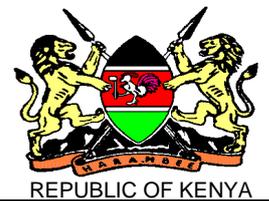




CONFIDENTIAL



REPUBLIC OF KENYA

IDENTIFICATION																					
COUNTY _____ DISTRICT _____ LOCATION/TOWN _____ SUBLOCATION _____ NASSEP CLUSTER NUMBER KDHS CLUSTER NUMBER HOUSEHOLD NUMBER NAME OF HOUSEHOLD HEAD _____ NAME AND LINE NUMBER OF WOMAN _____ CHECK 101A IN HOUSEHOLD QUESTIONNAIRE: IS WOMAN SELECTED FOR SECTION 14?	<table border="1" style="margin: 0 auto;"> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="margin: 0 auto;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="margin: 0 auto;"> <tr><td> </td><td> </td></tr> </table> YES 1 NO 2																				

INTERVIEWER VISITS															
	1	2	3	FINAL VISIT											
DATE	_____	_____	_____	DAY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> MONTH <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> YEAR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> INT. NUMBER <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> RESULT <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>											
INTERVIEWER'S NAME	_____	_____	_____												
RESULT*	_____	_____	_____												
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER OF VISITS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>											
TIME	_____	_____													

*RESULT CODES:

- | | | |
|---------------|--------------------|---------------|
| 1 COMPLETED | 4 REFUSED | |
| 2 NOT AT HOME | 5 PARTLY COMPLETED | 7 OTHER _____ |
| 3 POSTPONED | 6 INCAPACITATED | (SPECIFY) |

**LANGUAGE OF QUESTIONNAIRE: 17	LANGUAGE OF INTERVIEW: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			NATIVE LANGUAGE OF RESPONDENT: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			TRANSLATOR USED (YES = 1, NO = 2) <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table>																
LANGUAGE OF QUESTIONNAIRE: English																							
**LANGUAGE CODES: <table style="width:100%; font-size: small;"> <tr> <td>01 BORANA</td> <td>05 KIKUYU</td> <td>09 LUO</td> <td>13 POKOT</td> <td>17 ENGLISH</td> </tr> <tr> <td>02 EMBU</td> <td>06 KISII</td> <td>10 MAASAI</td> <td>14 SOMALI</td> <td>18 OTHER</td> </tr> <tr> <td>03 KALENJIN</td> <td>07 LUHYA</td> <td>11 MERU</td> <td>15 SWAHILI</td> <td></td> </tr> <tr> <td>04 KAMBA</td> <td>08 MARAGOLI</td> <td>12 MIJIKENDA</td> <td>16 TURKANA</td> <td></td> </tr> </table>				01 BORANA	05 KIKUYU	09 LUO	13 POKOT	17 ENGLISH	02 EMBU	06 KISII	10 MAASAI	14 SOMALI	18 OTHER	03 KALENJIN	07 LUHYA	11 MERU	15 SWAHILI		04 KAMBA	08 MARAGOLI	12 MIJIKENDA	16 TURKANA	
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SUPERVISOR NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				FIELD EDITOR NAME _____ <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>				OFFICE EDITOR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>			KEYED BY <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table>			

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

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

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED 1 RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END
 ↓

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
101	RECORD THE TIME.	HOUR <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
101A	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Nairobi, Mombasa, Kisumu, in a town, in the countryside, or outside of Kenya?	NAIROBI/ MOMBASA/ KISUMU 1 TOWN 2 COUNTRYSIDE 3 OUTSIDE KENYA 4									
101B	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS	YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> ALWAYS 95 VISITOR 96			→ 101D						
101C	Just before you moved here, did you live in Nairobi, Mombasa, Kisumu, in a town, in the countryside, or outside of Kenya?	NAIROBI/ MOMBASA/ KISUMU 1 TOWN 2 COUNTRYSIDE 3 OUTSIDE OF KENYA 4									
101D	What is your nationality?	KENYAN 01 TANZANIAN 02 UGANDAN 03 SOMALI 04 ETHIOPIAN 05 SUDANESE 06 OTHER _____ 96 (SPECIFY)	→ 102								
101E	What was the main reason for moving to Kenya?	JOIN FAMILY LIVING IN KENYA 01 MARRIAGE 02 WORK 03 SCHOOL 04 ESCAPE INSECURITY/WAR 05 ESCAPE ENVIRONMENTAL DISASTER (E.G. FLOOD, DROUGHT, ETC.) ... 06 OTHER _____ 96 (SPECIFY)									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
104	Have you ever attended school?	YES 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, vocational, secondary, or higher?	PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY/ 'A' LEVEL 3 COLLEGE (MIDDLE LEVEL) 4 UNIVERSITY 5	
106	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR ... <input type="text"/> <input type="text"/>	
107	CHECK 105: PRIMARY, <input type="checkbox"/> SECONDARY <input type="checkbox"/> POST-PRIMARY/ VOCATIONAL ↓ OR HIGHER		→ 110
108	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 PARTS OF SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
109	CHECK 108: CODE '2', '3' <input type="checkbox"/> OR '4' ↓ CODE '1' OR '5' CIRCLED <input type="checkbox"/>		→ 111
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	

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	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME <table border="1" data-bbox="1238 300 1343 421" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" data-bbox="1238 360 1343 481" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE <table border="1" data-bbox="1238 557 1343 678" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE <table border="1" data-bbox="1238 618 1343 739" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES 1 NO 2	→ 208								
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD <table border="1" data-bbox="1238 934 1343 1055" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" data-bbox="1238 994 1343 1115" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS <table border="1" data-bbox="1238 1108 1343 1229" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY.										
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> →		→ 226								

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
 RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE ROWS.
 (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW).

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
01	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↙ BIRTH NO 2 NEXT ↘ BIRTH

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221	
What name was given to your (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	Is (NAME) a boy or a girl?	Were any of these births twins?	In what month and year was (NAME) born? PROBE: What is his/her birthday?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births BETWEEN (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?	
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS <input type="text"/> <input type="text"/>	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER <input type="text"/> <input type="text"/> ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3	YES . . . 1 ADD ↓ BIRTH NO 2 NEXT ↓ BIRTH	
222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?					YES 1 NO 2		→ ADD BIRTH		
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> → (PROBE AND RECONCILE)									
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2009 OR LATER.					NUMBER OF BIRTHS IN 2009 OR LATER <input type="text"/> NONE 0		→ 226		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	<p>C FOR EACH BIRTH SINCE JANUARY 2009, 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 BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p>		
226	Are you pregnant now?	YES 1 NO 2 UNSURE 8	<input type="checkbox"/> → 230
227	<p>How many months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
228	When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	→ 230
229	Did you want to have a baby later on or did you not want any (more) children?	LATER 1 NO MORE 2	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES 1 NO 2	→ 238
231	When did the last such pregnancy end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
232	CHECK 231: LAST PREGNANCY ENDED IN <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2009 OR LATER JAN. 2009		→ 238
233	<p>How many months pregnant were you when the last such pregnancy ended?</p> <p>C RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>	MONTHS <input type="text"/> <input type="text"/>	
234	Since January 2009, have you had any other pregnancies that did not result in a live birth?	YES 1 NO 2	→ 236
235	<p>ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2009.</p> <p>C ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.</p>		
236	Did you have any miscarriages, abortions or stillbirths that ended before 2009?	YES 1 NO 2	→ 238
237	When did the last such pregnancy that terminated before 2009 end?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
238	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" data-bbox="1238 91 1342 152"><tr><td></td><td></td></tr></table> WEEKS AGO 2 <table border="1" data-bbox="1238 152 1342 212"><tr><td></td><td></td></tr></table> MONTHS AGO 3 <table border="1" data-bbox="1238 212 1342 273"><tr><td></td><td></td></tr></table> YEARS AGO 4 <table border="1" data-bbox="1238 273 1342 333"><tr><td></td><td></td></tr></table> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 994 BEFORE LAST BIRTH 995 NEVER MENSTRUATED 996									
239	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	<input type="checkbox"/> → 301								
240	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									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 311
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES 1 NO 2	→ 311
304	Which method are you using? CIRCLE 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 LACTATIONAL AMEN. METHOD K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD ... Y	→ 307 → 307A → 308A
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVT. DISPENSARY 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC 21 FAMILY OPTIONS/FHOK CLINIC ... 22 PRIVATE HOSPITAL/CLINIC 23 NURSING/ MATERNITY HOME ... 24 MOBILE CLINIC 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 308
307A	The last time you obtained (HIGHEST METHOD ON LIST IN 304), how much did you pay in total, including the cost of the method and any consultation you may have had.	COST <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FREE 99995 DON'T KNOW 99998	→ 308A
308	In what month and year was the sterilization performed? 308A Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	<p>CHECK 308/308A, 215 AND 231:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 308/308A?</p> <p>GO BACK TO 308/308A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p>	<p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>	
310	<p>CHECK 308/308A:</p> <p>YEAR IS 2009 OR LATER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p>	<p>YEAR IS 2008 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2009</p> <p>THEN SKIP TO → 322</p>	
311	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2009. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>C IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>a) When was the last time you used a method? Which method was that?</p> <p>b) When did you start using that method? How long after the birth of (NAME)?</p> <p>c) How long did you use the method then?</p> <p>IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO THE LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.</p> <p>ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <p>d) Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?</p> <p>e) IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)?</p> <p>AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.</p>		
312	<p>CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH</p> <p>NO METHOD USED <input type="checkbox"/></p> <p>ANY METHOD USED <input type="checkbox"/></p>	<p>→ 314</p>	
313	<p>Have you ever used anything or tried in any way to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p><input type="checkbox"/> → 324</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
314	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>NO CODE CIRCLED 00</p> <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER MODERN METHOD 95</p> <p>OTHER TRADITIONAL METHOD 96</p>	<p>→ 324</p> <p>→ 317A</p> <p>→ 326</p> <p>→ 315A</p> <p>→ 326</p>
315	<p>You first started using (CURRENT METHOD) in (DATE FROM 308/308A). Where did you get it at that time?</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. DISPENSARY 13</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY/CHEMIST 22</p> <p>NURSING/MATERNITY HOME 23</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC 24</p> <p>FAMILY OPTIONS/FHOK CLINIC ... 25</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>MOBILE CLINIC 32</p> <p>COMMUNITY-BASED DISTRIBUTOR 33</p> <p>COMMUNITY HEALTH WORKER/ CHW 34</p> <p>FRIEND/RELATIVE 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	
315A	<p>Where did you learn how to use the rhythm/lactational amenorrhea method?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>		
316	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p>	<p>→ 323</p> <p>→ 320</p> <p>→ 326</p> <p>→ 326</p>
317	<p>At that time, were you told about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 319</p>
317A	<p>When you got sterilized, were you told about side effects or problems you might have with the method?</p>		
318	<p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 320</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
319	Were you told what to do if you experienced side effects or problems?	YES 1 NO 2	
320	<p>CHECK 317:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>CODE '1' CIRCLED</p> <input type="checkbox"/> </div> <div style="border-left: 1px dashed black; height: 100px; margin: 0 10px;"></div> <div style="text-align: center;"> <p>CODE '1' NOT CIRCLED</p> <input type="checkbox"/> </div> </div> <p>a) At that time, were you told about other methods of family planning that you could use?</p> <p>b) When you obtained (CURRENT METHOD FROM 314) from (SOURCE OF METHOD FROM 307 OR 315), were you told about other methods of family planning that you could use?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 322</p>
321	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES 1 NO 2	
322	<p>CHECK 304:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 304, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>MALE CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>LACTATIONAL AMEN. METHOD 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER MODERN METHOD 95</p> <p>OTHER TRADITIONAL METHOD ... 96</p>	<p>→ 326</p> <p>→ 326</p>
323	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVT. DISPENSARY 13</p> <p>OTHER PUBLIC SECTOR _____ 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC 21</p> <p>PHARMACY/CHEMIST 22</p> <p>NURSING/MATERNITY HOME 23</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC 24</p> <p>FAMILY OPTIONS/FHOK CLINIC ... 25</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 31</p> <p>MOBILE CLINIC 32</p> <p>COMMUNITY-BASED DISTRIBUTOR 33</p> <p>COMMUNITY HEALTH WORKER/ CHW 34</p> <p>FRIEND/RELATIVE 35</p> <p>OTHER _____ 96</p> <p>(SPECIFY)</p>	<p>→ 326</p>
324	Do you know of a place where you can obtain a method of family planning?	YES 1 NO 2	<p>→ 326</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. DISPENSARY C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC E</p> <p>PHARMACY/CHEMIST F</p> <p>NURSING/MATERNITY HOME G</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC H</p> <p>FAMILY OPTIONS/FHOK CLINIC ... I</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>MOBILE CLINIC L</p> <p>COMMUNITY-BASED DISTRIBUTOR M</p> <p>COMMUNITY HEALTH WORKER/ CHW N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
326	<p>In the last 12 months, were you visited by a fieldworker who talked to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
327	<p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p>	<p>YES 1</p> <p>NO 2</p>	→ 401
328	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

