP 1 2 8 b) MULTIPLE MICRONUTRIENT POWDERS 1 2 8	
605	In the last 6 months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	
606	In the last 6 months, was (NAME) given any medicine for intestinal worms?	YES 1 NO 2 DON'T KNOW 8	
607	In the last 3 months, has any healthcare provider or community health worker measured: a) (NAME)'s weight? b) (NAME)'s length or height? c) Around (NAME)'s upper arm? SHOW PICTURE OF MUAC TAPE	<div style="text-align: right;">YES NO DK</div> a) WEIGHT 1 2 8 b) LENGTH/HEIGHT 1 2 8 c) UPPER ARM 1 2 8	
607A	Is (NAME) able to move like children of the same age?	YES 1 NO 2 DON'T KNOW 8	
607B	Is (NAME) able to make sounds or talk like children of the same age?	YES 1 NO 2 DON'T KNOW 8	
608	Has (NAME) had diarrhea in the last 2 weeks?	YES 1 NO 2 DON'T KNOW 8	<div style="text-align: right;">→ 618</div>

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) Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </div> <div style="width: 45%;"> <p align="center">NO/ NOT ASKED ↓ <input type="checkbox"/></p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </div> </div>	<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>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<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>Did you seek advice or treatment for the diarrhea from any source?</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>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT DISPENSARY C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR SECTOR _____ F</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>MOBILE CLINIC K</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL N</p> <p>NGO CLINIC O</p> <p>OTHER NGO MEDICAL SECTOR _____ P</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL Q</p> <p>FBO/MISSION CLINIC R</p> <p>FBO MOBILE CLINIC S</p> <p>OTHER FBO MEDICAL SECTOR _____ T</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP U</p> <p>TRADITIONAL PRACTITIONER V</p> <p>MARKET W</p> <p>ITINERANT DRUG SELLER X</p> <p>OTHER _____ Y</p> <p align="center">(SPECIFY)</p>																					
613	<p>CHECK 612:</p> <p>TWO OR MORE CODES CIRCLED <input type="checkbox"/></p>	<p>ONLY ONE CODE CIRCLED <input type="checkbox"/></p>	615																				
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="checkbox"/></p>																					
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a packet called ORS?</p> <p>c) Zinc tablets or syrup?</p> <p>d) A homemade sugar-salt solution?</p> <p>e) Other homemade fluids such as prridge, soup, yoghurt, coconut water, fresh fruit juice, tea, milk or rice water?</p>	<table border="0"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>a) FLUID FROM ORS PACKET</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>c) ZINC</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>d) SUGAR-SALT SOLUTION ..</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>e) HOMEMADE FLUID</td><td>1</td><td>2</td><td>8</td></tr> </tbody> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET	1	2	8	c) ZINC	1	2	8	d) SUGAR-SALT SOLUTION ..	1	2	8	e) HOMEMADE FLUID	1	2	8	
	YES	NO	DK																				
a) FLUID FROM ORS PACKET	1	2	8																				
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) Was anything else given to treat the diarrhea?</p> </div> <div style="text-align: center;"> <p>ALL 'NO' OR 'DK'</p> <p><input type="checkbox"/></p> <p>b) Was anything given to treat the diarrhea?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 618
617	<p>CHECK 615:</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>ANY 'YES'</p> <p><input type="checkbox"/></p> <p>a) What else was given to treat the diarrhea?</p> <p>Anything else?</p> </div> <div style="text-align: center;"> <p>ALL 'NO' OR 'DK'</p> <p><input type="checkbox"/></p> <p>b) What was given to treat the diarrhea?</p> <p>Anything else?</p> </div> </div> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>THERAPEUTIC VITAMIN A E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION H</p> <p>(IV) INTRAVENOUS FLUIDS I</p> <p>HOME REMEDY/HERBAL MEDICINE J</p> <p>OTHER X</p> <p align="center">(SPECIFY)</p>	
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 621
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
620	Were you told by a healthcare provider that (NAME) had malaria?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
621A	Has (NAME) been in contact with a person with persistent cough or TB in the last 12 months?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 622
621B	Was (NAME) tested for TB?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 624
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER 6</p> <p 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? YES <input type="checkbox"/> NO OR DON'T KNOW <input type="checkbox"/>		634
625	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2	→ 630
626	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT DISPENSARY C MOBILE CLINIC D COMMUNITY HEALTH WORKER/ FIELDWORKER E OTHER PUBLIC SECTOR SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL G PRIVATE CLINIC H PHARMACY I PRIVATE DOCTOR J MOBILE CLINIC K COMMUNITY HEALTH WORKER/ FIELDWORKER L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL N NGO CLINIC O OTHER NGO MEDICAL SECTOR _____ P (SPECIFY) FBO MEDICAL SECTOR FBO/MISSION HOSPITAL Q FBO/MISSION CLINIC R FBO MOBILE CLINIC S OTHER FBO MEDICAL SECTOR _____ T (SPECIFY) OTHER SOURCE SHOP U TRADITIONAL PRACTITIONER V MARKET W ITINERANT DRUG SELLER X OTHER _____ Y (SPECIFY)	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	CHECK 626: TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/>	→ 629
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE <input type="checkbox"/>	
629	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	
630	At any time during the illness, did (NAME) take any medicine for the illness?	YES 1 NO 2 DON'T KNOW 8	→ 634
631	What medicine did (NAME) take? Any other medicine? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	ACT ANTIMALARIAL MEDICINE AL A DHAP B OTHER ACT (NOT AL OR DHAP) C NON-ACT ANTIMALARIAL SP/FANSIDAR D CHLOROQUINE E AMODIAQUINE F QUININE PILLS G INJECTION/IV H ARTESUNATE RECTAL I INJECTION/IV J OTHER ANTIMALARIAL K (SPECIFY) ANTIBIOTIC MEDICINE AMOXICILLIN DT TABLETS L AMOXICILLIN SYRUP M COTRIMOXAZOLE N OTHER PILL/SYRUP O OTHER INJECTION/IV P OTHER MEDICINE ASPIRIN Q PARACETAMOL/PANADOL/ ACETAMINOPHEN R IBUPROFEN S OXYGEN T OTHER X (SPECIFY) DON'T KNOW Z	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	<p>CHECK 631: ARTEMISININ COMBINATION THERAPY ('A' OR 'B' OR 'C') GIVEN</p> <p>CODE 'A', 'B', OR 'C' CIRCLED <input type="checkbox"/> CODE 'A', 'B', OR 'C' NOT CIRCLED <input type="checkbox"/></p> <p>↓</p> <p>→ 634</p>		
633	<p>How long after the fever started did (NAME) first take an artemisinin combination therapy?</p>	<p>SAME DAY 0</p> <p>NEXT DAY 1</p> <p>TWO DAYS AFTER FEVER 2</p> <p>THREE OR MORE DAYS AFTER FEVER 3</p> <p>DON'T KNOW 8</p>	
634	<p>CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 603 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>→ 635</p>	

