Date 20 July 2025

2025 KENYA MINI DEMOGRAPHIC AND HEALTH SURVEY (KMDHS)

WOMAN'S QUESTIONNAIRE

KENYA NATIONAL BUREAU OF STATISTICS

IDENTIFICATION

COUNTY _____

SUB COUNTY _____

LOCATION _____

SUB LOCATION _____

NAME OF HOUSEHOLD HEAD _____

KDHS CLUSTER NUMBER . . . . . [ ][ ][ ][ ]

HOUSEHOLD NUMBER . . . . . [ ][ ][ ][ ]

NAME AND LINE NUMBER OF WOMAN _____ [ ][ ]

WOMAN SELECTED FOR TFGBV MODULE? (1=YES, 2=NO) . . . . . [ ]

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY [ ][ ]
				MONTH [ ][ ]
				YEAR 2025
INTERVIEWER'S NAME				INT. NO. [ ][ ][ ][ ]
RESULT*				RESULT* [ ]
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS [ ]
TIME				

*RESULT CODES: 1 COMPLETED; 2 NOT AT HOME; 3 POSTPONED; 4 REFUSED; 5 PARTLY COMPLETED; 6 INCAPACITATED; 7 OTHER _____ SPECIFY

LANGUAGE OF QUESTIONNAIRE** 01 | LANGUAGE OF INTERVIEW** [ ][ ] | NATIVE LANGUAGE OF RESPONDENT** [ ][ ] | TRANSLATOR USED (YES = 1, NO = 2) [ ]

LANGUAGE OF QUESTIONNAIRE** ENGLISH

**LANGUAGE CODES:

01 ENGLISH	07 KIKUYU	12 MAASAI	17 TURKANA
02 KISWAHILI	08 KISII	13 MERU	96 OTHER _____ (SPECIFY)
03 BORANA	09 LUHYA	14 MIJIKENDA	
04 KALENJIN	10 MARAGOLI	15 POKOT	
06 KAMBA	11 LUO	16 SOMALI	

TEAM NUMBER [ ][ ]

TEAM SUPERVISOR NAME _____ NUMBER [ ][ ][ ][ ]

INTRODUCTION AND CONSENT

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

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

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

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1 ↓

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

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . . . . ☐☐ MINUTES . . . . . ☐☐	
102	What county were you born in? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE . . . . . ☐☐ OUTSIDE OF KENYA 96	→ 104
103	What country were you born in?	COUNTRY _____ ☐☐	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . . . . ☐☐ ALWAYS/NEVER MOVED . . . . . 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS ☐ ↓ 05 YEARS OR MORE ☐		→ 107
106	In what month and year did you move here?	MONTH . . . . . ☐☐ DON'T KNOW MONTH . . . . . 98 YEAR . . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	
107	Just before you moved here, which county did you live in? REFER TO COUNTY CODE LIST IN	COUNTY CODE . . . . . ☐☐ OUTSIDE OF KENYA 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY (NAIROBI, KISUMU, MOMBASA, NAKURU) 1 TOWN . . . . . 2 RURAL AREA 3	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
109	Why did you move to this place?	ECONOMIC REASONS/BUSINESS .... 01 EDUCATION/TRAINING .... 02 MARRIAGE FORMATION .... 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON .... 04 FORCED DISPLACEMEN .... 05 OTHER _____ 96 (SPECIFY)	
110	In what month and year were you born?	MONTH .... [ ][ ] DON'T KNOW MONTH .... 98 YEAR .... [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS .... [ ][ ]	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD .... 1 GOOD .... 2 MODERATE .... 3 BAD .... 4 VERY BAD 5	
113	Have you ever attended school?	YES .... 1 NO 2	→ 117
114	What is the highest level of school you attended: primary, post-primary vocational, secondary/'A' level, college, or university?	PRIMARY .... 1 JUNIOR 2 POST-PRIMARY VOCATIONAL TRAINING .. 3 SECONDARY/ 'A' LEVEL/SENIOR SCHOOL 4 MIDDLE LEVEL COLLEGE (CERTIFICATE/ DIPLOMA) .... 5 UNIVERSITY .... 6 SNE (STAGE BASED) 7 INFORMAL EDUCATION (MADRASA/ ADULT BASIC) 8	
115	What is the highest (standard/grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/GRADE/FORM/YEAR .. [ ][ ]	
116	CHECK 114: PRIMARY, POST-PRIMARY VOCAT., VOCAT.SECONDARY, INFORMAL ↓	UNIVERSITY →	→ 119
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL .... 1 ABLE TO READ ONLY PART OF THE SENTENC .... 2 ABLE TO READ WHOLE SENTENCE .... 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	CHECK 117: CODE '2', '3' OR '4' CIRCLED CODE '1' OR '5' CIRCLED → 120		
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEI . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEI . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEI . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES . . . . . 1 NO . . . . . 2 → 127	
123	Is your mobile phone a smart phone?	YES . . . . . 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES . . . . . 1 NO . . . . . 2 → 130	
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . . . . 1 NO . . . . . 2 → 130	
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . . . . 1 AT LEAST ONCE A WEEI . . . . . 2 LESS THAN ONCE A WEEK . . . . . 3 NOT AT ALL 4	
130	What is your religion?	CATHOLIC . . . . . 01 PROTESTANT . . . . . 02 EVANGELICAL CHURCHES . . . . . 03 AFRICAN INSTITUTED CHURCHES . . . . . 04 ORTHODOX . . . . . 05 OTHER CHRISTIAN . . . . . 06 ISLAM . . . . . 07 HINDU . . . . . 08 TRADITIONISTS . . . . . 09 NO RELIGION/ ATHEISTS . . . . . 10 OTHER _____ 96 (SPECIFY)	
131	What is your ethnic group?	EMBU . . . . . 01 KALENJIN . . . . . 02 KAMBA . . . . . 03 KIKUYU . . . . . 04 KISII . . . . . 05 LUHYA . . . . . 06 LUO . . . . . 07 MAASAI . . . . . 08 MERU . . . . . 09 MIJIKENDA/SWAHILI . . . . . 10 SOMALI . . . . . 11 TAITA/TAVETA . . . . . 12 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

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

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.

RECORD ALL PREGNANCIES. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

PREGNANCY HISTORY LINE NUMBER	215	216	217	218	219	220	221	222
	IF ROW=01: Think back to your first pregnancy. Was that a single pregnancy, twins, or triplets? IF ROW>01: Think back to your next pregnancy. Was that a single pregnancy, twins, or triplets?	IF 215=SING: Was the baby born alive, born dead, or did you have a miscarriage or abortion? IF 215>1: FIRST OF MULT. Was the first baby in this pregnancy born alive or born dead? NEXT MULT. Was the next baby in this pregnancy born alive or born dead?	Did the baby cry, move, or breathe?	What name was given to the baby? RECORD NAME.	Is {NAME IN 218} a boy or a girl?	CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME. NOTE: IF 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE. IF BORN On what day, month, and year was {NAME IN 218} born? IF BORN DEAD, MISCARRIAGE, OR On what day, month, and year did this pregnancy end?	How long did this pregnancy last in weeks or months? RECORD IN COMPLETED WEEKS OR MONTHS.	IF ROW=01: Were there any other pregnancies before this pregnancy? IF ROW>01: Were there any other pregnancies between the previous pregnancy and this pregnancy? IF 215>1 AND THIS IS NOT THE FIRST BIRTH OF THE PREGNANCY, SKIP TO 216 IN NEXT ROW.
01	SING ..... 1 TWINS ..... 2 TRIP ..... 3 QUAD ..... 4 QUIN 5	BORN ALIVE ..... 1 (SKIP TO 218) BORN DEAD ..... 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES ... 1 NO ..... 2 (SKIP TO 220)	NAME	BOY ... 1 GIRL .. 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	WEEKS 1 ☐☐ MONTHS 2 ☐☐	YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)
02	SING ..... 1 TWINS ..... 2 TRIP ..... 3 QUAD ..... 4 QUIN 5	BORN ALIVE ..... 1 (SKIP TO 218) BORN DEAD ..... 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES ... 1 NO ..... 2 (SKIP TO 220)	NAME	BOY ... 1 GIRL .. 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	WEEKS 1 ☐☐ MONTHS 2 ☐☐	YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)
03	SING ..... 1 TWINS ..... 2 TRIP ..... 3 QUAD ..... 4 QUIN 5	BORN ALIVE ..... 1 (SKIP TO 218) BORN DEAD ..... 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES ... 1 NO ..... 2 (SKIP TO 220)	NAME	BOY ... 1 GIRL .. 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	WEEKS 1 ☐☐ MONTHS 2 ☐☐	YES ..... 1 (ADD PREGNANCY) NO ..... 2 (NEXT ROW)

222A	Have you had any pregnancies that ended since the last pregnancy mentioned?	YES ..... 1 → ADD TO TABLE NO 2
222B	READ THE LIST OF PREGNANCY OUTCOMES IN ORDER TO THE RESPONDENT AND ASK IF THEY ARE ALL THAT SHE HAS EVER HAD, AND IF THEY ARE LISTED IN ORDER STARTING FROM THE FIRST ONE. DOES THE RESPONDENT AGREE? IF NOT, PROBE FOR THE CORRECT INFORMATION AND REVISE THE PREGNANCY HISTORY ACCORDINGLY.	

PREGNANCY HISTORY LINE NUMBER	223	224	225	226	227	228
			IF BORN ALIVE AND STILL LIVING:			IF BORN ALIVE AND NOW DEAD:
	CHECK 216, 217 AND 221: IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE. IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE. IF 216=4, THEN PREGNANCY OUTCOME = ABORTION.	Is {NAME IN 218} still alive?	IF 219=BOY How old was {NAME IN 218} at his last birthday? RECORD AGE IN COMPLETED IF 219=GIR How old was {NAME IN 218} at her last birthday? RECORD AGE IN COMPLETED YEARS.	Is {NAME IN 218} living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	IF 219=BOY: How old was {NAME IN 218} when he died? IF '12 MONTHS' OR '1 YR', ASK: Did {NAME IN 218} have his first birthday? THEN ASK: Exactly how many months old was {NAME IN 218} when he died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. IF 219=GIRL: How old was {NAME IN 218} when she died? IF '12 MONTHS' OR '1 YR', ASK: Did {NAME IN 218} have her first birthday? THEN ASK: Exactly how many months old was {NAME IN 218} when she died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01	BORN ALIVE ..... 1 BORN DEAD ..... 2 MISCARRIAGE ..... 3 ABORTION 4	YES ..... 1 NO ..... 2 (SKIP TO 228)	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER (SKIP TO 223 IN NEXT ROW)	DAYS 1 MONTHS 2 YEARS 3 (SKIP TO 223 IN NEXT ROW)
02	BORN ALIVE ..... 1 BORN DEAD ..... 2 MISCARRIAGE ..... 3 ABORTION 4	YES ..... 1 NO ..... 2 (SKIP TO 228)	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER (SKIP TO 223 IN NEXT ROW)	DAYS 1 MONTHS 2 YEARS 3 (SKIP TO 223 IN NEXT ROW)
03	BORN ALIVE ..... 1 BORN DEAD ..... 2 MISCARRIAGE ..... 3 ABORTION 4	YES ..... 1 NO ..... 2 (SKIP TO 228)	AGE IN YEARS	YES ..... 1 NO 2	HOUSEHOLD LINE NUMBER (SKIP TO 223 IN NEXT ROW)	DAYS 1 MONTHS 2 YEARS 3 (SKIP TO 223 IN NEXT ROW)

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 ☐ NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 ☐ (PROBE AND RECONCILE)		
231	**C** FOR EACH LIVE BIRTH IN 2020-2025, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2020-2025, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.		
232	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 8	→ 236
233	How many weeks or months pregnant are you? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED	WEEKS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐	
234	When you got pregnant, did you want to get pregnant at that time?	YES . . . . . 1 NO 2	→ 236
235	CHECK 208: TOTAL NUMBER OF LIVE BIRTHS ONE OR MORE ☐ → a) Did you want to have a baby later on or did you not want any more children? NONE ☐ → b) Did you want to have a baby later on or did you not want any children?	LATER . . . . . 1 NO MORE/NONE 2	
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐ IN MENOPAUSE/HAS HAD HYSTERECT(. . 994 BEFORE LAST PREGNANC\ . . . . . 995 NEVER MENSTRUATED 996	→ 240 → 241

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, WITHIN LAST YEAR ☐ ↓ NO, ONE YEAR OR MORE ☐ → 240		
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PADS . . . . . A DISPOSABLE SANITARY PADS . . . . . B TAMPONS . . . . . C MENSTRUAL CUP . . . . . D CLOTH . . . . . E TOILET PAPER . . . . . F COTTON WOOL . . . . . G UNDERWEAR ONLY . . . . . H OTHER _____ X (SPECIFY) NOTHING . . . . . Y	
239	During your last menstrual period, were you able to wash and change in privacy while at home?	YES . . . . . 1 NO . . . . . 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3	
240	How old were you when you had your first menstrual period?	AGE . . . . . ☐☐ DON'T KNOW 98	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 243
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 3. CONTRACEPTION

