

NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT
 CENTRAL BUREAU OF STATISTICS
 KENYA DEMOGRAPHIC AND HEALTH SURVEY 3
 WOMAN'S QUESTIONNAIRE

CONFIDENTIAL
 Data used
 for research
 purposes only

IDENTIFICATION																				
PROVINCE _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <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>																			
DISTRICT _____																				
LOCATION/TOWN _____																				
SUBLOCATION/WARD _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><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><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><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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																			
NASSEP CLUSTER NUMBER.....																				
KDHS CLUSTER NUMBER.....																				
HOUSEHOLD NUMBER.....																				
NAIROBI/MOMBASA=1, SMALL CITY=2, TOWN=3, RURAL=4...	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																			
NAME OF HOUSEHOLD HEAD _____																				
NAME AND LINE NUMBER OF WOMAN _____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																			
INTERVIEWER VISITS	1	2	3	FINAL VISIT																
DATE	_____	_____	_____	DAY																
				MONTH																
				YEAR																
INTERVIEWER'S NAME	_____	_____	_____	NAME																
RESULT *	_____	_____	_____	RESULT																
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER																
TIME	_____	_____		OF VISITS																
<p>* RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY)</p>																				
LANGUAGE OF QUESTIONNAIRE: ENGLISH				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr> </table>	1	0														
1	0																			
LANGUAGE USED IN INTERVIEW**.....				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																
RESPONDENT'S LOCAL LANGUAGE**.....				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																
TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....				<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>																
<p>** LANGUAGE CODES: 01 KALENJIN 05 LUHYA 09 KISWAHILI 02 KAMBA 06 LUO 10 ENGLISH 03 KIKUYU 07 MERU/EMBU 11 MASAI 04 KISII 08 MIJIKENDA 12 OTHER</p>																				
NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	KEYED BY																
DATE	_____	_____	_____	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																

□&dSECTION 1. RESPONDENT'S BACKGROUND□&d@

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR..... MINUTES.....	
102	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 in Nairobi or Mombasa, in another town or city, or in the countryside?	NAIROBI/MOMBASA.....1 OTHER CITY/TOWN.....2 COUNTRYSIDE.....3	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)?	YEARS..... ALWAYS.....95 VISITOR.....96	<input type="checkbox"/> 105
104	Just before you moved here, did you live in Nairobi or Mombasa, in another city or town, or in the countryside?	NAIROBI/MOMBASA.....1 OTHER CITY/TOWN.....2 COUNTRYSIDE.....3	
105	In what month and year were you born?	MONTH..... DON'T KNOW MONTH.....98 YEAR..... DON'T KNOW YEAR.....9998	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS.....	
107	Have you ever attended school?	YES.....1 NO.....2	<input type="checkbox"/> 114
108	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3	
109	What is the highest (standard/form/year) you completed at that level?	STANDARD/FORM/YEAR.....	
110	CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		<input type="checkbox"/> 113
111	Are you currently attending school?	YES.....1 NO.....2	<input type="checkbox"/> 113
112	What was the main reason you stopped attending school?	GOT PREGNANT.....01 GOT MARRIED.....02 TO CARE FOR YOUNGER CHILDREN...03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 COMPLETED/HAD ENOUGH SCHOOLING.07 DID NOT PASS ENTRANCE EXAMS...08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR..10 OTHER.....96 (SPECIFY) DON'T KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/>		115
114	Can you read and understand a letter or newspaper easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	116
115	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	
116	Do you usually listen to a radio every day?	YES.....1 NO.....2	
117	Do you usually watch television at least once a week?	YES.....1 NO.....2	
118	What is your religion?	CATHOLIC.....1 PROTESTANT/OTHER CHRISTIAN.....2 MUSLIM.....3 NO RELIGION.....4 OTHER.....6 (SPECIFY)	
119	What is your ethnic group/tribe?	KALENJIN.....01 KAMBA.....02 KIKUYU.....03 KISII.....04 LUHYA.....05 LUO.....06 MASAI.....07 MERU/EMBU.....08 MIJIKENDA/SWAHILI.....09 SOMALI.....10 TAITA/TAVETA.....11 OTHER.....96 (SPECIFY)	
120	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/> THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>		201
121	Now I would like to ask about the place in which you usually live. Do you usually live in Nairobi or Mombasa, another town or city, or in the countryside?	NAIROBI/MOMBASA.....1 OTHER CITY/TOWN.....2 COUNTRYSIDE.....3	
122	In which District is that located?	DISTRICT _____ (PRINT DISTRICT NAME)	
123	Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO RESIDENCE/COMPOUND/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL ON RESIDENCE/PLOT.....21 PUBLIC WELL.....22 SURFACE WATER RIVER/STREAM.....31 POND/LAKE.....32 RAINWATER.....41 OTHER.....96 (SPECIFY)	125 125 125

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
124	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996																			
125	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER_____ 96 (SPECIFY)																			
126	Does your household have: Electricity? A radio? A television? A telephone? A refrigerator?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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>TELEPHONE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	TELEPHONE.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																			
ELECTRICITY.....	1	2																			
RADIO.....	1	2																			
TELEVISION.....	1	2																			
TELEPHONE.....	1	2																			
REFRIGERATOR.....	1	2																			
127	Could you describe the main material of the floor of your home?	NATURAL FLOOR MUD/DUNG/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR POLISHED WOOD/VINYL/TILES...31 CEMENT.....34 OTHER_____ 96 (SPECIFY)																			
127a	Could you describe the main material of the roof of your home?	GRASS/THATCH.....11 CORRUGATED IRON (MABATI).....21 TILES.....31 OTHER_____ 96 (SPECIFY)																			
128	Does any member of your household own: A bicycle? A motorcycle? A car?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <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> </tbody> </table>		YES	NO	BICYCLE.....	1	2	MOTORCYCLE.....	1	2	CAR.....	1	2							
	YES	NO																			
BICYCLE.....	1	2																			
MOTORCYCLE.....	1	2																			
CAR.....	1	2																			

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..... DAUGHTERS AT HOME.....	<table border="1"> <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..... DAUGHTERS ELSEWHERE.....	<table border="1"> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>				
206	Sometimes it happens that children die. It may be very painful to talk about and I am sorry to ask you about painful memories, but it is important to get the right information. 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 survived only a few hours or days?	YES.....1 NO.....2	208				
207	In all, how many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	<table border="1"> <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.....	<table border="1"> <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"/>		227				

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 LINES.

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	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.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) OF PREVIOUS BIRTH and (NAME)?
01	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YR	YES..1 NO...2	AGE IN YEARS 219	YES...1 NO...2 (NEXT <input type="checkbox"/> BIRTH)	DAYS....1 MONTHS..2 YEARS...3		
02	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YR	YES..1 NO...2	AGE IN YEARS 219	YES...1 NO...2 (GO TO <input type="checkbox"/> 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT <input type="checkbox"/> BIRTH)	YES..1 NO...2
03	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YR	YES..1 NO...2	AGE IN YEARS 219	YES...1 NO...2 (GO TO <input type="checkbox"/> 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT <input type="checkbox"/> BIRTH)	YES..1 NO...2
04	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YR	YES..1 NO...2	AGE IN YEARS 219	YES...1 NO...2 (GO TO <input type="checkbox"/> 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT <input type="checkbox"/> BIRTH)	YES..1 NO...2
05	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YR	YES..1 NO...2	AGE IN YEARS 219	YES...1 NO...2 (GO TO <input type="checkbox"/> 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT <input type="checkbox"/> BIRTH)	YES..1 NO...2
06	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YR	YES..1 NO...2	AGE IN YEARS 219	YES...1 NO...2 (GO TO <input type="checkbox"/> 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT <input type="checkbox"/> BIRTH)	YES..1 NO...2
07	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YR	YES..1 NO...2	AGE IN YEARS 219	YES...1 NO...2 (GO TO <input type="checkbox"/> 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT <input type="checkbox"/> BIRTH)	YES..1 NO...2

212	213	214	215	216	217	218	219	220	221	
What name was given to your next baby? (NAME)	Were any of these births twins?	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	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.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?	
08	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YR	YES..1 NO...2	AGE IN YEARS 219	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2	
09	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YR	YES..1 NO...2	AGE IN YEARS 219	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2	
10	SING..1 MULT..2	BOY...1 GIRL..2	MONTH... YR	YES..1 NO...2	AGE IN YEARS 219	YES...1 NO...2 (GO TO 220)	DAYS...1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2	
222	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE?							YES.....1 — GO TO 223 NO.....2 — GO TO 224		
223	Have you had any live births since the birth of (NAME OF LAST BIRTH)?							YES.....1 NO.....2		
224	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) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.									
225	CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1995. IF NONE, RECORD '0'.									
226	FOR EACH BIRTH SINCE JANUARY 1993 ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE 'B' CODE.									