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>		→ 643
636	<p>Now I would like to ask you about liquids that (NAME FROM 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME) had them at home, or somewhere else.</p> <p>Yesterday during the day or at night, did (NAME) drink:</p>		
	a) Plain water?	<p align="center">YES NO DK</p> <p>a) 1 2 8</p>	
	b) Infant formulas, such as, NAN (Nestle), SMA, or S26?	<p>b) 1 2 8</p>	
	IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	<p>NUMBER OF TIMES DRANK FORMULA <input type="checkbox"/> 8</p>	
	c) Milk from animals, such as fresh milk, powdered milk, or milk tea?	<p>c) 1 2 8</p>	
	IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	<p>NUMBER OF TIMES DRANK MILK <input type="checkbox"/> 8</p>	
	IF YES: Was the milk a sweet or flavored type of milk?	<p>SWEET/ FLAVORED ... 1 2 8</p>	
	d) Yogurt as a drink?	<p>d) 1 2 8</p>	
	IF YES: How many times did (NAME) drink yogurt? IF 7 OR MORE TIMES, RECORD '7'.	<p>NUMBER OF TIMES DRANK YOGURT <input type="checkbox"/> 8</p>	
	IF YES: Was the yogurt drink a sweet or flavored type of yogurt drink?	<p>SWEET/ FLAVORED ... 1 2 8</p>	
	f) Milo or cocoa?	<p>f) 1 2 8</p>	
	g) Fruit juice or fruit drinks?	<p>g) 1 2 8</p>	
	h) Soft drinks such as Coca-Cola, Fanta, Sprite, or energy drinks such as Red Bull?	<p>h) 1 2 8</p>	
	i) Tea, coffee, or herbal drinks?	<p>i) 1 2 8</p>	
	IF YES: Was the drink sweetened?	<p>SWEETENED . 1 2 8</p>	
	j) Clear broth or clear soup?	<p>j) 1 2 8</p>	
	k) Any other liquids?	<p>k) 1 2 8</p>	
	IF YES: What was the drink?	<p>OTHER DRINK(S) _____ (SPECIFY)</p>	
	IF YES: Was the drink sweetened?	<p>SWEETENED . 1 2 8</p>	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
637	<p>Now I would like to ask you about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did (NAME) eat:</p> <p>a) Yogurt or mala?</p> <p>IF YES: How many times did (NAME) eat IF 7 OR MORE TIMES, RECORD '7'.</p>	<p align="center">YES NO DK</p> <p>a) 1 2 8</p> <p>NUMBER OF TIMES <input type="text"/> ATE YOGURT 8</p>			
	b) Ugali, porridge, rice, bread, chapati, pasta, or green maize?	b) 1	2	8	
	c) Carrots, pumpkin, butternut, or sweet potato that is orange inside?	c) 1	2	8	
	d) Irish potato, white sweet potato, green banana, nduma (arrowroot), yam, or cassava?	d) 1	2	8	
	e) Sukuma wiki, spinach, managu (nightshade), terere (amaranth), saget, or kunde (cowpea leaves)?	e) 1	2	8	
	e1) Khandira (Ethiopian kale), mrenda (jute mallow), pumpkin leaves, nderema (Malabar spinach), mitoo, broccoli, or mchungu?	e1) 1	2	8	
	f) Any other vegetables, such as tomatoes, cabbage, green capsicum, mushrooms, cucumber or other vegetables?	f) 1	2	8	
	g) Ripe pawpaw, ripe mango, passionfruit, or matunda ya damu?	g) 1	2	8	
	h) Any other fruits, such as banana, pineapple, avocado, watermelon, orange or other fruits?	h) 1	2	8	
	i) Liver, blood, kidney, lung, gizzard, or heart?	i) 1	2	8	
	j) Sausages, Smokies, hot dogs, salami, or ham?	j) 1	2	8	
	k) Any other meat, such as goat, beef, minced beef, mutton, pork, wild game, or chicken?	k) 1	2	8	
	l) Eggs?	l) 1	2	8	
	m) Fish, dagaa, canned tuna, or seafood?	m) 1	2	8	
	n) Beans, githeri, ndengu (green gram), njahi (black gram), kamande (lentils), pigeon peas, or chickpeas?	n) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
	<p>o) Groundnuts, cashews, pumpkin seeds, simsim (sesame seeds), or peanut butter?</p> <p>p) Cheese?</p> <p>q) Termites, locusts, or grasshoppers?</p> <p>r) Any sweet foods such as cakes, sweet biscuits, candy, chocolates, ice cream, or ice lollies?</p> <p>s) Crisps, chips, ngumu, mandaazi, samosa, bhajias, or Indomie?</p> <p>u) Any other solid, semi-solid, or soft food?</p> <p>IF YES: What was the food?</p> <p>MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'.</p> <p>IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.</p>	<table border="1"> <thead> <tr> <th></th><th>YES</th><th>NO</th><th>DK</th></tr> </thead> <tbody> <tr> <td>o)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>p)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>q)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>r)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>s)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td>u)</td><td>1</td><td>2</td><td>8</td></tr> <tr> <td colspan="4">OTHER FOOD(S) _____ (SPECIFY)</td></tr> </tbody> </table>		YES	NO	DK	o)	1	2	8	p)	1	2	8	q)	1	2	8	r)	1	2	8	s)	1	2	8	u)	1	2	8	OTHER FOOD(S) _____ (SPECIFY)				
	YES	NO	DK																																
o)	1	2	8																																
p)	1	2	8																																
q)	1	2	8																																
r)	1	2	8																																
s)	1	2	8																																
u)	1	2	8																																
OTHER FOOD(S) _____ (SPECIFY)																																			
638	<p>CHECK 637 (CATEGORIES 'a' THROUGH 'u'):</p> <p>NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/> → 640</p>																																		
639	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1</p> <p>(GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) ←</p> <p>(THEN CONTINUE TO 640) ←</p> <p>NO 2 → 641</p>																																	
640	<p>How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input type="text"/></p> <p>DON'T KNOW 8</p>																																	
641	<p>In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed (NAME)?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																																	
642	<p>The last time (NAME) passed stools, what was done to dispose of the stools?</p>	<p>CHILD USED TOILET OR LATRINE 01</p> <p>PUT/RINSED INTO TOILET OR LATRINE 02</p> <p>PUT/RINSED INTO DRAIN OR DITCH 03</p> <p>THROWN INTO GARBAGE 04</p> <p>BURIED 05</p> <p>LEFT IN THE OPEN 06</p> <p>OTHER 96</p> <p>(SPECIFY)</p>																																	