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

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 317
303	Are you or your partner currently doing something or using any method to delay or avoid getting	YES . . . . . 1 NO 2	→ 307
304	Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY . . . . 1 YES, PARTNER STERILIZED ONLY . . . . . 2 YES, BOTH STERILIZED . . . . . 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT STERILIZED ONLY ☐ → PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION. PARTNER STERILIZED ONLY ☐ → PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION. BOTH STERILIZED ☐ → PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW		
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES . . . . . 1 NO 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F MALE CONDOM . . . . . G FEMALE CONDOM . . . . . H EMERGENCY CONTRACEPTIO . . . . . I STANDARD DAYS METHOD . . . . . J LACTATIONAL AMENORRHEA METHOD . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . . . Y	A → 312 B → 312 C → 314 D E → 314 F → 314 G → 314 H I J K L M X Y → 314
308	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable. SHOW IMAGES OF SAYANA PRESS AND REGULAR SYRINGE.	DMPA-SC/SAYANA PRESS . . . . . 1 NEEDLE AND SYRINGE . . . . . 2 DON'T KNOW 8	1 → 314 2 → 314
309	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?	SELF-INJECTION . . . . . 1 INJECTION GIVEN BY HEALTH CARE PROVIDER . . . . . 2 OTHER (FRIEND/RELATIVE ETC) . . . . . 3 DON'T KNOW 8	→ 314

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
312	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . 12 GOVERNMENT DISPENSARY . . . . . 13 MOBILE CLINIC . . . . . 14 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PRIVATE DOCTOR'S OFFICE . . . . . 23 MOBILE CLINIC . . . . . 24 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . . 31 NGO CLINIC . . . . . 32 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . 41 FBO/MISSION CLINIC . . . . . 42 FBO MOBILE CLINIC . . . . . 43 OTHER FBO SECTOR _____ 46 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
313	In what month and year was the sterilization performed?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	→ 315
314	Since what month and year have you been using {METHOD} without stopping? PROBE: For how long have you been using {METHOD} now without stopping?	MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	
315	CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314? NO ☐ ↓ YES ☐ → GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 313 AND 314: YEAR IS 2020-2025 ↓ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE ↓ YEAR IS 2019 OR EARLIER ↓ **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2020 . THEN → (SKIP TO 329)		
317	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2020. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS		**C**
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
317B	Between {EVENT ONE} in {MONTH/YEAR ONE} and {EVENT TWO} in {MONTH/YEAR TWO}, did you or your partner use any method of	YES . . . . . 1 NO 2	→ 317I
317C	Which method was that?	METHOD CODE . . . . . [ ]	
317D	How many months after {EVENT ONE} in {MONTH/YEAR ONE} did you start to use the {METHOD}? RECORD '95' IF THE RESPONDENT SAYS THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY . . . . . 00 MONTHS . . . . . [ ][ ] DATE GIVEN 95	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
317F	For how many months did you use the {METHOD} continuously? RECORD '95' IF RESPONDENT GAVE THE DATE OF TERMINATION OF USE	MONTHS . . . . . [ ][ ] DATE GIVEN 95	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH . . . . . [ ][ ] YEAR . . . . . [ ][ ][ ][ ]	
317H	Why did you stop using {METHOD}?	REASON STOPPED . . . . . [ ]	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES . . . . . 1 NO 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐ ↓ ANY METHOD USED ☐ →		321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . . . . 00 FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 EMERGENCY CONTRACEPTIO . . . . . 09 STANDARD DAYS METHOD . . . . . 10 LACTATIONAL AMENORRHEA METHOD . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD 96	331 324 332 332 332
322	You first started using {METHOD} in {DATE FROM 314}. Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT DISPENSARY . . . . . 13 MOBILE CLINIC . . . . . 14 COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINI . . . . . 22 PHARMACY . . . . . 23 PRIVATE DOCTOR . . . . . 24 MOBILE CLINIC . . . . . 25 COMMUNITY HEALTH WORKER / FIELDWORKER . . . . . 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . . 31 NGO CLINIC . . . . . 32 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . 41 FBO/MISSION CLINIC . . . . . 42 FBO MOBILE CLINIC . . . . . 43 OTHER FBO SECTOR _____ 46 (SPECIFY) **OTHER SOURCE** SHOP . . . . . 51 CHURCH . . . . . 52 FRIEND/RELATIVE . . . . . 53 OTHER _____ 96 (SPECIFY)	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
323	At that time, were you told about side effects or problems you might have with the method?	YES . . . . . 1 NO 2	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the	YES . . . . . 1 NO 2	
325	Were you told what to do if you experienced side effects or problems?	YES . . . . . 1 NO 2	
326	At that time, were you told about other methods of family planning that you could use?	YES . . . . . 1 NO 2	
327	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . 01 IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 EMERGENCY CONTRACEPTIO . . . . . 09 STANDARD DAYS METHOD . . . . . 10 OTHER MODERN METHOD 95	→ 332
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	YES . . . . . 1 NO 2	→ 330
329	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . 01 MALE STERILIZATION . . . . . 02 IUD . . . . . 03 INJECTABLES . . . . . 04 IMPLANTS . . . . . 05 PILL . . . . . 06 MALE CONDOM . . . . . 07 FEMALE CONDOM . . . . . 08 EMERGENCY CONTRACEPTIO . . . . . 09 STANDARD DAYS METHOD . . . . . 10 LACTATIONAL AMENORRHEA METH(. . . . . 11 RHYTHM METHOD . . . . . 12 WITHDRAWAL . . . . . 13 OTHER MODERN METHOD . . . . . 95 OTHER TRADITIONAL METHOD 96	→ 332 → 332 → 332

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	Where did you obtain {METHOD} the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT DISPENSARY . . . . . 13 MOBILE CLINIC . . . . . 14 COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PHARMACY . . . . . 23 PRIVATE DOCTOR . . . . . 24 MOBILE CLINIC . . . . . 25 COMMUNITY HEALTH WORKER FIELDWORKER . . . . . 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAI . . . . . 31 NGO CLINIC . . . . . 32 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . 41 FBO/MISSION CLINIC . . . . . 42 FBO MOBILE CLINIC . . . . . 43 OTHER FBO SECTOR _____ 46 (SPECIFY) **OTHER SOURCE** SHOP . . . . . 51 CHURCH . . . . . 52 FRIEND/RELATIVE . . . . . 53 OTHER _____ 96 (SPECIFY)	→ 332
331	Do you know of a place where you can obtain a method of family planning?	YES . . . . . 1 NO 2	
332	In the last 12 months, were you visited by a fieldworker?	YES . . . . . 1 NO 2	→ 334
333	Did the fieldworker talk to you about family planning?	YES . . . . . 1 NO 2	
334	CHECK 202: CHILDREN LIVING WITH YES ↓ / NO ↓ a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?	YES . . . . . 1 NO 2	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . . 1 NO 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE ☐ → 601		
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY. **PREGNANCY OUTCOME TYPE** MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5	PREGNANCY HISTORY NUMBE . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐ PREGNANCY HISTORY NUMBE . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐ PREGNANCY HISTORY NUMBE . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐ PREGNANCY HISTORY NUMBE . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐ PREGNANCY HISTORY NUMBE . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐ PREGNANCY HISTORY NUMBE . . . . ☐☐ PREGNANCY OUTCOME TYPE . . . . . ☐	
403	Now I would like to ask some questions about your pregnancies in the last 3 years. We will talk about each separately, starting with the last one you had.		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER . . . . . ☐☐	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH . . . . . 1 PRIOR LIVE BIRTH . . . . . 2 MOST RECENT STILLBIRTH . . . . . 3 PRIOR STILLBIRTH . . . . . 4 MISCARRIAGE/ABORTION 5	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐	→ 408
407	RECORD NAME FROM 218. NAME_____		
408	CHECK 405: PREGNANCY TYPE 1 OR 2 ☐ → a) When you got pregnant with {NAME IN 407}, did you want to get pregnant at that time? PREGNANCY TYPE 3, 4, OR 5 ☐ → b) When you got pregnant with the pregnancy that ended in {DATE FROM 406}, did you want to get pregnant at that time?	YES . . . . . 1 NO 2	→ 411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
409	Did you want to have a baby later on, or not at all?	LATER . . . . . 1 NOT AT ALL 2	→ 411
410	How much longer did you want to wait?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ DON'T KNOW 998	
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . . . . 1 PRIOR LIVE BIRTH . . . . . 2 → 434 MOST RECENT STILLBIRTH . . . . . 3 PRIOR STILLBIRTH . . . . . 4 → 434 ABORTION/MISCARRIAGE . . . . . 5 → 475	
412	Did you see anyone for antenatal care for this pregnancy?	YES . . . . . 1 NO 2	→ 414
413	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH (SKIP TO 420) ☐← MOST RECENT STILLBIRTH ☐ → 426	
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE/CLINICAL OFFICER . . . . B **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . D COMMUNITY HEALTH WORKER/ FIELD WORKER . . . . . E OTHER _____ X (SPECIFY)	
415	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**HOME** HER HOME . . . . . A OTHER HOME . . . . . B **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . C GOVERNMENT HEALTH CENTER . . . . . D GOVERNMENT DISPENSARY . . . . . E OTHER PUBLIC SECTOR F _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . G PRIVATE CLINIC . . . . . H OTHER PRIVATE MEDICAL SECTOR I _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . . J NGO CLINIC . . . . . K OTHER NGO MEDICAL SECTOR L _____ (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . M FBO/MISSION CLINIC . . . . . N OTHER FBO MEDICAL SECTOR O _____ (SPECIFY) OTHER _____ X (SPECIFY)	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	WEEKS . . . . . 1 ☐☐ MONTHS . . . . . 2 ☐☐ DON'T KNOW 998	
417	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 98	
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:	YES NO DK a) BP . . . . . 1 2 8 b) URINE . . . . . 1 2 8 c) BLOOD . . . . . 1 2 8 d) HEARTBEAT . . . . . 1 2 8 e) FOODS . . . . . 1 2 8 f) BREASTFEED . . . . . 1 2 8 g) BLEEDING 1 2 8	
419	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ ↓ MOST RECENT STILLBIRTH ☐ →		426
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES . . . . . 1 NO . . . . . 2 → 423 DON'T KNOW 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . . ☐☐ DON'T KNOW 8	
422	CHECK 421: ONE TIME OR DK ☐↓	TWO OR MORE TIMES ☐ →	→ 426
423	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 426
424	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . ☐☐ DON'T KNOW 8	
425	CHECK 424: ONLY ONE ☐↓ a) How many years ago did you receive that tetanus injection? MORE THAN ONE ☐↓ b) How many years ago did you receive the last tetanus injection prior to this	YEARS AGO . . . . . ☐☐	
426	During this pregnancy, were you given or did you buy any iron tablets, IFAS tablets or iron syrup? SHOW IRON TABLETS/IFAS TABLETS/SYRUP/IRON SYRUPS.	YES, IRON TABLETS . . . . . 1 YES, IFAS TABLETS . . . . . 2 NO . . . . . 3 DON'T KNOW 8	→ 429

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
427	Where did you get the iron tablets/IFAS or syrup? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVERNMENT HEALTH CENTER . . . . . B GOVERNMENT DISPENSARY . . . . . C MOBILE CLINIC . . . . . D COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . E OTHER PUBLIC SECTOR F _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . G PRIVATE CLINIC . . . . . H PHARMACY . . . . . I PRIVATE DOCTOR . . . . . J MOBILE CLINIC . . . . . K COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . L OTHER PRIVATE MEDICAL SECTOR M _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . . N NGO CLINIC . . . . . O OTHER NGO MEDICAL SECTOR P _____ (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . Q FBO/MISSION CLINIC . . . . . R FBO MOBILE CLINIC . . . . . S OTHER FBO MEDICAL SECTOR T _____ (SPECIFY) **OTHER SOURCE** SHOP . . . . . U MARKET . . . . . V MASS DISTRIBUTION CAMPAIGN . . . . W OTHER _____ X (SPECIFY)	
428	During the whole pregnancy, for how many days did you take the iron tablets/IFAS or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . . . . . [ ][ ][ ] DON'T KNOW 998	
429	During this pregnancy, did you take any medicine for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
431	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 434
432	How many times did you take SP/Fansidar during this pregnancy?	TIMES . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
433	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source? IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.	ANTENATAL VISIT . . . . . 1 ANOTHER FACILITY VISIT . . . . . 2 OTHER SOURCE 6	
434	CHECK 405: PREGNANCY TYPE 1 OR 2 → a) Who assisted with the delivery of {NAME IN 407}? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY. PREGNANCY TYPE 3 OR 4 → b) Who assisted with the delivery of the stillbirth you had in {DATE FROM 406}? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	**HEALTH PERSONNEL** DOCTOR . . . . . A NURSE/MIDWIFE/CLINICAL OFFICER . . . . B **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . C RELATIVE/FRIEND . . . . . D OTHER _____ X (SPECIFY) NO ONE ASSISTED . . . . . Y	
435	CHECK 405: PREGNANCY TYPE 1 OR 2 → a) Where did you give birth to {NAME IN 407}? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE. PREGNANCY TYPE 3 OR 4 → b) Where did you deliver this stillbirth? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 21 GOVERNMENT HEALTH CENTER . . . . . 22 GOVERNMENT DISPENSARY . . . . . 23 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 31 PRIVATE CLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . . 41 NGO CLINIC . . . . . 42 OTHER NGO MEDICAL SECTOR 46 _____ (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . 51 FBO/MISSION CLINIC . . . . . 52 OTHER FBO MEDICAL SECTOR 56 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 437 → 437

