

NATIONAL COUNCIL OF POPULATION AND DEVELOPMENT
MINISTRY OF HOME AFFAIRS AND NATIONAL HERITAGE
KENYA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE
(For Women Aged 15-49 Who Slept There Last Night)

CONFIDENTIAL
Data used
for research
purposes only

IDENTIFICATION

PROVINCE _____

DISTRICT _____

LOCATION/TOWN _____

SUBLOCATION/WARD _____

CLUSTER NUMBER.....

HOUSEHOLD NUMBER.....

STRUCTURE NUMBER.....

URBAN/RURAL (urban=1, rural=2).....

NAME OF HOUSEHOLD HEAD _____

LINE NUMBER OF WOMAN.....

INTERVIEWER VISITS	1	2	3	FINAL VISIT
DATE				<div style="display: flex; justify-content: space-between;"> <div>MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></div> <div>YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div></div> </div>
INTERVIEWER'S NAME				INTER- VIEWER NO. <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
RESULT*				FINAL RESULT <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>

*RESULT CODES: 1 COMPLETED 4 REFUSED
 2 NOT AT HOME 5 PARTLY COMPLETED
 3 POSTPONED 6 OTHER

LANGUAGE OF QUESTIONNAIRE** ENGLISH

LANGUAGE USED IN INTERVIEW**.....

RESPONDENT'S LOCAL LANGUAGE**.....

TRANSLATOR USED (1=NOT AT ALL; 2=SOMETIME; 3=ALL THE TIME)...

**LANGUAGE CODES: 01 KALENJIN 05 LUHYA 09 KISWAHILI
 02 KAMBA 06 LUO 10 ENGLISH
 03 KIKUYU 07 MERU/EMBU 11 OTHER
 04 KISII 08 MIJIKENDA

NAME DATE	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY
				<div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> </div>

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
103	RECORD THE TIME.	HOUR..... MINUTES.....	
104	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 the countryside, in Nairobi or Mombasa, or in another town?	COUNTRYSIDE.....1 NAIROBI/MOMBASA.....2 OTHER TOWN.....3	
105	How long have you been living continuously in _____ (NAME OF SUBLOCATION, TOWN, CITY)?	ALWAYS.....95 VISITOR.....96 YEARS.....	>107
106	Just before you moved here, did you live in the countryside, in Nairobi or Mombasa, or in another town?	COUNTRYSIDE.....1 NAIROBI/MOMBASA.....2 OTHER TOWN.....3	
107	It is important to know your exact age. In what month and year were you born?	MONTH..... DK MONTH.....98 YEAR..... DK YEAR.....98	
108	How old were you at your last birthday? INTERVIEWER: COMPARE AND CORRECT 107 AND/OR 108 IF INCONSISTENT.	AGE IN COMPLETED YEARS...	
109	Have you ever attended school?	YES.....1 NO.....2	>112A
110	What was the highest level of school you attended: primary, secondary, higher or university?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3 UNIVERSITY.....4 OTHER _____ 5 (SPECIFY)	
111	What was the highest (standard, form, year) you completed at that level?	STANDARD/FORM/YEAR.....	
112	INTERVIEWER: CHECK 110: PRIMARY <input type="checkbox"/> SECONDARY OR ABOVE <input type="checkbox"/>		>114