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 6. CHILD HEALTH AND NUTRITION

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

SECTION 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	Now I would like to ask you some questions about your children age 2-4 years who live with you, starting with the youngest. These questions are about certain things they are currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.		
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"/> <input type="text"/>		
ECD01	Can (NAME) walk on an uneven surface, for example, a bumpy or steep road, without falling?	YES 1 NO 2 DON'T KNOW 8	
ECD02	Can (NAME) jump up with both feet leaving the ground?	YES 1 NO 2 DON'T KNOW 8	
ECD03	Can (NAME) dress (him/herself), that is, put on pants and a shirt, without help?	YES 1 NO 2 DON'T KNOW 8	
ECD04	Can (NAME) fasten and unfasten buttons without help?	YES 1 NO 2 DON'T KNOW 8	
ECD05	Can (NAME) say 10 or more words, like 'mama' or 'ball'?	YES 1 NO 2 DON'T KNOW 8	
ECD06	Can (NAME) speak using sentences of 3 or more words that go together, for example, "I want water" or "The house is big"?	YES 1 NO 2 DON'T KNOW 8	→ ECD08
ECD07	Can (NAME) speak using sentences of 5 or more words that go together, for example, "The house is very big"?	YES 1 NO 2 DON'T KNOW 8	
ECD08	Can (NAME) correctly use any of the words 'I', 'you', 'she', or 'he', for example, "I want water" or "He eats rice"?	YES 1 NO 2 DON'T KNOW 8	
ECD09	If you show (NAME) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it? By consistently, we mean that (he/she) uses the same word to refer to the same object, even if the word used is not fully correct.	YES 1 NO 2 DON'T KNOW 8	

SECTION 6B. EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD10	Can (NAME) recognize at least 5 letters of the alphabet?	YES 1 NO 2 DON'T KNOW 8	
ECD11	Can (NAME) write (his/her) name?	YES 1 NO 2 DON'T KNOW 8	
ECD12	Can (NAME) recognize all numbers from 1 to 5?	YES 1 NO 2 DON'T KNOW 8	
ECD13	If you ask (NAME) to give you 3 objects, such as 3 stones or 3 beans, does (he/she) give you the correct amount?	YES 1 NO 2 DON'T KNOW 8	
ECD14	Can (NAME) count 10 objects, for example, 10 fingers or 10 blocks, without mistakes?	YES 1 NO 2 DON'T KNOW 8	
ECD15	Can (NAME) do an activity, such as coloring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES 1 NO 2 DON'T KNOW 8	
ECD16	Does (NAME) ask about familiar people other than parents when they are not there, for example, "Where is Grandma?"	YES 1 NO 2 DON'T KNOW 8	
ECD17	Does (NAME) offer to help someone who seems to need help?	YES 1 NO 2 DON'T KNOW 8	
ECD18	Does (NAME) get along well with other children?	YES 1 NO 2 DON'T KNOW 8	
ECD19	How often does (NAME) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5 DON'T KNOW 8	
ECD20	Compared with other children of the same age, how much does (NAME) kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?	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="width: 45%;"> <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="width: 45%;"> <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	Now I would like to talk about marriage. Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3	→ 706 → 709
702	Have you ever been married or lived together with a man as if married?	YES, PREVIOUSLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
704	CHECK 702: <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	Did you have a marriage certificate for your last marriage?	YES 1 NO 2 DON'T KNOW 8	→ 714 → 707
706	Do you have a marriage certificate for this marriage?	YES 1 NO 2 DON'T KNOW 8	→ 709
707	Was this marriage ever registered with the civil authority?	YES 1 NO 2 DON'T KNOW 8	
708	CHECK 701: <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	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
710	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
711	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 714
712	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98	
713	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/> DON'T KNOW 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> </div> <div style="width: 45%;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p> </div> </div>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 717
716	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
717	<p>CHECK 714:</p> <div style="display: flex; justify-content: space-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	Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 721
720	How old were you when you first started living with your current (husband/partner)?	AGE <input type="text"/> <input type="text"/>	
721	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE		
722	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	→ 738

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
723	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<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>	→ 727																														
725	<p>The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	→ 727																														
726	<p>Which method did you use?</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>	<table> <tr><td>FEMALE STERILIZATION</td><td>A</td></tr> <tr><td>MALE STERILIZATION</td><td>B</td></tr> <tr><td>IUD</td><td>C</td></tr> <tr><td>INJECTABLES</td><td>D</td></tr> <tr><td>IMPLANTS</td><td>E</td></tr> <tr><td>PILL</td><td>F</td></tr> <tr><td>MALE CONDOM</td><td>G</td></tr> <tr><td>FEMALE CONDOM</td><td>H</td></tr> <tr><td>EMERGENCY CONTRACEPTION</td><td>I</td></tr> <tr><td>STANDARD DAYS METHOD</td><td>J</td></tr> <tr><td>LACTATIONAL AMENORRHEA METHOD ..</td><td>K</td></tr> <tr><td>RHYTHM METHOD</td><td>L</td></tr> <tr><td>WITHDRAWAL</td><td>M</td></tr> <tr><td>OTHER MODERN METHOD</td><td>X</td></tr> <tr><td>OTHER TRADITIONAL METHOD</td><td>Y</td></tr> </table>	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	→ 728
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																																
727	<p>The last time you had sexual intercourse, was a male or female condom used?</p>	<p>YES 1</p> <p>NO 2</p>	→ 730																														
728	<p>What is the brand name of the condom used?</p> <p>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.</p>	<table> <tr><td>SURE</td><td>01</td></tr> <tr><td>DUREX</td><td>02</td></tr> <tr><td>KISS</td><td>03</td></tr> <tr><td>TRUST</td><td>04</td></tr> <tr><td>POWER PLAY</td><td>05</td></tr> <tr><td>ROUGH RIDER</td><td>06</td></tr> <tr><td>LIFEGUARD</td><td>07</td></tr> <tr><td>FC2 FEMALE CONDOM</td><td>08</td></tr> <tr><td>OTHER</td><td>96</td></tr> <tr><td align="center" colspan="2">(SPECIFY)</td></tr> <tr><td>DON'T KNOW</td><td>98</td></tr> </table>	SURE	01	DUREX	02	KISS	03	TRUST	04	POWER PLAY	05	ROUGH RIDER	06	LIFEGUARD	07	FC2 FEMALE CONDOM	08	OTHER	96	(SPECIFY)		DON'T KNOW	98									
SURE	01																																
DUREX	02																																
KISS	03																																
TRUST	04																																
POWER PLAY	05																																
ROUGH RIDER	06																																
LIFEGUARD	07																																
FC2 FEMALE CONDOM	08																																
OTHER	96																																
(SPECIFY)																																	
DON'T KNOW	98																																