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
436	CHECK 405: PREGNANCY TYPE 1 OR 2 ↓ / PREGNANCY TYPE 3 OR 4 ↓ a) Was {NAME IN 407} delivered by caesarean, that is, did they cut your belly open to take the baby out? b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . . 1 NO 2	
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . . . . 1 PRIOR LIVE BIRTH . . . . . 2 MOST RECENT STILLBIRTH . . . . . 3 PRIOR STILLBIRTH 4	→ 441 → 445 → 487
438	After the birth, was {NAME IN 407} put on your chest?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 441
439	Was {NAME IN 407}'s bare skin touching your bare skin?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 441
440	How long after birth was {NAME IN 407} put on the bare skin of your chest? PROBE FOR A NUMERIC RESPONSE. IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF 24 HOURS OR MORE, RECORD 24.	IMMEDIATELY . . . . . 00 HOURS . . . . . ☐☐	
441	When {NAME IN 407} was born, was {NAME IN 407} very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	
442	Was {NAME IN 407} weighed at birth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 444
443	How much did {NAME IN 407} weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐.☐☐☐ KG FROM RECALL 2 ☐.☐☐☐ DON'T KNOW 99998	
444	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ↓	PRIOR LIVE BIRTH ☐	→ 480
445	CHECK 435: PLACE OF DELIVERY FACILITY BIRTH: ANY CODE 21 THROUGH 56 CIRCLED ↓	CODE 11, 12, OR 96 CIRCLED ☐	→ 464

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
447	CHECK 405: PREGNANCY TYPE 1 ↓ / PREGNANCY TYPE 3 ↓ a) How long after {NAME IN 407} was delivered did you stay in the {FACILITY IN 435}? b) For the stillbirth you had in {DATE FROM 406}, how long after the baby was born did you stay in the {FACILITY IN 435}? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
448	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Before you left the facility, did anyone check on your health?	YES . . . . . 1 NO . . . . . 2 → 451	
449	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
450	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE/CLINICAL OFFICER . . . . 12 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER/ FIELD WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	
451	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ ↓ / MOST RECENT STILLBIRTH ☐ →		455
452	Now I would like to talk to you about checks on {NAME IN 407}'s health -- for example, someone examining {NAME IN 407}, checking the cord, or talking to you about how to care for {NAME IN 407}. Before {NAME IN 407} left the facility, did anyone check on {NAME IN 407}'s health?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW . . . . . 8 → 455	
453	How long after delivery was {NAME IN 407}'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
454	Who checked on {NAME IN 407}'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE/CLINICAL OFFICER . . . . 12 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER/ FIELD WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES . . . . . 1 NO 2	→ 459
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE/CLINICAL OFFICER . . . . 12 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER/ FIELD WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	
458	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 21 GOVERNMENT HEALTH CENTER . . . . . 22 GOVERNMENT DISPENSARY . . . . . 23 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 31 PRIVATE CLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . . 41 NGO CLINIC . . . . . 42 OTHER NGO MEDICAL SECTOR 46 _____ (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . 51 FBO/MISSION CLINIC . . . . . 52 OTHER FBO MEDICAL SECTOR 56 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
459	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ↓	MOST RECENT STILLBIRTH → 474	
460	After {NAME IN 407} left the {FACILITY IN 435} did any health care provider or a traditional birth attendant check on {NAME IN 407}'s health?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 473
461	How long after the birth of {NAME IN 407} did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
462	Who checked on {NAME IN 407}'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE/CLINICAL OFFICER . . . . 12 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER/ FIELD WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	
463	Where did this check of {NAME IN 407} take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 21 GOVERNMENT HEALTH CENTER . . . . . 22 GOVERNMENT DISPENSARY . . . . . 23 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 31 PRIVATE CLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . . 41 NGO CLINIC . . . . . 42 OTHER NGO MEDICAL SECTOR 46 _____ (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . 51 FBO/MISSION CLINIC . . . . . 52 OTHER FBO MEDICAL SECTOR 56 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 473

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
464	CHECK 405: PREGNANCY TYPE 1 → a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to {NAME IN 407}? PREGNANCY TYPE 3 → b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in {DATE FROM 406}?	YES . . . . . 1 NO 2	→ 468
465	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 [ ][ ] DAYS . . . . . 2 [ ][ ] WEEKS . . . . . 3 [ ][ ] DON'T KNOW 998	
466	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE/CLINICAL OFFICER . . . . 12 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER/ FIELD WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
467	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 21 GOVERNMENT HEALTH CENTER . . . . . 22 GOVERNMENT DISPENSARY . . . . . 23 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 31 PRIVATE CLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . . 41 NGO CLINIC . . . . . 42 OTHER NGO MEDICAL SECTOR 46 _____ (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . 51 FBO/MISSION CLINIC . . . . . 52 OTHER FBO MEDICAL SECTOR 56 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
468	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ↓	MOST RECENT STILLBIRTH → 474	
469	I would like to talk to you about checks on {NAME IN 407}'s health -- for example, someone examining {NAME IN 407}, checking the cord, or talking to you about how to care for {NAME IN 407}. After {NAME IN 407} was born, did any health care provider or a traditional birth attendant check on {NAME IN 407}'s health?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 473
470	How long after the birth of {NAME IN 407} did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . . . . 1 ☐☐ DAYS . . . . . 2 ☐☐ WEEKS . . . . . 3 ☐☐ DON'T KNOW 998	
471	Who checked on {NAME IN 407}'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . . . . 11 NURSE/MIDWIFE/CLINICAL OFFICER . . . . 12 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . . . . . 21 COMMUNITY HEALTH WORKER/ FIELD WORKER . . . . . 22 OTHER _____ 96 (SPECIFY)	
472	Where did this first check of {NAME IN 407} take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . . . . 11 OTHER HOME . . . . . 12 **PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 21 GOVERNMENT HEALTH CENTER . . . . . 22 GOVERNMENT DISPENSARY . . . . . 23 OTHER PUBLIC SECTOR 26 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 31 PRIVATE CLINIC . . . . . 32 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . . . . 41 NGO CLINIC . . . . . 42 OTHER NGO MEDICAL SECTOR 46 _____ (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . 51 FBO/MISSION CLINIC . . . . . 52 OTHER FBO MEDICAL SECTOR 56 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
473	During the first 2 days after {NAME IN 407}'s birth, did any health care provider do the following: a) Examine the cord? b) Measure {NAME IN 407}'s temperature? c) Tell you how to recognize if your baby needs immediate medical attention? d) Talk with you about breastfeeding? e) Observe {NAME IN 407} breastfeeding to see if you are doing it correctly? f) Show how you can clean the cord?	YES NO DK a) CORD ..... 1 2 8 b) TEMPERATURE ..... 1 2 8 c) MEDICAL ATTENTION ..... 1 2 8 d) TALK ABOUT BREASTFEEDING 1 2 8 e) OBSERVE BREASTFEEDING .. 1 2 8 f) CORD CARE 1 2 8	
474	During the first 2 days after the birth, did any healthcare provider do the following to you: a) Measure your blood pressure? b) Discuss your vaginal bleeding with you? c) Discuss family planning with you?	YES NO DK a) BLOOD PRESSURE ..... 1 2 8 b) BLEEDING ..... 1 2 8 c) FAMILY PLANNING 1 2 8	
475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY?	YES NO → 479	
476	CHECK 405: PREGNANCY TYPE 1: a) Has your menstrual period returned since the birth of {NAME IN 407}? PREGNANCY TYPE 3 OR 5: b) Has your menstrual period returned since the pregnancy that ended in {DATE FROM 406}?	YES ..... 1 NO 2	
477	CHECK 232: IS RESPONDENT PREGNANT?	NOT PREGNANT PREGNANT OR UNSURE → 479	
478	CHECK 405: PREGNANCY TYPE 1: a) Have you had sexual intercourse since the birth of {NAME IN 407}? PREGNANCY TYPE 3 OR 5: b) Have you had sexual intercourse since the pregnancy that ended in {DATE FROM 406}?	YES ..... 1 NO 2	
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH ..... 1 MOST RECENT STILLBIRTH ..... 3 MISCARRIAGE/ABORTION ..... 5 → 487	
480	Did you ever breastfeed {NAME IN 407}?	YES ..... 1 → 482 NO 2	
481	CHECK 224 FOR CHILD:	LIVING → 486 DEAD → 487	
482	How long after birth did you first put {NAME IN 407} to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY ..... 000 HOURS ..... 1 ☐☐ DAYS ..... 2 ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
483	In the first 2 days after delivery, was {NAME IN 407} given anything other than breast milk to eat or drink – anything at all like water, infant formula, or herbs?	YES . . . . . 1 NO 2	
484	CHECK 224 FOR CHILD: LIVING ☐ ↓ DEAD ☐ → 487		
485	Are you still breastfeeding {NAME IN 407}?	YES . . . . . 1 NO 2	
486	Did {NAME IN 407} drink anything from a bottle with a nipple yesterday during the day or at night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ ↓ (GO TO 404 FOR THE NEXT PREGNANCY NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE ☐ → 501		

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐ NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐ → 601		
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. We will talk about each separately, starting with the youngest.		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____	PREGNANCY HISTORY NUMBE . . . . ☐☐	
504	Do you have a card or other document where {NAME IN 503}'s vaccinations are written down?	YES, HAS ONLY A CARD . . . . . 1 → 507 YES, HAS ONLY ANOTHER DOCUMENT . . . . 2 YES, HAS CARD AND OTHER DOCUMEN . . . . 3 → 507 NO, NO CARD AND NO OTHER DOCUMENT . . 4	
505	Did you ever have a vaccination card for {NAME IN 503}?	YES . . . . . 1 NO 2	
506	CHECK 504: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐ → 513		
507	May I see the card or other document where {NAME IN 503}'s vaccinations are written down?	YES, ONLY CARD SEEN . . . . . 1 YES, ONLY OTHER DOCUMENT SEEI . . . . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEE . . 4 → 513	
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	DAY . . . . . ☐☐ MONTH . . . . . ☐☐ YEAR . . . . . ☐☐☐☐ DATE OF BIRTH NOT ON CARE 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBE		
509	COPY VACCINATION DATES FROM THE CARD FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.		
510	ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.	PHOTOGRAPH TAKEI . . . . . 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED . . . . . 2 PHOTOGRAPH NOT TAKEN, OTHER REASC . . 6 _____ (SPECIFY)	
511	CHECK 509: 'BCG' TO 'YELLOW FEVER' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN? NO ☐ YES ☐ → 529		

	DAY		MONTH		YEAR			
BCG								
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)								
ORAL POLIO VACCINE (OPV) 1								
ORAL POLIO VACCINE (OPV) 2								
ORAL POLIO VACCINE (OPV) 3								
INACTIVATED POLIO VACCINE (IPV)								
DPT-HEP.B-HIB (PENTAVALENT) 1								
DPT-HEP.B-HIB (PENTAVALENT) 2								
DPT-HEP.B-HIB (PENTAVALENT) 3								
PNEUMOCOCCAL 1								
PNEUMOCOCCAL 2								
PNEUMOCOCCAL 3								
ROTAVIRUS 1								
ROTAVIRUS 2								
ROTAVIRUS 3								
MEASLES RUBELLA (MR1) (9 MONTHS)								
MEASLES RUBELLA (MR2) (18 MONTHS)								
YELLOW FEVER								
VITAMIN A (MOST RECENT)								
DEWORMER (ALBENDAZOLE) (MOST RECENT)								

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE . . . . ☐☐	
512	In addition to what is recorded on (this document/these documents), did {NAME IN 503} receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . . . . 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED (THEN SKIP TO 529) NO . . . . . 2 DON'T KNOW 8	
512A	CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD? YES ☐ → SKIP TO 529 NO ☐ → 530		
513	Did {NAME IN 503} ever receive any vaccinations to prevent {NAME IN 503} from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 530
514	Has {NAME IN 503} ever received a BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
517	Has {NAME IN 503} ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 521
518	Did {NAME IN 503} receive the first oral polio vaccine in the first 2 weeks after birth or later?	FIRST TWO WEEKS . . . . . 1 LATER 2	
519	How many times did {NAME IN 503} receive the oral polio vaccine?	NUMBER OF TIMES . . . . . ☐☐	
520	The last time {NAME IN 503} received the polio drops, did {NAME IN 503} also get an IPV injection in the right thigh to protect against polio?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
521	Has {NAME IN 503} ever received a pentavalent vaccination, that is, an injection given in the left thigh sometimes at the same time as polio drops?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 523
522	How many times did {NAME IN 503} receive the pentavalent vaccine?	NUMBER OF TIMES . . . . . ☐☐	
523	Has {NAME IN 503} ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 525

