

2022 Kenya Demographic and Health Survey

Interviewer's Manual

**Kenya National Bureau of Statistics
Nairobi, Kenya**

**ICF
Rockville, Maryland**

January 2022

The DHS Program is a five-year project to assist institutions in collecting and analyzing data needed to plan, monitor, and evaluate population, health, and nutrition programs. The DHS Program is funded by the U.S. Agency for International Development (USAID). The project is implemented by ICF in Rockville, Maryland USA, in partnership with the Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, PATH (formerly, the Program for Appropriate Technology in Health), Avenir Health, Vysnova Partners, Blue Raster, and EnCompass.

The main objectives of The DHS Program are to: 1) provide improved information through appropriate data collection, analysis, and evaluation; 2) improve coordination and partnerships in data collection at the international and country levels; 3) increase host-country institutionalization of data collection capacity; 4) improve data collection and analysis tools and methodologies; and 5) improve the dissemination and utilization of data.

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Recommended citation:

ICF. 2020. Demographic and Health Survey Interviewer's Manual. Rockville, Maryland, U.S.A.: ICF

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I. INTRODUCTION

The 2022 Kenya Demographic and Health Survey (KDHS) is a national sample survey designed to provide information on population, fertility, family planning, marriage, maternal and child health, child survival, HIV/AIDS and other sexually transmitted infections (STIs), reproductive health, nutrition, gender issues, and tobacco and alcohol use in Kenya. The DHS will involve interviewing respondents from randomly selected households, and within selected households, women and men who are between age 15 and 49 and 15 and 54 years, respectively. These respondents will be asked questions about their background, the children they have given birth to, their knowledge and use of family planning methods, the health of their children, their awareness of HIV/AIDS and STIs, and other information that will be helpful to policy makers and program planners in health and family planning fields.

You are being trained as an interviewer for the DHS. After the training course, which will take about four weeks to complete, selected interviewers will be working in teams and going to different parts of the country to interview households and women and men in these households. This is called fieldwork. Depending on the areas assigned to your team and on how well you perform the tasks given to you, you may be working on the 2022 KDHS for up to five (5). However, we have recruited more interviewers to participate in the training course than are needed to do the work, and at the end of the course, we will be selecting the best qualified among you to work as interviewers. Those not selected may be retained as alternates or other survey staff.

During the training course, you will listen to lectures about how to fill in the questionnaires correctly. You will also conduct practice interviews with other trainees and with strangers. You will be given periodic assignments, quizzes, and tests, and you will be observed conducting interviews to check that you read the questions and record the answers accurately.

You should study this manual carefully and learn its contents since this will reduce the amount of time needed for training and will improve your chances of being selected as an interviewer.

Note to users of the Interviewer's Manual

An assumption has been made throughout this manual that the 2022 KDHS will be a CAPI (computer-assisted personal interviewing) survey. Although paper Household, Woman's, Man's, and Biomarker Questionnaires have been prepared for the 2022 KDHS, only the paper Biomarker Questionnaire will be used in the field. The paper Household, Woman's, and Man's Questionnaires you will receive during this training will be used to explain questionnaire content including question text, probes, and coding categories.

While it is critical that you understand certain concepts that are necessary to ensure the correct flow of the questionnaire such as filters and skip patterns, each instance that they occur in the paper questionnaire will be listed in the manual, but their purpose will generally not be described because they will be performed automatically by the CAPI data entry program rather than manually by you. Similarly, you will only receive limited instruction on the proper procedures for completing a paper questionnaire (for example, how to correct a coding error). Instead, in a separate part of the training, you will receive instructions on the procedures used for completing a questionnaire through CAPI.

A. Survey Objectives

The Kenya DHS is part of a worldwide survey program. The international DHS Program is designed to:

- Assist countries in conducting household sample surveys to periodically monitor changes in population, health, and nutrition.
- Provide an international database that can be used by researchers investigating topics related to population, health, and nutrition.

As part of the international DHS Program, surveys are being carried out in countries in Africa, Latin America, the Caribbean, Asia, Eastern Europe, and the Middle East. Data from these surveys are used to better understand the population, health, and nutrition situation in the countries surveyed.

B. DHS Sample

There are several ways to gather information about people. One way is to contact every person or nearly every person in the country and ask them questions about what you need to know. Talking to everyone is called a complete enumeration, and a national census is a good example of this type of information gathering. This is very costly because it takes a lot of people to contact everyone. However, in cases such as a national census, it is necessary to have a complete enumeration despite the cost.

Another way to collect information is through a sample survey. When it is not necessary to know exact total numbers, a sample survey can collect information about people much more quickly and at a much lower cost. The sampling procedure allows us to collect data on a small number of people and draw conclusions that are valid for the whole country and subnational areas.

The accuracy of a sample survey depends, among other things, on the size of the sample. The exact number to be interviewed for any survey is determined by statistical methods which we will not discuss in this training session. What you should know, however, is that the sample size for this survey reflects the number of interviews that are needed to provide an accurate picture of the population, health, and nutrition situation in Kenya. Consequently, it is critical to a survey that fieldworkers try their hardest to complete all assigned interviews to ensure that the correct number of people are included in the survey.

The accuracy of a sample survey also depends on another major factor, the absence of bias that would affect the values estimated from the sample. One of the ways used to avoid bias in the results is to ensure that the selection of people included in the sample is absolutely random. This means that every person in the total population to be studied has the same opportunity (or a known probability) of being selected in the sample. This is why it is so important to make callbacks to reach those people who are not at home, since they may be different from people who are at home at the time of the survey. For example, it may be that women who have no children are more likely to be working away from the house, and if we don't call back to interview them, we may bias the fertility estimates.

For the Kenya DHS, the sample consists of 1,692 clusters (small geographically defined areas) spread throughout the country. The households in each of these clusters have recently been listed or enumerated. A sample of households was then scientifically selected to be included in the Kenya DHS survey from the listing in each of the clusters. Each of these households will be visited and information will be obtained about the household using the Household Questionnaire. Women and men within these households will be interviewed using an Individual Questionnaire. Women age 15-49 years will be interviewed using the individual Woman's Questionnaire. In half of households, men age 15-54 years will be interviewed using the individual Man's Questionnaire. We expect to interview about 33,700 women and 14,100 men in this survey. Studying the fertility, health, and family planning behavior and

attitudes of these women and men will provide insights into the behavior and attitudes of persons in Kenya.

C. Survey Organization

The 2022 Kenya Demographic and Health Survey will be implemented by KNBS in collaboration with the Ministry of Health (MOH) and other stakeholders. The KNBS will take responsibility for operational matters including planning and conducting fieldwork, processing of collected data and organizing the writing and distribution of reports. The KNBS in collaboration with MOH and other stakeholders will undertake dissemination of the survey findings at both National and County levels to enhance their utilization to inform programming for better health outcomes. The KNBS will furnish the necessary central office space for survey personnel and will secure transport for the data collection activities. Each team will have a dedicated vehicle during fieldwork. Staff from the KNBS will be responsible for overseeing the day-to-day technical operations including recruitment and training of field and data processing staff and the supervision of the office and field operations.

Financial support for the Kenya DHS will be provided by Government of Kenya, USAID, WHO, UNICEF, UNAIDS, UN Women, WFP, CHAI, World Bank, and Nutrition International. Staff of The DHS Program of ICF will provide technical assistance during all phases of the survey.

During the Kenya DHS fieldwork, you will work in a team consisting of four (4) female interviewers, one (1) male interviewer, and a supervisor. Each team will be accompanied by a driver. Each supervisor will be responsible for a team of interviewers. The specific duties of the supervisor are described in detail in the Supervisor's Manual.

In addition, one of the female interviewers will be the biomarker technician. This female interviewer will be responsible for the anthropometric measurements of eligible women, men, and children. The male interviewer will be trained to take anthropometric measurements in cases where the female interviewer is unable. The supervisor will have also received an overview of biomarker procedures so that they may supervise the biomarker technicians and assist them as needed. In the Kenya DHS, interviewers will be trained to assist the biomarker technicians in taking the anthropometric measurements of women age 15-49 years, men age 15-54 years, and children age 0-4 years.

In the central office, there will be a team of national and regional coordinators responsible for supervising fieldwork teams. These coordinators will ensure regular progress of data collection in the clusters. They will monitor data quality and resupply field teams. Computer programmers also will be assigned to the project.

D. Survey Questionnaires

The KDHS will use seven different questionnaires in total:

- (1) Household Questionnaire – long version
- (2) Household Questionnaire – short version
- (3) Woman's Questionnaire – long version
- (4) Woman's Questionnaire – short version
- (5) Man's Questionnaire
- (6) Biomarker Questionnaire – long version
- (7) Biomarker Questionnaire – short version

In the case of the Household, Woman's, and Biomarker Questionnaire, the long and the short versions are very similar. The short version is a subset of the long version; that is, the short version contains only a few select questions pulled from the long version, but there are no new or different questions in the

short version. This manual will provide instruction for the long version of each questionnaire, and in so doing, will cover everything included in the short questionnaire.

It is important to note – it is not the choice of the interviewer to use the long or short questionnaire. This decision is made by random selection done by a computer.

The households that have been scientifically selected to be included in the Kenya DHS sample will be visited and enumerated using one of the two Household Questionnaires. The Household Questionnaire includes a cover page to identify the household and a form on which all usual members of the household and visitors are listed. This form is used to record some information about each household member and visitor, such as name, sex, age, education, and survival of parents for children under age 18. The Household Questionnaire also collects information on housing characteristics, such as type of water source, type of sanitation facility, type of cookstove, the quality of flooring, ownership of durable goods, and ownership and use of mosquito nets.

The Household Questionnaire permits the interviewer to identify women and men who are eligible to be interviewed with the relevant Individual Questionnaire. Women age 15-49 years in all households and men age 15-54 years in half of households who are members of the household (those that usually live in the household) or visitors (those who do not usually live in the household but who stayed there the previous night) are eligible to be interviewed.

The Household Questionnaire also permits the interviewer to identify women, men, and children who are eligible for anthropometry. Women age 15-49, men age 15- 54, and children age 0-4 years will be weighed and measured (height or length) to assess their nutritional status. Measurements and test results are recorded in the Biomarker Questionnaire.

After all of the eligible women in a household have been identified, if you are a female interviewer, you will use the individual Woman’s Questionnaire (long or short) to interview the women you are assigned. The Woman’s Questionnaire collects information on the following topics, among others:

- Socio-demographic characteristics
- Reproduction
- Family planning
- Maternal health care and breastfeeding
- Vaccination and health of children
- Children’s nutrition
- Woman’s dietary diversity
- Early childhood development
- Marriage and sexual activity
- Fertility preferences
- Husband’s background characteristics and woman’s employment activity
- HIV/AIDS, TB, and other sexually transmitted infections
- Other health issues
- Chronic diseases
- Female genital cutting/mutilation
- Domestic violence

Similarly, after all of the eligible men in a household have been identified, if you are a male interviewer, you will use the individual Man’s Questionnaire to interview the men you are assigned. The Man’s Questionnaire collects information on the following topics:

- Socio-demographic characteristics
- Reproduction
- Family planning

- Marriage and sexual activity
- Fertility preferences
- Employment and gender roles
- HIV/AIDS, TB, and other sexually transmitted infections
- Other health issues
- Chronic diseases
- Female genital cutting/mutilation
- Domestic violence

The Biomarker Questionnaire (long or short) will be completed by the biomarker technician; it collects information on the following topic:

- Anthropometry: Children ages 0-4 years, women age 15-49, and men age 15-54 are eligible to be weighed and measured.

E. Fieldworkers' Roles and Responsibilities

The **interviewer** occupies the central position in the DHS because he/she collects information from respondents. Therefore, the success of the DHS depends on the quality of each interviewer's work.

In general, the responsibilities of an interviewer include the following:

- Locating the structures and households in the sample, and completing the Household Questionnaire
- Identifying all eligible respondents in those households
- Interviewing all eligible respondents in the households using the individual Woman's or Man's Questionnaire
- Checking completed interviews to be sure that all the required questions were asked and the responses recorded correctly
- Returning to households to interview respondents who could not be interviewed during the initial visit
- Completing the relevant sections of the Biomarker Questionnaire, handing the questionnaire over to a biomarker technician, and receiving the completed Biomarker Questionnaire from the biomarker technician.

These tasks will be described in detail throughout this manual.

The **team supervisor** is the senior member of the field team. She/he is responsible for the well-being and safety of team members, as well as the completion of the assigned workload and the maintenance of data quality. The supervisor receives her/his assignments from and reports to the KNBS coordinator. The specific responsibilities of the supervisor are to:

- Make the necessary preparations for the fieldwork
- Organize and direct the fieldwork
- Conduct periodic spot-check re-interviews
- Ensure field staff complete their responsibilities

- Ensure all data collection tasks are completed daily and at the close of each cluster.

In addition, the team supervisor will monitor interviewer performance with the aim of improving and maintaining the quality of the data collected. Because the collection of high-quality data is crucial to the success of the survey, it is important that supervisors are mature, responsible women/men who execute their duties with care and precision. This is especially important during the initial phases of fieldwork, when it is possible to eliminate interviewer errors before they become habits.

The **biomarker technician** occupies an important position in the DHS because she/he collects information from respondents. Therefore, the success of the DHS depends on the quality of the biomarker technician's work. This work includes:

- Receive the prepared Biomarker Questionnaire from the household interviewer and check that children's names, ages, and dates of birth have been filled out, and adults' names have been provided
- Obtain informed consent, according to the survey protocol, before collecting biomarkers
- Perform biomarker measurements which includes anthropometry using Shorr board and scale.
- Refer children with severe wasting to healthcare facilities.
- Complete the Biomarker Questionnaire and return it to the household interviewer for entry into CAPI
- Ensure that the biomarker supplies are well-stocked and appropriately stored
- Follow bio-safety standard operating procedures per the protocol, including the safe disposal of biohazardous material.

The biomarker technicians will receive training on these responsibilities and procedures separately from the interviewer training; there will be joint sessions to review how interviewers and biomarker technicians work together.

F. Training of Interviewers

Although some people are more adept at interviewing than others, one can become a good interviewer through experience. Your training will consist of a combination of classroom training and practical experience. Before each training session, you should study this manual carefully along with the questionnaire, writing down any questions you have. Ask questions at any time to avoid mistakes during actual interviews. Interviewers can learn a lot from each other by asking questions and talking about situations encountered in practice and actual interviews.

Each of you will receive a package with the following materials.

- Household Questionnaire
- Individual Questionnaires
- Biomarker Questionnaire
- Interviewer's Manual
- CAPI Manual

Please ensure that you bring these materials each day during the training. The manuals and copies of the Biomarker Questionnaire should be brought to the field during fieldwork.

During the training, the questionnaire sections, questions, and instructions will be discussed in detail. You will see and hear demonstration interviews conducted in front of the class as examples of the interviewing process. You will practice reading the questionnaire aloud to another person several times so that you become comfortable with reading the questions aloud. You will also be asked to take part in role playing in which you practice by interviewing another trainee.

The training will include field practice interviewing in which you will actually interview household respondents and eligible women or men. You will be required to check and correct the questionnaires just as you would do in the actual fieldwork assignments.

You will be given assignments, quizzes, and tests to see how well you are progressing during your formal training period. At the end of the training course, the interviewers will be selected based on their test results and performance during the field practice.

The training you receive as an interviewer does not end when the formal training period is completed. Each time a supervisor meets with you to discuss your work, your training is being continued. This is particularly important during the first few days of fieldwork. As you run into situations you did not cover in training, it will be helpful to discuss them with your team. Other interviewers may be running into similar problems, so you can all benefit from each other's experiences.

G. Supervision of Interviewers

Training is a continuous process. Observation and supervision throughout the fieldwork are a part of the training and data collection process. Your team supervisor will play a very important role in continuing your training and in ensuring the quality of the Kenya DHS data. Your supervisor will:

- Spot-check and reinterview some of the addresses selected for interviewing to be sure that you interviewed the correct households and the correct respondents;
- Review each questionnaire to be sure it is complete and consistent;
- Observe some of your interviews to ensure that you are asking the questions in the right manner and recording the answers correctly;
- Meet with you on a daily basis to discuss performance and give out future work assignments;
- Help you resolve any problems that you might have with finding the assigned households, understanding the questionnaire, or dealing with difficult respondents.

H. DHS Regulations

The survey director may terminate the service of any interviewer who is not performing at the level necessary to produce the high-quality data required to make the Kenya DHS a success.

For the workload to be equally divided and the support equally shared, the following survey regulations have been established and will be strictly enforced:

1. Except for illnesses, any person who is absent from duty during any part of the training or any part of the fieldwork (whether it is a whole day or part of a day) without prior approval from his/her supervisor may be dismissed from the survey.

2. The selection of the survey team members is competitive; it is based on performance, ability, and testing results during the training. Therefore, any person found offering assistance to or receiving assistance from another person during tests will be dismissed from the survey.
3. Throughout the survey training and the fieldwork period, you are representing KNBS, an organization of the Government of Kenya. Your conduct must be professional, and your behavior must be congenial in dealing with the public. We must always be aware that we are only able to do our work with the goodwill and cooperation of the people we interview. Therefore, any team member who is consistently overly aggressive, abrupt, or disrespectful to the people in the field may be dismissed from the survey team.
4. For the survey to succeed, each team must work closely together, sharing in the difficulties and cooperating and supporting each other. We will attempt to make team assignments in a way that enhances the cooperation and goodwill of the team. However, any team member who in the judgment of the survey director creates a disruptive influence on the team may be asked to transfer to another team or may be dismissed from the survey.
5. It is critical that the data gathered during the fieldwork be both accurate and valid. To control for inaccurate or invalid data, spot checks will be conducted. Interviewers may be dismissed at any time during the fieldwork if their performance is not considered adequate for the high quality this survey demands.
6. Vehicles and gasoline are provided for the survey for official use only. Any person using the vehicle for an unauthorized personal reason will be dismissed from the survey.
7. Kenya DHS data are confidential. **They should not be discussed with anyone other than members of your survey team.** Under no circumstances should confidential information be passed on to third parties. In keeping with this policy, it is also important that you never interview anyone you may know in the survey. Persons breaking these rules, and therefore the confidence placed in them, will be dismissed.

I. Sexual Harassment

Sexual harassment will not be tolerated during the process of conducting the Kenya DHS survey. By sexual harassment, we mean unwelcome sexual advances, requests for sexual favors, and other sexual comments or actions that make the receiver feel offended or intimidated. Sexual harassment may hurt work performance, and in some cases, an individual may feel that they must comply with the unwelcome advances or requests in order to keep their job. Sexual harassment can be committed by a man toward a woman, by a woman toward a man, or between two individuals of the same gender.

To avoid any appearance of sexual harassment, individuals should be careful to avoid unnecessary physical contact and suggestive language and should maintain a professional work climate at all times.

Anyone who feels that he or she has been the target of sexual harassment or who has witnessed an apparent incident of harassment should immediately report the incident to his or her supervisor, or to the survey coordinator from the Kenya National Bureau of Statistics. The Kenya National Bureau of Statistics is required to investigate the claim and keep reports confidential to the extent possible. The Kenya National Bureau of Statistics must take actions to prevent and correct harassing behavior. These actions can include changing workspace, reassigning interviewers or supervisors to different teams, and other disciplinary actions. Retaliation against individuals filing complaints of sexual harassment will also trigger disciplinary action.

F. Social Media Policy

The use of social media and other digital media is now common and continues to grow in popularity. Platforms and applications, including blogs, social networking sites (such as *Twitter* or *Facebook*), video streaming sites (such as *YouTube*), and digital messaging applications (*WhatsApp*), have made it easy for anyone to reach a wide audience very quickly. Public and private companies and their staff also use these platforms and sites to share work experiences, images, or videos taken in the workplace, or to seek professional advice from colleagues or friends. However, in the Kenya DHS, the use of social media may break the promise we make to our respondents to maintain their privacy and keep all information confidential. The Kenya DHS has also made a promise to the ICF Institutional Review Board and the Kenya Institutional Review Board to maintain anonymity of all survey respondents.

To fulfill our promise to all survey respondents to maintain strict confidentiality, all fieldworkers are obligated to follow these rules:

Social media rules for maintaining confidentiality of survey respondents	
1.	Survey staff have an ethical obligation to maintain respondent privacy and confidentiality at all times.
2.	Limiting access to social media postings by using privacy settings is not enough to ensure privacy or maintain the confidentiality of respondents.
3.	Do not transmit any respondent-related image or video that includes the respondent, respondent household members, or their homes, through any social media platform.
4.	Do not identify respondents, enumeration areas, or clusters by name through any social media platform. Do not post any information that may lead to the identification of a respondent or an enumeration area.
5.	Do not take any photos or videos of respondents or their homes – not even if the respondent gives permission – on personal mobile devices - including mobile phones, tablets, and cameras.
6.	Turn off or disable geolocation or geotagging permissions in social media applications on personal mobile devices while conducting fieldwork.
7.	Consult with a supervisor before making any work-related postings.
8.	Promptly report any violations of privacy or confidentiality.

What is geolocation and geotagging?

Geolocation or geotagging refers to identifying an object (for example a photo) by its location. Many social media platforms, including Twitter and Facebook, now include geolocation or geotagging, so users can add location information to their messages. The location information can be a broad location such as a city or village, or a precise location with the exact latitude and longitude of the location from which a message was sent. A fieldworker who posts a geolocated or geotagged social media message from the field violates confidentiality by disclosing the location of the cluster.

Geolocation or geotagging in social media applications may also have security implications. In security-risk countries, where fieldwork must undergo stringent protocols to protect field teams, it is imperative that survey-related staff disable geolocation from their personal devices so as to not give away secure locations.

Common Misunderstandings of Social Media

Misuse of social media is often unintentional and the result of misunderstandings of how social media platforms function. A number of factors may contribute to survey-related staff inadvertently violating survey respondent privacy and confidentiality while using social media.

Test your knowledge. TRUE or FALSE?

Q 1. A communication or post is private and can only be seen by the intended recipient. True or False?

FALSE. Why? Once you send or post something, it can be sent by someone else to others, without you knowing.

Q 2. You can always delete posted content and make it “go away”. True or False?

FALSE. Why? What happens on the Internet, stays on the Internet.

II. CONDUCTING AN INTERVIEW

Successful interviewing is an art and should not be treated as a mechanical process. Each interview is a new source of information, so make it interesting and pleasant. The art of interviewing develops with practice but there are certain basic principles that are followed by every successful interviewer. In this section you will find a number of general guidelines on how to build rapport with a respondent and conduct a successful interview.

A. Building Rapport with the Respondent

The supervisor will assign an interviewer to make the first contact with each of the households selected for the Kenya DHS. Any capable member of the household age 15 years or older is a suitable respondent for the household interview. If at least one eligible person is identified in the Household Questionnaire, the interviewer will go on to complete an Individual Questionnaire or pass the interview along to a colleague if they are not the same gender as the respondent.

As an interviewer, your first responsibility is to establish good rapport with a respondent. At the beginning of an interview, you and the respondent are strangers to each other. The respondent's first impression of you will influence their willingness to cooperate with the survey. Be sure that your manner is friendly as you introduce yourself. Before you start to work in an area, your supervisor will have informed the local leaders that you will be in the area. You will also be given a letter and an identification badge that states that you are working with KNBS.

1. Make a good first impression.

When you arrive at the household, do your best to make the respondent feel at ease. With a few well-chosen words, you can put the respondent in the right frame of mind for the interview. Open the interview with a smile and greeting such as "good afternoon" and then proceed with your introduction.

2. Obtain respondent's consent to be interviewed.

You must obtain a respondent's informed consent for participation in the survey before you begin an interview. Special consent statements are included at the beginning of the Household Questionnaire and the Individual Questionnaires. The statements explain the purpose of the survey. They assure a respondent that participation in the survey is completely voluntary and that it is their right to refuse to answer any questions or stop the interview at any point. Be sure to read the informed consent statement exactly as it is written before asking a respondent to participate in a household or individual interview.

3. Always have a positive approach.

Do not adopt an apologetic manner, do not use words such as "Are you too busy?" Such questions invite refusal before you start.

4. Assure confidentiality of responses.

If the respondent is hesitant about responding to the interview or asks what the data will be used for, explain that the information you collect will remain confidential, no individual names will be used for any purpose, and all information will be grouped together to write a report.

Also, you should never mention other interviews or show completed questionnaires to the supervisor in front of a respondent or any other person.

5. Answer any questions from the respondent frankly.

Before agreeing to be interviewed, the respondent may ask you some questions about the survey or how he or she was selected to be interviewed. Be direct and pleasant when you answer.

The respondent may also be concerned about the length of the interview. If the respondent asks, tell female respondents that the interview usually takes about 30-60 minutes and tell male respondents that the interview usually takes about 20 minutes. If the respondent for the Household Questionnaire asks how long the interview will take, tell the respondent that the interview usually takes about 15-20 minutes. Indicate your willingness to return at another time if it is inconvenient for the respondent to answer questions then.

Respondents may ask questions or want to talk further about the topics you bring up during the interview, e.g., about specific family planning methods. It is important not to interrupt the flow of the interview so tell them that you will be happy to answer their questions or to talk further after the interview.

6. Interview the respondent alone.

The presence of a third person during an interview can prevent you from getting frank, honest answers from a respondent. It is, therefore, very important that the individual interview be conducted privately and that all questions be answered by the respondent.

If other people are present, explain to the respondent that some of the questions are private and ask to interview the person in the best place for talking alone. Sometimes asking for privacy will make others more curious, so they will want to listen; you will have to be creative. Establishing privacy from the beginning will allow the respondent to be more attentive to your questions.

If it is impossible to get privacy, you may have to carry out the interview with the other people present. However, in such circumstances, it is important that you remember that:

- If there is more than one eligible respondent in the household, you must not interview one in the presence of the other;
- Extra effort should be made to gain privacy if the other person is of the opposite sex, particularly the husband or wife. One way to ensure privacy in this case is to have the husband and wife interviewed simultaneously in two different areas of the household.

In all cases where other individuals are present, try to separate yourself and the respondent from the others as much as possible. You can also sit very near the respondent and lower your voice when asking the questions so that others who are nearby cannot hear the questions.

B. Tips for Conducting the Interview

1. Be neutral throughout the interview.

Most people are polite and will tend to give answers that they think you want to hear. It is therefore very important that you remain absolutely neutral as you ask the questions. Never, either by the expression on your face or by the tone of your voice, allow the respondent to think that he/she has given the “right” or “wrong” answer to the question. Never appear to approve or disapprove of any of the respondent’s replies.

The questions are all carefully worded to be neutral. They do not suggest that one answer is more likely or preferable to another answer. If you fail to read the complete question, you may destroy that neutrality. For example, the following is a question in the DHS: “Would you like to have another child or would you prefer not to have any more children?” It is a neutral question. However, if you only ask the first part—“would you like to have another child?”—you are more likely to get a “YES” answer. This is what we call a “leading question.” That is why it is important to read the whole question as it is written.

If the respondent gives an ambiguous answer, try to probe in a neutral way, asking questions such as the following:

“Can you explain a little more?”

“I did not quite hear you; could you please tell me again?”

“There is no hurry. Take a moment to think about it.”

2. Never suggest answers to the respondent.

If a respondent’s answer is not relevant to a question, do not prompt him/her by saying something like “I suppose you mean that. . . Is that right?” In many cases, he/she will agree with your interpretation of his/her answer, even when that is not what he/she meant. Rather, you should probe in such a manner that the respondent himself/herself comes up with the relevant answer. You should never read out the list of coded answers to the respondent, even if he/she has trouble answering.

3. Do not change the wording or sequence of questions.

The wording of the questions and their sequence in the questionnaire must be maintained. If the respondent has not understood the question, you should repeat the question slowly and clearly. If there is still a problem, you may reword the question, being careful not to alter the meaning of the original question. Provide only the minimum information required to get an appropriate response.

4. Handle hesitant respondents tactfully.

There will be situations where the respondent simply says, “I don’t know,” gives an irrelevant answer, acts very bored or detached, or contradicts something they have already said. In these cases, you must try to re-interest them in the conversation. For example, if you sense that they are shy or afraid, try to remove their shyness or fear before asking the next question. Spend a few moments talking about things unrelated to the interview (for example, their town or village, the weather, their daily activities, etc.).

If the respondent is giving irrelevant or elaborate answers, do not stop them abruptly or rudely, but listen to what they have to say. Then try to steer them gently back to the original question. A good atmosphere must be maintained throughout the interview. The best atmosphere for an interview is one in which the respondent sees the interviewer as a friendly, sympathetic, and responsive person who does not intimidate them and to whom they can say anything without feeling shy or embarrassed. As indicated earlier, a major problem in gaining the respondent’s confidence may be one of privacy. This problem can be prevented if you are able to obtain a private area in which to conduct the interview.

If the respondent is reluctant or unwilling to answer a question, explain once again that the same question is being asked of women or men all over Kenya and that the answers will all be merged together. If the respondent is still reluctant, in CAPI, you will write REFUSED as a comment to the question; further instructions on how to handle refusals in CAPI will be discussed during the CAPI portion of this training. In a paper questionnaire, write REFUSED next to the question and proceed as if nothing had happened. Remember, the respondent cannot be forced to give an answer.

5. Do not form expectations.

You must not form expectations of the ability and knowledge of the respondent. For example, do not assume women and men from rural areas or those who are less educated or illiterate do not know about various family planning methods.

However, remember that differences between you and the respondent can influence the interview. The respondent, believing that you are different from her/him, may be afraid or mistrustful. You should always behave and speak in such a way that she/he is put at ease and is comfortable talking to you.

Respondents may ask for things such as mosquito nets; never promise anything that you cannot provide as they may leave a negative impression of surveys with the respondent.

6. Do not hurry the interview.

Ask the questions slowly to ensure the respondent understands what is being asked. After you have asked a question, pause and give the respondent time to think. If the respondent feels hurried or is not allowed to formulate their own opinion, they may respond with “I don’t know” or give an inaccurate answer. If you feel the respondent is answering without thinking just to speed up the interview, say to the respondent, “There is no hurry. Your opinion is very important, so consider your answers carefully.”

C. Language of the Interview

The questionnaires for the Kenya DHS have been translated into Kiswahili. One of the first things you will do when you approach a household to do an interview is to establish the language or languages that are spoken there. We will be arranging the field teams in such a way that you will be working in an area in which your language is spoken, so there should be few cases in which respondents do not speak your language. In such cases you might be able to find another language that both of you speak and you will be able to conduct the interview in that language.

However, in some cases, it will not be possible for you to find a language which both you and the respondent speak. In this case, try to find out if the respondent speaks a language which another member of your team or the team supervisor speaks. If so, tell your supervisor so that he or she can arrange for that person to conduct the interview.

If at all possible, try to avoid using interpreters since this not only jeopardizes the quality of the interview but also will mean that the interview will take more time to conduct. However, if the respondent does not speak a language which any of your team members speak, you will need to rely on a third person to translate for you. Since the interview involves some sensitive topics, it is best if you can find another woman to act as an interpreter if you are conducting the woman’s interview. You should not use the respondent's husband as an interpreter under any circumstances. Children are also not suitable interpreters.

We will be practicing interviews in the local languages during training. However, there may be times when you will have to modify the wording of the questions to fit local dialects and culture. It is very important not to change the meaning of the question when you rephrase it or interpret it into another language.

III. FIELDWORK PROCEDURES

Fieldwork for the Kenya DHS will proceed according to a timetable, and the survey will be successful only if each member of the interviewing team understands and follows correct field procedures. The following sections review these procedures and describe the proper procedures for receiving work assignments and keeping records of selected households.

A. Preparatory Activities and Assignments

1. Interviewer's assignments

Each morning, your supervisor will brief you on your day's work and explain how to locate the households assigned to you. The supervisor will use the CAPI system to assign households to you, and a list of assigned households will appear on your tablet computer. The process by which you receive assignments will be described in detail during the CAPI portion of this training. The information you will receive includes the household number, structure number, address, name of the head of the household, and whether or not the household is selected for male interview.

When you receive your work assignment, review it and ask any questions you might have. Remember that your supervisor will not always be available to answer questions when the work begins. You should be sure that:

- You know the location of the selected households you are to interview, and have sufficient materials (maps, written directions, etc.) to find them;
- You understand any special instructions from your supervisor about contacting the households you are assigned;
- You have several blank Biomarker Questionnaires.

After completing a household interview, the final result code of the household interview will be indicated on your list of assigned households.

2. Making callbacks

Because each household has been carefully selected, you must make every effort to conduct interviews with the individuals who are identified as eligible in that household. Sometimes a household member eligible for interview will not be available at the time you first visit. You need to make at least 3 visits on three separate times of the day or days when trying to obtain an individual interview to maximize the possibility of successfully completing the individual interview.

At the beginning of each day, you should examine your notes to see if you made any appointments for revisiting a household or eligible respondent. If no appointments were made, make your callbacks to a respondent at a different time of day than the earlier visits; for example, if the initial visits were made in the early afternoon, you should try to arrange your schedule so you make a call back in the morning or late afternoon. Scheduling callbacks at different times is important in reducing the rate of non-response (i.e., the number of cases in which you fail to contact a household or complete an individual interview).

3. Keeping information in the questionnaires confidential

You are responsible for seeing that the information in the questionnaires is kept confidential. Do not share the results with other interviewers. You should never interview a household in which you know

one or more of the members, even if they are only casual acquaintances. If you are assigned to a household in which you know a person even if that person is not eligible for interview, you should notify your supervisor so he/she can assign that household to another interviewer. You should not attempt to see the completed questionnaires for that household nor discuss the interview results with your colleagues.

4. Supplies and documents needed for fieldwork

Before starting fieldwork each morning, verify that you have everything you need for the day's work. Some necessary supplies include:

- A fully charged tablet computer
- A sufficient number of Biomarker Questionnaires
- Interviewer's Manual
- CAPI Manual
- Identification badge
- Blue ink pens
- A display book with pictures of mosquito nets, vitamin A ampules/capsules/syrups, iron tablets/syrup, etc. and/or samples of these items
- A bag to carry your tablet computer and other materials

B. Contacting Households and Eligible Respondents

1. Locating sample households

In recent months, household listing teams visited each of the selected sample clusters to:

- 1) prepare up-to-date maps to indicate the location of structures;
- 2) record address information for each structure or describe their location (for areas lacking street names or numbers on structures);
- 3) write numbers on structures; and
- 4) make a list of the names of the heads of households in all the structures.

A structure is a free-standing building for residential use, commercial use, or a combination of residential and commercial use. A structure may contain one or more rooms in which people live; examples include a villa house, a detached house, an apartment building, a gated house (urban area), or a compound (rural area). In the case where one household lives in a compound of several huts, all of the huts are considered to be a single structure, whether or not they are fenced.

Within a structure, there may be one or more dwelling (or housing) units. A *dwelling unit* is a room or group of rooms occupied by one or more households. It may be distinguished from the next dwelling unit by a separate entrance. For instance, there would be one dwelling unit in a thatched hut, but there may be 50 dwelling units in an apartment building or 5 dwelling units in a compound.

Within a dwelling unit, there may be one or more households. By definition, a *household* consists of a person or group of persons, related or unrelated, who live together in the same dwelling unit, who acknowledge one adult male or female as the head of household, who share the same living arrangements, and are considered as one unit. In some cases, one may find a group of people living together in the same house, but each person has separate eating arrangements; they should be counted as separate one-person households. Collective living arrangements such as hostels, army camps, boarding schools, or prisons are not considered as households in the DHS.

Specific households have been selected to be interviewed, and you should not have any trouble in locating the households assigned to you if you use the structure number and the name of the head of the

household to guide you. The structure number is usually written above the door of the house, but sometimes it may be on the wall. Although the supervisor of your team will be with you in the field, it is important that you also know how to locate the structures in the sample by using the sketch map.

2. **Problems in contacting a household**

In some cases, you will have problems locating the households that were selected because the people may have moved or the listing teams may have made an error. Here are examples of some problems you may find and how to solve them:

a) The household has moved away and a new one is now living in the same dwelling. In this case, interview the new household.

b) The structure number and the name of the household head do not match with what you find in the field. If you have located the correct dwelling, you should consider the household that is living in the dwelling as the selected household.

Example: You are assigned a household headed by Thomas Smith that is listed as living in structure number DHS-004. But when you go to DHS-004, the household living there is headed by Michael Jones. After checking that you have not made a mistake about the structure or dwelling unit, you would interview the household headed by Michael Jones.

c) The household selected does not live in the structure that was listed. If there is a discrepancy between the structure number and the name of the household head, interview whoever is living in the structure assigned to you.

Example: You are assigned a household headed by Robert Stevens located in DHS-007, and you find that the Stevens household actually lives in structure DHS-028. Interview the household living in DHS-007.

d) The listing shows only one household in the dwelling, but two or three households are living there now. When the listing shows only one household and you find two or three households, interview all of them. To interview the second and third households, you will use a menu option in the CAPI system called “Interview a household not in the original sample.”

If the listing shows two households, only one of which was selected, and you find three households there now, only interview the one that had been selected and ignore the other two.

e) The head of the household has changed. In some cases, the person listed as the household head may have moved away or died since the listing. Interview the household that is living there.

f) The house is all closed up and the neighbors say the people are on the farm (or away visiting, etc.) and will be back in several days or weeks. Enter Code ‘3’ (ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD). The house should be revisited at least two more times to make sure that the household members have not returned.

g) The house is all closed up and the neighbors say that no one lives there; the household has moved away permanently. Enter Code ‘6’ (DWELLING VACANT OR ADDRESS NOT A DWELLING).

h) A household is supposed to live in a structure that when visited is found to be a shop and no one lives there. Check very carefully to see whether anyone is living there. If not, enter Code ‘6’ (DWELLING VACANT OR ADDRESS NOT A DWELLING).

i) A selected structure is not found in the cluster, and residents tell you it was destroyed in a recent fire or other incident. Enter Code '7' (DWELLING DESTROYED).

j) No one is home and neighbors tell you the family has gone to the market, church, the local health post, etc. Enter Code '2' (NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT AT HOME AT TIME OF VISIT) and return to the household at a time when the household members will be back.

Discuss with your supervisor any problems you have in locating the households that you are assigned to interview. Remember that the usefulness of the DHS sample in representing the entire country depends on the interviewers locating and visiting all the households they are assigned.

3. Identifying eligible respondents

To be “eligible” means to “qualify” for something. An eligible respondent is someone who is qualified to be included in our survey. You will use the Household Questionnaire to identify who is eligible to be interviewed with the Individual Questionnaire.

All women age 15-49 and men 15-54 in selected households who are either usual members of the household or visitors who stayed in the household the night before the day you are conducting the interview are considered eligible in the Kenya DHS. It is very important that you do not miss an eligible respondent when you fill in the Household Schedule.

In certain cases, you may find it difficult to decide whether or not a respondent is eligible. Use these examples as a guide:

Example(s): A visitor who spent the previous night in the house but is away at the market when you arrive is eligible. You must make callbacks to interview him/her.

A woman is a usual resident, but she spent the previous night away at her sister's house. She should be counted as a usual member of the household on the Household Schedule and is eligible to be interviewed.

A young woman is away at the university and only returns for very short visits. She is not a usual resident of the household.

An Individual Questionnaire must be completed for each eligible respondent that you identify in the household.

In some households, there will be no eligible respondents (i.e., there will be no usual household members or visitors of eligible age). For these households, you will have a completed Household Questionnaire only.

4. Problems in obtaining individual interviews

You may experience the following types of problems in obtaining an interview with an eligible respondent:

a) Eligible respondent not available. If the eligible respondent is not at home when you visit, enter Code '2' (NOT AT HOME) as the result for the visit and ask a neighbor or household member when the respondent will return. You should contact the household at least three times, trying to make each visit at a different time of day. Under no circumstances is it acceptable to conduct all three visits on the same day and then stop attempting to contact the respondent.

b) Respondent refuses to be interviewed. The respondent's availability and willingness to be interviewed will depend in large part on the initial impression you make when you meet them. Introduce yourself and explain the purpose of the visit. Read the introduction printed on the Individual Questionnaire. You may emphasize the confidentiality of the information the respondent provides, and/or the short duration of the interview. If the respondent is unwilling to be interviewed, it may be that the present time is inconvenient. Ask whether another time would be more convenient and make an appointment. If the individual still refuses to be interviewed, enter Code '4' (REFUSED) as the result for the visit and report it to your supervisor.

c) Interview not completed. A respondent may be called away during the interview or may not want to answer all the questions at the time you visit them. If an interview is incomplete for any reason, you should arrange an appointment to see the respondent again as soon as possible to obtain the missing information. Be sure that the interview is categorized in the CAPI system as Code '5' (PARTLY COMPLETED). You should also report the problem to your supervisor.

d) Respondent incapacitated. There may be cases in which you cannot interview a person because they are too sick, because they are mentally unable to understand your questions, or because they are deaf, etc. In these cases, record Code '6' (INCAPACITATED).

C. Checking Completed Questionnaires

It is the responsibility of the interviewer to review each questionnaire when the interview is finished. This review should be done before you leave the household so that you can be sure that every appropriate question was asked and that all answers are clear and reasonable. If you identify a keying error that affects the skip instructions, you may need to talk further with the respondent. Simply explain to the respondent that you made an error and ask the question(s) again.

Anything out of the ordinary that occurred during the interview should be explained in the comments section at the end of the questionnaire. These comments are very helpful to the supervisor in checking questionnaires. Comments are also read in the office and used to resolve problems encountered during secondary editing.

D. Returning Work Assignments

At the end of the day, you will send the questionnaires you have completed to the team supervisor. The procedures for doing so will be presented in the CAPI portion of the training. Be prepared to tell your supervisor about any problems you experienced in locating a household or completing a Household Questionnaire or in conducting an interview with an eligible respondent. For difficult cases, at least three visits will be made to a household during the DHS in an effort to obtain a completed interview.

E. Data Quality

It is the responsibility of the supervisor to review both the Household Questionnaires and the Individual Questionnaires from a sample cluster while the interviewing team is still in the cluster. The types of checks the supervisor will perform will be discussed in the CAPI portion of the training. The supervisor will discuss with each interviewer the errors found in the collection of data. It may sometimes be necessary to send an interviewer back to a respondent in order to correct some errors.

IV. GENERAL PROCEDURES FOR COMPLETING THE QUESTIONNAIRE

To collect the information needed by the Kenya DHS, you must understand how to ask each question, what information the question is attempting to collect, and how to handle problems that might arise during the interview. You must also know how to correctly record the answers the respondent gives and how to follow special instructions in the questionnaire. This part of the training manual is designed to familiarize you with the Kenya DHS paper questionnaire that you are using for training. However, a number of the concepts presented also apply to tablet computer-based interviewing but are done automatically by the CAPI program.

A. Asking Questions

It is very important that you ask each question exactly as it is written in the questionnaire. When you are asking a question, speak slowly and clearly so that the respondent will have no difficulty hearing or understanding the question. At times you may need to repeat the question to be sure the respondent understands it. In those cases, do not change the wording of the question but repeat it exactly as it is written.

If, after you have repeated a question, the respondent still does not understand it, you may have to restate the question. Be very careful when you change the wording, however, that you do not alter the meaning of the original question.

In some cases, you may have to ask additional questions to obtain a complete answer from a respondent (we call this ‘probing’). If you do this, you must be careful that your probes are “neutral” and that they do not suggest an answer to the respondent. Probing requires both tact and skill, and it will be one of the most challenging aspects of your work as a Kenya DHS interviewer.

You will notice that some questions contain one or more words in parentheses. As shown below, the presence of parentheses indicates that a sentence needs to be adapted to fit the respondent’s specific situation. In CAPI, most choice/substitutions will be done by the program.

1. Parentheses that indicate a choice must be made:

Example:

902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS	<input type="text"/>	<input type="text"/>
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The question above is asked to female respondents. How you phrase the question—that is, which word in parentheses you choose to insert into the sentence—will depend on whether the respondent is married or is unmarried but lives with a man as if married. If the woman is married, you would ask “How old was your husband on his last birthday?” If the woman was unmarried but lives with a man, you would ask “How old was your partner on his last birthday?”

2. Parentheses that indicate a substitution must be made:

Example:

442	Was (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8	} → 444
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Notice that the word in parentheses is in all capital letters. As you will learn later (see Section D below), words in all caps are instructions to interviewers that are not meant to be read out loud. Instead, in this example, you should substitute in the name of the individual the question is being asked about. For instance, if you are asking about the weight of a woman’s son named Barack, ask “Was Barack weighed at birth?”

3. Parentheses that indicate an additional word may be needed:

Example:

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 PREGNANT 3 UNDECIDED/DON'T KNOW 8	} → 807 } → 813 } → 811
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The way the respondent has answered a prior question can affect the way you will ask later questions. If you had learned that the respondent did not have any children, you would ask in Q. 804 “Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any children?” If you had learned that the respondent already had children, you would instead ask in Q. 804 “Now I have some questions about the future. Would you like to have another child, or would you prefer not to have any more children?”

B. Recording Responses

All interviewers should use pens with blue ink to complete all paper questionnaires. Never use a pencil to complete the survey questionnaire.

There are three types of questions in the Kenya DHS questionnaire: 1) questions that have precoded responses; 2) questions that do not have precoded responses, i.e., those that are “open-ended;” and 3) filters.

1. Questions with precoded responses

For some questions, we can predict the types of answers a respondent will give. The responses to these questions are listed in the questionnaire. To record a respondent’s answer, you merely circle the number (code) that corresponds to the reply. Make sure that each circle surrounds only a single number.

Example:

113	Have you ever attended school?	YES ① NO 2	} → 117
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In some cases, precoded responses will include ‘OTHER.’ The OTHER code should be selected only when the respondent’s answer is different from any of the precoded responses listed for the question. Before using the OTHER code, you should make sure the answer does not fit in any of the specified

- **Boxes without preceding codes.** Whenever boxes are present without codes in front of them, you must enter information in all of the boxes.

Example: For a child born on 5 February 2011, you must record the day, month, and year.

220				
<p>CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME.</p> <p>NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE.</p> <p>IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born?</p> <p>IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?</p>				
DAY <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">5</td></tr></table>	0	5		
0	5			
MONTH <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">2</td></tr></table>	0	2		
0	2			
<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">1</td></tr></table> YEAR	2	0	1	1
2	0	1	1	

When a response has fewer digits than the number of boxes provided, you should fill in leading zeroes. For example, a response of '5' is recorded '05' in two boxes, or if three boxes had been provided, you would record '005'.

Recording the answer exactly as given. There are questions where you must write down the response in the respondent's own words. Try to record those answers exactly as they are given; if you need to shorten a lengthy description, be careful to keep the meaning accurate.

Example:

913	What is your occupation? That is, what kind of work do you mainly do?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; padding: 2px 5px;">Selling fruit in</td> <td style="width: 50px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px 5px;">the market</td> <td style="width: 50px;"></td> </tr> <tr> <td style="border-bottom: 1px solid black; padding: 2px 5px;"></td> <td style="width: 50px;"></td> </tr> </table> <table border="1" style="float: right; margin-top: 10px; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Selling fruit in		the market					
Selling fruit in										
the market										

3. Marking filters

Filters require you to look back to the answer to a previous question and then mark an 'X' in the appropriate box. (See Section D.2 below for a description of filters.) In CAPI, filters will be automatically completed.

Example:

118	CHECK 117:	CODE '2', '3' OR '4' CIRCLED <input checked="" type="checkbox"/>	CODE '1' OR '5' CIRCLED <input type="checkbox"/>	→ 120
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C. Correcting Mistakes

When working with a paper questionnaire, it is very important that you record all answers neatly. For precoded responses, be sure that you circle the code for the correct response carefully. For open-ended responses, the reply should be written legibly so that it can be easily read. If you made a mistake in entering a respondent's answer or she changes her reply, be sure that you cross out the incorrect response and enter the right answer. Do not erase an answer. Just put two diagonal lines through the incorrect response.

Here is how to correct a mistake:

Example:

1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>
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Remember that if you are not careful to cross out mistakes neatly, it may not be possible to determine the correct answer when the data are entered later into the computer.

D. Following Instructions

Throughout the Kenya DHS questionnaires, instructions for the interviewer are written in all CAPITAL LETTERS, whereas questions to be asked of the respondent are printed in small letters. You should pay particular attention to the skip and filter instructions that appear throughout the questionnaire.

1. Skip instructions

It is very important not to ask a respondent any questions that are not relevant to his or her situation. For example, a woman who is not pregnant should not be asked for how many months she has been pregnant. In cases where a particular response makes subsequent questions irrelevant, an instruction is written in the questionnaire directing you to skip to the next appropriate question. In CAPI, skips occur automatically based on the information you have already entered.

Example: In Q. 232, notice that if you selected Code '2' or Code '8' you would skip to Q. 236. Q. 233 is about how many weeks or months the respondent is pregnant and is only asked of women who responded 'YES' to Q. 232.

232	Are you pregnant now?	YES	1	} → 236
		NO	2	
		UNSURE	8	

2. Filters

To ensure the proper flow of a paper questionnaire, you will sometimes be directed to check a respondent's answer to an earlier question, indicate what the response was by marking a box with an 'X', and then follow the relevant skip instruction. Questions of this type are called "filters"; they are used to prevent a respondent from being asked irrelevant, and perhaps embarrassing or upsetting, questions.

The CAPI program will automatically complete the filter based on the information you have already entered.

Example:

302	CHECK 232:	NOT PREGNANT OR UNSURE	<input type="checkbox"/>	PREGNANT	<input checked="" type="checkbox"/>	→ 317
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E. Using Display Booklets or Show Cards

Display cards may be used to demonstrate or orient the respondent to a question (such as the literacy test) or to help respondents recall items like brands of condoms, brands of mosquito nets, common types of medications, vitamin A tablets, micronutrients, or other items.

V. HOUSEHOLD QUESTIONNAIRE

The purpose of the Household Questionnaire is to provide information on general characteristics of the population and their households. You will use it to identify women who are eligible to be interviewed with the Woman's Questionnaire, men who are eligible to be interviewed with the Man's Questionnaire, and children, women, and men who are eligible for the Biomarker Questionnaire.

A. Identification of the Household

Before you go to a selected household, you will receive the identification information that appears in the box at the top of the cover page from your supervisor. This information includes:

- The name of the place or locality in which you are working.
- The name of the head of the household.
- The cluster number and household number.
- If the household is selected for Man's Survey

The rest of the cover page will be completed after you have conducted the interview.

B. Completing the Household Questionnaire

To complete the Household Questionnaire, you will need to find a suitable respondent. Any adult member of the household age 15 or older who is capable of providing information needed to fill in the Household Questionnaire can serve as the respondent. If an adult is not available, do **NOT** interview a young child; instead, go on to the next household, and call back at the first household later.

Generally, you will ask a single individual in the household for the information you will need to complete the Household Questionnaire. However, as appropriate, you may need to consult other members of the household for specific information.

An ideal respondent should be a USUAL member of the household.

INFORMED CONSENT

After introducing yourself, you must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent that his or her participation in the survey is completely voluntary and that he or she can refuse to answer any questions or stop the interview at any point.

After reading the statement, you must affirm that you have read the statement to the respondent. In a paper questionnaire, you do this by signing in the space provided. In a CAPI survey, you do this by selecting '1' (RESPONDENT AGREES TO BE INTERVIEWED).

If the respondent does not agree to be interviewed, select '2,' thank the respondent, and end the interview. Then select '5' (REFUSED) as the result code for the visit.

Q. 100: TIME

The time of the day you start the household interview will be automatically recorded using the 24-hour system.