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
112A	Have you ever attended an adult literacy class?	YES.....1 NO.....2	
113	Can you read a letter or newspaper in any language easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	
114	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
115	Where does your household get most of its water for drinking, handwashing, and cooking most of the year?	PIPED INTO HOUSE/COMPOUND/PLOT.....01 PUBLIC TAP.....02 WELL WITH HANDPUMP.....03 WELL WITHOUT HANDPUMP.....04 LAKE.....05 RIVER.....06 POND.....07 RAINWATER.....08 OTHER.....09 (SPECIFY)	→117 →117
115A	How long does it usually take you to go to that place, get water, and return?	MINUTES.....	
117	What kind of toilet facility does your household have?	FLUSH TOILET.....1 BUCKET.....2 PIT LATRINE.....3 OTHER.....4 (SPECIFY) NO FACILITIES.....5	→119
118	At what age do children in this household start using the same toilet facility as adults?	AGE IN YEARS..... NO CHILDREN.....96	
119	Do you have, right now, bathing soap or washing soap on the premises?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																											
120	Does your house have: Electricity? A radio? A television? A refrigerator?	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>ELECTRICITY.....</td><td>1</td><td>2</td></tr><tr><td>RADIO.....</td><td>1</td><td>2</td></tr><tr><td>TELEVISION.....</td><td>1</td><td>2</td></tr><tr><td>REFRIGERATOR.....</td><td>1</td><td>2</td></tr></table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2													
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ELECTRICITY.....	1	2																												
RADIO.....	1	2																												
TELEVISION.....	1	2																												
REFRIGERATOR.....	1	2																												
121	Does any member of your household own: A bicycle? A motorcycle? A car? A tractor? Land? Cattle, goats or sheep? Cash crops? A permanent house?	<table><tr><td></td><td>YES</td><td>NO</td></tr><tr><td>BICYCLE.....</td><td>1</td><td>2</td></tr><tr><td>MOTORCYCLE.....</td><td>1</td><td>2</td></tr><tr><td>CAR.....</td><td>1</td><td>2</td></tr><tr><td>TRACTOR.....</td><td>1</td><td>2</td></tr><tr><td>LAND.....</td><td>1</td><td>2</td></tr><tr><td>CATTLE, GOATS, SHEEP.....</td><td>1</td><td>2</td></tr><tr><td>CASH CROPS.....</td><td>1</td><td>2</td></tr><tr><td>PERMANENT HOUSE.....</td><td>1</td><td>2</td></tr></table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2	TRACTOR.....	1	2	LAND.....	1	2	CATTLE, GOATS, SHEEP.....	1	2	CASH CROPS.....	1	2	PERMANENT HOUSE.....	1	2	
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PERMANENT HOUSE.....	1	2																												
122	INTERVIEWER: INQUIRE OR OBSERVE MAIN MATERIAL OF THE FLOOR.	<table><tr><td>PARQUET/POLISHED WOOD PIECES....</td><td>1</td></tr><tr><td>VINYL/LINOLEUM/ASPHALT STRIPS...2</td><td></td></tr><tr><td>TILES.....</td><td>3</td></tr><tr><td>WOOD PLANKS.....</td><td>4</td></tr><tr><td>CEMENT.....</td><td>5</td></tr><tr><td>EARTH.....</td><td>6</td></tr><tr><td>OTHER _____</td><td>7</td></tr><tr><td colspan="2">(SPECIFY)</td></tr></table>	PARQUET/POLISHED WOOD PIECES....	1	VINYL/LINOLEUM/ASPHALT STRIPS...2		TILES.....	3	WOOD PLANKS.....	4	CEMENT.....	5	EARTH.....	6	OTHER _____	7	(SPECIFY)													
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OTHER _____	7																													
(SPECIFY)																														
130	What is your religion?	<table><tr><td>CATHOLIC.....</td><td>1</td></tr><tr><td>PROTESTANT/OTHER CHRISTIAN.....2</td><td></td></tr><tr><td>MUSLIM.....</td><td>3</td></tr><tr><td>OTHER (SPECIFY) _____</td><td>4</td></tr><tr><td>NO RELIGION.....</td><td>5</td></tr></table>	CATHOLIC.....	1	PROTESTANT/OTHER CHRISTIAN.....2		MUSLIM.....	3	OTHER (SPECIFY) _____	4	NO RELIGION.....	5																		
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140	What is your ethnic group/tribe?	<table><tr><td>KALENJIN.....</td><td>01</td></tr><tr><td>KAMBA.....</td><td>02</td></tr><tr><td>KIKUYU.....</td><td>03</td></tr><tr><td>KISII.....</td><td>04</td></tr><tr><td>LUHYA.....</td><td>05</td></tr><tr><td>LUO.....</td><td>06</td></tr><tr><td>MERU/EMBU.....</td><td>07</td></tr><tr><td>MIJIKENDA/SWAHILI.....</td><td>08</td></tr><tr><td>SOMALI.....</td><td>09</td></tr><tr><td>OTHER _____</td><td>10</td></tr><tr><td colspan="2">(SPECIFY)</td></tr></table>	KALENJIN.....	01	KAMBA.....	02	KIKUYU.....	03	KISII.....	04	LUHYA.....	05	LUO.....	06	MERU/EMBU.....	07	MIJIKENDA/SWAHILI.....	08	SOMALI.....	09	OTHER _____	10	(SPECIFY)							
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OTHER _____	10																													
(SPECIFY)																														
150	To which women's organization or association do you belong? CIRCLE CODES FOR ALL ORGANIZATIONS MENTIONED.	<table><tr><td>MAENDELEO YA WANAWAKE.....</td><td>1</td></tr><tr><td>MOTHERS' UNION OR ANY OTHER RELIGIOUS ASSOCIATION.....</td><td>1</td></tr><tr><td>LOCAL WOMEN'S GROUP/WELFARE ASS.</td><td>1</td></tr><tr><td>OTHER _____</td><td>1</td></tr><tr><td colspan="2">(SPECIFY)</td></tr><tr><td>NONE.....</td><td>1</td></tr></table>	MAENDELEO YA WANAWAKE.....	1	MOTHERS' UNION OR ANY OTHER RELIGIOUS ASSOCIATION.....	1	LOCAL WOMEN'S GROUP/WELFARE ASS.	1	OTHER _____	1	(SPECIFY)		NONE.....	1																
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(SPECIFY)																														
NONE.....	1																													

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
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 you have given birth to 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 ENTER '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters you have given birth to 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 ENTER '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	Have you ever given birth to a boy or a girl who was born alive but later died? IF NO, PROBE: Any (other) boy or girl who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	>208
207	How many boys have died? And how many girls have died? IF NONE ENTER '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, 207, AND ENTER TOTAL. IF NONE ENTER '00'.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ live births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> > PROBE AND CORRECT 201-209 AS NECESSARY		
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		>220

211 Now I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had. (RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS ON SEPARATE LINES. CODE TYPE OF BIRTH.)

212 What name was given to your (first, next) baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
01 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 ->(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES NO 1 2
02 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 ->(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES NO 1 2
03 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 ->(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES NO 1 2
04 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 ->(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES NO 1 2
05 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 ->(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES NO 1 2
06 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 ->(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES NO 1 2
07 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 ->(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES NO 1 2
08 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 ->(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN YEARS <input type="text"/> <input type="text"/>	YES NO 1 2

212 What name was given to your next baby?	213 Is (NAME) a boy or a girl?	214 In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season?	215 Is (NAME) still alive?	216 IF DEAD: How old was (NAME) when he/she died? RECORD DAYS IF LESS THAN ONE MONTH, MONTHS IF LESS THAN TWO YEARS, OR YEARS.	217 IF ALIVE: How old was (NAME) at his/ her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is he/she living with you?
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10 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 →(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> <input type="text"/> YEARS	YES NO 1 2
11 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 →(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> <input type="text"/> YEARS	YES NO 1 2
12 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 →(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> <input type="text"/> YEARS	YES NO 1 2
13 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 →(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> <input type="text"/> YEARS	YES NO 1 2
14 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 →(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO NEXT BIRTH)	AGE IN <input type="text"/> <input type="text"/> YEARS	YES NO 1 2
15 <input type="text"/> (NAME)	BOY GIRL 1 2	MONTH. <input type="text"/> <input type="text"/> YEAR.. <input type="text"/> <input type="text"/>	YES NO 1 2 →(GO TO 217)	DAYS.....1 <input type="text"/> <input type="text"/> MONTHS...2 <input type="text"/> <input type="text"/> YEARS....3 <input type="text"/> <input type="text"/> (GO TO 219)	AGE IN <input type="text"/> <input type="text"/> YEARS	YES NO 1 2