401	CHECK 224: ONE OR MORE BIRTHS IN 2009 OR LATER <input type="checkbox"/> NO BIRTHS IN 2009 OR LATER <input type="checkbox"/> → 556			
402	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>
404	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/>
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES 1 (SKIP TO 408) ← NO 2	YES 1 (SKIP TO 430) ← NO 2	YES 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER 1 NO MORE 2 (SKIP TO 408) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←	LATER 1 NO MORE 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998	MONTHS ..1 <input type="text"/> <input type="text"/> YEARS ..2 <input type="text"/> <input type="text"/> DON'T KNOW ... 998
408	Did you see anyone for antenatal care for this pregnancy?	YES 1 (SKIP TO 409) ← NO 2		
408A	What are the reasons for not receiving antenatal care for this pregnancy? RECORD ALL MENTIONED	DISTANCE A COST B TOO MUCH WORK . C HUSBAND REFUSED D RELIGIOUS REASONS ... E OTHER _____ X (SPECIFY) (SKIP TO 415) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE. B OTHER PERSON COMMUNITY HEALTH WORKER ... C TRADITIONAL BIRTH ATTENDANT . D OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>HOME</p> <p>YOUR HOME ... A</p> <p>OTHER HOME ... B</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . C</p> <p>GOVT. HEALTH CENTER D</p> <p>GOVT. DISPENSARY . E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>PVT. HOSPITAL/ CLINIC G</p> <p>FAITH-BASED, CHURCH, HOSP. / CLINIC H</p> <p>NURSING / MATERNITY HOME I</p> <p>OTHER PRIVATE MED. SECTOR _____ J</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		
411	<p>How many months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
412	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES . <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>		
413	<p>As part of your antenatal care during this pregnancy, were any of the following done at least once:</p>	<p>YES NO</p> <p>a) Was your blood pressure measured? a) BP 1 2</p> <p>b) Did you give a urine sample? b) URINE 1 2</p> <p>c) Did you give a blood sample? c) BLOOD ... 1 2</p> <p>d) Were you weighed? d) WEIGHT ... 1 2</p> <p>e) Was your height measured? e) HEIGHT ... 1 2</p>		
413A	<p>Were you given any information or counselled about breastfeeding?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		
413B	<p>Were you given any information or counselled about iron tablets, iron syrup, or iron and folic acid supplementation?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
423	During this pregnancy, did you take any drug for intestinal worms?	YES 1 NO 2 DON'T KNOW 8		
424	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8		
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR A CHLOROQUINE ... B OTHER _____ X (SPECIFY) DON'T KNOW Z		
426	CHECK 425: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CODE <input type="checkbox"/> CIRCLED A' NOT <input type="checkbox"/> CIRCLED ↓ (SKIP TO 430) ←		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES <input type="text"/> <input type="text"/>		
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', OTHER <input type="checkbox"/> OR 'B' CIRCLED <input type="checkbox"/> (SKIP TO 430) ←		
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . . 1 ANOTHER FACILITY VISIT 2 OTHER SOURCE ... 6		
430	When (NAME) was born, was he/she 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	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8
431	Was (NAME) weighed at birth?	YES 1 NO 2 (SKIP TO 432A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 432A) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 432A) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
432	<p>How much did (NAME) weigh?</p> <p>RECORD WEIGHT IN KILOGRAMS FROM MOTHER AND CHILD HEALTH BOOKLET, OR FROM CHILD HEALTH CARD, IF AVAILABLE.</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . 99998</p> <p>(SKIP TO 433) ←</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . 99998</p> <p>(SKIP TO 433) ←</p>	<p>KG FROM CARD</p> <p>1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>KG FROM RECALL</p> <p>2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW . 99998</p> <p>(SKIP TO 433) ←</p>
432A	<p>Was (NAME) weighed within two weeks after birth?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
433	<p>Who assisted with the delivery of (NAME)?</p> <p>Anyone else?</p> <p>PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.</p> <p>IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE . B</p> <p>(SKIP TO 434) ←</p> <p>OTHER PERSON</p> <p>COMMUNITY HLTH WORKER ... C</p> <p>(SKIP TO 434) ←</p> <p>TRADITIONAL BIRTH ATTENDANT .. D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER</p> <p>_____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p> <p>(SKIP TO 434) ←</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE . B</p> <p>(SKIP TO 434) ←</p> <p>OTHER PERSON</p> <p>COMMUNITY HLTH WORKER ... C</p> <p>(SKIP TO 434) ←</p> <p>TRADITIONAL BIRTH ATTENDANT .. D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER</p> <p>_____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p> <p>(SKIP TO 434) ←</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR A</p> <p>NURSE/MIDWIFE . B</p> <p>(SKIP TO 434) ←</p> <p>OTHER PERSON</p> <p>COMMUNITY HLTH WORKER ... D</p> <p>(SKIP TO 434) ←</p> <p>TRADITIONAL BIRTH ATTENDANT .. D</p> <p>RELATIVE/FRIEND E</p> <p>OTHER</p> <p>_____ X</p> <p>(SPECIFY)</p> <p>NO ONE ASSISTED Y</p> <p>(SKIP TO 434) ←</p>
433A	<p>What are the reasons you preferred a (Traditional Birth Attendant/relative) in the birth of (NAME)?</p> <p>RECORD ALL MENTIONED</p>	<p>DISTANCE A</p> <p>BETTER CARE THAN FACILITY B</p> <p>RELIGIOUS REASONS C</p> <p>HUSBAND PREFERENCE ... D</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____						
434	<p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 438) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>MISSION HOSPITAL/CLINIC 31 PVT. HOSPITAL/CLINIC 32 NURSING/MATERNITY HOME 33 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 438) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>MISSION HOSPITAL/CLINIC 31 PVT. HOSPITAL/CLINIC 32 NURSING/MATERNITY HOME 33 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>	<p>HOME</p> <p>YOUR HOME ... 11 (SKIP TO 448) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR</p> <p>GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR</p> <p>MISSION HOSPITAL/CLINIC 31 PVT. HOSPITAL/CLINIC 32 NURSING/MATERNITY HOME 33 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) (SKIP TO 448) ←</p>						
434A	<p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS . 1 <table border="1" data-bbox="756 1106 858 1167"><tr><td></td><td></td></tr></table></p> <p>DAYS . 2 <table border="1" data-bbox="756 1167 858 1227"><tr><td></td><td></td></tr></table></p> <p>WEEKS . 3 <table border="1" data-bbox="756 1227 858 1288"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW ... 998</p>								
435	<p>Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>	<p>YES 1</p> <p>NO 2</p>						
436	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?</p>	<p>YES 1 (SKIP TO 439) ←</p> <p>NO 2</p>								
437	<p>Did anyone check on your health after you left the facility?</p>	<p>YES 1 (SKIP TO 439) ←</p> <p>NO 2 (SKIP TO 442) ←</p>								

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____												
438	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)?	YES 1 NO 2 (SKIP TO 442) ←														
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE . 12 OTHER PERSON COMMUNITY HLTH WORKER ... 21 TRADITIONAL BIRTH ATTENDANT . 22 OTHER _____ 96 (SPECIFY)														
440	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 <table border="1" data-bbox="756 815 860 871"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS . 2 <table border="1" data-bbox="756 871 860 927"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WEEKS . 3 <table border="1" data-bbox="756 927 860 983"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998														
440A	Did the person who checked your health after you gave birth discuss with you about family planning?	YES 1 NO 2 DON'T KNOW 8														
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES 1 NO 2 (SKIP TO 446) ← DON'T KNOW 8														
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH .. 1 <table border="1" data-bbox="756 1449 860 1505"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS AFTER BIRTH .. 2 <table border="1" data-bbox="756 1505 860 1561"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> WKS AFTER BIRTH .. 3 <table border="1" data-bbox="756 1561 860 1617"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW ... 998														
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE . 12 OTHER PERSON COMMUNITY HLTH WORKER ... 21 TRADITIONAL BIRTH ATTENDANT . 22 OTHER _____ 96 (SPECIFY)														