HOUSEHOLD SCHEDULE (Qs. 1-33)

Be sure to read the introductory sentence (in Column 2) to inform the respondent that you are interested in getting information about all usual household members and any other persons who stayed in the household the night before the interview.

Column 1: LINE NUMBER

In Column 1, each row of the household schedule is assigned a unique number. This number is referred to as the 'Line Number.' It is used to identify the person listed on that row and to link all information collected later in the household and individual interviews to that person. The CAPI system will automatically assign a line number to each person you list in the household schedule. While the paper questionnaire only provides space for 10 persons, the CAPI program will allow you to list up to 50.

Column 2: USUAL RESIDENTS AND VISITORS

The first step in completing the household schedule is to make a list of all persons who usually live in the household and any visitors who stayed in the household the previous night. To get a correct listing, you will have to know what we mean by a member of the household and what we mean by a visitor:

- **A household** is defined as “a person or group of persons who normally reside together in the same compound under one or several roofs, are answerable to the same head and share common cooking arrangement”. A household may consist of persons related by blood or unrelated persons or a mixture of both. In some cases, one may find people living together in the same structure, but each person has separate cooking arrangements. These persons should be treated as separate one-person households. A group of people living together such as in boarding houses, messes, construction sites, hotels, hostels, rescue homes, jails, military camps or boarding schools. These will not be considered as households.

The litmus test for determining a household would be establishing whether:

1. They reside in the same compound
2. They are answerable to the same head
3. They share the same cooking arrangement

If all of the above conditions hold then you have adequately identified a household. If any of them does not hold, then you have more than one household. Note that domestic servants and other workers living and eating in the same household are to be included as household members.

- **Usual Household Member.** is a person who spends or resides in the household for the most part of the year, for at least 6 months in a year. This will include students in boarding schools, those in hospitals, short term imprisonment, newborns, newly married couple and those on safari/temporary visit away from the households. However, short term visitors, long term inmates, those recently married away from the household, spouses and other members of the household who work and live elsewhere are excluded from this definition.
- **Visitor.** A visitor is someone who is not a usual member of the household but who stayed in the household the night before the day you are conducting the interview. If an individual stayed in the household the previous night, he or she should be listed on the Household Schedule.

Sometimes, it is not easy to know whom to include in the household and whom to leave out. Here are some examples:

- A woman lists her husband as head of the household, but he lives somewhere else. If he does not usually live in the household you are interviewing, and he did not stay there the previous night, he should not be included in the listing.
- Sometimes, people eat in one household and sleep in another. Consider the person to be a member of the household where he or she sleeps.
- A person living alone is a household.
- A domestic worker is a member of the household if he or she meets the above three conditions of the criteria mentioned above.

Anyone included in the household listing has to be either a usual resident of that household—Column 5 is YES—or has to have spent the previous night in the household—Column 6 is YES.

As your respondent lists the names, write them down, one in each row in Column 2, **beginning with the household head**. The person who is identified as the head of the household has to be someone who usually lives in the household. This person may be acknowledged as the head based on age (older), sex (often male, but not necessarily), economic status (main provider or breadwinner), or some other reason. It is up to the respondent to define who heads the household. There generally should not be a problem with this. If the person responding to the household interview is not the head of household, then you may record this person on the second line.

NB: The order of listing the members of the household should begin with the head of the household, then the spouse, the children, the relatives, other relatives and finally non relatives

After entering a name, you will ask the questions in Columns 3 to 7 **before** going on to record the name of the next person.

Column 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

Record how the person listed is related to the head of the household. Use the codes at the bottom of the page. **If the respondent is not the head of the household, make sure that you record the relationship of each person to the household head, NOT the relationship to the respondent.**

Example: if the respondent is the wife of the head of the household and she says that Simon is her brother, then Simon should be coded as Code 09 (OTHER RELATIVE) not Code 08 (BROTHER OR SISTER), because Simon is a brother-in-law of the head of the household.

If the head of the household is married to a woman who has a child from a previous marriage, that child's relationship to the head of the household should be coded as Code 10 (ADOPTED/FOSTER/STEPCHILD).

Column 4: SEX

Always confirm the sex of a person before recording it in Column 4 since there are many names that may be given to either a male or female.

Columns 5 and 6: RESIDENCE

In Column 5, record information on the person's usual residence. A usual member of the household may or may not have stayed in the household the night before the interview. However, a visitor must

always have stayed in the household the night before the interview to be included in the household schedule.

If after asking these residence questions you learn that the person does not usually live in the household—Column 5 is NO—and did not sleep there the night before—Column 6 is also NO—you will have to delete this person from the listing because he/she is neither a usual member nor a visitor.

Column 7: AGE

If you have difficulty obtaining the ages of household members or visitors, use the methods described for Qs. 110 and 111 in the Woman's Questionnaire to probe for the correct age. You are to obtain each person's age in completed years, that is, the age at the time of the last birthday.

When you have completed columns 2-7 for each household member or visitor, you want to be certain you have included everyone who should be listed before continuing with the rest of the questionnaire. **To do this, ask questions 7A-7C at the end of the Household Schedule.** If the answer to any of these questions is YES, add those persons' names to the list.

After completing Columns 2 through 7 for all household residents and any visitors, start with the person listed on Line 01 and move across the page, asking each appropriate question in Columns 8 through 33. When you have completed the information for the person on Line 01, the CAPI program will automatically move to the person listed on Line 02, etc.

Column 8: MARITAL STATUS

Column 8 is concerned with the current marital status of respondents who are 15 years or older. The CAPI program will not allow you to record an answer in Column 8 if the respondent is 14 years or younger.

The coding category 'married or living together' includes both respondents who are legally married and respondents in informal unions. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but have not had a formal civil or religious ceremony.

If a respondent states that a household member or visitor is "single," probe to determine the appropriate coding category ('divorced', 'separated,' 'widowed,' or 'never married and never lived together').

Columns 9, 10 and 11: ELIGIBILITY

The CAPI program will check columns 4 and 7 and automatically identify women age 15- 49 in Column 9. For the paper questionnaire, you will circle the Line Number in Column 9 for all women age 15-49. If the household is selected for the Man's Survey, the CAPI program will also identify men age 15-54 in Column 10 or circle the Line Number in the paper questionnaire. These individuals are "eligible" respondents, and they qualify for an interview using the Individual Questionnaire and may qualify for biomarker collection. Remember, the respondent may be a usual resident of the household or only a visitor.

The CAPI program will also identify children age 0-5 who may be eligible for anthropometric measurement or in the paper questionnaire, circle the Line Number in Column 10 for children age 0-5.

Columns 12-15: SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL MOTHER AND FATHER

For all children who are 0-17 years old, we want to know whether their biological parents are listed in the Household Schedule. This information will be used to measure the prevalence of orphanhood and child fostering and to identify vulnerable children in the population. For everyone age 18 years and

older, the CAPI program will not allow you to record an answer in Columns 12 through 15 and they will appear blank.

First, ask whether the child's biological mother is alive. By "biological" we mean the woman who gave birth to the child. In many cultures, people consider other people's children whom they are raising their own, especially children of their husband or sisters, etc. So, you should be certain that the respondent understands that you are asking about the child's biological mother.

If the mother is still alive, ask the question in Column 13 to determine whether she lives in the household or is a visitor. If the mother does live in the household or is a visitor, ask who she is (she should be listed on the schedule if she lives in the household or is a visitor) and enter/select her Line Number in Column 13. If the child's biological mother is still alive but does not live in the household and is not a visitor, enter/select '00' in the boxes in Column 13. Column 13 will be skipped when the child's biological mother is no longer alive or the respondent is not sure if the mother is alive.

Follow the same procedure for the child's biological father—Columns 14 and 15—as you do for the biological mother.

Columns 16 through 17: EVER ATTENDED SCHOOL

Questions on education are not to be asked for people who are younger than 3 years old. For anyone age 0-2 years, the CAPI program will leave these columns blank.

Definitions

- i. **School/learning institution** - This is a place or centre in which learning is offered to a particular group of persons at a given level of education (levels of education can be ECDE, primary, secondary, university, etc.). This also includes centres where special needs education is provided. **Note:** for those in distance/open/remote/online, etc learning, are considered to be registered in a school/learning institution, and in which case, the same definition applies.
- ii. **Pre-primary/Early Childhood Development Education (ECDE)** - This is an education programme offered to provide holistic integrated services that create a strong foundation for a child's cognitive (talents), psycho-social, moral, spiritual, emotional and psychomotor (physical education-PE) needs. **Note:** Although the education section will target persons aged 3 years and above, the official target group for the ECDE programme is children under 6 years. **In addition,** some pupils undergo the British International Curriculum (BIC) system that runs in the country parallel to the existing system. Under this system child aged 3-5 years attend nursery/pre-primary; Early Years Foundations Stage (EYFS).
- iii. **Primary** - This refers to the level of education immediately after ECDE and covers 8 years under the 8-4-4 system. Before the 8-4-4 system, there was the 7-4-2-3 structure in which the length of primary education was 7 years. In the new curriculum system (2-6-3-3), primary education lasts 6 years after ECDE. While the 7-4-2-3 and 8-4-4 systems had end of cycle examinations - Certificate of Primary Education (CPE) and Kenya Certificate of Primary Education (KCPE) - the proposed system will not have a summative evaluation of learners. **Note:** Some pupils undergo the British International Curriculum (BIC) system that runs in the country parallel to the existing system. There are 5 Key Stages under BIC. Primary education is under Key Stage 1 and 2 and it lasts for 6 years (lower primary 3 years and upper primary 3 years).
- iv. **Secondary** - This refers to the level of education immediately after primary and covers 4 years under the 8-4-4 system. Before the 8-4-4 system, the 7-4-2-3 offered secondary education lasting 6 years (4 years at Ordinary Level and 2 years at Advanced Level). **Note:** Some pupils undergo the British International Curriculum (BIC) system that runs in the country parallel to the existing system. There are 5 Key Stages under BIC. Secondary education is under Key Stage 3 (Junior School) that lasts for 3 years, Key Stage 4 (Senior School) that lasts for 2 years and

Key Stage 5 (Pre-University Studies) that also lasts for 2 years. At the end of year 11 (senior school) students sit for International General Certificate of Secondary Education (IGCSE) exams. At the end of year 12 (Secondary 12) students sit for Advanced Subsidiary (AS) exams while at the end of year 13 (Secondary 13) students sit for Advanced (A) level exams.

- v. **Middle Level/College** – This is a post-secondary education programme that offers various courses at certificate, diploma and higher national diploma level. The programme caters for students who have completed secondary education. The institutions that offer these courses include primary teacher training colleges that offer primary teaching certificate and diploma; medical training colleges that offer certificate and diploma in nursing/clinical medicine etc.; agriculture training colleges; media colleges; ICT colleges; technical training institutes; national polytechnics, among others.
- vi. **University**- This is the last cycle of the formal education programme in the country providing various courses according to sector professional prescriptions. This level of education offers pre-university courses, undergraduate degree courses and post-graduate courses.
- vii. **Vocational skills** – these are practical or first-hand capabilities that help learners to have basic skills on how to carry out a given job/assignment effectively.
- viii. **Vocational Training Centre (Formerly Youth Polytechnic)** - This is a training institution that offers vocational skills training to primary/secondary school leavers. The courses offered in vocational training centres last 1 to 2 years and may include artisan 1 and 2; craft 1 and 2, such as carpentry, masonry, electrical, hair dressing and tailoring, etc.
- ix. **Non Formal Education (NFE)** - This is an education programme that offers flexible learning for adults and children of school going age who are not able to join the formal system of education. The objective of the programme is to help learners acquire basic and post-basic literacy including vocational skills identified to be relevant and adequate for their level. **Note:** Non-formal education is offered in centres/learning institutions invariably called non-formal schools (NFS), or informal schools/centres

If the person has never attended school or an early childhood education program, the CAPI program will leave Columns 17 through 19A blank.

If the person has attended school or any learning institution, you will record the highest level the person has attended in the first box on the left in Column 17. Do this by using the codes at the bottom of the page. Then record the highest grade (standard/form/year) the person completed at that level.

Example: A child who is currently in the third year of primary school (LEVEL 1) would have completed GRADE 02 (she has not yet completed the third year).

A man who has completed all the grades of primary school but has not gone on to attend secondary school would be LEVEL 1, GRADE 08 (under the 8-4-4 curriculum) or GRADE 07 (under the 7-4-2-3 system).

A man who left during his first year of secondary school would be recorded as LEVEL 2 and GRADE 00 because the highest level he attended was secondary, but he did not finish any grade at that level.

A woman who attended of the second year of secondary school but did not pass the grade would not count as having completed the grade. She would be recorded as LEVEL 2, GRADE 01.

A respondent knows her son went to primary school but does not know what grade he completed. Record '1' for the level and '98' (DON'T KNOW) for the grade.

Columns 17A through 17B: PREVIOUS SCHOOL ATTENDANCE

The questions in Columns 17A and 17B are concerned with school attendance for the previous year. They should be asked of all persons age 3-24 years who ever attended school or an early childhood education program.

The term “attend school or any learning institution” refers to whether the person generally attended school; it does not measure how often a person actually went to school but whether the person attended school at all. If a person went to school occasionally, or usually went to school, record YES. Record ‘NO’ only if the person did not attend at all in the previous school year.

If the person was in school during the previous school year (2020), record the level and grade the person was attending in Column 17B. Previous year refers to 2020 school year, which started in January 2020 and ended in July 2021. The 2020 school calendar started in January 2020 and continued up to March 2020 before closure of schools/learning institutions due to COVID-19 pandemic. The school year continued as from October 2020 after partial reopening. However, all schools/learning institutions were fully opened in January 2021 and the school year continued up to July 2021. In the questionnaire, previous year is indicated as 2020 school year (January 2020 - July 2021).

If a person is repeating a grade, the level and grade recorded in Qs. 17 will match the level and grade entered into Qs. 17B and 19.

When asking the question in Column 17B during school breaks, you should be very careful to emphasize the calendar year(s) to which the questions refer.

Columns 18 through 19: CURRENT/RECENT SCHOOL ATTENDANCE

The questions in Columns 18 and 19 are concerned with recent school attendance. They should be asked of all persons age 3-24 years who ever attended school or an early childhood education program.

The term “attending school or any learning institution” refers to whether the person generally attends school; it does not measure how often a person actually goes to school but whether the person attends school at all. If a person goes to school occasionally, or usually goes to school but has been absent from school recently, record YES. Record ‘NO’ only if the person did not attend at all in the current school year.

If the person was in school during the current school year (2021), record the level and grade the person is/was attending in Column 19. Current/recent school year refers to 2021 school year, which started in July 2021 and is expected to end in April 2022. In the questionnaire, current year is indicated as 2021 school year (July 2021 - April 2022).

If a person is repeating a grade, the level and grade recorded in Qs. 16-17 and 17A-17B will match the level and grade entered into Qs. 18-19.

When asking the question in Column 18 during school breaks, you should be very careful to emphasize the calendar year(s) to which the questions refer.

Column 19A: REASON FOR NOT CURRENTLY ATTENDING/DROP OUT

In this question, we are seeking information on reasons for school drop out. This question is asked of all people age 3-24 years who attended school the previous year (17A is yes) but are not attending school during the current year (18 is no). Probe to get the MAIN reason why the respondent dropped out of school or stopped attending a learning institution. Record the reason from the list of codes at the bottom of the page in the paper questionnaire.

Column 20: BIRTH REGISTRATION

In this question we are seeking information about whether children ages 0-4 years have a birth certificate. This is because prompt registration at birth is seen as an essential means of protecting a child's right to identity, as well as respect for other child rights. The lack of a birth certificate may prevent a child from receiving health care, nutritional supplements and social assistance, and from being enrolled in school.

We begin by asking if the child has a birth certificate (a baptismal certificate if not issued by a government authority cannot be considered a birth certificate). If the respondent says the child does not have a birth certificate, then ask if the child's birth was ever registered with the civil authorities. In the box in Column 20, record '1' if the child has a birth certificate. Record '2' if the child does not have a birth certificate but has been registered with the civil authorities; record '3' if the child does not have a birth certificate and has not be registered; and record '8' if the respondent does not know.

Q. 21 through 26: DISABILITY

Disability is a physical, mental, or psychological condition or impairment that substantially affects a person's daily activities or limits a person's ability to perform one or more basic life activities such as; caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, earning a living, or working and interacting with other persons.

For Q. 21 through Q. 26, **ask each question as it is written**. Each question has four response categories which are read after each question.

Explanation on types of disability

- i. **Visual Impairment** - describes the various degrees of vision loss. A person is considered to have an eyesight or vision disability if he/she doesn't have normal vision even if he/she wears eyeglasses or contact lenses.
- ii. **Hearing Impairment** - complete deafness or partial hearing in one or both ears (hard of hearing). Persons who are able to hear well with the aid of devices are not considered to be having this disability.
- iii. **Physical Disability** - refers to difficulties in moving (i.e. walking, climbing stairs, using hands, sitting upright or standing). This disability restricts one's physical movement, say body movement, or paralysis of legs, hands, or the whole body
- iv. **Mental Disability** - affects people's ability to perform activities like other people of similar age groups. They may have difficulty in remembering things or concentrating on what he/she is performing. It includes many different functions such as our abilities to pay attention, learn and retain information, solve problems, and use language to express thoughts. This disability hampers clear thoughts in the mind. It also exhibits problems in comprehending any new ideas or opinions or finding solutions and therefore restrains a person from learning or even coordinating functions/activities.
- v. **Self-Care Difficulties** - refers to difficulties in dressing, bathing, eating, grooming and hygiene, toileting or getting around the home or inside the home. The difficulties may have arisen as a result of other disabilities or impairments.
- vi. **Speech Impairment** - problems in communication or difficulties in producing oral speech sounds or problems with voice quality. They might be characterized by an interruption in the flow or rhythm of speech, such as stammering. These delays and disorders range from simple sound substitutions to the inability to understand or use language.

It is critical that interviewers note that the word “disability” should never be mentioned while administering these questions. There should be no introductory phrase that mentions disability and interviewers should not insert such an introduction on their own. Doing so leads to under-identification of persons with disabilities. This is because the word “disability” is regarded negatively in most communities. People may feel stigmatized or be ashamed to be identified as having a disability. Also, even if people do not feel stigmatized, the word “disability” often implies a very significant condition. Persons who can walk around their homes but are unable to walk to the market may perceive their situation as not severe enough to be considered as having a disability.

Interviewers should not presume by looking at the person that they know what those difficulties are. For example, a person in a wheelchair might be able to walk. They may just have a lot of difficulty doing so, and therefore use a wheelchair much of the time – or even occasionally when the need arises.

Q. 27 and Q.28: HEALTH INSURANCE

Q. 27 seeks information about whether the respondent has any health insurance that helps to cover the cost of healthcare when he/she needs it. The health insurance may be through a mutual or community-based program, a national public insurance scheme (e.g., social security), a plan offered by an employer (either that of the respondent or of another family member) or a private policy purchased from a commercial provider. Record YES in Q. 27 if the respondent participates in any health insurance scheme and, in Q. 28, identify all of the types of insurance plans by which he/she is covered. Record OTHER for insurance types not listed, such as insurance for students through school/college/university.

Q. 29 through 33: HOUSEHOLD HEALTH EXPENDITURES

The questionnaire has been designed to capture information on household expenditures related to healthcare. Information will be captured for inpatients and outpatients. In the household schedule, you will ask questions to identify all the people (both household members and visitors) who have been an inpatient in the last 12 months and all the people (both household members and visitors) who have been an outpatient in the last 4 weeks. Later in the household interview, you will ask questions about all the inpatients and outpatients.

Columns 29-30: INPATIENTS

An inpatient is someone who stayed overnight at a health facility. For each person listed in the household schedule, you will ask whether the person stayed overnight at a health facility within the last **12 months**. In column 30, the CAPI program will check column 30 and automatically identify people eligible for inpatient questions.

Column 31: OUTPATIENTS

An outpatient is someone who received health care without having stayed overnight at a health facility. The person may have visited a health facility or a health provider such as a doctor, nurse, or dentist, or a traditional healer, and have gone for consultation, advice, or treatment. For each person listed in the household schedule, you will ask whether the person received health care, without staying overnight, within the last **4 weeks**. Do not include persons who visited a health facility or health provider to accompany another person who sought advice or treatment unless that person decided to seek advice, consult, or treatment as well.

Column 32: MONEY PAID

For each person that was an outpatient in the last 4 weeks, you will ask if any payment was paid for the care of that person, including payments in cash, in kind, by insurance, or any other form of payment. If the respondent is unsure, ask the respondent to ask the person who received the care, or another responsible adult who may know. Only if money was paid (from any source) for care the last time does the outpatient become eligible for further questions on health expenditures on outpatients.

Column 33: OUTPATIENT SELECTION

The CAPI program will check column 32 and automatically identify people eligible for the outpatient health expenditure questions.

HOUSEHOLD CHARACTERISTICS (Qs. 101-155)

After asking the questions about each member of the household, you will ask Questions 101 through 155 about household amenities and possessions.

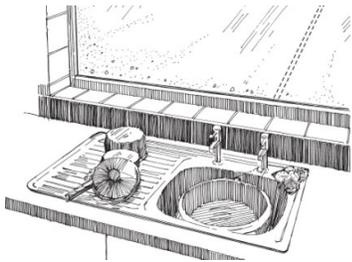
Q. 101: HOUSEHOLD DRINKING WATER

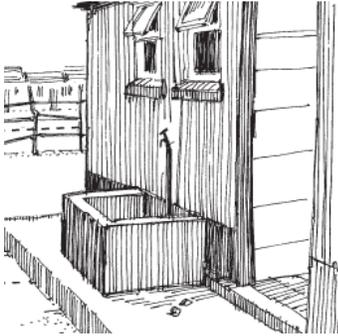
The aim of this question is to identify the household's main source of drinking water. If drinking water is obtained from several sources, probe to determine the source from which the household obtains most of its drinking water. If the source varies by season, record the main source used at the time of the interview.

Q. 102: MAIN SOURCE OF WATER FOR OTHER PURPOSES

Households that use bottled water as a source of drinking water are asked for the main source of water for cooking and handwashing to identify the source of water to which the household has general access.

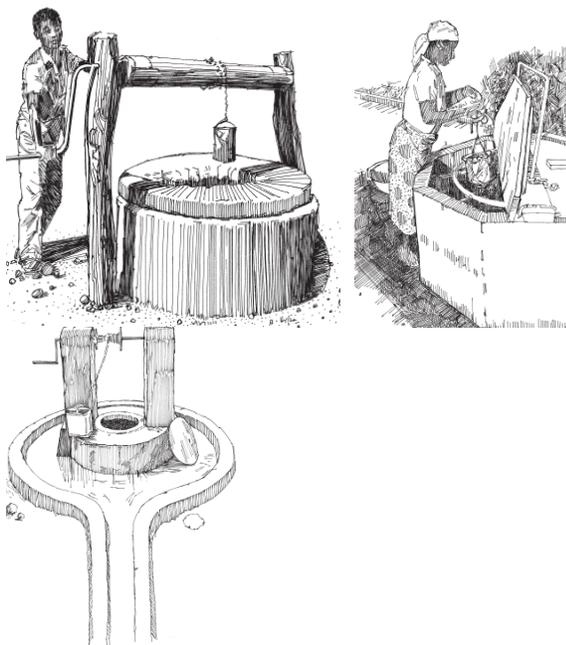
The table below provides definitions of the water source response categories in Qs. 101 and 102.

Definitions of Water Source Codes for Qs. 101 and 102	
<u>Response Categories</u>	<u>Definition</u>
Piped into dwelling	<p>Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection.</p> 

<p>Piped to yard/plot</p>	<p>Pipe connected to a tap outside the house in the yard or plot. Sometimes called a yard connection.</p> 
<p>Piped to neighbor</p>	<p>Pipe connected to neighbor's dwelling, yard, or plot.</p>
<p>Public tap or standpipe</p>	<p>Public water point from which community members may collect water. A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are typically made of brickwork, masonry or concrete.</p> 
<p>Tube well or borehole</p>	<p>A deep hole that has been driven, bored, or drilled with the purpose of reaching ground water supplies. Water is delivered from a tube well or borehole through a pump which may be human, animal, wind, electric, diesel, or solar-powered.</p> 

Protected dug well

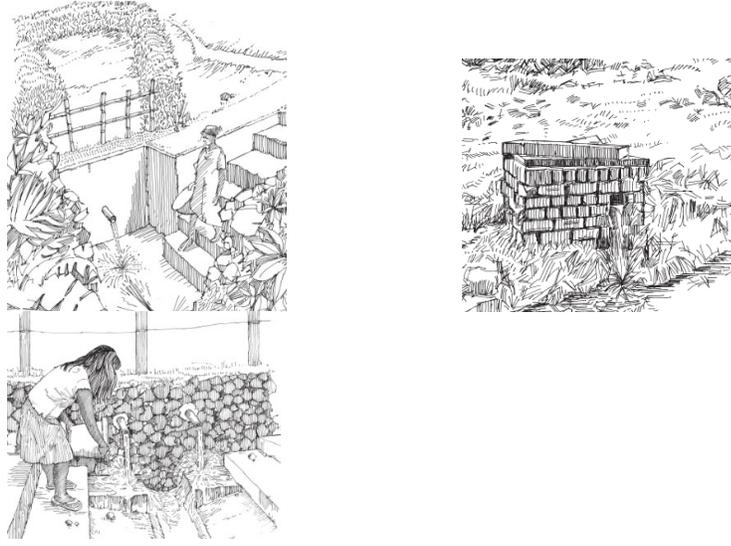
A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.

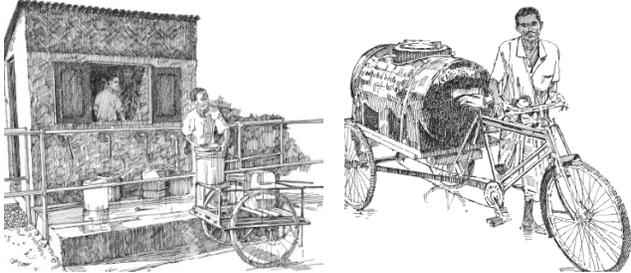


Unprotected dug well

A dug well which is (1) unprotected from runoff water; (2) unprotected from bird droppings and animals; or (3) both.



<p>Protected spring</p>	<p>A spring protected from runoff, bird droppings, and animals by a “spring box” which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.</p> 
<p>Unprotected spring</p>	<p>A spring that is subject to runoff and/or bird droppings or animals. Unprotected springs typically do not have a “spring box.”</p>
<p>Rainwater</p>	<p>Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank, or cistern.</p> 

<p>Tanker truck</p>	<p>Water is obtained from a provider who uses a truck to transport water into the community. Typically, the provider sells the water to households.</p> 
<p>Cart with small tank</p>	<p>Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (for example, a donkey).</p> 
<p>Surface water</p>	<p>Water located above ground, including rivers, dams, lakes, ponds, streams, canals, and irrigation channels.</p> 
<p>Bottled water</p>	<p>Water that is bottled and sold to the household in bottles. Note that this code is present in Q. 101 but not Q. 102.</p>

Q. 103: LOCATION OF WATER SOURCE

IN OWN DWELLING and IN OWN YARD/PLOT means the water is located in the dwelling or in the yard (such as a well that is in the yard). If the household gets their water from a TANKER TRUCK or CART WITH A SMALL TANK (Code 61 or Code 71 in Q. 101 or Q. 102), you would record ELSEWHERE in Q. 103 (Code 3) because the truck or cart does not reside in the dwelling or yard.

Q. 104: TIME TO GET WATER

This question is not asked if the source of drinking water is located within the dwelling or yard/plot.

Include the time it takes to get to the source, wait to get water (if necessary), and get back to the house. Record the time it takes to get water by whatever means of transportation the person generally uses, whether the person walks or rides a bicycle or motor vehicle. If the respondent tells you that the water is delivered to their dwelling (a situation that could arise if the water comes from a tanker truck or a small cart with a tank and the truck or cart delivers right to the dwelling), record '000'.

Convert answers given in hours to minutes. Put zeroes in front of the response if necessary; for example, "30 minutes" would be '030,' and "one hour and a half" would be '090'.

Q. 105: PERSON WHO COLLECTS WATER

Q. 105 is asked only of households whose main source of water is not in their dwelling or yard/plot. Record the name of the person who usually collects water from the household's main water source. Then, record the household line number of the person. If the person is not listed in the household, record '00' for line number.

Q. 106: DRINKING WATER AVAILABILITY

The focus of this question is on drinking water availability in the last month (30 days). If the respondent says that the household does not have sufficient quantities of drinking water during the dry season, but at the time of the interview it is the rainy season and they have had sufficient quantities of drinking water, record NO.

Qs. 107 and 108: TREATMENT OF DRINKING WATER

The purpose of Qs. 107 and 108 is to know whether the household drinking water is treated within the household, and if so, what type of treatment is used. The type of treatment used at the household level provides an indication of the quality of the drinking water used in the household.

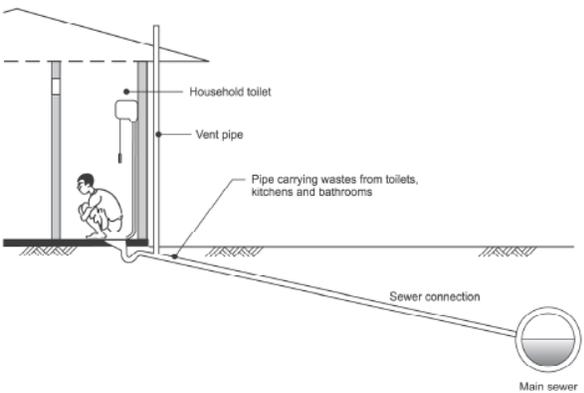
Definitions of Water Treatment Codes for Q. 108	
<i>Response Categories</i>	<i>Definition</i>
Boil	Boiling or heating of water with fuel.
Add bleach/chlorine	Refers to using liquid chlorine bleach or bleaching powder to treat drinking water. or bleaching powder.
Strain it through a cloth	Pouring water through a cloth which acts as a filter for collecting particulates from the water.
Use water filter (ceramic/sand/composite,etc.)	The water flows through media to remove particles and at least some microbes from water. Media used in filtering systems usually include ceramic, sand and composite.
Solar disinfection	Exposing water, which is stored in buckets, containers, or vessels, to sunlight.

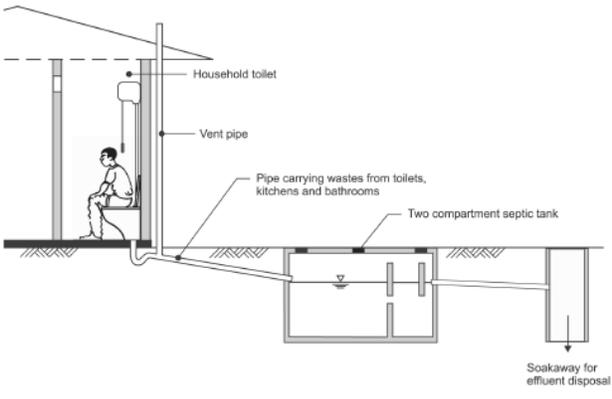
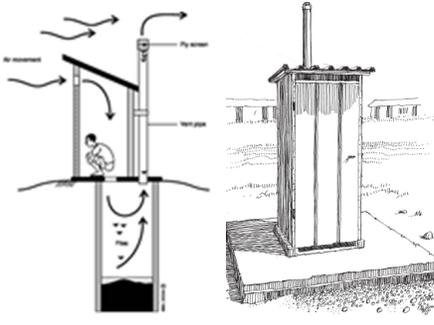
Let it stand and settle	Holding or storing water undisturbed and without mixing long enough for larger particles to settle out or sediment by gravity.
Cover the water container	Placing an item to cover the water container to prevent entry of particles.

Q. 109: TOILET FACILITIES

The purpose of this question is to obtain a measure of the sanitation level of the household, since toilet facilities are important for disease control and health improvement. If the respondent answers in general terms such as “flush toilet,” probe to determine where the toilet flushes to; likewise, if the respondent answers “latrine,” probe to determine the type of latrine. The table below provides definitions for the terms used in the codes for Q. 109.

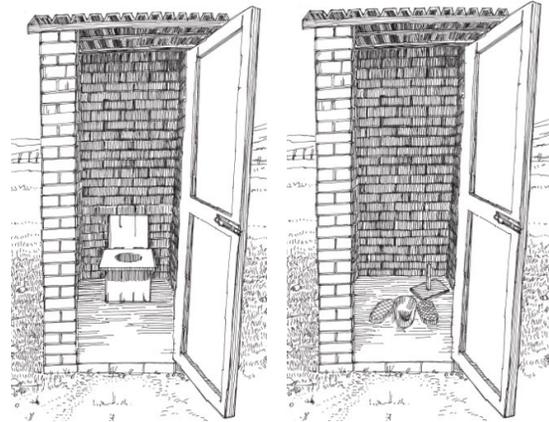
If you are not able to determine the toilet type based on your conversation with the respondent, ask to observe the facility.

Definitions of Toilet Facility Codes in Q. 109	
<i>Response Categories</i>	<i>Definition</i>
Flush/pour flush toilet	<p>A flush toilet uses a cistern or holding tank for flushing water and has a water seal, which is a U-shaped pipe, below the seat or squatting pan that prevents the passage of flies and odors.</p> <p>A pour flush toilet uses a water seal, but unlike a flush toilet, a pour flush toilet uses water poured by hand for flushing (no cistern is used).</p>
- to piped sewer system	<p>A system of sewer pipes (also called sewerage) that is designed to collect human excreta (feces and urine) and wastewater and remove them from the household environment. Sewerage systems consist of facilities for collection, pumping, treating and disposing of human excreta and wastewater.</p>  <p>The diagram illustrates a cross-section of a household plumbing system connected to a sewer. On the left, a person is shown using a household toilet. A vertical vent pipe extends from the toilet down to a U-shaped water seal (trap) and then continues down to the ground level. A pipe carrying wastes from toilets, kitchens, and bathrooms connects the toilet to the sewer system. This pipe leads to a sewer connection point, which is a circular opening in the ground. From this connection, a main sewer pipe runs horizontally underground, eventually leading to a larger circular main sewer pipe.</p>

<p>- to septic tank/biodigester</p>	<p>An excreta collection device consisting of a water-tight settling tank normally located underground, away from the house or toilet.</p> <p>A biodigester is a tank/ system which digests organic material biologically to produce water and gas</p>  <p>The diagram illustrates a septic tank system. It shows a cross-section of a house with a 'Household toilet' and a 'Vent pipe' extending above the roof. A 'Pipe carrying wastes from toilets, kitchens and bathrooms' leads from the house to a 'Two compartment septic tank' located underground. The septic tank has two chambers. From the second chamber, a pipe leads to a 'Soakaway for effluent disposal' in the ground.</p>
<p>- to pit latrine</p>	<p>A system that flushes excreta to a hole in the ground.</p>
<p>- to somewhere else</p>	<p>A system in which the excreta is deposited in or nearby the household environment in a location other than a sewer, septic tank, or pit, e.g., excreta may be flushed to the street, yard/plot, drainage ditch or other location.</p>
<p>Pit latrine</p>	<p>Excreta are deposited without flushing directly into a hole in the ground.</p>
<p>- ventilated improved pit latrine (VIP)</p>	<p>A dry pit latrine ventilated by a pipe extending above the latrine roof. The open end of the vent pipe is covered with gauze mesh or fly-proof netting.</p>  <p>The diagram shows a cross-section of a ventilated improved pit latrine (VIP). A person is shown sitting on a toilet inside a superstructure. A 'Vent pipe' extends from the top of the superstructure above the roof. The vent pipe is covered with 'Fly-proof netting' at the top. Arrows indicate the flow of air and excreta. Below the superstructure is a 'Pit' containing excreta. A 'Soakaway' is shown at the bottom of the pit.</p> <p>If the vent pipe is not covered by a gauze mesh or fly-proof netting, the facility should be classified as a pit latrine with slab not a VIP latrine. The inside of the VIP latrine is kept dark. If the door of the VIP superstructure is missing so that it is no longer dark inside the latrine, the facility should be classified as a pit latrine with slab, not a VIP latrine.</p>

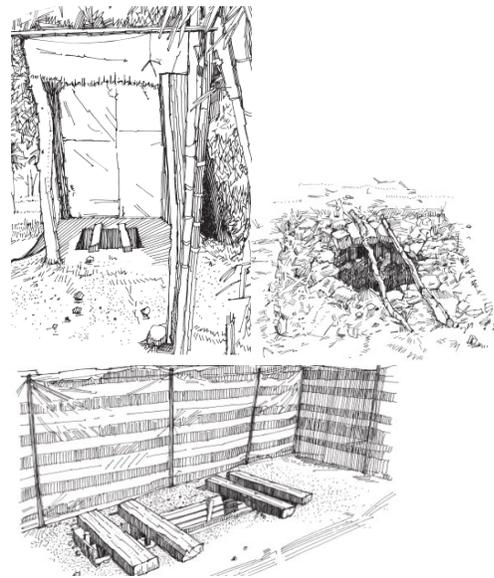
- pit latrine with slab

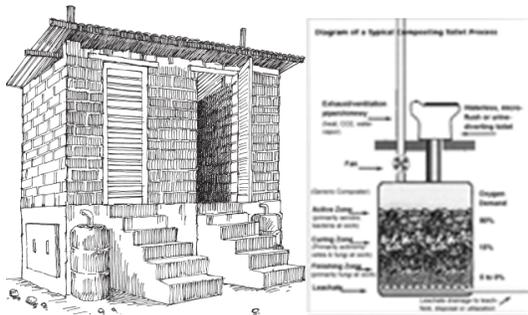
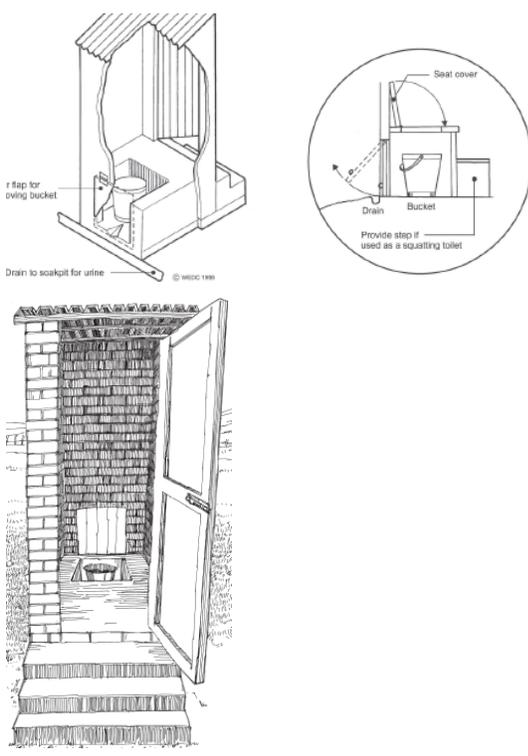
A dry pit latrine whereby the pit is fully covered by a slab or platform that is fitted either with a squatting hole or seat. The slab or platform should be solid and can be made of any type of material (such as concrete, logs with earth or mud, or cement). The slab or platform should adequately cover the pit so that pit contents are not exposed other than through the squatting hole or seat.



- pit latrine without slab/open pit

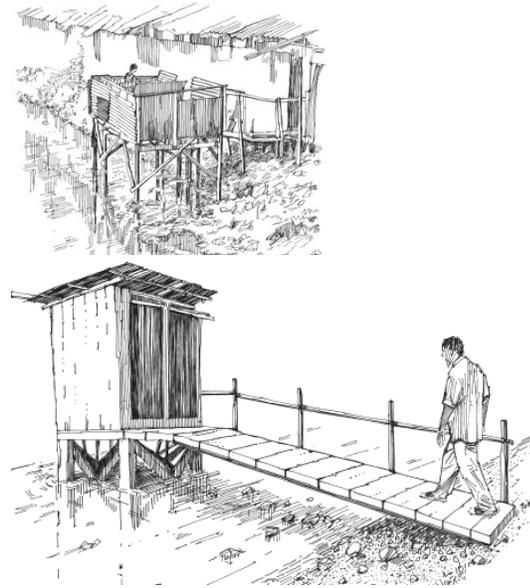
A latrine without a squatting slab, platform or seat. An open pit is a rudimentary hole in the ground where excreta is collected.



<p>Composting toilet</p>	<p>A dry toilet into which excreta and carbon-rich material are combined (vegetable wastes, straw, grass, sawdust, ash) and special conditions maintained to produce inoffensive compost. A composting latrine may or may not have a urine separation device.</p> 
<p>Bucket toilet</p>	<p>The use of a bucket or other container for the retention of feces (and sometimes urine and anal cleaning material), which is periodically removed for treatment, disposal or use as fertilizer.</p> 

**Hanging toilet/
Hanging latrine**

A toilet built over the sea, a river, or other body of water allowing excreta to drop directly into the water.



Qs. 110 and 111: SHARED TOILET FACILITIES

Q. 110 asks about whether the toilet facilities are shared with one or more other households. In Q. 111, we want to find out how many households, including the respondent's household, use the same facility. For example, if the respondent's household shares the toilet with one other household, record '02' in Q. 111. If they share it with two other households, record '03' in Q. 111. The number of households that share toilet facilities is an important measure of the level of hygiene in the household.

Q. 112: LOCATION OF TOILET FACILITY

IN OWN DWELLING and IN OWN YARD/PLOT means the toilet is located inside the dwelling or the yard/plot. Record ELSEWHERE when the toilet is outside the dwelling or yard/plot.

Q. 113: FILTER FOR SEPTIC TANK/PIT LATRINE/COMPOSTING TOILET

Q. 114-116: EMPTYING OF SEPTIC TANK/PIT LATRINE/COMPOSTING TOILET

Information on the disposal of excreta from sanitation systems that are not connected to a sewer system is essential for assessing the proportion of the population using safely managed sanitation services. In Q. 114, if the sanitation facility has not been emptied, regardless of the reason, record NO. We are not interested in whether the facility is new or needs emptying.

Qs.115 and 116 are a continuation for those who answered that their sanitation facilities has ever been emptied. Q. 115 explores whether the sanitation facility was emptied by a service provider. Q. 116 examines the final destination of waste emptied from the sanitation facility.

Q. 117: TYPE OF COOKSTOVE USED FOR COOKING

Q. 117 seeks to determine what type of stove the household uses for cooking at home. Information on the type of cookstove is collected as a measure of the socioeconomic status of the household. Cooking food over open fires or inefficient stoves can expose people to air pollution, which contributes to heart

and lung diseases. In contrast, the use of cleaner, more modern cookstoves is associated with positive health outcomes.

If the household uses more than one type of cookstove, record the type they use most often. If the respondent is unsure of the type of cookstove used, ask to observe it. The response code 'NO FOOD COOKED IN HOUSEHOLD' should only be selected if no one cooks food in the household.

Q. 118: VENTILATION OF COOKSTOVE

Q. 118 seeks to determine whether the cookstove used by the household is ventilated by a chimney. Chimneys are structural additions that ventilate gas and smoke from the cookstove to the outside of the home or cooking area. Chimneys can be made from clay pipes, sheet metal, cast iron, masonry, concrete pipes, bamboo, and many other materials.

Q. 119: COOKSTOVE FAN

In this question, we are interested in a fan that is part of the cookstove rather than a fan that is used for ventilation of the room in which the cookstove is used. Cookstove fans aid in more complete combustion of fuel by blowing high velocity, low volume jets of air into the cookstove combustion chamber. Fans can be powered by a battery or thermoelectric device that captures heat from the stove and converts it to electricity.

Q. 120: COOKSTOVE FUEL OR ENERGY SOURCE

The use of some cooking fuels can have adverse health consequences. Remember that this question asks about fuel for a cookstove, not fuel for heating or lighting.

If the household uses more than one fuel with their cookstove, find out the fuel used most often. If any fuel other than the precoded ones is reported as being the main fuel used, select '96' and specify the type of fuel in the space provided.

Qs. 121 and 122: PLACE WHERE FOOD IS COOKED

The purpose of Q. 121 is to collect information on the location where the household's food is cooked: in the house, in a separate building, or outdoors. This information is important in providing an indicator of the air quality inside and around the dwelling. In Q. 122, information on whether the household has a separate room used as a kitchen provides additional information on air quality.

Q. 123: HEATING THE HOME

The household may heat its dwelling at certain times of the year. The category 'CENTRAL HEATING' refers to a system of warming that heats water or air in one place and circulating it throughout the dwelling using pipes, radiators, or vents. Space heaters can be manufactured by a company or made using traditional materials by household members or a local artisan. Cookstoves are also sometimes used to heat a dwelling. Some households may use an open fire to keep their dwelling warm. If there is more than one type of heater used in the home, record only the main type.

In certain climates, no heating is required. **If the household never uses any method to warm their dwelling, select the category 'NO HEATING IN HOUSEHOLD.'**

Q. 124: CHIMNEY FOR HEATER

Q. 124 is only asked if the household uses a space heater or cookstove to heat its dwelling. Record whether the space heater or cookstove has a chimney to carry smoke and pollutants outside the dwelling.

Q. 125: FUEL SOURCE FOR HEATING THE HOME

Remember that this question asks about fuel for heating and is different from Q. 120, which asks about fuel used by cookstoves for cooking.

If the household uses more than one fuel for heating, record the fuel used most often.

Q. 126: TYPE OF LIGHTING FOR THE HOME

The household may use a method for lighting its dwelling at night. If the household uses more than one type of light, record the light source they use most often. If the household never uses any method to light their home, select the category 'NO LIGHTING IN HOUSEHOLD.'

Q. 127: NUMBER OF ROOMS FOR SLEEPING

Record the number of rooms that the household uses for sleeping even if a room also serves a second function. For example, if a dwelling unit consists of two rooms: a bedroom and a kitchen, but household members sleep in both the bedroom and the kitchen, record '2' in Q. 127.

Qs. 127A and Q. 127B: OWNERSHIP OF HOUSING

Housing is a key development agenda of the Government of Kenya under the Big Four Agenda. Q. 127A seeks to measure the ownership status of the house in which the household resides. Ask if anyone in the household owns the structure, rents the space, or lives there without paying rent (squatting). Q. 127B asks about the land tenure-ship status in which the household's structure sits on. Ask if anyone in the household owns the land on which the structure is located.

Qs. 128 and 129: OWNERSHIP OF LIVESTOCK, HERDS, POULTRY, OR OTHER FARM ANIMALS

Information on whether households own any livestock, herds, poultry, or other animals and how many they own is used as an additional indicator of the socioeconomic status of the household. First, ask Q. 128 to find out whether the household owns any livestock, herds, other farm animals, or poultry. If YES, ask Q. 129 to find out what type of animals the household owns and how many of each. Read out each item and be sure to record the number in the respective boxes for each item. Do not leave any blank.

Note: Q. 129 asks separately for the number of local cattle (indigenous) and exotic/grade cattle the household owns. Be sure not to double-count these animals. For example, if the respondent says that the household has 10 cattle, some of which are local cattle and some of which are exotic/grade cattle, record them separately (and they should total 10).

Qs. 130, 131, 131A and 131B: OWNERSHIP OF LAND

Ownership of land is another important indicator of the socioeconomic status of the household. First, ask Q. 130 to find out whether any member of the household owns any Agricultural land that is used for agriculture. Agricultural land refers to land that is used for growing crops (the crops may be food for people, food for animals, or other non-food crops), raising animals, and grazing animals. In answering this question, common land used to graze animals but not owned by the household should not be included. If the answer to Q. 130 is YES, ask Q. 131 on the number of hectares, acres, or plot size owned altogether by the members of the household. Record the answer in the boxes. If the household owns more than 95 hectares or acres, record '9950'. If the household owns a plot size larger than 99995 sq ft, record '99995.0'. If the number of acres is unknown, record '999998'. If the household owns less than 0.1 acre, record 00.0.

Then proceed to ask Q. 131A to find out whether any member of the household owns any Non-Agricultural land which refers to the land whose use is designated as commercial, industrial, mining, public utility such as markets, schools, roads, housing estates etc. If the answer to Q. 131A is YES, ask Q. 131B on the number of hectares, acres, or plot size owned altogether by the members of the household. Record the answer in the boxes as described in 130B, which is similar to 131B.

Q. 132: HOUSEHOLD ITEMS

The answers to these questions on ownership of certain items will be used as a proxy measure of the socioeconomic status of the household. Read out each item and select the answer given after each item. Do not leave any item(s) blank.

If the respondent reports that a household item such as a radio is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, select '1' for YES. Otherwise, select '2' for NO.

Q. 133: OWNERSHIP OF WATCH/MOBILE PHONE/MEANS OF TRANSPORTATION

This question collects additional information related to socioeconomic status. We ask whether any member of the household owns a watch, a mobile phone, or various means of transport, e.g., a bicycle, a motorcycle or motor scooter, a car or truck, and other means of transportation. A small child's bicycle is primarily a toy and should not be recorded here.

If the respondent reports that an item is broken, try to find out how long it has been broken and whether it will be fixed. If the item appears to be out of use only temporarily, record '1' for YES. Otherwise, record '2' for NO.

Q. 134: BANK ACCOUNT

The bank account may be held at a bank, credit association, credit union, microfinance institution, cooperative, post office, or other similar organization. The account allows the person to deposit and withdraw funds. Do not include savings programs at the community level.

Q. 134A-C: SOCIAL ASSISTANCE

Social protection in Kenya is defined as policies and actions, including legislative measures which seek to enhance the capacity for the poor and vulnerable to improve and sustain their livelihoods and ensure access to affordable health care. This is to ensure that all Kenyans live in dignity and exploit their human capabilities for their own social and economic development. Current delivery instruments of SP within the social assistance, social security and social health insurance sectors include Cash Transfers, Food Distribution, School Based Feeding Programmes, Social Health Insurance, Retirement benefits, Price Subsidies, Public Works and Microfinance amongst others.

In Q.134, ask whether the household receives a cash transfer or any social assistance from each source separately and record YES or NO. In 134B, check whether the respondent answered 'YES' to any question in Q.134A. If the respondent answered 'YES' to at least one source, go to Q.134C. If the respondent to not answer 'YES' to any question in Q.134A, skip to Q.134D.

In Q. 134C, record all the reasons the household receives a cash transfer or social assistance mentioned by the respondent.

Q. 134D: MOBILE MONEY REGISTRATION

This question seeks to find out the coverage of mobile money registration. For example, MPESA, Airtel money, T-kash etc. Select 'YES' if *any* member of the household is registered to any mobile money platform.

Q. 135: MOBILE FINANCIAL TRANSACTIONS

Mobile phones can be used to conduct financial transactions even if the user does not have a bank account. Make sure to read the entire question to the respondent so they understand the different types of financial transactions that the question refers to. It does not matter with whom or through whom the transaction is made, whether through a bank or through a mobile money transfer system, such as Mpesa.

Q. 135A-D: ROAD TRAFFIC ACCIDENTS AND INJURY

Q.135A seeks to find out whether any member of the household lost their lives as a result of road traffic accidents in the past 12 months. If the answer is YES, ask Q.135B to determine how many household members lost their lives. Q. 135C asks whether any household member was involved in a road traffic accident that resulted in injuries which were severe enough that he/she could not carry out activities of daily life for at least a day. If YES, ask Q.135D to determine the number of household members who were injured in this way in the past 12 months.

This helps to track SDG target 3.6 that aims to halve the number of deaths and injuries from road traffic accidents.

Q. 135E-L: COVID-19

These questions ascertain information about testing, death, and vaccination for COVID-19.