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE	
524	How many times did {NAME IN 503} receive the pneumococcal vaccine?	NUMBER OF TIMES	
525	Has {NAME IN 503} ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 527
526	How many times did {NAME IN 503} receive the rotavirus vaccine?	NUMBER OF TIMES	
527	Has {NAME IN 503} ever received a measles vaccination, that is, an injection in the arm to prevent measles and rubella?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 528A
528	How many times did {NAME IN 503} receive the measles and rubella vaccine?	NUMBER OF TIMES	
528A	Has {NAME IN 503} ever received a yellow fever vaccination, that is, an injection in the left arm to prevent yellow fever?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
529	Where did {NAME IN 503} receive most of his/her vaccinations? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . 11 GOVERNMENT HEALTH CENTER . . . . . 12 GOVERNMENT DISPENSARY . . . . . 13 MOBILE CLINIC . . . . . 14 COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . 21 PRIVATE CLINIC . . . . . 22 PHARMACY . . . . . 23 PRIVATE DOCTOR . . . . . 24 MOBILE CLINIC . . . . . 25 COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAl . . . . . 31 NGO CLINIC . . . . . 32 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) **NGO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . 41 FBO/MISSION CLINIC . . . . . 42 FBO MOBILE CLINIC . . . . . 43 _____ 46 (SPECIFY) **OTHER SOURCE** VACCINATION CAMPAIGN . . . . . 51 OTHER _____ 96 (SPECIFY)	
530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY → (GO TO 503 FOR THE NEXT SURVIVING CHILD) NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY		→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?	ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE ☐ ↓ NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ → 643	
602	Now I would like to ask some questions about the health of your children born in the last 5 years. We will talk about each separately, starting with the youngest.		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER . . ☐☐		
604	In the last 12 months, was {NAME IN 603} given any of the following: a) Iron tablets or syrup? SHOW COMMON TYPES OF TABLETS/SYRUPS. b) Micronutrient powder or syrup? SHOW COMMON TYPES OF MULTIPLE MICRONUTRIENT POWDERS.	YES NO DK a) TABLETS/SYRUP . . . . . 1 2 8 b) MULTIPLE MICRONUTRIENT POWDERS 1 2 8	
605	In the last 6 months, was {NAME IN 603} given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
606	In the last 6 months, was {NAME IN 603} given any medicine for intestinal worms?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
607	In the last 3 months, has any healthcare provider or community health worker measured: a) {NAME IN 603}'s weight? b) {NAME IN 603}'s length or height? c) Around {NAME IN 603}'s upper arm? SHOW IMAGE OF MUAC TAPE.	YES NO DK a) WEIGHT . . . . . 1 2 8 b) LENGTH/HEIGHT . . . . . 1 2 8 c) UPPER ARM 1 2 8	
608	Has {NAME IN 603} had diarrhea in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 618

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE	
609	CHECK 485: CURRENTLY BREASTFEEDING? YES ↓ / NO/ NOT ↓ a) Now I would like to know how much {NAME IN 603} was given to drink during the diarrhea, including breast milk. Was {NAME IN 603} given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was {NAME IN 603} given much less than usual to drink or b) Now I would like to know how much {NAME IN 603} was given to drink during the diarrhea. Was {NAME IN 603} given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was {NAME IN 603} given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 NOTHING TO DRINK . . . . . 5 DON'T KNOW 8	
610	When {NAME IN 603} had diarrhea, was {NAME IN 603} given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was {NAME IN 603} given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . . . . . 2 ABOUT THE SAME . . . . . 3 MORE . . . . . 4 STOPPED FOOD . . . . . 5 NEVER GAVE FOOD . . . . . 6 DON'T KNOW 8	
611	Did you seek advice or treatment for the diarrhea from any source?	YES . . . . . 1 NO 2	→ 615

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE . . . . ☐☐	
612	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVERNMENT HEALTH CENTER . . . . . B GOVERNMENT DISPENSARY . . . . . C MOBILE CLINIC . . . . . D COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . E OTHER PUBLIC SECTOR _____ F (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . G PRIVATE CLINIC . . . . . H PHARMACY . . . . . I PRIVATE DOCTOR . . . . . J MOBILE CLINIC . . . . . K COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAI . . . . . N NGO CLINIC . . . . . O OTHER NGO MEDICAL SECTOR _____ P (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . Q FBO/MISSION CLINIC . . . . . R FBO MOBILE CLINIC . . . . . S OTHER FBO MEDICAL SECTOR _____ T (SPECIFY) **OTHER SOURCE** SHOP . . . . . U TRADITIONAL PRACTITIONER . . . . . V MARKET . . . . . W ITINERANT DRUG SELLER . . . . . X OTHER _____ Y (SPECIFY)	
613	CHECK 612: TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ → 615		
614	Where did you first seek advice or treatment? USE LETTER CODE FROM 612.	FIRST PLACE . . . . . ☐	
615	Was {NAME IN 603} given any of the following at any time since {NAME IN 603} started having the	YES NO DK	
	a) A fluid made from a special packet called ORS?	a) FLUID FROM ORS PACKET . . 1 2 8	
	b) Zinc tablets or syrup?	b) ZINC 1 2 8	
	c) A homemade sugar-salt solution?	c) HOMEMADE SUGAR-SALT SOLUTION 1 2 8	
	d) Other homemade fluids such as porridge, soup, yoghurt, coconut water, fresh fruit juice, tea, milk, or rice water?	d) OTHER HOMEMADE FLUID 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE	
616	CHECK 615: ANY 'YES' → a) Was anything else given to treat the diarrhea? ALL 'NO' OR 'DK' → b) Was anything given to treat the diarrhea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 618
617	CHECK 615: ANY 'YES' → a) What else was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN. ALL 'NO' OR 'DK' → b) What was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN.	**PILL OR SYRUP** ANTIBIOTIC . . . . . A ANTIMOTILITY . . . . . B OTHER (NOT ANTIBIOTIC OR ANTIMOTILIT C UNKNOWN PILL OR SYRUP . . . . . D THERAPEUTIC VITAMIN A . . . . . E **INJECTION** ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . . . . . G UNKNOWN INJECTION . . . . . H (IV) INTRAVENOU . . . . . I HOME REMEDY/HERBAL MEDICIN . . . . . J OTHER _____ X (SPECIFY)	
618	Has {NAME IN 603} been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 621
619	At any time during the illness, did {NAME IN 603} have blood taken from {NAME IN 603}'s finger or heel for testing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
620	Were you told by a healthcare provider that {NAME IN 603} had malaria?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
621	Has {NAME IN 603} had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
622	Has {NAME IN 603} had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 624
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 625
624	CHECK 618: HAD FEVER? YES	NO OR DON'T KNOW	→ 634
625	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO 2	→ 630