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE CLINIC 15</p> <p>COMMUNITY HEALTH WORKER/ 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>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</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	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 NO 2	→ 737												
732	The last time you had sexual intercourse with this second person, was a condom used?	YES 1 NO 2													
733	What was your relationship to this second person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? 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	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES 1 NO 2	→ 737												
735	The last time you had sexual intercourse with this third person, was a condom used?	YES 1 NO 2													
736	What was your relationship to this third person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? 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	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <table><tr><td></td><td></td></tr></table> DON'T KNOW 98													
738	PRESENCE OF OTHERS DURING THIS SECTION.	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>CHILDREN <10</td><td>1</td><td>2</td></tr><tr><td>MALE ADULTS</td><td>1</td><td>2</td></tr><tr><td>FEMALE ADULTS</td><td>1</td><td>2</td></tr></table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 307: <div> NOT ASKED <input type="checkbox"/> NEITHER ARE <input type="checkbox"/> HE OR SHE <input type="checkbox"/> </div> <div> ↓ ↓ ↓ </div> <div> STERILIZED STERILIZED STERILIZED </div>		→ 813
802	CHECK 232: <div> PREGNANT <input type="checkbox"/> NOT PREGNANT <input type="checkbox"/> </div> <div> ↓ ↓ </div> <div> OR UNSURE </div>		→ 804
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812
804	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	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> NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div> <div> ↓ ↓ </div> <div> OR UNSURE </div> <div> a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? </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	→ 811 → 813 → 811
806	CHECK 232: <div> NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> </div> <div> ↓ ↓ </div> <div> OR UNSURE </div>		→ 812
807	CHECK 307: USING A CONTRACEPTIVE <div> NOT ASKED <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> </div> <div> ↓ ↓ </div>		→ 813
808	CHECK 805: <div> '24' OR MORE MONTHS <input type="checkbox"/> NOT ASKED <input type="checkbox"/> '00-23' MONTHS <input type="checkbox"/> </div> <div> ↓ ↓ ↓ </div> <div> OR '02' OR MORE YEARS OR '00-01' YEAR </div>		→ 812
809	CHECK 723: <div> DAYS, WEEKS OR <input type="checkbox"/> YEARS <input type="checkbox"/> </div> <div> ↓ ↓ </div> <div> MONTHS AGO AGO </div> <div> NOT ASKED <input type="checkbox"/> </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) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? Any other reason?</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 _____ (SPECIFY) X</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 307: USING A CONTRACEPTIVE</p> <p>NOT ASKED <input type="checkbox"/> YES, <input type="checkbox"/></p> <p>CURRENTLY USING _____</p>		813
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	<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) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ (SPECIFY) 96</p>	815
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	<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 _____ (SPECIFY) 96</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
815	In the last 12 months have you:	<table> <tr> <td></td><td>YES</td><td>NO</td></tr> <tr> <td>a) Heard about family planning on the radio?</td><td>a) RADIO</td><td>1 2</td></tr> <tr> <td>b) Seen anything about family planning on the television?</td><td>b) TELEVISION</td><td>1 2</td></tr> <tr> <td>c) Read about family planning in a newspaper or magazine?</td><td>c) NEWSPAPER OR MAGAZINE</td><td>1 2</td></tr> <tr> <td>d) Received a voice or text message about family planning on a mobile phone?</td><td>d) MOBILE PHONE</td><td>1 2</td></tr> <tr> <td>e) Seen anything about family planning on social media such as Facebook, Twitter, Instagram, Tiktok, or WhatsApp?</td><td>e) FACEBOOK/TWITTER/INSTAGRAM/TIKTOK/WHATSAPP</td><td>1 2</td></tr> <tr> <td>f) Seen anything about family planning on a poster, leaflet or brochure?</td><td>f) POSTER/LEAFLET/BROCHURE</td><td>1 2</td></tr> <tr> <td>g) Seen anything about family planning on an outdoor sign or billboard?</td><td>g) OUTDOOR SIGN/BILLBOARD ..</td><td>1 2</td></tr> <tr> <td>h) Heard anything about family planning at community meetings or events?</td><td>h) COMMUNITY MEETINGS/EVENTS</td><td>1 2</td></tr> <tr> <td>i) Heard anything about family planning from friends/peers?</td><td>h) FRIENDS/PEERS</td><td>1 2</td></tr> <tr> <td>j) Seen anything on family planning on the internet?</td><td>h) INTERNET</td><td>1 2</td></tr> </table>		YES	NO	a) Heard about family planning on the radio?	a) RADIO	1 2	b) Seen anything about family planning on the television?	b) TELEVISION	1 2	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE	1 2	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE	1 2	e) Seen anything about family planning on social media such as Facebook, Twitter, Instagram, Tiktok, or WhatsApp?	e) FACEBOOK/TWITTER/INSTAGRAM/TIKTOK/WHATSAPP	1 2	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/BROCHURE	1 2	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD ..	1 2	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/EVENTS	1 2	i) Heard anything about family planning from friends/peers?	h) FRIENDS/PEERS	1 2	j) Seen anything on family planning on the internet?	h) INTERNET	1 2	
	YES	NO																																		
a) Heard about family planning on the radio?	a) RADIO	1 2																																		
b) Seen anything about family planning on the television?	b) TELEVISION	1 2																																		
c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE	1 2																																		
d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE	1 2																																		
e) Seen anything about family planning on social media such as Facebook, Twitter, Instagram, Tiktok, or WhatsApp?	e) FACEBOOK/TWITTER/INSTAGRAM/TIKTOK/WHATSAPP	1 2																																		
f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/BROCHURE	1 2																																		
g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD ..	1 2																																		
h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/EVENTS	1 2																																		
i) Heard anything about family planning from friends/peers?	h) FRIENDS/PEERS	1 2																																		
j) Seen anything on family planning on the internet?	h) INTERNET	1 2																																		
817	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>YES, <input type="checkbox"/> CURRENTLY MARRIED</div> <div>YES, <input type="checkbox"/> LIVING WITH A MAN</div> <div>NO, <input type="checkbox"/> NOT IN A UNION</div> </div>		→ 901																																	
818	Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	<table> <tr> <td>RESPONDENT</td><td>1</td></tr> <tr> <td>HUSBAND/PARTNER</td><td>2</td></tr> <tr> <td>RESPONDENT AND HUSBAND/PARTNER JOINTLY</td><td>3</td></tr> <tr> <td>SOMEONE ELSE</td><td>4</td></tr> <tr> <td>OTHER</td><td>6</td></tr> <tr> <td align="center" colspan="2">(SPECIFY)</td></tr> </table>	RESPONDENT	1	HUSBAND/PARTNER	2	RESPONDENT AND HUSBAND/PARTNER JOINTLY	3	SOMEONE ELSE	4	OTHER	6	(SPECIFY)		<div style="display: flex; justify-content: flex-end;"> <div>→ 820</div> <div>→ 820</div> </div>																					
RESPONDENT	1																																			
HUSBAND/PARTNER	2																																			
RESPONDENT AND HUSBAND/PARTNER JOINTLY	3																																			
SOMEONE ELSE	4																																			
OTHER	6																																			
(SPECIFY)																																				
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	<table> <tr> <td>MORE IMPORTANT</td><td>1</td></tr> <tr> <td>EQUALLY IMPORTANT</td><td>2</td></tr> <tr> <td>LESS IMPORTANT</td><td>3</td></tr> </table>	MORE IMPORTANT	1	EQUALLY IMPORTANT	2	LESS IMPORTANT	3																												
MORE IMPORTANT	1																																			
EQUALLY IMPORTANT	2																																			
LESS IMPORTANT	3																																			
820	Has your (husband/partner) or any other family member ever tried to pressure you to become pregnant when you did not want to become pregnant?	<table> <tr> <td>YES</td><td>1</td></tr> <tr> <td>NO</td><td>2</td></tr> </table>	YES	1	NO	2																														
YES	1																																			
NO	2																																			
821	CHECK 307: <div style="display: flex; justify-content: space-around; align-items: center;"> <div>NOT ASKED <input type="checkbox"/></div> <div>NEITHER ARE <input type="checkbox"/> STERILIZED</div> <div>HE OR SHE ARE <input type="checkbox"/> STERILIZED</div> </div>		→ 901																																	
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table> <tr> <td>SAME NUMBER</td><td>1</td></tr> <tr> <td>MORE CHILDREN</td><td>2</td></tr> <tr> <td>FEWER CHILDREN</td><td>3</td></tr> <tr> <td>DON'T KNOW</td><td>8</td></tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8																										
SAME NUMBER	1																																			
MORE CHILDREN	2																																			
FEWER CHILDREN	3																																			
DON'T KNOW	8																																			