Q.135E asks whether any household member has EVER been tested for COVID-19 disease. If YES, ask 135F to determine how many household members have ever been tested for COVID-19. Be sure the respondent is including him/herself in the count. If NO, skip to Q.135I. In Q.135G, if any member has been tested, ask if any member has tested positive for COVID-19. If YES, ask 135H to determine how many household members have tested positive. Q.135I asks whether any household member has died due to complication from COVID-19. If YES, ask Q.135J to determine how many household members have died.

Q.135K asks whether any member of the household has ever received a vaccination against COVID-19. If YES, ask Q.135L to determine how many household members have received a COVID-19 vaccination.

Q. 136: HOUSEHOLD SMOKING

This question is designed to measure household exposure to secondhand smoke. It complements questions asked about tobacco use in the Woman's and Man's Questionnaires.

Secondhand smoke refers to the smoke given off by the burning end of tobacco products combined with the smoke exhaled by the smoker. It does not include smoke from e-cigarettes or vaping. Exposure to secondhand smoke can cause lung cancer and heart disease in non-smokers. Secondhand smoke irritates the lungs and has been linked to more severe asthma, and more frequent colds and lung infections in children.

Read the entire question before accepting an answer.

Qs. 137 and 138: POSSESSION OF MOSQUITO NETS

It is recognized that the consistent use of insecticide-treated mosquito nets (ITN) decreases the incidence of malaria and malaria-related deaths, especially in very young children. Consequently, many countries have instituted programs that promote the use of ITNs.

Q. 137 asks whether the household has any mosquito nets, and, for households with at least one mosquito net, information is collected in Q. 138 on the total number of mosquito nets in the household. It does not matter if the nets are actually used or even if they are set up. If they are in the household and could be used while sleeping, they should be counted.

Note that ‘cake covers’ or baby nets that are used to keep flies off infants, usually during the daytime, are not considered mosquito nets. These nets are not treated with insecticide. Window screens are also not considered mosquito nets.

Q. 139: ASSIGNMENT OF NET NUMBER

Each net the household has is assigned a net number. For example, if the household has four nets, the first net you choose to ask questions about will be net number ‘01.’ After you are done asking Qs. 140-147 about net number ‘01,’ the next net will be net number ‘02,’ and you will ask the same Qs. 140-147, but now about net number ‘02.’ You then repeat this process for nets ‘03’ and ‘04.’

Qs. 140-147: OBSERVATION OF NETS, TYPE OF NETS, SOURCE OF NETS, AND USE ON THE NIGHT BEFORE THE INTERVIEW

There are various brands of mosquito nets. Almost all are factory treated and do not require any retreatment (long-lasting insecticide-treated net; LLIN). To assess the effectiveness of mosquito net use in preventing malaria, we need to gather information on how long the household has had each net, the brand of net, and whether household members use the nets when they sleep at night.

To obtain this information, you will need to ask Qs. 140 through 147 as applicable for each net that the household owns.

Q. 140: NET OBSERVED OR NOT

Ask to see the net. Record whether you were able to actually observe the net.

Even if you cannot directly observe a net, you must ask the questions about it. To distinguish each net, you may use phrases like, “Now let’s talk about the first net you showed me” or “Let’s talk about the net hanging in that corner.”

Q. 141: WHEN NET OBTAINED

Next ask how many months ago the household obtained the net. If the net was obtained within 36 months before the interview date, you must record the actual number of months before the interview that the net was obtained. If the household got the net more than 36 months ago, record ‘95’. The respondent may tell you that they are not exactly certain when the net was obtained. In such cases, probe to try to get some idea of approximately how many months ago the net was obtained. Record ‘98’ (NOT SURE) if the respondent does not have any idea of how long ago the household obtained the net.

Q. 142: TYPE AND BRAND OF NET

Q. 142 asks about the type and brand of net. In this survey, there are three ways of categorizing a net:

The net is a long-lasting insecticide-treated net (LLIN): Most nets you will come across in the field are LLINs, and you will become familiar with the most common brands of LLINs during the training; however, you may encounter nets in the field that you will not recognize. If the respondent tells you or you learn from the packaging that the net is an LLIN, but it is not one of the listed brands or if you cannot determine the brand, select code '18' (OTHER/DON'T KNOW BRAND (LLIN)). If you cannot observe the net and the brand is unknown, show pictures of typical net types/brands to the respondent in an effort to identify it.

The net is NOT an LLIN: In some cases, you may confirm that the net is not an LLIN; for those nets, select '96' (OTHER TYPE (NOT LLIN)).

You cannot determine whether the net is an LLIN or not: If you cannot obtain information on whether the net is an LLIN or not, select '98' (DON'T KNOW TYPE).

Qs. 143 and 144: SOURCE OF NET

Qs. 143 and 144 are used to determine the source of each net. In Q. 143, ask if the household got the net through a mass distribution campaign, during an antenatal care visit, or during an child welfare visit. For a net that was not obtained through a campaign, an antenatal care, or during an child welfare visit, ask where the household got the net (Q. 144).

Qs. 145 and 146: SLEEPING UNDER THE MOSQUITO NET

These questions help us to link a particular mosquito net to the person(s) who slept under it the night before the survey. Obviously, it does little good to have LLINs in the household if they are not used for sleeping at night. In Q. 145, ask the respondent if anyone slept under the mosquito net last night, and if the respondent answers YES, record in Q. 146 who slept under the net last night. If more than four people slept under a single net the night before the survey, record only the first four people mentioned by the respondent. For each person mentioned, record their name and their corresponding line number from the household schedule.

Q. 147: REASON FOR NOT SLEEPING UNDER NET

If no one slept under the net last night, ask for the main reason it was not used. If the respondent mentions several reasons, record the main reason the net was not used.

Q. 148: FILTER FOR NEXT NET

At this point, go back to Q. 139 for the next net, and ask Qs. 140-147. If you have finished asking Qs 139-147 for all the nets belonging to the household, proceed to Q. 149.

Q.148A-B: STRATEGIES FOR COPING WITH FOOD SHORTAGES

This section captures information about the different behaviours employed by households when they cannot access enough food. It asks respondents how many days (within the past week) their household had to engage in particular strategies related to the food shortage.

The enumerator should only seek responses from households which respond YES to Q.148A. For these households, enumerators must administer all five questions (i.e., Q. 148B a-e).

For all coping strategies, the recall period is set at the previous seven days. For example, if today is Wednesday, we would be asking about the period from Wednesday last week to yesterday. The purpose is to capture the number of days (out of seven) that each strategy was employed by the household.

For each strategy, the column titled ‘Number of days’ requires a numeric value. If a household did not consume a particular food item/group in any days within the previous seven days, the enumerator should enter zero and then move on to the next line item.

The table below provides a brief description of each of the five coping strategies included in Q148B

Coping Strategy	Category Description
a) Rely on less preferred and less expensive foods	Household makes changes to types of foods consumed in order to manage the shortfall of food*. This question is concerned with the types of foods consumed rather than the quantities consumed.
b) Borrow food from a friend or relative	Household increases the short-term food availability by relying on help from friends or relatives in the form of food or money to buy food.
c) Reduce number of meals eaten in a day	A rationing strategy in which most household members consume fewer meals in the day to manage the shortfall of food.
d) Reduce portion size of meals	A rationing strategy in which the amount of food eaten at meals is reduced in order to manage the shortfall of food.
e) Reduce the quantities eaten by the (adults/mothers of young children)	A rationing strategy in which the food consumption of adults is restricted so that small children will have enough to eat. In households without children, the answer should be zero

* Referred to in Q148A

Q. 148C: HOUSEHOLD FOOD CONSUMPTION

This section aims to obtain information about the diet consumed by the household. Specifically, it asks respondents how many days (within the past week) their household consumed each of the food items/groups listed in this section (Q148C, a-p). The section also asks how each food was obtained. All households must respond to these questions.

The respondent must answer on behalf of the entire household. If one member of a household consumes food away from the household, the items eaten should not be recorded. If the entire household ate outside of the household, then the foods consumed should be recorded. Similarly, if a food item is consumed at home by only one household member it should not be recorded.

For all food items, the recall period is set at the previous seven days. For example, if today is Wednesday, we would be asking about the period from Wednesday last week to yesterday. The purpose is to capture the number of days out of seven that each food item/group was consumed.

The food items/groups listed from 148C, a-p must collectively account for the entire diet consumed by the household. In other words, all foods consumed by the household during the 7 days must be recorded somewhere in the list. Related to this, it is important to note that the listed food items/groups are mutually exclusive. Therefore, the enumerator must be careful not to record consumption of any one food item in more than one category in the list.

For each food item/group, the column titled ‘Number of days eaten in past 7 days’ requires a numeric value. If a household did not consume a particular food item/group in any days within the previous seven days, the enumerator should enter zero and then move on to the next line item.

Food line items 148Ca to 148Co are intended to only record the consumption of significant quantities of food by the household. The condiments line item (138Cp) should be used to capture consumption of

very small quantities of certain foods have been consumed. Essentially, if a food item is consumed only as a condiment or in a similarly small quantity (i.e. dairy cream, grated cheese, and powdered milk) it should only be recorded in 138Cp.

The table below provides some examples of what constitutes a ‘small quantity’ for each food group. This table should be adjusted to suit Kenya and used to guide enumerators in determining whether household consumption of a food item should be recorded in the module.

Examples of food quantities too small for module categories (138Aa-o)

- **Meat, chicken, fish**
 - One small piece (like a box of matches) shared among 3 or more persons
 - One piece to add flavor to a soup
- **Eggs**
 - One egg shared among 4 or more persons
- **Milk**
 - A drop of milk added to tea and/or coffee
 - A single glass or cup for 3 or more persons
 - A spoon of powdered milk added to coffee/tea
- **Cheese**
 - A little grated cheese spread over meals
 - A small piece (like a box of matches) shared among 4 or more persons
- **Vegetables**
 - One or two tomatoes or onions used as condiment
- **Fruits**
 - Fruits used to flavour drinks, such as lemon in iced tea
 - Only one unit for 4 or more persons

The table below provides a brief description of the types of foods to be included in each food group.

Food item/group	Description
a) Cereals and grain:	Includes foods such as grain, ugali and porridge from maize, sorghum, millet; also includes rice, pasta, bread, cake, biscuits, chapatti, mandazi/donuts and githeri.
b) Roots and tubers:	Includes foods such as potatoes, yam, cassava, sweet potato and / or other tubers.
c) Legumes /nuts:	Includes legumes/nuts such as beans, cowpeas, pigeon peas, split peas, green grams, lentils, peanuts, nuts (ground nuts, cashew nuts), soy, and / or other nuts.
d) Orange vegetables (vegetables rich in Vitamin A):	Includes orange vegetables such as carrot, red pepper, pumpkin.
e) Green leafy vegetables:	Includes green vegetables such as Sukuma, spinach, cow peas leaves, broccoli, amaranth and / or other dark green leaves, cassava leaves
f) Other vegetables:	Includes vegetables such as onion, tomatoes, cabbage, cucumber, radishes, green beans, peas, lettuce, green bananas etc.
g) Orange fruits (Fruits rich in Vitamin A):	Includes fruits such as mango, paw paw, apricot, peach
h) Other Fruits:	Includes fruits such as passion fruit, watermelon, ripe banana, apple, oranges, lemon, tangerine
i) Meat:	Includes all meat e.g., goat, beef, chicken, duck, pork, mutton, camel meat (but only meat in large

	quantities should be recorder, and not as a condiment)
j) Liver, kidney, heart, matumbo and / or other organ meats	As described.
k) Fish / Shellfish:	Includes all fish or shellfish, including canned tuna, and / or other seafood (fish in large quantities and not as a condiment)
l) Eggs	
m) Milk and other dairy products:	Includes all dairy products, such as fresh milk, fermented milk (mala), yogurt, cheese, other dairy products (Exclude margarine / butter or small amounts of milk for tea / coffee)
n) Oil / fat / butter:	Includes vegetable oil (corn oil, sunflower oil coconut oil, palm oil) fats (butter, margarine, ghee, and cooking fat) other fats / oil.
o) Sugar, or sweet:	Includes sugar, glucose, honey, jam, cakes, sweets, candy, cookies, pastries, and other sweet (sugary drinks and artificial juices).
p) Condiments / Spices:	This group includes tea, coffee / cocoa, salt, garlic, spices, pili-pili, yeast / baking powder, tomato / sauce, meat or fish as a condiment, condiments including small amount of milk / tea coffee. Royco, mchuzi mix .

Q. 148CB: SOURCE OF FOOD

The food consumption section also aims to obtain information about how each food group was acquired by the household. The food source column is used to record the main method by which the household obtained each recorded food item/group. In situations in which a household states that a particular food group was sourced equally from two or more main sources, the enumerator must probe to determine which source provided the highest share of the foods belonging to that food group.

The table below provides a brief description of the types of foods to be included in each food group.

Food source	Description
21) Own production	Household mostly obtained this food from their own production of crops or animals
22) Fishing, hunting, gathering	Household mostly obtained this food from activities such as fishing, hunting and/or gathering.
23) Loaned, borrowed	Household mostly obtained this food by borrowing. If a household reports having 'borrowed food' as a main food source, this reflects a situation in which the household must repay the lender at some future point in time (with food or money).
24) Purchased	Household mostly obtained this food through purchases at formal or informal markets using cash or credit.
25) Begged	Household mostly obtained this food through begging. If a household's main source of food is purchases but the cash used to purchase the food was obtained by begging, then the main source recorded should be 'begging'.

26) Exchange for labour	Household mostly obtained this food as payment for work.
27) Gift from family, friends	Household mostly obtained this food as gifts from friends and family, with NO future expectation to repay.
28) Food assistance from civil society, NGO, government	Household mostly obtained this food in the form of assistance from civil society, NGOs, or government.
96) Other	Household mostly obtained this food from source/s not listed above.

Qs. 149 through 151: HANDWASHING

These questions measure a key aspect of personal hygiene that has implications for the health of all household members, especially children. In Q. 149, ask the respondent to show the place where members of the household most often wash their hands. If the respondent indicates that there is no fixed place for handwashing, but the household uses a basin and jug of water or another type of mobile handwashing station, ask to see it.

If you are able to observe either the fixed place or the mobile handwashing station, note whether or not water is available (Q. 150) and whether soap/detergent or ash/mud/sand is present (Q. 151).

Q. 152: FLOOR MATERIAL

This is an observation not a question since you will usually be able to see for yourself what kind of floor the house has. However, ask if you are not sure.

If there is more than one kind of flooring material, record the main type of material (the material that covers the largest amount of floor space).

Q. 153: ROOF MATERIAL

As with the floor material, you will usually be able to see for yourself what kind of roof material the house has. However, observing the roof material may not always be easy or you may be able to observe part but not the whole roof. Ask the respondent the type of roof material if you are not sure or if you cannot observe the roof properly. If the household lives in an apartment building, look at the roof from a reasonable distance and ask the respondent if necessary. If there is more than one kind of roofing material, record the main type of material (the material that covers the largest amount of roof space).

Q. 154: WALL MATERIAL

As with the floor and roof materials, you will usually be able to see for yourself what kind of material the exterior walls are made of. However, ask the respondent if you are not sure. Again, if there is more than one kind of wall material, record the main type of material (the material that covers the largest amount of exterior wall space).

Q. 155: TESTING SALT FOR IODINE

The purpose of this question is to assess whether the household uses cooking salt that has been fortified with iodine. Fortified salt prevents iodine deficiency. Iodine is an important micronutrient and a lack of it may lead to an enlarged thyroid gland in the neck known as goiter or other thyroid diseases or disorders.

TESTING FOR THE PRESENCE OF POTASSIUM IODATE: Ask the respondent for a sample of cooking salt (a quantity of about half a teaspoon). If the household uses more than one type of salt, make sure that the sample provided is the salt that the household uses for cooking. Fill the small white cup (provided with the test kit) with the salt and then spread the salt on a clean plate, piece of white paper, or other flat surface. If you are using a new test kit for the first time, start by making a pin hole in the test-solution ampule (white cap) and the retest-solution ampule (red cap). To test the salt for the presence of potassium iodate, first shake the vial of test solution in the clear ampule and gently squeeze two drops of the liquid on the surface of the salt sample. If the salt is iodized, the wet salt should turn a violet/blue color within one minute. Record '1' for IODINE PRESENT in Q. 155 and continue with the next question.

If there is no color change, you need to continue the testing procedure. Shake the vial of recheck solution in the red ampule and gently squeeze up to five drops of the liquid on a fresh sample of salt. Immediately add two drops of test solution on the same spot on the salt. If the salt turns a violet/blue color, record '1' for IODINE PRESENT in Q. 155. If the color does not change, record '2' for NO IODINE. If the light indoors is inadequate to detect a subtle color change, it may be necessary to examine the salt sample outdoors.

If the household uses salt to cook meals but there is currently no salt available in the household, select category '3' for HOUSEHOLD USES SALT BUT THERE IS NO SALT IN THE HOUSEHOLD. If the household does not use salt to cook meals, select category '4' for HOUSEHOLD DOES NOT USE SALT.

If the household has salt but you did not test it, select category '6' for SALT NOT TESTED and record the reason that the salt was not tested.

INPATIENT HEALTH EXPENDITURES (Qs. 201-206)

The questionnaire has been designed to capture information on household expenditures related to healthcare. Information will be captured for all persons who were inpatients at a health facility within the last 12 months. **Staying overnight or admission** qualifies when a member spends MORE than 24 hours (overnight) in a RECOGNIZED health facility.

Qs. 201-203: FILTERS FOR INPATIENT HEALTH EXPENDITURES

In Q. 202, you inform the respondent that the next series of questions are about persons in the household who stayed in a health facility overnight for care in the last 12 months.

In Q. 203, the CAPI system will identify the Line Number and name of each inpatient.

Q. 204: MONEY SPENT

For this most recent overnight stay, ask how much money was spent on treatment and services for all visits in the last 12 months. Inform the respondent that we would like to know about all costs including tests, drugs, and fees. Make sure that the amount does not include costs associated with transportation, food, or an accompanying person. If money was paid by insurance, borrowed, or someone outside of the household contributed money to the cost of the treatment and services, include this in the amount.

For determining the amount of cash that was paid for in-kind, the respondent should be probed to determine what amount was billed. If this no bill was presented by the health facility, then the in-kind services should be converted to the most common amount paid for the given goods or services in the community.

If the treatment and service was free, record '000000'. Free, waived, or exempted means that the services were not charged by the facility because of government subsidies, waivers or exemptions by the health facility. If the respondent does not know the cost, record '999998'.

Example: if the respondent spent 1,000 Ksh and private insurance paid 2,000 Ksh, record 3,000 Ksh.

In case of multiple visits, the interviewer is expected to start with the most recent visit and capture all the information pertaining to that visit before asking about the other visits to ascertain the total amount spent for all visits.

Q. 205: COST BY PAYMENT TYPE

The payment modes indicated are: **Cash** means where the services are paid for using money received from own sources, from selling of assets, trade of goods or services (butter trade), promissory notes like depositing of title deed/motor vehicle log books, of cash from friends and family (donations); **Insurance**, whether NHIF or private (commercial; **Paid in kind** refers to payment in the form of goods or services; Or some **other form of payment** (such as community based health insurance). If another form of payment was used, specify the form of payment.

For determining the amount of cash that was paid for in-kind, the respondent should be probed to determine what amount was billed. If this no bill was presented by the health facility, then the in-kind services should be converted to the most common amount paid for the given goods or services in the community.

For each type of payment, record how much was paid. If nothing was paid by that type, record '00000' or if they don't know the amount, record '99998'. The total should sum to the amount recorded in Q.204.

Q. 206: FILTER FOR MORE INPATIENTS

OUTPATIENT HEALTH EXPENDITURES (Qs. 301-306)

Qs. 301 and 302: SELECTION OF OUTPATIENT

The CAPI system will select the outpatients about whom you will ask questions, the outpatient will be selected from among all the outpatients for whom some money was paid in exchange for care in the last 4 weeks (identified in the Household Schedule).

Inform the respondent that the next series of questions are in reference to the persons who received outpatient services—meaning they did not remain overnight at a health facility—from a health care provider such as a doctor, nurse or dentist, at a pharmacy, or from a traditional healer in the last 4 weeks.

In Q. 303, the CAPI system will identify the Line Number and name of each outpatient.

Q. 304: MONEY SPENT

Ask how much money was spent for all visits on treatment and services. Inform the respondent that we would like to know about all costs including tests, drugs, and fees. Make sure that the amount does not include costs associated with transportation, food, or an accompanying person. If money was paid by insurance, borrowed, or someone outside of the household contributed money to the cost of the treatment and services, include this in the amount.

For determining the amount of cash that was paid for in-kind, the respondent should be probed to determine what amount was billed. If this no bill was presented by the health facility, then the in-kind services should be converted to the most common amount paid for the given goods or services in the community.

If the treatment and service was free, record '000000'. Free, waived, or exempted means that the services were not charged by the facility because of government subsidies, waivers or exemptions by the health facility. If the respondent does not know the cost, record '999998'.

In case of multiple visits, the interviewer is expected to start with the most recent visit and capture all the information pertaining to that visit before asking about the other visits to ascertain the total amount spent for all visits.

Q. 305: COST BY PAYMENT TYPE

The payment modes indicated are: **Cash** means where the services are paid for using money received from own sources, from selling of assets, trade of goods or services (butter trade), promissory notes like depositing of title deed/motor vehicle log books, of cash from friends and family (donations); **Insurance**, whether NHIF or private (commercial; **Paid in kind** refers to payment in the form of goods or services; Or some **other form of payment** (such as community based health insurance). If another form of payment was used, specify the form of payment.

For determining the amount of cash that was paid for in-kind, the respondent should be probed to determine what amount was billed. If this no bill was presented by the health facility, then the in-kind services should be converted to the most common amount paid for the given goods or services in the community.

For each type of payment, record how much was paid. If nothing was paid by that type, record '00000' or if they don't know the amount, record '99998'. The total should sum to the amount recorded in Q.304.

Q. 306: FILTER FOR MORE OUTPATIENTS

Q. 307: TIME INTERVIEW ENDED

The CAPI program will automatically record the time the interview has ended. If there was an extended break during the interview time; for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later, make a note to report how long a break was taken.

Be sure to thank the respondent for his or her cooperation. At this point, check your questionnaire carefully. Inform the respondent that you or another interviewer will be asking eligible women and men in his or her household to participate in the survey.

C. Return to Cover Page

Whether or not you successfully interview a household, additional information is recorded on the cover page of the Household Questionnaire.

INTERVIEWER VISITS

After you have contacted the household, you will need to write in the result of your visit. The spaces under (2) and (3) on the cover page are for recording the results of any call backs that you may have to

make if you cannot contact the household on your first visit. Remember, you must make at least three different visits to try to obtain an interview with a household.

RESULT CODES

The result of your final visit to a household is recorded on the cover page of the Household Questionnaire. You will make every attempt to contact and interview the household, but sometimes it may happen that you make three visits to the household (at different times) and are unable to conduct the interview. In this case, the result of the third visit will be the final result code.

The following are descriptions of the various result codes:

- Code 1 Completed. Enter this code when you have completed the household interview.
- Code 2 No household member at home or no competent respondent at home at time of visit. This code is to be used in cases in which the dwelling is occupied, but no one is at home. If no one is at home when you visit, or if there is only a child at home or an adult member who is ill, deaf, or mentally incompetent, enter Code '2' as the result of the visit. Try to find out from a neighbor or from the children when a competent adult will be present and include this information in the visit record.
- Code 3 Entire household absent for extended period of time. This code is to be used only in cases in which no one is at home and the neighbors say that no one will return for several days or weeks. In such cases, enter Code '3' as the result of that visit. Since the neighbors may be mistaken, you should make callbacks to the household to check that no one has returned. In cases in which no one is at home and you cannot find out whether they are gone for a few hours or a few weeks, enter Code '2.'
- Code 4 Postponed. If you contact a household, but for some reason, it is not convenient for them to be interviewed, then schedule a callback interview and enter Code '4' on the cover page as a result code for that visit. If there is some extreme circumstance such that the interview is never conducted, enter Code '4' for the final result code.
- Code 5 Refused. The impression you make during your initial contacts with members of a household is very important. Be careful to introduce yourself and explain the purpose of the survey. Stress that the interview takes only a short amount of time and that the information will be confidential. If the individual with whom you first talk is unwilling to cooperate, ask to speak with another member of the household, such as the household head. Suggest that you can return at another time if it would be more convenient. If the individual still refuses to cooperate, enter Code '5' and report the problem to your supervisor.
- Code 6 Dwelling vacant or address not a dwelling. In some cases, you may find that a structure number assigned to you is unoccupied, that is, it is empty with no furniture and is not being lived in. This is what we call "vacant," and you should enter Code '6.' Other times, you may find that a structure is not a residential unit. It is a shop, church, school, workshop, or some other type of facility that is not used as a living area. After making sure there are no residential units in the back of or above the premises, enter Code '6' as the result for the visit. Be sure to report the situation to your supervisor.
- Code 7 Dwelling destroyed. If the dwelling was burned down or was demolished in some other manner, enter Code '7.'
- Code 8 Dwelling not found. You should make a thorough search, asking people in the area whether they are familiar with the address or the name of the household head. If you are

still unable to locate the structure, enter Code '8' as the result for the visit to that household and inform your supervisor.

- Code 9 Other. There may be times that you cannot interview a household and the above categories do not describe the reason. Examples of cases that would fit in the 'Other' category would be if the entire cluster is flooded and inaccessible or if the household is quarantined because of a disease.

FINAL VISIT

After you have made your last visit to the household, the CAPI program will fill in the boxes under FINAL VISIT: the DAY, MONTH, and YEAR of the final visit, your assigned interviewer number, the final result code, and the total number of visits.

TOTAL PERSONS IN HOUSEHOLD AND TOTAL ELIGIBLE WOMEN AND MEN

After you have completed the household interview, the CAPI program will record the total number of people listed in the household schedule in the boxes labeled TOTAL PERSONS IN HOUSEHOLD and the total number of women who are eligible for interview with the Woman's Questionnaire in the boxes labeled TOTAL ELIGIBLE WOMEN. If the household is selected for male interview, the CAPI program will record the total number of eligible men in the boxes labeled TOTAL ELIGIBLE MEN. In the boxes labeled LINE NO. OF RESPONDENT TO HOUSEHOLD QUESTIONNAIRE, the CAPI program will record the Line Number of the person who was your respondent based on information you provided during the interview.

ALLOCATING INDIVIDUAL QUESTIONNAIRES FOR EACH ELIGIBLE PERSON

After completing a household interview, the CAPI program will identify women and men in the household eligible for individual interview. The CAPI program will also preload the identification information on the cover page of the Individual Questionnaire for each eligible respondent identified in the Household Schedule.

The identification information on the Individual Questionnaire is similar to the identification information on the Household Questionnaire. However, it also includes the eligible respondent's name and the Line Number he/she was assigned in the Household Schedule in Column 1. If an eligible respondent is immediately available, proceed to interview the respondent.

PREPARE A BIOMARKER QUESTIONNAIRE FOR EACH HOUSEHOLD

After the household interview, you will prepare a Biomarker Questionnaire (long or short) for the household for biomarker collection and there are eligible individuals in the household. Certain individuals in the household (both usual residents and visitors) are eligible for anthropometry. If the household was selected for the long Household Questionnaire, then you will use a long Biomarker Questionnaire. In the long version of the Biomarker Questionnaire, children age 0-4 years (that is, 0-59 months), women age 15-49, and men age 15-54 are eligible to have their height and weight measured. If the household was selected for the short Household Questionnaire, then you will use the short Biomarker Questionnaire. In the short version of the Biomarker Questionnaire, only children age 0-4 years are eligible to have their height/length and weight measured. If there are no individuals eligible for biomarker collection in the household, you will not prepare a Biomarker Questionnaire for that household.

On the cover page of the Biomarker Questionnaire, it is your job to fill in the IDENTIFICATION box at the top and the number of eligible individuals (children, women, men) on the right-hand side. You should not fill in any other part of the cover page of the Biomarker Questionnaire.

Inside the Biomarker Questionnaire, you will enter the line numbers and names of the eligible children, women, and men. For children only, you will also need to confirm that they are the correct age for biomarker collection.

The CAPI system has a function that provides identification information about the household and displays a list of individuals who were identified during the household interview as eligible for biomarker collection. From your main menu, select Option 2 (List Eligible Individuals/Biomarkers); this will be explained in detail during the CAPI portion of this training. You should only use this list to determine the eligible individuals – do not open the household interview to check or use any notes you took during the household interview. A screen like the example below will appear, providing the information you need to prepare the Biomarker Questionnaire.

Eligible Individuals in Cluster: 0020 Household: 0001

Line	Sex	Age	Name	Marital Status
Women/men eligible for individual interview				
01	Male	42	JOHN SMITH	Married or living together
02	Female	37	MARY SMITH	Married or living together
07	Female	17	RACHEL ORLOWSKI	Married or living together
08	Female	15	SHONDA GAYLORD	Never-married and never lived together
09	Male	16	PETER AKA	Never-married and never lived together
Children eligible for biomarkers				
04	Female	04	SUSAN SMITH	
05	Male	01	HARRY SMITH	
Women eligible for biomarkers				
02	Female	37	MARY SMITH	Other
07	Female	17	RACHEL ORLOWSKI	Other
08	Female	15	SHONDA GAYLORD	Never in union
Men eligible for biomarkers				
01	Male	42	JOHN SMITH	Other
09	Male	16	PETER AKA	Never in union

For children: Following the instructions in Q. 101, record the line numbers and names of all children age 0-5 years in Q. 102. These children correspond to those whose line numbers are selected in Column 11 of the Household Schedule. If there is more than one eligible child, record the line numbers and names in the same order as they appear in the CAPI output. Note that each child has its own pages in the questionnaire. Child 1 is on page 2, so you will need to flip to page 3 to prepare information for Child 2, and so on.

WEIGHT, HEIGHT, AND HEMOGLOBIN MEASUREMENT FOR CHILDREN AGE 0-4

101 (3)	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" [COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE]. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN AGE 0-5 YEARS IN QUESTION 102 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN THREE CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).		
	CHILD 1		SKIP
102 (3)	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF CHILD. [RECORD NAME FROM COLUMN 2 IN HOUSEHOLD QUESTIONNAIRE; RECORD LINE NUMBER FROM COLUMN 11 IN HOUSEHOLD QUESTIONNAIRE.]	NAME _____	LINE NUMBER <input type="text"/> <input type="text"/>

It is also your responsibility to fill in Qs. 103-105. If the child’s mother will be interviewed, the information needed for Qs. 103 and 104 will be updated in the CAPI list of eligible individuals after the mother’s interview with the Woman’s Questionnaire is complete. This step will be straightforward if the interviewer who interviewed the household also interviewed the child’s mother; just rerun the list of eligible individuals and biomarkers (which will now include the date of birth and age information from the pregnancy history) and finish filling out Q. 103-105 for each child. Otherwise, the household

interviewer will need to coordinate with whichever team member interviewed the child’s mother to obtain this information; ask her to run the list of eligible individuals and biomarkers and then you will copy the age and date of birth information into Q. 103 and Q. 104. If the mother of the child is not interviewed or not available, the interviewer will need to ask a responsible adult Q. 103 and Q. 104. As will be discussed in Section 1 of the Woman’s Questionnaire, you will need to compare and correct Q. 103 and Q. 104 if the information provided by the respondent is inconsistent.

103	<p>IF MOTHER INTERVIEWED: COPY CHILD’S DATE OF BIRTH (DAY, MONTH, AND YEAR) FROM PREGNANCY HISTORY.</p> <p>IF MOTHER NOT INTERVIEWED ASK: What is (NAME)’s date of birth?</p>	<p>DAY <input type="text"/> <input type="text"/></p> <p>MONTH <input type="text"/> <input type="text"/></p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/></p>	
104	<p>IF MOTHER INTERVIEWED: COPY CHILD’S AGE FROM PREGNANCY HISTORY.</p> <p>IF MOTHER NOT INTERVIEWED ASK: How old was (NAME) at (NAME)’s last birthday?</p> <p>COMPARE AND CORRECT 103 AND/OR 104 IF INCONSISTENT.</p>	<p>AGE IN COMPLETED YEARS <input type="text"/></p>	
105	<p>CHECK 104: CHILD AGE 0-4 YEARS? YES <input type="checkbox"/> NO <input type="checkbox"/></p>	→ 125	

If the child is age 0-4, put an X in the box next to YES in Q. 105. This child is eligible to begin biomarker collection with anthropometry. If the child is age 5 or older, put an X in the box next to NO, so the biomarker technician will know to skip to Q. 125 for that child.

In Q. 105, a child who is age 5 or older is not eligible for biomarker collection even though the child was identified in the Household Questionnaire as being eligible for the Biomarker Questionnaire (age 0-5). Why, you might be thinking, do we include children in the Biomarker Questionnaire Qs. 102-105, if we know from the Household Questionnaire that they are too old (age 5) to qualify for biomarker collection? Often respondents to the Household Questionnaire are uncertain of the exact age of children in the household and/or they round up a child’s age. So, for example, the respondent to the Household Questionnaire might say a child is age 5 when in fact the child is age 4, and therefore eligible for biomarker collection. The DHS Program has made the decision that we will not rely on the information from the Household Questionnaire for the exact age of children. Instead, we will get this information from the mother’s pregnancy history (for children whose mothers are interviewed) or by asking an adult responsible for the child for the child’s date of birth and age information (for children whose mothers are not interviewed). This will help us be sure that we don’t miss out on any eligible children. Similarly, if we learn from the mother’s pregnancy history that a child who was listed as age 6 in the Household Questionnaire is actually age 4, this child is eligible for biomarker collection. In such an instance, the child’s age should be corrected in the Household Questionnaire, and the list of eligible individuals and biomarkers should be rerun. The child will now be identified as eligible for biomarker collection and his or her information should be entered into the Biomarker Questionnaire.

You will notice a thick black line after Q. 105. This is to mark where your work is done, and the biomarker technician’s work starts. You will not fill in anything after Q. 105 for each child; Q. 106 and onwards are for the biomarker technician to fill out.

For women: Following the instructions in Q. 201, record the line numbers and names of all women age 15-49 in Q. 202 in the same order as they appear in the CAPI output. As with children, each woman has a page in the Biomarker Questionnaire, so you will provide information on page 4 for Woman 1, page 5 for Woman 2, and page 5 for Woman 3. This information corresponds to Column 9 in the Household Schedule. The thick black line after Q. 202 is a reminder to not go beyond Q. 202 for that woman; the biomarker technician will fill out subsequent questions for her.

WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49

201 ✓ (3)	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 9 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE WOMEN IN 202, 203, AND 204 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).		
	WOMAN 1		SKIP
202 ✓ (3)	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF WOMAN.	NAME _____	
		LINE NUMBER <input type="text"/> <input type="text"/>	

For men: As you did for women, follow the instructions in Q. 301 and fill out Q. 302 for men age 15-54.

WEIGHT AND HEIGHT MEASUREMENT FOR MEN AGE 15-54

301 ✓ (3)	CHECK CAPI OUTPUT FOR "LIST ELIGIBLE INDIVIDUALS/BIOMARKERS" COLUMN 10 IN HOUSEHOLD QUESTIONNAIRE. RECORD THE LINE NUMBER, NAME, AGE, AND MARITAL STATUS FOR ALL ELIGIBLE MEN IN 302, 303, AND 304 ON THIS PAGE AND SUBSEQUENT PAGES STARTING WITH THE FIRST ONE LISTED. IF MORE THAN TWO MEN USE ADDITIONAL QUESTIONNAIRE(S).		
	MAN 1		SKIP
302 ✓ (3)	CHECK CAPI OUTPUT AND RECORD NAME AND LINE NUMBER OF MAN.	NAME _____	
		LINE NUMBER <input type="text"/> <input type="text"/>	

The Biomarker Questionnaire provides space for up to three children, three women, and three men. If a household has more persons eligible for the Biomarker Questionnaire than this, you will need to use an additional questionnaire: fill in the identification box and information on the number of eligible individuals and write "CONTINUATION" on the cover page. Inside, replace the section labels Child 1 with Child 4, Child 2 with Child 5, Child 3 with Child 6, Woman 1 with Woman 4, Woman 2 with Woman 5, etc., as necessary.

Interviewer's checklist for Biomarker Questionnaire preparation:

- ✓ Front cover – Identification box at top
- ✓ Front cover – number of eligible children, women, and men on right hand side
- ✓ Page 2 – Qs. 101-105 for Child 1
- ✓ Page 3 – Qs. 101-105 for Child 2
- ✓ Page 4 – Qs. 101-105 for Child 3
- ✓ Page 5 – Q. 202 for Woman 1
- ✓ Page 6 – Q. 202 for Woman 2
- ✓ Page 7 – Q. 202 for Woman 3
- ✓ Page 8 – Q. 302 for Man 1
- ✓ Page 9 – Q. 302 for Man 2
- ✓ Page 10 – Q. 302 for Man 3

Once the biomarker technician has completed work in the household, he or she will return the Biomarker Questionnaire to you for entry into CAPI. If it is returned to you, from your main menu, select the appropriate option (Enter Biomarker Data), and then select the appropriate household. Enter the data from the Biomarker Questionnaire, making sure to enter each individual in the same order as in the questionnaire. If there are inconsistencies or skip errors, discuss with the biomarker technician.

VI. WOMAN'S QUESTIONNAIRE

The Woman's Questionnaire consists of a cover page and 14 sections as follows:

- Section 1: Respondent's Background
- Section 2: Reproduction
- Section 3: Contraception
- Section 4: Pregnancy and Postnatal Care
- Section 5: Child Immunization
- Section 6: Child Health and Nutrition
- Section 7: Marriage and Sexual Activity
- Section 8: Fertility Preferences
- Section 9: Husband's Background and Woman's Work
- Section 10: HIV/AIDS & TB
- Section 11: Other Health Issues
- Section 12: Chronic Diseases
- Section 13: Female Genital Mutilation/ Cutting
- Section 14: Domestic Violence

In addition, an event calendar where information about a respondent's births and periods of contraceptive use and non-use are recorded is found at the back of the Woman's Questionnaire. The questionnaire also includes a page for interviewers to record observations and comments about the interview.

A. Cover Page

The overall layout of the cover page of the Woman's Questionnaire is similar to the cover page of the Household Questionnaire except that the identification section includes the name and household line number of the woman eligible for interview and whether she is selected for the Domestic Violence module. The CAPI system will automatically record the date of each visit you make and will prompt you to enter the result code of each visit.

B. Section 1: Respondent's Background

In the first section of the questionnaire, you will begin by obtaining the respondent's consent to the interview and then collect some general background information on the respondent.

INFORMED CONSENT

You must seek the respondent's consent for participation in the survey. Read the informed consent statement exactly as it is written. This statement explains the purpose of the survey. It assures the respondent that her participation in the survey is completely voluntary and that she can refuse to answer any questions or stop the interview at any point.

After reading the statement, you must affirm that you have read the statement to the respondent. In a paper questionnaire, you do this by signing in the space provided. In a CAPI survey, you do this by selecting '1' (RESPONDENT AGREES TO BE INTERVIEWED).

If the woman does not agree to be interviewed, select '2', thank the respondent, and end the interview. Then select '4' (REFUSED) as the result on the cover page.

REQUEST FOR DOCUMENTS

Before you begin the individual interview, ask the respondent to collect any birth certificates, identity cards, health/vaccination cards or other vaccination documentation, and other health records that she has for herself and her children. To complete some sections of the questionnaire, you will need to examine these documents, so assure the respondent that you have plenty of time to wait while she looks for them.

Q. 101: TIME

The time of the day you start the woman's interview will be automatically recorded by the CAPI system.

For paper questionnaire, record the time of the day you start the woman's interview using the 24-hour system. If the hour or minutes are less than 10, put a zero in the first box.

Half past nine in the morning is:	HOUR.....	0	9
	MINUTES	3	0
Half past four in the afternoon is:	HOUR.....	1	6
	MINUTES	3	0

Q. 102: PLACE OF BIRTH

This question asks in which county the respondent was born. If the woman was born outside of Kenya, select category '96' and continue to the next question.

County Code	County Name	County Code	County Name	County Code	County Name
01	MOMBASA	17	MAKUENI	33	NAROK
02	KWALE	18	NYANDARUA	34	KAJIADO
03	KILIFI	19	NYERI	35	KERICHO
04	TANA RIVER	20	KIRINYAGA	36	BOMET
05	LAMU	21	MURANG'A	37	KAKAMEGA
06	TAITA TAVETA	22	KIAMBU	38	VIHIGA
07	GARISSA	23	TURKANA	39	BUNGOMA
08	WAJIR	24	WEST POKOT	40	BUSIA
09	MANDERA	25	SAMBURU	41	SIAYA
10	MARSABIT	26	TRANS NZOIA	42	KISUMU
11	ISIOLO	27	UASIN GISHU	43	HOMA BAY
12	MERU	28	ELGEYO-MARAKWET	44	MIGORI
13	THARAKA-NITHI	29	NANDI	45	KISII
14	EMBU	30	BARINGO	46	NYAMIRA
15	KITUI	31	LAKIPIA	47	NAIROBI
16	MACHAKOS	32	NAKURU		

Q. 103: COUNTRY OF BIRTH

This question is asked only to women who were born outside Kenya. Enter the name of the country in which the respondent was born. Do not put any numbers in the code boxes since the numbers will be entered at a later time.

Q. 104: LENGTH OF RESIDENCE

This question asks how long the woman has been living in the locality where she is living at the time of the interview, i.e., her current place of residence. Here, “living continuously” means without having moved away from a locality. For example, if the respondent has been away from her home only on visits, these periods should not count as having lived away. If she has moved from one dwelling to another within the same village or neighborhood, it also does not count as living away.

If she has always lived in her current place of residence (that is, she has never lived in any other locality), select ‘95’ for ALWAYS/NEVER MOVED. If she is a visitor, select ‘96’ for VISITOR.

If she has lived in other places, ask her to count how many years she has been living continuously in her current place of residence (how many years have passed since she moved to this locality). Record her answer in completed years.

Example: If the answer is “three and one-half years,” write ‘03.’ If the answer is less than one year, write ‘00.’

Q. 105: FILTER FOR LENGTH OF RESIDENCE

Q. 106: MONTH AND YEAR OF MOVE TO CURRENT LOCALITY OF RESIDENCE

Ask the respondent in which month and year she moved to her current locality of residence. If the respondent knows the date of the move, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is ‘01,’ February is ‘02,’ March is ‘03,’ and so on. If she does not know the month of her move, select ‘98’ for DON’T KNOW MONTH and ask her for the year in which she moved to her current locality. If she knows the year, write it in the boxes for YEAR. If she does not know the year of her move, select ‘9998’ for DON’T KNOW YEAR.

Q. 107 and Q. 108: PRIOR RESIDENCE

Qs. 107 and 108 are about the place the respondent lived just before she moved to her current residence.

In Q. 107 we ask about the county the respondent lived in before she moved to her current residence. It’s possible that she moved within a county in which case her response will be the same as she reported in Q. 102. If she moved to her current residence from outside the country, select ‘96’ for OUTSIDE OF Kenya.

In Q. 108, we want to know which type of place (that is, city, town, or rural area) was the last one before her current place of residence. In Q. 107, that is why we say “just before.”

Q. 109: REASON FOR MOVE

The purpose of this question is to find out the main reason for the respondent’s move to where she is living now. All of the precoded reasons refer to the respondent’s own motivation for making a move. If she moved to remain together with other member(s) of her family, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

ECONOMIC REASON/BUSINESS: Use this code if the respondent moved for a job/ business or to search for employment. Note that military service should be coded under employment. If the respondent moved because of her husband’s, parents’, or other family member’s employment and not her own, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

EDUCATION/TRAINING: Use this code if the respondent moved for an educational opportunity or training. If the respondent moved because of her husband's, parents', or other family member's education/training and not her own, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

MARRIAGE: This code refers to the formation of the respondent's own marriage, regardless of whether it was a formal marriage or informal union (living together as if married). If the respondent moved because of the marriage of someone else in her family, record FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON.

FAMILY REUNIFICATION/OTHER FAMILY RELATED REASON: Use this code when the respondent's main reason for moving was to remain together with her family or household or if she moved to reunite with her family.

FORCED DISPLACEMENT: this code refers to a situation when persons leave or flee their homes due to conflict, violence, persecution, and human rights violations. If a respondent was forced to move because of a natural disaster such as a flood, drought, earthquake, or volcanic eruption, record this under OTHER (SPECIFY).

Q. 110: MONTH AND YEAR OF BIRTH

Qs. 110 and 111 must be asked independently of the information on the Household Questionnaire. Even if you already asked the respondent her age when you were completing the Household Questionnaire, you must ask again for her date of birth on the Woman's Questionnaire.

If the respondent knows her date of birth, write it in the appropriate boxes for MONTH and YEAR. You will need to convert the month into numbers. For this, January is '01,' February is '02,' March is '03,' and so on. If she does not know her month of birth, select '98' for DON'T KNOW MONTH and ask her for the year of her birth. If she knows the year, write it in the boxes for YEAR. Try under all circumstances to obtain at least the year of birth.

If the respondent is unable to provide this information, ask whether she has any documentation such as an identification card or a birth or baptismal certificate that might give her date of birth. Select '9998' for DON'T KNOW YEAR only if the respondent does not know and cannot provide any record showing her birth date.

Q. 111: AGE

This is one of the most important questions in the interview, since almost all analysis of the survey data depends on the respondent's age. **You must ask Q. 111 even if the woman provided her birth date in response to Q. 110.**

If the woman **knows** her age, enter it in the space provided.

If the woman **does not know** her age, you will need to use one of the following methods to estimate her age.

(a) If the **year of birth is reported** in Q. 110, compute the woman's age as follows:

- **Already celebrated birthday in the current year.** If the woman has had her birthday in the current year, subtract the year of birth from the current year 2021 (or 2022, depending on the current year).
- **Not yet celebrated birthday in the current year.** If the woman has not yet had her birthday in the current year, subtract the year of birth from last year 2020 (or 2021 depending on the current year).

- Does not know when her birthday is. If the woman does not keep track of the time within a year when her birthday falls, it is sufficient to subtract year of birth from the current year 2021 or 2022 (depending on the current year).

Tell the respondent the age you computed as she should know this information about herself. If she does not believe that the age you computed is her correct age, confirm that the year of birth she provided is correct.

(b) If the woman **does not know** her age, and the **year of birth is not reported** in Q. 110, you will have to probe to try to estimate her age. There are several ways to probe for age:

1) Ask the respondent how old she was when she got married or had her first child, and then try to estimate how long ago she got married or had her first child.

Example: If she says she was 19 years old when she had her first child and that the child is now 12 years old, she is probably 31 years old.

2) Relate her age to that of someone else in the household whose age is more reliably known.

3) Try to determine how old she was at the time of an important event such as a war, flood, earthquake, change in political regime, etc. and add her age at that time to the number of years that have passed since the event.

(c) The woman **does not know** her age and probing did not help.

If probing does not help in determining the respondent's age and date of birth was not recorded in Q. 111, you will have to estimate her age. Remember, this is a last resort to be used only when all your efforts at probing have failed.

Checking Consistency of Birth Date and Age Responses

If the woman provides both her birth date and her age in Qs. 110 and 111, the CAPI program will alert you if the responses are inconsistent. The program, however, will not tell you which piece(s) of information (her birth date, her age, or both her birth date and age) are incorrect.

To understand the situations when the CAPI program will alert you that the responses are inconsistent, it is helpful to practice performing the consistency check manually. There are two methods for checking whether the age and year of birth are consistent: the **arithmetic method** and the **chart method**. A detailed description of each method follows. You may use either method to check the consistency of birth date and age information.

Arithmetic Method

The arithmetic procedure requires that you first calculate the sum of the year of birth and the age. Apply one of the following rules to determine if these responses are consistent.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 110:

- If the month of birth is before the month of interview (the respondent has had her birthday this year), then her age plus the year of birth should equal the year of interview 2022.

Example: A respondent that you interview in July 2022 tells you that she was born in January 1976 and is 46 years old. Her responses are **consistent**, i.e., her month of birth (January) is before the month of interview (July) and the year of birth (1976) and age (46) sum to the year of interview (2022).

Another respondent that you interview in July 2022 says she was born in May 1998 and she is 23 years old. Her responses are **inconsistent**, i.e., her year of birth (1998) and age (23) sum to 2021 rather than to 2022 as would be expected given that her month of birth (May) is before the month of interview (July).

- If the month of birth is after the month of interview (she has not had her birthday this year), then her age plus her year of birth should equal the previous year 2021.

Example: A respondent interviewed in July 2022 tells you that she was born in December 1989 and is 32 years old. Her responses are **consistent**, i.e., her month of birth (December) is after the month of interview (July) and the year of birth (1989) and age (32) sum to the previous year (2021).

Another respondent interviewed in July 2022 says that she was born in September 1984 and is 38 years old. Her responses are **inconsistent**, i.e., her year of birth (1984) and age (38) sum to 2022 rather than to 2021 as would be expected given that her birth month (September) is after the month of interview (July).

- If the month of birth is the same as the month of interview, then a sum of either 2021 or 2022 is acceptable.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 110:

Add the year of birth to the respondent's age. Accept the sum if it is equal either to the year of interview 2022 or the previous year 2021.

Example: A respondent tells you she was born in 1992 and is 30 years old. Her answers are **consistent** since the sum of her year of birth (1992) and her age (30) is 2022.

Another respondent tells you she was born in 1992 and her age is 29 years. Her responses are **consistent** since the sum of the year of birth (1992) and her age (29) is 2021.

A third respondent tells you that she was born in 1992 and is 31 years old. Her responses are **inconsistent** since the sum of her year of birth (1992) and her age (31) is 2023.

Chart Method

You may use the Age/Birth-Date Consistency Chart (Figure 1) to check the consistency of the information the respondent provides. In using the chart, you will choose one of two approaches, depending on the type of information you have recorded in Q. 110.

(1) IF BOTH MONTH AND YEAR ARE RECORDED IN Q. 110:

Enter the chart at the age you recorded in Q. 111. If the month of birth is before the month of interview (she has already had her birthday this year), use the right-hand column to see what year of birth is consistent with that age. If the month of birth is after the month of interview (she has not yet had her birthday this year), use the left-hand column to see what year of birth is consistent with that age.

If the year of birth recorded in Q. 110 is not the same as the year of birth in the chart, then Qs. 110 and 111 are inconsistent and you will have to make a correction.

(2) IF ONLY YEAR OF BIRTH IS RECORDED IN Q. 110:

Enter the chart at the age you recorded in Q. 111. The year of birth listed in either the left- or right-hand column is consistent with that age.

If the year of birth recorded in Q. 110 is not the same as one of the two years of birth recorded in the chart, then Qs. 110 and 111 are inconsistent and you will have to make a correction.