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____				
445	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>HOME YOUR HOME ... 11 OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY . 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE MED. SECTOR MISSION HOSPITAL / CLINIC 31 PVT. HOSPITAL/ CLINIC 32 NURSING/MATERNITY HOME 33 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>						
446	<p>In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)?</p> <p>SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>						
447	<p>Has your menstrual period returned since the birth of (NAME)?</p>	<p>YES 1 (SKIP TO 449) ←</p> <p>NO 2 (SKIP TO 450) ←</p>						
448	<p>Did your period return between the birth of (NAME) and your next pregnancy?</p>							
449	<p>For how many months after the birth of (NAME) did you not have a period?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>				
450	<p>CHECK 226: IS RESPONDENT PREGNANT?</p>	<p>NOT PREG- <input type="checkbox"/> PREGNANT NANT OR <input type="checkbox"/> UNSURE <input type="checkbox"/> (SKIP TO 452) ←</p>						
451	<p>Have you had sexual intercourse since the birth of (NAME)?</p>	<p>YES 1 NO 2 (SKIP TO 453) ←</p>						
452	<p>For how many months after the birth of (NAME) did you not have sexual intercourse?</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>					<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>	<p>MONTHS ... <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____									
453	Did you ever breastfeed (NAME)?	YES 1 NO 2 (SKIP TO 459B) ←	YES 1 NO 2 (SKIP TO 459B) ←	YES 1 NO 2 (SKIP TO 459B) ←									
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY ... 000 HOURS . 1 <table border="1" data-bbox="758 436 861 504"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DAYS . 2 <table border="1" data-bbox="758 504 861 560"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>											
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES 1 NO 2 (SKIP TO 458) ←											
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER ... B SUGAR OR GLUCOSE WATER ... C GRIPE WATER ... D SUGAR-SALT-WATER SOLUTION E FRUIT JUICE F INFANT FORMULA . G TEA/INFUSIONS ... H COFFEE I HONEY J OTHER _____ X (SPECIFY)											
457A	What are the reasons (NAME) was given drinks other than breast milk? Anything else? RECORD ALL MENTIONED	NOT ENOUGH BREAST MILK ... A BABY CRIED TOO MUCH B CULTURAL REASONS C WORK-RELATED OBLIGATIONS ... D WEATHER TOO HOT E FIRST MILK NOT GOOD FOR BABIES ... F OTHER _____ X (SPECIFY)											
458	CHECK 404: IS CHILD LIVING?	LIVING DEAD <table border="1" data-bbox="598 1691 646 1758"><tr><td></td></tr></table> <table border="1" data-bbox="805 1691 853 1758"><tr><td></td></tr></table> (SKIP TO 459A) ←											
459	Are you still breastfeeding (NAME)?	YES 1 (SKIP TO 459C) ← NO 2											
459A	For how many months did you breastfeed (NAME)?	MONTHS ... <table border="1" data-bbox="758 1937 861 2004"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98			MONTHS ... <table border="1" data-bbox="1061 1937 1165 2004"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98			MONTHS ... <table border="1" data-bbox="1364 1937 1468 2004"><tr><td></td><td></td></tr></table> DON'T KNOW ... 98					

SECTION 5. CHILD IMMUNIZATION. HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).																																																																																																																																																																																																										
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/>																																																																																																																																																																																																							
503	FROM 212 AND 216	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW Q'NNAIRE, OR IF NO MORE BIRTHS, GO TO 553)																																																																																																																																																																																																							
504	Do you have a card / child health book where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 509) ← NO CARD 3																																																																																																																																																																																																							
505	Did you ever have a vaccination card or child health book for (NAME)?	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2	YES 1 (SKIP TO 509) ← NO 2																																																																																																																																																																																																							
506	(1) COPY DATES FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.																																																																																																																																																																																																										
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2"></th> <th colspan="3">LAST BIRTH</th> <th colspan="3">NEXT-TO-LAST BIRTH</th> <th colspan="3">SECOND-FROM-LAST BIRTH</th> </tr> <tr> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> <th>DAY</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>BCG (AT BIRTH)</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>POLIO 0 (POLIO GIVEN AT BIRTH)</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input 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PNEUMOCOCCAL VACCINE 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																		
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ROTA VIRUS VACCINE 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																		
MEASLES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																		
YELLOW FEVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																		
VITAMIN A (MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																		
VITAMIN A (2nd MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																		
AL/MEBENDAZOLE (MOST RECENT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																		
507	CHECK 506:	BCG TO YELLOW FEVER ALL RECORDED <input type="checkbox"/> (GO TO 511)	OTHER <input type="checkbox"/> (GO TO 511)	BCG TO YELLOW FEVER ALL RECORDED <input type="checkbox"/> (GO TO 511)																																																																																																																																																																																																							

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
508	Has (NAME) had any vaccinations that are not recorded on this card, including vaccinations given in a national immunization day campaign? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 506 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 511) ← NO 2 (SKIP TO 511) ← DON'T KNOW 8
509	Did (NAME) ever have any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization day campaign?	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 511) ← DON'T KNOW 8
510	Please tell me if (NAME) had any of the following vaccinations:			
510A	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	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510B	Polio vaccine, that is, drops in the mouth?	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510E) ← DON'T KNOW 8
510C	Was the first polio vaccine given in the first two weeks after birth or later?	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2	FIRST 2 WEEKS ... 1 LATER 2
510D	How many times was the polio vaccine given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510E	A Pentavalent vaccination, that is, an injection given in the left outer thigh, sometimes at the same time as polio drops?	YES 1 NO 2 (SKIP TO 510F1) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510F1) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510F1) ← DON'T KNOW 8
510F	How many times was the Pentavalent vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510F1	A Pneumococcal vaccination, that is, an injection given in the right outer thigh, sometimes at the same time as polio drops or the Pentavalent vaccination?	YES 1 NO 2 (SKIP TO 510F3) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510F3) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510F3) ← DON'T KNOW 8
510F2	How many times was the Pneumococcal vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
510F3	A Rota virus vaccination given orally?	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 510G) ← DON'T KNOW 8
510F4	How many times was the Rota virus vaccination given?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
510G	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
510H	A yellow fever injection - that is, a shot in the arm or shoulder at the age of 9 months or older - to prevent him/her from getting yellow fever?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8
511A	How many times was Vitamin A given in the last six months?	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>	NUMBER OF TIMES <input type="text"/>
512	In the last seven days, was (NAME) given iron pills, sprinkles with iron, or iron syrup like (this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS.	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
513	Was (NAME) given any drug for intestinal worms in the last six months?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
514	Has (NAME) had diarrhoea in the last 2 weeks?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8
515	Was there any blood in the stools?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
516	<p>Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breast milk).</p> <p>Was he/she given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK . 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK . 5</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>NOTHING TO DRINK . 5</p> <p>DON'T KNOW 8</p>
517	<p>When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>STOPPED FOOD ... 5</p> <p>NEVER GAVE FOOD . 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>STOPPED FOOD ... 5</p> <p>NEVER GAVE FOOD . 6</p> <p>DON'T KNOW 8</p>	<p>MUCH LESS 1</p> <p>SOMEWHAT LESS . 2</p> <p>ABOUT THE SAME . 3</p> <p>MORE 4</p> <p>STOPPED FOOD ... 5</p> <p>NEVER GAVE FOOD . 6</p> <p>DON'T KNOW 8</p>
518	<p>Did you seek advice or treatment for the diarrhoea from any source?</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 521B) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 521B) ←</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 521B) ←</p>
519	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT DISPENSARY . C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC E</p> <p>PHARMACY ... F</p> <p>MISSION HOSP./ CLINIC... .. G</p> <p>OTHER PRIVATE SECTOR _____ H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC . I</p> <p>COMMUNITY HLTH WORKER J</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>RELATIVE/FRIEND M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT DISPENSARY . C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC E</p> <p>PHARMACY ... F</p> <p>MISSION HOSP./ CLINIC... .. G</p> <p>OTHER PRIVATE SECTOR _____ H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC . I</p> <p>COMMUNITY HLTH WORKER J</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>RELATIVE/FRIEND M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT DISPENSARY . C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC E</p> <p>PHARMACY ... F</p> <p>MISSION HOSP./ CLINIC... .. G</p> <p>OTHER PRIVATE SECTOR _____ H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC . I</p> <p>COMMUNITY HLTH WORKER J</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>RELATIVE/FRIEND M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	CHECK 519:	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 521A) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 521A) ←	TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 521A) ←
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
521A	How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF SAME DAY, RECORD '00'	DAYS <input type="text"/> <input type="text"/> SKIP TO 521C ←	DAYS <input type="text"/> <input type="text"/> SKIP TO 521C ←	DAYS <input type="text"/> <input type="text"/> SKIP TO 521C ←
521B	Why did you not seek advice or treatment? RECORD ALL MENTIONED	EPISODE WAS NOT SERIOUS..... A TOO FAR/NO TRANSPORT ... B TOO EXPENSIVE... C BELIEVE HOME REMEDIES ARE EFFECTIVE D NO REASON E OTHER _____ X (SPECIFY)	EPISODE WAS NOT SERIOUS..... A TOO FAR/NO TRANSPORT ... B TOO EXPENSIVE... C BELIEVE HOME REMEDIES ARE EFFECTIVE D NO REASON E OTHER _____ X (SPECIFY)	EPISODE WAS NOT SERIOUS..... A TOO FAR/NO TRANSPORT ... B TOO EXPENSIVE... C BELIEVE HOME REMEDIES ARE EFFECTIVE D NO REASON E OTHER _____ X (SPECIFY)
521C	Does (NAME) still have diarrhoea?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea:	YES NO DK a) FLUID FROM ORS PKT 1 2 8 b) SUGAR- 1 2 8 SALT SOL. c) HOMEMADE FLUID ... 1 2 8	YES NO DK a) FLUID FROM ORS PKT 1 2 8 b) SUGAR- 1 2 8 SALT SOL. c) HOMEMADE FLUID ... 1 2 8	YES NO DK a) FLUID FROM ORS PKT 1 2 8 b) SUGAR- 1 2 8 SALT SOL. c) HOMEMADE FLUID ... 1 2 8
523	Was anything (else) given to treat the diarrhoea?	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8	YES 1 NO 2 (SKIP TO 525) ← DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
524	<p>What (else) was given to treat the diarrhoea?</p> <p>Anything else?</p> <p>RECORD ALL TREATMENTS GIVEN.</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>ZINC TABLET C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC TABLET) D</p> <p>UNKNOWN PILL OR SYRUP E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION H</p> <p>(IV) INTRAVENOUS FLUID I</p> <p>HOME REMEDY/ HERBAL MEDICINE J</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>ZINC TABLET C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC TABLET) D</p> <p>UNKNOWN PILL OR SYRUP E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION H</p> <p>(IV) INTRAVENOUS FLUID I</p> <p>HOME REMEDY/ HERBAL MEDICINE J</p> <p>OTHER _____ X (SPECIFY)</p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>ZINC TABLET C</p> <p>OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC TABLET) D</p> <p>UNKNOWN PILL OR SYRUP E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION H</p> <p>(IV) INTRAVENOUS FLUID I</p> <p>HOME REMEDY/ HERBAL MEDICINE J</p> <p>OTHER _____ X (SPECIFY)</p>
524A	CHECK 524 GIVEN ZINC TABLETS?	<p>CODE "C" CIRCLED <input type="checkbox"/></p> <p>CODE "C" NOT CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 525) ←</p>	<p>CODE "C" CIRCLED <input type="checkbox"/></p> <p>CODE "C" NOT CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 525) ←</p>	<p>CODE "C" CIRCLED <input type="checkbox"/></p> <p>CODE "C" NOT CIRCLED <input type="checkbox"/></p> <p>(SKIP TO 525) ←</p>
524B	How many days was (NAME) given zinc tablets?	<p>DAYS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 8</p>	<p>DAYS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 8</p>	<p>DAYS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 8</p>
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 527) ←</p> <p>DON'T KNOW 8</p>
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 530) ←</p> <p>DON'T KNOW 8</p>
528	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 531) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 531) ←</p> <p>DON'T KNOW 8</p>	<p>YES 1</p> <p>NO 2</p> <p>(SKIP TO 531) ←</p> <p>DON'T KNOW 8</p>
529	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 531) ←</p>	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 531) ←</p>	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p> <p>(SKIP TO 531) ←</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
530	CHECK 525: HAD FEVER?	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553)	YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553)
531	Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she 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	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK . 5 DON'T KNOW 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she 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	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD ... 5 NEVER GAVE FOOD . 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←	YES 1 NO 2 (SKIP TO 537) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT DISPENSARY . C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC E</p> <p>PHARMACY ... F</p> <p>MISSION HOSP./ CLINIC... .. G</p> <p>OTHER PRIVATE SECTOR _____ H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC . I</p> <p>COMMUNITY HLTH WORKER J</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>RELATIVE/FRIEND M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT DISPENSARY . C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC E</p> <p>PHARMACY ... F</p> <p>MISSION HOSP./ CLINIC... .. G</p> <p>OTHER PRIVATE SECTOR _____ H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC . I</p> <p>COMMUNITY HLTH WORKER J</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>RELATIVE/FRIEND M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	<p>PUBLIC SECTOR</p> <p>GOVT HOSPITAL A</p> <p>GOVT HEALTH CENTER B</p> <p>GOVT DISPENSARY . C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PVT. HOSPITAL/ CLINIC E</p> <p>PHARMACY ... F</p> <p>MISSION HOSP./ CLINIC... .. G</p> <p>OTHER PRIVATE SECTOR _____ H</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC . I</p> <p>COMMUNITY HLTH WORKER J</p> <p>SHOP K</p> <p>TRADITIONAL PRACTITIONER L</p> <p>RELATIVE/FRIEND M</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>
535	CHECK 534:	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 536A) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 536A) ←</p>	<p>TWO OR ONLY</p> <p><input type="checkbox"/> MORE ONE <input type="checkbox"/></p> <p>CODES CODE</p> <p>CIRCLED CIRCLED</p> <p>↓ (SKIP TO 536A) ←</p>
536	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 534.</p>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>	FIRST PLACE ... <input type="checkbox"/>
536A	<p>How many days after the illness did you first seek advice or treatment for (NAME)?</p> <p>IF THE SAME DAY, RECORD '00'</p>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>	DAYS <input type="text"/> <input type="text"/>
536B	Is (NAME) still sick with a (fever/cough)?	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>	<p>FEVER ONLY 1</p> <p>COUGH ONLY 2</p> <p>BOTH FEVER AND COUGH 3</p> <p>NO, NEITHER 4</p> <p>DON'T KNOW 8</p>