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN <input type="checkbox"/> UNION	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, secondary/'A' level, college, university, or vocational?	PRIMARY 1 SECONDARY/'A' LEVEL 2 MIDDLE LEVEL COLLEGE (CERTIFICATE/ DIPLOMA) 3 UNIVERSITY 4 VOCATIONAL TRAINING 5 INFORMAL EDUCATION (MADRASA/ ADULT BASIC) 6	
905	What was the highest (standard/grade/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/GRADE/FORM/YEAR .. <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ _____ <input type="text"/> <input type="text"/>	
909	Aside from your own housework, have you done any work in the last 7 days?	YES 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last 7 days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____	
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 917
916A	How much did you receive in cash or kind for this work last month?	VALUE (KSH): _____ DID NOT WORK IN LAST MONTH 9999995 DON'T KNOW 9999998	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 925
918	CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 921
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 (SPECIFY)	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
925	Do you own this or any other house either alone or jointly with someone else?	OWN ONE HOUSE ALONE 01 OWN MORE THAN ONE HOUSE 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	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928
927	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
928	Do you own any agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 930A
929	Do you have a title deed or other legally recognized document by the government for the agricultural land you own?	YES 1 NO 2 DON'T KNOW 8	→ 930A
930	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
930A	Do you own any non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 931
930B	Do you have a title deed or other legally recognized document by the government for the non-agricultural land you own?	YES 1 NO 2 DON'T KNOW 8	→ 931
930C	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)		PRES./ 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	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES	NO	DK
	a) If she goes out without telling him?	a) GOES OUT	1	2	8
	b) If she neglects the children?	b) NEGLECTS CHILDREN	1	2	8
	c) If she argues with him?	c) ARGUES	1	2	8
	d) If she refuses to have sex with him?	d) REFUSES SEX	1	2	8
	e) If she burns the food?	e) BURNS FOOD	1	2	8
	f) If she refuses to cook?	f) REFUSAL TO COOK	1	2	8
	g) If she comes home late?	g) COMING HOME LATE	1	2	8
	h) If she is unfaithful to him?	h) UNFAITHFUL	1	2	8

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1001	Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1040
1002	CHECK 111: AGE 15-34 YEARS <input type="checkbox"/> ↓ 35 YEARS <input type="checkbox"/> OR OLDER		→ 1008
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1006	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	
1009	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 1012
1011	Do you approve of people who take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1012	CHECK 220 AND 223: NO LIVE BIRTHS <input type="checkbox"/> ↓ LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY <input type="checkbox"/> ↓ LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY <input type="checkbox"/>		→ 1024 → 1024
1013	CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'): HAD ANTENATAL CARE <input type="checkbox"/> ↓ NO ANTENATAL CARE <input type="checkbox"/>		→ 1018
1014	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with (NAME)?	YES 1 NO 2	→ 1018

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>STAND-ALONE HTC/VCT CENTEF..... 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 CENTEF..... 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>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>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	Did you get the results of the test?	<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	Between the time you went for delivery but before the baby was born, were you tested for HIV?	<p>YES 1</p> <p>NO 2</p>	→ 1021
1020	Did you get the results of the test?	<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;"> <div>YES <input type="checkbox"/> ↓</div> <div>NO OR <input type="checkbox"/> NOT ASKED →</div> </div>		1024
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 1025
1023	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 1028
1024	Have you ever been tested for HIV?	YES 1 NO 2	→ 1032
1025	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1026	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>STAND-ALONE HTC/VCT CENTEF 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 DOCTOF 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 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	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1031
1028	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p> <p>DID NOT RECEIVE TEST RESULT 5</p>	→ 1031
1029	In what month and year did you receive your first HIV-positive test result?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS LAST HIV TEST 95</p>	