219 COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK:

NUMBERS
ARE SAME

☐

NUMBERS ARE
DIFFERENT

☐

→ (PROBE AND RECONCILE)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
220	Now I would like to ask you about some current events in your life. Are you pregnant now?	YES.....1 NO.....2 UNSURE.....8	→225
221	For how many months have you been pregnant?	MONTHS..... <input type="text"/> <input type="text"/>	
222	Since you have been pregnant, have you been given any injection to prevent the baby from getting tetanus?	YES.....1 NO.....2 DK.....8	→223
222A	How many injections did you receive?	NUMBER..... <input type="text"/> DK.....8	
222B	Where did you go to get the (last) injection?	HOSPITAL.....1 HEALTH CENTER/CLINIC/ DISPENSARY.....2 MOBILE CLINIC.....3 VILLAGE HEALTH WORKER.....4 PRIVATE DOCTOR.....5 SPECIAL CAMPAIGN.....6 OTHER.....7 (SPECIFY) DK.....8	
223	Did you see anyone for advice on this pregnancy?	YES.....1 NO.....2	→226
224	Whom did you see? PROBE FOR TYPE OF PERSON AND RECORD MOST QUALIFIED.	DOCTOR.....1 TRAINED NURSE/MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY)	→226
225	How long ago did your last menstrual period start?	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"/> BEFORE LAST BIRTH.....995 NEVER MENSTRUATED.....996	
226	From the time a woman gets her period until the time she gets her next period, when do you think she has the greatest chance of becoming pregnant? PROBE: What are the days during the month when a woman has to be careful to avoid becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS.....4 AT ANY TIME.....5 OTHER.....6 (SPECIFY) DK.....8	
227	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10.....1 2 HUSBAND.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	

SECTION 3. CONTRACEPTION

301 Now I would like to talk about a different topic. There are various ways or methods that a couple can use to delay or avoid a pregnancy. Which of these ways or methods have you heard about? CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 302A-305 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION.	302A Do you know how to use (METHOD)?	303 Have you ever used (METHOD) with any partner?	304 Where would you go to obtain (METHOD) if you wanted to use it? (CODES BELOW)	305 In your opinion, what is the main problem, if any, with using (METHOD)? (CODES BELOW)
01 PILL Women can take a pill every day.	YES/SPONT.....1→YES.....1 YES/PROBED.....2→ NO.....3 v	NO.....2	YES.. 1 NO... 2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.. 1 NO... 2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.. 1 NO... 2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
04 DIAPHRAGM/FOAM/JELLY Women can place a diaphragm, tampon, sponge, foam tablets, jelly or cream in themselves before sex.	YES/SPONT.....1→YES.....1 YES/PROBED.....2→ NO.....3 v	NO.....2	YES.. 1 NO... 2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
05 CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.. 1 NO... 2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
06 FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.. 1 NO... 2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
07 MALE STERILIZATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.. 1 NO... 2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
08 PERIODIC ABSTINENCE Couples can avoid having sexual intercourse on certain days of the month when the woman is more likely to become pregnant.	YES/SPONT.....1→YES.....1 YES/PROBED.....2→ NO.....3 v	NO.....2	YES.. 1 NO... 2	Where would you go to obtain advice on periodic abstinence? <input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
09 WITHDRAWAL Men can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3 v		YES.. 1 NO... 2	<input type="checkbox"/> <input type="checkbox"/> OTHER _____	<input type="checkbox"/> <input type="checkbox"/> OTHER _____
10 ANY OTHER METHODS? Have you heard of any other ways or methods that women or men can use to avoid pregnancy? (SPECIFY) _____	YES/SPONT.....1→ NO.....3 v	YES.....1 NO.....2	YES.. 1 NO... 2	CODES FOR 304 01 GOVERNMENT HOSPITAL 02 GOVMENT HEALTH CNTR 03 FPAK 04 MOBILE CLINIC 05 FIELD EDUCATOR 06 PHARMACY/SHOP 07 PRIVATE HOSPITAL 08 MISSION HOSP/DISP 09 EMPLOYER'S CLINIC 10 PRIVATE DOCTOR 11 TRADITIONAL HEALER 12 HUSB/PRTNR WOULD GO 13 FRIENDS/RELATIVES 14 OTHER (SPECIFY) 15 NOWHERE 98 DK	CODES FOR 305 01 NONE 02 NOT EFFECTIVE 03 PARTNER DISAPPROVES 04 COMMUNITY DISAPPRVS 05 RELIGION DISAPPRVES 06 HEALTH CONCERN 07 ACCESS/AVAILABILITY 08 COSTS TOO MUCH 09 INCONVENIENT TO USE 10 OTHER (SPECIFY) 98 DK