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
227	Now I would like to ask you about some current events in your life. Are you pregnant?	YES.....1 NO.....2 UNSURE.....8	<input type="checkbox"/> 230
228	For how many months have you been pregnant? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS.	MONTHS.....	<input type="text"/>
229	At the time you became pregnant, did you want to become pregnant <input type="checkbox"/> then <input type="checkbox"/> , did you want to wait until <input type="checkbox"/> later <input type="checkbox"/> , or did you <input type="checkbox"/> not want <input type="checkbox"/> to have any more children at all?	THEN.....1 LATER.....2 NOT WANT MORE CHILDREN.....3	
230	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	<input type="checkbox"/> 236
231	When did the last such pregnancy end?	MONTH..... YEAR.....	<input type="text"/>
232	CHECK 231: LAST PREGNANCY ENDED SINCE JAN. 1993 <input type="checkbox"/> LAST PREGNANCY ENDED BEFORE JAN. 1993 <input type="checkbox"/>		<input type="checkbox"/> 236
233	How many months pregnant were you when the last pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS.....	<input type="text"/>
234	Have you ever had any other pregnancies which did not result in a live birth?	YES.....1 NO.....2	<input type="checkbox"/> 236
235	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER PREGNANCY BACK TO JANUARY 1993. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST PREGNANCY.....995 NEVER MENSTRUATED.....996	<input type="text"/>
237	Between the first day of a woman's period and the first day of her <input type="checkbox"/> next <input type="checkbox"/> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DON'T KNOW.....8	<input type="checkbox"/> 301
238	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....01 RIGHT AFTER HER PERIOD HAS ENDED.....02 IN THE MIDDLE OF THE CYCLE.....03 JUST BEFORE HER PERIOD BEGINS..04 OTHER.....96 (SPECIFY) DON'T KNOW.....98	

SECTION 3. CONTRACEPTION

Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, 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 301 OR 302, ASK 303.

301 Which ways or methods have you heard of?	302 Have you ever heard of (METHOD)?		303 Have you ever used (METHOD)?
	SPONTANEOUS YES	PROBED YES NO	
01 PILL Women can take a pill every day.	1	2	YES.....1 NO.....2
02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	1	2	YES.....1 NO.....2
03 INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	1	2	YES.....1 NO.....2
04 NORPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years.	1	2	YES.....1 NO.....2
05 DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse.	1	2	YES.....1 NO.....2
06 CONDOM Men can use a rubber sheath on their penis during sexual intercourse.	1	2	YES.....1 NO.....2
07 FEMALE STERILISATION Women can have an operation to avoid having any more children.	1	2	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2
08 MALE STERILISATION Men can have an operation to avoid having any more children.	1	2	Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2
09 NATURAL METHODS Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant.	1	2	YES.....1 NO.....2
10 WITHDRAWAL Men can be careful and pull out before the fluids come out.	1	2	YES.....1 NO.....2
11 Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	1	3	YES.....1 NO.....2 YES.....1 NO.....2

304 CHECK 303: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED) SKIP TO 308

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
305	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	<input type="checkbox"/> 307
306	ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH.		<input type="checkbox"/> 331
307	What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY).		
308	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used?	PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NATURAL METHODS.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY)	
309	How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN.....	<input type="text"/>
311	CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		<input type="checkbox"/> 314A
312	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		<input type="checkbox"/> 325
313	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	<input type="checkbox"/> 325
314	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NATURAL METHODS.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY)	<input type="checkbox"/> 324
314A	CIRCLE '07' FOR FEMALE STERILIZATION.		<input type="checkbox"/> 318 <input type="checkbox"/> 323 <input type="checkbox"/> 324
315	How much does one packet (cycle) of pills cost you?	COST..... FREE.....996 DON'T KNOW.....998	<input type="text"/> <input type="checkbox"/> 324
316	Would you be willing to pay for your pills?	YES.....1 NO.....2	<input type="checkbox"/> 324
317	How much would you be willing to pay for a package (cycle) of your pills? Would you pay as much as 75 shillings? IF NO: would you pay as much as 50 shillings? IF NO: would you pay as much as 25 shillings? IF NO: would you pay as much as 10 shillings? IF NO: ENTER < 10 SHILLINGS	75 SHILLINGS.....1 50 SHILLINGS.....2 25 SHILLINGS.....3 10 SHILLINGS.....4 < 10 SHILLINGS.....5 DON'T KNOW.....8	<input type="checkbox"/> 324

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP													
318	Where did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOVERNMENT DISPENSARY.....13 MEDICAL PRIVATE SECTOR MISSION, CHURCH HOSPITAL/CLINIC.21 FPAK HEALTH CENTRE/CLINIC.....22 OTHER NON-GOVERNMENTAL SERVICE.23 PRIVATE HOSPITAL OR CLINIC.....24 PRIVATE DOCTOR.....26 MOBILE CLINIC.....31 OTHER.....96 (SPECIFY) DOES NOT KNOW.....98														
319	Do you regret that (you/your husband) had the operation not to have any (more) children?	YES.....1 NO.....2	<input type="checkbox"/> 321													
320	Why do you regret the operation?	RESPONDENT WANTS ANOTHER CHILD.01 PARTNER WANTS ANOTHER CHILD...02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER.....96 (SPECIFY)														
321	In what month and year was the sterilization performed?	MONTH..... <table border="1" data-bbox="1177 651 1242 693"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> YEAR..... <table border="1" data-bbox="1128 693 1242 724"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table>														
322	CHECK 321: STERILISED BEFORE <input type="checkbox"/> JANUARY 1993 ENTER CODE FOR STERILISATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1993. THEN SKIP TO <input type="checkbox"/> 329A	STERILISED AFTER <input type="checkbox"/> JANUARY 1993 ENTER CODE FOR STERILISATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION. THEN SKIP TO <input type="checkbox"/> 325														
323	How do you determine which days of your monthly cycle not to have sexual relations?	BASED ON CALENDAR.....01 BASED ON BODY TEMPERATURE.....02 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04 NO SPECIFIC SYSTEM.....05 OTHER.....96 (SPECIFY)														

324 ENTER METHOD CODE FROM 314 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE.
 ILLUSTRATIVE QUESTIONS:
 · When did you start using continuously?
 · How long have you been using this method continuously?

325 I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.
 USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1993.
 USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
 IN COLUMN 1, ENTER CODE IN EACH MONTH OF METHOD USE OR '0' FOR NONUSE.
 ILLUSTRATIVE QUESTIONS:
 COLUMN 1: · When was the last time you used a method? Which method was that?
 · When did you start using that method? How long after the birth of (NAME)?
 · How long did you use the method then?
 IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.
 NUMBER OF CODES IN COL.2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.
 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.
 ILLUSTRATIVE QUESTIONS:
 COLUMN 2: · 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?
 IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:
 · How many months did it take you to get pregnant after you stopped using (METHOD)?
 AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

327	CHECK 314: CIRCLE METHOD CODE:	NOT ASKED.....00 <input type="checkbox"/> 331 PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILISATION.....07 MALE STERILISATION.....08 <input type="checkbox"/> 329A NATURAL METHODS.....09 WITHDRAWAL.....10 OTHER METHOD.....96 <input type="checkbox"/> 332	
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328 Where did you obtain (METHOD) the last time?
 IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.

 (NAME OF PLACE)

PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOVERNMENT DISPENSARY.....13 MEDICAL PRIVATE SECTOR MISSION, CHURCH HOSPITAL/CLINIC.....21 FPAK HEALTH CENTRE/CLINIC.....22 OTHER NON-GOVERNMENTAL SERVICE.....23 PRIVATE HOSPITAL OR CLINIC.....24 PHARMACY.....25 PRIVATE DOCTOR.....26 MOBILE CLINIC.....31 COMMUNITY BASED DISTRIBUTOR.....41 SHOP.....51 FRIENDS/RELATIVES.....61 OTHER.....96 (SPECIFY)	
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
333	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOVERNMENT DISPENSARY.....13 MEDICAL PRIVATE SECTOR MISSION, CHURCH HOSPITAL/CLINIC.21 FPAK HEALTH CENTRE/CLINIC.....22 OTHER NON-GOVERNMENTAL SERVICE.23 PRIVATE HOSPITAL OR CLINIC.....24 PHARMACY.....25 PRIVATE DOCTOR.....26 MOBILE CLINIC.....31 COMMUNITY BASED DISTRIBUTOR.....41 SHOP.....51 FRIENDS/RELATIVES.....61 OTHER.....96 (SPECIFY)	
334	In some communities there is a person who is trained to talk to families in that area about family planning. Sometimes they visit each house and talk about family planning and give out supplies. Other times they have supplies in their houses. Is there any woman or man like that in your area?	YES.....1 NO.....2 DON'T KNOW.....8	<input type="checkbox"/> 335
334a	How many times has this person visited your home in the past 6 months?	NUMBER OF VISITS..... <input type="text"/> <input type="text"/>	
335	Have you visited a health facility for any reason in the last 12 months?	YES.....1 NO.....2	<input type="checkbox"/> 337
336	Did any staff member at the health facility speak to you about family planning methods?	YES.....1 NO.....2	
337	Do you think that breastfeeding can affect a woman's chance of becoming pregnant while breastfeeding?	YES.....1 NO.....2 DON'T KNOW.....8	<input type="checkbox"/> 401
338	Do you think a woman's chance of becoming pregnant is increased or decreased while breastfeeding?	INCREASED.....1 DECREASED.....2 NOT AFFECTED.....3 DON'T KNOW.....8	<input type="checkbox"/> 401
339	CHECK 210: ONE OR MORE <input type="checkbox"/> BIRTHS NO BIRTHS <input type="checkbox"/>		<input type="checkbox"/> 401
340	Have you ever relied on breastfeeding as a method of avoiding pregnancy?	YES.....1 NO.....2	<input type="checkbox"/> 401
341	CHECK 227 AND 311: NOT PREGNANT OR UNSURE AND NOT STERILIZED <input type="checkbox"/> EITHER PREGNANT OR STERILIZED <input type="checkbox"/>		<input type="checkbox"/> 401
342	Are you currently relying on breastfeeding to avoid getting pregnant?	YES.....1 NO.....2	

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 225: ONE OR MORE BIRTHS SINCE JAN. 1995 <input type="checkbox"/>	NO BIRTHS SINCE JAN. 1995 <input type="checkbox"/>	(SKIP TO 465)
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1995 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some more questions about the health of all your children born in the past three years. (We will talk about one child at a time.)		
403	LINE NUMBER FROM Q212	LAST BIRTH LINE NUMBER..... <input type="text"/>	NEXT-TO-LAST BIRTH LINE NUMBER..... <input type="text"/>
404	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
405	At the time you became pregnant with (NAME), did you want to become pregnant then, or did you want to wait until later, or did you want no more children at all?	THEN.....1 (SKIP TO 407) <input type="checkbox"/> LATER.....2 NO MORE.....3 (SKIP TO 407) <input type="checkbox"/>	THEN.....1 (SKIP TO 407) <input type="checkbox"/> LATER.....2 NO MORE.....3 (SKIP TO 407) <input type="checkbox"/>
406	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DON'T KNOW.....998	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DON'T KNOW.....998
407	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B BIRTH ATTENDENT TRAINED.....C UNTRAINED.....D OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 410) <input type="checkbox"/>	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B BIRTH ATTENDENT TRAINED.....C UNTRAINED.....D OTHER.....X (SPECIFY) NO ONE.....Y (SKIP TO 410) <input type="checkbox"/>
408	How many months pregnant were you when you first received antenatal care?	MONTHS..... <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> DON'T KNOW.....98
409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/> DON'T KNOW.....98	NO. OF TIMES..... <input type="text"/> DON'T KNOW.....98
410	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 412) <input type="checkbox"/> DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 412) <input type="checkbox"/> DON'T KNOW.....8
411	During this pregnancy, how many times did you get this injection?	TIMES..... <input type="text"/> DON'T KNOW.....8	TIMES..... <input type="text"/> DON'T KNOW.....8

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
412	Where did you give birth to (NAME)? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. MATERNITY CLNC..23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC...31 OTHER PVT. HOSP/CLNC..32 OTHER_____ 96 (SPECIFY)	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. MATERNITY CLNC..23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC...31 OTHER PRT. HOSP/CLNC..32 OTHER_____ 96 (SPECIFY)
413	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B BIRTH ATTENDENT TRAINED.....D UNTRAINED.....E RELATIVE/FRIEND.....F OTHER_____ X (SPECIFY) NO ONE.....Y	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B BIRTH ATTENDENT TRAINED.....D UNTRAINED.....E RELATIVE/FRIEND.....F OTHER_____ X (SPECIFY) NO ONE.....Y
413A	Did you pay for delivery services? IF YES: How much in total did you pay for all services connected to the delivery of (NAME)?	SHILLINGS... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST.....99994	SHILLINGS... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST.....99994
414	Around the time of the birth of (NAME), did you have any of the following problems: Long labor, that is, did your regular contractions last more than 12 hours? Excessive bleeding that was so much that you feared it was life threatening? A high fever with bad smelling vaginal discharge? Convulsions not caused by fever?	YES NO LABOR MORE THAN 12 HOURS...1 2 EXCESSIVE BLEEDING.....1 2 FEVER/BAD SMELLING VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2	YES NO LABOR MORE THAN 12 HOURS...1 2 EXCESSIVE BLEEDING.....1 2 FEVER/BAD SMELLING VAG. DISCHARGE.....1 2 CONVULSIONS.....1 2
415	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2
416	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

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
417	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 419)☐	YES.....1 NO.....2 (SKIP TO 420)☐
418	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998	GRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998
419	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 421)☐ NO.....2 (SKIP TO 422)☐	
420	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 424)☐
421	For how many months after the birth of (NAME) did you ☐&dnot☐&d@ have a period?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
422	CHECK 227: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 424)	
423	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 425)☐	
424	For how many months after the birth of (NAME) did you ☐&dnot☐&d@ have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
425	Did you ever breastfeed (NAME)?	YES.....1 NO.....2 (SKIP TO 431)☐	YES.....1 NO.....2 (SKIP TO 431)☐
426	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 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>	IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/>
427	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 429)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 429)
428	Are you still breastfeeding (NAME)?	YES.....1 (SKIP TO 432)☐ NO.....2	YES.....1 (SKIP TO 432)☐ NO.....2
429	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
430	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER_____96 (SPECIFY)	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER_____96 (SPECIFY)		
431	CHECK 404: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440)		
432	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> <input type="text"/>		
433	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>	NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> <input type="text"/>		
434	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8		
435	At any time yesterday or last night, was (NAME) given any of the following:	YES NO DK	YES NO DK		
	Plain water?	PLAIN WATER.....1 2 8	PLAIN WATER.....1 2 8		
	Sugar water?	SUGAR WATER.....1 2 8	SUGAR WATER.....1 2 8		
	Juice?	JUICE.....1 2 8	JUICE.....1 2 8		
	Herbal tea?	HERBAL TEA.....1 2 8	HERBAL TEA.....1 2 8		
	Baby formula?	BABY FORMULA.....1 2 8	BABY FORMULA.....1 2 8		
	Tinned or powdered milk?	TINNED/POWDR'D MLK..1 2 8	TINNED/POWDR'D MLK..1 2 8		
	Fresh milk?	FRESH MILK.....1 2 8	FRESH MILK.....1 2 8		
	Any other liquids?	OTHER LIQUIDS.....1 2 8	OTHER LIQUIDS.....1 2 8		
	Any fruits or vegetables?	FRUITS/VEGETABLES...1 2 8	FRUITS/VEGETABLES...1 2 8		
	Any food made from wheat, maize, or rice such as porridge, bread or pasta?	FOOD MADE FROM GRAIN.....1 2 8	FOOD MADE FROM GRAIN.....1 2 8		
	Any food made from cassava or plaintain?	FOOD MADE FROM CASSAVA/PLAINTAIN..1 2 8	FOOD MADE FROM CASSAVA/PLAINTAIN..1 2 8		
	Eggs, fish, or poultry?	EGGS/FISH/POULTRY...1 2 8	EGGS/FISH/POULTRY...1 2 8		
	Meat?	MEAT.....1 2 8	MEAT.....1 2 8		
	Any other solid or semi-solid foods?	OTHER SOLID/SEMI-SOLID FOODS..1 2 8	OTHER SOLID/SEMI-SOLID FOODS..1 2 8		

		LAST BIRTH		NEXT-TO-LAST BIRTH	
		NAME _____		NAME _____	
436	CHECK 435: FOOD OR LIQUID GIVEN YESTERDAY?	"YES" TO ONE <input type="checkbox"/> OR MORE	"NO/DK" TO ALL <input type="checkbox"/>	"YES" TO ONE <input type="checkbox"/> OR MORE	"NO/DK" TO ALL <input type="checkbox"/>
		(SKIP TO 439)		(SKIP TO 439)	
437	(Aside from breastfeeding, how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES..... <input type="checkbox"/>		NUMBER OF TIMES..... <input type="checkbox"/>	
		DON'T KNOW.....8		DON'T KNOW.....8	
439		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440.	

SECTION 4B. IMMUNIZATION AND HEALTH

440	ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1995 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES).																																																																																		
441	LAST BIRTH	NEXT-TO-LAST BIRTH																																																																																	
	LINE NUMBER FROM Q212	LINE.....																																																																																	
442	FROM Q212 AND Q216	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.)																																																																																
443	Do you have a card where (NAME'S) vaccinations are written down? IF YES: May I see it please?	YES, SEEN.....1- (SKIP TO 445) <input type="checkbox"/> _____ YES, NOT SEEN.....2- (SKIP TO 447) <input type="checkbox"/> _____ NO CARD.....3	YES, SEEN.....1- (SKIP TO 445) <input type="checkbox"/> _____ YES, NOT SEEN.....2- (SKIP TO 447) <input type="checkbox"/> _____ NO CARD.....3																																																																																
444	Did you ever have a vaccination card for (NAME)?	YES.....1- (SKIP TO 447) <input type="checkbox"/> _____ NO.....2-	YES.....1- (SKIP TO 447) <input type="checkbox"/> _____ NO.....2-																																																																																
445	(1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED.	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:center;">DAY</th> <th style="text-align:center;">MO</th> <th style="text-align:center;">YR</th> </tr> </thead> <tbody> <tr><td>BCG....</td><td></td><td></td><td></td></tr> <tr><td>P0....</td><td></td><td></td><td></td></tr> <tr><td>P1....</td><td></td><td></td><td></td></tr> <tr><td>P2....</td><td></td><td></td><td></td></tr> <tr><td>P3....</td><td></td><td></td><td></td></tr> <tr><td>D1....</td><td></td><td></td><td></td></tr> <tr><td>D2....</td><td></td><td></td><td></td></tr> <tr><td>D3....</td><td></td><td></td><td></td></tr> <tr><td>MEA....</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YR	BCG....				P0....				P1....				P2....				P3....				D1....				D2....				D3....				MEA....				<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align:center;">DAY</th> <th style="text-align:center;">MO</th> <th style="text-align:center;">YR</th> </tr> </thead> <tbody> <tr><td>BCG....</td><td></td><td></td><td></td></tr> <tr><td>P0....</td><td></td><td></td><td></td></tr> <tr><td>P1....</td><td></td><td></td><td></td></tr> <tr><td>P2....</td><td></td><td></td><td></td></tr> <tr><td>P3....</td><td></td><td></td><td></td></tr> <tr><td>D1....</td><td></td><td></td><td></td></tr> <tr><td>D2....</td><td></td><td></td><td></td></tr> <tr><td>D3....</td><td></td><td></td><td></td></tr> <tr><td>MEA....</td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MO	YR	BCG....				P0....				P1....				P2....				P3....				D1....				D2....				D3....				MEA....			
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MEA....																																																																																			
446	Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).	YES.....1- (PROBE FOR VACCINATIONS <input type="checkbox"/> AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) _____ NO.....2- DON'T KNOW.....8- (SKIP TO 449) <input type="checkbox"/> _____	YES.....1- (PROBE FOR VACCINATIONS <input type="checkbox"/> AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 445) _____ NO.....2- DON'T KNOW.....8- (SKIP TO 449) <input type="checkbox"/> _____																																																																																

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
447	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 449) <input type="checkbox"/> DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 449) <input type="checkbox"/> DON'T KNOW.....8
448	Please tell me if (NAME) received any of the following vaccinations:*		
448A	A BCG vaccination against tuberculosis, that is, an injection in the left arm that caused a scar?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
448B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 448E) <input type="checkbox"/> DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 448E) <input type="checkbox"/> DON'T KNOW.....8
448C	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
448D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
448E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES.....1 NO.....2 (SKIP TO 448G) <input type="checkbox"/> DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 448G) <input type="checkbox"/> DON'T KNOW.....8
448F	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
448G	An injection to prevent measles?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
449	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 450) <input type="checkbox"/> DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 450) <input type="checkbox"/> DON'T KNOW.....8
449a	Did you seek advice or treatment for the fever?	YES.....1 NO.....2 (SKIP TO 450) <input type="checkbox"/>	YES.....1 NO.....2 (SKIP TO 450) <input type="checkbox"/>
449b	Where did you seek advice or treatment? Anywhere else? Anywhere else? RECORD ALL MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC....D OTHER PVT.HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER....I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER..... X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC....D OTHER PVT.HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER....I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER..... X (SPECIFY)

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
449c	Were any medicines given to (NAME) to treat the fever?	YES.....1 NO.....2 (SKIP TO 450) <input type="checkbox"/>	YES.....1 NO.....2 (SKIP TO 450) <input type="checkbox"/>
449d	Which medicines were given to (NAME)? Any other? Any other? RECORD ALL MENTIONED	ANTIPYRETICS.....A (ASPRO, CALPOL, BRUFEN, ETC. CHLOROQUINE.....B (MALAROQUINE, ETC.) SULFA COMBINATIONS.....C (FANCIDAR, METAKELFIN, ETC. HALOFANTRINE.....D (HANFAN) AMODIAQUINE.....E (CAMOQUINE) COTRIMOXAZOLE.....F (BACTRIM, SEPTIN, ETC. ARTIMISININ.....G (ARTENAM, ARTOMOTHOR, ETC. HERBAL/TRADITIONAL REMEDIES.....H OTHER ANTIBIOTICS (SPECIFY).....I OTHER_____X (SPECIFY)	ANTIPYRETICS.....A (ASPRO, CALPOL, BRUFEN, ETC. CHLOROQUINE.....B (MALAROQUINE, ETC.) SULFA COMBINATIONS.....C (FANCIDAR, METAKELFIN, ETC. HALOFANTRINE.....D (HANFAN) AMODIAQUINE.....E (CAMOQUINE) COTRIMOXAZOLE.....F (BACTRIM, SEPTIN, ETC. ARTIMISININ.....G (ARTENAM, ARTOMOTHOR, ETC. HERBAL/TRADITIONAL REMEDIES.....H OTHER ANTIBIOTICS (SPECIFY).....I OTHER_____X (SPECIFY)
450	Has (NAME) been ill with a cough at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 454) <input type="checkbox"/> DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 454) <input type="checkbox"/> DON'T KNOW.....8
451	When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
452	Did you seek advice or treatment for the cough?	YES.....1 NO.....2 (SKIP TO 454) <input type="checkbox"/>	YES.....1 NO.....2 (SKIP TO 454) <input type="checkbox"/>
453	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC....D OTHER PVT.HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER.....I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER_____X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC....D OTHER PVT.HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER.....I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER_____X (SPECIFY)
454	Has (NAME) had diarrhoea in the last two weeks?	YES.....1 NO.....2 (SKIP TO 463A) <input type="checkbox"/> DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 463A) <input type="checkbox"/> DON'T KNOW.....8
455	Was there any blood in the stools?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
456	On the worst day of the diarrhoea, how many bowel movements did (NAME) have?	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____
457	Was he/she given the same amount to drink as before the diarrhoea, or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
458	Was he/she given the same amount of food to eat as before the diarrhoea or more, or less?	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8
459	When (NAME) had diarrhoea, was he/she given any of the following to drink: A fluid made from a special packet called ORALITE or ORS? Thin watery porridge made from maize, rice or wheat? (Ugi) Soup? Home-made sugar-salt-water solution? Milk or infant formula? Yoghurt-based drink? Water? Any other liquids?	YES NO DK FLUID FROM ORS PKT...1 2 8 THIN WATERY GRUEL...1 2 8 SOUP.....1 2 8 SUG.-SALT-WAT. SOL...1 2 8 MILK/INFANT FORMULA...1 2 8 YOGHURT-BASED DR...1 2 8 WATER.....1 2 8 OTHER LIQUID.....1 2 8	YES NO DK FLUID FROM ORS PKT...1 2 8 THIN WATERY GRUEL...1 2 8 SOUP.....1 2 8 SUG.-SALT-WAT. SOL...1 2 8 MILK/INFANT FORMULA...1 2 8 YOGHURT-BASED DR...1 2 8 WATER.....1 2 8 OTHER LIQUID.....1 2 8
460	Was anything (else) given to treat the diarrhoea?	YES.....1 NO.....2 (SKIP TO 462) <input type="checkbox"/> DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 462) <input type="checkbox"/> DON'T KNOW.....8
461	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	PILL OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER_____X (SPECIFY)	PILL OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER_____X (SPECIFY)
462	Did you seek advice or treatment for the diarrhoea?	YES.....1 NO.....2 (SKIP TO 463A) <input type="checkbox"/>	YES.....1 NO.....2 (SKIP TO 463A) <input type="checkbox"/>
463	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC...D OTHER PVT.HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER...I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER_____X (SPECIFY)	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC...D OTHER PVT.HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER...I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER_____X (SPECIFY)

463A	CHECK 449: FEVER IN LAST TWO WEEKS?	"YES" FEVER <input type="checkbox"/>	"NO" FEVER <input type="checkbox"/> (SKIP TO 464)	"YES" FEVER <input type="checkbox"/>	"NO" FEVER <input type="checkbox"/> (SKIP TO 464)
463B	<p>You said that (NAME) had a fever in the last two weeks. Could you please tell me whether, at the time of that fever, (NAME) experienced any other symptoms or diseases?</p> <p>IF YES, Which symptoms or diseases did (NAME) experience?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED</p>	COUGH.....A DIARRHOEA.....B "MALARIA".....C CONVULSIONS/FITS.....D LOSS OF WEIGHT.....E RASH.....F ANEMIA.....G VOMITING.....H DIFFICULT BREATHING.....I UNCONCIOUS.....J UNABLE TO DRINK.....K STIFF NECK.....L OTHER _____ X (SPECIFY) NO OTHER SYMPTOMS.....Y	COUGH.....A DIARRHOEA.....B "MALARIA".....C CONVULSIONS/FITS.....D LOSS OF WEIGHT.....E RASH.....F ANEMIA.....G VOMITING.....H DIFFICULT BREATHING.....I UNCONCIOUS.....J UNABLE TO DRINK.....K STIFF NECK.....L OTHER _____ X (SPECIFY) NO OTHER SYMPTOMS.....Y		
464		GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.	GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
465	When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual?	LESS TO DRINK.....1 ABOUT SAME AMOUNT TO DRINK.....2 MORE TO DRINK.....3 DON'T KNOW.....8	
466	When a child has diarrhoea, should he/she be given less to eat than usual, about the same amount, or more than usual?	LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DON'T KNOW.....8	
467	When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/NOT DRINKING WELL...H GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J OTHER_____ X (SPECIFY) DON'T KNOW.....Z	
468	When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL...F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER_____ X (SPECIFY) DON'T KNOW.....Z	
468a	When a child is sick with a fever, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED.	FEVER INCREASING/VERY HIGH.....A FEVER RECURRENT.....B DIFFICULT BREATHING.....C NOISY BREATHING.....D CONVULSIONS.....E SHIVERING.....F UNABLE TO DRINK.....G NOT EATING/NOT DRINKING WELL...H NOT GETTING BETTER.....I OTHER_____ X (SPECIFY) DON'T KNOW.....Z	
469	CHECK 459, ALL COLUMNS:	NO CHILD RECEIVED ORS <input type="checkbox"/> ANY CHILD RECEIVED ORS <input type="checkbox"/>	501
470	Have you ever heard of a special product called ORALITE or ORS you can get for the treatment of diarrhoea?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
514A	CHECK 502: CURRENTLY MARRIED <input type="checkbox"/> OR LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	515F
515	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with (your husband/the man you are living with)?	DAYS AGO.....1 <input type="checkbox"/> WEEKS AGO.....2 <input type="checkbox"/> MONTHS AGO.....3 <input type="checkbox"/> YEARS AGO.....4 <input type="checkbox"/> BEFORE LAST BIRTH.....996	
515A	CHECK 301 AND 302: KNOWS CONDOM <input type="checkbox"/> DOES NOT KNOW CONDOM <input type="checkbox"/> The last time you had sex with (your husband/ the man you are living with), was a condom used? Some men use a condom, which means that they use a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your husband/ the man you are living with), was a condom used?	YES.....1 NO.....2 DOES NOT KNOW.....8	
515B	Have you had sex with anyone other than (your husband/ the man you are living with) in the last 12 months?	YES.....1 NO.....2	517
515C	When was the last time you had sexual intercourse with someone other than (your husband/ the man you are living with)?	DAYS AGO.....1 <input type="checkbox"/> WEEKS AGO.....2 <input type="checkbox"/> MONTHS AGO.....3 <input type="checkbox"/> YEARS AGO.....4 <input type="checkbox"/> BEFORE LAST BIRTH.....996	
515D	Was a condom used that time?	YES.....1 NO.....2 DOES NOT KNOW.....8	
515E	In the last 12 months, how many different persons other than (your husband/the man you are living with) have you had sex with?	NUMBER OF PERSONS..... <input type="checkbox"/> DOES NOT KNOW.....98	515J
515F	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse (if ever)?	NEVER.....000 DAYS AGO.....1 <input type="checkbox"/> WEEKS AGO.....2 <input type="checkbox"/> MONTHS AGO.....3 <input type="checkbox"/> YEARS AGO.....4 <input type="checkbox"/> BEFORE LAST BIRTH.....996	608

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
515G	<p>CHECK 301 AND 302:</p> <p>KNOWS CONDOM <input type="checkbox"/> DOES NOT KNOW CONDOM <input type="checkbox"/></p> <p>The last time you had sex, was a condom used? Some men use a condom, which means that they use a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
515H	<p>CHECK 515F:</p> <p>LESS THAN 12 MONTHS SINCE LAST SEX <input type="checkbox"/> 12 MONTHS OR LONGER SINCE LAST SEX <input type="checkbox"/></p>		515J
515I	<p>In the last 12 months, how many different persons have you had sex with?</p>	<p>NUMBER OF PERSONS..... <input type="text"/></p> <p>DOES NOT KNOW.....98</p>	
515J	<p>CHECK 501:</p> <p>CURRENTLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A MAN <input type="checkbox"/></p> <p>The last time you had sex, was it with your (husband/man you live with), a regular partner, a casual acquaintance, or someone else? The last time you had sex, was it with a regular partner, a casual acquaintance, or someone else?</p>	<p>HUSBAND/MAN LIVES WITH.....1</p> <p>REGULAR PARTNER.....2</p> <p>ACQUAINTANCE.....3</p> <p>SOMEONE ELSE.....4</p>	
517	<p>Do you know of a place where you can get condoms?</p>	<p>YES.....1</p> <p>NO.....2</p>	519
518	<p>Where is that?</p> <p>IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTRE.....12</p> <p>GOVERNMENT DISPENSARY.....13</p> <p>MEDICAL PRIVATE SECTOR</p> <p>MISSION,CHURCH HOSPITAL/CLINIC.....21</p> <p>FPAK HEALTH CENTRE/CLINIC.....22</p> <p>OTHER NON-GOVERNMENTAL SERVICE.....23</p> <p>PRIVATE HOSPITAL OR CLINIC.....24</p> <p>PHARMACY.....25</p> <p>PRIVATE DOCTOR.....26</p> <p>MOBILE CLINIC.....31</p> <p>COMMUNITY BASED DISTRIBUTOR.....41</p> <p>SHOP.....51</p> <p>FRIENDS/RELATIVES.....61</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	
519	<p>Have you ever heard of a condom called "Trust"?</p>	<p>YES.....1</p> <p>NO.....2</p>	
519a	<p>Would you be willing to pay for condoms?</p>	<p>YES.....1</p> <p>NO.....2</p>	520
519b	<p>How much would you be willing to pay for a package of 3 condoms?</p> <p>Would you pay as much as 50 shillings?</p> <p>IF NO: would you pay as much as 25 shillings?</p> <p>IF NO: would you pay as much as 10 shillings?</p> <p>IF NO: would you pay as much as 5 shillings?</p> <p>IF NO: ENTER < 5 SHILLINGS</p>	<p>50 SHILLINGS.....1</p> <p>25 SHILLINGS.....2</p> <p>10 SHILLINGS.....3</p> <p>5 SHILLINGS.....4</p> <p>< 5 SHILLINGS.....5</p> <p>DON'T KNOW.....8</p>	
520	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE..... <input type="text"/></p> <p>FIRST TIME WHEN MARRIED.....96</p>	

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 314: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/>		612
602	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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? 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 (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DON'T KNOW.....8	606 604
603	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After 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	606
604	CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		607
605	If you became pregnant in the next few weeks, would you be <input type="checkbox"/> happy <input type="checkbox"/> , <input type="checkbox"/> unhappy <input type="checkbox"/> , or would it <input type="checkbox"/> not matter <input type="checkbox"/> very much?	HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3	
606	CHECK 313: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/>		612
607	Do you think you will use a method to delay or avoid pregnancy within the next 12 months?	YES.....1 NO.....2 DON'T KNOW.....8	609
608	Do you think you will use a method at any time in the future?	YES.....1 NO.....2 DON'T KNOW.....8	610
609	Which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY) UNSURE.....98	612

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
610	What is the main reason that you think you will never use a method?	NOT MARRIED.....11 NOT INTENDING TO MARRY.....12 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER_____ 96 (SPECIFY) DON'T KNOW.....98	612
611	Would you ever use a method if you were married?	YES.....1 NO.....2 DON'T KNOW.....8	
612	CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO 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? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NUMBER..... <input type="text"/> OTHER_____ 96 (SPECIFY)	614
613	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter?	BOYS NUMBER..... <input type="text"/> GIRLS NUMBER..... <input type="text"/> EITHER NUMBER..... <input type="text"/> OTHER_____ 999996 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																												
614	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3																													
615	Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television?	<table border="0"> <tr> <td></td> <td>ACCEPT- ABLE</td> <td>NOT ACCEPT- ABLE</td> <td>DK</td> </tr> <tr> <td>RADIO.....1</td> <td></td> <td>2</td> <td>8</td> </tr> <tr> <td>TELEVISION.....1</td> <td></td> <td>2</td> <td>8</td> </tr> </table>		ACCEPT- ABLE	NOT ACCEPT- ABLE	DK	RADIO.....1		2	8	TELEVISION.....1		2	8																	
	ACCEPT- ABLE	NOT ACCEPT- ABLE	DK																												
RADIO.....1		2	8																												
TELEVISION.....1		2	8																												
616	In the last six months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a billboard? At a live drama? At a community event?	<table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>RADIO.....1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>TELEVISION.....1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>NEWSPAPER OR MAGAZINE.....1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>BILLBOARD.....1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>LIVE DRAMA.....1</td> <td></td> <td>2</td> <td></td> </tr> <tr> <td>COMMUNITY EVENT.....1</td> <td></td> <td>2</td> <td></td> </tr> </table>			YES	NO	RADIO.....1		2		TELEVISION.....1		2		NEWSPAPER OR MAGAZINE.....1		2		BILLBOARD.....1		2		LIVE DRAMA.....1		2		COMMUNITY EVENT.....1		2		
		YES	NO																												
RADIO.....1		2																													
TELEVISION.....1		2																													
NEWSPAPER OR MAGAZINE.....1		2																													
BILLBOARD.....1		2																													
LIVE DRAMA.....1		2																													
COMMUNITY EVENT.....1		2																													
616a	CHECK 616: FAMILY PLANNING ON RADIO? YES <input type="checkbox"/> NO <input type="checkbox"/>		616c																												
616b	Which programs have you heard? Any others? DO NOT READ CODES TO RESPONDENT. CIRCLE ALL MENTIONED.	UGUA POLE.....A MTU NI AFYA.....B DAKTARI WA RADIO.....C KINGA YASHINDA TIBA.....D TEMBEA NA MAJIRA.....E USIPOZIBA UFA UTAJENGA UKUTA...F HEALTH WATCH.....G HEALTH IS LIFE.....H MAN AND MEDICINE.....I AQUAFRESH HEALTH.....J OTHER.....X (SPECIFY) DOES NOT KNOW/CANNOT REMEMBER...Z																													
616c	Do you think that information about family planning should be available for persons under 18 years of age?	YES.....1 NO.....2 DOES NOT KNOW.....8																													
616d	Do you think that family planning services should be available for persons under 18 years of age?	YES.....1 NO.....2 DOES NOT KNOW.....8																													
618	In the last six months have you discussed the practice of family planning with your friends, neighbors, or relatives?	YES.....1 NO.....2	620																												
619	With whom? Anyone else? RECORD ALL MENTIONED.	HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS/NEIGHBORS.....H OTHER.....X (SPECIFY)																													

620	CHECK 502:	YES, CURRENTLY MARRIED <input type="checkbox"/>	YES, LIVING WITH A MAN <input type="checkbox"/>	NO, NOT IN UNION <input type="checkbox"/>	701
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621	Spouses/partners do not always agree on everything. 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
622	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
623	Do you think your husband/partner wants 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 7. HUSBAND'S BACKGROUND, WOMAN'S WORK AND RESIDENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502 AND 504: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/>		<input type="checkbox"/> 703 <input type="checkbox"/> 709
702	How old was your husband/partner on his last birthday?	AGE.....	<input type="checkbox"/> <input type="checkbox"/>
703	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	<input type="checkbox"/> 706
704	What was the highest level of school he attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3 DON'T KNOW.....8	<input type="checkbox"/> 706
705	What was the highest (standard/form/year) he completed at that level?	STANDARD/FORM/YEARS..... DON'T KNOW.....98	<input type="checkbox"/> <input type="checkbox"/>
706	What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do?		<input type="checkbox"/> <input type="checkbox"/>
707	CHECK 706: WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/>		<input type="checkbox"/> 709
708	(Does/did) your husband/partner work mainly on his own land or on family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	
709	Aside from your own housework, are you currently working?	YES.....1 NO.....2	<input type="checkbox"/> 712
710	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. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	<input type="checkbox"/> 712
711	Have you done any work in the last 12 months?	YES.....1 NO.....2	<input type="checkbox"/> 726
712	What is your occupation, that is, what kind of work do you mainly do?		<input type="checkbox"/> <input type="checkbox"/>
713	CHECK 712: WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/>		<input type="checkbox"/> 715
714	Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land?	OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	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	
716	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	<input type="checkbox"/> 718 <input type="checkbox"/> 719
717	During the last 12 months, how many months did you work?	NUMBER OF MONTHS.....	<input type="text"/>
718	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS.....	<input type="text"/> 720
719	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS.....	<input type="text"/>
720	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2	<input type="checkbox"/> 723
721	How much do you earn for this work per month? Is it less than 1,000 shillings? 1,000-5,000 shillings? 5,000-10,000 shillings? or more than 10,000 shillings?	LESS THAN 1,000.....1 1,000-5,000.....2 5,000-10,000.....3 MORE THAN 10,000.....4	
722	CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
723	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	
724	CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/> 726
725	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER.....96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
726	Have you lived in only one community or in more than one community since January 1993?	ONE COMMUNITY.....1 MORE THAN ONE COMMUNITY.....2	728
727	IN COLUMN 4 OF CALENDAR, ENTER THE APPROPRIATE CODE FOR CURRENT COMMUNITY, ('1' CITY, '2' TOWN, '3' COUNTRYSIDE). BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JAN. 1993. THEN SKIP TO _____		801A
728	In what month and year did you move to (NAME OF COMMUNITY OF INTERVIEW)? IN COLUMN 4 OF CALENDAR, ENTER 'X' IN THE MONTH AND YEAR OF THE MOVE. IN SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY, ('1' CITY, '2' TOWN, '3' COUNTRYSIDE). CONTINUE PROBING FOR PREVIOUS COMMUNITIES, AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY. ILLUSTRATIVE QUESTIONS: · Where did you live before.....? · In what month and year did you arrive there? · Is that place in a city, a town, or in the countryside?		

SECTION 8. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801A	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	<input type="checkbox"/> 801L
801B	Which diseases do you know? RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B HIV/AIDS.....C GENITAL WARTS.....D UGONGWA ZINAA.....E OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
801C	CHECK 515 AND 515F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	<input type="checkbox"/> 801K
801D	During the last twelve months, did you have any of these diseases?	YES.....1 NO.....2 DOES NOT KNOW.....8	<input type="checkbox"/> 801K
801E	Which of the diseases did you have? RECORD ALL RESPONSES	SYPHILIS.....A GONORRHEA.....B HIV/AIDS.....C GENITAL WARTS.....D UGONGWA ZINAA.....E OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DON'T KNOW.....Z	
801F	The last time you had (DISEASE(S) FROM 801E) did you seek advice or treatment?	YES.....1 NO.....2	<input type="checkbox"/> 801H
801G	Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED	PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC.....D OTHER PVT.HOSP/CLINIC.....E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMMUNITY BASED DISTRIBUTOR.....I COMM. HEALTH WORKER.....J OTHER SOURCE SHOP.....K HERBALIST./TRAD.PRACT.....L RELATIVE/FRIEND.....M OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
801H	When you had (DISEASE(S) FROM 801E) did you inform your partner(s)?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801I	When you had (DISEASE(S) FROM 801E) did you do something not to infect your partner(s)?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	801K
801J	What did you do? RECORD ALL MENTIONED	NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B TOOK MEDICINES.....C OTHER.....X (SPECIFY)	
801K	CHECK 801B DID NOT MENTION 'AIDS' <input type="checkbox"/> MENTIONED 'AIDS' <input type="checkbox"/>		802
801L	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	811C
802	From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED	RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J DRAMA/PERFORMANCE.....K OTHER.....X (SPECIFY)	
802B	How can a person get AIDS? Any other ways? RECORD ALL MENTIONED	SEXUAL INTERCOURSE.....A SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....B SEX WITH PROSTITUTES.....C NOT USING CONDOM.....D HOMOSEXUAL CONTACT.....E MOTHER TO CHILD.....F BLOOD TRANSFUSION.....G SHARING RAZORS BLADES.....H INJECTIONS.....I KISSING.....J MOSQUITO BITES.....K OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	
803	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	807
804	What can a person do? Any other ways? RECORD ALL MENTIONED	ABSTAIN FROM SEX.....B USE CONDOMS.....C AVOID MULTIPLE SEX PARTNERS.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F BE FAITHFUL TO PARTNER.....G AVOID BLOOD TRANSFUSIONS.....H AVOID INJECTIONS.....I AVOID KISSING.....J AVOID MOSQUITO BITES.....K SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....L OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DOES NOT KNOW.....Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
807	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW.....8	
808	Do you think that persons with AIDS almost never die from the disease, sometimes die or almost always die from the disease?	ALMOST NEVER.....1 SOMETIMES.....2 ALMOST ALWAYS.....3 DOES NOT KNOW.....8	
808A	Can AIDS be cured?	YES.....1 NO.....2 DOES NOT KNOW.....8	
808B	Can AIDS be transmitted from mother to child?	YES.....1 NO.....2 DOES NOT KNOW.....8	
808C	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	
809	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 HAS AIDS.....5	<input type="checkbox"/> 809C <input type="checkbox"/> 811A
809B	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED	ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D LIMITED NUMBER OF SEX PARTNERS.....E SPOUSE HAS NO OTHER PARTNER.....G NO HOMOSEXUAL CONTACT.....H NO BLOOD TRANSFUSIONS.....I NO INJECTIONS.....J OTHER.....X (SPECIFY)	<input type="checkbox"/> 811A
809C	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED	DO NOT USE CONDOMS.....C MORE THAN ONE SEX PARTNER.....D MANY SEX PARTNERS.....E SPOUSE HAS OTHER PARTNER(S).....G HOMOSEXUAL CONTACT.....H HAD BLOOD TRANSFUSION.....I HAD INJECTIONS.....J OTHER.....X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODES	SKIP
811A	Since you heard of AIDS, have you changed your behavior to prevent getting AIDS? IF YES, what did you do? Anything else? RECORD ALL MENTIONED	DIDN'T START SEX.....A STOPPED ALL SEX.....B STARTED USING CONDOMS.....C RESTRICTED SEX TO ONE PARTNER...D REDUCED NUMBER OF PARTNERS.....E ASK SPOUSE TO BE FAITHFUL.....G NO MORE HOMOSEXUAL CONTACTS.....H STOPPED INJECTIONS.....J OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) NO BEHAVIOR CHANGE.....Y	811C
811B	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior? IF YES, In what way? RECORD ALL MENTIONED	DIDN'T START SEX.....A STOPPED ALL SEX.....B STARTED USING CONDOMS.....C RESTRICTED SEX TO ONE PARTNER...D REDUCED NUMBER OF PARTNERS.....E NO MORE HOMOSEXUAL CONTACTS.....H OTHER_____X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR...Y DOES NOT KNOW.....Z	
811C	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases? Have you ever heard of this?	YES.....1 NO.....2	811F
811D	CHECK 515 AND 515F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	812
811E	We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	811G
811F	CHECK 515 AND 515F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	812
811G	Have you given or received money, gifts or favours in return for sex at any time in the last 12 months?	YES.....1 NO.....2	

812	CHECK 801B and 801L		
	KNOWS 'AIDS'	<input type="checkbox"/>	DOES NOT KNOW 'AIDS'
			<input type="checkbox"/>
			901
813	Have you ever been tested to see if you have the AIDS virus?		813D
		YES.....1	
		NO.....2	
		DOES NOT KNOW/NOT SURE.....8	
813A	Would you like to be tested for the AIDS virus?		
		YES.....1	
		NO.....2	
		DOES NOT KNOW/NOT SURE.....8	
813B	Do you know a place where you could go to get an AIDS test?		814
		YES.....1	
		NO.....2	
		DOES NOT KNOW/NOT SURE.....8	
813C	Where could you go?		
		PUBLIC SECTOR	
		GOVT. HOSPITAL.....A	
		GOVT. HEALTH CENTER.....B	
		GOVT. DISPENSARY.....C	
		PRIVATE MEDICAL SECTOR	
		MISSION HOSP/CLINIC.....D	
		OTHER PVT.HOSP/CLINIC.....E	
		PHARMACY.....F	
		PRIVATE DOCTOR.....G	
		MOBILE CLINIC.....H	
		COMMUNITY BASED DISTRIBUTOR.....I	
		COMM. HEALTH WORKER.....J	
		OTHER SOURCE	
		SHOP.....K	
		HERBALIST./TRAD.PRACT.....L	
		RELATIVE/FRIEND.....M	
		OTHER.....X	
		(SPECIFY)	
		DOES NOT KNOW.....Z	
813D	Where did you go?		
814	What do you suggest is the most important thing the government should do for people who have AIDS?		
		PROVIDE MEDICAL TREATMENT.....1	
		HELP RELATIVES PROVIDE CARE.....2	
		ISOLATE/QUARANTINE/JAIL PEOPLE.....3	
		NOT BE INVOLVED.....4	
		OTHER.....6	
		(SPECIFY)	
815	If a member of your family is suffering from AIDS would you be willing to care for him or her at home?		
		YES.....1	
		NO.....2	
		DEPENDS.....3	
		NOT SURE/DO NOT KNOW.....8	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	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"/>	
902	CHECK 901: <input type="checkbox"/> TWO OR MORE BIRTHS	<input type="checkbox"/> ONLY ONE BIRTH (RESPONDENT ONLY)	<input type="checkbox"/> 916
903	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS..... <input type="text"/>	

	[1]	[2]	[3]	[4]	[5]	[6]
904 What was the name given to your oldest(next oldest) brother or sister?	-----	-----	-----	-----	-----	-----
905 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
906 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 909 <input type="checkbox"/> DK.....8 GO TO [2] <input type="checkbox"/>	YES.....1 NO.....2 GO TO 909 <input type="checkbox"/> DK.....8 GO TO [3] <input type="checkbox"/>	YES.....1 NO.....2 GO TO 909 <input type="checkbox"/> DK.....8 GO TO [4] <input type="checkbox"/>	YES.....1 NO.....2 GO TO 909 <input type="checkbox"/> DK.....8 GO TO [5] <input type="checkbox"/>	YES.....1 NO.....2 GO TO 909 <input type="checkbox"/> DK.....8 GO TO [6] <input type="checkbox"/>	YES.....1 NO.....2 GO TO 909 <input type="checkbox"/> DK.....8 GO TO [7] <input type="checkbox"/>
907 How old is (NAME)?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]
909 How many years ago did (NAME) die?	<input type="text"/>					
910 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7]
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 914 <input type="checkbox"/> NO.....2					
912 Did (NAME) die during childbirth?	YES.....1 GO TO 914 <input type="checkbox"/> NO.....2					
913 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
914 Where did the death of (NAME) take place?	HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4					
915 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [2]	<input type="text"/> GO TO [3]	<input type="text"/> GO TO [4]	<input type="text"/> GO TO [5]	<input type="text"/> GO TO [6]	<input type="text"/> GO TO [7]

916

IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION

904 What was the name given to your oldest (next oldest) brother or sister?	[7]	[8]	[9]	[10]	[11]	[12]
905 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
906 Is (NAME) still alive?	YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [8]	YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [9]	YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [10]	YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [11]	YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [12]	YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [13]
907 How old is (NAME)?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]
909 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"/>
910 How old was (NAME) when she/he died?	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12]	<input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13]
911 Was (NAME) pregnant when she died?	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2
912 Did (NAME) die during childbirth?	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2	YES.....1 GO TO 914 NO.....2
913 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
914 Where did the death of (NAME) take place?	HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4	HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4	HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4	HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4	HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4	HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4
915 How many children did (NAME) give birth to during her lifetime?	<input type="text"/> GO TO [8]	<input type="text"/> GO TO [9]	<input type="text"/> GO TO [10]	<input type="text"/> GO TO [11]	<input type="text"/> GO TO [12]	<input type="text"/> GO TO [13]
916 IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION						