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
537	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1 NO 2 (GO TO 551A) ← DON'T KNOW 8	YES 1 NO 2 (GO TO 551A) ← DON'T KNOW 8	YES 1 NO 2 (GO TO 551A) ← DON'T KNOW 8
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D AL/COARTEM ... E OTHER ANTI-MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETAMINOPHEN/ PARACETAMOL J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D AL/COARTEM ... E OTHER ANTI-MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETAMINOPHEN/ PARACETAMOL J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D AL/COARTEM ... E OTHER ANTI-MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G INJECTION ... H OTHER DRUGS ASPIRIN I ACETAMINOPHEN/ PARACETAMOL J IBUPROFEN ... K OTHER _____ X (SPECIFY) DON'T KNOW Z
539	CHECK 538: ANY CODE A-G CIRCLED?	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 551A)	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 551A)	YES NO <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 551A)
539A	Did you already have (NAME OF DRUG FROM 538) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'G' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 538 IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG IF NO FOR ALL DRUGS, CIRCLE 'Y'	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D AL/COARTEM ... E OTHER ANTI-MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G NO DRUG AT HOME Y	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D AL/COARTEM ... E OTHER ANTI-MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G NO DRUG AT HOME Y	ANTIMALARIAL DRUGS SP/FANSIDAR ... A CHLOROQUINE . B AMODIAQUINE . C QUININE D AL/COARTEM ... E OTHER ANTI-MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP ... G NO DRUG AT HOME Y
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 542) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 542) ←	CODE 'A' CODE 'A' CIRCLED NOT <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 542) ←

NO.	QUESTIONS AND FILTERS	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
		NAME _____	NAME _____	NAME _____
547	How long after the fever started did (NAME) first take quinine?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER... 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER... 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER... 4 DON'T KNOW ... 8
547A	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
548	CHECK 538: ARTEMISININ+LUMEFANTRINE (AL/COARTEM) ('E') GIVEN	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 550) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 550) ←	CODE 'E' CODE 'E' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (SKIP TO 550) ←
549	How long after the fever started did (NAME) first take AL/Coartem?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER... 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER... 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER... 4 DON'T KNOW ... 8
549A	For how many days did (NAME) take AL/Coartem? IF 7 DAYS OR MORE, WRITE 7.	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8	DAYS <input type="text"/> DON'T KNOW 8
550	CHECK 538: OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 551A)	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 551A)	CODE 'F' CODE 'F' CIRCLED NOT CIRCLED <input type="checkbox"/> <input type="checkbox"/> ↓ ↓ (GO TO 551A)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER... 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER... 4 DON'T KNOW ... 8	SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE DAYS AFTER FEVER 3 FOUR OR MORE DAYS AFTER FEVER... 4 DON'T KNOW ... 8

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554 _____ (NAME)		556
554	The last time (NAME FROM 553) 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 GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)	
554A	When a child is ill, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED	NOT ABLE TO DRINK/BREASTFEED . . . A FEVER, SHIVERING B REPEATED VOMITING C DIARRHOEA D BLOOD IN STOOLS E FAST BREATHING F CONVULSIONS G WEAKNESS H GETTING SICKER I OTHER _____ X (SPECIFY)	
555	CHECK 522(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/> ANY CHILD RECEIVED FLUID FROM ORS PACKET <input type="checkbox"/>		556B
556	Have you ever heard of a special product called ORS you can get for the treatment of diarrhoea?	YES 1 NO 2	556B
556A	Where did you get this information? RECORD ALL MENTIONED	HEALTH WORKERS IN A PUBLIC HOSPITAL A HEALTH WORKERS IN A PRIVATE HOSPITAL B MINISTRY OF HEALTH THROUGH RADIO, TV, POSTERS C COMMUNITY HEALTH WORKER/CHW FRIENDS OR RELATIVES D OTHER _____ X (SPECIFY)	
556B	CHECK 524 ALL COLUMNS: 524 ALL COLUMNS BLANK, OR CODE "C" NOT CIRCLED ZINC TABLETS NOT GIVEN <input type="checkbox"/> CODE "C" CIRCLED ANY CHILD RECEIVED ZINC TABLETS <input type="checkbox"/>		557
556C	Have you ever heard of zinc tablets which you can get for the treatment of diarrhoea?	YES 1 NO 2	557

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
556D	Where did you get this information? RECORD ALL MENTIONED	HEALTH WORKERS IN A PUBLIC HOSPITAL A HEALTH WORKERS IN A PRIVATE HOSPITAL B MINISTRY OF HEALTH THROUGH RADIO, TV, POSTERS C COMMUNITY HEALTH WORKER/CHW D FRIENDS OR RELATIVES E OTHER _____ X (SPECIFY)	
557	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2012 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 558 _____ (NAME)		601