306 CHECK 303: NOT A SINGLE "YES" (NEVER USED) ☐ AT LEAST ONE "YES" (EVER USED) ☐ → SKIP TO 309

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
307	Just to make sure, have you ever used anything or tried in any way to delay or avoid getting pregnant? MARK APPROPRIATE BOX WITH AN 'X'.	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	>315G
308	What have you used or done? CORRECT 302-303 AND OBTAIN INFORMATION FOR 304 TO 306 AS NECESSARY.		
309	CHECK 303: EVER USED PERIODIC ABSTINENCE <input type="checkbox"/> NEVER USED PERIODIC ABSTINENCE <input type="checkbox"/>		>311
310	The last time you used periodic abstinence, how did you determine on which days you had to abstain?	BASED ON CALENDAR.....1 BASED ON BODY TEMPERATURE.....2 BASED ON CERVICAL MUCUS (BILLINGS) METHOD.....3 BASED ON BODY TEMPERATURE AND MUCUS.....4 OTHER.....5 (SPECIFY) NO SPECIFIC SYSTEM.....6	
311	How many living children, if any, did you already have when you first did something or used a method to avoid getting pregnant? IF NONE ENTER '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
312	CHECK 220: NOT PREGNANT OR NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		>315H
313	Are you currently doing something or using any method to avoid getting pregnant?	YES.....1 NO.....2	>315H
314	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY)	>315A >315B >315H
315	Where did you obtain (METHOD) the last time?	HOSPITAL.....01 HEALTH CENTER/CLINIC.....02 MOBILE CLINIC.....03 FIELD EDUCATOR.....04 PHARMACY/SHOP.....05 PRIVATE DOCTOR.....06 TRADITIONAL HEALER.....07 HUSBAND/PARTNR OBTAINS METHOD.....08 FRIENDS/RELATIVES.....09 OTHER.....10 (SPECIFY)	>315D >315H
315A	Where did the sterilization take place?		
315B	Where did you obtain instructions for this method?		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
315C	What agency or organization operates the service?	GOVERNMENT.....1 FPAK.....2 CHURCH/MISSION.....3 EMPLOYER.....4 OTHER PRIVATE.....5 OTHER.....6 (SPECIFY) DK.....8	
315D	How much time does it take to get from your home to this place? IF TIME EXACTLY 1, 2, 3 ETC. HOURS, ENTER '00' MINUTES.	HOURS..... MINUTES.....	
315E	Do you walk or use some means of transportation to get there?	WALK.....1 USE TRANSPORT.....2 DK.....8	
315F	For how long have you been using (CURRENT METHOD) continuously?	DURATION MONTHS..... YEARS.....	>317A
315G	CHECK 302: HEARD OF AT LEAST ONE METHOD <input type="checkbox"/> NEVER HEARD OF ANY METHOD <input type="checkbox"/>		>316
315H	How much time would it take to get from your home to a place where you could obtain family planning services? IF TIME EXACTLY 1, 2, 3 ETC. HOURS, ENTER '00' MINUTES. IF 'DK', WRITE '98' HOURS.	HOURS..... MINUTES.....	
315I	Would you walk or use some means of transportation to get there?	WALK.....1 USE TRANSPORT.....2 DK.....8	
316	Do you intend to use a method to avoid pregnancy at any time in the future?	YES.....1 NO.....2 DK.....8	>317A
317	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 DIAPHRAGM/FOAM/JELLY.....04 CONDOM.....05 FEMALE STERILIZATION.....06 MALE STERILIZATION.....07 PERIODIC ABSTINENCE.....08 WITHDRAWAL.....09 OTHER.....10 (SPECIFY) UNSURE/DK.....98	
317A	In the last six months, have you heard or read about family planning: On the radio? On the television? In a newspaper or magazine? From a poster? From friends or relatives?	YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER/MAGAZINE.....1 2 POSTER.....1 2 FRIENDS/RELATIVES.....1 2	
319	Is it acceptable or not acceptable to you that family planning information is provided on radio or television?	ACCEPTABLE.....1 NOT ACCEPTABLE.....2 DK.....8	

SECTION 4. HEALTH AND BREASTFEEDING

401 CHECK 214:

ONE OR MORE LIVE BIRTHS
SINCE JAN. 1983 ☐

NO LIVE BIRTHS
SINCE JAN. 1983 ☐ → (SKIP TO 428K)

402 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 IN THE TABLE. BEGIN WITH THE LAST BIRTH. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS.

LINE NUMBER FROM Q. 212	LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	SECOND-FROM-LAST NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	THIRD-FROM-LAST NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
403 When you were pregnant with (NAME) were you given any injection to prevent the baby from getting tetanus?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8
404 When you were pregnant with (NAME), did you see anyone for advice on this pregnancy? IF YES: Whom did you see? PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 OTHER.....4 (SPECIFY) NO ONE.....5
405 Who assisted with the delivery of (NAME)? PROBE FOR THE TYPE OF PERSON AND RECORD THE MOST QUALIFIED.	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6	DOCTOR.....1 TRAINED NURSE/ MIDWIFE.....2 TRADITIONAL BIRTH ATTENDANT.....3 RELATIVE.....4 OTHER.....5 (SPECIFY) NO ONE.....6
405A Where did you deliver (NAME)?	HOSPITAL.....1 CLINIC.....2 HOME.....3 OTHER.....4 (SPECIFY)	HOSPITAL.....1 CLINIC.....2 HOME.....3 OTHER.....4 (SPECIFY)	HOSPITAL.....1 CLINIC.....2 HOME.....3 OTHER.....4 (SPECIFY)	HOSPITAL.....1 CLINIC.....2 HOME.....3 OTHER.....4 (SPECIFY)
406 Did you ever feed (NAME) at the breast?	YES.....1 (SKIP TO 407)< NO.....2	YES.....1 (SKIP TO 408)< NO.....2	YES.....1 (SKIP TO 408)< NO.....2	YES.....1 (SKIP TO 408)< NO.....2
406A Why did you never feed (NAME) at the breast?	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 408C)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 408C)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 408C)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICIENT MILK.....03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 OTHER.....07 (SPECIFY) (ALL SKIP TO 408C)<
407 Are you still breast-feeding (NAME)? (IF DEAD, CIRCLE '2')	YES.....1 (SKIP TO 408B)< NO (OR DEAD).....2			
408 How many months old was (NAME) when you stopped breastfeeding?	MONTHS..... UNTIL DEATH.....96 (SKIP TO 408C)<	MONTHS..... UNTIL DEATH.....96 (SKIP TO 408C)<	MONTHS..... UNTIL DEATH.....96 (SKIP TO 408C)<	MONTHS..... UNTIL DEATH.....96 (SKIP TO 408C)<