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8	
1031	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1036	CHECK 1028: CODE '1' <input type="checkbox"/> CIRCLED ↓ OTHER <input type="checkbox"/> →		→ 1040
1037	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2	
1038	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE 1 DISAGREE 2	
1039	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months: a) People have talked badly about you because of your HIV status. b) Someone else disclosed your HIV status without your permission. c) You have been verbally insulted, harassed, or threatened because of your HIV status. d) Healthcare workers talked badly about you because of your HIV status. e) Healthcare workers yelled at you, scolded you, called you names, or verbally abused you in another way because of your HIV status.	<div style="text-align: right; margin-bottom: 10px;">YES NO</div> 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) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?</p> </div> <div style="width: 45%;"> <p>NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/></p> <p>b) Have you heard about infections that can be transmitted through sexual contact?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	
1041	<p>CHECK 722:</p> <div style="display: flex; justify-content: space-around;"> <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	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1044	<p>Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1045	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1046	<p>If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1047	<p>Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?</p>	<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-around;"> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>NOT IN UNION <input type="checkbox"/></p> </div>		→ 1050A
1049	<p>Can you say no to your (husband/partner) if you do not want to have sexual intercourse?</p>	<p>YES 1</p> <p>NO 2</p> <p>DEPENDS/NOT SURE 8</p>	
1050	<p>Could you ask your (husband/partner) to use a condom if you wanted him to?</p>	<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	Have you ever heard about an illness called tuberculosis or TB?	YES 1 NO 2	→ 1101						
1050B	Do all people with TB have HIV?	YES 1 NO 2 DON'T KNOW 8							
1050C	In the last 12 months, have you been diagnosed with TB?	YES 1 NO 2 DON'T KNOW 8	→ 1101						
1050D	How long did it take you to be diagnosed with TB after visiting a facility?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS 2 MONTHS 3 DON'T KNOW 998							
1050E	After you were diagnosed with TB, were other members of your household screened for TB?	YES 1 NO 2 LIVES ALONE/NO OTHER HOUSEHOLD MEMBERS 3 DON'T KNOW 8							
1050F	After you were diagnosed with TB, were any children under age 5 years in your household initiated on treatment to prevent them from developing TB?	YES 1 NO 2 NO CHILDREN UNDER 5 IN HOUSEHOLD 3 DON'T KNOW 8							

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a medical clinic, a health center, a dispensary, or a medical doctor?	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	How do you travel to this healthcare facility from your home? 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	In the last 3 months, have you been visited by a community health worker?	YES 1 NO 2	→ 1102C			
1102B	During the visit, what services or health talks did the community health worker provide? Anything else? 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	Are you aware you can examine your breast for lumps and breast cancer?	YES 1 NO 2				
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES 1 NO 2 DON'T KNOW 8				
1103A	Have you ever been told by a doctor or other healthcare worker that you have breast cancer?	YES 1 NO 2	→ 1104			
1103B	Are you receiving any treatment for breast cancer?	YES 1 NO 2				
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from the cervix through the vagina. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.					
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES 1 NO 2 DON'T KNOW 8				
1105A	Have you ever been told by a doctor or other healthcare worker that you have cervical cancer?	YES 1 NO 2	→ 1106			

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
1105B	Are you receiving any treatment for cervical cancer?	YES 1 NO 2																
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1108															
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/>																
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1110															
1109	What other type of tobacco do you currently smoke or use? 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	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, changáa, busaa, muratina, mnazi, or Keg?	YES 1 NO 2	→ 1113															
1111	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of changáa, busaa, muratina, mnazi, or Keg. During the last one month, on how many days did you have at least one drink of alcohol? 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	In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS <input type="text"/>																
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	<table border="0"> <thead> <tr> <th></th><th>BIG PROBLEM</th><th>NOT A BIG PROBLEM</th></tr> </thead> <tbody> <tr> <td>a) PERMISSION TO GO</td><td>1</td><td>2</td></tr> <tr> <td>b) GETTING MONEY</td><td>1</td><td>2</td></tr> <tr> <td>c) DISTANCE</td><td>1</td><td>2</td></tr> <tr> <td>d) GO ALONE</td><td>1</td><td>2</td></tr> </tbody> </table>		BIG PROBLEM	NOT A BIG PROBLEM	a) PERMISSION TO GO	1	2	b) GETTING MONEY	1	2	c) DISTANCE	1	2	d) GO ALONE	1	2	
	BIG PROBLEM	NOT A BIG PROBLEM																
a) PERMISSION TO GO	1	2																
b) GETTING MONEY	1	2																
c) DISTANCE	1	2																
d) GO ALONE	1	2																
1115A	In a typical week, how many days do you do moderate to vigorous intensity activity? USE SHOW CARD TO EXPLAIN MODERATE AND VIGOROUS INTENSITY ACTIVITIES	NUMBER OF DAYS <input type="text"/> NONE 0	→ 1115C															
1115B	In a typical week, how many minutes do you do moderate to vigorous intensity activity? USE SHOW CARD TO EXPLAIN MODERATE AND VIGOROUS INTENSITY ACTIVITIES	MINUTES <input type="text"/>																
1115C	In a typical day, how many hours do you spend seated?	HOURS <input type="text"/>																

SECTION 12. CHRONIC DISEASE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
CD02	Have you ever been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ CD07
CD05	Are you taking medication to control your blood pressure?	YES 1 NO 2	
CD07	Have you ever been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ CD11
CD10	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2	
CD11	Have you ever been told by a doctor or other healthcare worker that you have heart disease or a chronic heart condition?	YES 1 NO 2	→ CD13
CD12	Are you receiving any treatment for your heart disease or chronic heart condition?	YES 1 NO 2	
CD13	Have you ever been told by a doctor or other healthcare worker that you have lung disease or a chronic lung condition?	YES 1 NO 2	→ CD17
CD14	Are you receiving any treatment for your lung disease or chronic lung condition?	YES 1 NO 2	
CD17	Have you ever been told by a doctor or other healthcare worker that you have: a) Depression? b) Anxiety?	<div style="text-align: right; margin-bottom: 5px;">YES NO</div> a) DEPRESSION 1 2 b) ANXIETY 1 2	
CD18	CHECK CD17 (a-b): <div style="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>		→ CD20
CD19	Are you receiving any treatment for depression or anxiety?	YES 1 NO 2	
CD20	Have you ever been told by a doctor or other healthcare worker that you have arthritis?	YES 1 NO 2	→ GC1
CD21	Are you receiving any treatment for arthritis?	YES 1 NO 2	