558	<p>Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.</p> <p>Did (NAME FROM 557) (drink/eat):</p>		
		YES NO DK	
	a) Plain water?	a) 1 2 8	
	b) Juice or juice drinks?	b) 1 2 8	
	c) Clear broth?	c) 1 2 8	
	d) Milk such as tinned, powdered, or fresh animal milk?	d) 1 2 8	
	IF YES: How many times did (NAME) drink milk?	NUMBER OF TIMES DRANK MILK	<input type="text"/>
	IF 7 OR MORE TIMES, RECORD '7'.		
	e) Infant formula?	e) 1 2 8	
	IF YES: How many times did (NAME) drink infant formula?	NUMBER OF TIMES DRANK FORMULA	<input type="text"/>
	IF 7 OR MORE TIMES, RECORD '7'.		
	f) Any other liquids?	f) 1 2 8	
	g) Yogurt?	g) 1 2 8	
	IF YES: How many times did (NAME) eat yogurt?	NUMBER OF TIMES ATE YOGURT	<input type="text"/>
	IF 7 OR MORE TIMES, RECORD '7'.		
	h) Any fortified baby food like Cerelac?	h) 1 2 8	
	i) Maize, rice, wheat, porridge, sorghum, bread, or other foods made from grains?	i) 1 2 8	
	j) Pumpkin, carrots, squash or yellow sweet potatoes that are yellow or orange inside?	j) 1 2 8	
	k) Irish potatoes, yams, cassava, white sweet potatoes, or any other foods made from roots?	k) 1 2 8	
	l) Sukumu wiki or any dark green, leafy vegetables?	l) 1 2 8	
	m) Ripe mangoes, pawpaw, guava?	m) 1 2 8	
	n) Any other fruits or vegetables?	n) 1 2 8	
	o) Liver, kidney, heart or other organ meats?	o) 1 2 8	
	p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	p) 1 2 8	
	q) Eggs?	q) 1 2 8	
	r) Fresh or dried fish or shellfish?	r) 1 2 8	
	s) Any foods made from beans, peas, lentils, or nuts?	s) 1 2 8	
	t) Cheese or other food made from milk?	t) 1 2 8	
	u) Any other solid, semi-solid, or soft food?	u) 1 2 8	

559	<p>CHECK 558 (CATEGORIES "g" THROUGH "u"):</p> <p>NOT A SINGLE "YES" <input type="checkbox"/></p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p>		561
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	<p>Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?</p>	<p>YES 1 (GO BACK TO 558 TO RECORD ← FOOD EATEN YESTERDAY)</p> <p>NO 2</p>	→ 601
561	<p>How many times did (NAME FROM 557) eat solid, semi-solid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p>	<p>NUMBER OF TIMES <input data-bbox="1281 293 1337 353" type="text"/></p> <p>DON'T KNOW 8</p>	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	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	→ 604
602	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	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	→ 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. <input type="text"/> <input type="text"/>	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS..... <input type="text"/> <input type="text"/> DON'T KNOW 98	
608	Are you the first, second, ... wife?	RANK <input type="text"/> <input type="text"/>	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	
610	CHECK 609: <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE</p> <p>↓ <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> </div> <div style="text-align: center;"> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE</p> <p>↓ <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p> </div> </div>	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 611A
611	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
611A	When you got married or lived with a man, was it your choice or was it arranged?	OWN CHOICE 1 ARRANGED 2	
611B	When you first got married or lived with a man, was the man older than you, younger than you, or the same age as you?	OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE00 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613A	CHECK 103: AGE 15-24 <input type="checkbox"/> AGE 25-49 <input type="checkbox"/>		→ 614
613B	The first time you had sexual intercourse, was a condom used?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8	
613C	How old was the person you first had sexual intercourse with?	AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98	
614	Now I would like to ask you some questions about your recent sexual activity. 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.		
615	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 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	→ 627

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
616	When was the last time you had sexual intercourse with this person?		DAYS AGO . 1 <input type="text"/> <input type="text"/> WEEKS AGO . 2 <input type="text"/> <input type="text"/> MONTHS AGO . 3 <input type="text"/> <input type="text"/>	DAYS AGO . 1 <input type="text"/> <input type="text"/> WEEKS AGO . 2 <input type="text"/> <input type="text"/> MONTHS AGO . 3 <input type="text"/> <input type="text"/>
617	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←	YES 1 NO 2 (SKIP TO 619) ←
617A	What is the main reason you used a condom on that occasion?	PREVENT STD/HIV . 1 AVOID PREGNANCY 2 BOTH PREVENT STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER /HE MAY HAVE OTHER PARTNERS 4 PARTNER WANTED TO USE 5 OTHER _____ 6 (SPECIFY)	PREVENT STD/HIV . 1 AVOID PREGNANCY 2 BOTH PREVENT STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER /HE MAY HAVE OTHER PARTNERS 4 PARTNER WANTED TO USE 5 OTHER _____ 6 (SPECIFY)	PREVENT STD/HIV . 1 AVOID PREGNANCY 2 BOTH PREVENT STD/HIV AND PREGNANCY 3 DID NOT TRUST PARTNER /HE MAY HAVE OTHER PARTNERS 4 PARTNER WANTED TO USE 5 OTHER _____ 6 (SPECIFY)
618	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES 1 NO 2	YES 1 NO 2	YES 1 NO 2
619	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	HUSBAND 1 LIVE-IN PARTNER . 2 BOYFRIEND NOT LIVING WITH RESPONDENT... 3 CASUAL ACQUAINTANCE . 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER . 2 BOYFRIEND NOT LIVING WITH RESPONDENT... 3 CASUAL ACQUAINTANCE . 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622) ←	HUSBAND 1 LIVE-IN PARTNER . 2 BOYFRIEND NOT LIVING WITH RESPONDENT... 3 CASUAL ACQUAINTANCE . 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 622) ←
620	CHECK 609:	MARRIED ONLY MARRIED MORE THAN ONCE <input type="checkbox"/> ONCE ↓ (SKIP TO 622)	MARRIED ONLY MARRIED MORE THAN ONCE <input type="checkbox"/> ONCE ↓ (SKIP TO 622)	MARRIED ONLY MARRIED MORE THAN ONCE <input type="checkbox"/> ONCE ↓ (SKIP TO 622)
621	CHECK 613: FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND (CODE 95)	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> ↓ (SKIP TO 623) OTHER <input type="checkbox"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> ↓ (SKIP TO 623) OTHER <input type="checkbox"/>	FIRST TIME WHEN STARTED LIVING WITH FIRST HUSBAND <input type="checkbox"/> ↓ (SKIP TO 623) OTHER <input type="checkbox"/>
622	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO . 1 <input type="text"/> <input type="text"/> WEEKS AGO . 2 <input type="text"/> <input type="text"/> MONTHS AGO . 3 <input type="text"/> <input type="text"/> YEARS AGO . 4 <input type="text"/> <input type="text"/>	DAYS AGO . 1 <input type="text"/> <input type="text"/> WEEKS AGO . 2 <input type="text"/> <input type="text"/> MONTHS AGO . 3 <input type="text"/> <input type="text"/> YEARS AGO . 4 <input type="text"/> <input type="text"/>	DAYS AGO . 1 <input type="text"/> <input type="text"/> WEEKS AGO . 2 <input type="text"/> <input type="text"/> MONTHS AGO . 3 <input type="text"/> <input type="text"/> YEARS AGO . 4 <input type="text"/> <input type="text"/>

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
623	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>	NUMBER OF TIMES <input type="text"/> <input type="text"/>
624	How old is this person?	AGE OF PARTNER . <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE OF PARTNER . <input type="text"/> <input type="text"/> DON'T KNOW 98
625	Apart from (this person/these two people), have you had sexual intercourse with any other person in the last 12 months?	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 626A)←	YES 1 (GO BACK TO 616 ← IN NEXT COLUMN) NO 2 (SKIP TO 626A)←	
626	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW ... 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
626A	In the last 12 months, have you ever given or received money, gifts, or favors in return for sex?	YES 1 NO 2													
627	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, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98													
628	PRESENCE OF OTHERS DURING THIS SECTION	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>CHILDREN <10</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FEMALE ADULTS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	CHILDREN <10	1	2	MALE ADULTS	1	2	FEMALE ADULTS	1	2	
	YES	NO													
CHILDREN <10	1	2													
MALE ADULTS	1	2													
FEMALE ADULTS	1	2													
629	Do you know of a place where a person can get male condoms?	YES 1 NO 2	→ 632												
630	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER B GOVT. DISPENSARY C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC E PHARMACY/CHEMIST F NURSING/MATERNITY HOME G FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC H FAMILY OPTIONS/FHOK CLINIC ... I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP K MOBILE CLINIC L COMMUNITY-BASED DISTRIBUTOR M COMMUNITY HEALTH WORKER/ CHW N FRIEND/RELATIVE O DISPENSER P OTHER _____ X (SPECIFY)													
631	If you wanted to, could you yourself get a male condom?	YES 1 NO 2 DON'T KNOW/UNSURE 8													
632	Do you know of a place where a person can get female condoms?	YES 1 NO 2	→ 701												

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
633	<p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVT. HEALTH CENTER B</p> <p>GOVT. DISPENSARY C</p> <p>OTHER PUBLIC SECTOR _____ D</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL/CLINIC E</p> <p>PHARMACY/CHEMIST F</p> <p>NURSING/MATERNITY HOME G</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC H</p> <p>FAMILY OPTIONS/FHOK CLINIC ... I</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ J</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP K</p> <p>MOBILE CLINIC L</p> <p>COMMUNITY-BASED DISTRIBUTOR M</p> <p>COMMUNITY HEALTH WORKER/ CHW N</p> <p>FRIEND/RELATIVE O</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
634	<p>If you wanted to, could you yourself get a female condom?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW/UNSURE 8</p>	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		→ 712
702	CHECK 226: PREGNANT <input type="checkbox"/> NOT PREGNANT OR UNSURE <input type="checkbox"/>		→ 704
703	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	→ 705 → 711
704	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD 1 NO MORE/NONE 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW 8	→ 707 → 712 → 710
705	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> a) How long would you like to wait from now before the birth of (a/another) child? b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS 1 YEARS 2 SOON/NOW 993 SAYS SHE CAN'T GET PREGNANT . 994 AFTER MARRIAGE 995 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	→ 710 → 712 → 710
706	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→ 711
707	CHECK 303: USING A CONTRACEPTIVE METHOD? NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		→ 712
708	CHECK 705: NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/>		→ 711