FIGURE 1. AGE/BIRTH-DATE CONSISTENCY CHART FOR SURVEY IN 2022

Current Age	Year of birth		Current Age	Year of birth	
	Has not had birthday in 2022	Has already had birthday in 2022		Has not had birthday in 2022	Has already had birthday in 2022
	Don't know			Don't know	
0	2021		30	1991	1992
1	2020	2021	31	1990	1991
2	2019	2020	32	1989	1990
3	2018	2019	33	1988	1989
4	2017	2018	34	1987	1988
5	2016	2017	35	1986	1987
6	2015	2016	36	1985	1986
7	2014	2015	37	1984	1985
8	2013	2014	38	1983	1984
9	2012	2013	39	1982	1983
10	2011	2012	40	1981	1982
11	2010	2011	41	1980	1981
12	2009	2010	42	1979	1980
13	2008	2009	43	1978	1979
14	2007	2008	44	1977	1978
15	2006	2007	45	1976	1977
16	2005	2006	46	1975	1976
17	2004	2005	47	1974	1975
18	2003	2004	48	1973	1974
19	2002	2003	49	1972	1973
20	2001	2002	50	1971	1972
21	2000	2001	51	1970	1971
22	1999	2000	52	1969	1970
23	1998	1999	53	1968	1969
24	1997	1998	54	1967	1968
25	1996	1997	55	1966	1967
26	1995	1996	56	1965	1966
27	1994	1995	57	1964	1965
28	1993	1994	58	1963	1964
29	1992	1993	59	1962	1963

HOW TO CORRECT INCONSISTENT ANSWERS

If the recorded birth date (Q. 110) does not agree with the age (Q. 111), you must correct the inconsistency. Do this by further probing and adjusting the age, the birth date, or both. It is important to understand that either or both of the two pieces of information may be incorrect. Do not always assume that an inconsistency means, for instance, that the date of birth was given correctly and that the age is incorrect. It could be that the date or the age or both the date and the age are incorrect.

Remember, you **MUST** fill in an answer to Q. 111.

Finally, before moving on to the next question, verify that the respondent is indeed eligible. If the woman is younger than 15 years or 50 years or older you have to terminate the interview. Do this tactfully by asking two or three more questions, thank the respondent for her cooperation, and then discontinue the interview.

When you discover a respondent is outside the age group eligible for interview, you must correct the age and eligibility information for this woman in Columns (7) and (9) on the Household Questionnaire. In CAPI, doing so will automatically update the total number of eligible women reported on the cover page of the Household Questionnaire and in the assignment file.

Note that you should correct the information on the woman's age in the Household Questionnaire only when it affects her eligibility status. Otherwise, do not change the age response in the Household Questionnaire.

Q. 112: PERCEIVED HEALTH

The purpose of this question is to establish how the respondent perceives her own physical health. Make sure to read the entire question and record the response she provides. It is not important to know how she is defining the different categories, and you should not give her any guidance about what the differences between them are.

Q. 113: EVER ATTENDED SCHOOL

The term "school" means formal schooling, which includes primary, secondary/'A' level, middle level college, university, and vocational school, and any other intermediate levels of schooling in the formal school system. It includes technical or vocational training beyond the primary-school level, such as long-term courses in computer software or trades such as mechanics, plumbing, or electrical work. However, this definition of school does not include preschool, Bible school or Koranic school, or short courses like typing or sewing.

If a respondent says she attended an early childhood education program, but not school, record NO for Q. 113 since for this question we are only interested in schooling received during childhood, adolescence, and adulthood but not early childhood.

Q. 114: HIGHEST LEVEL ATTENDED

Record the highest level the respondent ever attended, regardless of whether or not the year was completed. For example, if she attended secondary school for only two weeks, record SECONDARY.

Q. 115: HIGHEST STANDARD/GRADE/FORM/YEAR COMPLETED

For this question, record only the highest standard/grade/form/year that the respondent successfully completed at that level.

Example: If a woman was attending Grade 3 of primary school and left school before completing that year, record '02'. Although Grade 3 was the highest year she attended, she completed only two years of primary school.

Example: If a woman attended only two weeks of Form 1 of secondary school, record '00' for completed years since she did not complete any grades at the secondary school level.

Q. 116: FILTER FOR EDUCATION LEVEL

Q. 117: LITERACY

Based on your knowledge of the respondent, choose the card with the language in which the respondent is likely to be able to read if she is literate. Show the first sentence on the card to the respondent. Give the respondent enough time to read the sentence; do not rush her. Record whether the respondent was not able to read the sentence at all, was able to read only parts of the sentence, or was able to read the whole sentence. If the respondent asks for a sentence in another language and you were provided a card with sentences in that language, show the respondent the appropriate card. If there is no card with sentences in the language required, select '4' and specify the language.

It is important to avoid the problem of having other respondents in the household overhear the sentence being read. Subsequent respondents in the household might be able to repeat the sentence when they are interviewed, even if they are unable to read. If there is a second eligible respondent in the household, show her the second sentence on the card. Show the third respondent the third sentence on the card, and the fourth respondent the fourth sentence. If there are more than four respondents, start again with the first sentence on the card.

Q. 118: FILTER FOR LITERACY LEVEL

Q. 119: NEWSPAPER/MAGAZINE READING

The purpose of this question is to find out whether the respondent is exposed to influences outside her local community by reading newspapers or magazines. It does not matter what type of articles she reads, what language she reads in, or who buys the newspapers or magazines she reads. The question is simply about how often she reads them. Make sure that you read the entire question before accepting her answer.

If the respondent tells you that she is reading newspapers or magazines on the Internet, this should still be considered as exposure. The objective is to collect information on whether respondents are accessing newspapers or magazines, and if so, how frequently.

Q. 120: RADIO LISTENING

The purpose of this question is to establish whether the respondent is exposed to radio programming, by whatever means. Accessing the radio through the Internet or cable services, or other means is also included here. If there is any doubt as to whether the respondent listens to the radio at least once a week, probe. For example, after probing, if she says "I listen almost every day, but during the planting season, I'm away and I don't listen at all," record "at least once a week," since she normally listens almost every day. It does not matter who owns the radio or what program she listens to. Again, make sure to read the entire question.

Q. 121: TELEVISION WATCHING

As with Qs. 119 and 120, the purpose is to get an idea of how much exposure the respondent has to influences outside her place of residence, this time through television broadcasts. It does not matter who owns the television or what program she watches.

A respondent watching television broadcasts via the Internet on a computer, smart phone, or other means should still be considered as watching television, as long as she is accessing television broadcasts.

Qs. 122 and 123: MOBILE PHONE OWNERSHIP

In Q. 122, ask the respondent if she owns a mobile phone. If the respondent says she has access to a mobile phone, but the phone does not belong to her, record NO and skip to Q. 124. If she says she owns a mobile telephone jointly with someone else, record YES.

In Q. 123, ask the respondent if the mobile phone she owns is a smart phone. A smart phone is a mobile phone that performs many of the functions of a computer, typically having a touchscreen surface, Internet access, and an operating system capable of running software applications (“apps”).

Q. 124: FINANCIAL TRANSACTIONS BY MOBILE PHONE

This question is identical to Q. 135 in the Household Questionnaire except that it is asking specifically about whether or not the respondent uses a mobile phone to make financial transactions and is restricted to the last 12 months.

Q. 125: BANK ACCOUNT OWNERSHIP

Financial institutions include banks, credit unions, microfinance institutions, cooperatives, or the post office. Mobile money service providers such as –M-PESA, AIRTEL MONEY, T-KASH from TELKOM. It also includes having a debit card if it is in the respondent’s own name. If the respondent has her own account or shares an account at a bank or other financial institution with someone else, record YES, as long as she uses the account. If the respondent has an account in her name, but does not use it, record NO. If the respondent says someone in her household has an account at a financial institution, but she does not use it record NO. Do not include savings programs at the community level.

Q. 126: BANK ACCOUNT DEPOSITS OR WITHDRAWALS IN LAST 12 MONTHS

Q. 126 asks about any deposits (putting money in) or withdrawals (taking money out) of the account(s) mentioned in Q. 125 made by the respondent in the last 12 months. It is important that the deposits or withdrawals were made by the respondent herself. If the respondent made at least one deposit or withdrawal from the account in the last 12 months, select ‘YES’. If the respondent did not put in or take out any money in the last 12 months, select ‘NO’ and skip to Q. 130. Use of mobile banking such as M-shwari is also accepted.

Qs. 127-129: INTERNET USE

The Internet is a world-wide public computer network. Internet use includes accessing web pages, e-mail, instant messaging, applications (such as WhatsApp), and social media (such as Facebook, Twitter, TikTok, and Instagram). Internet access can be via a fixed or mobile network, and can occur via desktop, laptop, and tablet computers, smart phones, and other devices such as e-readers, smart televisions, and game machines. These questions ask about ever use, use in the last 12 months, and frequency of use in the last month. The type of device used to access the Internet does not matter. It also does not matter if the Internet use takes place in the household where the respondent is living or elsewhere.

Qs. 130 and 131: RELIGION AND ETHNICITY

Ask the respondent for her religion in Q. 130 and her ethnic group in Q. 131. If she belongs to a religion or ethnic group not listed, select ‘96’ for OTHER and write in her response. If the respondent belongs

to more than one ethnic group, probe to find out her main ethnic group and record her response accordingly.

- i. **Catholics, code “1”:** Those who believe in Catholic faith and recognize the Pope as the head of the Church
- ii. **Protestants, code “2”:** Group of churches, which broke away from the Catholic Church e.g. Anglican Church of Kenya (ACK), Presbyterian church of East Africa (PCEA), African Inland Church (AIC), Lutheran, Quakers (Friends), Methodists, Seventh Day Adventists (SDA), Salvation Army and Baptists.
- iii. **Evangelical Churches, code “3”:** These are evangelical churches e.g., CITAM, Redeemed, Full Gospel, Pentecostal, Deliverance, PAG, Kenya Assemblies, Winners, Apostolic church, Jehovah Witnesses etc
- iv. **African Instituted Churches, code “4”:** This category caters for Christians who are not covered under code “1” code “2” and 3 above e.g., Legio Maria, Israel, Church of Christ, Roho, African Independent churches etc.
- v. **Orthodox, Code “5”:** Orthodox is the name of the branch of Judaism that strictly follows traditional beliefs and customs, derived from orthodox in the earlier meaning of “strictly observant”. It is distinguished by its doctrinal differences from the other divisions of the Christian Church.
- vi. **Other Christian, Code “6”.** Are individuals who confess Christian faith but are not affiliated to any of the above faiths e.g. people who don’t go to any church yet they consider themselves Christians.
- vii. **Islam, code “7”:** Those who profess the Islamic faith and recognize Muhammad as the prophet of God
- viii. **Hindus/ Sikh/ Confucius code “8”:** These are religions that originated South East Asian countries e.g India, Pakistan, Korea
- ix. **Traditionalists, code “9”:** Those who believe in divine powers, e.g., Dini ya Msambwa, Tent of the Living God, etc.
- x. **No religion/ Athesists, code “10”:** These are people who do not believe in the existence of supernatural powers. They do not follow any particular religion.
- xi. **Others Religion, code “95”:** Include people with religious affiliations other than the above-mentioned e.g., Buddhists, Bahais, etc.

C. Section 2: Reproduction

In this section, information is collected about the births that a woman has had during her life, any pregnancies she had that did not end in a live birth, her current pregnancy status, the timing of the start of her last menstrual period, her age at first menstruation, and her knowledge of the monthly menstrual cycle. This is a particularly important section, and you need to be especially careful to obtain all the required information (This information should be obtained in privacy).

GENERAL NOTES ABOUT Qs. 201-209

This group of questions collects information about all births that the woman has had (no matter who the father is). It is important that you understand which events to include. We want to record all of the respondent’s natural births. You should record all children who were born alive (that is, who showed signs of life by crying, breathing, or moving) even if they survived only for a few minutes. We want to know about all the woman’s births even if the child no longer stays in the household or if the child is no longer alive.

It is also important to understand which events should not be recorded. You must not record adopted or foster children or children of relatives who may be living in the household. You also should not include any of her husband's children to whom the respondent did not give birth herself. Finally, you must not record children who were born dead (stillbirths) or miscarriages or abortions; rather, these three types of terminated pregnancies will be captured in Q. 210.

Q. 201: EVER GIVEN BIRTH

This question serves two purposes: to introduce the section and to learn whether the respondent has ever given birth. Even if the woman tells you that she never gave birth (Q. 201 is NO), you must go on to ask Q. 206 since she may not have told you about children who died very young.

Q. 202: ANY CHILDREN LIVING WITH HER

Read the question slowly. The sons and daughters being considered are her OWN biological children who live with her in her household (which will usually be the household in which the interview is being held, except for women who are visitors).

Q. 203: NUMBER OF CHILDREN LIVING WITH HER

Fill in the number of sons and daughters who live with the respondent. If she has only sons living with her, enter '00' in the boxes for daughters, and vice versa. Remember that we are only interested in the respondent's OWN biological children and not foster children, children of her husband by another woman, or children of a relative.

Note that it is never correct to record '00' in the boxes for both sons and daughters since women who have no children living at home skip directly from Q. 202 to Q. 204.

Qs. 204 and 205: ANY CHILDREN LIVING ELSEWHERE

These questions refer to the respondent's sons and daughters who are alive but not living with her. For example, they may be living with a relative, may be staying at a boarding school, may have been given up for adoption, or may be grown-up children who have left home. If she has only sons living elsewhere, enter '00' in the boxes in Q. 205 for daughters, and vice versa. Make sure the respondent is not reporting dead children in this question.

Qs. 206 and 207: CHILDREN WHO DIED

These questions on children who have died are extremely important and are among the most difficult on which to obtain accurate data. Some respondents may fail to mention children who died very young, so if a woman answers NO, it is important to probe by asking, "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?" Some respondents may be reluctant to talk about this subject and may become sad or upset that you are asking such questions. Be sympathetic and tactful in such situations. Say that you know the subject is painful but that the information is important.

Q. 208: TOTAL LIVE BIRTHS

The CAPI program will add up the numbers in Qs. 203, 205, and 207 and enter the total in Q. 208.

Q. 209: CHECKING TOTAL WITH RESPONDENT

Ask the respondent whether the total entered in Q. 208 is correct. If she says NO, select NO, and return to Qs. 201-208 to check with the respondent whether you have obtained the information correctly.

Example: Starting with Q. 203, you would ask, “You have two sons and one daughter living with you. Is that correct?” Do the same for Qs. 205 and 207. If you have made any changes to Qs. 203, 205, and 207, a new total will be entered in Qs. 208 and 209.

Once you have made sure the total number of births is correct, change the code in Q. 209 from NO to YES and proceed with Q. 210.

Q. 210: PREGNANCIES THAT DID NOT RESULT IN A LIVE BIRTH

Qs. 201-209 asked the respondent about live births. Now, in Q. 210, we want to know whether the respondent had any pregnancies that did not result in a live birth. To ensure that none are missed, the question specifically mentions the three ways a pregnancy may not result in a live birth:

- **Miscarriage:** a woman’s pregnancy ended early and involuntarily
- **Abortion:** the woman voluntarily ended a pregnancy
- **Stillbirth:** the woman gave birth to a child that showed no signs of life (was born dead)

Make sure to read the full question to the respondent.

Q. 211: NUMBER OF LIFETIME MISCARRIAGES, ABORTIONS, AND STILLBIRTHS

Ask the respondent how many miscarriages, abortions, and stillbirths she has ever had. If she says she had one pregnancy that ended in a miscarriage and another that was a stillbirth, record ‘02’ pregnancy losses. If she says she was pregnant with twins, and they were both born dead, record ‘02’.

Q. 212: TOTAL PREGNANCY OUTCOMES

Pregnancy outcomes refer to the total number of live births, miscarriages, abortions, and stillbirths the respondent has had. A woman can have one pregnancy that leads to two or more pregnancy outcomes. For example, a woman who was pregnant with twins could give birth to a live birth and a stillbirth. She had one pregnancy but two pregnancy outcomes. Similarly, a woman who was pregnant with triplets would have one pregnancy and three pregnancy outcomes.

The CAPI program will add up the numbers in Qs. 208 and 211 and enter the total in Q. 212.

Q. 213: FILTER FOR NUMBER OF PREGNANCY OUTCOMES

Qs. 214-228: PREGNANCY HISTORY TABLE

In the pregnancy history table, we want a complete list of all the pregnancy outcomes the respondent has had in the order in which they occurred, starting with her first pregnancy. Each pregnancy outcome will occupy one row in the pregnancy history table.

Q. 214: REQUEST FOR PREGNANCY HISTORY

Begin the section by informing the respondent that we would like to record all of her pregnancies, from all marriages and unions, including live births, stillbirths, miscarriages, and abortions.

For each pregnancy, you will ask Qs. 215-222 in one row (the end of which is marked by a thick black line), before moving to the next pregnancy in the next row. After all the pregnancies are listed and the information in Qs. 215-222 has been entered for each, ask 222A to confirm that the she has not had any

pregnancies since the last that she mentioned. You will then complete Qs. 223-228 for each pregnancy outcome.

Q. 215: SINGLE PREGNANCY, TWINS, TRIPLETS OR OTHER CATEGORY OF MULTIPLE PREGNANCY

Beginning with the respondent's first pregnancy, record whether the pregnancy was a single pregnancy or a pregnancy of twins, triplets, or other category of multiple pregnancy.

For example, a respondent's first pregnancy resulted in twin boys, Marcus (born first) and Michael (born second). The respondent's next pregnancy resulted in a stillbirth. In Q. 215, code 2 (TWINS) would be entered in line 01 (Marcus) and line 02 (Michael). Code 1 (SING) would be entered in line 03 (stillbirth).

If the respondent's pregnancy resulted in triplets, code 3 (TRIP) would be entered in Q. 215 for each of the three pregnancy outcomes. If the respondent had more than 3 pregnancy outcomes (e.g., quadruplets or quintuplets), the total number of pregnancy outcomes would be entered into the box provided, and this same number would be used for each outcome.

Q. 216: PREGNANCY OUTCOME STATUS

The wording of this question will depend on whether the pregnancy resulted in a single outcome or multiple outcomes. If the pregnancy resulted in a single outcome, ask "Was the baby born alive, born dead or did you have a miscarriage or abortion?" Select the appropriate response code. Notice that the skips differ for each category and therefore it is critical to code the respondent's answer correctly:

- BORN ALIVE skips to Q. 218.
- BORN DEAD proceeds to next question.
- MISCARRIAGE and ABORTION skip to Q. 220

Q. 217: CONFIRMATION OF STILLBIRTHS

This question is only asked about pregnancies that the respondent said ended in a stillbirth (category '2' in Q. 216). Here we are confirming whether the child was born dead (that is, the child never cried, moved, or breathed) or whether the pregnancy ended with a child who was born alive but later died. Remember to be sympathetic and tactful when asking these questions as they can be painful for the respondent.

If the respondent says that the baby did not cry, move, or breathe, select 'NO' and skip to Q. 220. This is a true stillbirth.

If the respondent says the baby showed any sign of life, select 'YES' and proceed to the next question. This baby was born alive.

Note: if Q. 217 showed that the pregnancy resulted in a live birth and not a stillbirth, you do not need to go back and correct Q. 216.

Q. 218: BABY'S NAME

Record the name of the baby born from the pregnancy.

Write the name that distinguishes that child from the others—in other words, if there are two children, Harvey Johnson and Matilda Johnson, write “Harvey Johnson” and “Matilda J.,” not “H. Johnson” and “M. Johnson.” If the baby never had a name, either because it is still very young or because it died when it was very young, write “Baby” for the name.

Q. 219: CHILD’S SEX

Select the code for the sex of the child. Although you can often tell the sex from the name, check with the respondent by saying, for example, “and Joyce is a girl?” Do not assume the sex of the child from the name.

Q. 220: DAY, MONTH, AND YEAR OF PREGNANCY OUTCOME

The information in Qs. 216 and 217 will be used by the CAPI program to determine how to properly ask this question. The wording of the question will vary depending on whether the pregnancy outcome was a live birth or a stillbirth, miscarriage, or abortion.

If category ‘1’ BORN ALIVE is recorded in Q. 216, you will ask “On what day, month, and year was (NAME) born?”

If category ‘3’ MISCARRIAGE or ‘4’ ABORTION is recorded in Q. 216, ask “On what day, month, and year did this pregnancy end?”

If category ‘2’ BORN DEAD is recorded in Q. 216, the CAPI program will check Q. 217 to confirm if the pregnancy outcome was a stillbirth (‘2’ NO is recorded in Q. 217). In this instance, you will ask “On what day, month, and year did this pregnancy end?” However, if ‘1’ YES is recorded in Q. 217, then we have determined that the outcome was actually a live birth, and you will ask “On what day, month, and year was (NAME) born?”

For live births, always look at any documents you collected from the woman at the beginning of the interview (e.g., birth certificate, child’s immunization record, or mother’s health documents) to see whether a date of birth was recorded. Before entering a date from these documents, however, check with the respondent to determine whether she believes the date is accurate. In some cases, the information on the document may be the date when the event was recorded and not the date when the child was born.

If the respondent gives you a year of outcome but does not know the day or month of birth, probe to get an estimate of the day and month.

Example: if a respondent says her daughter was born in 2005, but she does not know which day or month, ask her whether she gave birth in the dry or wet season, whether she remembers if she was pregnant [during Ramadan or at Christmas or Easter time], or during some other significant event/season of the year to try to determine at least the month of birth. Convert months to numbers, as before. If you have no information on the day of birth, write ‘98’ for DAY. If you cannot estimate a month, write ‘98’ for MONTH. You must provide a year of birth.

If the respondent cannot recall the year when the pregnancy outcome occurred, you need to probe carefully. See if the respondent knows a firm birth date for any other child in the household and relate it to that.

Example: If she knows the second child was born in 2004 and the first child was just a year old at that time, enter ‘2003’.

You must enter a year for all pregnancy outcomes, even if it is just the respondent's best estimate. For live births that occurred in the last five years, you must enter both a month and year of birth, even if it is an estimate.

Q. 221: LENGTH OF PREGNANCY

Record the duration of the pregnancy in completed weeks or months, based on the unit of time the respondent uses. Either unit of time is equally acceptable. If the woman says she had a full-term pregnancy, record '09' in MONTHS. For example, if a woman had a miscarriage after being pregnant for 7 weeks, record the duration in completed weeks. If a woman was pregnant for an unknown but short time, ask the respondent to make an estimate.

Q. 222: PROBING THE INTERVAL BETWEEN PREGNANCY OUTCOMES

The purpose of this question is to make sure that we have not missed any of the respondent's pregnancy outcomes. The phrasing of the question depends on information you will have entered in Qs. 215-221. For the first pregnancy outcome (row 01), you will ask whether there were pregnancies that occurred before the first pregnancy the respondent mentioned. For a single pregnancy or for the first birth of a multiple pregnancy, you must ask the respondent whether there were any pregnancies between the previous pregnancy and the pregnancy about which you had just been asking. If the woman tells you there was no other pregnancy, record NO in Q. 222.

If the woman tells you that there was another pregnancy, record YES in Q. 222. You will then need to add the additional pregnancy outcome to the table and ask Qs. 215-222 for that pregnancy outcome.

Example: Initially a respondent tells you that she has had three pregnancies, the first resulting in the birth of Michael, followed by the birth of Mary, followed by a miscarriage. After recording all of the information for Qs. 215-221 for the miscarriage as appropriate, you ask Q. 222: "Were there any other pregnancies between the previous pregnancy (birth of Mary) and this pregnancy?" The woman tells you there was a stillbirth after Mary and before the miscarriage. Record YES in Q. 222. You will then add the stillbirth to the pregnancy history.

In a paper questionnaire, you would add the stillbirth to the end of the pregnancies, draw an arrow to show the location of the stillbirth between Mary and the miscarriage, and renumber the pregnancy numbers to reflect the correct order of the pregnancies. The method you will use to add a birth to the pregnancy table in the CAPI system will be discussed during the CAPI training.

In the situation where you are collecting information on a second, third, fourth (etc.) birth of multiple pregnancy, there is no need to ask Q. 222. Instead, skip to 216 in the next row. This will be done automatically by CAPI.

Q 222A: RECENTLY ENDED PREGNANCIES

In this question, you will confirm whether there are any recent pregnancies that the respondent may not have mentioned. If the respondent mentions a recent pregnancy not listed in the pregnancy history table, select 'YES' and record the pregnancy outcome in the last row of the table. If there are no more recent pregnancies, select 'NO' and proceed to Q. 223 (row 01).

Q. 223: FILTER FOR PREGNANCY OUTCOME STATUS

You will arrive at Q. 223 only after you have completed Qs. 215-221 for each pregnancy outcome. This filter will check Qs. 216, 217, and 221 to determine whether the Qs. 224-228 are relevant for each pregnancy outcome. If the pregnancy ended in a stillbirth, miscarriage, or abortion, proceed to Q. 223 for the next pregnancy outcome.

In this survey, a pregnancy that did not end in a live birth is classified as a stillbirth if the pregnancy duration is 7 months/28 weeks or longer and is classified as miscarriage if the pregnancy duration is less than 7 months/28 weeks.

Q. 224: CHILD'S SURVIVAL STATUS

In Q. 224, we are asking the respondent whether a child that was born alive is still alive or not. If the child was born alive but died later on, select '2' NO and skip to Q. 228.

Q. 225: AGE OF LIVING CHILD

The age of all living children should be recorded in completed years.

Example: A child who will become three years old next month should be recorded as '02' years today. A child less than one year old will be recorded as age '00' years.

Sometimes, a mother will not know the current age of her child. In this case, you may rephrase the question to, "How many years ago was John born?" You can also use other available information such as relating John's age to the age of a child she does know.

Example: The mother may know that her youngest child was born one year ago and that John was around two years old at that time, in which case John would be three years old now.

You MUST record an age for all children who are still alive.

CONSISTENCY CHECK: DATE OF BIRTH AND AGE

You are not finished with Q. 225 until the consistency between Q. 220 (date of birth) and Q. 225 (age) has been checked. The CAPI program will automatically alert you if the Q. 220 and Q. 225 are inconsistent. To do this check manually, you would use either the arithmetic or chart procedure:

Arithmetic procedure. Add the year of birth and the age. If the child has already had a birthday this year (month of birth is prior to month of interview, or month of birth is the same as the month of interview and day of birth is on or before the day of interview), the sum should be 2022. If the child has not had a birthday yet this year (month of birth is after month of interview, or month of birth is the same as the month of interview and day of birth is after the day of interview), the sum should be 2021. If the child's month of birth is the same as the month of interview and the day of birth is not known, the sum can be either 2021 or 2022. If the month of birth is not known, the sum can be either 2021 or 2022.

Age/Birth Date Consistency Chart. Locate the age on the chart (Figure 1). Check that the birth year is consistent with that age in the chart. Use the right-hand column if the month of birth is before the month of interview and the left-hand column if the month of birth is after the month of interview. If the month of birth is the same as the month of interview, use the right-hand column if the day of birth is on or before the day of interview and the left-hand column if the day of birth is after the day of interview. If the month of birth is not known, or the month of birth is the same as the month of interview and the day of birth is not known, the year of birth must be the same as one of the two years of birth recorded in the chart.

Both these procedures are explained in more detail after Qs. 110 and 111.

If year of birth date and age are not consistent, probe to get the correct information. Remember when probing, that either or both responses—age or birth date—may be wrong.

Q. 226: CHILD LIVING WITH MOTHER

This question is important in determining the extent to which children live away from their biological mothers. If a child is away at boarding school or lives with other people on a permanent basis, record NO. If the child is away for a short while but usually lives with the mother, record YES.

Q. 227: HOUSEHOLD LINE NUMBER OF CHILD

In Q. 227, record the line number of the child from Column 1 of the Household Schedule in the Household Questionnaire. If the child is not living in the household, enter ‘00’ in the boxes. If the child is not listed in the Household Schedule, but the mother says that the child is in fact a usual resident or a visitor in the household, you will need to add the child to the Household Schedule.

Be careful in recording the line number from the Household Schedule since any errors will cause problems during data processing.

After completing Q. 227 for the first pregnancy outcome, proceed to Q. 223 for the next pregnancy outcome.

Q. 228: AGE AT DEATH

If the skip pattern has been followed correctly, you will be asking this question only for children who were born alive and have since died.

For all children who have died, you **MUST** record an age at death in Q. 228, even if it is only a best estimate. Age at death information is recorded in days, months, or years, depending on the child’s age at the time of death.

- If the child was less than one month old at death, select ‘1’ and write the answer in DAYS.
- If the child was at least one month old but less than two years old when he or she died, select ‘2’ and write the answer in MONTHS.
- If the child was two years old or older when he or she died, select ‘3’ and write the answer in YEARS.

If the instruction in Q. 228 is followed correctly, you should **never** record **‘00’ months or ‘00’ or ‘01’ years.**

Here are some examples of how to record age at death:

“She was 3 years old when she died.”	DAYS 1			
	MONTHS 2			
	YEARS.....③	0	3	
“He was only six months old.”	DAYS 1			
	MONTHS②	0	6	
	YEARS..... 3			
“She died when she was 5 days old.”	DAYS①	0	5	
	MONTHS 2			
	YEARS..... 3			

"He was 4 and a half months old."	DAYS 1		
	MONTHS ②	0	4
	YEARS 3		
"He was 2 weeks old when he passed away." After probing you learn that the baby was actually 12 days old when he died.	DAYS ①	1	2
	MONTHS 2		
	YEARS 3		
"She died on the same day she was born."	DAYS ①	0	0
	MONTHS 2		
	YEARS 3		

Some points to remember in completing Q. 228:

- **Use completed units.** You should give the answer in completed units, i.e., if she says "four and a half months," record MONTHS '04.'
- **Convert answers given in weeks to days or months.**
 - If the answer is **less than four weeks**, probe to find out the **exact age at death in days**. For example, if the answer is "three weeks," probe for the number of days. If the mother says 19 days, record DAYS '19.'
 - If the answer is **four weeks or more**, convert the answer to completed months. An answer of "seven weeks" would be recorded as MONTHS '01.'
- **Probe when the answer is "one year"**. We know that often mothers will round off their answer if a child died close to the first birthday, i.e., the mother is likely to respond "one year old" even if the child really was younger (e.g., 10 months or 11 months) or older (e.g., 13 or 14 months) at the time of death. Therefore, anytime a woman responds "one year" or "12 months" to this question, probe by asking, "Did (NAME) have (his/her) first birthday?" followed by "Exactly how many months old was (NAME) when (he/she) died?"

"She died when she was one year old." After probing, you may learn that the child was actually 13 months old.	DAYS 1		
	MONTHS ②	1	3
	YEARS 3		

OTHER POINTS ABOUT THE PREGNANCY HISTORY TABLE

- 1) Recording of age at death, year of outcome, and age of living children. For day of the pregnancy outcome in Q. 220, it is permissible to record Code '98' for DON'T KNOW as an answer. For month of the pregnancy outcome in Q. 220, it is possible to record Code '98' for DON'T KNOW, but this code should only be used when it is not possible to come up with an estimate. However, for year of pregnancy outcome (Q. 220), age of living children (Q. 225), and age at death (Q. 228), you must record an answer. It is very important to obtain information for these questions, so you must probe for this information and, if

necessary, work with the respondent to obtain a best estimate on the basis of the woman's answers.

- 2) Recording of information on twins (or triplets, etc.). If there are any twins, record the information about each twin on a separate line. If the twins are the respondent's last birth and if one twin is dead, record the living twin last. By doing this, you will be able to talk about the living twin first when you get to Section 4, which may be more comforting for the respondent.
- 3) Checking birth interval. Check the dates of each birth. If any two children are reported born less than seven months apart, e.g., December 2008 and May 2009, probe and correct the dates. Either the December birth occurred earlier or the May birth occurred later, or both.

Q. 230: CONSISTENCY OF TOTAL PREGNANCIES

The CAPI program will compare the number of pregnancy outcomes in Q. 212 to the number of pregnancy outcomes listed in the pregnancy history table. If the number in the table is equal to the number in Q. 212, you will proceed to Q. 231.

If the number in the table is greater than the number in Q. 212, you will also proceed to Q. 231. This situation could occur if, for example, a pregnancy that resulted in multiple stillbirths (e.g., stillbirth twins) was counted as a single pregnancy outcome in Q. 212 but as two pregnancy outcomes in the pregnancy history table. In such an instance, there is no need to make a correction.

In contrast, if the number in the pregnancy history is less than the number recorded in Q. 212, you must probe to find the cause of the difference and correct it before you continue to Q. 231. This may necessitate adding pregnancy outcomes to the pregnancy table or subtracting pregnancy outcomes from Qs. 203, 205, 207, or 211. When properly completed, your questionnaire must always have the same or more pregnancy outcomes in the table as the number recorded in Q. 212.

Q. 231: PREGNANCIES AND BIRTHS ON THE CALENDAR

Each birth and termination (stillbirth, abortion, or miscarriage) in 2017 or later must be entered in the calendar, which is included at the end of the Woman's Questionnaire. This will be done automatically by the CAPI program based on the information entered into Qs. 215-228. Below, is a description of the process that would be used to complete a paper questionnaire so that you will understand what information is included in the calendar and from where it comes.

First place a 'B' in the month of birth and write the child's name to the left of the 'B' code. Based on the information entered in Q. 221, record 'P' in each of the preceding months according to the duration of the pregnancy. The number of 'P's must be one less than the number of months that the pregnancy lasted. If the duration of the pregnancy was recorded in weeks in Q. 221, 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 of pregnancy.

Example 1: The respondent gave birth to one child, Marie, since January 2017. She reports that she had completed nine months of pregnancy when she gave birth to Marie in November 2020. Record a 'B' in the calendar in November 2020 and record 'P's in each of the preceding 8 months, i.e., in the months March through October 2020. Write 'Marie' to the left of the month in which Marie was born, i.e., November 2020.

Example 2: The respondent gave birth to one child, Mohammed, since January 2017. She reports that she had completed 41 weeks of pregnancy when she gave birth to Mohammed in June 2018. Multiply 41 weeks x 0.23 to get 9.43 months. This is 9 completed months. Record a 'B' in the calendar in June 2018 and record 'P's in each of the preceding 8 months, i.e., in the months October through May 2018. Write 'Mohammed' to the left of June 2018.

Any pregnancy that ended in January 2017 or later and did not result in a live birth should also be recorded in the calendar. Follow the same instructions as for live births except record a ‘T’ in the month the pregnancy ended.

Example 1: A woman had a pregnancy end in a stillbirth in May 2019 in the eighth month of her pregnancy. Place a ‘T’ in the calendar next to May 2019 and a ‘P’ in each of the six months preceding May 2019 i.e., in each month in the calendar from November 2018 through April 2019.

Example 2: A woman tells you that the last pregnancy she lost ended in August 2019 after 14 weeks of pregnancy. Multiply 14 weeks x 0.23 to get 3.22 months. This is 3 completed months. Place a ‘T’ in the calendar next to August 2019, the month and year in which the pregnancy terminated, and a ‘P’ in each of the two preceding months that the woman was pregnant (i.e., June and July 2019).

Example 3: A woman tells you that she had a pregnancy that ended in a miscarriage in March 2020 after 11 completed weeks of pregnancy. Multiply 11 weeks x 0.23 to get 2.53 months. This is two completed months. Place a ‘T’ in the calendar next to March 2020 and one ‘P’ in the one preceding month (February 2020).

Q. 232: CURRENT PREGNANCY STATUS

Q. 233: WEEKS OR MONTHS OF CURRENT PREGNANCY

Record the answer in completed weeks or months, putting a zero in the first box if she has completed nine or fewer weeks or months of pregnancy. You may need to check that the woman is responding in completed weeks or months.

Example: If the woman answers that she is ‘five months pregnant,’ ask “Are you in your fifth month of pregnancy, or have you completed your fifth month of pregnancy?” Record ‘04’ if she responds that she is in the fifth month of pregnancy and ‘05’ if she has completed five months of pregnancy.

The information collected in Q. 233 must also be added to the calendar. This will be done automatically by the CAPI program. If this were a paper survey, you would write ‘P’ in the month of interview and for the preceding months of pregnancy. The total number of months recorded with ‘P’ for the current pregnancy will be the same as the number recorded in Q. 233, i.e., the number of completed months of pregnancy. If the woman reported the pregnancy duration in weeks, you would multiply the number of weeks by 0.23 to convert to the number of months. You would then round down to the nearest whole number to get the number of completed months of pregnancy to enter into the calendar.

If the woman does not know how many weeks or months she has been pregnant, probe to get an estimate by asking, for example, about the date of her last menstrual period.

Qs. 234 and 235: DESIRED TIMING OF PREGNANCY

In Q. 234, women who are pregnant are asked whether they wanted to get pregnant at that time.

The wording of Q. 235 depends on whether or not the respondent has ever had a live birth. Depending on the information provided in Q. 208, the CAPI program will automatically choose the correct wording of the question for you to ask.

Q. 236: START OF LAST MENSTRUAL PERIOD

The answers to this question will help to determine whether any of the respondents are actually menopausal or infecund because they have not had their periods in a long time. This is important in any study of fertility since menstruation is directly linked to pregnancy.

Record the respondent's answer in the units that she uses.

Example: if she says "three weeks ago," select '2' and record WEEKS AGO '03.' If she says "Four days ago," select '1' and record DAYS AGO '04.'

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "About a week ago," say, "Do you remember which day? Was it before or after the weekend?"

If she tells you she is in menopause or she has had a hysterectomy, record IN MENOPAUSE/HAS HAD HYSTERECTOMY. A woman who is too old to menstruate or become pregnant is described as being in menopause. A hysterectomy is an operation to remove the uterus. If she has not menstruated since the birth of her last child or pregnancy, record BEFORE LAST PREGNANCY. If she has never menstruated, record NEVER MENSTRUATED.

In some cases, the respondent may give you the date that her last menstrual period began. If that happens, calculate the length of time since that date and record it in the appropriate units.

Q. 237: FILTER FOR TIMING OF LAST MENSTRUAL PERIOD

Qs. 238 and 239: MENSTRUAL HYGIENE

If a woman lacks proper menstrual hygiene management, she may face exclusion from education and social activities. Ask Q. 238 and record all methods and products the respondent used to collect or absorb blood during her last menstrual period. For option "Nothing", note that this is different from "Underwear only" option.

In Q. 239, we are interested in knowing whether, during her last menstrual period, the respondent was able to wash/clean and change in private in her own home. Note that cleaning may include use of items like wet wipes, wet clean cloth etc.. If she was away from her home during her last period, record '3' AWAY FROM HOME DURING LAST MENSTRUAL PERIOD.

Q. 240: AGE AT FIRST PERIOD

Ask the respondent how old she was when she had her first ever menstrual period. Probe to help the woman remember the age she was when it first happened.

Qs. 241 and 242: KNOWLEDGE OF MONTHLY CYCLE

Ask Q. 241 to see whether the woman thinks there are days during a woman's monthly cycle when she is more likely to become pregnant. If she says yes, ask Q. 242. Make sure to read the entire question mentioning each of the four possible times before recording her response.

Q. 243: KNOWLEDGE OF POST-PARTUM FERTILITY

Ask whether the respondent thinks that a woman can get pregnant after giving birth but before her menstrual period returns.

D. Section 3: Contraception

This section collects information relating to the knowledge and use of various contraceptive methods which a couple can use to avoid or delay pregnancy. The topic of contraception and family planning may be considered a personal matter by a respondent, and she may feel embarrassed to talk about it. To overcome her embarrassment, you must show that you do not feel embarrassed or uncomfortable in any way. Ask these questions as if they were no different from any other questions in the questionnaire. If she is hesitant to answer any of these questions, reassure her that everything she says will be treated confidentially and that the same questions are being asked of women all over the country.

Q. 301: Contraceptive Table

The contraceptive table (Figure 2) is used to record the information that the respondent provides about her knowledge and use of specific contraceptive methods in response to Q. 301. This is how you should work through this table:

- 1) Read the introductory sentence at the top of the table.

Then, starting at the top of the list, ask “Have you ever heard of (METHOD)?” Select Code ‘1’ if she knows the method and ‘2’ if she does not know the method. If the woman seems to be unfamiliar with the name of the method, read the full description of the method to her.

The respondent may not always understand what you are talking about when you describe a particular method. In such cases, repeat the description. If she still does not understand, you may need to explain the method in different words or in slightly greater detail.

Description of Contraceptive Methods

In order to complete the contraceptive table accurately and completely, it is important that you have some knowledge of contraceptive methods yourself and that you are familiar with the names that people use to refer to each method. The following provides additional information on selected methods that are included in the contraceptive table that may be useful in completing the table:

FEMALE STERILIZATION. An operation performed to enable the woman to stop having children. This is also referred to as typing the Fallopian tubes, a tube tie, or tubal ligation.

MALE STERILIZATION. This is a comparatively minor operation done on men for contraceptive purposes. It is also called vasectomy.

IUD. Women can have a plastic, T-shaped device placed inside them by a doctor or a nurse. There are two types of IUDs: hormonal IUDs and copper IUDs. Both types are effective in preventing pregnancy. The IUD is a reversible form of contraception and can be used for up to 5-10 years (depending on the type) before needing to be replaced.

INJECTABLES. An injection of hormone that is released slowly into the bloodstream can be given regularly to women to prevent pregnancy. The most common type of injectable contraceptive is given every three months. This is known as *depomedroxyprogesterone acetate* (DMPA), Depo Provera, Depo, or *Megestron*[®]. Another injectable contraceptive, NET EN (also called *Noristerat*[®]) is given every two months.

IMPLANTS. Also called Norplant, these are small rods surgically implanted in a woman’s upper arm. They usually protect a woman against pregnancy for five or more years.

PILL. Women can take a pill every day to avoid becoming pregnant.

MALE CONDOM. Men can put a thin, rubber sheath on their penis before sexual intercourse.

FEMALE CONDOM. A thin, transparent soft plastic pouch that can be placed in the vagina before sex to avoid pregnancy.

EMERGENCY CONTRACEPTION. Women can take pills up to [three/five] days after having sex to avoid getting pregnant. These pills are also called “morning-after pills.”

Note: an IUD may be used as a form of emergency contraception. However, in the DHS, emergency contraception refers only to emergency oral contraception and not the IUD. If a respondent says she has heard of an IUD as a form of emergency contraception but has not heard of emergency oral contraception, in the contraceptive table, record YES to IUD but NO to emergency contraception.

STANDARD DAYS METHOD. Women use color-coded beads to track the days of their menstrual cycle when they are most likely to get pregnant, and the couple avoids unprotected sex on those days. These are sometimes referred to as CycleBeads.

FIGURE 2. CONTRACEPTIVE TABLE

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	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 (1)	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES 1 NO 2	
10 (2)	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 (3)	Lactational Amenorrhea Method (LAM). PROBE: Up to six 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.	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 _____ 1 (SPECIFY) YES, TRADITIONAL METHOD _____ 2 (SPECIFY) NO 3	

LACTATIONAL AMENORRHEA METHOD (LAM). Women can postpone the return of menstruation after a birth (and therefore remain unlikely to become pregnant) by breastfeeding frequently. A specially taught method that makes use of this principle is the lactational amenorrhea method (known as LAM). This method requires a woman to:

- Breastfeed frequently (without feeding the child anything else except very limited amounts of plain water);
- Know that the method can be used for up to six months after a birth as long as menstruation has not returned;
- Know that if menstruation returns, the child becomes six months old, or the mother starts feeding her child anything other than breast milk or plain water, she should begin using another method of contraception if she wants to avoid becoming pregnant.

RHYTHM METHOD. This is also called the safe period, periodic abstinence, or the calendar method. This method is based on the principle that by not having sexual relations on certain days of her monthly cycle, a woman can avoid becoming pregnant. Note that this is not the same as prolonged abstinence where the couple stops having sexual relations for months at a time to avoid pregnancy without regard to the woman's monthly cycle. Nor is it the same as the Standard Days Method, which requires the use of colored beads or a similar tool. To ensure that the respondent understands, stress the phrase "on the days of the month she is most likely to get pregnant." Also, if a woman does not feel like having sex on particular days of her cycle, that does not mean that she is using the rhythm method.

WITHDRAWAL. Pulling out the penis from the vagina just before ejaculation in order to avoid conception. Ejaculation refers to release of the sperms.

ANY OTHER METHOD(S). Women may mention methods that are not described in the table. These may include modern methods such as spermicides including foam, cream, jelly, foaming tablets, or suppositories that are used to kill sperm or make sperm unable to move toward the egg. They may also mention the diaphragm or cervical cap. Diaphragms and cervical caps are soft rubber cups that can be placed in the vagina to cover the cervix to block sperm from entering the uterus and tubes where sperm could meet an egg. Diaphragms and cervical caps should be used with spermicidal jelly or cream.

Women may also mention traditional or folk methods such as prolonged abstinence, breastfeeding, or herbs.

Q. 302: FILTER FOR PREGNANCY STATUS

Q. 303: CURRENT USE OF CONTRACEPTION

This question, along with Qs. 304-307, are some of the most important in the questionnaire. First, ask the respondent whether she or her partner are currently using any method of contraception to delay or avoid pregnancy. Current users of contraceptive methods should have used them during the most recent acts of intercourse. Current users of the pill should be taking pills daily. However, if the respondent forgot to take her pill one day, but is now taking the pills every day, she would still be considered to be a current user. Some methods provide ongoing protection without daily or regular action by the woman. Contraceptive injections may have been administered two to three months earlier and still provide protection, while implants provide protection for up to five years, or until removed. An IUD, once inserted, protects against pregnancy until it is removed or expelled. If any of these methods are currently being used by the woman to delay or avoid pregnancy, select '1' YES.

It is important to note that the question also refers to anything the woman's partner may be using to delay or avoid pregnancy, for example, using male condoms or withdrawal.

If the woman or her partner are sterilized for the purpose of avoiding pregnancy, select '1' YES.

If neither the respondent nor her partner is currently using any method of contraception, record '2' NO proceed to the next question.

Q. 304: STERILIZATION STATUS

Female and male sterilization provide permanent protection against pregnancy. Sometimes, however, respondents who are sterilized or whose partners are sterilized don't respond YES to Q. 303. This can occur because, for example, the sterilization happened several years ago, and they don't think of it as a method they are actively using in the same way that a couple would actively use contraceptive pills or male condoms. Therefore, in countries in which sterilization is common, we ask women directly about their sterilization status.

If the respondent says yes to Q. 304, ask: "Who is sterilized, you or your partner?" If the respondent is sterilized and her partner is not, record '1' YES, RESPONDENT STERILIZED ONLY.

If the woman's partner has been sterilized but she has not, record '2' YES, PARTNER STERILIZED ONLY. If, however, she says her husband had a vasectomy, but she and her husband are no longer together, his sterilization status should **not** be considered in response to this question.

If neither the respondent nor her current partner is sterilized, record '4' NO, NEITHER STERILIZED and skip to Q. 306.

Q. 305: FILTER FOR STERILIZATION STATUS

Q. 306: CHECK FOR CURRENT CONTRACEPTIVE USE

The respondent may consider some types of family planning as not being contraceptive methods, and therefore did not mention their use in Q. 303. These methods include deliberately avoiding sex on certain days (Standard Days Method, using beads, or rhythm method), condoms, withdrawal, and emergency contraception.

Make sure to read the entire question to the respondent, and if she or her partner are currently using any of the methods listed, record '1' YES. If the respondent confirms that she and her partner are not using any of the methods in the question, record '2' NO and skip to Q. 317.

Q. 307: CURRENT USE OF CONTRACEPTIVE METHODS

If the woman mentions more than one method, select the code for all methods that are currently being used. If more than one method is selected, follow the skip instruction for the highest method on the list and ask the subsequent questions about that method. Note: the CAPI program will automatically follow the skip instructions of the highest method on the list.

If the woman says she is using an IUD as a form of emergency contraception, record IUD and not EMERGENCY CONTRACEPTION.

Note: delaying first sex is not a contraceptive method. If, for example, a young woman answers YES to Q. 303 and then, in response to Q. 307, says the current method she is using is abstinence, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, select '2' NO in Q. 303.

Note: Hysterectomy (removal of the uterus) is not a contraceptive method unless it was performed to enable the woman to stop having children. If, for example, a woman answers YES to Q. 303 and then, in response to Q. 307, says she had a hysterectomy to remove a cancerous tumor or for some other medical reason, this will not be counted as a method of contraception, and the respondent will be considered the same as a person who is not using a method of contraception. Instead, select '2' NO in Q. 303.

Check to be sure that the response to Q. 307 is consistent with the responses to Q. 301. For example, the respondent may say that she is using the pill but reported in Q. 301 that she did not know the pill. If this happens, probe further and correct the responses in Q. 301 to Q. 307 as necessary.

Qs. 308-311: INJECTABLE, PILL AND CONDOM BRANDS

If injectables, the pill, or condom is reported as the current method in Q. 307, we are interested in the brand of the most effective method being used. Knowing the brand of a method can help to assess the popularity of certain brands that may be offered in special 'social marketing' that the government is sponsoring. In addition, there are special types of the pill that are appropriate for use by breastfeeding mothers; the information on pill brand can be used to look at the coverage of these types of pills among users who are still breastfeeding.

For users of injectables, ask Qs. 308 and 309. In Q. 308, show images of Sayana Press and regular syringes to the respondent so she can point to the type of injectable that was used the last time she received it. In Q. 309, we are interested in knowing about who administered the injection the last time the respondent received it. Health care provider refers to Medical officer/Clinical Officer/Nurse/Mid wife.

For users of the pill, ask Q. 310 to determine if the user is able to identify the brand. If the respondent doesn't know the brand, ask to see the package. If the user doesn't remember the brand and the package is unavailable, ask the user to describe the packaging. It is important that you probe and write in the margin as many details as she is able to provide since it may be possible to determine the brand from her description.

For a woman who uses condoms with her partner, ask Q. 311 (for male condoms) or Q. 311A (for female condoms) to determine if she knows the brand name of the condoms she and her partner use. As with Q. 310, if the user doesn't recall the condom brand, ask to see the package or, if unavailable, ask for a detailed description of the packaging.

Finally, in probing to obtain information on the brand of contraceptive, you may find out that the method is not being used currently. For example, a pill user may tell you that she has not obtained a packet of pills for several months. If it is determined while inquiring about the brand of injectables, pills, or condoms that the woman is not currently using the method, Q. 307 should be corrected.

Qs. 312 and 313: WHERE STERILIZATION WAS OBTAINED AND DATE OF STERILIZATION

Qs. 312 and 313 are only asked of respondents who indicate that they are using female or male sterilization as a method of contraception. Q. 312 applies to either the respondent's or her partner's sterilization. If they are both sterilized, then Qs. 312 and 313 only refer to her sterilization. Select the code that indicates the type of facility where the sterilization took place.

When choosing a code, you need to know whether the place is in the public sector (run by the government), in the private sector, whether it is an NGO or Faith- Based sector/organization (FBO).

If you cannot determine whether the facility is public, private, an NGO or FBO, select '96' and write the name of the place in the space provided.

In Q. 313 record the month and year that the sterilization was performed. If the respondent does not remember the date of her (her partner's) sterilization operation, probe to help her remember. Relating the date to the age and date of birth of her youngest child may help. You must get a date, even if it is just your best estimate.

Q. 314: DATE OF START OF CURRENT METHOD

Q. 314 is asked of users of family planning methods other than sterilization. Ask the respondent the month and year she started using the current method most recently without stopping.

Example: A woman started using the pill in June 2017. A few months later, she stopped taking the pill because she wanted to become pregnant. She gave birth to a child in January 2019 and started using the pill again in March 2019. When interviewed, she is still using the pill. In this case, record '03' for MONTH and '2019' for YEAR.

Q. 315: CHECK CONSISTENCY OF DATE CURRENT USE STARTED

This filter will check to see whether the date is AFTER the date of the woman's most recent pregnancy outcome. If not, ask the question again and make it clear to the respondent that we mean the date that she started using the current method WITHOUT STOPPING for any reason including a pregnancy. For example, a woman cannot have used the pill continuously for three years if she had a baby last year.

Q. 316: ENTER CURRENT USE ON CALENDAR

If the year in Q. 313 or Q. 314 is 2017-2022, select the box on the left and enter the code for the method currently used in the calendar in the month of interview and in each month back to the date she started using the method or was sterilized. If she has been using her current method for a long time, write the code in the current month and the beginning month, and the months in between (or join them with a squiggly line).

If the woman started using her current method in 2016 or earlier, mark the box on the right, and enter the code for the method currently used in the calendar in the month of interview and in each month back to January 2017. Then skip to Q. 329.

Q. 317: CONTRACEPTIVE HISTORY

Q. 317 asks both current and past users of contraception about their history of contraceptive use since January 2017. Begin by reading the introductory sentence, so that the respondent understands what information you are asking for.

The events that are already recorded in the calendar (birth dates, names, pregnancies, and pregnancy losses) are helpful reference points for yourself and the respondent. For each period of time in the calendar that is still empty (no 'B', 'P', or 'T' or contraceptive method code), you need to enter a code that reflects the respondent's contraceptive history.

To do this, you need to find out several pieces of information:

- 1) Was the respondent using a method of contraception in a period of time, and if so, what method was she using?
- 2) When did she start using that method?
- 3) For how long did she use that method continuously, and when did she stop using that method?
- 4) Why did she stop using the method?
- 5) What happened when she stopped using that method: did she not use any method, did she start using a different method, or did she become pregnant?

Example: The respondent has had two births, Mercy and John. Through the pregnancy history, you have learned that she gave birth to Mercy in January 2017 and became pregnant with John in June 2018, and both of these pieces of information have been recorded in the calendar. To fill in the respondent's contraceptive history in the period of time between the births of Mercy and the start of the pregnancy with John, the first question you could ask would be: **“Between the birth of Mercy in January 2017 and becoming pregnant with John in June 2018, did you or your partner use any method of contraception?”** The respondent tells you that she used male condoms.

You would then ask, **“How long after the birth of Mercy did you begin using male condoms?”** She tells you she began using in the third month after the birth of Mercy. This gives you the starting month in which she began using condoms.

You also need to know for how long she used condoms continuously and when she stopped using them. So you could ask, **“For how long did you use male condoms continuously?”** She tells you 10 months. Now you know when she started using condoms and when she stopped. You then need to ask her for the reason she stopped using male condoms. You could ask, **“Why did you stop using male condoms?”** The respondent tells you that she wanted to become pregnant.

This accounts for 12 out of the 16 months between Mercy's birth and the time when the respondent became pregnant with John. You now need to find out what the respondent was doing between the time she stopped using male condoms and became pregnant with John. Ask a question such as, **“After you stopped using male condoms, and before you became pregnant with John, did you or your partner use any contraceptive method?”** She tells you she did not use any method.

Now you know the respondent's complete contraceptive history between the births of Mercy and the start of the pregnancy with John:

- 1) Whether she used a contraceptive method between Mercy and John and which method she used
- 2) At what point she began using that method after the birth of Mercy
- 3) For how long she used that method continuously and when she stopped using that method
- 4) The reason she stopped using that method
- 5) Whether she used another method after she stopped using condoms and before becoming pregnant with John.

You would continue in a similar way until you filled in each month of the first column of the Calendar with a code. Enter the codes for the methods the respondent used in each month of use and '0' in the months where she did not use a method. After you have recorded periods of use and nonuse, every row in the first column of the calendar up to the month of interview should be completely filled. You will have accounted for every month from January 2017 to the month of interview by recording the appropriate codes for births, current pregnancies, lost pregnancies, use of contraception, or nonuse of contraception. The second column of the calendar will have codes entered next to the last month of use in column 1. If the respondent tells you she stopped using the method in September 2019, then a discontinuation code should be entered in column 2 for September 2019.

More information on completing the calendar is presented in Section N. Completing the calendar will also be addressed in the CAPI training.

Q. 318: USE OF EMERGENCY CONTRACEPTION IN LAST 12 MONTHS

This question asks whether the respondent used emergency contraception in the last 12 months. Make sure to read the whole question to her so she understands what we mean by emergency contraception.

Q. 319: FILTER FOR USE OF ANY METHOD IN THE CALENDAR

Q. 320: PROBE FOR EVER USE

The purpose of this question is to be certain that neither the respondent nor her husband (or partner) has ever used anything to delay or avoid getting pregnant, since contraception is one of the most important features of the survey.

Q. 321: FILTER FOR CURRENT METHOD

Q. 322: SOURCE OF CURRENT METHOD

The question asks from what source the woman obtained her method at the time she started the current segment of use. For methods that require the user to obtain resupplies, the user may first obtain the method from one source and then rely on a different provider for resupply. For example, a woman using the pill may have first obtained the pill from a family planning clinic but then gone to a pharmacy for resupply. You can guide the user to tell you about the first source by referring to the date she told you that she began the current segment of use.

If the respondent is using condoms with her husband, ask, “Where did you obtain the condoms when you began using them this time?” If she says her husband or someone else got the method for her, ask whether she knows where that person got it, and record the source. If the method required a prescription, this question pertains to where the prescription was filled.

When choosing a code, you need to know the type of place the method was obtained from, i.e., if the place is in the public sector (run by the government), in the private sector, or whether it is an NGO. Record PRIVATE DOCTOR only if the doctor has his/her own practice that is not located within a larger facility.

The sub-category for Church/FBO under “Other Source” includes all religious structures e.g. temples, mosques etc.

If the respondent does not know whether the place is public, private, NGO, or FBO, select code ‘96’ and record the name of the place.

Qs. 323-325: TOLD ABOUT SIDE EFFECTS

Qs. 323-325 ask what information a current user has received about the side effects or problems associated with her current method. Q. 323 asks whether the user was told about potential side effects or problems at the time she obtained her current method. Q. 324 asks the same question, but of women who have been sterilized. If there has been more than one episode of use of the method, make sure that the respondent knows that you are asking about the time that she started using the method during the current episode of use.

Record ‘1’ YES for Q. 325 if a current user who was informed about the side effects or problems she might experience in using her current method was advised about what to do if she experienced any side effects or problems in using the method.

Q. 326: TOLD ABOUT OTHER METHODS

In this question, a current user is asked whether she was told about other methods of family planning at the time she obtained her current method.

Example: If a pill user says that a health worker told her about the injection, the pill, and the IUD at the time when she started to use her current method, record '1' YES in Q. 326.

Q. 327: FILTER FOR CURRENT METHOD

Q. 328: TOLD ABOUT SWITCHING METHODS

Q. 328 asks the respondent whether she was told that she could switch to another method if she wanted to or needed to at the time she obtained her current method of contraception. This question is different from Q. 326, which asks simply whether she was told about other methods and does not concern the possibility of her switching methods.

Q. 329: FILTER FOR CURRENT METHOD

Q. 330: LAST SOURCE OF CURRENT METHOD

Q. 330 asks about where the respondent obtained the method the last time. For methods like the pill for which the respondent regularly needs resupply, the source recorded in Q. 330 may be different from the source where the woman (or her husband or partner) obtained the method the first time.

Q. 331: KNOWS SOURCE FOR FAMILY PLANNING METHOD

Q. 331 is asked of women who are not currently using contraception in order to find out if they know of a place where they can obtain a family planning method.

Q. 332 and Q. 333: VISITED BY FIELDWORKER

Q. 332 is asked to ascertain whether any fieldworker visited the respondent in the last 12 months. In Q. 333, ask if the fieldworker talked to the respondent about family planning. It does not matter whether the fieldworker was a family planning worker, a health worker, or some other type of fieldworker, as long as family planning was discussed during the visit. The fieldworker may have visited for a purpose that was not primarily family planning, for example, the fieldworker may have visited to check on the health of a child; if the fieldworker discussed family planning with the respondent, record '1' YES.

Q. 334: VISITED HEALTH FACILITY IN LAST YEAR

This question refers specifically to the respondent and whether she went to a health facility for care for herself or her children in the last 12 months. The visit did not have to be specifically for family planning.

Q. 335: FAMILY PLANNING INFORMATION AT THE HEALTH FACILITY

The respondent need not have gone to the health facility for the purpose of discussing family planning for the answer to be YES. Staff persons may take the opportunity to discuss family planning even if a client comes to the facility for another purpose. If any staff member at the health facility talked to her about family planning during any of her visits, record '1' YES.

E. Section 4: Pregnancy and Postnatal Care

The objective of this section is to obtain information about health care related to childbearing including antenatal care, delivery care, and postnatal care for the woman and her newborn. The section includes questions only about pregnancies and births that occurred in the 35 months before the survey. Thus, if a woman did not have a pregnancy in this period, you will go on to the next section.

The filters and skip patterns in this section are complicated and would be very difficult to execute correctly using a paper questionnaire. Fortunately, you will be using the CAPI program and thus you should not run into any problems. The CAPI program will use the information you've entered into the questionnaire up until this point to ensure you follow the correct skip patterns.

Q. 401: FILTER FOR PREGNANCY OUTCOMES IN 0-35 MONTHS BEFORE SURVEY

Q. 402: LIST PREGNANCY OUTCOMES IN 0-35 MONTHS BEFORE SURVEY

All pregnancy outcomes in 0-35 months before the survey will be entered in the table in Q. 402, starting with the last (most recent). This task will be performed by the CAPI program which will check Q. 220 and Q. 215 to identify, respectively, the last pregnancy outcome occurring in 0-35 months before the survey and the corresponding pregnancy history number for that pregnancy outcome. Based on the information in Q. 223, the CAPI program will classify the pregnancy outcome type using the following codes:

- 1 Most recent live birth
- 2 Prior live birth
- 3 Most recent stillbirth
- 4 Prior stillbirth
- 5 Abortion or miscarriage

Example: A woman has been pregnant a total of four times in her life. Two of her four pregnancies occurred in the 0-35 months before the survey. The most recent pregnancy (pregnancy history number 4) resulted in a live birth named Judy. The second-to-last pregnancy (pregnancy history number 3) also resulted in a live birth named Jeffrey.

In Q. 402, the CAPI program will list the most recent pregnancy first. Judy's pregnancy history number is '04,' and the pregnancy outcome will be classified as '1' MOST RECENT LIVE BIRTH. Jeffrey is the second most recent pregnancy so he will be listed next. Jeffrey's pregnancy history number is '03', and the pregnancy outcome will be classified as '2' PRIOR LIVE BIRTH.

Example: A woman has been pregnant a total of six times in her life. Three of her six pregnancies occurred in the 0-35 months before the survey. The most recent pregnancy (pregnancy history number 6) resulted in a stillbirth. The next-to-last pregnancy (pregnancy history number 5) resulted in a miscarriage. The third-to-last pregnancy (pregnancy history number 4) resulted in a live birth named Annie.

In Q. 402, the CAPI program will list the most recent pregnancy first. The stillbirth's pregnancy history number is '06,' and the pregnancy outcome will be classified as '3' MOST RECENT STILLBIRTH. The miscarriage is listed next. The miscarriage's pregnancy history number is '05,' and the pregnancy outcome will be classified as '5' ABORTION OR MISCARRIAGE. Finally, the live birth of Annie is listed. Annie's pregnancy history number is '04,' and the pregnancy outcome will be classified as '1' MOST RECENT LIVE BIRTH.

Q. 403: INTRODUCTORY STATEMENT

Read Q. 403 to the respondent to inform her of your intention of asking questions about pregnancies she had in the last three years. If she had more than one pregnancy outcome in the last three years, be sure to read the sentence in parentheses informing her that you will ask about each pregnancy outcome separately, beginning with the last one.

Qs. 404-407: PREGNANCY OUTCOMES IN THE LAST THREE YEARS

This series of filters is used by the CAPI program to choose the appropriate wording for subsequent questions in this section. For example, if subsequent questions are asked about a live birth, you will want to refer to the name of child. If, however, you are asking about a stillbirth or a miscarriage/abortion, then you will ask questions about pregnancies that ended on a specific date. It is not critical for you to learn how to complete these filters since they will be executed by the CAPI program.

Not all of the remaining questions in this section are relevant for all pregnancy outcomes. Figure 3 provides an overview of which topics or indicators are relevant for which pregnancy outcome.

FIGURE 3. MATERNAL AND NEWBORN HEALTH TOPICS BY PREGNANCY OUTCOME

Topic/indicator	Pregnancy outcomes included in indicator
Wantedness/timing of the pregnancy	All pregnancies (codes 1-5)
ANC visits: number, timing of first visit, source, provider	Most recent live birth (code 1), most recent stillbirth (code 3)
Content of antenatal care (ANC)	Most recent live birth (code 1), most recent stillbirth (code 3)
Tetanus vaccination in ANC	Most recent live birth (code 1)
Iron supplementation in ANC	Most recent live birth (code 1), most recent stillbirth (code 3)
Deworming in ANC	Most recent live birth (code 1), most recent stillbirth (code 3)
IPTp for malaria	Most recent live birth (code 1), most recent stillbirth (code 3)
Birth attendant, place of birth	All live births and stillbirths 0-35 months before the survey (codes 1-4)
Cesarean section (C-section)*	All live births and stillbirths 0-35 months before the survey (codes 1-4)
Skin-to-skin contact after birth	Most recent live birth 0-35 months before the survey (code 1)
Size at birth/weighed at birth/birthweight	All live births 0-35 months before the survey (codes 1, 2)
Birth facility staff treated woman with respect*	Most recent live birth (code 1), most recent stillbirth (code 3)
Duration of stay in health facility*	Most recent live birth (code 1), most recent stillbirth (code 3)
All postnatal care (PNC) contact questions for the mother	Most recent live birth (code 1), most recent stillbirth (code 3)
All PNC contact questions for the newborn	Most recent live birth (code 1)
PNC content, newborn	Most recent live birth (code 1)
PNC content, mother	Most recent live birth (code 1), most recent stillbirth (code 3)
Duration of amenorrhea/abstinence	Most recent pregnancy (codes 1, 3, 5)

* Facility births only

Qs. 408 and 409: DESIRED TIMING OF PREGNANCY

These questions are asked to ascertain whether the respondent's most recent pregnancy was wanted or unwanted and, if wanted, whether she got pregnant with that particular pregnancy sooner than preferred.

Q. 410: HOW LONG TO WAIT

Note that this question asks respondents who say that they wanted to wait longer to have a/another baby in Q. 409, how long they wanted to wait before becoming pregnant, not before giving birth. Record the answer in either months or years, and select the corresponding code. If the respondent gives a general answer such as "I would have liked to have waited until I was ready," ask her how many months or years she wanted to wait. Record the extra time that she said she would have preferred to wait before becoming pregnant.

Example: A woman became pregnant 18 months after her previous birth but she tells you she would have preferred a two-year (24-month) interval before becoming pregnant again. You would select 1 for MONTHS and record '06' in the adjacent boxes (24-18 = 6).

Q. 411: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 412: RESPONDENT SOUGHT ANTENATAL CARE

This question refers to any antenatal care given by a healthcare provider during the most recent pregnancy that resulted in either a live birth or a stillbirth. The care should have been specifically to check her pregnancy and not for other reasons.

Q. 413: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 414: ANTENATAL CARE PROVIDER(S)

If the respondent received antenatal care for her pregnancy in Q. 412, then ask her whom she saw. Since we are interested in all of the persons the woman saw, you must use the prompt ("Anyone else?") to make sure the woman informs you about all the persons from whom she received care for the pregnancy.

Q. 415: PLACE(S) WHERE ANTENATAL CARE RECEIVED

This question seeks information on where the woman received care for her pregnancy. Antenatal care is usually given at a healthcare facility but is sometimes provided in the pregnant woman's home.

Similar to Q. 414, we are interested in all of the places where the woman received antenatal care. Be sure to use the prompt ("Anywhere else?") and record all the places where she was seen for care.

As is the case with earlier questions about family planning sources, when choosing a code in Q. 415, you need to know whether the place is in the public sector (run by the government), in the private sector (e.g., a hospital or clinic run by a private entity or a private doctor's office), or in the NGO medical sector or in the Faith-Based Sector/Organization (FBO). If you cannot determine the type(s) of source(s), select code 'X' and write the name(s) in the space provided.

Q. 416: WEEKS OR MONTHS PREGNANT AT FIRST ANTENATAL VISIT

Ask the respondent how many COMPLETED weeks or months into her pregnancy she was when she received her first antenatal care. If she does not remember, ask her how many periods she had missed at the time. Assume each missed period corresponds to a month and enter the number in the space provided. For example, if the respondent doesn't recall how many months pregnant she was when she first received antenatal care, but knows that she had missed three periods, record '03' in MONTHS.

Note: Preference is to enter data in completed weeks.

Q. 417: FREQUENCY OF ANTENATAL VISITS

Then ask her how many times in total she saw someone for antenatal care during her pregnancy. This refers to care related to her pregnancy and should not include seeing a doctor or nurse for other reasons.

Q. 418: TESTS AND COUNSELING PERFORMED DURING ANTENATAL VISITS

We want to know whether each of the items listed was ever done during any of the antenatal care visits she had for the last pregnancy. It does not matter if they were done only once or more than once, or done in the same visit or spread over several visits. Ask about each item and record the response before asking about the next item.

Blood pressure is measured with a blood pressure gauge or monitor. A cuff is wrapped around the woman's upper arm and inflated. As the air filling the cuff is slowly released, the healthcare provider uses a stethoscope to listen to the blood pulsing through the blood vessels while simultaneously examining the gauge to determine the blood pressure. Alternatively, the healthcare provider may use an automated blood pressure monitor. An automated blood pressure monitor does not require a stethoscope; instead, the blood pressure readout appears in the monitor's display.

A urine sample is taken to test for an infection in the urinary tract (that if left untreated during pregnancy is associated with a preterm birth), the presence of protein (a sign of pre-eclampsia), or elevated glucose (a sign of diabetes).

A blood sample may be taken from the woman's fingertip or from a vein (usually from a vein in the wrist or in the forearm near the fold of the elbow). The blood sample is used to test for various conditions or diseases, such as anemia, diabetes, syphilis, HIV or malaria.

The baby's heartbeat is listened to by placing a stethoscope on a pregnant woman's abdomen.

Formal counseling about healthy eating during pregnancy supports women to stay healthy and to prevent excessive weight gain during pregnancy.

Formal counseling on breastfeeding during antenatal care increases the likelihood of breastfeeding. Children who are not breastfeeding are at a higher risk of illnesses such as diarrhea and even death.

Vaginal bleeding during pregnancy can happen any time from conception onwards. Light bleeding or spotting is common, especially during the first few months of a pregnancy. Heavy bleeding may be a sign of something more serious; a pregnant woman experiencing heavy bleeding should visit a healthcare provider.

Q. 419: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 420-425: TETANUS TOXOID INJECTIONS

Neonatal tetanus is a disease that kills many babies. Another name for tetanus is lockjaw [or local term(s)]. A child is considered to be adequately protected against neonatal tetanus if the mother has had two tetanus toxoid (TT) injections (vaccinations) during the pregnancy for her most recent live birth, or two or more injections (the last within 3 years of the most recent live birth), or three or more injections (the last within 5 years of the most recent live birth), or four or more injections (the last within 10 years of the most recent live birth), or five or more injections at any time prior to the most recent live birth.

Qs. 420 and 421 ask about whether the respondent received any tetanus injections during that pregnancy and, if so, how many times she was given the tetanus injection. The tetanus vaccine is usually given to the pregnant woman as an injection in the arm or the shoulder.

A respondent who does not report receiving at least two injections with tetanus vaccine during the pregnancy must be asked several additional questions to assess whether she was adequately immunized at the time of her pregnancy. Qs. 423 and 424 inquire about whether she received any tetanus injections prior to the pregnancy (e.g., during an earlier pregnancy or during childhood) and, if so, the total number of tetanus injections she was given before the pregnancy (Q. 424). She will also be asked how many years ago the most recent tetanus injection was received (Q. 425). For a woman who received a single tetanus injection during the pregnancy of her last birth, we are asking about the most recent tetanus injection that she received prior to the pregnancy of her last birth.

Example: Ana was interviewed in December 2020. She has two children, Marie and Jose. Jose is her last birth. She says that she had one tetanus injection when she was pregnant with Jose and two injections when she was pregnant with Marie who was born in September 2017. She also is sure that she had all of the required childhood immunizations before entering school although she is not sure how many tetanus injections she had.

For this respondent, you should record YES in Q. 420, record '1' in Q. 421, and check 'ONE TIME OR DK' in Q. 422. You should record YES in Q. 423 since she had tetanus injections prior to the pregnancy.

Since the respondent is sure she had all required immunizations before entering school, you may assume that she had three immunizations during early childhood. Including the two injections when she was pregnant with Marie, this means she had a total of five tetanus injections before she became pregnant with Jose. Thus, you should record '5' in Q. 424. Prior to her pregnancy with Jose, her most recent tetanus injection was in 2017, the year of Marie's birth. Thus, in Q. 425, record '03' since the tetanus injection was given three years ago.

Qs. 426-428: IRON TABLETS/SYRUP/IFAS

Anemia is a common problem during pregnancy that can be overcome by additional intake of iron. Q. 426 asks whether the woman was given or bought any iron tablets or syrup during her pregnancy. Since some women may not know that they were given iron tablets, as a visual aid show the woman the common tablets/syrup using your display booklet/show card as you ask this question.

Note that in this question we are not asking whether or not she consumed the tablets/syrup she was given or bought; rather, we want to know whether she had the tablets/syrup in her possession during the pregnancy. We also are asking if she was given or bought the tablets, not if she already had them at home, so record NO if she already had them at home and skip to Q. 429.

If the respondent was given or bought iron tablets/syrup/IFAS (YES in Q. 426), ask her where she got the tablet/syrup from in Q. 427. Then, in Q. 428, ask her for how many days during her pregnancy she took the tablets/syrup throughout the whole pregnancy. Record the response in the boxes. Remember to put a leading zero in front, if needed; 30 days would be '030'. If she was given or bought iron tablets or syrup, but never took any, record '000'.

If she does not remember, probe for the approximate number of days, e.g., by asking how many months pregnant she was when she began taking the tablets and whether she took the tablets every day after that.

Additional Information: Importance of IFAS

According to WHO, daily IFAS is recommended as part of the ante natal care to reduce the risk of low birth weight, maternal anaemia, iron deficiency and neural tube defects commonly referred to as

NTDs. WHO Guidelines recommends that all Pregnant Women should receive Iron and Folic Acid Supplementation (IFAS) regardless of anaemia status in countries where anaemia is >40%. IFA formulations: 60mg iron /400µg folic acid should be given as a combined pill throughout pregnancy in accordance with WHO 2012.

Iron and Folic Acid Supplementation (IFAS) has been shown to reduce low weight births which is primary cause of neonatal deaths. Folic Acid supplementation with 400µg reduces incidence of neuraltube birth defects (NTDS) if taken before conception and within 28 days of pregnancy. Similarly, IFAS sustains strength during pregnancy and ensures enough blood stores in the body during and after delivery. IFAS is a component within Focused Antenatal Care (FANC).

Q. 429: MEDICINE FOR INTESTINAL WORMS

Treatment of intestinal parasitic infections has an impact on the anemia status of women during pregnancy.

Q. 431: PREVENTIVE TREATMENT FOR MALARIA DURING PREGNANCY

In certain areas, malaria is endemic and accounts for a significant proportion of illness/disease and mortality. In such areas, pregnant women are recommended to take SP/Fansidar at least three times during their pregnancy to prevent malaria. To see if the respondent followed this precaution, we ask in Q. 431 if she took SP/Fansidar to prevent her from getting malaria during her pregnancy.

If the respondent says that she had malaria or a fever during the pregnancy and was given medicines to treat the malaria or fever, it would not be considered preventive treatment. Medicines to prevent malaria are only medicines that she takes during pregnancy when she does not have malaria already. Record YES only for women who took SP/Fansidar when they did not already have malaria.

If she says she took medicine but cannot remember the name, ask her to show you the package that the medicine came in. If she doesn't have the package but mentions that she was given three tablets to take all at the same time to prevent malaria, select '1' on the assumption that she took SP/Fansidar.

Q. 432: NUMBER OF TIMES SP/FANSIDAR WAS TAKEN

Here we are asking about preventive doses of SP/Fansidar, not curative doses given if the respondent had a fever. Thus, you should count only the doses taken when the woman was taking SP/Fansidar during her pregnancy to prevent malaria. If the woman was given SP/Fansidar because she was sick with fever during the pregnancy, do not count the doses she received to treat her fever.

Remember that we are interested in the number of times the woman took SP/Fansidar and not the number of tablets she took. Thus, if she says she took three tablets at one time, record '01' for the dose in Q. 432.

Q. 433: SOURCE OF SP/FANSIDAR

The purpose of this question is to find out whether the respondent received SP/Fansidar as an integrated component of her antenatal care or separate from her antenatal care. For example, she could have gotten the SP/Fansidar during a non-ANC facility visit, or she could have bought it on her own from another source such as a shop or a pharmacy. Only one response code can be selected in this question. If the respondent got SP/Fansidar from two or more of the sources, select the source that appears highest on the list.

Q. 434: ASSISTANCE AT DELIVERY

When asking the question, the wording will depend on whether or not the pregnancy you are asking about ended in a live birth or a stillbirth. If the respondent is not sure of the status of the person who assisted with the delivery, for example, if she does not know whether the person was a midwife or a traditional birth attendant, probe. The codes are letters of the alphabet to remind you to record codes for all the people she says assisted with the delivery.

Q. 435: PLACE OF BIRTH

The intent of this question is to identify births delivered in a health facility. As with Q. 434, the wording differs depending on whether or not the pregnancy you are asking about ended in a live birth or a stillbirth. If the woman gave birth in a health facility, ask about the type of health facility and whether the place is in the public sector (run by the government), private sector, NGO-run or FBO-run, and select the appropriate code.

Q. 436: CAESAREAN SECTION

A caesarean section (C-section) is a delivery of a baby through an incision in the woman's abdomen and womb, rather than through the birth canal. Such a delivery is necessary for some women due to pregnancy complications. Caesarean sections are also sometimes elective, either for the convenience of the mother or the healthcare workers performing the surgery. Also, because there can be complications associated with having a vaginal birth following a caesarean section, women who have delivered one child via a caesarean section are more likely to deliver subsequent children by caesarean section.

In Q. 436, find out whether the baby or stillbirth was delivered by an operation and not through the birth canal.

Q. 437: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 438-440: SKIN-TO-SKIN CONTACT

By skin-to-skin contact between a mother and her newborn, we mean the bare skin of the baby touches the bare skin of the mother, with no cloth or blanket between the baby and the mother. Skin-to-skin contact is important for stabilizing the baby, it can help prevent hypothermia, and it can promote neurological development and breastfeeding. The benefits of skin-to-skin contact can occur even before the umbilical cord is cut. Q. 438 asks whether the baby was put on the respondent's chest after birth. Then Q. 439 asks if the baby's bare skin was touching the respondent's bare skin (no cloth or blanket between them). In Q. 440, ask the woman how much time there was between the birth of the child and the placement of the child on the bare skin of her chest.

Q. 441: SIZE OF BABY

Read the entire question before accepting an answer. This is the woman's own opinion about the size of her baby. Some respondents may give you the baby's birth weight instead of a size. Insist that you want to know whether she thinks the baby was VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, or VERY SMALL. If the respondent herself is unable to tell you the baby's size at birth, do not record an answer based on the birth weight information; simply select '8' for DON'T KNOW.

Qs. 442 and 443: WEIGHT AT BIRTH

These questions seek information on whether the baby was weighed at birth and, if so, the baby's weight. Notice that in Q. 443 there are two sets of boxes for recording the birth weight; the first is KILOGRAMS FROM CARD, and the second is KILOGRAMS FROM RECALL. KILOGRAMS FROM CARD refers to a written record of the birth weight on a document, such as a vaccination card,

antenatal card, or birth certificate. KILOGRAMS FROM RECALL refers to the mother's verbal report of her child's birth weight, which she is reporting from memory.

When recording the birth weight, first select the appropriate code in front of the boxes; '1' for KILOGRAMS FROM CARD and '2' for KILOGRAMS FROM RECALL, and then fill in the birth weight. Always record the birth weight from the card when possible. When recording information from the card, check the date on the card or ask the mother to be sure that the weight recorded on the card was the child's weight at birth.

You will fill in the boxes for KILOGRAMS FROM RECALL only if there is no card or no birth weight was recorded on the card. If there is no weight available from a card and the respondent says she cannot remember the exact birth weight, ask her to give you her best estimate. Only record DON'T KNOW if she absolutely cannot remember even an approximate weight.

Sometimes, a baby's weight is recorded/reported in grams instead of kilograms. If that is the case, the weight in grams must be divided by 1,000 before being entered.

Q. 444: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 445: FILTER FOR PLACE OF DELIVERY

Q. 446: TREATED WITH RESPECT AT HEALTH FACILITY

Respondents who gave birth in a health facility to either a live birth or a stillbirth are asked Q. 446 to determine if they believed they were treated with respect by facility staff.

Qs. 447-450: POSTPARTUM CHECK FOR MOTHERS WHILE AT THE HEALTH FACILITY

Getting a postpartum check soon after delivery is crucial for the health of the mother. We are interested in knowing whether the respondent saw anyone for a postpartum check while at the health facility, and, if so, how many hours, days, or weeks after delivery the first check took place, and who performed the check. In this set of questions, we are asking only about a health check for the mother. If someone checked on the health of the baby, but not the mother, that check would not be included here. Postnatal checks for the baby while at the health facility are covered in Qs. 452-454.

Q. 447 asks how long after the delivery did the respondent stay in the health facility. The wording of the question will differ depending on whether the respondent had a live birth or a stillbirth. In completing Q. 447, remember that you must first select a code for the unit of time the respondent mentions (i.e., HOURS, DAYS, or WEEKS) and fill in a number in the boxes to the right of the code you select.

Q. 448 is directed to women who delivered in a health facility and inquires whether anyone checked on the woman's health before she was discharged. A health check could be a "hands-on" examination or just someone asking her about her health.

Qs. 449 and 450 refer to the first check after birth. If the woman is uncertain about the exact time, probe to get the best estimate as to how long after delivery the first check took place. If the woman reports that more than one person conducted the first postpartum check in Q. 450, select the code for the person that appears highest in the list.

Q. 451: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 452-454A: POSTNATAL CHECK OF BABIES WHILE AT THE HEALTH FACILITY

Q. 452 asks about whether the baby received a check from anyone while still at the health facility. Checks for the newborn include actions such as checking the cord, measuring the baby's temperature, weighing the baby, observing breastfeeding, and counseling about danger signs. For those babies who had a check while at the health facility, additional questions are asked about the timing of the first check (Q. 453) and the person who did the first check (Q. 454). A postnatal check should be a separate interaction that occurs to check on the baby's health after completion of the delivery. Checks done on the baby right after birth are considered part of delivery care and should not be counted as a postnatal check.

Qs. 455-458: POST-DISCHARGE CHECK FOR MOTHERS WHO GAVE BIRTH AT A FACILITY

In Qs. 455-458, women who gave birth in a health facility are asked about checks on their health that took place after they were discharged. For those women who had a post-discharge check, additional questions are asked about when the check took place (Q. 456), the person who did the check (Q. 457), and where the check took place (Q. 458).

Regarding the place where the check took place (Q. 458), note that such care can be given at a healthcare facility or provided in the woman's home or another home.

Q. 459: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 460-463: POST-DISCHARGE CHECK FOR BABIES BORN AT A HEALTH FACILITY

Q. 460 asks about whether the baby received a check from a health provider or traditional birth attendant in the two months after the baby was born. The term health provider includes health professionals such as doctors, nurses, midwives, as well as community health workers.

For those newborns who received a post-discharge check, Qs. 461-463 ask about the timing of the check, the person who did the check, and where the check took place.

Qs. 464-467: POSTPARTUM CHECK FOR MOTHERS WHO GAVE BIRTH OUTSIDE OF A HEALTH FACILITY

Qs. 464-467 are directed to women who delivered outside a health facility. Q. 464 asks if the woman was seen by anyone for a check of her health relating to the delivery. Record NO if the woman saw a provider but the care was unrelated to the delivery. Note that the wording of Q. 464 will differ depending on whether the respondent had a live birth or a stillbirth.

For those women who received a check, Qs. 465-467 ask about the timing of the check, the person who did the check, and where the check took place.

Q. 468: FILTER FOR PREGNANCY OUTCOME TYPE

Qs. 469-472: POSTNATAL CHECK FOR BABIES WHO WERE DELIVERED OUTSIDE OF A HEALTH FACILITY

Q. 469-472 are directed to women who delivered outside a health facility. Q. 469 asks about whether the baby received a check from a healthcare provider or traditional birth attendant. The term healthcare provider includes health workers such as doctors, nurses, or midwives, clinical officers as well as community health workers.

For those women who indicate that their baby received a check, Qs. 470-472 ask about the timing of the check, the person who did the check, and where the check took place.

Qs. 473 and 474: SPECIFIC CHECKS AND COUNSELING DURING THE FIRST TWO DAYS AFTER DELIVERY

Ask the respondent about each item on the list. Be certain to emphasize whether each of the actions happened within the first two days after the baby's birth.

Qs. 473d and 473e concern breastfeeding and warrant explanation:

Q. 473d asks whether the respondent received formal counseling on breastfeeding. Counseling on breastfeeding during postnatal care increases the likelihood of breastfeeding. Children who are not breastfeeding are at a higher risk of illnesses such as diarrhea and even death.

Q. 473e asks whether a healthcare provider observed the respondent breastfeeding. Observation of breastfeeding by a health provider, which is essential to check positioning and latch of the infant, is proven to be an important part of lactation counseling and support.

Q. 473f asks whether the respondent was shown how to clean the cord. Cord care is important in preventing neonatal infections/sepsis. The cord in this case refers to the wound left on the baby after cutting the umbilical cord.

Q. 475: FILTER FOR LAST PREGNANCY OUTCOME

Q. 476: MENSTRUAL PERIOD AFTER BIRTH

After a woman has given birth, there is a length of time when she will not have her monthly menstrual periods. Q. 476 asks about whether a woman's period has resumed following the last birth. The wording of the question will differ depending on whether the respondent had a live birth or a stillbirth, abortion, or miscarriage.

Q. 477: FILTER FOR CURRENT PREGNANCY STATUS

Q. 478: POSTPARTUM ABSTINENCE

Couples may decide to wait a certain length of time after the birth of a child or the end of a pregnancy before resuming sexual relations (postpartum abstinence). Q. 478 is asked to determine whether the woman is still abstaining from sex since the end of her last pregnancy. The wording of the question will differ depending on whether the respondent had a live birth or a stillbirth, abortion, or miscarriage.

Q. 479: FILTER FOR PREGNANCY OUTCOME TYPE

Q. 480: CHILD EVER BREASTFED

Breastfeeding is important for fertility and for a child's health and nutrition. For this question, it does not matter how long the respondent breastfed the child, only whether or not she ever gave the child the breast, even if the baby died very young.

Q. 481: FILTER FOR LIVING CHILD

Q. 482: WHEN BREASTFEEDING BEGAN

If the mother reports that the baby was put to the breast immediately after birth, select '000.' Otherwise, record the time in completed hours or days.

Example: The woman said she began breastfeeding within an hour of the birth. Select ‘1’ and record ‘00’ hours.

Example: The woman said she began breastfeeding 30 hours after the birth. Select ‘2’ (DAYS) and record ‘01.’

Q. 483 EXCLUSIVE BREASTFEEDING IN THE FIRST 2 DAYS

Children who are not put to the breast within the first hour after birth face a higher risk of common infections and death. This question is asked to find out whether the baby was given anything to drink or eat other than breast milk. Breast milk can be from the mother or someone else like a wet nurse. Examples of common fluids and foods include water, infant formula, or herbs.

Q. 484: FILTER FOR LIVING CHILD

Q. 485: STILL BREASTFEEDING

Q. 485 is only asked if the child is still alive. Note that for Q. 485, it does not matter whether the respondent is giving the child other liquids or foods as well; we are interested in knowing whether the child is being breastfed at all.

This question is asked to capture if the child is fed breast milk. This includes children who are breastfed by a wet nurse, or children who are fed expressed breast milk by the mother or someone else.

Q. 486: BOTTLE WITH NIPPLE

The use of bottles with nipples can be unsanitary and can interfere with optimal suckling behavior. You should record ‘YES’ if the child was given anything in a bottle during the day or night before the interview.

Q. 487: FILTER FOR NEXT PREGNANCY OUTCOME

At this point, the CAPI program will check Q. 402 to see whether the woman had any more pregnancy outcomes in the last 35 months. If yes, you will ask the questions in Section 4 for the next-to-last pregnancy outcome starting from Q. 404. If you have finished these questions for all pregnancy outcomes in the last 35 months, proceed to Q. 501.

F. Section 5: Child Immunization

There is an important difference between Sections 4 and 5. Section 4 obtains information for living children, dead children, stillbirths, miscarriages, and abortions while Section 5 obtains information only for living children.

Q. 501: FILTER FOR CHILDREN ELIGIBLE FOR SECTION 5

Q. 502: INTRODUCTORY STATEMENT

This statement lets the respondent know that you are moving onto a new topic: vaccinations received by her children born in the last three years (0-35 months). If the respondent has more than one child in this age range, you will start by asking questions about the youngest child and then repeat the section on the next living child.

Q. 503: CHILD'S NAME AND PREGNANCY HISTORY NUMBER

Q. 504: VACCINATION (HEALTH) CARD OR OTHER DOCUMENT

You should have obtained documentation (birth certificates and vaccination (health) cards or booklets) for eligible children at the beginning of the interview. If you have not already collected the vaccination (health) card(s), ask the respondent to look for the card(s).

Note, in Kenya, the official name for the MOH-issued document where vaccination information is recorded is the Mother & Child Health Handbook. It is possible, however that the respondent may have a vaccination card or booklet for the child from a private facility or from a neighbouring country. In other cases, respondents may not have vaccination (health) cards for their child but may have a notebook or other document in which this information is recorded. Alternatively, they may have a notebook in addition to a vaccination (health) card. Be sure to ask the respondent to look for these other documents too.

The respondent may hesitate to take time to look for the card(s) or other documentation thinking that you are in a hurry. Since it is critical to obtain written documentation of the vaccination history for all eligible children, be patient if the respondent needs to search for the card(s) or other documentation.

If the respondent has a vaccination card for the child and no other document where vaccinations are recorded, record YES, HAS ONLY A CARD and skip to 507. If the respondent has a document where vaccinations are recorded but not a card, record YES, HAS ONLY ANOTHER DOCUMENT. If the respondent has both a card and another document, record YES, HAS A CARD AND OTHER DOCUMENT and skip to 507. If the respondent has neither a card nor any other documents indicating the vaccinations the child has received, record NO, NO CARD AND NO OTHER DOCUMENT.

Q. 505: EVER HAD VACCINATION (HEALTH) CARD

If, in Q. 504 the woman tells you she does not have a vaccination (health) card or any other document for her child, ask her in this question whether she ever had a vaccination card for that child. It is possible that at one time she did have a card, but no longer has it.

Q. 506: FILTER FOR VACCINATION (HEALTH) CARD

Q. 507: VACCINATION (HEALTH) CARD OR OTHER DOCUMENT SEEN

Q. 507 is directed at respondents who have said their child has a vaccination (health) card or another document on which the child's vaccinations are written. Ask to see the vaccination (health) card and/or other document.

If the respondent shows you a card and no other documentation, record YES, ONLY CARD SEEN. If she does not show you a card, but does show you another document, record YES, ONLY OTHER DOCUMENT SEEN. If she shows you both a card and another document, record YES, CARD AND OTHER DOCUMENT SEEN.

If the respondent says she is unable to show her child's card or other document to you because someone else has it or it is not accessible to her during the interview, record NO CARD AND NO OTHER DOCUMENT SEEN and skip to 513.

Q. 508: RECORD CHILD'S DATE OF BIRTH FROM DOCUMENT SEEN

Copy the child's date of birth (day, month, and year) as it is written in the document you obtained in Q. 507. Do not copy the child's date of birth from the pregnancy history and do not ask the respondent for

the child's date of birth. If the child's date of birth is not written on the document, select code '95' DATE OF BIRTH NOT ON CARD.

Q. 509: RECORDING VACCINATIONS

If you have a vaccination (health) card for the child, fill in the responses to Q. 509, taking the information directly from the card. When there is more than one eligible child for Section 5, be certain to match the correct card with the child you are asking about.

Before copying dates from the card to Q. 509, examine the card carefully. The card may list the vaccinations in a different order than the questionnaire. Also, Q. 509 requires dates to be recorded with the day first, then the month and then the year. Check the card carefully to see which way the dates are written because sometimes the month might come first, followed by the day and year. Be very careful to record dates correctly.

Besides recording vaccination dates on the card, some health facilities may also record the dates (appointments) on which the mother should bring her child for the next vaccination. Be very careful not to record a scheduled appointment date as a vaccination date. It is possible that an appointment date was given, but the child never received the vaccination. Only record dates that vaccinations were given, and not dates of appointments. Be patient and read the card thoroughly.

If the card shows the year a vaccination was given but the day or the month or both the day and the month are missing, record '98' in the column for which the information is not given.

Example: If the date given was July 2019, you would record '98' for DAY, '07' for MONTH, and '2019' for YEAR.

Example: If the date given was 2019, you would record '98' for DAY, '98' for MONTH, and '2019' for YEAR.

If the card shows clear evidence that a vaccination was given, but there is no date recorded, record '44' in the DAY column next to the vaccine and leave the month and year blank. Again, be careful to examine the card closely. For example, if a date is given for a DPT-HEPB-HIB/pentavalent vaccination and there is simply a check to show that an oral polio vaccine was also given, record the date of the DPT-HEPB-HIB/pentavalent injection on the polio line since the check probably indicates that the vaccinations were given on the same day. Some vaccination cards have only a single line for DPT-HEPB-HIB/pentavalent 1 and ORAL POLIO VACCINE (OPV) 1, DPT-HEPB-HIB/pentavalent 2 and ORAL POLIO VACCINE (OPV) 2, etc. If there is a date on just one of these lines, record the same date for both the DPT-HEPB-HIB/pentavalent and polio injections.

If there is no date and no check mark next to a specific vaccine, record '00' in the DAY column next to the vaccine and leave the month and year blank.

Q. 509 also includes space for recording the date of the **most recent** dose of vitamin A and deworming medication (albendazole). In the Mother & Child Health Handbook, this information is located in the page immediately following the vaccination information.

Example: Mary's health card (left panel) was used to complete Q. 509 (right panel):

Mary's health card		Q. 509								
		DAY	MONTH			YEAR				
BCG	20 May 2020	BCG	2	0	0	5	2	0	2	0
Polio 0	20 May 2020	ORAL POLIO VACCINE 0 (BIRTH DOSE)	2	0	0	5	2	0	2	0
Polio 1	August 25, 2020	ORAL POLIO VACCINE (OPV) 1	2	5	0	8	2	0	2	0
Polio 2	October 2020	ORAL POLIO VACCINE (OPV) 2	9	8	1	0	2	0	2	0

Polio 3	No date	ORAL POLIO VACCINE (OPV) 3	0	0								
IPV	No date	INACTIVATED POLIO VACCINE (IPV)	0	0								
DPT-HepB-Hib 1	25 August 2020	DPT-HepB-Hib (PENTAVELENT)1	2	5	0	8	2	0	2	0		
DPT-HepB-Hib 2	October, 2020	DPT-HepB-Hib (PENTAVELENT) 2	9	8	1	0	2	0	2	0		
DPT-HepB-Hib 3	No date	DPT-HepB-Hib (PENTAVELENT) 3	0	0								
Pneumococcal 1	25 August 2020	PNEUMOCOCCAL 1	2	5	0	8	2	0	2	0		
Pneumococcal 2	October, 2020	PNEUMOCOCCAL 2	9	8	1	0	2	0	2	0		
Pneumococcal 3	No date	PNEUMOCOCCAL 3	0	0								
Rotavirus 1	25 August 2020	ROTAVIRUS 1	2	5	0	8	2	0	2	0		
Rotavirus 2	2020	ROTAVIRUS 2	9	8	9	8	2	0	2	0		
Measles Rubella 1	Given, no date	MEASLES RUBELLA (MR1)	4	4								
Measles Rubella 2	No date	MEASLES RUBELLA (MR2)	0	0								
Yellow fever	No date	YELLOW FEVER	0	0								
Vitamin A	9 October, 2020	VITAMIN A (MOST RECENT)	0	9	1	0	2	0	2	0		
Dewormer (Albendazole)	No date	DEWORMER (ALBENDAZOLE)	0	0								

Q. 510: PERMISSION TO PHOTOGRAPH DOCUMENT

Request permission from the respondent to take a photograph of the document on which the vaccinations are written. If the respondent wants to know why taking a photograph is necessary, explain to her that it is an important step for obtaining accurate information. If the respondent grants permission and you were able to take the photograph with the tablet computer, select code '1' PHOTOGRAPH TAKEN. If the respondent does not grant you permission, select option '2' PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED.

If permission is granted to take the photograph, but you are not able to take it for some other reason (for example, the camera function on the tablet computer is not working), record '6' PHOTOGRAPH NOT TAKEN, OTHER REASON and specify the reason.

Q. 511: FILTER FOR COMPLETE VACCINATION

Q. 512: ANY VACCINES GIVEN BUT NOT RECORDED

Sometimes a child receives a vaccination but no record is made on the vaccination (health) card. After copying the card, ask the respondent whether the child received any vaccinations that are not recorded on the card. This includes vaccinations given in national immunization campaigns or child health days.

If the mother reports that the child did receive a vaccination for which no date was recorded on the card, record YES in Q. 512. Then, go back to Q. 509, and replace the '00' for that vaccination with a '66' in the DAY column next to the vaccine received (leave the month and year blank), and skip to Q. 529.

In Q. 512, only record YES if the respondent lists one (or more than one) of the vaccinations that are listed in Q. 509 but are not recorded on the card as having been given. (The CAPI system will provide a list of those vaccinations that are recorded as not having been given.) Do not include vaccinations that are not listed on the vaccination card, such as an influenza (flu) vaccination.

The mother may tell you that the child did not receive any vaccinations other than those recorded on the card. In this case, select '2' for NO in Q. 512.

Example: Based on information provided by Mary’s mother when asked Q. 512, you learn Mary received OPV 3 and IPV but no other vaccinations. After this information is added to Q. 509, the ‘00’ that had been in the day column for OPV 3 and for IPV are replaced with ‘66’:

Q. 509								
	DAY		MONTH		YEAR			
BCG	2	0	0	5	2	0	2	0
ORAL POLIO VACCINE 0 (BIRTH DOSE)	2	0	0	5	2	0	2	0
ORAL POLIO VACCINE (OPV) 1	2	5	0	8	2	0	2	0
ORAL POLIO VACCINE (OPV) 2	9	8	1	0	2	0	2	0
ORAL POLIO VACCINE (OPV) 3	6	6						
INACTIVATED POLIO VACCINE (IPV)	6	6						
DPT-HepB-Hib (PENTAVELENT)1	2	5	0	8	2	0	2	0
DPT-HepB-Hib (PENTAVELENT)2	9	8	1	0	2	0	2	0
DPT-HepB-Hib (PENTAVELENT) 3	0	0						
PNEUMOCOCCAL 1	2	5	0	8	2	0	2	0
PNEUMOCOCCAL 2	9	8	1	0	2	0	2	0
PNEUMOCOCCAL 3	0	0						
ROTAVIRUS 1	2	5	0	8	2	0	2	0
ROTAVIRUS 2	9	8	9	8	2	0	2	0
MEASLES RUBELLA (MR1)	4	4						
MEASLES RUBELLA (MR2)	0	0						
YELLOW FEVER	0	0						
VITAMIN A (MOST RECENT)	0	9	1	0	2	0	2	0
DEWORMER (ALBENDAZOLE)	0	0						

Once all rows in Q. 509 have information entered, skip to Q. 529.

Summary of completing Section 5 when vaccination card is available.	
Available information	Code
Complete date (day, month, and year) given	Enter complete date.
Part of date given	Enter ‘98’ for missing information. Enter other date information as provided.
Date not specified, but clear indication it was given (e.g., tick mark), and date for vaccinations given at same visit specified.	Enter date of vaccinations given at same visit.
Date not specified, but some indication it was given.	Enter ‘44’ in day column.
No evidence it was given from card, but mother recalls it was given.	Enter ‘66’ in day column.
No evidence it was given.	Enter ‘00’ in day column.

Q. 512A: FILTER FOR ANY VACCINATIONS RECORDED ON CARD

Q. 513: EVER HAD A VACCINATION (BUT NO HEALTH CARD)

You will ask this question only if you did not see a vaccination (health) card or other document on which vaccination information was written for this child. In that case, all of the information about vaccination of children will be collected from the mother, based on her memory about those vaccinations.

Qs. 514-528: VACCINATIONS FOR CHILDREN WITH NO CARD AND NO OTHER DOCUMENT

If you did not see a child's vaccination (health) card or another document on which vaccination information for the child was recorded and the respondent tells you that the child did receive at least one vaccination, you will ask about whether the child received each of the following vaccinations: BCG, polio (OPV and IPV), pentavalent (DPT-HEPB-HIB), pneumococcal, rotavirus, measles rubella, and yellow fever.

Because there are many types of vaccines, we specify how each one is given so the mother will know which vaccine we are asking about. Read the whole sentence before accepting the woman's response.

Q. 514 asks about whether the child has ever received a BCG vaccination that protects against tuberculosis.

Q. 528A asks about whether the child has ever received a yellow fever vaccination that protects against yellow fever.

Notice that there are follow-up questions for the remaining vaccinations (polio, pentavalent, pneumococcal, rotavirus, and measles rubella). For the oral polio vaccine (OPV), we ask whether the child received it, in the case of a birth dose of OPV, when the child first received it, and how many times the child received it. Inactivated polio vaccine (IPV) is another type of vaccine that protects against polio. Since it can be difficult for the mother to distinguish between OPV and IPV, but IPV should be given at the same time as the third dose of OPV, Q. 520 asks whether an IPV injection was received at the same time as the last dose of polio. For all other vaccinations, we ask whether the child received the specific vaccine and how many times.

Q. 529: SOURCE OF VACCINATIONS

Ask the respondent where her child received the majority of his or her vaccinations.

Q. 530: CHILD IMMUNIZATION (NEXT-TO-LAST BIRTH)

If the respondent has no more surviving children who were born in the last 35 months, proceed to Q. 601. If the respondent has another child age 0-35 months, you will repeat Qs. 503-529 for the next surviving child.

G. Section 6. Child Health and Nutrition

Similar to Section 5, Section 6 is focused on living children. However, it is important to remember that Section 6, unlike Section 5, is focused on surviving children who are born in the 0-59 months before the survey.

Q. 601: FILTER FOR SURVIVING CHILDREN AGE 0-59 MONTHS

Q. 602: INTRODUCTORY STATEMENT

Q. 603: YOUNGEST SURVIVING CHILD'S NAME AND PREGNANCY NUMBER

Q. 604: IRON SUPPLEMENTATION

Iron supplementation is one of the most effective methods of alleviating anemia. Iron supplements for infants and young children are commonly given in the forms of tablets or liquids (syrups or drops), or micronutrient powders (a packet of vitamins and minerals that are added to a child's food). As a visual

aid, show the respondent the iron tablet/liquid and micronutrient powder samples from the display book or show card. Note that the time reference for this question is the last 12 months.

Q. 605: VITAMIN A SUPPLEMENTATION

Q. 605 asks if the child received a vitamin A dose within the six-month period before the survey. As a visual aid, show the woman common types of vitamin A ampules, capsules, or syrups. Do not record 'YES' if the child received the last dose more than six months ago.

Q. 606: INTESTINAL WORMS

Worm control improves the health of children. Deworming is possible with inexpensive and effective medicines that are safe in preschool children. Q. 606 asks if the child took any medicine for worms in the last 6 months.

Q. 607: CHILD GROWTH MEASUREMENTS

Routine assessment of child growth is used to monitor a child's growth and screen for acute malnutrition. "Healthcare provider or community health worker" refers to any provider such as a doctor, nurse, or community health worker/fieldworker. Length typically refers to when a child was measured lying down and height when a child was measured standing. There is no need to distinguish between height and length in how you code the response. Measurement around the upper arm refers to the measurement of the mid-upper arm circumference (MUAC). MUAC is usually a colored tape that is wrapped around the upper arm. Show the respondent the picture of the MUAC tape displayed on your tablet computer.

Be certain to emphasize whether each of the actions happened within the last 3 months.

Q. 607A and Q. 607B: MILESTONES OF CHILD DEVELOPMENT

These questions are used to assess whether the child has reached certain developmental milestones. Children typically reach developmental milestones at about the same age. It is important to emphasize the comparison is to children of the same age.

Q. 608: DIARRHEA IN LAST 2 WEEKS

Diarrhea is a major cause of illness and death among young children in developing countries. If a respondent is not sure what we mean by diarrhea, tell her it means three or more loose or liquid stools per day. While reading this question, emphasize "in the last 2 weeks."

Qs. 609 and 610: DRINKING AND EATING DURING DIARRHEA

The amount of fluids or food given while a child has diarrhea may be different from normal. The phrasing of the Q. 609 will depend on whether or not the child is currently breastfeeding. Read the entire question before accepting a response. We are interested in knowing the amount of fluids the child drank. If a respondent says that the child was given "less than usual," probe to determine more specifically if she meant the child was given "much less" than usual or "somewhat less."

Q. 610 is similar to Q. 609 except it concerns food eaten during diarrhea. Note that there is an important difference between the response codes STOPPED FOOD and NEVER GAVE FOOD. The latter code is reserved for children who are not yet being given food (e.g., they are only breastfed).

Qs. 611 and 612: ADVICE OR TREATMENT SOUGHT FOR DIARRHEA

These questions ask whether advice or treatment was sought from someone else on how to treat this episode of diarrhea, for example, advice from a health center, a health worker, or a traditional practitioner. A traditional practitioner includes both licensed and non-licensed practitioners such as an herbalists, traditional birth attendant (TBA), or spiritual leader. An itinerant drug seller refers to a mobile drug seller. Record YES if anyone sought advice or treatment for the child's diarrhea (not just the mother).

If advice or treatment was sought (Q. 611 is YES), ask Q. 612 and probe for all sources. Select the code for each facility or person contacted.

Q. 613: FILTER FOR NUMBER OF PLACES FOR DIARRHEA ADVICE OR TREATMENT

Q. 614: FIRST PLACE FOR DIARRHEA ADVICE OR TREATMENT

For women citing more than one source in Q. 612, probe in Q. 614 for the first place where advice or treatment for diarrhea was sought. If the woman mentions a source that is not recorded in Q. 612, first probe to be sure that advice or treatment was sought from the source and then add that source in Q. 612.

Q. 615: SPECIAL FLUIDS AND ZINC

Women are asked if they gave a child with diarrhea fluid made from a packet of Oral Rehydration Salts (ORS), zinc tablets/syrup, a homemade sugar or salt solution, or other homemade fluids such as porridge, soup, yoghurt, coconut water, tea, milk or rice water. Read out each item and record the answer given for each one.

Qs. 616 and 617: TREATMENT FOR DIARRHEA OTHER THAN SPECIAL FLUIDS

These questions ask the mother whether the child received any treatment for diarrhea other than those mentioned in Q. 615 for this episode of diarrhea. If in Q. 615 you learned that the child was given fluid from an ORS packet, then ask Q. 616a by saying, "Was anything else given to treat the diarrhea?" If nothing was given in Q. 615, ask Q. 616b by saying, "Was anything given to treat the diarrhea?"

If you learn in Q. 616 that the child was given something to treat the episode of diarrhea, ask Q. 617 to identify what the mother or anyone else may have given the child. As with Q. 616, Q. 617 has two versions: Q. 617a for children who received anything in Q. 615 and Q. 617b for children who did not receive anything in Q. 615. After recording a treatment, ask the woman whether "anything else" was given, but do so without implying that something else should have been given.

Q. 617 includes coding categories that warrant further explanation: antibiotic (codes A and F) and antimotility (code B). An antibiotic is a medicine that kills microorganisms such as bacteria. However, antibiotics are ineffective in treating diarrhea cause by a virus.

An antimotility is a medicine reduces the symptoms of diarrhea by slowing down the movement of the gut. This reduces the speed that the contents pass through, allowing more food remains to be absorbed into the body, which results in firmer stools that are passed less often.

Qs. 618-620: FEVER IN LAST 2 WEEKS AND MALARIA

Fever is a common symptom of many conditions and diseases including malaria and pneumonia, which are two of the principal causes of death for young children in many countries. Often children with fever receive treatment for malaria regardless of whether they have malaria or pneumonia. As a result, antimalarial drug resistance has become a major problem. To stop it, healthcare providers must diagnose malaria in children, and provide treatment for malaria only to those children who are infected with

malaria parasites. Malaria is diagnosed by taking a few drops of blood from the patient and examining them for the presence of malaria parasites or malaria-specific proteins.

For Q. 618 record YES only if the fever occurred in the 2 weeks prior to the date of interview and then go on to Q. 619 to ask whether blood was taken from the child's finger or heel for testing. Note that the question asks only whether blood was taken, not specifically whether it was taken for a malaria test since the respondent may not know why the blood was taken.

Regardless of whether or not the child had their blood tested during the illness, ask Q. 620 to determine if a healthcare provider told the respondent that her child had malaria.

Q. 621: COUGH IN LAST 2 WEEKS

Record YES only if the illness with a cough occurred in the 2 weeks prior to the date of interview.

Q. 621A and Q. 621B: TUBERCULOSIS EXPOSURE AND DIAGNOSIS

Tuberculosis (TB) is caused by a bacterium and is spread through the air when a person with active disease coughs, speaks, or sings. Symptoms of TB disease include cough, fever, night sweats, or weight loss. However, not everyone infected with TB develops TB disease. Many people infected with the TB bacterium do not become sick because their body is able to prevent the bacterium from growing.

Q. 621A seeks to determine whether the child had been in contact with an individual with a persistent cough or diagnosed with TB disease in the last 12 months.

Q. 621 asks if the child was tested for TB.

Q. 622: CHILD BREATHED FASTER THAN USUAL/HAD DIFFICULTY BREATHING

Short, rapid breathing or difficulty breathing are signs of pneumonia or other acute respiratory infections, which are a principal cause of death among children.

Q. 623: FAST/DIFFICULT BREATHING DUE TO CHEST PROBLEM/BLOCKED NOSE

The purpose of this question is to better distinguish between respiratory illness, which can be life threatening, and an ordinary blocked or runny nose, which is less serious.

Q. 624: FILTER FOR FEVER

Qs. 625 and 626: ADVICE OR TREATMENT FOR COUGH/FEVER SOUGHT

Record YES in Q. 625 if anyone sought advice or treatment for the child's fever or cough; someone other than the respondent (for example, the grandmother) can have sought advice or treatment. If advice or treatment was sought, go on to ask Q. 626. Probe to determine whether more than one place or more than one person was consulted, and record all places mentioned.

Q. 627: FILTER FOR NUMBER OF PLACES FOR FEVER/COUGH ADVICE OR TREATMENT

Q. 628: FIRST PLACE FOR FEVER/COUGH ADVICE OR TREATMENT

For respondents naming more than one source in Q. 626, probe in Q. 628 for the first place where advice or treatment for the fever/cough was sought. If the woman mentions a source that is not recorded in Q. 626, first probe to be sure that advice or treatment was sought from the source and then add that source in Q. 626.

Q. 629: TIME TO SEEK ADVICE OR TREATMENT

Record the number of days after the illness began that advice or treatment was first sought. If advice or treatment was sought the same day the illness began, record '00'.

Qs. 630 and 631: TREATMENT OF THE FEVER/COUGH

Ask the respondent whether the child who had an illness with fever/cough in the last 2 weeks has taken any medicines for the illness and, if so, what medicines the child received.

Note that more than one drug may have been administered to the child during the illness, and you should record all the medicines mentioned by the respondent.

When you ask Q.631, the respondent may or may not give you an answer that fits neatly into the categories in the questionnaire.

It is very important to obtain accurate information on what medicine or medicines the child received. You should always ask to see the packaging, even if the respondent tells you a specific brand name. You need to confirm the brand name and use the packaging to determine what kind of medicine it is.

If she gives you the packaging, look at it to determine if it is an ACT (codes A-C) or antimalarial (codes A-K; see below for more information on ACTs and antimalarials). If it is an ACT or antimalarial, look at the specific ingredients to determine how best to code it.

If you are sure it is not an ACT or antimalarial, you will need to decide if it is an antibiotic (codes L-P), another specific medicine (codes Q-T), or other medicine not included in one of the existing codes (code X, other – specify).

If you have any uncertainty, pick code X and write the brand name or whatever information the respondent is able to give you. If the respondent tells you it was antibiotic pills/syrup (code O), but does not provide packaging that allows you to confirm that it was an antibiotic, pick code X and record whatever information the respondent can give you about the medicine.

If she does not have the packaging and does not remember the brand name, show her the showcards of antimalarials to see if she recognizes the packaging. Record DON'T KNOW only if she cannot show you the medicine/packaging or you cannot determine the type of medicine given to the child.

1. **Artemisinin-based Combination Therapy (ACT)** (codes A-C) refers to a class of medicines containing both an artemisinin-based compound and another medicine; ACTs are the recommended first line antimalarial treatment. Medicines containing just an artemisinin compound or just one of the ‘other’ medicines below are NOT ACTs and should not be recorded as such.

Artemisinin compound Dihydroartemisinin or Artesunate or Artemether or Artemisinin		Other medicine Lumefantrine or Mefloquine or Amodiaquine or Sulfadoxine/pyrimethamine or Piperaquine or Chlorproguanil/dapsone or Napthoquine	= ACT
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Combination	Common brand names of ACTs in Kenya	2022 KDHS response codes
Artemether + Lumefantrine	Coartem, Lonart, Artefan	AL, code A
Dihydroartemisinin + Piperaquine	Duo-cotexin, P-Alaxin, Redinol, D-artep, Artequick	DHAP, code B
Artemisinin + Napthoquine	Arco	OTHER ACT (NOT AL OR DHAP), code C
Artesunate + Amodiaquine	Coarsucam; Asaq, Artesaq, Arsequin	OTHER ACT (NOT AL OR DHAP), code C
Artesunate + Mefloquine	Larinate MF, Falcigo Plus, Artequin	OTHER ACT (NOT AL OR DHAP), code C

2. **SP/Fansidar** (code D) is a medicine containing sulfadoxine-pyrimethamine; it is most commonly known as SP or SP/Fansidar, but there can be other brand names such as Malodar, Fanlar, Falcidin, Orodar, Metakelfin, Malafin.
3. **Chloroquine** (code E) has many brand names, including Aralen, bioquin, Chloroquin, Rohoquine.
4. **Amodiaquine** (code F) (alone, not as part of an ACT) may be sold as Amodiaquine suspension, Amodiaquine hydrochloride or Amobin, Amochin, Amodar, Amoking, Amoquin, Diaquine, Betaquine, Falciquin, Malaratab.
5. **Quinine** (pills, code G; injection/IV, code H) may also be known as Dawaquine, Quinin, Qiwell, Curaquine, Quinalin, Quinidil.
6. **Artesunate** (rectal, code I; injection/IV, code J) (alone, not as part of an ACT) has many brand names, including Artesun, Larinate, Resunate. **Other antimalarial (code K)** should be used to record any antimalarial that does not belong in codes D-J; write the brand name and any other information the respondent provides.

Q. 632: FILTER FOR ARTEMISININ-BASED COMBINATION THERAPY (‘A-C’) GIVEN

Q. 633: LENGTH OF TIME CHILD HAD FEVER BEFORE BEING TREATED WITH ARTEMISININ-BASED COMBINATION THERAPY

This question asks about the time interval between the beginning of the child's fever and when he/she took the first dose of artemisinin-based combination therapy (ACT). If he/she started taking an ACT the same day the fever started, select '0' for SAME DAY. If an ACT was first given the next day (the day after the fever began), select '1' for NEXT DAY, and so on.

Q. 634: FILTER FOR ADDITIONAL SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY

Qs. 603-633 will be repeated for all additional surviving children age 0-59 months.

Q. 635: FILTER FOR CHILD BORN IN 0-23 MONTHS BEFORE SURVEY AND LIVING WITH RESPONDENT

Qs. 636-642 are asked about the youngest child age 0-23 months living with the respondent.

The purpose of Q. 636 and Q. 637 is to obtain information on the drinks and foods the child consumed the previous day and night. We ask these questions to find out if children are:

1. Being exclusively breastfed, that is being fed only breast milk and no other liquids or foods, not even water. It is recommended that children under age 6 months be exclusively breastfed.
2. Eating from a variety of foods groups.
3. Consuming unhealthy drinks and foods such as sweet drinks and fried or salty snacks.

Keep in mind:

- The reference period covers from when the child awoke the previous day, through the day and night until the child awoke in the morning on the day of interview for a total period of approximately 24 hours. This means that if a child woke in the night last night and was given food or drink, it should be included in Qs. 636 and 637.
- If the mother was not with the child during the reference period, she may not be able to answer these questions. If this situation occurs, ask if you can talk to the person who was responsible for the child's care while the mother was away about what the child drank and ate. It is also possible that the mother will consult other household members about what the child drank or ate even if she was at home since the mother may not be the only one who fed the child yesterday during the day or night.
- It is important to ask about each liquid and food item and to read each question fully even if the mother says the child has had nothing more than she has already reported. This is required to obtain all the information about a child's feeding practices as it is possible the respondent forgot an item. However, while you have to ask every question, once a respondent says YES to any liquid or food item in a particular question, you can move on to the next question without naming the remaining items in that question.

Q. 636: LIQUIDS GIVEN YESTERDAY

Help the respondent to recall what the child drank the day before, as follows:

- Begin by reading the introductory portion of the question slowly, emphasizing that the question concerns what the child drank **yesterday** during both the day and night.
- For categories that have more than one liquid listed, record '1' for "YES" if any item in that category was given.

- Q. 636a (“Plain water”) refers to water by itself with nothing added to it, including a sweetener.
- In many parts of the world, the use of infant formula (Q. 636b) is widespread. In other areas, these products may be uncommon, and respondents may not recognize the terms. Infant formula is a commercial product that is a breast milk substitute. This includes both milk and soy-based formula. Infant formula may be a powder or a liquid concentrate, either of which must be mixed with water before it is given to an infant. Alternatively, formula can be packaged in a ready-to-use container that can be fed to an infant without adding water. Examples of infant formula are Nan, SMA, S26, aptamil, cow and gate, infacare, and similiac.
- For questions regarding consumption of infant formula (Q. 636b), milk from animals (Q. 636c), and yogurt as a drink (Q. 636d), follow up by asking how many times the child consumed the item.
- For questions regarding milk from animals (Q. 636c), yogurt as a drink (Q. 636d), teas/coffee/herbal drinks (Q. 636i) and other liquids (Q. 636k), there is a follow-up question on whether or not the drink was sweet or flavored. Examples of sweeteners added at home include sugar, honey, sweet drink powders, and syrups. Sweetened packaged or prepared drinks bought outside the home also count.
- Q. 636j (“clear broth or soup”) refers only to clear water-based broths or soups. Soups that include foods should not be included here but should be handled as described below in Q. 637.
- Once you have entered all the liquids the child consumed, you must confirm that the child was not given any other liquids (e.g., by asking “Any other liquids?” and “What was the drink?”). If the respondent confirms that the child was not given any other liquid or mentions items you have already marked YES in Q 636 a-j, mark NO under Q. 636k. If the respondent mentions a liquid the child was given yesterday that was not previously recorded, mark YES under Q. 636k and specify the liquid in OTHER DRINK(S). Then ask if the drink(s) was sweetened.

Note that if the woman mentions breast milk, it is not necessary to record this information in Q. 636 because if the child had breast milk yesterday, the mother would have already told us back in Q. 486 that she is still breastfeeding.

Q. 637: FOODS GIVEN YESTERDAY

Follow the same instructions as Q. 636 above to record the respondent’s answers to each question. Things to keep in mind that are specific to Q. 637 are:

- Sometimes the mother may tell you that her child had a dish made up of a variety of food items. Examples of common mixed dishes include “soup,” “porridge,” “stew,” “pureed baby food,” “sandwiches,” and “salads.” In the case when the mother reports a mixed dish, probe to find out the main ingredients included in the mixed dish. Only include items that the child ate because in some cases the mother may pick out only certain pieces of food in the mixed dish for the child.
 - For example, if the mother tells you her child had soup, ask what was in the soup and record only the ingredients **the child ate**. If the soup contained carrots, white potatoes, and beef, but the child was not given the beef, record YES in the group of “Carrots, pumpkin, butternut, or sweet potatoes that is orange inside” to record the carrots, and YES in the group of “Irish potato, white sweet potato, green banana, nduma (arrowroot), yam, or cassava?” to record the white potatoes. Do not record YES in the group of “Any other meat, such as goat, beef, minced beef, mutton, pork, wild game, or chicken” unless you learn that the child ate a type of meat as part of another meal or dish.

- For mixed dishes **do not to count any minor foods or ingredient** used in a small amount to add flavor. This includes items added at any stage of cooking or when serving food (e.g., garnishes sprinkled on top of a dish to add flavor or visual appeal).
- Q. 637a (“Yogurt or mala”) refers to any form of animal milk-based yogurt, when eaten rather than drunk, but not yogurt drinks. Yogurt drinks and drinkable fermented milks are asked about earlier, on the liquids list. The reason for asking separately about yogurt drinks and yogurt eaten as a food is that there is a follow-up question about sweetening on the liquids list only.
- Q.637l/643k (“Eggs”) can include eggs from chickens, ducks, quails, turkeys, ostriches, etc.
- For food items that are both sweet and salty, record YES in both the group “Any sweet foods such as cakes, sweet biscuits, candy, chocolates, ice cream, or ice lollies?”, or **and** the group “Crisps, chips, ngumu, mandazi, samosa, bhajias, or Indomie?”
- Once you have entered all the foods the child consumed, you must confirm that the child was not given any other foods by asking Q. 637u “Any other solid, semi-solid, or soft food?” and “What was the food?” If the respondent confirms that the child was not given any other food or mentions items you have already marked YES in Q. 637 a-t, mark NO for Q. 637u. If the respondent mentions a food the child was given yesterday that was not previously recorded, do the following:
 - a. Mark YES in the appropriate food group(s) in Q. 637 a-t. For example, if the respondent mentions bread and Q 637b was marked NO or DK, change the response to YES.
 - b. Write the name of the food(s) in OTHER FOOD(S) if the respondent mentions a food item not listed in any of the existing food groups. An example of when this is likely to occur is when a type of fruit or vegetable is mentioned that is not listed in any of the food groups.

Q. 638: FILTER FOR CHILD ATE ANY FOOD

Q. 639: SOLID, SEMI-SOLID, OR SOFT FOOD

This question is only asked if none of the food groups in Q. 637 are reported by the respondent during the food group recall of what the child ate. This question verifies whether or not the child really had no solid, semi-solid, or soft food the previous day. If the respondent says YES to Q. 639, go back to Q. 637 and mark YES for food items reported by the respondent. If the food is not listed in a food group, mark YES under Q. 637u and specify the food item in OTHER FOOD(S).

- Solid, semi-solid, or soft foods include both dishes prepared for the entire family and special dishes prepared exclusively for infants and young children. Thick soups, stews, and porridges are considered semi-solid foods.
- Very thin, watery soups and gruels are classified as liquids not as solid, semi-solid, or soft foods.

Q. 640: NUMBER OF TIMES CHILD GIVEN SOLID, SEMI-SOLID, OR SOFT FOODS

In this question, we try to find out the total number of times that the child was given solid, semi-solid, or soft foods the day before the interview. Count snacks given to the child between regular meals separately. If the number is 7 or more, record ‘7’ in the box.

Example: The respondent reports that her child was breastfed 8 times the previous day and fed porridge in the morning and evening. The child also ate a smashed banana during the afternoon. Record ‘3’ in Q. 640 since the child ate solid/semi-solid/soft foods 3 times the day before the

interview. The number of times the child breastfed is not counted in response to Q. 640 because breast milk is not a solid, semi-solid, or soft food.

Q. 641: TALK WITH A HEALTHCARE PROVIDER ABOUT FEEDING CHILD

In this question, we ask whether a healthcare provider or community health worker has talked with the mother in the last 6 months about how to feed her child or what types of foods to feed her child. We are trying to find out whether the mother has received counseling on child feeding practices for children under age 2, which includes counseling on breastfeeding or food-related practices.

Q. 642: DISPOSAL OF STOOLS

Correct disposal of stools is linked with lower risks of spreading diarrheal illnesses. Mothers are asked about what was done the last time their youngest child passed stools. If the stool was collected in a diaper, do not record diapers in OTHER. Rather, record where the stool was disposed of. The diaper and stool may be disposed of somewhere together, or the stool may have been disposed of in one place (example: toilet), and the diaper in another (example: garbage). Record where the stool was disposed of.

Q. 643: FOOD AND DRINK CONSUMED BY RESPONDENT

The purpose of this series of questions is to obtain information on all the drinks and foods the respondent consumed yesterday during the day or night. We ask these questions to find out if women consumed diverse diets that include a variety of different nutritious foods. We also want to know about women's consumption of unhealthy foods. These questions are asked of all women and are not restricted to respondents with young children.

The questions on food and drink consumption for women are similar to those for children. Most of the same instructions apply with the following notable differences:

- Q. 643 includes consumption of both drinks and foods, whereas drinks and foods are asked in separate questions for children.
- The number of times a drink or food was consumed is not asked of women nor are there follow-up questions on whether a liquid was sweet, flavored, or sweetened. Instead information on sugary drinks is captured in Q. 643s, Q. 643t, and Q. 643u.

Liquids and foods consumed by children and women: a summary of do's and don'ts

DO ✓	DO NOT ✗
✓ Include all the things the child or respondent ate and drank <u>yesterday in the day and the night</u>	✗ Do not include any foods and drinks eaten <u>on the day</u> of the interview
✓ Probe by mentioning the first activity of the day to help the respondent list all foods	✗ Do not ask the respondent only about specific meals
✓ Read <u>the entire list of example food items</u> from each food category question	✗ Do not continue to read the food category question if the respondent already answered "YES" to a food item
✓ PROBE to find out the ingredients included in any mixed dishes e.g., mark "YES" if the child ate the meat in the meat stew	✗ Do not count any ingredients that are not eaten by the child or respondent e.g., mark "NO" if the child did not eat the meat in the meat stew
✓ PROBE for snacks	✗ Do not include foods used in small amounts for seasoning or as a condiment
✓ Ask all the questions on foods and drinks even if the child is only breastfeeding 	✗ Do not skip any questions even if the mother says the child has had nothing else to eat
✓ Ask about the number of times the child ate solid, semi-solid, or soft foods 	✗ Do not count the food items to get the number of times the child was fed solid, semi-solid, or soft foods



Only applies to children

H. Section 6B: Early Childhood Development

This module collects information to measure SDG 4.2.1 for children age 24-59 months who are currently living with the mother.

Q. ECDA-C: ELIGIBLE CHILDREN AND OPENING STATEMENT

In Q.ECDA, filter for children age 24-59 months living with the mother. In Q.ECDB, the opening statement explains to the respondent the purpose of the early childhood development question. Additionally, it states that children learn at different rates, and so the child in question may not be able to perform all of the activities mentioned. The interviewer should emphasize that all questions are standard and are required to be asked about every child, regardless of the child's age and development status. The interviewer may also need to explain to the respondent that the questions are to be answered solely based on her perception and knowledge of the child, and so she does not need to consult others for answers.

If the woman has more than one child age 24-59 months living with her, you will ask these questions for each child, starting with the youngest.

Q. ECD1: WALK ON AN UNEVEN SURFACE

Q. ECD1 asks if the child can walk more than a few steps on an uneven surface, such as up and down an incline (a hill or a ramp, for example) or on a bumpy surface (such as gravel), without falling. The child should be able to demonstrate this without the help or assistance of others (for example, not while holding someone's hand), or without holding any object that might help him or her walk.

Q. ECD2: JUMP WITH BOTH FEET

Q. ECD2 asks if the child can jump with both feet off the ground at the same time. This can be demonstrated by the child jumping straight up in the air or in another direction (such as forward, backward or to the side). Record 'NO' if the respondent says that the child can only jump with help or when holding onto something/someone. Also record 'NO' if the respondent says that the child can only jump down from somewhere, for example, jump down from a stair or step.

Q. ECD3: DRESS HIM/HERSELF

Q. ECD3 asks if the child can put on his/her own clothes (for example, pants, shirt, dress, jacket) without help from others. The child does not need to be able to dress correctly (in other words, the shirt can be backwards) or close complex fixtures (such as clasps). Please note that if the respondent answers that the child does not wear any clothes, for example in very warm climates, then you should record the answer as 'DON'T KNOW'.

Q. ECD4: FASTEN/ UNFASTEN BUTTONS

Q. ECD4 asks if the child is able to button and unbutton shirts, pants, or other pieces of clothing without the assistance of an adult or other child. Record 'YES' for any answer that reflects that the child can fasten AND unfasten. Record 'YES' if the respondent says that the child can only fasten and unfasten the bigger buttons on a specific piece of clothing, but not on others that have smaller-sized buttons. The size of the buttons that the child can fasten/ unfasten is irrelevant.

Record 'NO' if the child can only use other types of fastening fixtures such as snaps, hooks, ties or zippers. If the child can fasten/unfasten buttons and other types of fastening fixtures, then record 'YES'.

Please note that if the respondent answers that the child has never had a chance to manipulate buttons, then you should record the answer as ‘DON’T KNOW’.

Q. ECD5: NAME WORDS

Q. ECD5 asks if the child can clearly say 10 or more different words. These words can be real words (such as objects or names) or ‘made up’ words that the child consistently uses to convey meaning (for example, a nickname for a person or food).

Please note that sometimes children can use different names or nicknames for familiar objects or persons. For instance, the child might say ‘gada’ instead of ‘grandad’, in which case you should also record ‘YES’ if the respondent conveys that the child usually uses that word to refer to that person or object. It is fine if the respondent starts naming the words the child can say, if that helps her determine whether the child knows 10 words, but please note that she still has to give a yes or no answer by herself, so that you can record the respondent’s answer. If the child used two different words to refer to the same object or person, for example ‘mother’ and ‘mummy’, these should count as only one word.

Please note that, in some contexts, children might use words in different languages. All questions that target verbal abilities refer to words produced in any language.

Q. ECD6: SPEAK USING SENTENCES OF 3 OR MORE WORDS

Q. ECD6 asks if the child can clearly speak by forming short simple sentences of three or more words. These sentences should reflect a child’s ability to link words together to convey thoughts or feelings. For example, the sentence could include a subject, verb and object combination (for example, “I see a dog”), or it could include a directive (for example, “I want more”). Simple and/or repetitive word combinations that do not convey some meaning do not count as sentences. This should not involve simply repeating sentences the child commonly hears.

Record ‘YES’ for any answer that reflects that the child can communicate using short simple sentences of at least three words. Please note that simple word repetitions (such as, ‘go, go, go’) as well as repetition of familiar rhymes or sentences the child commonly hears (such as ‘twinkle, twinkle, little star’, or popular slogans from ads), should be recorded as ‘NO’.

Skip pattern: If the respondent answers ‘YES’, then you should proceed to ECD7. If the respondent answers ‘NO’ or ‘DON’T KNOW’, then you should skip to ECD8.

Q. ECD7: SPEAK SENTENCES OF 5 OR MORE WORDS

Q. ECD7 asks if the child can clearly speak by forming short sentences of five or more words. These sentences should reflect children’s ability to link words together to convey thoughts or feelings. For example, the sentence could include a subject, verb, adjective and object combination (for example, “I see a big white dog”). Or, it could include a directive (for example, “I want some more water”). Simple and/or repetitive word combinations that do not convey some meaning do not count as sentences. This should not involve simply repeating sentences the child commonly hears.

Record ‘YES’ for any answer that reflects that the child can communicate using sentences of at least five words. Please note that simple word repetitions (such as, ‘go, go, go, go, go’) as well as repetition of familiar rhymes or sentences (such as ‘twinkle, twinkle, little star’, or popular slogans from ads), should be recorded as ‘NO’.

Q. ECD8. RECOGNIZE SELF/ OTHERS

Q. ECD8 asks if the child can use at least one pronoun (such as ‘I’, ‘you’, ‘he’, ‘she’, ‘we’, ‘they’) correctly in sentences. Please note that if the child is able to refer to a third person (he or she), but mixes up the sexes, you should also record ‘YES’.

Q. ECD9: RECOGNIZE OBJECTS

Q. ECD9 asks if when the child is shown a familiar object, the child uses the same word to refer to the same object, even if the word used is not fully correct.

Record ‘YES’ for any answer that reflects that the child can say the object’s name in a consistent way – this is, always using that word to refer to the object. Please note that sometimes children can use different names or nicknames for familiar objects or persons. For instance, the child can say ‘gada’ instead of ‘grandad’. You should record ‘YES’ if the respondent conveys that the child usually uses that word to refer to that person or object.

Q. ECD10: RECOGNIZE LETTERS OF THE ALPHABET

The purpose of Q. ECD10 is to determine whether the child can clearly recognize at least 5 letters of the local alphabet. To ‘recognize’ written or printed letters does not necessarily mean that the child can read or verbally name the letters. Therefore, you should record ‘YES’ if a child can say the letter when shown the letter’s symbol written down on paper (for example, child says ‘bee’ when shown the letter ‘B’), or if a child can point to a letter when asked (for example, “Which is the ‘A’?”). Also note that vowels count as letters, so you should record ‘YES’ if the respondent says, for example, “Child only knows A E I O U”. If the respondent says that the child only knows the 5 letters in his or her name, then you should probe to understand if the child’s name is composed of 5 different letters (for example, ‘PEDRO’), or less than 5 different letters (for example, ‘CATIA’).

Record ‘NO’ if the respondent says that the child can only say the alphabet or some letters of his/her name. For example, some children might sing the alphabet song, but they might yet not be able to recognize letters in print.

Q. ECD11: WRITE HIS/HER NAME

Children who cannot write their own names may not be able to do so because they cannot hold a pencil or do not know all the letters yet. Please note that the question refers to the child’s name because that is generally the first, or one of the first, words a child learns to write. However, if the respondent says that the child cannot write his/her own name but can write some other word, that is also acceptable as a ‘YES’ answer.

The child can use letters of the local alphabet to spell out his/her own name in print/block letters (not cursive/ handwriting). Record ‘YES’ if the child is able to write either his/her first name or last name, or able to write a nickname. The child also does not need to be able to write his/her name correctly (for example, letters may be reversed). The important thing is that the child can hold a writing utensil and use this to write his/her name either in full or in part.

Record ‘YES’ for any answer that reflects that the child can hold a writing utensil to write his/her name either in full or in part, using letters of the local alphabet. Also record ‘YES’ if the child can write a name other than his or her own (such as the name of a pet or favorite friend). Record ‘NO’ if the child can only write letters using his/her fingers (for example, finger painting or writing his or her name in the sand using fingers).

Please note that, in some cases, respondents might answer that the child can imitate, by watching the parent write his or her name and then writing it on his/her own, which should be recorded as ‘YES’.

Q. ECD12: RECOGNIZE NUMBERS

The purpose of Q. ECD12 is to determine whether the child can clearly recognize all written or printed numbers from 1 to 5 in his/her native language. To 'recognize' written numbers does not necessarily mean the child can verbally name the numbers. Therefore, you should record 'YES' if a child can say the number when shown the symbol written down on paper (for example, says 'one' when shown the number '1') or if a child can point to a number when asked ("Which is the number '1'?").

Record 'NO' if the respondent says that the child can only say some numbers s/he knows well from memory. For example, some children might sing a song with numbers, but they might not yet be able to recognize numbers in print.

Q. ECD13: GIVE CORRECT NUMBER OF OBJECTS

Q. ECD13 asks if the child can hand or bring the respondent a specific and correct number of items that you request. Record 'YES' if the child gives the correct and specific number of items or objects requested. Record 'YES' if the respondent says the child is able to give her the correct amount of other objects requested, for example, "I ask him to give me 5 cars and he gives me the correct amount." Record 'NO' if the child gives less or more than the number of items or objects requested.

Q. ECD14: COUNT OBJECTS

Q. ECD14 asks if the child can clearly and correctly count a finite number of objects up to 10. The child should be able to do so without making mistakes. Code 'NO' if the child skips numbers (for example, 1,2,3,5,10) or if the child counts numbers out of order (for example, 1,2,3,4,6,5,7,8,9,10).

Q. ECD15. INDEPENDENT ACTIVITIES

Q. ECD15 asks if the child can do something (such as a task, an activity or something creative) on his or her own for an appropriate length of time without repeatedly asking for assistance from someone else or giving up too quickly. Please note that the question should not be interpreted as asking if the child finished the activity or not. Rather, it refers only to the ability to independently engage in some activity, such as coloring or playing with building blocks for some time.

Record 'NO' if the respondent says that the child can only be engaged in passive activities, such as watching cartoons on TV.

Q. ECD16: ASK ABOUT PEOPLE OTHER THAN PARENTS

Q. ECD16 asks if the child asks questions about other people s/he knows well, other than parents or primary caregivers, when that person is absent or not in sight. This can include asking about where people are, when they will visit, or what they are doing.

Q. ECD17: OFFER HELP

Q. ECD17 asks if the child offers to help either adults or other children (including siblings) when they seem to need help, without being told to do so. Understanding that someone needs help requires being able to understand another's point of view. Recognizing that a person is in distress or upset is developed first and at earlier ages, followed by an understanding of how to help and a demonstrated willingness to offer help in some way. Record 'NO' if the respondent says that the child only offers to help others when told to do so. For example, if the child helps a sibling because the mother asked him or her to do so.

Q. ECD18: GET ALONG WITH OTHERS

Q. ECD18 asks if the child usually (more often than not) can interact or play with other children in a positive manner. Please note that you should code ‘YES’ even if the child sometimes does not get along well with other children, which might be expected and appropriate for the child’s age and/or developmental stage. If the respondent answers “sometimes”, you should probe to understand if the child more often than not gets along well with other children.

If the respondent mentions that the child does not know or has never interacted with other children, please record the answer as ‘DON’T KNOW’.

Q. ECD19: SAD OR DEPRESSED

The purpose of Q. ECD19 is to capture the frequency with which children exhibit excessive unhappiness, sadness, or depression. This could be expressed by the child appearing withdrawn, unenthusiastic, or crying without an obvious or apparent cause. This is distinct from the child simply being tired, though it may look similar.

This question is not meant to capture a child’s response to transitory life events, such as grieving in response to the death of a parent or pet, or distress or crying related to starting day care. If the respondent answers that the child’s sadness is due to a transitory and recent life event, the interviewer should ask: “Apart from that specific context/event, how often does (name) seem to be very sad or depressed?” and proceed to record the correct answer.

Q. ECD20: KICK/BITE/HIT OTHERS

The purpose of Q. ECD20 is to capture children’s behavioral difficulties that limit their ability to interact with other people in an appropriate manner. More specifically, this question captures the degree to which the child demonstrates physical aggression towards other children or adults. This would not include play fighting or what would be considered ‘normal’ or ‘typical’ aggression towards a sibling.

Q. ECD21: FILTER FOR ADDITIONAL CHILDREN AGE 24-59 MONTHS LIVING WITH MOTHER

I. Section 7: Marriage and Sexual Activity

Q. 701: CURRENTLY MARRIED OR LIVING WITH A MAN

Q. 701 asks if the respondent is currently married, living with a man as if married in an informal union, or not in union. Remember that there are two different categories of YES responses: (1) “YES” the woman is married and (2) “YES” she lives with a man. Be sure, therefore, that you distinguish between these two categories. If the woman just responds YES, then ask her, if she is currently *married* or currently just *living* with a man. An informal union is one in which the man and woman live together for some time, intending to have a lasting relationship, but do not have a formal civil or religious ceremony. If the respondent has a male roommate, but they are not in a union, that arrangement does not count as living with a man as if married. Casual sexual encounters are not included here.

Example: If a woman went to live with her boyfriend and his family and has stayed for several years, they would be considered as “living together,” whether or not they have any children. On the other hand, if a woman has a boyfriend but has never lived with him, she would not be considered in a union.

Q. 702: EVER BEEN MARRIED OR LIVED WITH A MAN

For women who are not currently married or living with a man as if married (Response to Q. 701 is NO, NOT IN UNION), ask whether they have ever been married or lived with a man as if married. Probe if necessary to make the correct distinction between YES, PREVIOUSLY MARRIED and YES, LIVED WITH A MAN.

Q. 703: CURRENT MARITAL STATUS

This question is asked of a woman who was previously in a union but is not married or living with a man as if married at the time of the interview. Since she was in a union at one time, but is not on the day you are interviewing her, she will be widowed, divorced, or separated.

Q. 704: FILTER FOR PREVIOUSLY MARRIED

Qs. 705-707: MARRIAGE REGISTRATION

Having a registered marriage is related to a range of social protections, rights (including civil, divorce, and inheritance), and access to benefits and the social safety net. A marriage certificate is a formal document issued by a government agency proving that two individuals are legally married. Legal proof of marriage can help to protect the rights of spouses to property upon death of one of the spouses or if the marriage ends in divorce.

Kinds of marriages

- (1) A marriage may be registered if it is celebrated—
 - (a) in accordance with the rites of a Christian denomination;
 - (b) as a civil marriage;
 - (c) in accordance with the customary rites relating to any of the communities in Kenya;
 - (d) in accordance with the Hindu rites and ceremonies; and
 - (e) in accordance with Islamic law.
- (2) A Christian, Hindu or civil marriage is monogamous.
- (3) A marriage celebrated under customary law or Islamic law is presumed to be polygamous or potentially polygamous.

Evidences of marriage

- (a) a certificate of marriage issued under the Marriage Act 2014 or any other written law;
- (b) a certified copy of a certificate of marriage issued under the Marriage Act 2014 or any other written law;
- (c) an entry in a register of marriages maintained under the provisions of Marriage Act 2014 or any other written law;
- (d) a certified copy of an entry in a register of marriages, maintained under the provisions of marriage Act 2014 or any other written law; or
- (e) an entry in a register of marriages maintained by the proper authority of the *Khoja Shia, Ith'nasheri, Shia imam, Ismaili or Bohra'* communities, or a certified copy of such an entry.

Further reference is the marriage Act No 4 of 2014

Q. 705 is asked of respondents who were married, but are not married now. Q. 706 is directed at respondents who are currently married.

In Q. 707, women who don't have a marriage certificate or don't know if they have a marriage certificate for their current/last marriage are asked if their marriage was registered with a civil authority. **Please note that it is NOT necessary to see the certificate to verify.**

Q. 708: FILTER FOR CURRENT MARITAL STATUS

Q. 709: WHERE HUSBAND/PARTNER LIVES

When asking this question and subsequent questions, choose the appropriate term for the woman's relationship (husband or partner).

For a woman who is either currently married or living with a man, ask whether her partner actually lives with her or lives elsewhere. If the woman's partner usually lives with her but is away only temporarily, record LIVING WITH HER.

Q. 710: HUSBAND'S/PARTNER'S NAME AND LINE NUMBER

Enter the name and line number of her husband/partner based on the information in Columns 1 and 2 of the Household Schedule. If the husband/partner is not listed as a household member, enter '00' in the boxes.

Q. 711: OTHER CO-WIVES/PARTNERS

We are interested to know whether or not the respondent's husband has other wives or cohabitating partners—that is, other women with whom he is living as if married. This does not include 'girlfriends' unless the husband is living together with the girlfriend as if married.

Q. 712: NUMBER OF CO-WIVES

The total number of wives/partners in Q. 712 should include the respondent as well as any other wives or cohabiting partners. Since the number has been assigned two boxes, remember to fill the first box with '0' for numbers less than 10.

Q. 713: RANK

In this question, we want to know the respondent's rank among her husband's wives: 01 if the woman is the first wife, 02 if she is the second, etc. The rank is not necessarily determined on the basis of when each wife married the husband, but the respondent will usually know what her rank is.

Q. 714: MULTIPLE MARRIAGES

As with Q. 701, we are interested in formal marriages as well as informal arrangements. If a woman was married or lived with a man and then was widowed, divorced, or separated from her partner and is now either married to or living with someone else, record MORE THAN ONCE. If a woman is not currently married but she was previously married two or more times, record MORE THAN ONCE. If she has married or lived together only once, select ONLY ONCE.

Q. 715: DATE FIRST LIVED WITH (FIRST) HUSBAND/PARTNER

The wording of this question will differ depending on whether the respondent was married or lived with a man only once or more than once. If the respondent has been married or lived with a man more than once, Q. 715 is asked about her first husband/partner.

We want to know the month and year when the respondent started living with her (first) husband or partner. If she can't remember the date, you will need to probe. The dates recorded in the pregnancy history may help you in probing. For example, check the date of birth of her first child and ask her how many months or years before (or after) the birth she started living with her (first) husband or partner.

Note that we are interested in the date that the woman first started living with her (first) husband or the person she is/was first living with, not the date of first sex or first birth. Do not assume that the starting

date of first union comes before date of the first birth; it may be that she had her first birth before her first union. If she answers in terms of the number of years ago (for example, “two years ago”), probe to find out the month and year.

Notice that you will record both the month and year in Q. 715. If one of these items is not known, you will select the code DON’T KNOW for that item (‘98’ for DON’T KNOW MONTH and ‘9998’ for DON’T KNOW YEAR).

Q. 716: AGE FIRST LIVED WITH HUSBAND/PARTNER

If, after asking the date the woman started living with her first partner (Q. 715), you were unable to record a year, ask how old she was when she started living with him. As with other age questions, if she doesn’t know, probe. Use information on events for which you already have information, e.g., ask how old she was when her first child was born, and then ask how long before or after giving birth she began living with her first husband or partner.

Notice that circling ‘9998’ for DON’T KNOW is allowed as a valid response for Q. 715. However, if you were unable to obtain a numerical response to YEAR in Q. 715, you will have to provide the AGE in Q. 716.

Q. 717: FILTER FOR MARRIED/LIVED WITH A MAN MORE THAN ONCE

Q. 718: FILTER FOR CURRENT MARITAL STATUS

Q. 719: DATE FIRST LIVED WITH CURRENT HUSBAND/PARTNER

Q. 719 is similar to Q. 715, except it is directed at respondents who have been married or lived with a man more than once. We want to know the month and year when the respondent started living with her current husband or partner. If she can’t remember the date, you will need to probe.

Q. 720: AGE FIRST LIVED WITH CURRENT HUSBAND/PARTNER

Q. 720 is similar to Q. 716. You will only need to ask Q. 720 if you were unable to obtain a YEAR in Q. 719.

Q. 721: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking them.

Qs. 722-738: GENERAL INSTRUCTIONS

The purpose of these questions about sexual intercourse is to determine the respondent’s exposure to pregnancy, since fertility levels are directly related to the frequency of intercourse. These questions may be embarrassing for some respondents; therefore, ask them in a matter of fact voice. A common reaction for people who are embarrassed is to giggle or laugh. If you laugh in return or act as if you are embarrassed too, the respondent may think that the questions are not serious. Make sure you maintain a serious attitude.

Q. 722: AGE AT FIRST INTERCOURSE

Read the entire question to the respondent and emphasize that complete confidentiality of her answers. If the respondent says she does not know how old she was when she first had intercourse, probe by relating it to how old she was when she first got married or had her first child. However, when doing this probing, be certain not to assume that the first time she had sex was at the time of her first marriage.

Check to make sure that the age at first intercourse and the age at first birth (calculated by subtracting the woman's year of birth from the year of birth of the woman's first child) are consistent. The age at first intercourse cannot be later than her age at first birth. If her reported age at intercourse is older than her age at first birth, then either the year of birth of her first child is wrong or her age at first intercourse is wrong, or they are both wrong. Check to see which information is wrong and correct it.

If she has never had intercourse, select Code '00' and skip to Q. 738.

Q. 723: LAST TIME HAD SEXUAL INTERCOURSE

Q. 723 applies to the respondent's last, or most recent, sexual partner. Fill in the respondent's answer in the space according to the units that she uses. The YEARS AGO row should be used only if the last intercourse was at least one year ago. In other words, there should never be a response '00' YEARS. If the answer is 12 months or more, it must be recorded in years.

Example: If she says "three weeks ago," select '2' and enter '03' in the boxes next to WEEKS AGO. If she says "four days ago," select '1' and enter '04' next to DAYS AGO.

If the respondent appears to be rounding off her answer, probe for an exact answer. For example, if she says "about a week ago," ask, "Do you remember which day? Was it before or after the weekend?"

In some cases, you may have to convert a respondent's answer.

Example: If the respondent says, "this morning," select '1' and write '00' for DAYS AGO. If she has not yet resumed intercourse since she had her last child, check Q. 215 for the month and year of birth of her last child, and ask how long before the birth of that child she had sex the last time.

If the respondent had sex within the past year, proceed to Q. 724. If the last time the respondent had sex was 12 or more months ago, skip to Q. 737.

Q. 724: FILTER FOR PREGNANCY STATUS

Qs. 725 and 726: CONTRACEPTION USE AT LAST INTERCOURSE

The wording of Q. 725 is similar to Q. 303 except we are now asking about whether she and her partner used any method of contraception the last time she had sexual intercourse. The purpose of this question is to capture the use of methods that may be underreported in response to Q. 303. In Q. 726, record all the methods she says or her partner used.

Q. 727: CONDOM USED AT LAST INTERCOURSE

Condom use (male or female condoms) is of interest because it can help reduce the risk of transmission of HIV/AIDS and other sexually transmitted infections. Thus, Q. 727 is asked of all respondents who have had sex in the last 12 months, regardless of pregnancy status and whether or not they are using any form of contraception other than condoms.

Qs. 728 and 729: BRAND AND SOURCE OF CONDOM

Q. 728 asks about the brand of condom used the last time the respondent had sex. If the respondent doesn't know the brand name, ask to see the package. In Q. 729, ask the respondent where she got the condom used the last time she had sex. Sources like bars, chemist, hotels and workplaces to be included under "OTHER SOURCES".

Q. 730: RELATIONSHIP WITH LAST SEX PARTNER

We want to know the relationship of the respondent with the person she last had sex with. Note that the response categories in Q. 730 are stated in terms of his relationship to her. It also refers to the relationship at the time they last had intercourse. If the woman responds “BOYFRIEND,” probe to see if the boyfriend was living with her and then enter the appropriate code.

Example: A divorced woman indicates her last sex partner was her former husband. If they were married at the time they had intercourse, record ‘HUSBAND’. If they were already divorced and not living together at the time, record ‘OTHER’ and enter former husband in the space provided for specifying the relationship.

Qs. 731-736: SEX WITH ANYONE ELSE IN LAST 12 MONTHS

These questions find out if the respondent had sex with a second or third person in the last 12 months, the relationship of the person with the respondent, and whether or not a condom was used the last time the respondent had sex with the person. If the respondent only had sex with one person during the last 12 months (response to Q. 731 is NO), skip to Q. 737.

Q. 737: NUMBER OF LIFETIME SEXUAL PARTNERS

Q. 737 asks about total number of lifetime sexual partners. If the number of partners is greater than 95, record ‘95.’

Q. 738: PRESENCE OF OTHERS DURING INTERVIEW

Observe and record whether others are present during this section of the interview. Be sure to record either ‘1’ or ‘2’ for each line (children <10 years old, male adults, female adults).

J. Section 8: Fertility Preferences

This section gathers information on desires for additional children, preferred birth intervals, attitudes toward family planning and family size, and unwanted pregnancies.

Q. 801: FILTER CONCERNING STERILIZATION STATUS OF RESPONDENT/PARTNER

Q. 802: FILTER FOR PREGNANCY STATUS

Qs. 803 and 804: PREFERENCE FOR ADDITIONAL CHILDREN

If the respondent is currently pregnant, you will ask Q. 803. Note that we want to make sure that pregnant women do not think that we are asking them whether they want the child they are pregnant with now. For this reason, we begin this question by stating “Now I have some questions about the future. After the child you are expecting now...”

If she is not pregnant or is unsure if she is pregnant, you ask Q. 804. Note that the wording of the question depends on whether or not she already has children. If the respondent is not pregnant and has no living children, ask the question as follows: “Would you like to have a child or would you prefer not to have any children?” If she has one or more children, you ask instead, “Would you like to have another child or would you prefer not to have any more children?”

Q. 805: TIME TO WAIT

Q. 805 is asked of all women who say that they want to have another child. However, you will word the question differently depending on her pregnancy status. If she is not pregnant or unsure, you will ask 805a: “How long would you like to wait from now before the birth of (a/another) child?” If she is pregnant, you will ask 805b: “After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?”

Note that the answer can be given in months or years. Select ‘1’ if the response is in months or ‘2’ if in years, and record the answer in the appropriate boxes. If she says she would like to have a baby right away, select SOON/NOW (code 993). If the woman says she cannot get pregnant, select SAYS SHE CAN’T GET PREGNANT (code 994). If the woman tells you she would like to wait until after she is married to have a child, select AFTER MARRIAGE (code 995). If the woman gives a different answer, select ‘996’ and write her response in the space provided next to the OTHER category.

Q. 806: FILTER FOR PREGNANCY STATUS

Q. 807: FILTER FOR USING A METHOD

Q. 808: FILTER FOR TIME TO WAIT

Q. 809: FILTER FOR TIME SINCE LAST SEXUAL INTERCOURSE

Q. 810: REASON FOR NOT USING A METHOD TO PREVENT PREGNANCY

The woman’s response to Q. 804 will affect how this question is asked. If she has previously said that she wants to have a/another child, ask Q. 810a. If she wants no (more) children, ask Q. 810b.

There are many reasons that a person may not be using contraception, so listen to your respondent carefully. Record as many reasons as the woman mentions. The following are some guides to use in deciding which code(s) to mark:

Code INFREQUENT SEX if the respondent says she is not sexually active enough to be using a method. NOT HAVING SEX would be the appropriate code if she says she is not sexually active at all.

MENOPAUSAL means she is no longer menstruating and therefore cannot get pregnant, and HYSTERECTOMY is an operation to remove her uterus.

Code CAN’T GET PREGNANT, if the respondent says she thinks she cannot get pregnant for reasons other than she is menopausal or has had a hysterectomy.

Code NOT MENSTRUATED SINCE LAST BIRTH if the respondent says her period has not returned since her last birth.

UP TO GOD/FATALISTIC means that the respondent feels that the pregnancy is predetermined by fate and she has no control over pregnancy.

RESPONDENT OPPOSED means that the respondent herself does not approve of family planning. If her husband or partner is opposed to family planning, select the code for HUSBAND/PARTNER OPPOSED. If she says she is not using because someone other than her husband or partner tells her they are opposed to her using family planning, code OTHERS OPPOSED.

RELIGIOUS PROHIBITION means that she feels her religion does not allow the use of family planning.

INCONVENIENT TO USE would be if she considers the contraceptive methods to be too troublesome to use, such as being messy. This is inconvenient to use, but not inconvenient to get the method, since LACK OF ACCESS/TOO FAR is a separate category.

CHANGES IN MENSTRUAL BLEEDING can include side effects of a method such as spotting or irregular bleeding with hormonal methods such as the pill, certain IUDs, and injected or implanted contraceptives.

OTHER SIDE EFFECTS include consequences of using a method the respondent thinks may affect her health. For example, the respondent may say she heard the pill may be linked to breast cancer.

If the woman's main reason is not listed as a response, select 'X' and write her response on the OTHER line. If the woman does not know at all why she is not using contraception, record DON'T KNOW.

Q. 811: FILTER FOR USING A CONTRACEPTIVE METHOD

Q. 812: INTENT TO USE CONTRACEPTION IN THE FUTURE

This question is for all women who are currently not using a method of contraception and women who were not asked about current contraceptive use because they were pregnant at the time of the interview. The purpose of this question is to see whether the respondent has any intention of using a method of family planning at any time in the future.

Q. 813: PREFERRED NUMBER OF CHILDREN

Q. 813 is asked differently depending on whether or not the respondent has living children. If she already has living children, we ask her to imagine the time when she had no children and could choose exactly how many to have. We are not asking how many she would like to have by her current age (now), but rather, how many she would like over her entire life (including the future).

If she tells you a number, record it in the boxes by NUMBER, then proceed with Q. 814. If she gives an answer that is not a number, for example, "It's up to God," probe for a numeric response. If after probing, the woman will not state a number, write down her exact words in the OTHER category, and skip to Q. 815.

Q. 814: DESIRED SEX COMPOSITION OF CHILDREN

This question is asked of all women who gave a numerical response to Q. 813. Record the number of boys and girls preferred by the woman in the boxes provided under BOYS and GIRLS, respectively. If the woman says it would not matter what sex the child is, write the number of such children in the boxes under EITHER. If she gives some other answer, select '96' for OTHER and record her exact words in the space provided.

Example: If in Q. 813, a respondent says she would like to have six children, and in Q. 814 she would like to have two boys, two girls, and two more of either sex, you would record '02,' '02,' '02.'

If a respondent would like to have two children ('02' in Q. 813) and she wants two boys, you would record '02,' '00,' '00' in Q. 814.

If she would like to have three children and at least one of them should be a boy, record '01,' '00,' '02,' since she would be satisfied with either sex for the other two children.

Finally, note that if the woman gives a numeric response to this question, the sum of the numbers you record in the three sets of boxes must equal the total number in Q. 813. You must probe further if the numbers do not match.

Q. 815: EXPOSURE TO FAMILY PLANNING MESSAGES

We are interested in any information about family planning, whether it is a program concerned with giving information about family planning, an advertisement about family planning, or a speech in which family planning is mentioned. Read the introductory question and then each line; wait for her response and code it before moving on to the next line.

Q. 817: FILTER FOR CURRENT MARITAL (UNION) STATUS

Qs. 818-819: DECISION TO USE CONTRACEPTION

In Q. 818, we want to know whether the woman usually participates in the decision whether or not to use contraception, which would indicate that she exercises her right to control and monitor her reproductive health. Read the entire question before accepting a response. If the respondent says that someone other than her husband or partner or she made the decision, such as a doctor or a nurse, select SOMEONE ELSE (Code '4').

Only women who respond that they make decisions about contraception use jointly with their husband are asked Q. 819.

Q. 820: PRESSURE TO BECOME PREGNANT

The purpose of this question is to determine if the respondent ever received pressure about when not to use family planning.

Q. 821: FILTER FOR STERILIZATION

Q. 822: HUSBAND'S AND WIFE'S PREFERENCE FOR CHILDREN

This question asks for the woman's opinion of her husband's preference compared with her own. Read the entire question before accepting a response.

K. Section 9: Husband's Background and Woman's Work

Q. 901: FILTER FOR CURRENT MARITAL (UNION) STATUS

Q. 902: HUSBAND'S/PARTNER'S AGE

If you have difficulty obtaining the husband's age, use the same methods to probe for his age as described in Qs. 110-111 for obtaining the respondent's age.

Qs. 903-905: HUSBAND'S/PARTNER'S EDUCATION

These questions are identical to Qs. 113-114, which were asked of the respondent. Again, note that in Q. 904, you record the highest level attended, and in Q. 905, you record the highest standard/grade/form/year completed at that level.

If the respondent answered NO in Q.903, skip to 906. Moreover, if in Q.904 the respondent answers DON'T KNOW, skip to Q.906

Qs. 906 and 907: RECENT WORK

Qs. 906 and 907 ask if the respondent's husband/partner worked recently. In Q. 906 ask about work in the last 7 days. If the respondent's husband/partner has not worked in the last 7 days or the respondent doesn't know, ask Q. 907 to determine if he has worked in the last 12 months ie. a job for which he is paid in cash or kind. Or sell things, has a small business or work on the family farm or in the family business as an intern, apprentice or as a volunteer. to provide clarity on the scope of work. Otherwise, if the respondent answers Yes in Q906 then skip to Q 908. If the they answered No or Don't Know in Q907 skip to Q909, otherwise if the answer to Q907 is Yes, proceed to Q 908.

NB: **Work** refers to an economic activity 'performed' for at least one hour in the last 7 days, by either:

1. as an employee for wage, salary, commission, or any payment in kind, including doing paid domestic work or farm work.; OR
2. on their own account or as an employer in a non-farm business enterprise; OR
3. on their own account or as an employer on a farm or holding owned or rented, whether in cultivating crops or in other farm maintenance tasks, or have they cared for livestock.
4. helping in a non-farm business enterprise belonging or run by this household.
5. in an agricultural activity or cared for livestock belonging or run by this household
6. as an intern or an apprentice
7. as a volunteer

Q. 908: HUSBAND'S/PARTNER'S CURRENT (OR MOST RECENT) OCCUPATION

Q. 908 asks what respondent's husband's or partner's occupation is. By occupation, we mean what kind of work the respondent's husband/partner MAINLY does.

Examples of occupations are clerk, secretary, barber, taxi driver, nurse, teacher, lawyer, salesman, rubber tapper, fisherman, rice farmer, carpenter, etc. We are not interested in the industry that he works in (e.g., agriculture, mining, or sales) or where he works (in a bank, a retail clothing store, or a government office), but we need to know what his job is.

Example: The respondent says her husband works in the Ministry of Planning. This response tells you where he works but not what his occupation is. You should ask what he does at the Ministry of Planning and learn that he is an accountant. Record 'accountant at the Ministry of Planning.'

Write the answer in the respondent's own words. If you are not sure how to write the occupation, it is better to give more details to explain the occupation.

"Not currently working" is not an acceptable response because you will reach Q. 908 only if the man has worked in the last 7 days or the last 12 months. If he worked in the last 12 months but is not currently employed, get a description of his most recent job. If he does more than one job, write down what he does most of the time. Do not fill in the two code boxes for this question, since numerical codes will be assigned afterwards in the office.

Qs. 909-913: EMPLOYMENT AND OCCUPATION

These questions are concerned with any work other than housework that the respondent herself does. The time reference for Qs. 909-911 is the 7 days before the survey interview.

Q. 910 is asked because it often happens that women who sell things or work on the family farm will not consider what they do work, especially if they do not get paid for the work. Read the introductory sentences of Q. 910 so the respondent understands what we mean by “work.” If the respondent answers Yes skip to Q913.

Q. 911 checks to determine if a woman normally works but was temporarily absent from work, i.e., she was on leave or was not working for some other reason during the seven-day period before the survey. If the respondent answers Yes skip to Q 913.

Q. 912 is directed to women who indicate they currently are not employed in a job or business and seeks information about whether the woman has done any work in the 12 months before the survey. If the respondent answers NO skip to Q 917.

Q913 As described for Q908, write the respondent’s occupation in her own words in Q913. Again, it is better to give more detail than less.

Q914: NATURE OF EMPLOYMENT

There are three categories here. Consider a woman who works in a shop as an example. If her husband or father operates the shop and she works for him, she is working FOR FAMILY MEMBER. If she works in a shop owned and operated by a nonfamily member, she works FOR SOMEONE ELSE. If she runs the shop with her husband or runs it on her own, she is SELF-EMPLOYED.

If a woman says she is employed by a corporation or the public sector, she is working FOR SOMEONE ELSE.

Q 915: WORK ALL OR PART OF THE YEAR

Of interest here is the regularity with which a respondent is working. If she is working all year long, record THROUGHOUT THE YEAR even if she works only part-time. If her work is seasonal, record SEASONALLY/PART OF THE YEAR. If she works occasionally, record ONCE IN A WHILE.

Q. 916: TYPE OF PAYMENT

This question asks for the type of payment that the respondent receives for her work. Payment can come in two forms: in “cash” and in “kind.” For example, a woman who sells fruit in the market to people who pay money for it earns cash for her work. If the woman receives a portion of the fruit she takes to the market as payment, she receives “kind” for her work.

To answer Q916, you will need to determine if the woman receives payment in cash only, in kind only, both in cash and in kind, or whether she is not paid. If a respondent is a clerk and gets paid a regular salary, she earns CASH ONLY. If she is a domestic servant and she gets food and some cash, she is paid in CASH AND KIND. If she works as a domestic servant and she is not paid a salary but instead gets lodging and food only, she is paid IN KIND ONLY. If she is working on a farm owned by her family and receives no payment of money or other goods, then she is NOT PAID. If the respondent answers Not paid in Q916, skip to Q917.

Q 916A asks the interviewer to record the value of the amount received in kind or the value of the amount received as cash. The question on the earnings is to obtain the value of the job done i.e how much is the work worth.

Qs.917 and 918: FILTERS FOR MARITAL STATUS AND CASH EARNINGS

Qs.919-924: WOMAN'S CONTROL OVER AND USE OF CASH INCOME AND PARTICIPATION IN HOUSEHOLD DECISIONS

Q919 is a single response question that asks who usually decides how the money the respondent earns will be used. The word 'jointly' refers to the respondent's making the decisions jointly with her husband or partner (Code '3'). If the husband/partner decides for the respondent, select '2.' If someone other than the respondent and her husband (e.g., another relative) makes the decision, select '6' for OTHER and ask the respondent to specify.

Q920 asks the respondent for her perception of the amount of money she earns in relation to her husband's/partner's earnings. If the respondent's husband/partner does not bring in any money at all, select Code '4' and skip to Q922.

Q921 is similar to Q919 except that it is concerned with whether the respondent is involved in decisions about how her husband's or partner's earnings will be used. Again, the question allows for only a single response with regard to who usually decides how the husband's or partner's earnings will be used. The response codes are identical to those described in Q919 except that there is an additional code corresponding to HUSBAND/PARTNER HAS NO EARNINGS and OTHER but should be specified

Qs. 922-924 address the roles of the woman and her husband or partner in making various household decisions. Decision-making can be a complex process, so the emphasis is again on who usually makes a specific decision. Choose the response code most appropriate after you hear the respondent's answer to each type of decision. Use Code '1' for RESPONDENT only if the woman says that she alone mainly makes the decision. When her husband or partner alone usually makes the decision, select '2.' If she and her husband usually consult about decisions, select '3.' If, for example, she says that her in-laws usually make the decisions about the item in question (e.g., what food to purchase), then select '4' for SOMEONE ELSE. Select code "6" for OTHER (such as "up to God" or other response that does not fit within response codes 1-4).

Qs. 925 through 930C: OWNERSHIP OF HOME(S) AND/OR LAND

There is increasing evidence that ownership of property by women has positive consequences for women's empowerment, nutritional and health outcomes, and her children's schooling. For Qs. 925 and 928, 'ownership' implies that the house or land is legally registered in the woman's name or, since official property records do not always exist or are not maintained, the house or land is recognized as hers and cannot be sold without her signature or equivalent.

Q. 925 concerns whether the respondent owns a house either by herself or jointly with someone else. For this question, 'house' includes all dwelling types including apartments, duplexes, and houses that are semi-detached or detached, etc., as well as other types of dwellings that are specific to Kenya. If she owns a house (either the one you are in at the time of the interview or any other house), and she is the only owner of the house (she does not share ownership with anyone), record 1 for OWN ONE HOUSE ALONE or 2 for OWN MORE THAN ONE HOUSE ALONE depending on the number of houses owned by the respondent. If she doesn't own a house on her own, but instead jointly owns one with her husband/partner, record JOINTLY WITH HER HUSBAND/PARTNER ONLY. If she doesn't own a house on her own, but instead jointly owns one with someone else (a person who is not her husband), record JOINTLY WITH SOMEONE ELSE ONLY. If she owns a house jointly with her husband/partner and someone else, record JOINTLY WITH HER HUSBAND/PARTNER AND SOMEONE ELSE. If she owns a house alone and another house jointly with someone else, record BOTH ALONE AND JOINTLY. If she does not own a house either alone or jointly, record DOES NOT OWN. If she responds she does not own skip to Q928

Note: It does not matter if the house was bought with a loan and the loan is still being paid for; what matters is whether the respondent's name is on the ownership document or, in the case where there is

no paperwork, the respondent believes she has exclusive or part ownership of the house. In such a case, record as outlined above.

Qs. 926 and 927 ask if the respondent has a title deed or other government recognized document for any house she owns and whether her name is in the document. She does not need to show you the title deed or document. The legal documents include; Title Deed, Certificate of Lease, Transfer of Interest in Land/House, Land Control Board Consent, Trust deed, Settlement Scheme legal documents. If she says she has a document for any house that she owns, record YES in Q. 926. If she says her name is in the document for the house, record YES in Q927.

Q928-930 Ownership of Agricultural land

Agricultural land is land devoted for agricultural use, which is, rearing of livestock, production of food and cash crops and animal fodder. Q928 concerns whether the respondent owns agricultural land either by herself or jointly with someone else. The responses for Q928 are ALONE ONLY, JOINTLY WITH HUSBAND/PARTNER ONLY, JOINTLY WITH SOMEONE ELSE ONLY, JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE, BOTH ALONE AND JOINTLY and DOES NOT OWN. If she answers does not own in Q928 skip to Q930A, otherwise proceed to Q929.

Qs. 929 and Q930 are the identical to Qs. 926 and Q927 except that they refer to the title deed or other government recognized document for the agricultural land that she owns. The legal documents include; Title Deed, Certificate of Lease, Transfer of Interest in Land, Land Control Board Consent, Trust deed, Settlement Scheme legal documents. If she answers “No or Don’t Know” in Q929 skip to Q 930A

Q930A-930C Ownership of Non-Agricultural land

Non-Agricultural land refers to land whose use is designated as commercial, industrial, mining, public utilities such as markets, schools, roads, housing estates etc. Q930A, Q930B and Q930C are similar to Q928, Q929 and Q930 respectively. If she answers “DOES NOT OWN” in Q930A skip to Q 931, otherwise proceed to Q930B and if she answers “No or Don’t Know” in Q930B skip to Q931.

NB:

- i. The size, quality, or use of the land is not relevant to; we are only asking about her ownership of any agricultural or non-agricultural type of land.
- ii. Communally owned land is not owned by her, even if she is part of the community.

Q931: PRESENCE OF OTHERS

This is not a question to ask the respondent, but something that you answer yourself. Just look around and see who else is within listening distance while you are interviewing. If a supervisor is observing the interview, be sure to include her or him as another female or male present. Do not leave any row blank.

Q932: ATTITUDES TOWARD BEATINGS

Read the opening question and then read each item separately. Wait for the respondent to answer before going on to the next item. If she does not understand the question, you should read it out again. Be sure to read each item clearly. Sometimes respondents misunderstand the question and think you are asking about their personal experience. This question is about the respondent’s opinion and not about what is happening in her relationship with her husband or partner. Be sure that the respondent has understood the question before accepting an answer.

L. Section 10: HIV/AIDS

AIDS is an illness caused by HIV, a virus that weakens the immune system and leads to death through secondary infections, such as tuberculosis and pneumonia. It is transmitted through sex or through contact with contaminated blood. This section asks questions concerning knowledge and behavior related to HIV/AIDS and other diseases that are transmitted through sexual contact.

Qs. 1000 and 1001: HEARD OF HIV OR AIDS

Q. 1000 is an introductory statement meant to alert the respondent that the interview is switching to a new topic: HIV and AIDS. Q. 1001 allows us to verify whether a respondent has heard of HIV or AIDS. If there is a local term for HIV or AIDS, use the local term in addition to the words “HIV or AIDS”.

Q. 1002: FILTER BY RESPONDENT’S AGE

Only respondents age 15-24 are asked Qs. 1003-1007.

Qs. 1003-1006: KNOWLEDGE OF WAYS TO AVOID/REDUCE CHANCES OF GETTING HIV AND LOCAL MISCONCEPTIONS ABOUT HIV

There are two types of questions in Qs. 1003-1006. Qs. 1003 and 1005 are asked to determine whether people know about behaviors advocated by public health programs to reduce the chance of becoming infected with HIV: being faithful to one uninfected partner and using condoms.

Qs. 1004 and 1006 are asked to measure how many people hold incorrect beliefs about the way HIV is transmitted.

Q. 1007: HEALTHY-LOOKING PERSON WITH HIV

Q. 1008: HEARD OF ARVs

ARV is an abbreviation for antiretroviral, a class of medicines that treat HIV.

Q. 1009: MEDICINES THAT REDUCE THE RISK OF MOTHER-TO-CHILD TRANSMISSION

Ask the respondent if she knows of any “special medicines” that can reduce the risk of transmitting HIV from a mother to her baby. These medicines are ARVs, however, we call them special medicines here in case the respondent knows that medicines are available, but does not know what they are called.

Q. 1010: HEARD OF PrEP?

PrEP refers to pre-exposure prophylaxis. PrEP is given to HIV-negative individuals to reduce their risk of becoming infected if they are exposed to HIV. For example, a woman whose husband/partner is infected with HIV could take PrEP daily to reduce the chance of getting HIV from her husband.

Q. 1011: APPROVAL OF PEOPLE WHO TAKE PrEP

This question is directed to women who have heard of PrEP and is meant to measure whether or not there is stigma directed at people who take PrEP.

Q. 1012: FILTER FOR LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY

Q. 1013: FILTER FOR LAST LIVE BIRTH HAD ANTENATAL CARE

Q. 1014: PRIVACY

The questions that follow require a high level of confidentiality. Make sure you have privacy with the respondent before you begin asking the questions.

Qs. 1015-1017: TESTING FOR HIV DURING ANTENATAL CARE

In Q. 1015, ask the respondent if she was tested for HIV during an antenatal care visit for during the pregnancy of her last live birth. We do not need to know the result of the test, simply whether or not she was tested.

For women who were tested for HIV during antenatal care, ask the respondent where she was tested for HIV (Q. 1016) and if she was told the results of her HIV test (Q. 1017). Sometimes people are tested for HIV but are not told the results of the test, or do not go to get the result. Be clear to the respondent that you are not asking to know the results of the test, only whether she knows the result of the test.

Q. 1018: FILTER FOR LOCATION OF DELIVERY OF LAST LIVE BIRTH

Qs. 1019 and 1020: TESTING FOR HIV PRIOR TO DELIVERY

For Q. 1019, stress that we are interested in knowing whether she was tested between the time she went for delivery but before the baby was born.

For Q. 1020, be clear to the respondent that we do not want to know the result of the test, only whether or not she got the results of the test.

Q. 1021: FILTER FOR HIV TESTING DURING ANTENATAL CARE

Q. 1022: TESTED SINCE THE TEST DURING ANTENATAL CARE

For women who received an HIV test during antenatal care or prior to delivery, we ask whether they have had another HIV test since the test they had during their pregnancy.

Q. 1023: DATE THE MOST RECENT HIV TEST WAS DONE

We want to know the month and year of the respondent's most recent HIV test. If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of the date. If she answers in terms of the number of years ago (for example, "two years ago"), probe to find out the month and year.

If either the month or the year is not known, select the code DON'T KNOW for that item ('98' for DON'T KNOW MONTH and '9998' for DON'T KNOW YEAR).

Q. 1024: EVER BEEN TESTED FOR HIV

For this question, we do not want to know the result of the test, only whether or not she has ever been tested.

Q. 1025: DATE OF MOST RECENT HIV TEST

Ask the respondent when she was last tested for HIV. If the respondent knows she was tested, but is not sure when it took place, probe to obtain an estimate of the date.

Q. 1026: WHERE TEST WAS DONE

Ask the respondent where the test was done.

Q. 1027: RESULTS OF TEST

Ask the respondent if she was told the results of the test. Sometimes people are tested for the HIV but are not told whether or not they are infected, or do not go to get the result. Be clear to the respondent that in this question you are only asking whether or not the respondent knows the result of her test (that is, whether or not she has the virus). If the respondent has been tested more than once, we are asking whether the respondent knows the result from the last time she was tested.

Q. 1028: RESULT OF HIV TEST

This is an especially sensitive question so be sure to be neutral when you ask it. If the respondent says received a positive test result this means she is infected with HIV. If the respondent refuses to answer the question, select DECLINED TO ANSWER and skip to Q. 1031.

Q. 1029: DATE OF FIRST HIV-POSITIVE TEST

For respondents who know they are infected with HIV, we want to know the month and year of their first test that revealed that they were HIV infected. Depending on the respondent's situation, she could have received an HIV-positive test result the first time she was tested. Therefore, it is possible that the date she provides in response to Q. 1029 will be the same as the date provided in response to Q. 1023 or Q. 1025.

Q. 1030: ARV USE

Ask the respondent if she is currently taking ARVs. If she says she occasionally misses a dose, record YES. If she took ARVs in the past, but is no longer taking them, record NO.'

Q. 1031: TOTAL TIMES TESTED FOR HIV

Ask the respondent how many times she has been tested for HIV in her entire lifetime. If she is unsure, probe to get an estimate.

Qs. 1032 and 1033: HIV SELF-TEST KITS

HIV self-testing is a process in which an individual performs an HIV rapid diagnostic test and interprets the result in private. Self-testing is an emerging approach that is well accepted, potentially cost-effective and empowering for those who may not otherwise get tested for HIV. HIV self-test kits may provide opportunities to dramatically increase access to HIV testing of under-tested populations. Qs. 1032 and 1033 ask the respondent if they have ever heard of these kits and if they have ever used one.

Qs. 1034 and 1035: STIGMA AND DISCRIMINATION TOWARD PEOPLE LIVING WITH HIV

Stigma and discrimination toward people living with HIV creates a hostile environment that impacts their quality of life in many ways such as access to education and healthcare, lack of social support, and increased risk of violence. These questions seek to measure different aspects of stigma and discrimination toward people living with HIV.

Q. 1036: FILTER FOR HIV STATUS

Q. 1037-1039: EXPERIENCES LIVING WITH HIV

In Q. 1037, we want to know if the respondent has told anyone other than the interviewer that she is infected with HIV. In Q. 1038, we ask whether she agrees or disagrees with the statement provided. Be careful to read the question exactly as written. Q. 1039 asks her about whether any of several situations have happened to her in the last 12 months because she has HIV.

Q. 1040: KNOWLEDGE OF OTHER SEXUALLY TRANSMITTED INFECTIONS

Check Q. 1001. If the respondent has heard of HIV or AIDS, ask Q. 1040a to determine whether she knows other infections that can be transmitted through sexual contact. If she has not heard of HIV or AIDS, ask Q. 1040b to determine if she has heard about infections that can be transmitted through sexual contact. She is not being asked to actually tell you what specific sexually transmitted infections (STIs) she knows about, but only that she has heard about infections that are transmitted through sexual contact.

Q. 1041: FILTER FOR EVER HAD SEXUAL INTERCOURSE

Q. 1042: FILTER FOR KNOWLEDGE OF STIs

Qs. 1043-1045: SEXUALLY TRANSMITTED INFECTIONS

We want to know if the respondent has had an STI (Q. 1043) or symptoms of an STI in the last 12 months. Symptoms of an STI include an abnormal discharge from the vagina (Q. 1044) or sores or ulcers around the vagina (Q. 1045).

Qs. 1046 and 1047: A WIFE CAN REFUSE SEX AND INSIST ON CONDOM

Both questions are asked of all respondents, regardless of whether or not they themselves are married. The questions ask for the respondent's opinion as to what married women should do in various hypothetical situations.

For Q. 1046, the respondent is asked to imagine a situation in which a wife knows her husband has a disease that can be transmitted through sexual contact. Q. 1046 tries to find out whether, in the respondent's opinion, it is justified for a wife to insist that her husband wear a condom when she knows he has an infection that could be transmitted through sexual intercourse.

Q. 1047 asks the respondent to say whether or not she thinks the wife has a right to refuse to have sex with her husband in another imaginary situation: if a wife knows that her husband has sex with other women.

Q. 1048: FILTER FOR CURRENT MARITAL STATUS

Qs. 1049 and 1050: PERSONAL ABILITY TO NEGOTIATE SEX WITH HUSBAND

The previous questions (Qs. 1046 and 1047) were about women in general. Now we are asking currently married/cohabiting women about their own personal situations with their husbands or partners. In Q. 1049 we are asking the respondent whether she feels she can say no to her partner if she does not want to have sex with him at that time.

In Q. 1050 we are asking the respondent if she feels she could ask her husband or partner to wear a condom if she wants him to.

Q. 1050A: HEARD ABOUT TB

This section seeks to obtain information about TB knowledge and perceptions as well as assess access to TB services to the respondents and their household contacts.

Q. 1050A seeks to inquire from the respondent if they have heard about Tuberculosis. Only one response is expected for this question: YES or NO.. If the response is NO, skip to Q. 1101.

Q. 1050B: TB AND HIV

Q. 1050B asks the respondent if people with TB have HIV, with possible responses YES, NO, or DON'T KNOW.

Q. 1050C: TB DIAGNOSIS LAST 12 MONTHS

Q. 1050C asks whether the respondent has been diagnosed with TB of any form, in the past 12 months, regardless of whether they are on treatment. If the answer is YES, continue to Q.1050D. If the answer to this question is NO or DON'T KNOW, then skip to the next section.

Q1050D: TIME FOR DIAGNOSIS

Q. 1050D seeks to inquire how long it took the respondent to be diagnosed with TB between the first time they sought treatment after the symptoms and the time the diagnosis was made. This should be documented in days, weeks, or months. Record DON'T KNOW if the respondent cannot recall, and move to the next question.

Q 1050E: OTHER HOUSEHOLD MEMBERS SCREENED

Q. 1050E seeks to determine whether, after the diagnosis, the health care workers or community health workers traced the respondents' household contacts and screened them to evaluate for TB disease as well.

Q1050F: TREATMENT FOR CHILDREN UNDER 5

Q. 1050F asks the respondent if children under 5 years old in the household were initiated on treatment to prevent them from developing TB.

M. Section 11: Other Health Issues

Q. 1101 and 1102: DISTANCE TO THE NEAREST HEALTHCARE FACILITY

In Q. 1101, ask how many minutes it takes the respondent to go from her home to the nearest healthcare facility, regardless of the type of facility or whether or not it is the facility she usually goes to.

In Q. 1102, ask how she travels to the facility. If she uses more than one type of transport, choose the method highest on the list. If she says that the nearest facility is not one she ordinarily goes to, ask her if she were hypothetically to go to this facility which transportation method she would use.

Example: Mariam says it takes her 90 minutes to get to the nearest health post. She gets there by walking to the nearest bus stop and then taking a public bus.

Record '090' in Q. 1101 and select PUBLIC BUS (Code '02') because PUBLIC BUS is higher on the list than WALKING (Code '08').

If she says that walking it takes 30 minutes and by car it takes 10 minutes, record the mode of transportation and travel time that she **usually** uses (or would most likely use if she does not usually go to that facility).

Q. 1102A and 1102B: COMMUNITY HEALTH WORKERS

Q.1102A seeks to determine if the respondent has been visited by a community health worker in the last 3 months. If yes, Q1102B asks what services or health talks the CHW provided. Record all services/topics mentioned by the respondent.

Q. 1102C: BREAST SELF EXAMINATION

Breast Self-Examination (BSE) is one of the most reasonable and feasible approach in early detection of breast cancer. This question asks the respondent if she is aware that she can perform BSE.

Q. 1103: BREAST CANCER CHECK

Breast cancer checks include clinical breast exams and mammograms. During a clinical breast exam, a healthcare worker checks the breasts' appearance and uses the pads of his or her fingers to check the breast, underarm, and collarbone area for any lumps or abnormalities. A mammogram is an x-ray that allows breast tissues to be examined for any suspicious areas. Select YES if the respondent says she has had either type of breast cancer checks by a doctor or other healthcare provider.

Q. 1103A and 1103B: BREAST CANCER DIAGNOSIS AND TREATMENT

Q. 1103A asks whether the respondent has ever been told by a healthcare worker that she has breast cancer. If YES, Q. 1103B determines whether she is/has received any treatment for the breast cancer.

Qs. 1104 and 1105: EVER TESTED FOR CERVICAL CANCER

The cervix connects the uterus (womb) to the vagina (birth canal). A woman may not know that she has cervical cancer, but tests can be done to detect cervical cancer. These tests are called Pap smears, HPV tests, or VIA tests.

Pap smears and HPV (human papilloma virus) tests: While a woman is lying down on her back with her legs apart, a healthcare provider puts a small wooden or plastic stick (a swab), or a small brush,

inside the vagina (birth canal) to wipe the cervix in order to collect a sample. The sample is then sent to a laboratory for testing.

VIA test (visual inspection with acetic acid): For this test, also called a vinegar test, a healthcare worker puts vinegar on the cervix and then visually inspects the cervix for changes that would be indicative of cervical cancer.

Q. 1104 explains the cervical cancer tests. Read the entire statement carefully then ask Q. 1105.

Q. 1105A and 1105B: CERVICAL CANCER DIAGNOSIS AND TREATMENT

Q. 1105A asks whether the respondent has ever been told by a healthcare worker that she has cervical cancer. If YES, Q. 1105B determines whether she is/has received any treatment for the cervical cancer.

Qs. 1106 and 1107: SMOKING CIGARETTES

In Q. 1106, ask the respondent how often she currently smokes cigarettes. The cigarettes may be manufactured or hand rolled. Other forms of tobacco use will be addressed in Qs. 1108 and 1109.

In Q. 1107, for those women who smoke cigarettes every day, record the number of cigarettes she smokes on a usual day. For numbers less than 10, remember to fill in the first box with '0.'

Qs. 1108 and 1109: SMOKING OR USING OTHER TYPES OF TOBACCO

These two questions are designed to find out about the use of other types of tobacco besides cigarettes (such as cigars, snuff, or chewing tobacco). Water pipe refers to shisha and betel quid with tobacco refers to kuber.

1. **Hand-rolled cigarettes:** Also referred to as roll-your-own tobacco, is a cigarette made using paper and loose tobacco or using a rolling machine to make a uniform and more tightly packed cigarette.
2. **Unfiltered cigarettes:** These are cigarettes without a filter.
3. **Cheroot:** A cigar with both ends open. Commonly, cigars have one side covered up. It is cut off (with a cigar accessory called 'cutter') when one wants to smoke.
4. **Cigarillos:** These are basically cigars (fermented tobacco wrapped in whole tobacco leaf) but small in size. They can be referred to as small cigars.
5. **Shisha and water pipes:** A single or multi-stemmed instrument for vapourizing and smoking flavoured tobacco or other products in which the vapour or smoke is passed through a water basin – often glass-based – before inhalation. Water pipes are known by a variety of names such as hookah, huqqah, nargilah, nargile, arghila, and qalyan.
6. **Betel quid with tobacco (Kuber):** This is a type of smokeless tobacco product which is a mixture of tobacco, crushed areca nut (also called betel nut), spices and other ingredients (slaked lime, catechu and other flavouring agents such as menthol, camphor, sugar, rosewater, aniseed, cardamom, clove, mint). It is placed in the mouth, usually between the gum and cheek and chewed. Betel quid with tobacco contains nicotine and many harmful, cancer-causing chemicals.
7. **E-cigarettes and other ENDS products:** Electronic nicotine delivery systems (ENDS), commonly referred to as e-cigarettes, are devices which heat a liquid to create an aerosol which is then inhaled by the user, these may or may not contain nicotine. The main constituents of the solution by volume are propylene glycol, with or without glycerol, and

flavouring agents. E-cigarettes do not contain tobacco but are harmful to health and are not safe. NOTE: E-cigarettes would be captured under X-OTHER.

Qs. 1110-1112: ALCOHOL USE

In Q. 1110, ask the respondent if she ever drank alcohol. Alcoholic drinks include beer, wine, spirits, fermented cider, punch, mixed drinks, chang'aa, busaa, muratina, mnazi and keg. If the respondent says she doesn't currently drink any alcohol, ask if she have ever drunk alcohol at any point in the past. If the respondent says NO, skip to Q. 1113.

For respondents that have ever consumed alcohol, ask Q. 1111 to determine on how many days in the last month they had at least one drink of alcohol and record their answer in the space provided (use card to show what counts as one drink). If they did not have any alcoholic drinks in the last month, skip to Q. 1113. If she says she drank most days, select code '95' for EVERY DAY/ALMOST EVERY DAY.

In Q. 1112, ask the respondent on the days when she drank alcohol, how many drinks she usually had per day. A standard drink is the amount of alcohol contained in standard glasses of beer, wine, and spirits. Use your display book/show card to assist in determining what quantity counts as 1 drink as this can vary by type of alcohol.

Q. 1113: PROBLEM IN GETTING MEDICAL TREATMENT

In this question, we are trying to understand the hurdles women generally face in accessing healthcare for themselves. Make sure that the woman understands that this question refers to medical care for the respondent herself, since previous questions asked about treatment for her children.

Read out each item and select the answer given before asking the next item. The phrase "When you are sick" in this question does not refer to any one specific episode of illness but to the typical scenario given the respondent's present circumstances. Consequently, if a woman says she cannot answer the question because she has not been sick, you must help her understand that for her the question is hypothetical and relates to the type of problems she might experience if she were to be sick.

"Getting permission to go" means someone's permission is necessary for her to go and get the care. It does not matter who this person is (e.g., father, husband, or mother-in-law). Select '2' for NOT A BIG PROBLEM in the case where she does not need anyone's permission, as well as the case where she says, for example, she needs her mother-in-law's permission but that this is never a big problem. "Getting money needed for treatment" includes money for actual treatment and/or for medicines. "Not wanting to go alone" refers to a situation where the woman says not wanting to go alone if she is sick is a big problem.

Q 115A-C: PHYSICAL ACTIVITY

Regular and adequate levels of physical activity reduce the risk of hypertension, coronary heart disease, stroke, diabetes, breast and colon cancer and depression. Intensity refers to the rate at which the activity is being performed or the magnitude of the effort required to perform an activity or exercise.

Moderate intensity requires a moderate amount of effort and accelerates the heart rate. Examples of moderate activities are brisk walking, dancing, gardening and housework. Vigorous intensity requires a large amount of effort and causes rapid breathing and increase in heart rate. Examples of vigorous activities are fast cycling, running, aerobics, and climbing up a hill.

Qs. 115A-B ask about the amount of time in a typical week the respondent engages in vigorous intensity physical activity, first in number of days and then total number of minutes. If the response is one-digit,

write '0' in the first space. Use your display book/show card to help the respondent understand what constitutes moderate to vigorous activity.

Q. 115C asks in a typical day, how many hours she spends seated. If the response is one-digit, write '0' in the first space.

N. Section 12: Chronic Disease

HYPERTENSION (Qs. CD02-CD05)

Qs. CD02-CD05 ask about hypertension, also known as high blood pressure. Hypertension is a chronic medical condition in which the force of the blood against the artery walls is high enough that it can cause health problems. Damage to the artery walls may occur even without the person being aware they have hypertension. A person may even have hypertension for many years without being aware of the condition.

Qs. CD02: EVER BEEN TOLD THEY HAVE HYPERTENSION

Q. CD02 asks if the respondent has ever been told by a doctor or other health professional that they have high blood pressure or hypertension.

Qs. CD05: MEDICATION FOR HYPERTENSION

Q. CD05 asks respondents who have been told they have high blood pressure whether they are taking medication for the condition – the question is asked regardless of whether or not a health worker prescribed the medication.

DIABETES (Qs. CD07-CD10)

Qs. CD07-CD10 ask about diabetes, also known as high blood sugar. Glucose (sugar) is important for the body to use as energy but in people with diabetes, the body cannot use glucose in the correct way and too much glucose remains in the blood, which can lead to serious health problems.

Qs. CD07-CD10 are very similar to Qs. CD02-CD05 except they ask about high blood sugar (diabetes).

HEART DISEASE OR CHRONIC HEART CONDITION (Qs. CD11-CD12)

Qs. CD11-CD12 ask about heart disease or chronic heart condition, which describes a range of conditions that affect the heart or blood vessels. An increasingly common form of heart disease is a narrowing of blood vessels that can lead to chest pain, heart attack, or stroke. But heart disease may also include conditions that affect any part of the heart, such as the muscles or valves. Some heart diseases can be prevented or treated with healthy lifestyle choices.

Q. CD11: EVER BEEN TOLD THEY HAVE HEART DISEASE OR A HEART CONDITION

Q. CD11 asks if the respondent has ever been told by a doctor or other health professional that they have a heart disease or a chronic heart condition.

Q. CD12: MEDICATION FOR HEART DISEASE OR A HEART CONDITION

Q. CD12 asks respondents who have been told they have a heart disease or a chronic heart condition whether they are taking medication for the condition – the question is asked regardless of whether or not a health worker prescribed the medication.

LUNG DISEASE OR CHRONIC LUNG CONDITION (Qs. CD13-CD14)

Qs. CD13-CD14 ask about lung disease. Lung disease describes a range of conditions that affect the lungs or breathing. In this section we are only talking about lung diseases that are chronic or long term and do not go away. This is different from the cold or flu which is a temporary condition that can affect breathing but will go away on its own or with treatment.

Q. CD13: EVER BEEN TOLD THE HAVE LUNG DISEASE OR CHRONIC LUNG CONDITION

Q. CD13 asks if the respondent has ever been told by a doctor or other health professional that they have a lung disease or a chronic lung condition.

Q. CD14: MEDICATION FOR LUNG DISEASE OR CHRONIC LUNG CONDITION

Q. CD14 asks respondents who have been told they have a lung disease or a chronic lung condition whether they are taking medication for the condition – the question is asked regardless of whether or not a health worker prescribed the medication.

DEPRESSION AND ANXIETY(Qs. CD17-CD19)

Qs. CD17-CD19 ask about depression and anxiety. Depression is a mood disorder that affects how a person feels, thinks, and handles daily activities. The most common symptom is sadness, but sadness is a normal emotion usually triggered by something. Depression affects one's mood over an extended period of time and affects one's mood about everything and is not usually triggered by anything in particular. It is common for a depressed person to have little or no interest in normal activities or activities they used to enjoy.

On the other hand, anxiety is an emotion characterized by feelings of tension, or worried thoughts, accompanied by a physiological response (there is both a mind and body tension).

Qs. CD17: DEPRESSION AND ANXIETY

Q. CD17.a) asks if the respondent has ever been told by a doctor or other health professional that they have depression while Q. CD17.b) asks if the respondent has ever been told by a doctor or other health professional that they have anxiety. Ask about each chronic condition separately before moving on to the next one.

Qs. CD19: MEDICATION FOR DEPRESSION AND ANXIETY

Q. CD19 asks respondents who have been told they have a depression or anxiety whether they are taking medication for the condition(s) – the question is asked regardless of whether or not a health worker prescribed the medication.

ARTHRITIS (Qs.CD20-CD21)

Qs. CD20-CD21 ask about arthritis, which is an inflammation of the joints. Arthritis may occur in one or more joints and can cause stiffness and pain.

Qs. CD20: EVER BEEN TOLD THEY HAVE ARTHRITIS

Q. CD20 asks if the respondent has ever been told by a doctor or other health professional that they have arthritis.

Qs. CD21: MEDICATION FOR ARTHRITIS

Q. CD21 asks respondents who have been told they have arthritis whether they are taking medication for the condition(s) – the question is asked regardless of whether or not a health worker prescribed the medication.

O. Section 13: Female Genital Cutting/Mutilation

In this section we will collect data on knowledge and prevalence of and attitudes toward female genital mutilation/cutting (FGM/C), also known as female circumcision. Not all women are comfortable talking about FGM/C. Thus it is important to ask the questions in a neutral tone of voice, without being critical or judgmental. If the respondent appears reluctant to answer these questions, remind her that the same questions are being asked of women all over the country and that her answers are completely confidential and will not be shared with anyone.

GC1-GC2: KNOWLEDGE OF FEMALE CIRCUMCISION

Questions on FGM/C are to be asked from women who have heard about FGM/C. Hence Q. GC1 is very important because it helps to determine which women know about FGC. Women who know what female circumcision is, or have heard of it will answer YES to Q. GC1. In this case, circle code 1 and proceed to Q. GC3. If women answer NO to GC1, then circle code 2 and probe further to expound what FGM/C is through Q. GC2. If women answer NO to GC2, then skip the remaining questions on FGM/C and go directly to the next section, DV00.

Refer to GC4, GC5 AND GC6 for descriptions of various type of FGM/C. Sometimes women may know what FGM/C is but know it by some other name. If she still says NO, skip the remaining questions on FGM/C and go directly to the next section. Remember to read the question exactly as it is written.

THE FOLLOWING QUESTIONS, BEGINNING WITH Q. GC3, ARE ONLY FOR WOMEN WHO KNOW ABOUT FEMALE CIRCUMCISION.

Q.GC3 asks women who know about FGM/C whether they themselves have been circumcised. Again look for signs of hesitation. Remind the respondent about the confidentiality of her answers. If the woman says that she has not been circumcised, skip to Q. GC9, otherwise, proceed to Q. GC4.

Qs. GC4, GC5 and GC6 TYPE OF GENITAL CUTTING

There are various types of genital cutting that a woman can undergo Type 1, Type 2 and Type 3. These types differ by areas, cultures and by the person who does it. In its most radical form, the clitoris and the labia minor are totally removed and the genital opening is sewn up. The less radical moderate form consists of removing only some of the skin from the genital area. The important issue here is to know which form of genital cutting the respondent has experienced

Accordingly, GC4 tries to determine whether flesh was removed from the genital area. If no flesh was removed (GC4 is NO or DK), GC5 asks if the genital area was only nicked (only a cut was made) without removing any flesh.

GC6 is asked of all women who have been circumcised, irrespective of how they answered GC4 and GC5. The purpose of GC6 is to provide additional information on the form of genital cutting that the woman has undergone; whether any flesh was removed from the genital area or not, we want to know if the genital area was sewn closed.

Note that on all three questions, it is possible for women to say that they do not know what was done to them even though they know they are circumcised. Hence a DON'T KNOW answer is possible but before accepting it, be sure that the respondent has understood the question.

Q. GC7: AGE AT FEMALE CIRCUMCISION

As in other places in the questionnaire, the answer to Q. GC7 on age at circumcision must be recorded in completed years. Remember that a completed year in this context means her age on her last birthday before her circumcision. Since the respondent may not be sure of her age at circumcision, try to help the respondent narrow down the period in which the circumcision could have occurred. Get the closest estimate by probing using life markers such as the start of school, the start of menstruation, or the time of marriage. You can also compare the respondent's circumcision to that of one of her sisters if she knows a much more exact approximation of the age of her sister at circumcision.

If the respondent says that the circumcision took place when she was just baby, then circle code 95. It is only in cases where the respondent is not able to provide you with the any information at all about her age at circumcision that you are allowed to circle code 98 for DON'T KNOW.

Q. GC8: THE PERSON WHO PERFORMED THE CIRCUMCISION

The goal of this question is to obtain information on the qualifications of the person who performed the circumcision. This information helps to increase understanding of the medical and social context within which the circumcision is being performed. Code only the answer provided by the respondent. The circumcision may have been performed in a traditional manner, by a traditional circumciser or a traditional midwife/birth attendant or other local traditional provider, OR by a health professional (doctor or nurse/midwife or other health professional). This is NOT a multiple response question—only one code should be circled.

Q. GC8A-GC8B: WHERE THE CIRCUMCISION TOOK PLACE

Q.GC8A and GC9 collects information on the place where the circumcision occurred. Refer to county codes provided Q.102.

Q.GC8C EXPERIENCES OF UNDERGOING FEMALE CIRCUMCISION

Q. GC8C collects information on the effects of female circumcision. It is a multiple response question, so please record all responses provided by the respondent.

Q. GC8D-GCE: SEEKING HELP

Q.GC8D collects information on the respondent who underwent FGM whether they sought any help. If the respondent says YES, Q.GC8E collects information on where they sought the help from.

Q. GC9 FILTER/DOES RESPONDENT HAVE A LIVING DAUGHTER?

Check Qs. 219, 220, and 224 in the pregnancy history table to determine whether the respondent has one or more living daughters born in 2007 or later, i.e. daughters who are less than 15 years old. If she has at least one living daughter born in 2007 or later, proceed to Q. GC10; if not then skip to Q. GC17.

Qs. GC10-GC16: GENERAL INSTRUCTIONS

Qs. GC10-GC16 collects information on all the respondent's daughters age 15 or less who are alive. The questions must be asked for only one daughter at a time, starting with the youngest daughter. However, before questions can be asked about daughters, you must first complete GC9. To do this,

use information from Qs. 219, 220 and 224 of the respondent's pregnancy history and fill out the pregnancy history number and name of each living daughter born in 2007 or later at the head of each column. Start with the youngest daughter in the first column. In the case where a woman has more than three living daughters, take an additional copy of the questionnaire to complete the information for the fourth or fifth daughter.

Remember that you must go down each column for one daughter at a time. This means that you must fill out all the information for one daughter before starting with the next daughter. To ensure that the respondent knows which daughter you are talking about, be sure to insert the correct daughter's name when asking each question.

Once the information is filled for each daughter, Q. GC16 provides instructions on what to do next. For example, if the woman has only one daughter, then once you have completed the first column, Q. GC16 tells you to go to Q. GC17. If the woman has two or more daughters, then GC16 in the first column tells you to go back to Q. GC11 and ask the questions about the next daughter and fill out the second column.

Q. GC11 NAME OF DAUGHTER

This question collects information on the name of the respondent's daughter starting from the youngest according to the pregnancy history number.

Q. GC12: WHETHER DAUGHTER IS CIRCUMCISED

Since all questions so far have been about the respondent's own experience with circumcision, it is important that you introduce this next set of questions to the respondent by reading clearly the introductory sentence in the box for Q. GC10: "Now I would like to ask you some questions about your (daughter/daughters)." Remember to use 'daughter' if she has only one daughter below the age of 15 and 'daughters' only if she has more than one daughter in this age group.

Q. GC12 asks whether the daughter being discussed has been circumcised. Ask the question mentioning the daughter by name. Then, go down the column to the next question for the same daughter according to the answer given. If the daughter has been circumcised, ask Q. GC13; if she has not been circumcised, go to Q. GC16 in the next column. If no more daughters, go to Q. GC17.

Q. GC13: AGE OF DAUGHTER AT THE TIME OF HER CIRCUMCISION

This question concerns the age of the daughter at the time of her circumcision and record the age in completed years. Again, as in Q. GC7, if the mother does not know the age, probe by asking additional questions to get an approximate age. If the mother still says that she does not know, circle code 98 for DON'T KNOW.

Q. GC13A-GC15: TYPE OF CIRCUMCISION AND PERSON PERFORMING THE CIRCUMCISION

These questions are similar to GC4, GC5 and GC6 which are concerned with the type of circumcision undergone by the daughter, whereas, GC15 is similar to GC8 on who the circumciser for the daughter was. Fill each out as per the instructions for Qs. GC4, GC5, GC6 and GC8, respectively.

Q. GC16: CHECK FOR ANOTHER ELIGIBLE DAUGHTER

This check is to confirm whether there are any more eligible daughters born in 2007 or later.

Q. GC17: PRESSURE FOR FEMALE CIRCUMCISION

All women who have heard of FGM/C receive these questions. The goal of the question is to ascertain whether the respondent believes that the practice of female genital mutilation/cutting is required in her community by her culture, society and religion. We are only interested in the respondent's own opinion on this question.

Q. GC18: CONTINUATION OF THE PRACTICE OF FEMALE CIRCUMCISION

Like Q. GC17, this question is also trying to get the respondent's opinion—do not in any way indicate whether you do or do not agree with the respondent's opinion. This question is not saying anything about ways in which the practice should be stopped, or whether it is possible for it to be stopped. We only want to know if the respondent thinks that the practice should be stopped or no. We are only interested in the respondent's own opinion on this question.

P. Section 14: Domestic Violence

This section asks a series of questions on household relationships and the treatment of women in the household. The questions in this section are extremely sensitive by their very nature. Your ability to build rapport with the respondent and the effort you make to ensure confidentiality and privacy as you ask these questions are key to building the respondent's trust in you, so that she can feel safe in sharing her very personal experiences with you.

When asking the questions in this section, speak clearly and be very considerate of the feelings of the respondent. Keep your voice low throughout the interview. You should avoid showing curiosity, surprise, or any other emotion, whether favorable or unfavorable. Be aware that these topics can be difficult for the respondent to address. She may be embarrassed or fearful of her husband/male partner or others, or she may just feel that these matters are too private to discuss. It is your job to win her trust so that she feels comfortable reporting such personal information to you.

To help with maintaining confidentiality, ONLY ONE woman (or ONE man) per household will be randomly selected to be asked this set of questions.

Q. DV00: FILTER FOR WOMAN'S ELIGIBILITY FOR INTERVIEW

Q. DV00 is a filter that requires you to check whether the respondent you are interviewing has been pre-selected for this questionnaire section.

Q. DV01: PRIVACY CHECK

Q. DV01 is a very important instruction for you. Check your physical surroundings for the presence of others. Check both the area you are sitting in and all areas within hearing distance. Be sure that there is privacy in the sense that there are no persons anywhere near you who will be able to hear and understand your questions. If there are children within hearing distance old enough to understand your questions, ask them politely to leave. Only small infants not capable of understanding can remain. Do not proceed with the interview until you have ensured privacy. The importance of these data cannot be overemphasized, and you must do everything you can to obtain privacy before the interview can continue. If you are unable to ensure privacy you will be forced to skip the section and miss out some very important information.

If, despite your best efforts, you are unable to obtain privacy, select code 2 and skip to Q. DV37. Fill out an explanation of what happened.

If privacy has been obtained, record code 1 and proceed with the interview. Speak clearly and be very considerate of the feelings of the respondent. Keep your voice low throughout the interview.

Q. DV02: INTRODUCTORY STATEMENT

The introductory sentences in Q. DV02 should be treated like an additional informed consent. The respondent should be reassured about the confidentiality of the information. If there is more than one eligible woman in the household, you should informally explain to this respondent that no one else in the household is being asked these questions and that no one else will know what has been discussed. After reading the introductory statement, answer any questions the respondent may have. Once the respondent has no more questions and/or does not object to your asking the questions, you should proceed with the interview.

Q. DV03: FILTER FOR MARITAL STATUS

Check Qs. 701 and 702 for the respondent's marital status. If she is currently married or living with a man, skip to DV06. If she is formerly married or lived with a man then proceed to DV06. In this case ask all questions in the past tense and refer to her last husband.

If she has never been married and never lived with a man, proceed to DV04.

Q. DV04 INTIMATE PARTNER IDENTIFICATION

DV04 and DV05 are asked to women who reported in Qs. 701 and 702 that they have never been married and they have never lived with a man as if they were married.

DV04 seeks to learn whether the respondent is currently in an intimate relationship with a man even though she is not living with him. Here, an intimate relationship is one in which a woman and a man have a relationship that involves physical and/or emotional intimacy and this relationship is not just a one-time, casual encounter. In this question, we are interested in intimate relationships that are either longer lasting and have been on-going for some time or those where the relationship may be relatively new but the expectation is that it will be longer lasting. However, if a respondent says she is in an intimate relationship but does not know how long it will last, it should still be counted as an intimate relationship. Note that we want to particularly exclude casual sexual encounters and other casual relationships here.

If in DV04 the respondent reports that she is not currently in an intimate relationship (RESPONSE CODE 2), you will ask DV05 that seeks to learn whether the respondent has ever been in an intimate relationship with a man.

Keep in mind that, for these two questions, the woman and the man don't have to be living together to be considered as being in an intimate relationship.

DV06 - DV18: RELATIONSHIP WITH HUSBAND/MALE PARTNER

DV06 through DV18 are for women who are currently married, living with a man as if married or in an intimate relationship with a man, as well as to women who were formerly married, lived with a man, or in an intimate relationship with a man.

Q. DV06: QUESTION ON MARITAL CONTROL BY THE HUSBAND

Q. DV06A focuses on different aspects of marital control. For each item, read the item and then pause, giving the respondent enough time to give her answer. Do not force her to respond if she is unwilling. Record her response before asking the next item. Remember to keep your voice calm and low. Q. DV06B determines how often each type of incident occurred in the preceding 12 months. The answer codes for Q. DV06B are OFTEN, SOMETIMES, and NOT IN THE LAST 12 MONTHS.

First read the introductory statement then ask each item slowly and clearly and wait for a response. Note that you have to phrase the questions according to the actual marital status of the respondent. For example, if a woman was formerly in an intimate relationship with a man, DV06A will be asked like this: "...Please tell me if these descriptions apply to your relationship with your last male partner. He was jealous or angry if you talked to other men?" If the respondent is currently married, you will instead ask: "...Please tell me if these descriptions apply to your relationship with your husband? He is jealous or angry if you talk to other men?"

If the answer to an item is YES record response code 1 and then ask question DV06B to determine how often the incident occurred in the 12 months preceding the day of the interview.

The response codes for DV06B are OFTEN, SOMETIMES, and NOT IN THE LAST 12 MONTHS. Respondents may not always give you an answer in these terms. For example, a respondent may ask "What do you mean by 'often'?" In this case you should respond with "Whatever you yourself consider to be often." If she gives you a quantitative answer such as "It happened once or twice last year," then use the following general guide: If it occurred 5 or more times, code it as OFTEN. If it occurred 1-4 times in the year, code it as SOMETIMES.

DV07A and DV07B: EMOTIONAL TREATMENT OF WOMEN BY THEIR HUSBAND OR MALE PARTNER

In these questions, we are interested in knowing whether the respondent has suffered any form of emotional abuse by her current husband/male partner if she is currently in a relationship (married, living with a man, or in an intimate relationship) or by her last husband/male partner if she was formerly in a relationship. The question has several different parts. As in question DV06, first read the introductory statement then ask each item slowly and clearly. Answering these questions could be particularly difficult for the respondent, so be patient. As with DV06, the wording of the question will depend on the actual marital/relationship status of the respondent and will automatically be determined by the CAPI program.

If the answer to an item is YES, record response code 1 and then ask question DV07B to determine how often the incident occurred in the preceding 12 months. Follow the same instructions as in DV06B for what to code as OFTEN and SOMETIMES.

In DV07A(a), we are trying to determine whether or not the respondent has felt humiliated because of something her husband/male partner said or did in front of others. The focus is on her feeling humiliated and that this humiliation occurred in front of others and not on what the husband said or did to humiliate her. For example, if a respondent says "He likes to scold me in front of guests and I feel really embarrassed and ashamed," record 1 (YES) and ask question DV07B.

In DV07A(b) we want to know whether or not her husband/male partner has done something that made the respondent feel afraid for either herself or someone she cares about (such as her children, her mother, her friends, etc.). The type of harm threatened is not important here; rather the respondent's own perception that there was a threat is important.

In DV07A(c), we want to know whether her husband/male partner has made her feel bad about herself by insulting her or by any other means. Examples include making her feel that she is no good at anything she does, she does not know how to behave, etc. Again, we are not interested in what he does or says, but whether the end result is that the respondent feels that she herself is just not good enough.

In Q. DV07A (d), we want to know whether her husband restricted or exploited or sabotaged her ability to acquire/access and maintain economic resources. If the respondent says YES, then proceed to ask question Q. DV07B.

DV08A and DV08B: PHYSICAL TREATMENT OF WOMEN BY THEIR HUSBAND OR MALE PARTNER

DV08A and DV08B address physical and sexual violence perpetrated by the husband or male partner. Respondents may find these questions painful, and some respondents may get emotional or upset. If a respondent does lose her composure, be sympathetic and kind. Give the respondent a chance to recover before proceeding. Do not force the respondent to answer; at the same time, keep in mind that, no matter how painful, most respondents are willing to share this information if you are patient, nonjudgmental, and empathetic. As in the DV06 and DV07 questions, record response code 1 (YES) for an affirmative response to an item, and ask DV08B to determine frequency in the past 12 months.

Most items in DV08A are self-explanatory. Respondents might not see the distinction between items (h), (i), and (j). Item (h) asks about the use of physical force to have sexual intercourse, whereas, items (i) and (j) ask about the use of physical force (item i) and other non-physical means (item j) to force her to perform sexual acts she did not want to perform. We are not trying to find out what the sexual acts are: just whether the respondent was forced to do something sexual that she did not want to do. Remember that if a respondent says YES to an item on DV08A, she is asked DV08B.

Q. DV09: FILTER FOR EVER EXPERIENCED PHYSICAL AND SEXUAL VIOLENCE BY A HUSBAND/PARTNER

Check Q. DV08. This is a filter to the respondents who answered YES to at least one of the items in QDV08 (a-j) who are to proceed to DV10; otherwise, skip to Q.DV11

Q. DV10: INJURIES

We are interested in knowing whether the respondent has been physically hurt as a result of some deliberate act by her husband/partner. Anything that was a clear accident is not being counted. In Q. DV10 (a), cuts refer to injuries in which the skin is broken and bruises and aches to injuries in which the skin has not been broken. Q. DV10 (b) refers to more serious injuries to the eyes, actual sprains, bones dislocated but not completely broken, and burns. Q. DV10(c) refers to wounds which are not just small cuts but which are much more serious or broken bones and other more serious injuries. Finally, DV10 (d) refers to any emotional harm as a result of physical or sexual abuse.

Qs. DV11 and DV12: WOMAN'S BEHAVIOUR TOWARD HUSBAND/PARTNER

Question Q. DV11 seeks to determine whether or not the respondent herself is ever an instigator of domestic violence. Read the question slowly so that the respondent hears all parts. This question is referring to any act by the respondent that would physically hurt the husband/male partner. However, it is asking about physical abuse by the respondent that took place when the husband/male partner was not already in the process of abusing her. All acts such as those asked about specifically in Q. DV08 are included even though we are not listing them again separately. If the respondent says that she has never hit her husband/partner skip to Q. DV13.

Also select No on QDV11 if the respondent says that she hit her husband/male partner but only after he had begun to beat her. If the respondent says “I hit him in self-defence,” probe to find out whether he was already beating her when she hit him or whether she hit him first. If she has never ever hit him first, select No, on QDV11; if she has hit him first whether in self-defence or not, select Yes on DV11.

Q. DV12 is only for women who have said that they have tried to physically hurt their husband when he was not hitting them (code 1 in Q. DV11). In Q. DV12 we are interested in knowing the frequency with which the respondent has done these things to her husband/male partner during the last year. The response should NOT include any time that the wife hit or beat the husband/partner when he was already beating or physically hurting her.

Qs. DV13 and DV14 and HUSBAND’S/MALE PARTNER’S DRINKING

In Q. DV13, we are interested in knowing whether or not the husband/male partner drinks alcoholic beverages. If the husband drinks alcohol, the response should be YES regardless of the type of alcoholic beverage or the frequency of consumption. If the response is YES, proceed to Q. DV14. If the response is NO, skip to Q.DV15.

Question Q. DV14 is only asked from respondents whose husband/male partner drinks alcoholic beverages. In this question we are interested not in the frequency of drinking but of getting drunk—whatever it is that the respondent understands by ‘drunk’. If she asks you what you mean by being ‘drunk’, explain that a person is considered ‘drunk’ if he has had so much alcohol that he is not in complete control of himself.

Q. DV15: FEAR OF PARTNER

This question is asked to women regardless of whether they have reported abuse or drinking by their current or last husband/male partner. It is again referring to the current husband/male partner for women who are currently in a relationship (married, living with a man as if married or in intimate relationship) and the last (most recent) husband/male partner for those who were formerly in a relationship. The question is self-explanatory, and the respondent will have to choose between the three answer codes: “1” MOST OF THE TIME AFRAID, “2” SOMETIMES AFRAID or “3” NEVER AFRAID. Again, we are not interested in why she is/was afraid, but only whether she is/was afraid of her husband/male partner.

Q. DV16A AND DV16B: PHYSICAL, OR SEXUAL, OR EMOTIONAL ABUSE BY PREVIOUS HUSBAND AND OTHER CURRENT OR PREVIOUS MALE PARTNER

DV16 is asked to all women who are currently married, living with a man as if married, or in an intimate relationship with a man, as well as to women who were formerly married, lived with a man, or in an intimate relationship with a man, but applies to only the women who are in one or more of the following categories: (i) she has been married more than once; (ii) she has lived with more than one male partner; (iii) she has been in an intimate relationship with a man more than once; (iv) she is currently in an intimate relationship with more than one male partner. The problem is that, although we know from a respondent’s answer to Q.702 if she is in either category (i) or (ii), we do not know if she is in categories (iii) and (iv). Because of this reason, the way you will proceed for DV16 is different from how most questions are asked and coded.

First, read the introductory statement. After you have finished reading the statement, pause. The expectation is that if the respondent does not fall into any of the categories (i)-(iv) described above, she will say immediately that she has not ever been in a relationship with any other man. If the respondent has never had another husband or any other current or other previous male partner, then record response

code 6 and proceed to DV17. Otherwise, proceed as you would to DV16A(a) and ask the question slowly and clearly.

DV16 asks the respondent if she has been subjected to a) physical, b) sexual, c) emotional, or d) economic abuse from a previous husband or any other male partner and covers the same forms of abuse asked in DV07A and DV08A although it does not list each act separately.

For respondents who report abuse, DV16B asks how long ago each type of abuse occurred.

QDV17. FILTER FOR SEXUAL ABUSE BY CURRENT OR PREVIOUS HUSBAND OR MALE PARTNER

Q. DV17 checks on any respondent who has experienced sexual abuse from DV08 (h-j) and DV16A (b).

DV18: AGE AT THE TIME OF FIRST OCCURANCE OF SEXUAL ABUSE

This question asks all respondents who report in DV08A (h-j) or DV16A (b), any sexual abuse by any current or previous husband or male partner, the age at which the sexual abuse first occurred. This question is asking about the respondent's age at the time of the first occurrence of sexual abuse, regardless of who the first abuser was, a current or previous husband or male partner. Remember to record the age in completed years.

DV19: FILTER FOR CURRENT OR PAST PREGNANCIES

DV20 and DV21: ABUSE DURING PREGNANCY

DV20 is asked only of women who have ever been pregnant or are currently pregnant. We want to know if any physical violence has occurred during any pregnancy, current or past, regardless of the abuser. Any physical violence committed by a husband/male partner and reported in previous questions by the respondent and any other physical violence by someone else not yet reported is included here if occurred during pregnancy. For women who have been pregnant more than once, it does not matter whether violence occurred in only one or more than one pregnancy. Code 1 in DV20 should be entered if violence occurred even in one pregnancy.

DV21 asks about the perpetrators of the violence during pregnancy. Multiple responses may be selected since more than one person may have abused the respondent during one or more pregnancies. Make sure to probe for additional responses. Note that here, boyfriends include also intimate partners.

Q. DV22: HISTORY OF ABUSE

This question is asked of all women, whether or not they have reported abuse by their current or last husband/male partner and whether or not they have ever been married or had a male partner.

The information in Q. 701, Q. 702, DV04, and DV05 will be used by the CAPI program to determine how to properly ask this question. The wording of the question will vary depending on the respondent's marital and intimate partner status.

For women who have ever been married, ever lived with a man, or ever had an intimate male partner: All these women have already been asked about husband/male partner abuse in earlier questions. In this question, they are being asked about their experience of physical abuse since they were age 15 by any person other than their current or any previous husband/male partner. For example, an ever-married woman could have been abused by one of her parents or her in-laws or a teacher.

For women who have never been married, who have never lived with a man, and who have never had an intimate male partner: In this question, they are being asked about their experience of physical abuse since they were age 15 by any person.

For both sets of women, read the question slowly, pausing briefly after each type of violent act mentioned. For women who have ever been married and those who have had a male partner, make sure they understand that the question excludes violence by a husband/male partner.

Q. DV23: ABUSER INFORMATION

This question seeks to find out who, other than the respondent's current/last husband/male partner, has physically hurt the respondent. Select all those persons the respondent mentions. If she mentions someone who has not been listed, select response code X and specify who it is. More than one answer is acceptable. Note that current and former boyfriends are permitted as answer codes because not all boyfriends are intimate partners and some women could have been abused by a boyfriend who was not an intimate partner. However, before you select either 'F' or 'G', be sure to remind the respondent that you are asking about the relationship at the time of the violence.

Q. DV24: RECENT ABUSE

This question seeks to find out how often the person or the persons whose code is selected in DV23 has physically hurt the respondent in the last 12 months. If more than one code is selected in DV23, then you must find out the frequency with which this occurred in the past 12 months, irrespective of which of the persons mentioned in DV23 was doing it. So, if a respondent said that both her step-mother and step-father beat her, find out whether, in total, she was beaten often, sometimes, or never in the past year. Select the appropriate code.

Q. DV25-DV30: HISTORY OF FORCED SEX AND SEXUAL ACTS

This section starts with a check (QV25) and asks you to check Qs. 701 and 702 for marital status. This check allows you to determine which version of the next question (Qs. QDV26 and QDV27) is the right one for this respondent.

Questions DV26 and DV27 are trying to find out whether the respondent has a history of forced sexual intercourse or sexual acts. No definition of force is being given here—force can include physical force, emotional force or anything else that the respondent considers as force, such as threats to her or her children, etc. What is important is that the respondent believes that she was being forced to have sex or perform sexual acts when she did not want to.

DV26 and DV27 are essentially the same question but are worded somewhat differently according to the marital status of the respondent. DV26 is asked to respondents who are ever married, have ever lived with a partner, or have ever had an intimate partner and DV27 is asked if the respondent has never been married and never had a male partner with whom they lived or were intimate. These questions are very important but difficult. There are three different things that you have to keep in mind when asking either of these questions:

1. The questions are asking not only about sexual intercourse, but also about being forced to do anything sexual. Sexual violence does not always take the form of sexual intercourse. Thus, a woman who has said she has never had sexual intercourse may have been forced to perform other sexual acts against her will which would also be considered sexual violence.
2. The questions are also trying to capture sexual violence that may have occurred when the respondent was a child and not just in the recent past. Childhood sexual abuse is very difficult to capture and respondents may find it difficult to talk about those experiences.

3. The term ‘forced in any way’ is included with the idea that, especially in childhood abuse, the force can take many different forms. For example, it may be in the form of emotional blackmail where the abusing adult may be using the threat of withdrawing their love from the child.
4. Finally, if the respondent seems nervous or looks worried, you must assure her again about the confidentiality of the information she is giving you. Tell her again that anything she says will not be told to anyone and no one will know that she was asked these questions.

DV26 is for women who have ever been married/ever lived with a man/ever had an intimate male partner: these respondents have already been asked about husband/male partner sexual abuse in earlier questions. In this question, they are being asked about sexual abuse by any person other than their current or previous husband/male partner. They are being asked to report their experience of any kind of sexual abuse ever in their lifetime, including both childhood and adulthood. *DV27 is for women who have never been married, lived with a man or had an intimate male partner.*

Given the complexity of what DV26 and DV27 are asking and the extreme delicacy of these questions, be careful to word them exactly as is given for both sets of women. Read the questions slowly and let the respondent take her time to answer.

Question DV28 asks all respondents who report in DV26 and DV27 that they have a history of forced sexual intercourse or sexual acts, the age at which sexual abuse first occurred. This question is asking about the respondent’s age at the time of the first occurrence of sexual abuse, regardless of who the person was who abused her first.

The wording of DV28 depends on the respondent’s marital and intimate partner status. The information provided by Q. 701, Q. 702, DV04, and DV05 will be used by the CAPI program to determine how to select the appropriate wording.

For women who have ever been married, ever lived with a man, or ever had an intimate male partner: these women have already been asked about their age at first husband/male-partner-abuse in earlier questions. In this question, they are being asked how old they were the first time they were sexually abused by any person other than their husband/male partner. *For women who have never been married, who have never lived with a man, and who have never had an intimate male partner,* this is the first time you are the age at which abuse occurred. Remember to record the age in completed years.

In DV29, all respondents who say YES to DV26 or DV27 are asked who the person was who forced them to have sexual intercourse or perform any other sexual acts that they did not want to. Note that more than one answer is acceptable. Select all those persons the respondent mentions. If she mentions someone who has not been listed, select response code X and specify who it is.

For women who are ever-married or have ever-lived with a man or ever had an intimate male partner, remember that the question is asking women about sexual abuse by men who are not their current husband/male partner or former husband/male partner. Note that current and former boyfriends are permitted as answer codes because some women may say that the person who abused them was their boyfriend but was not their intimate male partner at the time of the abuse. However, before you select either ‘D’ or ‘E’, be sure to remind the respondent that you are asking about the relationship at the time of the abuse.

In DV30, respondents are asked about the timing of the sexual abuse they reported in DV26 or DV27. The wording of the question will be determined by the CAPI program depending on whether the respondent has ever been married or ever had a male partner or not.

In DV30A, respondents are asked about where the incidents most commonly took place.

Q. DV30B: HELP SOURCES

Q.DV30B asks the respondent if she knows where or from whom she could seek help if she ever experienced any type of violence. Record all places mentioned.

DV31: FILTER FOR ANY PHYSICAL OR SEXUAL ABUSE

DV32-DV34: HELP SEEKING

DV32 refers to any kind of help that the respondent may have sought for the abuse. She could have asked her own family or gone to the police, for example. The nature of the help being sought is not important, but only whether she ever sought help. If she did seek help, record all the persons/types of people or organizations she sought help from in DV33. She may have asked her own family or gone to the police, for example. The nature of the help being sought is not important, but only whether she ever sought help and from whom. If she did seek help, code all the persons/types of people or organizations she sought help from.

Note that in DV33 multiple responses may be selected. Make sure to probe for more responses.

DV34 will be asked only of women who reported that they did not seek help for the abuse from anyone. With this question, we want to know if they have at least told someone about the abuse.

Q. DV35 and DV35A: RESPONDENT'S FATHER AND MOTHER

In these questions, we are interested in knowing whether the respondent's mother ever experienced spousal violence. All women are asked this question even if they have not experienced violence themselves. Select code 8 if the respondent really does not know if her father beat her mother.

Q. DV36: OBSERVATIONS

DV36 provides information on the extent of privacy maintained during the interview. This is not a question for the respondent, but something you answer yourself. Provide an answer for each person listed in DV36 to indicate whether or not the interview was interrupted by the respondent's husband/male partner, another male adult, or a female adult. We are interested here in knowing which persons interrupted the interview and how frequently. If the husband walked through the room once and later came in to ask the respondent a question, record response code 2 for YES, MORE THAN ONCE. Such interruptions may influence the respondent's answers. If the husband did not interrupt or the respondent does not have a husband, enter code 3 for NO for HUSBAND. Remember, in no circumstances should you have continued the interview if there was anyone present who could have heard your questions or the respondent's answers.

Q. DV37: COMMENTS/EXPLANATION

If the interview could not be completed use this space to give a complete explanation. There could be many reasons, for example, the respondent refused this section or privacy could not be obtained. If the reason is that you were unable to obtain privacy, you must explain why you were unable to obtain privacy. If you were able to complete the interview, give any information in this space that might help to interpret the results. Also note any factors that may have influenced the respondent's answers.

Remember to thank the respondent for her cooperation and reassure her of the confidentiality of her responses.

If the respondent has asked about sources of help or referrals, this is the time when you should provide this information to her as you have been trained to do.

Q. DV38: TIME INTERVIEW ENDED

The CAPI system will automatically record the time the interview was finished. If there was an extended break during the interview time (for example, the respondent excused herself to care for a sick child and returned to complete the interview 45 minutes later), make a note to report how long a break was taken in the Interviewer's Observations section.

Be sure to thank the respondent for her cooperation. Also, inform the respondent that a biomarker technician will be coming to her household to weigh and measure the height of the respondent (and her young children). If she has any simple, general questions about the measurements, you can answer them, but tell her that the biomarker technician will explain the measurements in more detail and will answer her questions.

Q. Calendar

GENERAL DESCRIPTION OF THE CALENDAR

Note: completion of the calendar in the CAPI program will be described in the CAPI portion of this training. However, conceptually, it is useful to understand how to complete the calendar in a paper questionnaire. For this reason, you will receive training on the paper questionnaire version of the calendar.

In a paper questionnaire, the calendar is located at the end of the Woman's Questionnaire. It is called a "calendar" because it is where you will record information about the timing of recent events in the respondent's life. The calendar is "recent" in that only events occurring in the year of the survey plus the five full calendar years preceding the current year are included.

From the top of the page to the bottom, the calendar includes 72 boxes (each box representing one month of time) divided into six sections (each representing one year or 12 months of time) in which to record information about the woman's experiences with childbearing and contraceptive use. From left to right, there are two columns:

- Column (1): Live births, pregnancies, and contraceptive use
- Column (2): Reason for discontinuing contraceptive use

Earlier in the manual, procedures for completing the calendar were described briefly. In this section, we discuss in much more detail the methods by which you are going to fill in the calendar. But before we proceed, a couple of points need to be understood:

- 1) You may at this point ask, "What and where are the questions that I am supposed to ask that will allow me to complete the calendar?" First, the calendar is completed at the same time that the Woman's Questionnaire is completed. All of the information you need to complete the calendar is drawn directly from the responses to questions in Sections 2 (Reproduction) and 3 (Contraception). These questions have a large 'C' in them to help you identify questions related to the calendar.

Second, the calendar will give you a visual "snapshot" of the woman's last five or six years of life that will help you to ask probing questions as necessary to improve the accuracy of the information. The calendar is built in a series of steps. At each step, you can and should determine whether or not a woman's response is consistent with previous responses and

where to place the event in relation to other events. For example, if there have been 12 months between the birth of Baby A and the beginning of the pregnancy resulting in Baby B, you can easily see in the calendar that these 12 months need to be accounted for in terms of use or nonuse of a contraceptive method.

There are many ways to get this information, and the calendar allows you to be innovative in obtaining the responses you need to completely fill in the calendar with the correct codes. Simply bear in mind that there may well be more than one correct way to “build” the calendar.

- 2) Whereas interviewing procedures may be flexible, the method of recording information on the calendar is not. Only certain codes (shown to the left of the calendar) are acceptable for use in the calendar. You need to translate the woman’s responses to codes. Only one code may appear in each box.

Column (1): LIVE BIRTHS, PREGNANCIES, AND CONTRACEPTIVE USE

The calendar provides a record of the timing of all live births, pregnancies and periods of contraceptive use. **Every month in column (1) of the calendar up to the month of interview must be accounted for, i.e., filled in with a code.**

The following describes the codes used in recording information in the calendar:

Q. 231: Pregnancies ending in live births and non-live births. The first entry in the calendar will be made after you have completed and checked the responses in the pregnancy history (Qs. 214-228). As Q. 231 instructs, for each live birth in 2017-2022, you will place a ‘B’ in the month of birth and a ‘P’ in each of the preceding months according to the duration of the pregnancy (Q.221). The number of months in which ‘P’s are recorded prior to the month ‘B’ must be one less than the total number of months the woman reports she was pregnant.

Example: A respondent gave birth in September 2018. She reported that the baby was full-term (i.e., she completed 9 months of pregnancy before giving birth). For this birth, enter a ‘B’ in September 2018 and ‘P’s in the eight months prior to September, i.e., in the months January through August 2018.

For all pregnancies that ended in a non-live birth, place a ‘T’ in the month of pregnancy termination and a ‘P’ in each completed month of pregnancy such that the ‘T’ and ‘P’s sums to the total number of completed months the pregnancy lasted.

Example: A respondent report’s she had a miscarriage in the fourth month of pregnancy (i.e., after three completed months) in June 2020. Place one ‘T’ in June 2020 and one ‘P’ in each of the two preceding months. One ‘T’ and two ‘P’s sum to three, which equals the number of completed months of the pregnancy lasted.

Q. 232 and 233: Current pregnancy. For women who are currently pregnant, place a ‘P’ in the month of interview and in each preceding month of pregnancy. The number of ‘P’s in the calendar should equal the number of completed months of pregnancy given in Q. 233.

Qs. 316-317I: Contraceptive use. For contraceptive use in January 2017 or later, write the code for each method used in the months it was used. If more than one method is used at the same time, record the method that appears highest on the list of method codes. If a method was used for an extensive period (at least four months), enter the code in the first and last months of use and connect them with a squiggly line. As a last step, months without any method use (and no pregnancy or pregnancy termination) should be coded ‘0’ indicating that no method was used.

If a respondent tells you that she switched from one contraceptive method to another in the middle of a month, record the method that she used in the beginning of the month in the cell for that month. Record the new method in the following month.

Example: A respondent said she used the pill until the middle of May 2021 when she had an IUD inserted. Record ‘6’ for pill in May 2021 and ‘3’ for IUD in June 2021.

If a respondent used a method at the beginning of a month, and stopped so she was not using any method at the end of the month, record the code for the method she was using in the box corresponding to the month she stopped. Record ‘0’ for “no method” in the following month.

In general, when a respondent has switched or discontinued contraceptive use within a month, in the calendar you will record what she was using at the beginning of that month. One exception to this rule is in the month of the interview. Before getting to Q. 317 on the history of contraceptive use, you will already have filled in the calendar in Q. 307 for current contraceptive use. For the month of interview, you will have recorded what the respondent is using as of the day of the interview, even if it is different from what she was using at the beginning of the month of interview.

Column (2): REASON FOR DISCONTINUING CONTRACEPTIVE USE

For every discontinuation of a method, the reason for discontinuation is recorded in Column (2) in the last month the method was used. For example, if Column (1) indicates discontinuation of pill use in April 2019, then you should identify and record the reason for the discontinuation in Column (2) in the same month, April 2019.

Points to Remember

- Only one code is entered in any one box (month) of the calendar.
- In column (1), all months should be filled in through the month of interview.
- Column (2) records a reason for each interruption of method use that occurs in Column (1). The code is entered in the last month of use.
- Each squiggly line must have both endpoints defined by the same code.
- To label the births, write the child’s name to the left of the ‘B’. This will make your work easier and more accurate because birth dates serve as your best reference points.

ILLUSTRATIVE CASES¹

In this section, we provide several examples that illustrate how to complete the calendar. Up to four steps may be necessary:

- 1) Transfer the dates of live births from the pregnancy history to the calendar
- 2) Record the number of completed months of pregnancy (P) for any pregnancies terminating in live births (B) and non-live births (T)
- 3) Record the months of contraceptive use and nonuse.
- 4) Record the reason for discontinuation of contraceptive use.

[¹ Note: once the Interviewer’s Manual has been finalized, ensure case descriptions and calendars are on facing pages.]

For each example, we assume that the respondent knows the dates of birth of her children and also the dates during which she used contraception. During actual fieldwork, you may need to probe to correct errors in the reporting of this information.

Case #1

Scenario: The respondent was interviewed in June 2022. She had two births since January 2017. The first was Alfredo, born full term in September 2018, and the second was Bernardo, born one month early in February 2021. The dates of birth of the children are obtained from Q. 220 in the pregnancy history. The respondent did not have any other pregnancies and has never used contraception.

STEP 1

The first step is to record the birth dates for Alfredo and Bernardo. A ‘B’ is recorded in the month of birth of each of the children and the child’s name is written to the left of the ‘B’ in Column (1) in the month corresponding to the child’s birth date.

Step 1

WOMAN’S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Alfredo	18 September 2018	1	SEP 2018	B
Bernardo	25 February 2021	1	FEB 2021	B

STEP 2

The second step involves entering a ‘P’ in each of the months of pregnancy prior to the month in which each live birth occurred. For Alfredo, ‘P’s would be entered from January 2018 to August 2018 (8 months); for Bernardo, ‘P’s would be entered from July 2020 to January 2021 (7 months).

Step 2

WOMAN’S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Pregnant	January-September 2018	8	JAN-AUG 2018	P
Alfredo	18 September 2018	1	SEP 2018	B
Pregnant	July [2018]-February 2021	7	JUL 2020-JAN 2021	P
Bernardo	25 February 2021	1	FEB 2021	B

STEP 3

The respondent did not use contraception during the calendar period. Thus, in the calendar, you will fill in the rest of the boxes with ‘0’s to show the periods of non-use.

Step 3

WOMAN’S RESPONSE		NUMBER OF MONTHS	ENTRY IN COLUMN (1) IN CALENDAR	
EVENT	DATE		MONTHS	CODE
Nonuse	January-December 2017	12	JAN-DEC 2017	0
Pregnant	January-September 2018	8	JAN-AUG 2018	P
Alfredo’s birth	18 September 2018	1	SEP 2018	B
Nonuse	October 2018-June 2020	21	OCT 2018-JUN 2020	0
Pregnant	July 2020-February 2021	7	JUL 2020-JAN 2021	P
Bernardo’s birth	25 February 2021	1	FEB 2021	B
Nonuse	March 2021-June 2022	16	MAR 2021-JUN 2022	0

Calendar Entries for CASE #1

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

CODES FOR EACH COLUMN:

COL. 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 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

Bernardo

COL. 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

Alfredo

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

CASE #2

Scenario: The respondent was interviewed in October 2022. During the period covered by the calendar, she had one birth (Carlos), occurring in September 2020 after 9 months of pregnancy, and one other pregnancy that miscarried (terminated) in the fourth month in July 2018.

She is currently using the pill, which she began using in March 2021. In the interval between the birth of Carlos in September 2020 and the start of using the pill in March 2021, she did not use a method.

In the interval between the termination in July 2018 and becoming pregnant with Carlos in January 2020, she used the pill. She began using the pill immediately following the termination. In mid-July 2019, she deliberately interrupted use of the pill because she wanted a child.

In the interval between stopping using the pill in July 2019 and becoming pregnant with Carlos in January 2020, she did not use any method.

In the interval between the start of the calendar in January 2017 and the start of the pregnancy in May 2018 that ended in termination, the respondent and her partner were using the male condom continuously. She became pregnant while using the male condom.

CASE #3

Scenario: The respondent was interviewed in October 2022. The woman's only birth in this period (Mary) occurred in March 2021. The pregnancy lasted nine months (nine completed months).

The respondent is currently pregnant (2 completed months).

She also had a miscarriage (termination) in December 2018 after completing four months of pregnancy.

In the interval between the birth of Mary in March 2021 and the start of her current pregnancy in August 2022, the respondent and her husband used withdrawal continuously. She became pregnant while using withdrawal.

In the interval between the termination in December 2018 and the start of the pregnancy with Mary in July 2020, she used withdrawal. She began using withdrawal in July 2019 and used it continuously for 12 months. She stopped using withdrawal when she became pregnant accidentally with Mary.

In the interval between the start of the calendar in January 2017 and the start of the pregnancy in September 2018 that ended in termination, she did not use any form of contraception.

Calendar Entries for CASE #3

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

CODES FOR EACH COLUMN:

COL. 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 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

Mary

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

CASE #4

Scenario: The respondent was interviewed in October 2022. She reported two births in the reference period, Christina in July 2020 and Armando in November 2018. The pregnancy with Christina lasted nine months (nine completed months), and the pregnancy with Armando lasted eight months (eight completed months).

At the time of Christina's birth in July 2020, the respondent was surgically sterilized in a government hospital.

In the interval between giving birth to Armando in November 2017 and becoming pregnant with Christina in November 2019, the respondent used the pill. She started using the pill three months after the birth of Armando in November 2017 and used it for 16 months. She stopped using the pill because she wanted to become pregnant.

In the interval between stopping using the pill in June 2019 and the start of the pregnancy with Christina in November 2019, she did not use a method.

In the interval between the start of the calendar in January 2017 and becoming pregnant with Armando in April 2017, she did not use a contraceptive method.

Calendar Entries for CASE #4

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

CODES FOR EACH COLUMN:

COL. 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 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

COL. 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

Christina

Armando

		COL. 1	COL. 2	
12 DEC	01			
11 NOV	02			
10 OCT	03	1		
09 SEP	04			
2 08 AUG	05			2
0 07 JUL	06			0
2 06 JUN	07			2
2 05 MAY	08			2
04 APR	09			
03 MAR	10			
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15			
09 SEP	16			
2 08 AUG	17			2
0 07 JUL	18			0
2 06 JUN	19			2
1 05 MAY	20			1
04 APR	21			
03 MAR	22			
02 FEB	23			
01 JAN	24			
<hr/>				
12 DEC	25			
11 NOV	26			
10 OCT	27			
09 SEP	28			
2 08 AUG	29	1		2
0 07 JUL	30	B		0
2 06 JUN	31	P		2
0 05 MAY	32	P		0
04 APR	33	P		
03 MAR	34	P		
02 FEB	35	P		
01 JAN	36	P		
<hr/>				
12 DEC	37	P		
11 NOV	38	P		
10 OCT	39	0		
09 SEP	40	0		
2 08 AUG	41	0		2
0 07 JUL	42	0		0
1 06 JUN	43	6	2	1
9 05 MAY	44			9
04 APR	45			
03 MAR	46			
02 FEB	47			
01 JAN	48			
<hr/>				
12 DEC	49			
11 NOV	50			
10 OCT	51			
09 SEP	52			
2 08 AUG	53			2
0 07 JUL	54			0
1 06 JUN	55			1
8 05 MAY	56			8
04 APR	57			
03 MAR	58	6		
02 FEB	59	0		
01 JAN	60	0		
<hr/>				
12 DEC	61	0		
11 NOV	62	B		
10 OCT	63	P		
09 SEP	64	P		
2 08 AUG	65	P		2
0 07 JUL	66	P		0
1 06 JUN	67	P		1
7 05 MAY	68	P		7
04 APR	69	P		
03 MAR	70	0		
02 FEB	71	0		
01 JAN	72	0		

CASE #5

Scenario: This respondent was interviewed in October 2022. She had two births since January 2017; the first resulted in twins but only one was born alive (Jane), while the other was a stillbirth. Jane was born in June 2017 after 9 months of pregnancy. Her younger brother, John, was born in February 2019 in the middle of the ninth month of pregnancy (8 completed months).

The respondent is not currently using a method of contraception.

In the interval between the birth of John in February 2019 and October 2022, the respondent used the IUD. She began using the IUD 16 months after the birth of John. She used the IUD until September 2021. She stopped using the IUD because she separated from her husband.

In the interval between beginning the IUD in May 2020 and the birth of John in February 2019, she used the Pill for six months and then switched to the IUD the next month because she wanted a more effective method.

In the interval between giving birth to Jane in June 2017 and the start of pregnancy with John in July 2018, she did not use a method.

Calendar Entries for CASE #5

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

CODES FOR EACH COLUMN:

COL. 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 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

COL. 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	0		
09 SEP	04			
2 08 AUG	05			2
0 07 JUL	06			0
2 06 JUN	07			2
2 05 MAY	08			2
04 APR	09			
03 MAR	10			
02 FEB	11			
01 JAN	12			
<hr/>				
12 DEC	13			
11 NOV	14			
10 OCT	15	0		
09 SEP	16	3	D	
2 08 AUG	17			2
0 07 JUL	18			0
2 06 JUN	19			2
1 05 MAY	20			1
04 APR	21			
03 MAR	22			
02 FEB	23			
01 JAN	24			
<hr/>				
12 DEC	25			
11 NOV	26			
10 OCT	27			
09 SEP	28			
2 08 AUG	29			2
0 07 JUL	30			0
2 06 JUN	31	3		2
0 05 MAY	32	6	4	0
04 APR	33			
03 MAR	34			
02 FEB	35			
01 JAN	36			
<hr/>				
12 DEC	37	6		
11 NOV	38	0		
10 OCT	39			
09 SEP	40			
2 08 AUG	41			2
0 07 JUL	42			0
1 06 JUN	43			1
9 05 MAY	44			9
04 APR	45			
03 MAR	46	0		
02 FEB	47	B		
01 JAN	48	P		
<hr/>				
12 DEC	49	P		
11 NOV	50	P		
10 OCT	51	P		
09 SEP	52	P		
2 08 AUG	53	P		2
0 07 JUL	54	P		0
1 06 JUN	55	0		1
8 05 MAY	56			8
04 APR	57			
03 MAR	58			
02 FEB	59			
01 JAN	60			
<hr/>				
12 DEC	61			
11 NOV	62			
10 OCT	63			
09 SEP	64			
2 08 AUG	65	I		2
0 07 JUL	66	0		0
1 06 JUN	67	B		1
7 05 MAY	68	P		7
04 APR	69	P		
03 MAR	70	P		
02 FEB	71	P		
01 JAN	72	P		

John

Jane

CASE #6

Scenario: The respondent was interviewed in October 2022. Her most recent birth (Linda) occurred in November 2020 after nine months of pregnancy.

She is currently pregnant and has completed three months of pregnancy.

In the interval between the birth of Linda in November 2020 and the start of the current pregnancy in August 2022, she used a diaphragm. She began using a diaphragm immediately after Linda was born. She used a diaphragm for 20 months. She stopped using a diaphragm because she became pregnant while using it.

In the interval between the start of the calendar in January 2017 and becoming pregnant with Linda in March 2020, she did not use a contraceptive method.

Calendar entries for CASE #6

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

CODES FOR EACH COLUMN:

COL. 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 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

COL. 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

Linda

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

CASE #7

Scenario: The respondent was interviewed in October 2022. She has had only one pregnancy (and no births) since January 2017. The pregnancy lasted for three months and ended in a miscarriage (termination) in January 2021.

The respondent is sterilized. She was sterilized immediately following her pregnancy that resulted in a termination.

In the interval between the start of the calendar in January 2017 and becoming pregnant in November 2020, the respondent used the male condom. She began using the condom in March 2018 when she and her husband got married and stopped using the condom in July 2019 when her husband was temporarily away for six months.

She and her husband resumed using the condom after he returned in February 2020 and stopped in October 2020, when she accidentally became pregnant.

In the interval between stopping using the condom in July 2019 and starting using the condom in February 2020, she used no method.

Calendar entries for CASE #7

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

CODES FOR EACH COLUMN:

COL. 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 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

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

R. Interviewer's Observations

After you have checked over your questionnaire and thanked the respondent, note any comments on the last page. You may make comments about the woman you interviewed, about specific questions on the questionnaire, or about any other aspects of the interview. If anything about the interview was unusual or should be brought to the attention of the supervisor, note it here. Even if the interview was straightforward, a few comments on each interview will be helpful in editing and processing the questionnaires. For example, if a respondent attended school in a different country, one with a different system for dividing grades into primary and secondary, note that here. If you were unable to complete the interview for any reason, or if answers that were not precoded require further explanation, use this space. All these comments are helpful to the supervisor and data processing staff in interpreting the information in the questionnaire.

VII. MAN'S QUESTIONNAIRE

The Man's Questionnaire consists of a cover page and eleven sections as follows:

Section 1:	Respondent's Background
Section 2:	Reproduction
Section 3:	Contraception
Section 4:	Marriage and Sexual Activity
Section 5:	Fertility Preferences
Section 6:	Employment and Gender Roles
Section 7:	HIV/AIDS
Section 8:	Other Health Issues
Section 9:	Chronic Diseases
Section 10:	Female Genital Cutting/Mutilation
Section 11:	Domestic Violence

Most of the questions in the Man's Questionnaire are similar to those we have already discussed in the Woman's Questionnaire, but they are written to reflect that the respondent is male. However, in a majority of cases, the question numbers are different and often the questions appear in a different order. For example, although the HIV/AIDS questions are almost identical, they are in Section 10 in the Woman's Questionnaire and Section 7 in the Man's Questionnaire.

Figure 4 lists question numbers from the Man's Questionnaire and the corresponding question numbers from the Woman's Questionnaire.

- This manual does not repeat instructions for questions in the Man's Questionnaire that have already been covered in Section VI on the Woman's Questionnaire. Using this table, you can refer to the instructions in that section for the corresponding questions.
- Occasionally, a question in the Man's Questionnaire will be similar to, but not exactly the same as a question in the Woman's Questionnaire. In these cases, the table shows the question number from the Woman's Questionnaire in parentheses.
- The table does not include the question numbers of questions that are unique to the Man's Questionnaire. Instructions on administering these questions can be found in the following sections.

FIGURE 4. QUESTION NUMBERS FOR CORRESPONDING QUESTIONS IN THE WOMAN'S AND MAN'S QUESTIONNAIRES

Question number		Question number	
Man's Questionnaire	Woman's Questionnaire	Man's Questionnaire	Woman's Questionnaire
101-131	101-131	605-609	915-919
201-208	(201)-208	610-611	922-923
301	301	612-617	925-930
302	815	618	932
304-306	(241)-243	700-710	1000-1010
401-404	701-703, 709	712	1014
410-412	714-716	713-732	1024-1043
413-416, 418-429	721-737	733-734	(1044-1045)
417	331	735-736	1046-1047
505	(803)	806, 808	1106, 1108
506	(805)	814-816	1110-1112
507	(804)	817-818	1114-1115
508	(805)	GCM1	GC1
510-511	(803), (805)	GCM2	(GC17)
512-513	804-805	GCM4	GC18
514-515	813-814	DV00-DV18	(DV00-DV18)
601	(909)	DV19-DV27B	(DV22-DV30B)
602-604	911-913	DV30-DV36	(DV31-DV37)

A. Section 1: Respondent's Background

All of Section 1 is the same for male and female respondents. As a reminder, accurate recording of the respondent's age is important. Refer to Section VI.B of this manual for detailed instructions about Qs.110 and 111 on the age of the respondent.

B. Section 2: Reproduction

Qs. 201-208: CHILDREN

Q. 201 is phrased slightly differently for men. As with women, we are interested in the biological children a man has had. Because many children live away from their fathers, the question prompts men to think about children who are their biological children but may not be legally theirs or have their last name. Qs. 202-208 are the same for men and women.

Q. 210: BIOLOGICAL MOTHERS OF CHILDREN RESPONDENT HAS FATHERED

In Q. 210, you ask the respondent if all of the children he has fathered have the same biological mother.

Q. 211: AGE AT FIRST FATHERHOOD

Q. 211 is phrased differently depending on whether the respondent has only one child or more than one child. If he doesn't know how old he was when he became a father for the first time, probe. For example, you could ask how old he was when he got married or first started living with a woman, and then ask how long before or after getting married his first child was born.

Qs. 212-219: ATTENDANCE AT ANTENATAL CARE AND CHILDBIRTH

Qs. 212-214 are asked to determine if the respondent has a living child age 0-2 years. If he does, write the name of his youngest child on the line provided in Q. 215. In Q. 216, ask the respondent if the mother of his youngest child received antenatal care during her pregnancy. The care should have been specifically to check her pregnancy and not for other reasons. If the mother received antenatal care during the pregnancy of an older child, but not during the pregnancy of the youngest child, record '2,' NO.

Ask Q. 218 to determine if the respondent's youngest living child was born in a health facility. If the child was born in a health facility, ask whether the respondent went with the child's mother to the health facility when she gave birth.

C. Section 3: Contraception

Q. 301: Contraceptive Table

The format of Q. 301 and the order of administering the questions are the same in both the Woman's and Man's Questionnaires.

Q. 303: DISCUSSION OF FAMILY PLANNING WITH A HEALTHCARE PROVIDER

In Q. 303, ask the respondent if he has discussed family planning with a health worker or health professional in the last few months. This question focuses specifically on communication with health professionals, so discussion of family planning with friends, neighbors, etc., does not apply.

Q. 307: ATTITUDES TOWARD CONTRACEPTION

This question includes two statements that assess the respondent's attitudes toward taking responsibility for contraception and about the effect of contraception on women's behavior. Be sure to select a response for each of the two questions. The word "promiscuous" in Q. 307b means that someone has sexual relations with many people.

D. Section 4: Marriage and Sexual Activity

Q. 405: OTHER WIVES/PARTNERS

In this question, we are interested whether the respondent has other wives or partners with whom he is living as if married. This does not include 'girlfriends' unless the husband is living together with the girlfriend as if married.

Q. 406: NUMBER OF WIVES

We are interested in the total number of wives or co-habiting partners the respondent has. Since the number has been assigned two boxes, remember to fill the first box with '0' for numbers less than 10.

Qs. 407 and 408: IDENTIFYING THE WIFE/WIVES OF THE RESPONDENT

Write down the name of the respondent's wife/partner (or names of the wives/partners) and record the line number from the Household Schedule in the boxes provided. The number of names in Q. 407 should be equal to the number of wives in Q. 406. If a wife/partner is not listed in the Household Schedule, record '00' in the boxes next to her name. This can happen if you are interviewing a man who is visiting

a household, but his wife stayed at home or if he is interviewed at his home, but his wife lives in a different household. For Q. 408, take the age of the woman from what the respondent says, not from the Household Schedule.

E. Section 5: Fertility Preferences

Almost all of the questions in this section are the same as those in Section 8 of the Woman's Questionnaire. However, for men we have to first determine whether they have one wife or more than one wife (Q. 501) in order to know how to phrase the questions on the preference for additional children.

F. Section 6: Employment and Gender Roles

The questions in Section 6 are identical to a subset of the questions in Section 9 of the Woman's Questionnaire. However, questions on the following areas in section 9 of the woman's questionnaire are excluded in the man's questionnaire;

- ✓ Wife's/partner's background characteristics
- ✓ Nature of employment-who the respondent works for
- ✓ Whose earnings are more-comparison with wife's earnings
- ✓ Decision making on wife/partners earnings
- ✓ Decision making on permission to visit family/relatives

G. Section 7: HIV/AIDS

The series of questions in this section is almost identical to Section 10 of the Woman's Questionnaire except that questions related to antenatal care are omitted. In addition, Qs. 733 and 734 on symptoms of STIs use wording specific to men.

H. Section 8: Other Health Issues

Qs. 801-805: CIRCUMCISION

Circumcision involves the surgical removal of the foreskin of the penis. Circumcision may be performed for religious, medical, or cultural reasons and can be carried out at birth, during adolescence, or at other times during a man's life. If a respondent was not circumcised or does not know what circumcision is or says that he does not know whether or not he is circumcised, use the DON'T KNOW code in Q. 801 and skip to Q. 806. Otherwise, ask Qs. 802-805.

Note: It is intentional that all men who say they are circumcised are asked whether they have been traditionally circumcised and whether they have been medically circumcised.

Q. 806: CURRENT TOBACCO USE

Ask the respondent how often he smokes tobacco. Note: This question does not specify that the respondent smokes cigarettes, only that he smokes tobacco.

Qs. 807-808: PAST TOBACCO USE

In Q. 807, respondents who currently smoke tobacco 'SOME DAYS' are asked if in the past they have smoked tobacco every day in the past. In Q. 808, respondents who report they currently smoke tobacco

'NOT AT ALL' are asked if they have ever smoked tobacco in the past every day, some days, or not at all.

Qs. 809 and 810: TYPES OF TOBACCO PRODUCTS USED DAILY AND WEEKLY

For respondents who currently smoke tobacco 'EVERY DAY,' Q. 809 asks, on average, how many of each product they smoke each day. When recording the number of times the respondent uses each product, remember to enter '00' in front of any number less than 10, or '0' in front of any number between 10 and 100. If the product is not used at all record, '000.' If the product is used but not every day, record '888'. If the respondent gives a non-numerical answer, probe for a numerical answer.

Q. 810 is similar to Q. 809 but asks how many of each product the respondent smokes each week. Record responses in the same way you record responses to Q. 809. These two questions are designed to find out about the use of other types of tobacco besides cigarettes (such as cigars, snuff, or chewing tobacco). Water pipe refers to shisha.

Qs. 811-813: SMOKELESS TOBACCO

Q. 811 asks if the respondent currently uses smokeless tobacco every day, some days, or not at all. For EVERY DAY users of smokeless tobacco, ask Q. 812. Record, on average, how many times a day he uses each product in the same way you record responses to Q. 809.

Q. 813 is similar to Q. 812 but is directed at respondents who currently use smokeless tobacco SOME DAYS. Record how many of each smokeless tobacco product the respondent uses each week in the same way you record the responses to Q. 810. Betel quid with tobacco refers to kuber.

Qs. 814-816: ALCOHOL USE

In Q. 814, ask the respondent if he ever drank alcohol. Alcoholic drinks include beer, wine, spirits, fermented cider, punch, mixed drinks. Local examples are chang'aa, busaa, muratina, mnazi and keg. If the respondent says he doesn't currently drink any alcohol, ask if he have ever drank alcohol at any point in the past. If the respondent says NO, skip to Q. 817.

For respondents that have ever consumed alcohol, ask Q. 815 to determine on how many days in the last month they had at least one drink of alcohol (use card to show what counts as one drink) and record their answer in the space provided. If they did not have any alcoholic drinks in the last month, skip to Q. 817. If he says he drank most days, select code '95' for EVERY DAY/ALMOST EVERY DAY.

In Q. 816, ask the respondent on the days when he drank alcohol, how many drinks he usually had per day. A standard drink is the amount of alcohol contained in standard glasses of beer, wine, and spirits.

I. Section 9: Chronic Diseases

The Chronic Disease section is the same for male and female respondents, except that male respondents are asked about prostate cancer.

PROSTATE CANCER (Qs.CD15-CD16)

Qs. CD15-CD16 ask about prostate cancer. Prostate cancer is cancer that occurs in the prostate. The prostate is a small walnut-shaped gland in males that produces the seminal fluid that nourishes and transports sperm.

Qs. CD15: PROSTATE CANCER

Q. CD15 asks if the respondent has ever been told by a doctor or other health professional that they have prostate cancer.

Qs. CD16: MEDICATION FOR PROSTATE CANCER

Q. CD16 asks respondents who have been told they have prostate cancer whether they are taking medication for the condition(s) – the question is asked regardless of whether or not a health worker prescribed the medication.

Additional Information: Prostate Cancer Screening

Digital Rectal Examination (DRE)

Digital rectal examination (DRE) is when a health care provider inserts a gloved, lubricated finger into a man's rectum to feel the prostate for anything abnormal, such as cancer. This necessitates referral for further testing like PSA.

Prostate Specific Antigen (PSA) Test

A blood test called a prostate specific antigen (PSA) test measures the level of PSA in the blood. PSA is a substance made by the prostate. The levels of PSA in the blood can be higher in men who have prostate cancer. The PSA level may also be elevated in other conditions that affect the prostate.

J. Section 10: Female Genital Cutting

The FGC section includes a subset of the questions in the Woman's Questionnaire, regarding knowledge and attitudes of female circumcision.

K. Section 11: Domestic Violence

The series of questions in this section is almost identical to the DV section of the Woman's Questionnaire except that questions related to violence during pregnancy are omitted.

Q. DV35: TIME INTERVIEW ENDED

The CAPI system will automatically record the time the interview was finished. If there was an extended break during the interview time (for example, the respondent excused himself and returned to complete the interview 45 minutes later), make a note to report how long a break was taken in the Interviewer's Observations section.

Be sure to thank the respondent for his cooperation.

END OF INTERVIEWER'S MANUAL