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE . . . . ☐☐	
626	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVERNMENT HEALTH CENTER . . . . . B GOVERNMENT DISPENSARY . . . . . C MOBILE CLINIC . . . . . D COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . E OTHER PUBLIC SECTOR F SECTOR _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . G PRIVATE CLINIC . . . . . H PHARMACY . . . . . I PRIVATE DOCTOR . . . . . J MOBILE CLINIC . . . . . K COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . L OTHER PRIVATE MEDICAL SECTOR M _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAI . . . . . N NGO CLINIC . . . . . O OTHER NGO MEDICAL SECTOR P _____ (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . Q FBO/MISSION CLINIC . . . . . R FBO MOBILE CLINIC . . . . . S OTHER FBO MEDICAL SECTOR _____ T (SPECIFY) **OTHER SOURCE** SHOP . . . . . U TRADITIONAL PRACTITIONER . . . . . V MARKET . . . . . W ITINERANT DRUG SELLER . . . . . X OTHER _____ Y (SPECIFY)	
627	CHECK 626: TWO OR MORE CODES CIRCLED ☐↓ ONLY ONE CODE CIRCLED ☐ → 629		
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE . . . . . ☐	
629	How many days after the illness began did you first seek advice or treatment for {NAME IN 603}? IF SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	
630	At any time during the illness, did {NAME IN 603} take any medicine for the illness?	YES . . . . . 1 NO . . . . . 2 → 634 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBE . . . . ☐☐	
631	What medicine did {NAME IN 603} take? Any other medicine? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION	**ANTIMALARIAL MEDICINE** ACT - AL . . . . . A ACT- DHAP . . . . . B OTHER ACT (NOT AL OR DHAP) . . . . . C **NON-ACT ANTIMALARIAL** SP/FANSIDAR . . . . . D CHLOROQUINE . . . . . E AMODIAQUINE . . . . . F QUININE PILLS . . . . . G INJECTION/IV . . . . . H ARTESUNATE RECTAL . . . . . I INJECTION/IV . . . . . J OTHER ANTIMALARIAL K _____ (SPECIFY) **ANTIBIOTIC MEDICINE** AMOXICILLIN DT TABLETS . . . . . L AMOXICILLIN SYRUP . . . . . M COTRIMOXAZOLE . . . . . N OTHER PILL/SYRUP . . . . . O OTHER INJECTION/IV . . . . . P **OTHER MEDICINE** ASPIRIN . . . . . Q PARACETAMOL/PANADOL/ACETAMINOPHE R IBUPROFEN . . . . . S OXYGEN . . . . . T OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
632	CHECK 631: ARTEMISININ COMBINATION THERAPY ('A') GIVEN CODE 'A', 'B', OR 'C' CIRCLED ☐ → (GO TO 633) CODE 'A', 'B', OR 'C' NOT CIRCLED ☐ → 634		
633	How long after the fever started did {NAME IN 603} first take an artemisinin combination therapy?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE OR MORE DAYS AFTER FEVE . . . . . 3 DON'T KNOW 8	
634	CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ → (GO TO 603 FOR THE NEXT SURVIVING CHILD) NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE ☐ → 635		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	CHECK 220, 225 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓ NONE ☐ → 643 (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓		
636	Now I would like to ask you about liquids that {NAME IN 635} had yesterday during the day or at night. Please tell me about all drinks, whether {NAME IN 635} had them at home, or somewhere else. Yesterday during the day or at night, did {NAME IN 635} drink:		
	a) Plain water?	a) . . . . . 1 YES 2 NO 8 DK	
	b) Infant formula such as NAN (Nestle), SMA, or S26? IF YES: b1) How many times did {NAME IN 635} drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	b) . . . . . 1 YES 2 NO 8 DK NUMBER OF TIMES DRANK ☐ 8	
	c) Milk from animals, such as fresh milk, powdered milk, or milk tea? IF YES: c1) How many times did {NAME IN 635} drink milk? IF 7 OR MORE TIMES, RECORD '7'. c2) Was the milk a sweet or flavored type of milk?	c) . . . . . 1 YES 2 NO 8 DK NUMBER OF TIMES DRANK ☐ 8 SWEET/ FLAVORED . . 1 YES 2 NO 8 DK	
	f) Milo or cocoa?	f) . . . . . 1 YES 2 NO 8 DK	
	g) Fruit juice or fruit drinks?	g) . . . . . 1 YES 2 NO 8 DK	
	h) Soft drinks such as Coca-Cola, Fanta, Sprite, or energy drinks such as Red Bull?	h) . . . . . 1 YES 2 NO 8 DK	
	i) Tea, coffee, or herbal drinks? IF YES: i1) Was the drink sweetened?	i) . . . . . 1 YES 2 NO 8 DK SWEETENED 1 YES 2 NO 8 DK	
	j) Clear broth or clear soup?	j) . . . . . 1 YES 2 NO 8 DK	
		YES NO DK	
	k) Any other liquids? IF YES: k1) What was the drink? MARK THE APPROPRIATE GROUP FOR EACH ADDITIONAL DRINK, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF k2) Was the drink sweetened?	k) . . . . . 1 2 8 OTHER DRINK(S) _____ (SPECIFY) SWEETENED 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
637	Now I would like to ask you about foods that {NAME IN 635} had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did {NAME IN 635} have:	YES NO DK	
	a) Yogurt or mala?	a) 1 2 8	
	IF YES: a1) How many times did {NAME IN 635} eat yogurt or mala? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE ☐ 8	
	a2) Did {NAME IN 635} have any yogurt or mala as a drink?	HAD YOGURT AS A DRINK . . 1 2 8	
	IF YES: a3) Was the yogurt drink a sweet or flavored type of	SWEETENED 1 2 8	
	b) Ugali, porridge, rice, bread, chapati, pasta, or green maize?	b) 1 2 8	
	c) Carrots, pumpkin, butternut, or sweet potato that is orange inside?	c) 1 2 8	
	d) Irish potato, white sweet potato, green banana, nduma (arrowroot), yam, or cassava?	d) 1 2 8	
		YES NO DK	
	e) Sukuma wiki, spinach, managu (nightshade), terere (amaranth), saget, or kunde (cowpea leaves)?	e) 1 2 8	
	e1) Khandira (Ethiopian kale), mrenda (jute mallow), pumpkin leaves, nderema (Malabar spinach), mitoo, broccoli, or mchunga?	h) 1 2 8	
	f) Any other vegetables, such as tomatoes, cabbage, green capsicum, mushrooms, cucumber or other vegetables?	f) 1 2 8	
	g) Ripe pawpaw, ripe mango, passionfruit, or matunda ya damu?	g) 1 2 8	
	h) Any other fruits, such as banana, pineapple, avocado, watermelon, orange or other fruits?	h) 1 2 8	
	i) Fish, dagaa, canned tuna, or seafood?	i) 1 2 8	
	j) Liver, blood, kidney, lung, gizzard, or heart?	j) 1 2 8	
	k) Sausages, Smokies, hot dogs, salami, or ham?	k) 1 2 8	
	l) Any other meat, such as goat, beef, minced beef, mutton, pork, wild game, or chicken?	l) 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	m) Eggs?	m) 1 2 8	
	n) Beans, githeri, ndengu (green gram), njahi (black gram), kamande (lentils), pigeon peas, or chickpeas?	n) 1 2 8	
	o) Groundnuts, cashews, pumpkin seeds, simsim (sesame seeds), or peanut butter?	o) 1 2 8	
	p) Cheese?	p) 1 2 8	
	q) Termites, locusts, or grasshoppers?	q) 1 2 8	
	r) Any sweet foods such as cakes, sweet biscuits, candy, chocolates, ice cream, or ice lollies?	r) 1 2 8	
		YES NO DK	
	t) Crisps, chips, ngumu, mandaazi, samosa, bhajias, or Indomie?	t) 1 2 8	
	v) Any other solid, semi-solid, or soft food? IF YES: v1) What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, SELECT OPTION "Z" AND A SCREEN WILL BE DISPLAYED TO REGISTER THE NAME OF	v) . . . . . 1 2 8 OTHER FOOD(S) _____ (SPECIFY)	
638	CHECK 637 (CATEGORIES 'a' THROUGH 'v'): NOT A SINGLE 'YES' ☐ AT LEAST ONE 'YES' ☐ → 640		
639	Did {NAME IN 635} eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did {NAME IN 635} eat?	YES . . . . . 1 ☐ (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640) NO . . . . . 2 → 641	
640	How many times did {NAME IN 635} eat solid, semi-solid, or soft foods yesterday during the day or at night?	NUMBER OF TIMES . . . . . ☐☐ DON'T KNOW 8	
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed {NAME IN 635}?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
642	The last time {NAME IN 635} passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . . 03 THROWN INTO GARBAG . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEI . . . . . 06 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
650A	CHECK 220, 224, 225, AND 226 IN THE PREGNANCY HISTORY: CHILDREN BORN 3-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT? ONE OR MORE ☐ NONE ☐ → 701		
650B	I would like to ask you some questions about your children age 3-59 months who live with you. These questions are about certain things that they are currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.		
650C	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF CHILDREN BORN 3-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT, STARTING WITH THE LAST ONE. NAME OF CHILD _____	PREGNANCY HISTORY NUMBER . . ☐☐ CHILD'S AGE . . . . . ☐☐ M F CHILD'S SEX 1 2	
650C	CHECK THE CHILD'S AGE FROM 650C: 3-5 MONTHS ☐	6-11 MONTHS ☐ → 661 12-17 MONTHS ☐ → 673 18-23 MONTHS ☐ → 679 24-59 MONTHS ☐ → ECD01	
651	CHECK 652: MALE ☐ ↓	FEMALE ☐ ↓	
	a) When you talk to {ECD CHILD NAME}, does he smile, make noises or move arms, legs or trunk in response?	b) When you talk to {ECD CHILD NAME}, does she smile, make noises or move arms, legs or trunk in response?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
652	a) When you are about to pick up {ECD CHILD NAME}, does he act happy or	b) When you are about to pick up {ECD CHILD NAME}, does she act happy or	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
653	a) Does {ECD CHILD NAME} turn his/her head towards your voice or some other noise?	b) Does {ECD CHILD NAME} turn his/her head towards your voice or some other noise?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
654	a) Does {ECD CHILD NAME} sometimes suck his thumb or fingers? SHOW PICTURE. b) Does {ECD CHILD NAME} sometimes suck her thumb or fingers? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
655	a) While {ECD CHILD NAME} is on his back, can he bring his hands together such that the hands touch each other? b) While {ECD CHILD NAME} is on her back, can she bring her hands together such that the hands touch each other?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
656	a) Does {ECD CHILD NAME} move excitedly, kick legs, move arms or trunk or make cooing noises when a known person enters the room or speaks to him? b) Does {ECD CHILD NAME} move excitedly, kick legs, move arms or trunk or make cooing noises when a known person enters the room or speaks to her?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
657	Does {ECD CHILD NAME} make noise or gestures to get your attention?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
658	CHECK 652: MALE ☐ → a) Does {ECD CHILD NAME} recognize you or other family members, for example smilng when someone enters a room or moves towards him? FEMALE ☐ → b) Does {ECD CHILD NAME} recognize you or other family members, for example smilng when someone enters a room or moves towards her?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
659	Does {ECD CHILD NAME} laugh?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
660	CHECK 652: MALE ☐ → a) When {ECD CHILD NAME} is on his stomach, can he turn his head to the side? SHOW PICTURE. FEMALE ☐ → b) When {ECD CHILD NAME} is on her stomach, can she turn hee head to the side? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
661	a) Is {ECD CHILD NAME} interested when he sees other children playing? Does he watch, smile or look excited? b) Is {ECD CHILD NAME} interested when she sees other children playing? Does she watch, smile or look excited?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
662	a) Can {ECD CHILD NAME} hold his head steady for at least a few seconds, without it flopping to the side? b) Can {ECD CHILD NAME} hold her head steady for at least a few seconds, without it flopping to the side?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
663	a) When {ECD CHILD NAME} is on his stomach, can she hold his head up off the ground? SHOW PICTURE. b) When {ECD CHILD NAME} is on her stomach, can she hold her head up off the ground? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
664	a) Does {ECD CHILD NAME} show interest in new objects that are put in front of him by reaching out for them? SHOW PICTURE. b) Does {ECD CHILD NAME} show interest in new objects that are put in front of her by reaching out for them? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
665	a) When {ECD CHILD NAME} is on his tummy, can he hold his head straight up, looking around for more than a few seconds? He can rest on his arms while doing this. SHOW PICTURE. b) When {ECD CHILD NAME} is on her tummy, can she hold her head straight up, looking around for more than a few seconds? She can rest on her arms while doing this. SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
666	Can {ECD CHILD NAME} pick up a small object, such as a small toy or small stone, using just one hand? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
667	CHECK 652: MALE ☐ → a) Can {ECD CHILD NAME} sit with support, either leaning against something such as furniture or person, or by leaning forward on his hands? SHOW PICTURE. FEMALE ☐ → b) Can {ECD CHILD NAME} sit with support, either leaning against something such as furniture or person, or by leaning forward on her hands? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
668	If an object falls to the ground out of view, does {ECD CHILD NAME} look for it? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
669	CHECK 652: MALE ☐ ↓ FEMALE ☐ ↓ a) When lying on his stomach, can {ECD CHILD NAME} hold his head and chest off the ground using only his hands and arms for support? SHOW PICTURE. b) When lying on her stomach, can {ECD CHILD NAME} hold her head and chest off the ground using only her hands and arms for support? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
670	a) When lying on his back, does {ECD CHILD NAME} grab his feet? SHOW PICTURE. b) When lying on her back, does {ECD CHILD NAME} grab her feet? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
671C	CHECK THE CHILD'S AGE FROM 650C: 6-11 MONTHS ☐ ↓ 3-5 MONTHS ☐ →		ECD21
671	a) Does {ECD CHILD NAME} look for an object of interest when it is removed from sight or hidden from her, for example when it is placed under a cover, behind another b) Does {ECD CHILD NAME} look for an object of interest when it is removed from sight or hidden from her, for example when it is placed under a cover, behind another	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
672	a) Can {ECD CHILD NAME} hold himself in a sitting position without help or support for longer than a few seconds? SHOW PICTURE. b) Can {ECD CHILD NAME} hold herself in a sitting position without help or support for longer than a few seconds? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
673	a) Can {ECD CHILD NAME} pick up small bits of food and feed himself using his hand? SHOW PICTURE. b) Can {ECD CHILD NAME} pick up small bits of food and feed herself using her hand? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
674	Can {ECD CHILD NAME} pick up and drop a small object such as a piece of food, small toy or small stone, into a bucket or bowl while sitting? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
675	Can {ECD CHILD NAME} maintain a standing position while holding onto a person or object such as a wall or furniture? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
676	CHECK 652: MALE ☐ ↓ FEMALE ☐ ↓ a) Can {ECD CHILD NAME} pull himself up from the floor while holding onto something? For example, can {ECD CHILD NAME} pull himself up using a chair, a person or some other object? b) Can {ECD CHILD NAME} pull herself up from the floor while holding onto something? For example, can {ECD CHILD NAME} pull herself up using a chair, a person or some other object?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
677	a) Does {ECD CHILD NAME} stop what he is doing when you say "Stop!", even if just for a second? b) Does {ECD CHILD NAME} stop what she is doing when you say "Stop!", even if just for a second?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
678	Can {ECD CHILD NAME} walk several steps while holding onto a person or object such as a wall or furniture? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
679	CHECK 652: MALE ☐ ↓ FEMALE ☐ ↓ a) Does {ECD CHILD NAME} make a gesture to indicate "No", such as shaking his head? b) Does {ECD CHILD NAME} make a gesture to indicate "No", such as shaking her head?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
680	Can {ECD CHILD NAME} stand up without holding onto anything, even if just for a few seconds? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
671C	CHECK THE CHILD'S AGE FROM 650C: 12-23 MONTHS ☐ ↓ 6-11 MONTHS ☐ →		ECD21
681	CHECK 652: MALE ☐ ↓ FEMALE ☐ ↓ a) Does {ECD CHILD NAME} put his hands out to have them washed? b) Does {ECD CHILD NAME} put her hands out to have them washed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
682	a) Can {ECD CHILD NAME} maintain a standing position on his own, without holding on or receiving support? SHOW PICTURE. b) Can {ECD CHILD NAME} maintain a standing position on her own, without holding on or receiving support? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
683	Can {ECD CHILD NAME} climb onto an object, such as a rock, porch, step, chair, bed, or low table? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
684	Can {ECD CHILD NAME} make any light marks on paper or in dirt with a crayon or a stick? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
685	Can {ECD CHILD NAME} follow a simple spoken command or direction without you making a gesture?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
686	Does {ECD CHILD NAME} share with others, such as by sharing food?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
687	CHECK 652: MALE ☐ ↓ a) Can {ECD CHILD NAME} make a scribble on paper, or in dirt, in a back-and-forth manner? For example, can he move a pen, pencil or stick back-and-forth? FEMALE ☐ ↓ b) Can {ECD CHILD NAME} make a scribble on paper, or in dirt, in a back-and-forth manner? For example, can she move a pen, pencil or stick back-and-forth?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
688	a) Can {ECD CHILD NAME} move around by walking, rather than by crawling on his hands and knees? b) Can {ECD CHILD NAME} move around by walking, rather than by crawling on her hands and knees?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
689	Can {ECD CHILD NAME} stack at least 2 objects on top of each other, such as bottle tops, blocks, or stones.? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
690	Can {ECD CHILD NAME} say 5 or more distinct words, such as names like "Mama" or objects like "ball"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
691	CHECK 652: MALE ☐ ↓ FEMALE ☐ ↓ a) Can {ECD CHILD NAME} ask for something, such as food or water, by name when he wants it? b) Can {ECD CHILD NAME} ask for something, such as food or water, by name when she wants it?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
692	Can {ECD CHILD NAME} run well, without falling or bumping into objects? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
692C	CHECK THE CHILD'S AGE FROM 650C: 18-23 MONTHS ☐ ↓ 12-17 MONTHS ☐ →		ECD21
693	CHECK 652: MALE ☐ ↓ FEMALE ☐ ↓ a) Can {ECD CHILD NAME} wash hands by himself? b) Can {ECD CHILD NAME} wash hands by herself?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
694	a) If you show {ECD CHILD NAME} an object he knows well, such as a cup or animal, can he consistently name it? By consistently, we mean that he uses the same word to refer to the same object, even if the word used is not fully correct. b) If you show {ECD CHILD NAME} an object she knows well, such as a cup or animal, can she consistently name it? By consistently, we mean that she uses the same word to refer to the same object, even if the word used is not fully correct.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
695	Can {ECD CHILD NAME} say 10 or more words in addition to "Mama" and "Dada"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
696	Can {ECD CHILD NAME} speak using sentences of 3 or more words that go together, such as "I want water", or "The house is big"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
697	Can {ECD CHILD NAME} jump with both feet leaving the ground? SHOW PICTURE.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
698	Can {ECD CHILD NAME} correctly use any of the words "I", "you", "she" or "he", for example "I go to store", or "He eats rice"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ ECD21