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
709	<p>CHECK 704:</p> <p>WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/></p> <p>↓</p> <p>a) You have said that you do not want (a/another) child soon.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>WANTS NO MORE/NONE <input type="checkbox"/></p> <p>↓</p> <p>b) You have said that you do not want any (more) children.</p> <p>Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY . . . D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED . . . J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>SIDE EFFECTS/HEALTH CONCERNS O</p> <p>LACK OF ACCESS/TOO FAR P</p> <p>COSTS TOO MUCH Q</p> <p>PREFERRED METHOD</p> <p>NOT AVAILABLE R</p> <p>NO METHOD AVAILABLE S</p> <p>INCONVENIENT TO USE T</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES U</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
710	<p>CHECK 303: USING A CONTRACEPTIVE METHOD?</p> <p>NOT ASKED <input type="checkbox"/></p> <p>↓</p> <p>NO, NOT CURRENTLY USING <input type="checkbox"/></p> <p>↓</p> <p>YES, CURRENTLY USING <input type="checkbox"/></p> <p>→ 712</p>		
711	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 711B</p> <p>→ 712</p>
711A	<p>What contraceptive method would you prefer to use?</p>	<p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>LACTATIONAL AMEN. METHOD 09</p> <p>RHYTHM METHOD 10</p> <p>WITHDRAWAL 11</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>UNSURE 98</p>	<p>→ 712</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																					
715A	In the last 12 months have you: a) Heard family planning at public forums, such as Barazas or public gatherings? b) Seen family planning informational material, such as posters, brochures, or stickers? c) Been visited by a health worker or health professional to discuss family planning issues? d) Received family planning messages through social media platforms, such as Facebook or twitter? e) Received family planning messages through a mobile phone via text or email? f) Heard political / religious / community leaders talk favorably about family planning?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>a) PUBLIC FORUMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b) INFORMATIONAL MATERIAL .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c) VISITED BY HEALTH WRKER .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d) SOCIAL MEDIA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e) MOBILE PHONE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f) COMMUNITY LEADERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	a) PUBLIC FORUMS	1	2	b) INFORMATIONAL MATERIAL .	1	2	c) VISITED BY HEALTH WRKER .	1	2	d) SOCIAL MEDIA	1	2	e) MOBILE PHONE	1	2	f) COMMUNITY LEADERS	1	2	
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f) COMMUNITY LEADERS	1	2																						
716	CHECK 601: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/>	<input type="checkbox"/> → 801																						
716A	Now I want to ask you about your husband's / partner's views on family planning. Do you think that your husband / partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES 1 DISAPPROVES 2 DON'T KNOW 8																						
716B	How often have you talked to your husband / partner about family planning in the past year?	NEVER 1 ONCE OR TWICE 2 MORE OFTEN 3																						
717	CHECK 303: USING A CONTRACEPTIVE METHOD? CURRENTLY USING <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> OR NOT ASKED	<input type="checkbox"/> → 720																						
717A	CHECK 304: CURRENT CONTRACEPTIVE METHOD USED OTHER CODE <input type="checkbox"/> CODE B, G, OR M CIRCLED <input type="checkbox"/>	<input type="checkbox"/> → 718																						
717B	Does your husband / partner know you are using a method of family planning?	YES 1 NO 2 DON'T KNOW 8																						
718	Would you say that using contraception is mainly your decision, mainly your (husband's/partner's) decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND/PARTNER 2 JOINT DECISION 3 OTHER 6 (SPECIFY) _____																						
719	CHECK 304: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>	<input type="checkbox"/> → 801																						
720	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER 1 MORE CHILDREN 2 FEWER CHILDREN 3 DON'T KNOW 8																						

SECTION 8. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p>	<p>NEVER MARRIED AND NEVER LIVED WITH A MAN <input type="checkbox"/></p>	<p>→ 803</p> <p>→ 807</p>
802	<p>How old was your (husband/partner) on his last birthday?</p>	<p>AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/></p>	
803	<p>Did your (last) (husband/partner) ever attend school?</p>	<p>YES 1 NO 2</p>	<p>→ 806</p>
804	<p>What was the highest level of school he attended: primary, vocational, secondary, or higher?</p>	<p>PRIMARY 1 POST-PRIMARY/VOCATIONAL 2 SECONDARY/ 'A' LEVEL 3 COLLEGE (MIDDLE LEVEL) 4 UNIVERSITY 5 DON'T KNOW 8</p>	<p>→ 806</p>
805	<p>What was the highest (standard/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.</p>	<p>STANDARD/FORM/YEAR ... <input type="text"/> <input type="text"/> DON'T KNOW 98</p>	
806	<p>CHECK 801:</p> <p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>a) What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p> <p>b) What was your (last) (husband's/ partner's) occupation? That is, what kind of work does he mainly do?</p>	<p><input type="text"/> <input type="text"/> _____ _____ _____</p>	
807	<p>Aside from your own housework, have you done any work in the last seven days?</p>	<p>YES 1 NO 2</p>	<p>→ 811</p>
808	<p>As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?</p>	<p>YES 1 NO 2</p>	<p>→ 811</p>
809	<p>Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?</p>	<p>YES 1 NO 2</p>	<p>→ 811</p>
810	<p>Have you done any work in the last 12 months?</p>	<p>YES 1 NO 2</p>	<p>→ 815</p>
811	<p>What is your occupation, that is, what kind of work do you mainly do?</p>	<p><input type="text"/> <input type="text"/> _____ _____ _____</p>	
811A	<p>CHECK 811:</p> <p>WORKS IN AGRICULTURE <input type="checkbox"/></p> <p>DOES NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		<p>→ 812</p>

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811B	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND 1 FAMILY LAND 2 RENTED LAND 3 SOMEONE ELSE'S LAND 4 OTHER 6 _____ (SPECIFY)	
812	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
813	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR . . . 2 ONCE IN A WHILE 3	
814	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	
815	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>	→ 823	
816	CHECK 814: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>	→ 819	
817	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 OTHER 6 _____ (SPECIFY)	
818	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 820
819	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER 6 _____ (SPECIFY)	
820	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	
821	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																								
822	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																									
822A	Who usually makes decisions about what food should be cooked each day?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 3 SOMEONE ELSE 4 OTHER 6																									
823	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
824	Do you own any land either alone or jointly with someone else?	ALONE ONLY 1 JOINTLY ONLY 2 BOTH ALONE AND JOINTLY 3 DOES NOT OWN 4																									
825	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="1"> <thead> <tr> <th></th> <th>PRES./ LISTEN.</th> <th>PRES./ NOT LISTEN.</th> <th>NOT PRES.</th> </tr> </thead> <tbody> <tr> <td>CHILDREN < 10</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER FEMALES</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	CHILDREN < 10	1	2	3	HUSBAND	1	2	3	OTHER MALES	1	2	3	OTHER FEMALES	1	2	3					
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826	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) GOES OUT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) NEGL. CHILDREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ARGUES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) REFUSES SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) BURNS FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) GOES OUT	1	2	8	b) NEGL. CHILDREN	1	2	8	c) ARGUES	1	2	8	d) REFUSES SEX	1	2	8	e) BURNS FOOD	1	2	8	
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SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES 1 NO 2	→ 937
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
904A	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES 1 NO 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES 1 NO 2 DON'T KNOW 8	
906	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES 1 NO 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES 1 NO 2 DON'T KNOW 8	
907A	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES 1 NO 2	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREGNANCY. 1 2 8 b) DURING DELIVERY ... 1 2 8 c) BREASTFEEDING ... 1 2 8	
909	CHECK 908: AT LEAST <input type="checkbox"/> OTHER <input type="checkbox"/> ONE 'YES' ↓		→ 911
910	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
911	CHECK 208 AND 215: NO BIRTHS <input type="checkbox"/> → 926 LAST BIRTH SINCE <input type="checkbox"/> LAST BIRTH BEFORE <input type="checkbox"/> JANUARY 2012 JANUARY 2012 → 926		
912	CHECK 408 FOR LAST BIRTH: HAD <input type="checkbox"/> NO <input type="checkbox"/> ANTENATAL CARE ANTENATAL CARE → 920		
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
914	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting the AIDS virus from their mother? b) Things that you can do to prevent getting the AIDS virus? c) Getting tested for the AIDS virus?	YES NO DK a) AIDS FROM MOTHER . 1 2 8 b) THINGS TO DO 1 2 8 c) TESTED FOR AIDS . . . 1 2 8	
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES 1 NO 2	
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES 1 NO 2	→ 920
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER/CLINIC . 12 GOVERNMENT DISPENSARY 13 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC 21 MISSIONARY/CHURCH HOSP./ CLINIC 22 FAMILY OPTIONS/FHOK CLINIC . . 23 VCT CENTRE 24 NURSING/MATERNITY HOMES . . 25 BLOOD TRANSFUSION SERVICES 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) OTHER SOURCE HOME 31 CORRECTIONAL FACILITY 32 OTHER _____ 96 (SPECIFY)	
918	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES 1 NO 2 DON'T KNOW 8	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE <input type="checkbox"/> OTHER <input type="checkbox"/> 21-36 CIRCLED ↓		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES 1 NO 2	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	→ 931A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES 1 NO 2	→ 930
927	How many months ago was your most recent HIV test?	MONTHS AGO <input type="text"/> <input type="text"/> TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES 1 NO 2	
929	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER/CLINIC . 12 GOVERNMENT DISPENSARY . . . 13 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ 21 MISSIONARY/CHURCH HOSP./ CLINIC 22 FAMILY OPTIONS/FHOK CLINIC . . 23 VCT CENTRE 24 NURSING/MATERNITY HOMES . . 25 BLOOD TRANSFUSION SERVICES . 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) OTHER SOURCE HOME 31 CORRECTIONAL FACILITY 32 OTHER _____ 96 (SPECIFY)	→ 931A
930	Do you know of a place where people can go to get tested for the AIDS virus?	YES 1 NO 2	→ 931A
931	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTER/CLINIC . B GOVERNMENT DISPENSARY . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ E MISSIONARY/CHURCH HOSP./ CLINIC F FAMILY OPTIONS/FHOK CLINIC . . G VCT CENTRE H NURSING/MATERNITY HOMES . . I BLOOD TRANSFUSION SERVICES . J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) OTHER _____ X (SPECIFY)	
931A	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 932

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
937B	<p>If a woman has a sexually transmitted disease, what symptoms might she have?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED</p>	<p>ABDOMINAL PAIN A</p> <p>GENITAL DISCHARGE/DRIPPING ... B</p> <p>FOUL SMELL/DISCHARGE C</p> <p>BURNING PAIN ON URINATION D</p> <p>REDNESS/INFLAMATION IN GENITAL AREA E</p> <p>SWELLING IN GENITAL AREA F</p> <p>GENITAL SORES/ULCERS G</p> <p>GENITAL WARTS H</p> <p>GENITAL ITCHING I</p> <p>BLOOD IN URINE J</p> <p>LOSS OF WEIGHT K</p> <p>HARD TO GET PREGNANT L</p> <p>OTHER _____ W</p> <p>(SPECIFY)</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p> <p>NO SYMPTOMS Y</p> <p>DOES NOT KNOW Z</p>	
938	<p>CHECK 613:</p> <p>HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/></p> <p>NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/></p>		→ 946
939	<p>CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS?</p> <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p>		→ 941
940	<p>Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
941	<p>Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
942	<p>Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
943	<p>CHECK 940, 941, AND 942:</p> <p>HAS HAD AN INFECTION (ANY 'YES') <input type="checkbox"/></p> <p>HAS NOT HAD AN INFECTION OR DOES NOT KNOW <input type="checkbox"/></p>		→ 946
944	<p>The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?</p>	<p>YES 1</p> <p>NO 2</p>	→ 945A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
945	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVT. HEALTH CENTRE/CLINIC... B GOVT. DISPENSARY C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR E MISSIONARY/CHURCH HOSP/ CLINIC F FAMILY OPTIONS/FHOK CLINIC ... G VCT CENTRE H NURSING/MATERNITY HOMES ... I BLOOD TRANSFUSION SERVICES . J OTHER PRIVATE MEDICAL..... K SECTOR _____ K (SPECIFY) OTHER SOURCE SHOP/PHARMACY L TRADITIONAL HEALER M COMMUNITY HEALTH WORKER/ CHW N FRIENDS/RELATIVES O OTHER _____ X (SPECIFY)													
945A	When you had (PROBLEM(S) FROM 940/941/942), did you inform the persons with whom you were having sex?	YES, INFORMED ALL PARTNERS ... 1 INFORMED SOME, NOT ALL 2 NO, INFORMED NONE 3 DID NOT HAVE A PARTNER 4	→ 946												
945B	When you had (PROBLEM(S) FROM 940/941/942), did you do anything to avoid infecting your sexual partner(s)?	YES 1 NO 2	→ 946												
945C	What did you do to avoid infecting your partner(s)? Did you: a) Use medicine? b) Stop sex? c) Use a condom when having sex?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>a) USE MEDICINE</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>b) STOP HAVING SEX</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>c) USE CONDOM.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	a) USE MEDICINE	1	2	b) STOP HAVING SEX	1	2	c) USE CONDOM.....	1	2	
	YES	NO													
a) USE MEDICINE	1	2													
b) STOP HAVING SEX	1	2													
c) USE CONDOM.....	1	2													
946	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8													
947	Is a wife justified in refusing to have sex with her husband when she knows he has sex with women other than his wives?	YES 1 NO 2 DON'T KNOW 8													
948	CHECK 601: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 1001												
949	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8													
950	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8													

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	<p>Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months?</p> <p>IF YES: How many injections have you had?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1003A
1002	<p>Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker?</p> <p>IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'.</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p>	<p>NUMBER OF INJECTIONS ... <input type="text"/> <input type="text"/></p> <p>NONE 00</p>	→ 1003A
1003	<p>The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
1003A	<p>Have you ever been told by a doctor or health worker that you have raised blood pressure or hypertension?</p>	<p>YES 1</p> <p>NO 2</p>	
1003B	<p>Have you ever been told by a doctor or health worker that you have raised blood sugar or diabetes?</p>	<p>YES 1</p> <p>NO 2</p>	
1003C	<p>In the past 12 months, have you been involved in a road traffic accident as a driver, passenger, pedestrian, or cyclist?</p>	<p>YES 1</p> <p>NO 2</p>	
1003D	<p>In the past 12 months, were you injured accidentally, not related to a traffic accident?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1003F
1003E	<p>How did the injury happen?</p> <p>RECORD ALL MENTIONED</p>	<p>FALL A</p> <p>BURN B</p> <p>POISONING C</p> <p>CUT D</p> <p>NEAR-DROWNING E</p> <p>ANIMAL BITE F</p> <p>SHOOTING G</p> <p>OTHER _____ X (SPECIFY)</p>	
1003F	<p>Have you ever heard of an illness called tuberculosis or TB?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1004
1003G	<p>How does tuberculosis spread from one person to another?</p> <p>PROBE: Any other ways?</p> <p>RECORD ALL MENTIONED</p>	<p>THROUGH THE AIR WHEN COUGHING OR SNEEZING A</p> <p>THROUGH SHARING UTENSILS B</p> <p>THROUGH TOUCHING A PERSON WITH TB C</p> <p>THROUGH FOOD D</p> <p>THROUGH SEXUAL CONTACT E</p> <p>THROUGH MOSQUITO BITES F</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
1004	<p>Do you currently smoke cigarettes?</p>	<p>YES 1</p> <p>NO 2</p>	→ 1006
1005	<p>In the last 24 hours, how many cigarettes did you smoke?</p>	<p>NUMBER OF CIGARETTES <input type="text"/> <input type="text"/></p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1006	Do you currently smoke or use any (other) type of tobacco?	YES 1 NO 2	→ 1007A
1007	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE A CHEWING TOBACCO B SNUFF C WATER PIPE / SHISHA D OTHER _____ X (SPECIFY)	
1007A	Do you drink alcohol?	YES 1 NO 2	→ 1007C
1007B	During the last two weeks, on how many days did you have at least one alcoholic drink?	NUMBER OF DAYS <input type="text"/> <input type="text"/>	
1007C	Are you involved in exercise that causes an increase in your heart rate for at least 10 minutes continuously...: a) At work? b) During other physical activities?	YES NO a) AT WORK 1 2 b) OTHER PHYSICAL ACTIVITIES 1 2	
1008	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) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	BIG NOT A BIG PROB- PROB- LEM LEM a) PERMISSION TO GO . 1 2 b) GETTING MONEY ... 1 2 c) DISTANCE 1 2 d) GO ALONE 1 2	
1008A	Now I would like to ask you about women's health. Have you ever heard of cervical cancer?	YES 1 NO 2	→ 1008D
1008B	Have you ever had a test or exam to see if you had cervical cancer?	YES 1 NO 2	→ 1008D
1008C	What type of exam did you have to see if you have cervical cancer?	PAP SMEAR A VISUAL INSPECTION (WITH ACETIC ACID (VIA)/ LUGOL'S IODINE (VILI)) B DON'T KNOW / NOT SURE X	
1008D	Have you ever examined your breasts to detect or check for breast cancer?	YES 1 NO 2	
1008E	Has a doctor or other health professional examined your breasts to detect or check for breast cancer?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1009	Are you covered by any health insurance?	YES 1 NO 2	→ 1101
1010	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE A HEALTH INSURANCE THROUGH EMPLOYER B NATIONAL HEALTH INSURANCE SCHEME C PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE D PRE-PAYMENT SCHEME..... E OTHER _____ X (SPECIFY)	

SECTION 11. MATERNAL MORTALITY

NO.		CODING CATEGORIES						SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER <input type="text"/> <input type="text"/>						
1102	CHECK 1101: TWO OR MORE BIRTHS <input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/>						→ 1201	
1103	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS <input type="text"/> <input type="text"/>						
1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	
1105	Is (NAME) male or female?	MALE 1 FEMALE 2						
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (2) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (3) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (4) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (5) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (6) ←	YES ... 1 NO ... 2 GO TO 1108 ← DK ... 8 GO TO (7) ←	
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (2)	<input type="text"/> <input type="text"/> GO TO (3)	<input type="text"/> <input type="text"/> GO TO (4)	<input type="text"/> <input type="text"/> GO TO (5)	<input type="text"/> <input type="text"/> GO TO (6)	<input type="text"/> <input type="text"/> GO TO (7)	
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>						
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)	
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	YES ... 1 GO TO 1113 ← NO ... 2	
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2						
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>						
IF NO MORE BROTHERS OR SISTERS, GO TO 1201.								

1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (8)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (9)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (10)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (11)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (12)	YES ... 1 NO ... 2 GO TO 1108 DK ... 8 GO TO (13)
1107	How old is (NAME)?	<input type="text"/> <input type="text"/> GO TO (8)	<input type="text"/> <input type="text"/> GO TO (9)	<input type="text"/> <input type="text"/> GO TO (10)	<input type="text"/> <input type="text"/> GO TO (11)	<input type="text"/> <input type="text"/> GO TO (12)	<input type="text"/> <input type="text"/> GO TO (13)
1108	How many years ago did (NAME) die?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
1109	How old was (NAME) when he/she died?	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	<input type="text"/> <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1111	Did (NAME) die during childbirth?	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2	YES ... 1 GO TO 1113 NO ... 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2	YES ... 1 NO ... 2
1113	How many live born children did (NAME) give birth to during her lifetime?	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.							

SECTION 12: FISTULA

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES 1 NO 2	→ 1203
1202	Have you ever heard of this problem?	YES 1 NO 2	→ 1301
1203	Did this problem start after you delivered a baby or had a stillbirth?	AFTER DELIVERED BABY 1 AFTER HAD STILLBIRTH..... 2 NEITHER 3	→ 1205
1204	Did this problem start after a normal labor and delivery, or after a very difficult labor and delivery?	NORMAL LABOR/DELIVERY 1 VERY DIFFICULT LABOR/DELIVERY . 2	→ 1206
1205	What do you think caused this problem?	SEXUAL ASSAULT 1 PELVIC SURGERY 2 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	→ 1207
1206	How many days after (CAUSE OF PROBLEM FROM 1203 OR 1205) did the leakage start?	NUMBER OF DAYS AFTER DELIVERY/OTHER EVENT <input type="text"/> <input type="text"/> (ENTER 90 IF 90 DAYS OR MORE)	
1207	Have you sought treatment for this condition?	YES 1 NO 2	→ 1209
1208	Why have you not sought treatment? PROBE AND RECORD ALL MENTIONED.	DO NOT KNOW CAN BE FIXED A DO NOT KNOW WHERE TO GO B TOO EXPENSIVE C TOO FAR D POOR QUALITY OF CARE E COULD NOT GET PERMISSION F EMBARRASSMENT G PROBLEM DISAPPEARED H OTHER _____ X (SPECIFY)	→ 1301
1209	From whom did you last seek treatment?	HEALTH PROFESSIONAL DOCTOR 1 NURSE/MIDWIFE 2 OTHER PERSON COMMUNITY/VILLAGE HEALTH WORKER 3 OTHER _____ 6 (SPECIFY)	
1210	Did you have an operation to fix the problem?	YES 1 NO 2	
1211	Did the treatment stop the leakage completely? IF NO: Did the treatment reduce the leakage?	YES, STOPPED COMPLETELY 1 NOT STOPPED BUT REDUCED 2 NOT STOPPED AT ALL 3 DID NOT RECEIVE TREATMENT 4	

SECTION 13: FEMALE GENITAL CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301	Have you ever heard of female circumcision?	YES 1 NO 2	→ 1303
1302	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ 1401
1303	Have you yourself ever been circumcised?	YES 1 NO 2	→ 1309
1304	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES 1 NO 2 DON'T KNOW 8	→ 1306
1305	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
1306	Was your genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	
1307	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
1308	Who performed the circumcision?	TRADITIONAL TRAD. CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
1309	CHECK 213, 215 AND 216: HAS ONE OR MORE <input type="checkbox"/> LIVING DAUGHTERS BORN IN 1999 OR LATER ↓ HAS NO LIVING <input type="checkbox"/> DAUGHTERS BORN IN 1999 OR LATER		→ 1315A

<p>CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES). READ TO RESPONDENT</p> <p>Now I would like to ask you some questions about your (daughter/daughters).</p>				
1310	BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 1999 OR LATER	YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> NAME _____	NEXT-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> NAME _____	SECOND-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER <input type="text"/> <input type="text"/> NAME _____
1311	Is (NAME OF DAUGHTER) circumcised?	YES 1 NO 2 (GO TO 1311 ← IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1315A)	YES 1 NO 2 (GO TO 1311 ← IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1315A)	YES 1 NO 2 (GO TO 1311 ← IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1315A)
1312	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW 98	AGE IN COMPLETED YEARS ... <input type="text"/> <input type="text"/> DON'T KNOW 98
1313	Was her genital area sewn closed?	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8	YES 1 NO 2 DON'T KNOW 8
1314	Who performed the circumcision?	TRADITIONAL CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98
1315		GO BACK TO 1311 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1315A.	GO BACK TO 1311 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1315A.	GO TO 1311 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1315A.
1315A	Do you believe that this practice is required by your community?		YES 1 NO 2 DON'T KNOW 8	
1316	Do you believe that this practice is required by your religion?		YES 1 NO 2 NO RELIGION 3 DON'T KNOW 8	
1317	Do you think that female circumcision should be continued, or should it be stopped?		CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8	

SECTION 14: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																			
1401	<p>CHECK COVER PAGE: IS WOMAN SELECTED FOR SECTION 14?</p> <p>WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/></p> <p>WOMAN NOT SELECTED <input type="checkbox"/></p>		1433																																			
1401A	<p>CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED.</p> <p>PRIVACY OBTAINED 1</p> <p>PRIVACY NOT POSSIBLE 2</p>		1432																																			
<p>READ TO THE RESPONDENT</p> <p>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.</p>																																						
1402	<p>CHECK 601 AND 602:</p> <p>CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER') <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/></p>		1416																																			
1403	<p>First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) (husband/partner)?</p> <p>a) He (is/was) jealous or angry if you (talk/talked) to other men?</p> <p>b) He frequently (accuses/accused) you of being unfaithful?</p> <p>c) He (does/did) not permit you to meet your female friends?</p> <p>d) He (tries/tried) to limit your contact with your family?</p> <p>e) He (insists/insisted) on knowing where you (are/were) at all times?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) JEALOUS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) ACCUSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) NOT MEET FRIENDS .</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) NO FAMILY</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) WHERE YOU ARE .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) JEALOUS	1	2	8	b) ACCUSES	1	2	8	c) NOT MEET FRIENDS .	1	2	8	d) NO FAMILY	1	2	8	e) WHERE YOU ARE .	1	2	8												
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e) WHERE YOU ARE .	1	2	8																																			
1404	<p>Now I need to ask some more questions about your relationship with your (last) (husband/partner).</p> <p>A Did your (last) (husband/partner) ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	NO	2 ↓				b) YES	1 →	1	2	3	NO	2 ↓				c) YES	1 →	1	2	3	NO	2 ↓				
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1405	<p>A Did your (last) (husband/partner) ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) threaten or attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1" data-bbox="727 226 1362 1205"> <thead> <tr> <th></th> <th>EVER</th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>b) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>c) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>d) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>e) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>f) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>g) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>h) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>i) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> <tr> <td>j) YES</td> <td>1 →</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>NO</td> <td>2 ↓</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) YES	1 →	1	2	3	NO	2 ↓				b) YES	1 →	1	2	3	NO	2 ↓				c) YES	1 →	1	2	3	NO	2 ↓				d) YES	1 →	1	2	3	NO	2 ↓				e) YES	1 →	1	2	3	NO	2 ↓				f) YES	1 →	1	2	3	NO	2 ↓				g) YES	1 →	1	2	3	NO	2 ↓				h) YES	1 →	1	2	3	NO	2 ↓				i) YES	1 →	1	2	3	NO	2 ↓				j) YES	1 →	1	2	3	NO	2 ↓				
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1406	<p>CHECK 1405A (a-j):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>	<p>→ 1409</p>	<p>→ 1409</p>																																																																																																									
1407	<p>How long after you first (got married/started living together) with your (last) (husband/partner) did (this/any of these things) first happen?</p> <p>IF LESS THAN ONE YEAR, RECORD '00'.</p>	<p>NUMBER OF YEARS <input type="text"/> <input type="text"/></p> <p>BEFORE MARRIAGE/BEFORE LIVING TOGETHER 95</p>																																																																																																										
1408	<p>Did the following ever happen as a result of what your (last) (husband/partner) did to you:</p> <p>a) You had cuts, bruises, or aches?</p> <p>b) You had eye injuries, sprains, dislocations, or burns?</p> <p>c) You had deep wounds, broken bones, broken teeth, or any other serious injury?</p>	<p>a) YES 1 NO 2</p> <p>b) YES 1 NO 2</p> <p>c) YES 1 NO 2</p>																																																																																																										
1409	<p>Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/partner) at times when he was not already beating or physically hurting you?</p>	<p>YES 1 NO 2</p>	<p>→ 1411</p>																																																																																																									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1410	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1411	Does (did) your (last) (husband/partner) drink alcohol?	YES 1 NO 2	→ 1413
1412	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN 1 SOMETIMES 2 NEVER 3	
1413	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID 1 SOMETIMES AFRAID 2 NEVER AFRAID 3	
1414	CHECK 609: MARRIED MORE THAN ONCE <input type="checkbox"/> MARRIED ONLY ONCE <input type="checkbox"/>		→ 1416
1415	A. So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner). a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B. How long ago did this last happen? EVER 0 - 11 MONTHS AGO 12+ MONTHS AGO DON'T REMEMBER a) YES 1 → 1 2 3 NO 2 ↓ b) YES 1 → 1 2 3 NO 2 ↓	
1416	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1419
1417	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER A FATHER/STEP-FATHER B SISTER/BROTHER C DAUGHTER/SON D OTHER RELATIVE E CURRENT BOYFRIEND F FORMER BOYFRIEND G MOTHER-IN-LAW H FATHER-IN-LAW I OTHER IN-LAW J TEACHER K EMPLOYER/SOMEONE AT WORK ... L POLICE/SOLDIER M OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1418	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN 1 SOMETIMES 2 NOT AT ALL 3	
1419	CHECK 201, 226, AND 230: EVER BEEN PREGNANT (YES ON 201 OR 226 OR 230) <input type="checkbox"/> NEVER BEEN PREGNANT <input type="checkbox"/>		→ 1422
1420	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES 1 NO 2	→ 1422
1421	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER A MOTHER/STEP-MOTHER B FATHER/STEP-FATHER C SISTER/BROTHER D DAUGHTER/SON E OTHER RELATIVE F FORMER HUSBAND/PARTNER G CURRENT BOYFRIEND H FORMER BOYFRIEND I MOTHER-IN-LAW J FATHER-IN-LAW K OTHER IN-LAW L TEACHER M EMPLOYER/SOMEONE AT WORK N POLICE/SOLDIER O OTHER _____ X (SPECIFY)	
1422	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/>		→ 1422B
1422A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (husband/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1423 → 1424A
1422B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1426
1423	Who was the person who was forcing you the very first time this happened?	CURRENT HUSBAND/PARTNER 01 FORMER HUSBAND/PARTNER 02 CURRENT/FORMER BOYFRIEND 03 FATHER/STEP-FATHER 04 BROTHER/STEP-BROTHER 05 OTHER RELATIVE 06 IN-LAW 07 OWN FRIEND/ACQUAINTANCE 08 FAMILY FRIEND 09 TEACHER 10 EMPLOYER/SOMEONE AT WORK 11 POLICE/SOLDIER 12 PRIEST/RELIGIOUS LEADER 13 STRANGER 14 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1424	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> a) In the last 12 months, has anyone other than (your/any) (husband/partner) physically forced you to have sexual intercourse when you did not want to? NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES 1 NO 2	<input type="checkbox"/> → 1425
1424A	CHECK 1405A(h-j) and 1415A(b) AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		<input type="checkbox"/> → 1426
1425	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN <input type="checkbox"/> a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) husband/partner? NEVER MARRIED/NEVER LIVED WITH A MAN <input type="checkbox"/> b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . <input type="text"/> <input type="text"/> DON'T KNOW 98	
1426	CHECK 1405A (a-j), 1415A (a,b), 1416, 1420, 1422A, AND 1422B: AT LEAST ONE 'YES' <input type="checkbox"/> NOT A SINGLE 'YES' <input type="checkbox"/>		<input type="checkbox"/> → 1430
1427	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES 1 NO 2	<input type="checkbox"/> → 1429
1428	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY ... B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND ... D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL ... H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION . K OTHER _____ X (SPECIFY)	<input type="checkbox"/> → 1430
1429	Have you ever told any one about this?	YES 1 NO 2	
1430	As far as you know, did your father ever beat your mother?	YES 1 NO 2 DON'T KNOW 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																			
1431	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="1"> <thead> <tr> <th></th> <th>YES ONCE</th> <th>YES, MORE THAN ONCE</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>HUSBAND</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>OTHER MALE ADULT ...</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>FEMALE ADULT</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		YES ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ...	1	2	3	FEMALE ADULT	1	2	3	
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1432	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE <hr/> <hr/> <hr/>																		
1433	RECORD THE TIME.	HOUR MINUTES	<table border="1"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- 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 SIDE EFFECTS/HEALTH CONCERNS
- 6 LACK OF ACCESS/TOO FAR
- 7 COSTS TOO MUCH
- 8 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

			1	2	
	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
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	03	MAR	70		
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	01	JAN	72		