SECTION 10. FEMALE CIRCUMCISION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	In many communities, girls are introduced to womanhood by participating in some ceremonies and undergoing specific procedures. Now, I want to discuss with you the circumcision of girls. In this community, is female circumcision practiced?	YES.....1 NO.....2	
1002	Are you circumcised?	YES.....1 NO.....2	<input type="checkbox"/> 1004
1003	How old were you when you were circumcised?	AGE IN COMPLETED YEARS.... <input type="text"/> DOES NOT KNOW.....98	
1004	CHECK 214 AND 217: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/>		<input type="checkbox"/> 1012
1005	Is (NAME OF ELDEST DAUGHTER) circumcised?	YES.....1 NO.....2	<input type="checkbox"/> 1007
1006	Do you plan to have (NAME OF ELDEST DAUGHTER) circumcised?	YES.....1 NO.....2	<input type="checkbox"/> 1012
1007	How old was she when she was circumcised?	AGE IN COMPLETED YEARS.... <input type="text"/> DOES NOT KNOW.....98	
1008	Who performed the circumcision?	DOCTOR.....01 TRAINED NURSE/MIDWIFE.....02 TRADITIONAL MIDWIFE.....03 TRADITIONAL CIRCUMCISER.....04 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
1009	Where was the circumcision performed?	OWN HOME.....01 ANOTHER'S HOME.....02 HOME OF CIRCUMCISION PRACTITIONER.....03 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	
1009a	Which instruments were used to perform the circumcision?	OWN BLADE/RAZOR.....01 SHARED BLADE/RAZOR.....02 SCALPEL.....03 KNIFE.....04 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	During the circumcision of (NAME OF ELDEST DAUGHTER), which parts of the body were removed? RECORD PARTS AS REPORTED ON LINES PROVIDED. LEAVE THE BOX BLANK.	1. _____ <input type="checkbox"/> 2. _____ 3. _____ DOES NOT KNOW.....8	
1011	Before (NAME OF ELDEST DAUGHTER) circumcised, was she informed about the details of the circumcision procedures?	YES.....1 NO.....2	
1012	Do you think female circumcision should be continued, or should it be discontinued?	CONTINUED.....1 DISCONTINUED.....2 DOES NOT KNOW.....8	<input type="checkbox"/> 1014 <input type="checkbox"/> 1015
1013	Why do you think female circumcision should be continued? Any other reasons? RECORD ALL REASONS MENTIONED.	GOOD TRADITION.....A CUSTOM AND TRADITION.....B RELIGIOUS DEMAND.....C CLEANLINESS.....D BETTER MARRIAGE PROSPECTS.....E BETTER MARRIAGE LIFE.....F GREATER PLEASURE OF HUSBAND.....G PRESERVATION OF VIRGINITY.....H PREVENTION OF IMMORALITY.....I OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	<input type="checkbox"/> 1015
1014	Why do you think female circumcision should be discontinued? Any other reasons? RECORD ALL REASONS MENTIONED.	BAD TRADITION.....A AGAINST RELIGION.....B MEDICAL COMPLICATIONS.....C PAINFUL PERSONAL EXPERIENCE.....D AGAINST DIGNITY OF WOMEN.....E PREVENTS SEXUAL SATISFACTION...F FALSE STATUS/LIMITS EDUCATION...G OTHER_____X (SPECIFY) DOES NOT KNOW.....Z	
1015	In the last 12 months, have you discussed the practice of female circumcision with anyone? IF YES: with whom? RECORD ALL PERSONS MENTIONED.	NO ONE.....A RESPONDENT'S HUSBAND.....B RESPONDENT'S MOTHER.....C RESPONDENT'S MOTHER-IN-LAW.....D OTHER RELATIVE OF RESPONDENT...E OTHER RELATIVE OF HUSBAND.....F OTHER_____X (SPECIFY)	
1016	RECORD THE TIME	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	

SECTION 11. HEIGHT AND WEIGHT

1101	CHECK 215: ONE OR MORE BIRTHS SINCE JAN. 1993	<input type="checkbox"/>	NO BIRTHS SINCE JAN. 1993	<input type="checkbox"/>	END
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IN 1102 (COLUMNS 2 AND 3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1993 AND STILL ALIVE. IN 1103 AND 1104 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1993. IN 1106 AND 1108 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1993 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1993, USE ADDITIONAL QUESTIONNAIRES).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO- YOUNGEST LIVING CHILD
1102	LINE NO. FROM Q.212		
1103	NAME FROM Q.212 FOR CHILDREN	(NAME)	(NAME)
1104	DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH	DAY..... MONTH..... YEAR..	DAY..... MONTH..... YEAR..
1105	BCG SCAR ON LEFT FOREARM	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
1106	HEIGHT (in centimeters)		
1107	WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP?	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
1108	WEIGHT (in kilograms)		
1109	DATE WEIGHED AND MEASURED	DAY..... MONTH..... YEAR.. 1 9	DAY..... MONTH..... YEAR.. 1 9
1110	RESULT	MEASURED.....1 NOT PRESENT.....3 REFUSED.....4 OTHER.....6 (SPECIFY)	CHILD MEASURED...1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED....4 MOTHER REFUSED...5 OTHER.....6 (SPECIFY)
1111	NAME OF MEASURER:	NAME OF ASSISTANT:	

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.
 FOR COLUMNS 1, 3, AND 4, ALL MONTHS
 SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

	1	2	3	4
12 DEC 01				01 DEC
11 NOV 02				02 NOV
10 OCT 03				03 OCT
09 SEP 04				04 SEP
1 08 AUG 05				05 AUG 1
9 07 JUL 06				06 JUL 9
9 06 JUN 07				07 JUN 9
8 05 MAY 08				08 MAY 8
04 APR 09				09 APR
03 MAR 10				10 MAR
02 FEB 11				11 FEB
01 JAN 12				12 JAN

- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTIONS
- 4 IMPLANTS
- 5 DIAPHRAGM/FOAM/JELLY
- 6 CONDOM
- 7 FEMALE STERILISATION
- 8 MALE STERILISATION
- 9 NATURAL METHODS
- A WITHDRAWAL
- X OTHER _____

(SPECIFY)

12 DEC 13				13 DEC
11 NOV 14				14 NOV
10 OCT 15				15 OCT
09 SEP 16				16 SEP
1 08 AUG 05				05 AUG 1
9 07 JUL 06				06 JUL 9
9 06 JUN 07				07 JUN 9
7 05 MAY 08				08 MAY 7
04 APR 21				21 APR
03 MAR 22				22 MAR
02 FEB 23				23 FEB
01 JAN 24				24 JAN

COL.2: Discontinuation of Contraceptive Use

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 HEALTH CONCERNS
- 6 SIDE EFFECTS
- 7 LACK OF ACCESS/TOO FAR
- 8 COST TOO MUCH
- 9 INCONVENIENT TO USE
- F FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSE
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER _____
- Z DON'T KNOW

(SPECIFY)

12 DEC 25				25 DEC
11 NOV 26				26 NOV
10 OCT 27				27 OCT
09 SEP 28				28 SEP
1 08 AUG 29				29 AUG 1
9 07 JUL 30				30 JUL 9
9 06 JUN 31				31 JUN 9
6 05 MAY 32				32 MAY 6
04 APR 33				33 APR
03 MAR 34				34 MAR
02 FEB 35				35 FEB
01 JAN 36				36 JAN

12 DEC 37				37 DEC
11 NOV 38				38 NOV
10 OCT 39				39 OCT
09 SEP 40				40 SEP
1 08 AUG 41				41 AUG 1
9 07 JUL 42				42 JUL 9
9 06 JUN 43				43 JUN 9
5 05 MAY 44				44 MAY 5
04 APR 45				45 APR
03 MAR 46				46 MAR
02 FEB 47				47 FEB

COL.3: Marriage/Union

X IN UNION (MARRIED OR LIVING TOGETHER)

01 JAN 48 48 JAN

0 NOT IN UNION

COL.4: Moves and Types of Communities

X CHANGE OF COMMUNITY

1 CITY

2 TOWN

3 COUNTRYSIDE

	12	DEC	49					49	DEC
	11	NOV	50					50	NOV
	10	OCT	51					51	OCT
	09	SEP	52					52	SEP
1	08	AUG	53					53	AUG 1
9	07	JUL	54					54	JUL 9
9	06	JUN	55					55	JUN 9
4	05	MAY	56					56	MAY 4
	04	APR	57					57	APR
	03	MAR	58					58	MAR
	02	FEB	59					59	FEB
	01	JAN	60					60	JAN

	12	DEC	61					61	DEC
	11	NOV	62					62	NOV
	10	OCT	63					63	OCT
	09	SEP	64					64	SEP
1	08	AUG	65					65	AUG 1
9	07	JUL	66					66	JUL 9
9	06	JUN	67					67	JUN 9
3	05	MAY	68					68	MAY 3
	04	APR	69					69	APR
	03	MAR	70					70	MAR
	02	FEB	71					71	FEB
	01	JAN	72					72	JAN