EARLY CHILDHOOD DEVELOPMENT MODULE (ECDI)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD01	Can {ECD CHILD NAME} walk on an uneven surface, for example, a bumpy or steep road, without falling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD02	Can {ECD CHILD NAME} jump up with both feet leaving the ground?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD03	CHECK ECDC: MALE ☐ FEMALE ☐ a) Can {ECD CHILD NAME} dress himself, that is, put on pants and a shirt, without help? b) Can {ECD CHILD NAME} dress herself, that is, put on pants and a shirt, without help?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD04	Can {ECD CHILD NAME} fasten and unfasten buttons without help?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD05	Can {ECD CHILD NAME} say 10 or more words, like 'mama' or 'ball'?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD06	Can {ECD CHILD NAME} speak using sentences of 3 or more words that go together, for example, "I want water" or "The house is big"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ ECD08
ECD07	Can {ECD CHILD NAME} speak using sentences of 5 or more words that go together, for example, "The house is very big"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD08	Can {ECD CHILD NAME} correctly use any of the words 'I', 'you', 'she', or 'he', for example, "I want water" or "He eats rice"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD09	CHECK ECDC: MALE ☐ FEMALE ☐ a) If you show {ECD CHILD NAME} an object he knows well, such as a cup or animal, can he consistently name it? By consistently, we mean that he uses the same word to refer to the same object, even if the word used is not fully correct. b) If you show {ECD CHILD NAME} an object she knows well, such as a cup or animal, can she consistently name it? By consistently, we mean that she uses the same word to refer to the same object, even if the word used is not fully	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD10	Can {ECD CHILD NAME} recognize at least 5 letters of the alphabet?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD11	CHECK ECDC: MALE ☐ FEMALE ☐ a) Can {ECD CHILD NAME} write his name? b) Can {ECD CHILD NAME} write her name?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD12	Can {ECD CHILD NAME} recognize all numbers from 1 to 5?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD13	CHECK ECDC: MALE ☐ ↓ / FEMALE ☐ ↓ a) If you ask {ECD CHILD NAME} to give you 3 objects, such as 3 stones or 3 beans, does he give you the correct amount? b) If you ask {ECD CHILD NAME} to give you 3 objects, such as 3 stones or 3 beans, does she give you the correct amount?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD14	Can {ECD CHILD NAME} count 10 objects, for example, 10 fingers or 10 blocks, without mistakes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD15	Can {ECD CHILD NAME} do an activity, such as coloring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD16	Does {ECD CHILD NAME} ask about familiar people other than parents when they are not there, for example, "Where is Grandma?"?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD17	Does {ECD CHILD NAME} offer to help someone who seems to need help?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD18	Does {ECD CHILD NAME} get along well with other children?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
ECD19	How often does {ECD CHILD NAME} seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 A FEW TIMES A YEAR . . . . . 4 NEVER . . . . . 5 DON'T KNOW 8	
ECD20	Compared with other children of the same age, how much does {ECD CHILD NAME} kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?	NOT AT ALL . . . . . 1 THE SAME OR LESS . . . . . 2 MORE . . . . . 3 A LOT MORE . . . . . 4 DON'T KNOW 8	
ECD21	CHECK 220, 224, 225 AND 226 IN PREGNANCY HISTORY: ANY MORE CHILDREN BORN 3-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT? MORE CHILDREN BORN 3-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT ☐ → (GO TO 650C FOR THE NEXT CHILD) NO MORE ☐ → 701		

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . . 1 YES, LIVING WITH A MAN . . . . . 2 NO, NOT IN UNION 3	→ 706A
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN . . . . . 2 NO 3	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 721
706A	Do you have a marriage certificate or other document recognizing this (marriage/union)?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 707
706B	What document or documents do you have? Any other document? RECORD ALL MENTIONED.	MARRIAGE CERTIFICATE FROM A CHURCH, MOSQUE OR OTHER RELIGIOUS INSTITUTION . . . . . A MARRIAGE CERTIFICATE FROM A CIVIL AUTHORITY . . . . . B OTHER DOCUMENT FROM A RELIGIOUS INSTITUTION . . . . . C OTHER DOCUMENT FROM A CIVIL AUTHORITY . . . . . D OTHER _____ X (SPECIFY)	→ 721
707	Was this marriage ever registered with the civil authority?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
721	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE**		
722	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS	→ 738
723	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 WEEKS AGO . . . . . 2 MONTHS AGO . . . . . 3 YEARS AGO 4	→ 737

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 232: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 727
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 727
726	Which method did you use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F CONDOM . . . . . G FEMALE CONDOM . . . . . H EMERGENCY CONTRACEPTIO . . . . . I STANDARD DAYS METHOD . . . . . J LACTATIONAL AMENORRHEA METHOD . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . . . Y	→ 730
727	The last time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 730
730	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDEI . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
731	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 NO 2	→ 737
732 (2)	The last time you had sexual intercourse with this second person, was a condom used?	YES . . . . . 1 NO 2	
733	What was your relationship to this second person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
734	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES . . . . . 1 NO 2	→ 737
735 (2)	The last time you had sexual intercourse with this third person, was a condom used?	YES . . . . . 1 NO 2	
736	What was your relationship to this third person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . . . . 1 LIVE-IN PARTNER . . . . . 2 BOYFRIEND NOT LIVING WITH RESPONDEI . . 3 CASUAL ACQUAINTANCE . . . . . 4 CLIENT/SEX WORKER . . . . . 5 OTHER _____ 6 (SPECIFY)	
737	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME ☐☐ DON'T KNOW 98	
738	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 . . . . . 1 2 MALE ADULTS . . . . . 1 2 FEMALE ADULTS 1 2	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 307: NOT ASKED NEITHER ARE STERILIZED HE OR SHE STERILIZED		→ 813
802	CHECK 232: PREGNANT NOT PREGNANT OR UNSURE		→ 804
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD . . . . . 1 NO MORE . . . . . 2 UNDECIDED/DON'T KNOW 8	→ 805 → 812
804	CHECK 208: HAS HAD A CHILD a) 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? HAS NOT HAD A CHILD b) Now I have some questions about the future. Would you like to have a child, or would you prefer not to have any 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
805	CHECK 208 AND 232: NOT PREG. OR UNSURE AND HAS HAD A CHILD a) How long would you like to wait from now before the birth of another child? NOT PREG. OR UNSURE AND HAS NOT HAD A CHILD b) How long would you like to wait from now before the birth of a child? PREGNANT c) After the birth of the child you are expecting now, how long would you like to wait before the birth of another	MONTHS . . . . . 1 YEARS . . . . . 2 SOON/NOW . . . . . 993 SAYS SHE CAN'T GET PREGNANT . . . . . 994 AFTER MARRIAGE . . . . . 995 OTHER _____ (SPECIFY) 996 DON'T KNOW 998	→ 811 → 813 → 811
806	CHECK 232: NOT PREGNANT OR UNSURE PREGNANT		→ 812
807	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED CURRENTLY USING		→ 813
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS NOT ASKED '00-23' MONTHS OR '00-01' YEAR		→ 812
809	CHECK 723: DAYS, WEEKS OR MONTHS AGO YEARS AGO NOT ASKED		→ 811 → 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	CHECK 208 AND 804: HAS HAD A CHILD AND WANTS TO HAVE ANOTHER CHILD → a) You have said that you do not want another child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED. HAS HAD A CHILD AND WANTS NO MORE → b) You have said that you do not want any more children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED. HAS NOT HAD A CHILD AND WANTS TO HAVE A CHILD → c) You have said that you do not want a child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED. HAS NOT HAD A CHILD AND WANTS NO CHILDREN → d) You have said that you do not want any children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . . . . A **FERTILITY-RELATED REASONS** NOT HAVING SEX . . . . . B INFREQUENT SEX . . . . . C MENOPAUSAL/HYSTERECTOM . . . . . D CAN'T GET PREGNANT . . . . . E NOT MENSTRUATED SINCE LAST BIRTH . . F BREASTFEEDING . . . . . G UP TO GOD/FATALISTIC . . . . . H **OPPOSITION TO USE** RESPONDENT OPPOSED . . . . . I HUSBAND/PARTNER OPPOSED . . . . . J OTHERS OPPOSED . . . . . K RELIGIOUS PROHIBITION . . . . . L **LACK OF KNOWLEDGE** KNOWS NO METHOD . . . . . M KNOWS NO SOURCE . . . . . N **METHOD-RELATED REASONS** INCONVENIENT TO USE . . . . . O CHANGES IN MENSTRUAL BLEEDING . . . . P METHODS COULD CAUSE INFERTILITY . . Q INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . R OTHER SIDE EFFECTS . . . . . S **COST/ACCESS/AVAILABILITY** LACK OF ACCESS/TOO FAR . . . . . T COSTS TOO MUCH . . . . . U PREFERRED METHOD NOT AVAILABLE . . V NO METHOD AVAILABLE . . . . . W OTHER _____ (SPECIFY) X DON'T KNOW . . . . . Z	
811	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED YES, CURRENTLY USING → 813		
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	CHECK 224: HAS LIVING CHILDREN ↓ / NO LIVING CHILDREN ↓ a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE. b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . . . . 00 → 815 NUMBER . . . . . [ ][ ] OTHER _____ 96 → 815 (SPECIFY)	
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . [ ][ ] [ ][ ] [ ][ ] OTHER _____ 96 (SPECIFY)	
815	In the last 12 months have you:	YES NO	
	a) Heard about family planning on the radio?	a) RADIO 1 2	
	b) Seen anything about family planning on the television?	b) TELEVISION 1 2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZIN 1 2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE 1 2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, Instagram, Tiktok, or WhatsApp?	e) FACEBOOK/TWITTER/ INSTAGRAM/TIKTOK/WHATSAPP 1 2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/BROCHURE 1 2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARI 1 2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/EVEN 1 2	
	i) Heard anything about family planning from friends/peers?	i) FRIENDS/PEERS 1 2	
	j) Seen anything on family planning on the internet?	j) INTERNET 1 2	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a medical clinic, a health center, a dispensary, or a medical doctor?	MINUTES . . . . . [ ][ ][ ]	
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, RECORD THE ONE HIGHEST ON THE LIST.	**MOTORIZED** CAR/TRUCK . . . . . 01 PUBLIC BUS . . . . . 02 MOTORCYCLE/SCOOTER/TUK TUK . . . . 03 BOAT WITH MOTOR . . . . . 04 **NOT MOTORIZED** ANIMAL-DRAWN CART . . . . . 05 BICYCLE . . . . . 06 BOAT WITHOUT MOTOR . . . . . 07 WALKING . . . . . 08 OTHER _____ 96 (SPECIFY)	
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.		
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:	BIG PROBLEM / NOT A BIG PROBLEM	
	a) Getting permission to go to the doctor?	a) PERMISSION TO GO 1 2	
	b) Getting money needed for advice or treatment?	b) GETTING MONEY 1 2	
	c) The distance to the health facility?	c) DISTANCE 1 2	
	d) Not wanting to go alone?	d) GO ALONE 1 2	
	e) Religion	e) RELIGION 1 2	
	f) Culture	f) CULTURE 1 2	
1114	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ 1116
1115	What type of health insurance are you covered by? RECORD ALL MENTIONED.	SOCIAL HEALTH AUTHORITY (SHA) SCHEM . . A PRIVATE MEDICAL INSURANCE . . . . . B COMMUNITY-BASED HEALTH INSURANCE . . C COUNTY INSURANCE SCHEME . . . . . D HEALTH INSURANCE THROUGH EMPLOYE . . E OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . . . . F OTHER _____ X (SPECIFY)	→ 1116