408A Why did you stop breastfeeding (NAME)?	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY) (ALL SKIP TO 408C)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY) (ALL SKIP TO 408C)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY) (ALL SKIP TO 408C)<	INCONVENIENT.....01 HAD TO WORK.....02 INSUFFICNT MILK..03 BABY REFUSED.....04 CHILD DIED.....05 CHILD SICK.....06 CH HAD DIARRHEA..07 CH WEANING AGE...08 BECAME PREGNANT..09 OTHER.....10 (SPECIFY) (ALL SKIP TO 408C)<
408B Do you ever give (NAME) anything to drink or eat other than breastmilk?	YES.....1 NO.....2 (SKIP TO 409)<			
408C How many months old was (NAME) when you first gave him/her anything to drink or eat other than breastmilk?	MONTHS..... DIED BEFORE OTHER FOOD/ DRINK GIVEN.....96	MONTHS..... DIED BEFORE OTHER FOOD/ DRINK GIVEN.....96	MONTHS..... DIED BEFORE OTHER FOOD/ DRINK GIVEN.....96	MONTHS..... DIED BEFORE OTHER FOOD/ DRINK GIVEN.....96
409 How many months after the birth of (NAME) did your period return?	MONTHS..... NOT RETURNED.....96	MONTHS..... NEVER RETURNED...96	MONTHS..... NEVER RETURNED...96	MONTHS..... NEVER RETURNED...96
410 Have you resumed sexual relations since the birth of (NAME)?	YES (OR PREGN.)...1 NO.....2 (GO TO NEXT COL)<			
411 How many months after the birth of (NAME) did you resume sexual relations?	MONTHS..... (GO TO NEXT COLUMN)	MONTHS..... (GO TO NEXT COLUMN)	MONTHS..... (GO TO NEXT COLUMN)	MONTHS..... (GO TO 412)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																											
412	CHECK 407 FOR LAST BIRTH: LAST CHILD STILL BREASTFED <input type="checkbox"/> ALL OTHERS <input type="checkbox"/>		>418																											
413	How many times did you breastfeed last night between sundown and sunrise?	NUMBER OF TIMES..... AS OFTEN AS CHILD WANTED.....96																												
414	How many times did you breastfeed yesterday during the daylight hours?	NUMBER OF TIMES..... AS OFTEN AS CHILD WANTED.....96																												
415	At any time yesterday or last night, was (NAME OF LAST CHILD) given any of the following: Plain water? Juice? Powdered milk? Cow's or goat's milk? Porridge or uji? Any other liquid? Any solid or mushy food?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>PLAIN WATER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>JUICE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>POWDERED MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COW'S OR GOAT'S MILK.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>PORRIDGE OR UJI.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>ANY OTHER LIQUID</td> <td>1</td> <td>2</td> </tr> <tr> <td>(SPECIFY) •</td> <td></td> <td></td> </tr> <tr> <td>ANY SOLID OR MUSHY FOOD....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	PLAIN WATER.....	1	2	JUICE.....	1	2	POWDERED MILK.....	1	2	COW'S OR GOAT'S MILK.....	1	2	PORRIDGE OR UJI.....	1	2	ANY OTHER LIQUID	1	2	(SPECIFY) •			ANY SOLID OR MUSHY FOOD....	1	2	
	YES	NO																												
PLAIN WATER.....	1	2																												
JUICE.....	1	2																												
POWDERED MILK.....	1	2																												
COW'S OR GOAT'S MILK.....	1	2																												
PORRIDGE OR UJI.....	1	2																												
ANY OTHER LIQUID	1	2																												
(SPECIFY) •																														
ANY SOLID OR MUSHY FOOD....	1	2																												
416	CHECK 415: WAS GIVEN FOOD OR LIQUID <input type="checkbox"/> NO FOOD OR LIQUID GIVEN <input type="checkbox"/>		>418																											

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
417	Were any of these given in a bottle with a rubber nipple?	YES.....1 NO.....2	
418	At the time you became pregnant with (NAME OF LAST BIRTH), did you want to have that child then, did you want to wait until later, or did you want no (more) children at all?	THEN.....1 LATER.....2 NO MORE.....3	

419 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 BELOW. BEGIN WITH THE LAST BIRTH. THE HEADINGS IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE AFTER Q. 402. ASK THE QUESTIONS ONLY FOR LIVING CHILDREN.

LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LAST BIRTH NAME <input type="text"/>	NEXT-TO-LAST BIRTH NAME <input type="text"/>	SECOND-FROM-LAST NAME <input type="text"/>	THIRD-FROM-LAST NAME <input type="text"/>
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
	(GO TO 427)			
420 Do you have a child health card for (NAME)? IF YES: May I see it please?	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<--- NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<--- NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<--- NO CARD.....3	YES, SEEN.....1 YES, NOT SEEN.....2 (SKIP TO 422)<--- NO CARD.....3
421 RECORD IMMUNIZATION DATES FROM CHILD HEALTH CARD.	NOT GIVEN DAY MO YR	NOT GIVEN DAY MO YR	NOT GIVEN DAY MO YR	NOT GIVEN DAY MO YR
BCG	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
DPT 1	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
DPT 2	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
DPT 3	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
DPT 4	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
POLIO 1	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
POLIO 2	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
POLIO 3	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
POLIO 4	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
MEASLES	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>	1 <input type="text"/>
	(SKIP TO 423)	(SKIP TO 423)	(SKIP TO 423)	(SKIP TO 423)
422 Has (NAME) ever had a vaccination to prevent him/her from getting diseases?	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8	YES.....1 NO.....2 DK.....8

423 Has (NAME) had diarrhea in the last 24 hours?	YES.....1 (SKIP TO 424A)<— NO.....2	YES.....1 (SKIP TO 424A)<— NO.....2	YES.....1 (SKIP TO 424A)<— NO.....2	YES.....1 (SKIP TO 424A)<— NO.....2
424 Has (NAME) had diarrhea in the last two weeks?	YES.....1 (SKIP TO 424B)<— NO.....2 (GO TO NEXT COL)<— DK.....8	YES.....1 (SKIP TO 424D)<— NO.....2 (GO TO NEXT COL)<— DK.....8	YES.....1 (SKIP TO 424D)<— NO.....2 (GO TO NEXT COL)<— DK.....8	YES.....1 (SKIP TO 424D)<— NO.....2 (SKIP TO 427)<— DK.....8
424A Now I have some questions about (NAME's) last episode of diarrhea. How many days ago did the diarrhea start?	DAYS..... DK.....98	DAYS..... DK.....98	DAYS..... DK.....98	DAYS..... DK.....98
424B CHECK 407: LAST CHILD STILL BREASTFED?	YES <input type="checkbox"/> NO <input type="checkbox"/> V (SKIP TO 424D)			
424C Did you breastfeed (NAME) when he/she had diarrhea then?	YES.....1 NO.....2			
424D When (NAME) had diarrhea then, was he/she given more, less, or the same amount to drink as before the diarrhea, or did you stop giving anything to drink?	MORE.....1 LESS.....2 SAME.....3 STOPPED.....4 DK.....8	MORE.....1 LESS.....2 SAME.....3 STOPPED.....4 DK.....8	MORE.....1 LESS.....2 SAME.....3 STOPPED.....4 DK.....8	MORE.....1 LESS.....2 SAME.....3 STOPPED.....4 DK.....8
424E Was (NAME) given more, less, or the same amount of solid food as was given before he/she had diarrhea or did you stop giving solid food altogether?	MORE.....1 LESS.....2 SAME.....3 STOPPED SOLID FOODS.4 SOLID FOODS NOT YET GIVEN.....5 DK.....8	MORE.....1 LESS.....2 SAME.....3 STOPPED SOLID FOODS.4 DK.....8	MORE.....1 LESS.....2 SAME.....3 STOPPED SOLID FOODS.4 DK.....8	MORE.....1 LESS.....2 SAME.....3 STOPPED SOLID FOODS.4 DK.....8