SECTION 13. FEMALE GENITAL MUTILATION/CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC1	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ GC3
GC2	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ DV00
GC3	Have you yourself ever been circumcised?	YES 1 NO 2	→ GC9
GC4	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES 1 NO 2 DON'T KNOW 8	→ GC6
GC5	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
GC6	Was your genital area sewn?	YES 1 NO 2 DON'T KNOW 8	
GC7	How old were you when you were circumcised? 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	Who performed the circumcision?	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	Where were you circumcised?	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	<p>In which county were you circumcised?</p> <p>IF OUTSIDE KENYA, PROBE: In what country was the circumcision done?</p> <p>REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL</p>	<p>COUNTY CODE <input type="text"/> <input type="text"/></p> <p>BURUNDI 48</p> <p>ERITREA 49</p> <p>ETHIOPIA 50</p> <p>RWANDA 51</p> <p>SOMALIA 52</p> <p>SOUTH SUDAN 53</p> <p>TANZANIA 54</p> <p>UGANDA 55</p> <p>OTHER COUNTRY 96</p> <p>(SPECIFY)</p> <p>DON'T KNOW 98</p>	
GC8C	<p>What effects did you experience as a result of undergoing circumcision?</p> <p>Anything else?</p>	<p>HEAVY BLEEDING A</p> <p>SEVERE PAIN B</p> <p>INFECTION C</p> <p>URINE RETENTION D</p> <p>ANAEMIA E</p> <p>FEVER F</p> <p>COMPLICATIONS WITH MENSTRUAL PERIODS G</p> <p>COMPLICATIONS DURING SEXUAL INTERCOURSE H</p> <p>COMPLICATIONS DURING CHILDBIRTH I</p> <p>FISTULA J</p> <p>STIGMA K</p> <p>DEPRESSION/STRESS/MENTAL HEALTH L</p> <p>OTHER X</p> <p>(SPECIFY)</p> <p>NONE Y</p> <p>DON'T KNOW Z</p>	<p>→ GC9</p>
GC8D	Did you seek help for these effects?	<p>YES 1</p> <p>NO 2</p>	→ GC9
GC8E	From whom or where did you seek help?	<p>DOCTOR/MEDICAL PERSONNEL A</p> <p>TRADITIONAL CIRCUMCISER B</p> <p>TRADITIONAL HEALER/HERBALIS C</p> <p>FAMILY MEMBER(S) D</p> <p>CURRENT/FORMER HUSBAND/PARTNER E</p> <p>FRIEND F</p> <p>NEIGHBOR G</p> <p>RELIGIOUS LEADER H</p> <p>CHIEF, OTHER NGAOs I</p> <p>POLICE J</p> <p>LAWYER K</p> <p>SOCIAL SERVICE ORGANIZATION L</p> <p>THROUGH HELPLINES M</p> <p>SAFE SPACES/RESCUE CENTERS N</p> <p>OTHER X</p> <p>(SPECIFY)</p>	
GC9	<p>CHECK 219, 220, AND 224 IN THE PREGNANCY HISTORY:</p> <p>HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2007 OR LATER <input type="checkbox"/></p> <p>HAS NO LIVING DAUGHTERS BORN IN 2007 OR LATER <input type="checkbox"/></p>		→ GC17

SECTION 13. FEMALE GENITAL MUTILATION/CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC10	Now I would like to ask you some questions about your (daughter/daughters).		
GC11	<p>RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF EACH LIVING DAUGHTER BORN IN 2007 OR LATER, STARTING WITH THE YOUNGEST.</p> <p>NAME _____ PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/></p>		
GC12	Is (NAME OF DAUGHTER) circumcised?	<p>YES 1</p> <p>NO 2</p>	→ GC16
GC13	<p>How old was (NAME OF DAUGHTER) when she was circumcised?</p> <p>IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	
GC13A	Now, lets talk about how the circumcision was performed. Was any flesh removed from (NAME OF DAUGHTER)'s genital area?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ GC14
GC13B	Was the genital area just nicked without removing any flesh?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
GC14	Was her genital area sewn?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
GC15	Who performed the circumcision?	<p>TRADITIONAL</p> <p>TRADITIONAL CIRCUMCISER 11</p> <p>TRADITIONAL BIRTH ATTENDANT 12</p> <p>OTHER TRADITIONAL PROVIDER 16</p> <p>(SPECIFY) _____</p> <p>HEALTH PROFESSIONAL</p> <p>DOCTOR 21</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER 22</p> <p>OTHER HEALTH PROFESSIONAL 26</p> <p>(SPECIFY) _____</p> <p>DON'T KNOW 98</p>	
GC16	<p>CHECK 219, 220, AND 224 IN THE PREGNANCY HISTORY: ANY MORE DAUGHTERS BORN IN 2007 OR LATER?</p> <p align="right">YES <input type="checkbox"/></p> <p align="right">NO <input type="checkbox"/></p> <p>(GO TO GC11 FOR THE NEXT YOUNGEST DAUGHTER) ←</p>		→ GC17

SECTION 13. FEMALE GENITAL MUTILATION/CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
GC17	Do you believe that female circumcision is required by your:	YES	NO	DK	
	a) Culture?	a) CULTURE	1	2	8
	b) Society?	b) SOCIETY	1	2	8
	c) Religion?	c) RELIGION	1	2	8
GC18	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED			1
		STOPPED			2
		DEPENDS			3
		DON'T KNOW			8

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
DV00	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED <input type="checkbox"/> FOR THIS SECTION WOMAN <input type="checkbox"/> NOT SELECTED		1500																								
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 PRIVACY NOT POSSIBLE 2		DV37																								
DV02	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.																										
DV03	CHECK 701 AND 702: NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/> CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/>		DV06 DV06																								
DV04	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?	YES 1 NO 2	DV06																								
DV05	Have you ever been in an intimate relationship with a man even though you did not ever live with him?	YES 1 NO 2	DV19																								
DV06	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner). A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner). B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																										
		<table border="1"> <thead> <tr> <th>EVER</th><th>OFTEN</th><th>SOME- TIMES</th><th>NOT IN LAST 12 MONTHS</th></tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men. YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>b) He wrongly (accuses/accused) you of being unfaithful. YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>c) He (does/did) not permit you to meet your female friends. YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>d) He (tries/tried) to limit your contact with your family. YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times. YES 1 NO 2</td><td>→ 1</td><td>2</td><td>3</td></tr> </tbody> </table>	EVER	OFTEN	SOME- TIMES	NOT IN LAST 12 MONTHS	a) He (is/was) jealous or angry if you (talk/talked) to other men. YES 1 NO 2	→ 1	2	3	b) He wrongly (accuses/accused) you of being unfaithful. YES 1 NO 2	→ 1	2	3	c) He (does/did) not permit you to meet your female friends. YES 1 NO 2	→ 1	2	3	d) He (tries/tried) to limit your contact with your family. YES 1 NO 2	→ 1	2	3	e) He (insists/insisted) on knowing where you (are/were) at all times. YES 1 NO 2	→ 1	2	3	
EVER	OFTEN	SOME- TIMES	NOT IN LAST 12 MONTHS																								
a) He (is/was) jealous or angry if you (talk/talked) to other men. YES 1 NO 2	→ 1	2	3																								
b) He wrongly (accuses/accused) you of being unfaithful. YES 1 NO 2	→ 1	2	3																								
c) He (does/did) not permit you to meet your female friends. YES 1 NO 2	→ 1	2	3																								
d) He (tries/tried) to limit your contact with your family. YES 1 NO 2	→ 1	2	3																								
e) He (insists/insisted) on knowing where you (are/were) at all times. YES 1 NO 2	→ 1	2	3																								