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1115A	Why are you not registered under the Social Health Authority (SHA) scheme? RECORD ALL MENTIONED	INCONVENIENT/ BURDENSOM . . . . . A HAVE NOT HEARD OF SHA/ NOT AWARI . . . . B AWARE, BUT DO NOT KNOW HOW TO REGIS' C DISTRUST IN SYSTEM/ GOVERNMENT . . . . E FINANCIAL BARRIERS/ TOO EXPENSIVE . . . . F PROBLEMS WITH REQUIRED DOCUMENTATIC G INADEQUATE COVERAGE (SERVICES NEEDED ARE NOT COVERED) . . . . . H NOT INTERESTED / SATISFIED WITH OTHER COVERAGE J OTHER _____ X (SPECIFY)	
1116	In the last 12 months, did you receive care from a health provider, or a pharmacy?	YES . . . . . 1 NO 2	→ HPV01
1117	Where did you get care most recently? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'Y' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . . . . A GOVERNMENT HEALTH CENTER . . . . . B GOVERNMENT DISPENSARY . . . . . C MOBILE CLINIC . . . . . D COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . E OTHER PUBLIC SECTOR F SECTOR _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . . . . G PRIVATE CLINIC . . . . . H PHARMACY . . . . . I PRIVATE DOCTOR . . . . . J MOBILE CLINIC . . . . . K COMMUNITY HEALTH WORKER/ FIELDWORKER . . . . . L OTHER PRIVATE MEDICAL SECTOR M _____ (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAI . . . . . N NGO CLINIC . . . . . O OTHER NGO MEDICAL SECTOR P _____ (SPECIFY) **FBO MEDICAL SECTOR** FBO/MISSION HOSPITAL . . . . . Q FBO/MISSION CLINIC . . . . . R FBO MOBILE CLINIC . . . . . S OTHER FBO MEDICAL SECTOR _____ T (SPECIFY) **OTHER SOURCE** SHOP . . . . . U TRADITIONAL PRACTITIONER . . . . . V MARKET . . . . . W ITINERANT DRUG SELLER . . . . . X OTHER _____ Y (SPECIFY)	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1118	What was the main reason for seeking care this most recent time?	OUTPATIENT SERVICES/CONSULTATIO .... 11 INPATIENT CARE/HOSPITALIZATION ..... 12 ACCIDENT/INJURY ..... 13 ANTE NATAL CARE SERVICES ..... 14 DELIVERY AND MATERNITY SERVICES .... 15 POST NATAL CARE SERVIC ..... 16 CHRONIC ILLNESS MANAGEMENT ..... 17 ROUTINE MEDICAL CHECK UP / EXAMINATION 18 LABORATORY/DIAGNOSTIC SERVICE ..... 19 MEDICINES / PHARMACY ..... 20 OTHER _____ 96 (SPECIFY)	
1119	At the time you most recently received healthcare, were you registered under the Social Health Authority (SHA) scheme?	YES ..... 1 NO 2	→ 1123
1120	Were any of the health care services you received most recently paid for or covered under the SHA scheme?	YES ..... 1 NO 2	→ 1123
1121	At the time you most recently received health care, did you experience any difficulties accessing SHA services?	NO CHALLENGES FACED ..... A LONG WAITING TIMES ..... B SOME OF THE SERVICES NOT AVAILABLE AT PREFERRED HEALTH FACILITY ..... C LACK OF MEDICINES OR SUPPLIES ..... D POOR PROVIDER ATTITUDE ..... E CONFUSION ABOUT BENEFITS ..... F INADEQUACY OF BENEFITS COVERED .... G NOT ACCEPTED AT PREFERRED HEALTH FACILITY ..... H PREMIUMS NOT PAID .... I SHA SYSTEM DOWN J OTHER _____ X (SPECIFY)	
1122	When you most recently received health care services, what benefits did you receive through SHA coverage?	REDUCED OUT-OF-POCKET SPENDING ON HEALTHCARE ..... A INCREASED ACCESS TO QUALITY HEALTH SERVICES ..... B TIMELY MEDICAL ATTENTION ..... C IMPROVED PERSONAL HEALTH ..... D REDUCED STRESS OVER HEALTH EXPENSES E INCLUSION OF DEPENDEN ..... F OTHER _____ X (SPECIFY)	→ 1126
1123	Apart from the time you most recently received healthcare, Did you get care another time in the last 12 months from a health provider, or a pharmacy?	YES ..... 1 NO 2	→ HPV01
1124	How many other times did you get care in the last 12 months?	NUMBER OF VISITS ..... [ ][ ]	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1125	Were any of the health care services you received at those other times paid for or covered under the SHA scheme?	YES . . . . . 1 NO 2	→ HPV01
1126	Now, I would like to ask you some questions about your experiences and satisfaction with the services provided under the Social Health Authority (SHA) insurance scheme. Your responses will help us assess the quality, accessibility, and effectiveness of SHA services and identify areas for improvement.		
1127	How easy was it to register and enroll in the SHA insurance scheme? Would you say it was very easy, easy, difficult, or very difficult?	VERY EASY . . . . . 1 EASY . . . . . 2 DIFFICULT . . . . . 3 VERY DIFFICULT . . . . . 4 DON'T KNOW 8	
1128	How satisfied are you with the availability of SHA services in contracted facilities? Would you say you are not satisfied at all, somewhat satisfied, satisfied, or very satisfied?	NOT SATISFIED AT ALL . . . . . 1 SOMEWHAT SATISFIED . . . . . 2 SATISFIED . . . . . 3 VERY SATISFIED . . . . . 4 NOT APPLICABLE . . . . . 5 DON'T KNOW 8	
1129	How satisfied are you with the quality of care you received? Would you say you are not satisfied at all, somewhat satisfied, satisfied, or very satisfied?	NOT SATISFIED AT ALL . . . . . 1 SOMEWHAT SATISFIED . . . . . 2 SATISFIED . . . . . 3 VERY SATISFIED . . . . . 4 NOT APPLICABLE . . . . . 5 DON'T KNOW 8	
1130	How satisfied are you with the respect shown by healthcare providers? Would you say you are not satisfied at all, somewhat satisfied, satisfied, or very satisfied?	NOT SATISFIED AT ALL . . . . . 1 SOMEWHAT SATISFIED . . . . . 2 SATISFIED . . . . . 3 VERY SATISFIED . . . . . 4 NOT APPLICABLE . . . . . 5 DON'T KNOW 8	
1131	How satisfied are you with the timeliness of service delivery? Would you say you are not satisfied at all, somewhat satisfied, satisfied, or very satisfied?	NOT SATISFIED AT ALL . . . . . 1 SOMEWHAT SATISFIED . . . . . 2 SATISFIED . . . . . 3 VERY SATISFIED . . . . . 4 NOT APPLICABLE . . . . . 5 DON'T KNOW 8	
1132	How satisfied are you with the coverage of essential medicines and diagnostics? Would you say you are not satisfied at all, somewhat satisfied, satisfied, or very satisfied?	NOT SATISFIED AT ALL . . . . . 1 SOMEWHAT SATISFIED . . . . . 2 SATISFIED . . . . . 3 VERY SATISFIED . . . . . 4 NOT APPLICABLE . . . . . 5 DON'T KNOW 8	
1133	How satisfied are you with the communication and public information provided? Would you say you are not satisfied at all, somewhat satisfied, satisfied, or very satisfied?	NOT SATISFIED AT ALL . . . . . 1 SOMEWHAT SATISFIED . . . . . 2 SATISFIED . . . . . 3 VERY SATISFIED . . . . . 4 NOT APPLICABLE . . . . . 5 DON'T KNOW 8	
1134	Overall, how satisfied are you with SHA? Would you say you are not satisfied at all, somewhat satisfied, satisfied, or very satisfied?	NOT SATISFIED AT ALL . . . . . 1 SOMEWHAT SATISFIED . . . . . 2 SATISFIED . . . . . 3 VERY SATISFIED . . . . . 4 NOT APPLICABLE . . . . . 5 DON'T KNOW 8	
1135	How likely are you to recommend SHA services to your friends, family, and others? Would you say you are not at all likely, unlikely, likely, or very likely?	NOT ALL LIKELY . . . . . 1 UNLIKELY . . . . . 2 LIKELY . . . . . 3 VERY LIKELY . . . . . 4 NOT APPLICABLE . . . . . 5 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
HPV02	Now I would like to ask some questions about human papillomavirus or HPV vaccinations that you have received. An HPV vaccine is an injection given in the left or right upper arm to girls between the ages of 10-14 years, as a protection against cervical cancer. In Kenya, the HPV vaccine is also commonly referred to as Cervarix/Gardasil and is commonly given at school/at a medical facility.		
HPV01	CHECK 111: 15-19 YEARS OLD ☐	20-49 YEARS OLD ☐	→ HPV07
HPV03	Do you have a card or other document where HPV vaccination is written down?	YES, HAS CARD OR OTHER DOCUMENT . . . . . 1 NO, NO CARD AND NO OTHER DOCUMENT . . 2	→ HPV05
HPV04	Did you ever receive an HPV vaccination card ?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ HPV07
HPV05	May I see the card or other document where HPV vaccination is written down?	YES, CARD OR OTHER DOCUMENT SEEN . . . . . 1 NO CARD AND NO OTHER DOCUMENT SEEN . . 4	→ HPV07
HPV06	COPY VACCINATION DATES FROM THE CARD. RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.	DAY MONTH YEAR HUMAN PAPILLOMAVIRUS (HPV) 1 ☐☐ ☐☐ ☐☐☐☐ HUMAN PAPILLOMAVIRUS (HPV) 2 ☐☐ ☐☐ ☐☐☐☐	→ HPV09
HPV07	Have you ever received a vaccination against HPV, that is, an injection in the left or right upper arm to protect against cervical cancer? IF NO OR DON'T KNOW: In Kenya, the HPV vaccine is also referred to as Cervarix/Gardasil and is commonly given at school/at a medical facility to girls between the ages of 10-14.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ MM01
HPV08	Did you receive one or two doses of the HPV vaccine?	ONE DOSE . . . . . 1 TWO DOSES . . . . . 2 DON'T KNOW 8	
HPV09	Where did you receive your most recent HPV vaccination? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO CLASSIFY THE SOURCE, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HEALTH FACILITY** PUBLIC HEALTH FACILITY . . . . . 11 PRIVATE HEALTH FACILITY . . . . . 12 NGO HEALTH FACILITY . . . . . 13 SCHOOL . . . . . 21 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MM01	Please tell me, which brother or sister was born first? And which was born next? RECORD '01' FOR THE ORDER NUMBER FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.		
MM02	CHECK MM01: ONE OR MORE BROTHERS OR SISTERS LISTED ☐ NO BROTHERS OR SISTERS LISTED ☐ → MM04		
MM03	READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK: Are there any other brothers and sisters from the same mother that you have not mentioned? NO ☐ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.		
MM04	Sometimes people forget to mention children born to their biological mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned? NO ☐ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.		
MM05	Sometimes people forget to mention children born to their biological mother because they have died. Are there any brothers or sisters who died that you have not mentioned? NO ☐ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.		
MM06	Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your biological mother, but who have a different natural father, that you have not mentioned? NO ☐ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN MM01.		
MM07	COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN MM01.	TOTAL BROTHERS AND SISTERS . . ☐☐	

NAME	ORDER NUMBER	NAME	ORDER NUMBER
a _____	☐☐	k _____	☐☐
b _____	☐☐	l _____	☐☐
c _____	☐☐	m _____	☐☐
d _____	☐☐	n _____	☐☐
e _____	☐☐	o _____	☐☐
f _____	☐☐	p _____	☐☐
g _____	☐☐	q _____	☐☐
h _____	☐☐	r _____	☐☐
i _____	☐☐	s _____	☐☐
j _____	☐☐	t _____	☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
MM08	CHECK MM07: Just to make sure that I have this right: Your mother had in total {NUMBER OF BIRTHS TO MOTHER} births, excluding you, during her lifetime. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT MM01 AND/OR MM07.		
MM09	CHECK MM07: ONE OR MORE BROTHERS/SISTERS ☐	NO BROTHER OR SISTER ☐ →	DV00
MM10	Please tell me, which brother or sister was born first? And which was born next? RECORD '01' FOR THE ORDER NUMBER IN MM01 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND		
MM11	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . ☐☐	

SECTION MM. ADULT AND MATERNAL MORTALITY MODULE

MM12	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN MM01. ASK MM13 TO MM24 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER.			
MM13	NAME OF BROTHER OR SISTER.	(01) _____	(02) _____	(03) _____
MM14	Is {NAME IN MM13} male or female?	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2	MALE . . . . . 1 FEMALE 2
MM15	Is {NAME IN MM13} still alive?	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (02)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (03)	YES . . . . . 1 NO . . . . . 2 → GO TO MM17 DK . . . . . 8 → GO TO (04)
MM16	How old is {NAME IN MM13}?	AGE . . . . ☐☐ GO TO (02)	AGE . . . . ☐☐ GO TO (03)	AGE . . . . ☐☐ GO TO (04)
MM17	How many years ago did {NAME IN MM13} die?	YEARS AGO . . ☐☐	YEARS AGO . . ☐☐	YEARS AGO . . ☐☐
MM18	IF MALE ↓ a) How old was {NAME IN MM13} when he died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE. IF FEMALE ↓ b) How old was {NAME IN MM13} when she died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	AGE . . . . ☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	AGE . . . . ☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23	AGE . . . . ☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO MM23
MM19	Was {NAME IN MM13} pregnant when she died?	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2	YES . . . . . 1 → GO TO MM23 NO 2
MM20	Did {NAME IN MM13} die during childbirth?	YES . . . . . 1 → GO TO (02) NO 2	YES . . . . . 1 → GO TO (03) NO 2	YES . . . . . 1 → GO TO (04) NO 2
MM21	Did {NAME IN MM13} die within two months after the end of a pregnancy or childbirth?	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23	YES . . . . . 1 NO . . . . . 2 → GO TO MM23
MM22	How many days after the end of the pregnancy or childbirth did {NAME IN MM13} die?	DAYS . . ☐☐	DAYS . . ☐☐	DAYS . . ☐☐
MM23	Was {NAME IN MM13}'s death due to an act of violence?	YES . . . . . 1 → GO TO MM24A NO 2	YES . . . . . 1 → GO TO MM24A NO 2	YES . . . . . 1 → GO TO MM24A NO 2
MM24	Was {NAME IN MM13}'s death due to an accident?	YES . . . . . 1 NO . . . . . 2 GO TO (02)	YES . . . . . 1 NO . . . . . 2 GO TO (03)	YES . . . . . 1 NO . . . . . 2 GO TO (04)