424G Was (NAME) given either a home solution of sugar, salt, and water to drink, or a solution made from a special packet? IF YES: Which?	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 425)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 425)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 425)<	HOME SOLUTION OF SALT, SUGAR, WATER.1 ORS PACKET SOLUTION.2 BOTH GIVEN.....3 NEITHER GIVEN.....4 (SKIP TO 425)<
424H The last time (NAME) was given (home solution/special packet), did he/she get better within a day, worse, or was there no change?	BETTER.....1 WORSE.....2 NO CHANGE.....3	BETTER.....1 WORSE.....2 NO CHANGE.....3	BETTER.....1 WORSE.....2 NO CHANGE.....3	BETTER.....1 WORSE.....2 NO CHANGE.....3
424I How much of the (home solution/special packet) was (NAME) given every 24 hours?	NUMBER OF GLASSES..... DK.....98	NUMBER OF GLASSES..... DK.....98	NUMBER OF GLASSES..... DK.....98	NUMBER OF GLASSES..... DK.....98
424J For how many days was (NAME) given (home solution/special packet)?	DAYS..... DK.....98	DAYS..... DK.....98	DAYS..... DK.....98	DAYS..... DK.....98
425 Was (NAME) taken to a private doctor, a hospital or clinic, a traditional healer, or any other place during the last episode of diarrhea? IF YES: Where was he/she taken (the last time)?	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 426A)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 426A)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 426A)<	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5 (SKIP TO 426A)<
426 What treatments did (NAME) receive there (the last time)? CIRCLE ALL TREATMENTS MENTIONED.	INJECTION.....1 IV (INTRAVENOUS)....1 TABLETS OR CAPSULES.1 SYRUPS.....1 ORS.....1 HERBS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRAVENOUS)....1 TABLETS OR CAPSULES.1 SYRUPS.....1 ORS.....1 HERBS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRAVENOUS)....1 TABLETS OR CAPSULES.1 SYRUPS.....1 ORS.....1 HERBS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO NEXT COL)<	INJECTION.....1 IV (INTRAVENOUS)....1 TABLETS OR CAPSULES.1 SYRUPS.....1 ORS.....1 HERBS.....1 OTHER.....1 (SPECIFY) NOTHING GIVEN.....1 (ALL GO TO 427)<
426A Why was (NAME) not taken somewhere for treatment during the last episode of diarrhea?	ILLNESS WAS MILD....1 MOTHER TOO BUSY....2 MOTHER WORKING.....3 RELIGION FORBIDS....4 NO FACILITIES AVAIL.5 OTHER.....6 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD....1 MOTHER TOO BUSY....2 MOTHER WORKING.....3 RELIGION FORBIDS....4 NO FACILITIES AVAIL.5 OTHER.....6 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD....1 MOTHER TOO BUSY....2 MOTHER WORKING.....3 RELIGION FORBIDS....4 NO FACILITIES AVAIL.5 OTHER.....6 (SPECIFY) (ALL GO TO NEXT COL)<	ILLNESS WAS MILD....1 MOTHER TOO BUSY....2 MOTHER WORKING.....3 RELIGION FORBIDS....4 NO FACILITIES AVAIL.5 OTHER.....6 (SPECIFY) (ALL GO TO 427)<

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
427	CHECK 424G: HOME SOLUTION MENTIONED <input type="checkbox"/> ↓ V	HOME SOLUTION NOT MENTIONED OR Q424G NOT ASKED <input type="checkbox"/>	>428
427A	Where did you learn how to prepare the sugar, salt and water solution given to (NAME)?	GOVERNMENT HOSPITAL.....01 GOVERNMENT HEALTH CENTER/CLINIC/DISPENSARY.....02 PRIVATE HOSPITAL/CLINIC/DISPENSARY.....03 VILLAGE HEALTH WORKER.....04 PRIVATE DOCTOR.....05 PHARMACY.....06 TRADITIONAL HEALER.....07 OTHER.....08 (SPECIFY) MOTHER DID NOT ADMINISTER.....96 DK.....98	
428	CHECK 424G: ORS PACKET MENTIONED <input type="checkbox"/> ↓ V	ORS PACKET NOT MENTIONED OR Q424G NOT ASKED <input type="checkbox"/>	>428K
428A	Where did you get the packet of ORS (the last time)?	GOVERNMENT HOSPITAL.....01 GOVERNMENT HEALTH CENTER/CLINIC/DISPENSARY.....02 PRIVATE HOSPITAL/CLINIC/DISPENSARY.....03 VILLAGE HEALTH WORKER.....04 PRIVATE DOCTOR.....05 PHARMACY.....06 SHOP.....07 TRADITIONAL HEALER.....08 RELATIVE/FRIEND.....09 OTHER.....10 (SPECIFY) MOTHER DID NOT ADMINISTER.....96 DK.....98	>428K
428B	How much did the packet cost?	KSH CENTS COST..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DK.....998	
428C	Do you have one of these packets in your house now?	YES.....1 NO.....2	>428E
428D	Can I see the packet? CODE TYPE OF PACKET.	UNICEF.....1 ORALYTE.....2 D.T.S.....3 OTHER PACKET.....4 PACKET NOT SHOWN.....5	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
428E	Do you think the contents of the packet are used to cure the diarrhea, or that they are used to prevent the child from drying out?	CURE DIARRHEA.....1 PREVENT DRYING OUT.....2 BOTH.....3 OTHER.....4 (SPECIFY) DK.....8	
428F	Did you use boiled water, bottled water, or other water to mix the contents of the packet (the last time)?	BOILED WATER.....1 BOTTLED WATER.....2 OTHER.....3 (SPECIFY) DK.....8	→428H
428G	Did you mix the contents of the packet with the water before you boiled the water or after you boiled the water (the last time)?	MIXED BEFORE BOILING WATER.....1 MIXED AFTER BOILING WATER.....2 DK.....8	
428H	What kind of container did you use to measure the correct amount of water (the last time)?	LARGE KIMBO.....1 SMALL KIMBO.....2 BEER BOTTLE.....3 SODA BOTTLE.....4 TEACUP.....5 GLASS.....6 OTHER.....7 (SPECIFY)	
428I	In what kind of container did you mix the contents of the packet and the water?	COOKING POT.....1 SUFURIA.....2 EARTHEN JAR.....3 EMPTY BOTTLE.....4 CALABASH.....5 OTHER.....6 (SPECIFY)	
428J	Did you prepare a new mixture every day or did you use the same mixture for more than one day?	NEW MIXTURE EACH DAY.....1 USE SAME FOR MORE THAN 1 DAY.....2 OTHER.....3 (SPECIFY)	
428K	Which places can you go if you want to get a vaccination for a child? CIRCLE ALL PLACES MENTIONED.	HOSPITAL.....1 HEALTH CENTER/CLINIC DISPENSARY.....1 MOBILE CLINIC.....1 VILLAGE HEALTH WORKER.....1 PRIVATE DOCTOR.....1 SCHOOL.....1 OTHER.....1 (SPECIFY)	

429 ENTER THE NAME, LINE NUMBER, AND SURVIVAL STATUS OF EACH BIRTH SINCE JAN. 1983 BELOW. BEGIN WITH THE LAST BIRTH. THE HEADINGS IN THE TABLE SHOULD BE EXACTLY THE SAME AS THOSE AFTER Q. 419. ASK THE QUESTIONS ONLY FOR LIVING CHILDREN. IF NO CHILDREN SINCE JAN. 1983, SKIP TO 501.

LINE NUMBER FROM Q. 212	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> V	NEXT-TO-LAST BIRTH NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> V	SECOND-FROM-LAST NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> V	THIRD-FROM-LAST NAME ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> V
430 Has (NAME) had fever in the last four weeks?	YES.....1 NO.....2 (SKIP TO 433) <- DK.....8	YES.....1 NO.....2 (SKIP TO 433) <- DK.....8	YES.....1 NO.....2 (SKIP TO 433) <- DK.....8	YES.....1 NO.....2 (SKIP TO 433) <- DK.....8 (GO TO 501)
430A Was the fever due to malaria, measles, or some other cause?	MALARIA.....1 MEASLES.....2 OTHER CAUSE.....3 DK.....8	MALARIA.....1 MEASLES.....2 OTHER CAUSE.....3 DK.....8	MALARIA.....1 MEASLES.....2 OTHER CAUSE.....3 DK.....8	MALARIA.....1 MEASLES.....2 OTHER CAUSE.....3 DK.....8
431 Was (NAME) taken to a private doctor, a hospital or clinic, a traditional healer, or any other place to treat the fever? IF YES: Where was he/she taken?	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5
433 Has (NAME) suffered from severe cough or difficult or rapid breathing in the last four weeks?	YES.....1 NO.....2 (GO TO NEXT COL) <- DK.....8	YES.....1 NO.....2 (GO TO NEXT COL) <- DK.....8	YES.....1 NO.....2 (GO TO NEXT COL) <- DK.....8	YES.....1 NO.....2 (SKIP TO 501) <- DK.....8
434 Was (NAME) taken to a private doctor, a hospital or clinic, a traditional healer, or any other place to treat the problem? IF YES: Where was he/she taken?	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5	PRIVATE DOCTOR.....1 HOSPITAL/CLINIC.....2 TRADITIONAL HEALER..3 OTHER.....4 (SPECIFY) CHILD NOT TAKEN.....5
435 Was there anything (else) you or somebody did to treat the problem? IF YES: What was done? CIRCLE CODE 1 FOR ALL MENTIONED.	CAPSULES.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 OTHER TABLETS.....1 INJECTION.....1 UVULECTOMY.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	CAPSULES.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 OTHER TABLETS.....1 INJECTION.....1 UVULECTOMY.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	CAPSULES.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 OTHER TABLETS.....1 INJECTION.....1 UVULECTOMY.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO NEXT COL)	CAPSULES.....1 LIQUID OR SYRUP.....1 ASPIRIN.....1 OTHER TABLETS.....1 INJECTION.....1 UVULECTOMY.....1 OTHER.....1 (SPECIFY) NOTHING.....1 (ALL GO TO 501)

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Now we come to matters of marriage. Have you ever been married or lived with a man?	YES.....1 NO.....2	→519
502	Are you now married or living with a man, or are you widowed, divorced or not now living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NOT NOW LIVING TOGETHER.....5	→507
503	Does your husband/partner live with you or is he now staying elsewhere?	LIVING WITH HER.....1 STAYING ELSEWHERE.....2	
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	→507
505	How many other wives does he have?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	→507
506	Are you the first, second,...wife?	RANK..... <input type="text"/> <input type="text"/>	
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
508	In what month and year did you start living with your (first) husband or partner?	MONTH..... <input type="text"/> <input type="text"/> DK.....98 YEAR..... <input type="text"/> <input type="text"/> DK YEAR.....98	→509A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/>	
509A	At the time that you married him, did your (first) husband/partner have any other living wives besides yourself?	YES.....1 NO.....2	→518
509B	How many other living wives did he have at the time that you married him?	NUMBER..... <input type="text"/> <input type="text"/> DK.....98	
518	In how many towns and districts have you lived for six months or more since you were first married (started living together) including this place?	NUMBER OF TOWNS..... <input type="text"/> <input type="text"/> NUMBER OF DISTRICTS..... <input type="text"/> <input type="text"/>	→520
519	Now we need some details about your sexual activity in order to get a better understanding of contraception and fertility. Have you ever had sexual intercourse?	YES.....1 NO.....2	→520A →528
520	Now we need some details about your sexual activity in order to get a better understanding of contraception and fertility.		
520A	How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> <input type="text"/>	
522	How many days in the last four weeks have you had sexual intercourse?	DAYS..... <input type="text"/> <input type="text"/>	
523	When was the last time you had sexual intercourse?	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"/> BEFORE LAST BIRTH.....996	→528

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
524	CHECK 220: NOT PREGNANT OR NOT SURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		>528
525	CHECK 313: NOT USING CONTRACEPTION <input type="checkbox"/> USING CONTRACEPTION <input type="checkbox"/>		>528
526	If you become pregnant in the next few weeks, would you feel happy, unhappy, or would it not matter very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	>528
527	What is the main reason that you are not using a method to avoid pregnancy?	LACK OF KNOWLEDGE.....01 OPPOSED TO FAMILY PLANNING.....02 HUSBAND DISAPPROVES.....03 OTHERS DISAPPROVE.....04 HEALTH CONCERNS.....05 ACCESS/AVAILABILITY.....06 COSTS TOO MUCH.....07 INCONVENIENT TO USE.....08 INFREQUENT SEX.....09 FATALISTIC.....10 RELIGION.....11 POSTPARTUM/BREASTFEEDING.....12 MENOPAUSAL/SUBFECUND.....13 OTHER _____14 (SPECIFY) DK.....98	
528	PRESENCE OF OTHERS AT THIS POINT.	YES NO CHILDREN UNDER 10.....1 2 HUSBAND.....1 2 OTHER MALES.....1 2 OTHER FEMALES.....1 2	

SECTION 6. FERTILITY PREFERENCES

SKIP

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	TO
601	CHECK 502: CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> ALL OTHERS <input type="checkbox"/>		>609
602	CHECK 220 AND MARK BOX. Now I have some questions about the future. NOT PREGNANT OR UNSURE <input type="checkbox"/> Would you like to have a (another) child or would you prefer not to have any (more) children? PREGNANT <input type="checkbox"/> After the child you are expecting, would you like to have another child or would you prefer not to have any (more) children?	HAVE ANOTHER.....1 NO MORE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED OR DK.....8	>605
603	How long would you like to wait from now before the birth of a (another) child?	DURATION MONTHS.....1 YEARS.....2 DK.....998	>605
604	CHECK 215: How old would your youngest child be then? IF NO LIVING CHILDREN, CIRCLE '96'.	AGE OF YOUNGEST YEARS..... NO LIVING CHILDREN.....96 DK.....98	
605	For how long should a couple wait before starting sexual intercourse after the birth of a baby?	DURATION MONTHS.....1 YEARS.....2 OTHER.....996 (SPECIFY)	
606	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2	
607	Do you think that your husband/partner approves or disapproves of couples using a method to prevent or delay pregnancy?	APPROVES.....1 DISAPPROVES.....2 DK.....8	
608	How often have you talked to your husband/partner about this subject in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
609	In general, do you approve or disapprove of couples using a method to prevent or delay pregnancy?	APPROVE.....1 DISAPPROVE.....2	
610	CHECK 202 AND 204: NO LIVING CHILDREN <input type="checkbox"/> If you could choose exactly the number of children to have in your whole life, how many would that be? HAS LIVING CHILDREN <input type="checkbox"/> If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... OTHER ANSWER..... (SPECIFY)	
611	How many boys? How many girls?	NUMBER OF BOYS..... NUMBER OF GIRLS..... OTHER.....996 (SPECIFY)	

SECTION 7. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	CHECK 501: EVER MARRIED OR LIVED WITH A MAN <input type="checkbox"/> ALL OTHERS <input type="checkbox"/> v ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.		715
702	Now I have some questions about your (most recent) husband/partner. Did your husband/partner ever attend school?	YES.....1 NO.....2	706
703	What was the highest level of school he attended: primary, secondary, higher, or university?	PRIMARY1 SECONDARY.....2 HIGHER.....3 UNIVERSITY.....4 OTHER5 (SPECIFY) DK.....8	706
704	What was the highest (standard, form, year) he completed at that level?	STANDARD/FORM/YEAR..... DK.....98	
705	CHECK 703: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> v		707
706	Can (could) he read a letter or newspaper in any language?	YES.....1 NO.....2	
707	What kind of work does (did) your husband/partner mainly do?	 NEVER WORKED.....96	712

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
708	CHECK 707: DOES (DID) NOT <input type="checkbox"/> WORKS (WORKED) <input type="checkbox"/> WORK IN AGRI- IN AGRICULTURE CULTURE		→710
708A	Does he work for someone else or for himself?	FOR SOMEONE ELSE.....1 FOR HIMSELF.....2	→712
709	Does (did) he earn a regular wage or salary?	YES.....1 NO.....2 DK.....8	→712
710	Does (did) your husband/partner work mainly on his or family land, or on someone else's land?	HIS/FAMILY LAND.....1 SOMEONE ELSE'S LAND.....2	→712
711	Does (did) he lease the land or does (did) he work for wages?	LEASES THE LAND.....1 WORKS FOR WAGES.....2	
712	Before you married your (first) husband, did you yourself ever work regularly to earn money, other than on a farm or in a business run by your family?	YES.....1 NO.....2	
714	Since you were first married, have you ever worked regularly to earn money other than on a farm or in a business run by your family?	YES.....1 NO.....2	→717 →718
715	Have you ever worked regularly to earn money, other than on a farm or in a business run by your family?	YES.....1 NO.....2	→718
717	Are you now working to earn money other than on a farm or in a business run by your family?	YES.....1 NO.....2	
718	RECORD THE TIME.	HOUR..... MINUTES.....	

INTERVIEWER'S OBSERVATIONS

(To be filled in after completing interview.)

Person Interviewed: _____

Specific Questions: _____

Other Aspects: _____

Name of Interviewer: _____ Date: _____

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____ Date: _____

EDITOR'S OBSERVATIONS

Name of Field Editor: _____ Date: _____

Name of Keyer: _____ Date: _____