SECTION 14. DOMESTIC VIOLENCE MODULE

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

SECTION 14. DOMESTIC VIOLENCE MODULE

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

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
DV16	<p>A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.</p>	<p>B. How long ago did this last happen?</p> <table border="1"> <thead> <tr> <th>EVER</th><th>0 - 11 MONTHS AGO</th><th>12+ MONTHS AGO</th><th>DON'T REMEMBER</th></tr> </thead> <tbody> <tr> <td colspan="4">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6</td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> <tr> <td>YES 1</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>NO 2 ↓</td><td></td><td></td><td></td></tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6				YES 1	1	2	3	NO 2 ↓				YES 1	1	2	3	NO 2 ↓				YES 1	1	2	3	NO 2 ↓				YES 1	1	2	3	NO 2 ↓				
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) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?</p> <p>b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?</p> <p>c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?</p> <p>d) Did any previous husband or any other current or previous male partner restrict or exploit or sabotage your ability to acquire or access or maintain economic resources?</p>																																										
DV17	<p>CHECK DV08A (h-j) AND DV16A (b):</p> <p>AT LEAST ONE <input type="checkbox"/> 'YES' ↓</p>	<p>NOT A SINGLE <input type="checkbox"/> YES</p>	DV19																																								
DV18	<p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																																									
DV19	<p>CHECK 212 AND 232:</p> <p>CURRENTLY PREGNANT <input type="checkbox"/> 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 ↓</p>	<p>NOT PREGNANT 232=2 AND NO PAST PREGNANCIES 212=0 <input type="checkbox"/></p>	DV22																																								
DV20	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	DV22																																								

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV21	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER .. A</p> <p>MOTHER/STEP-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> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p align="center">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p> </td> <td> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p align="center">↓</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p align="center">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p align="center">↓</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p align="center">→ DV25</p>
<p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p align="center">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p>	<p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p align="center">↓</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>				
DV23	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>CURRENT BOYFRIEND F</p> <p>FORMER BOYFRIEND G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER K</p> <p>SCHOOLMATE/CLASSMATE L</p> <p>EMPLOYER/SOMEONE AT WORK .. M</p> <p>POLICE/SOLDIER N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>			
DV24	<p>In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>			

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV25	<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> <p>↓</p> </div> <div style="text-align: center;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p>↓</p> </div> </div>		→ DV27
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p>→ DV28</p> <p>→ DV30B</p>
DV27	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	→ DV30B
DV28	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER</p> <p>↓</p> <p>a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER</p> <p>↓</p> <p>b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </div> </div>	<p>AGE IN COMPLETED YEARS </p> <p>DON'T KNOW 98</p>	
DV29	<p>Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>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> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </div> <div style="width: 45%;"> <p>NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> </div> </div>	<p>YES 1</p> <p>NO 2</p>	→ DV30B
DV30A	At what place did these incidence(s) mostly happen?	<p>IN MY OWN HOME 01</p> <p>SOME OTHER HOUSE OR APARTMENT 02</p> <p>ELSEWHERE IN A RESIDENTIAL BUILDING 03</p> <p>AT SCHOOL OR WORKPLACE 04</p> <p>CAFÉ/RESTAURANT/PUB/CLUB/DISCO 05</p> <p>IN A SHOP 06</p> <p>ELSEWHERE INDOORS 07</p> <p>IN THE STREET/SQUARE/PARKING LOT/OTHER PUBLIC PLACE .. 08</p> <p>IN PUBLIC TRANSPORT 09</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p>	
DV30B	If you ever experience any form of violence, where or from whom could you seek help?	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND .. D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL .. H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION .. K</p> <p>THROUGH HELPLINES L</p> <p>SAFE SPACES/RESCUE CENTERS .. M</p> <p>CHIEF/OTHER 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> <div style="display: flex; justify-content: space-between;"> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p> </div>		→ DV35
DV32	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	<p>YES 1</p> <p>NO 2</p>	→ DV34

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
DV33	<p>From whom or where have you sought help?</p> <p>RECORD ALL MENTIONED.</p>	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER</p> <p> HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND .. D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL .. H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION .. K</p> <p>THROUGH HELPLINES L</p> <p>SAFE SPACES/RESCUE CENTERS . M</p> <p>CHIEF/OTHER NGAOS N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>	<p>→ DV35</p>																
DV34	Have you ever told any one about this?	<p>YES 1</p> <p>NO 2</p>																	
DV35	As far as you know, did your father ever beat or hit your mother?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																	
DV35A	As far as you know, did your mother ever beat or hit your father?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>																	
	<p>VERBALLY SHARE THE HOTLINE NUMBER 1195 SHOULD THE RESPONDENT EVER WISH TO SEEK HELP OR REPORT DOMESTIC VIOLENCE.</p> <p>THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.</p>																		
DV36	<p>DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?</p>	<table> <thead> <tr> <th></th><th>YES, ONCE</th><th>YES, MORE THAN ONCE</th><th>NO</th></tr> </thead> <tbody> <tr> <td>HUSBAND</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>OTHER MALE ADULT ..</td><td>1</td><td>2</td><td>3</td></tr> <tr> <td>FEMALE ADULT</td><td>1</td><td>2</td><td>3</td></tr> </tbody> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
OTHER MALE ADULT ..	1	2	3																
FEMALE ADULT	1	2	3																
DV37	<p>INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE</p> <p>_____</p> <p>_____</p> <p>_____</p>																		

FOLLOW-ON STUDY CONSENT

1500 In the coming days, another team from Kenya National Bureau of Statistics would like to visit you to ask you additional questions about health and health care services. The information will be used by the Government of Kenya to plan strategies and programs aimed at improving the health and health services in your community. Your permission is completely voluntary and you can withdraw this permission at any time. However, we hope you will agree.

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE REVISITED . . 1

RESPONDENT DOES NOT AGREE
TO BE REVISITED . . 2



1501	RECORD THE TIME.	HOURS	<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	
	08	AUG	05	
0	07	JUL	06	
2	06	JUN	07	
	05	MAY	08	
2	04	APR	09	
	03	MAR	10	
	02	FEB	11	
	01	JAN	12	
	12	DEC	13	
	11	NOV	14	
	10	OCT	15	
2	09	SEP	16	
	08	AUG	17	
0	07	JUL	18	
2	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	
	08	AUG	29	
0	07	JUL	30	
2	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	
	08	AUG	41	
0	07	JUL	42	
1	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	
	08	AUG	53	
0	07	JUL	54	
1	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	
	08	AUG	65	
0	07	JUL	66	
1	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