MM24A	CHECK MM14	IF MALE GO TO (02) IF FEMALE ☐	IF MALE GO TO (03) IF FEMALE ☐	IF MALE GO TO (04) IF FEMALE ☐
MM24B	To the best of your knowledge, who killed {NAME IN MM13}?	**INTIMATE PARTNER** 1 HUSBAND/PARTNER 11 BOYFRIEND 12 FORMER HUSBAND/ PARTNER # FORMER BOYFRIEND # **OTHER FAMILY MEMBERS** MOTHER/STEP MOTHER 21 FATHER/STEP FATHER 22 BROTHER 23 SISTER 24 COUSIN 25 OTHER RELATIVE 26 **PERSONS IN AUTHORITY** POLICE/SOLDIER 31 CHIEF/ADMINISTRATION OFFICER 32 TEACHER/LECTURER 33 **OTHER** NEIGHBOUR 41 BUSINESS PERSON 42 PRIEST/RELIGIOUS LEADER 43 FRIEND/FAMILY FRIEND 44 SCHOOLMATE/CLASSMATE 45 EMPLOYER/SOMEONE AT WORK 46 COACH/MENTOR 47 OTHER ____ 96 (SPECIFY) DON'T KNOW KILLER 98	SAME RESPONSE OPTIONS	SAME RESPONSE OPTION
MM24C	To the best of your knowledge, what was the main reason {NAME IN MM13} was killed?	SUCCESSION/FAMILY PROPERTY-RELATED CONFLICTS 01 INFIDELITY/CHEATING 02 CRIME OF PASSION 03 SPOUSAL INSECURITY 04 MARRITAL CONFLICT 05 CRIMINAL DEAL GONE WRONG/CON(06 BUSINESS RIVALRY 07 RETALIATION/REVENGE 08 HONOUR KILLINGS 09 WITCHCRAFT ALLEGATION 10 OTHER _____ 96 SPECIFY DON'T KNOW 98	SAME RESPONSE OPTIONS	SAME RESPONSE OPTION
MM24D	Where was {NAME IN MM13} killed?	VICTIM'S RESIDENCE 01 PERPETRATOR'S RESIDENCE 02 BUSH/RIVER 03 VACATION 04 HOTEL/BAR 05 AMUSEMENT PARK 06 OTHER _____ 96 SPECIFY DON'T KNOW 98 GO TO (02)	SAME RESPONSE OPTIONS GO TO (03)	SAME RESPONSE OPTION GO TO (04)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.				

TECHNOLOGY-FACILITATED GENDER-BASED VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV00	CHECK COVER PAGE: WOMAN SELECTED FOR TFGBV MODULE? WOMAN SELECTED FOR THIS SECTION ↓ WOMAN NOT SELECTED →		NEXT SECT.
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . . 1 ↓ PRIVACY NOT POSSIBLE . . . . . 2 →		TV13
DV02	Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
DV03	CHECK 701 AND 702: NEVER MARRIED/ NEVER LIVED WITH A MAN ↓ CURRENTLY MARRIED/ LIVING WITH A MAN → FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') →		DV06 DV06
DV04	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?	YES . . . . . 1 NO 2	→DV06
DV05	Have you ever been in an intimate relationship with a man even though you did not ever live with him?	YES . . . . . 1 NO 2	→TV09
DV06	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner).		

	A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).	EVER	B. How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 NO 2 ↓	→ 1	2	3
b)	He wrongly (accuses/accused) you of being unfaithful?	YES 1 NO 2 ↓	→ 1	2	3
c)	He (does/did) not permit you to meet your female friends?	YES 1 NO 2 ↓	→ 1	2	3
d)	He (tries/tried) to limit your contact with your family?	YES 1 NO 2 ↓	→ 1	2	3
e)	He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 NO 2 ↓	→ 1	2	3
f)	He (insists/insisted) on reading call log/messages/emails from your phone/tablet/laptop or other digital tools without your consent?	YES 1 NO 2 ↓	→ 1	2	3
g)	He (insists/insisted) on you giving him passwords, pin, or patterns for your phone, tablet, laptop, email, facebook, Instagram, whatsapp, snapchat or other digital platforms?	YES 1 NO 2 ↓	→ 1	2	3
h)	He (uses/used) mobile, internet, or other technology including phone calls, facetime, video calling, or tracking software, to check on you or track where you (are/were) in ways that (makes/made) you feel controlled?	YES 1 NO 2 ↓	→ 1	2	3

TECHNOLOGY-FACILITATED GENDER-BASED VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
TV07	A. Did your (last) (husband/male partner) ever do any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	

		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	REVENGE PORNOGRAPHY: share with other people your sexually explicit messages, images or videos?	YES NO	1 2	1	2	3
b)	DOXXING:share your private or personal information (e.g. address, phone number, email) with malicious intent?	YES NO	1 2	1	2	3
c)	BLACKMAIL/SEXTORTION: threaten to share sensitive information , images, audio or video about you unless certain demands, financial, sexual, emotional are	YES NO	1 2	1	2	3
d)	HACKING: gain unauthorized access to your personal devices, social media, or emails to track,control or harm you?	YES NO	1 2	1	2	3
e)	CYBERBULLYNG: use digital tools to spread false, distorted or exaggerated information about you?	YES NO	1 2	1	2	3
f)	ONLINE HARASSMENT: Send you threatening messages (via the internet, text messages, instant messages, social media or through other digital tools) or call/called you repeatedly to harass you ?	YES NO	1 2	1	2	3
g)	CYBERSTALKING: use technology or digital devices to monitor and stalk you in real-time or historically with malicious intent?	YES NO	1 2	1	2	3

TV08	A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.			B. How long ago did this last happen?			
		EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	
		HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER	6				→ TV09
	a) Did any previous husband or any other current or previous male partner use digital tools to share with other people your sexually explicit messages,images, audio, videos, or your personal information, or spread false information about you or even gain unauthorized access to your personal devices, social media, or emails to track, control,or harm you?	YES NO	1 2	1	2	3	

TECHNOLOGY-FACILITATED GENDER-BASED VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
TV09	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER → a) NEVER MARRIED/ NEVER LIVED WITH A MAN/ NEVER HAD A MALE PARTNER → b)		
	a) At any time in your life,as a child or an adult, has anyone other than any of your previous husband, or any other current, or previous male partner that you may have ever had,done any of the following things to you.Remember I do not want you to include any husband or male partner b) At any time in your life,as a child or an adult, has anyone ever done any of the following things to you:	B. How often did this happen during the last 12 months: often, only sometimes, or not at all?	

		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
Aa)	REVENGE PORNOGRAPHY:share with other people your sexually explicit messages, images or videos?	YES NO	1 2	1	2	3
Ab)	ONLINE HARASSMENT: Sent you threatening messages via the internet, text messages, instant messages, social media or through other digital tools/digital platforms or call/called you repeatedly to harass you ?	YES NO	1 2	1	2	3
Ac)	DOXXING: shared your private or personal information (e.g. address, phone number, email) with malicious intent?	YES NO	1 2	1	2	3
Ad)	BLACKMAIL/SEXTORTION: threatened to share sensitive information, images, audio or video unless certain demands, financial, sexual, emotional are met?	YES NO	1 2	1	2	3
Ae)	HACKING: gained unauthorized access to your personal devices, social media, or emails to track,control or harm you?	YES NO	1 2	1	2	3
Af)	CYBERBULLYING: used digital tools (internet, text messages, instant messages, phone calls, social media or any other digital tools) to spread false, distorted or exaggerated information about you or publicly humiliate you?	YES NO	1 2	1	2	3
Ag)	CYBERSTALKING: used technology or digital devices to monitor and stalk you in real-time or historically with malicious intent ?	YES NO	1 2	1	2	3
Ah)	ONLINE SEXUAL HARASSMENT OR CYBER SEXUAL ABUSE: Sent you unwanted sexual explicit messages, images, audio or videos	YES NO	1 2	1	2	3

TV10	CHECK TV09A (a-g) :		
	AT LEAST ONE 'YES'	NOT A SINGLE YES →	TV12

TECHNOLOGY-FACILITATED GENDER-BASED VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
TV11	Who has done or did these things to you? Anyone else? RECORD ALL MENTIONED	FATHER/STEP-FATHER ..... A MOTHER/STEP-MOTHER ..... B BROTHER/STEP-BROTHER ..... C SISTER/STEP-SISTER ..... D OTHER RELATIVE ..... E CURRENT BOYFRIEND ..... F FORMER BOYFRIEND ..... G IN-LAW ..... H OWN FRIEND/ACQUAINTANCE ..... I FAMILY FRIEND ..... J TEACHER ..... K SCHOOLMATE/CLASSMATE ..... L EMPLOYER/SOMEONE AT WORK .. M POLICE/SOLDIER ..... N PRIEST/RELIGIOUS LEADER O STRANGER ..... P ONLINE ATTACKER ..... Q COACH/MENTOR ..... R SCHOOLMATE/CLASSMATE ..... S OTHER _____ X (SPECIFY)	
TV11A	CHECK TV07(a-g) ==1 OR TV08Aa ==1 OR TV09A (Aa-Ai) AT LEAST ONE 'YES' ☐ NOT A SINGLE YES ☐ →		TV12
TV11B	On which platforms did you experience these acts/behaviors? RECORD ALL MENTIONED	**SOCIAL MEDIA** FACEBOOK ..... A X (FORMERLY TWITTER) ..... B INSTAGRAM ..... C THREADS ..... D TIKTOK ..... E YOUTUBE ..... F REDDIT ..... G OTHER SOCIAL MEDIA ..... H **MESSAGING APPS** TEXT MESSAGE/ IMESSAG ..... I WHATSAPP ..... J SIGNAL ..... K TELEGRAM ..... L OTHER MESSAGING AP ..... M **DATING APPS** .. TINDER ..... N BUMBLE ..... O KENYA SINGLES DATING APP ..... P OTHER DATING APP ..... Q **OTHER** EMAIL ..... R VIRTUAL MEETING TOOLS ..... S ONLINE GAMING ..... T ONLINE NEWS/ BLOGS ..... U LINKED IN ..... V **OTHER** _____ X (SPECIFY)	
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE TECHNOLOGY-FACILITATED GENDER-BASED VIOLENCE MODULE ONLY.		

TECHNOLOGY-FACILITATED GENDER-BASED VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
TV12	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES, ONCE / YES, MORE THAN ONCE / NO HUSBAND . . . . . 1 / 2 / 3 OTHER MALE ADULT . . 1 / 2 / 3 FEMALE ADULT . . . . . 1 / 2 / 3	
TV13	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE TECHNOLOGY-FACILITATED GENDER-BASED VIOLENCE MODULE. _____ _____ _____		
1500	RECORD THE TIME.	HOURS . . . . . [ ][ ] MINUTI . . . . . [ ][ ]	

INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- 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

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER

_____
(SPECIFY)

- Z DON'T KNOW

				COL. 1	COL. 2	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
2	09	SEP	04			2
	08	AUG	05			
0	07	JUL	06			0
2	06	JUN	07			2
	05	MAY	08			
5	04	APR	09			5
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
2	09	SEP	16			2
	08	AUG	17			
0	07	JUL	18			0
2	06	JUN	19			2
	05	MAY	20			
4	04	APR	21			4
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
2	09	SEP	28			2
	08	AUG	29			
0	07	JUL	30			0
2	06	JUN	31			2
	05	MAY	32			
3	04	APR	33			3
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
2	09	SEP	40			2
	08	AUG	41			
0	07	JUL	42			0
2	06	JUN	43			2
	05	MAY	44			
2	04	APR	45			2
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
2	09	SEP	52			2
	08	AUG	53			
0	07	JUL	54			0
2	06	JUN	55			2
	05	MAY	56			
1	04	APR	57			1
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
2	09	SEP	64			2
	08	AUG	65			
0	07	JUL	66			0
2	06	JUN	67			2
	05	MAY	68			
0	04	APR	69			0
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS