CENTRAL BUREAU OF STATISTICS
KENYA DEMOGRAPHIC AND HEALTH SURVEY 2003
WOMAN'S QUESTIONNAIRE

IDENTIFICATION

PROVINCE* _____

DISTRICT _____

LOCATION/TOWN _____

SUBLOCATION/WARD _____

NASSEP CLUSTER NUMBER ....

KDHS CLUSTER NUMBER ....

HOUSEHOLD NUMBER ....

NAIROBI/MOMBASA/KISUMU=1; NAKURU/ELDORET/THIKA/NYERI=2; SMALL TOWN=3; RURAL=4

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF WOMAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT	
DATE	_____	_____	_____	DAY	
				MONTH	
				YEAR	2 0 0 3
				INT.CODE	
INTERVIEWER'S NAME	_____	_____	_____	RESULT	
RESULT**					
NEXT VISIT: DATE	_____	_____		TOTAL NO. OF VISITS	
TIME	_____	_____			

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

LANGUAGE

LANGUAGE OF QUESTIONNAIRE: **ENGLISH**

LANGUAGE OF INTERVIEW *** _____

HOME LANGUAGE OF RESPONDENT*** _____

WAS A TRANSLATOR USED? (YES=1, NO=2)..

1	3

*** LANGUAGE CODES:
01 EMBU   04 KIKUYU   07 LUO   10 MIJIKENDA   13 ENGLISH
02 KALENJIN   05 KISII   08 MAASAI   11 SOMALI   14 OTHER_____
03 KAMBA   06 LUHYA   09 MERU   12 KISWAHILI

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

*Province: NAIROBI=1; CENTRAL=2; COAST=3; EASTERN=4; NYANZA=5; R.VALLEY=6; WESTERN=7; NORTHEASTERN=8

SECTION 1. RESPONDENT'S BACKGROUND

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INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Central Bureau of Statistics. We are conducting a national survey about the health of women and children. We would very much appreciate your participation in this survey. I would like to ask you about your health (and the health of your children). This information will help the government to plan health services. The interview usually takes between 20 and 60 minutes to complete. Whatever information you provide will be kept strictly confidential and will not be shown to other persons.

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

SIGNATURE OF INTERVIEWER: _____   DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED 1   RESPONDENT DOES NOT AGREE TO BE INTERVIEWED.....2 ——0END
3

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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 live in Nairobi, Mombasa, in another city or town, or in the countryside?	NAIROBI/MOMBASA/KISUMU..................1 OTHER CITY/TOWN ....2 COUNTRYSIDE...3 OUTSIDE KENYA.......................................4	
103	How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS..................................... ☐☐ ALWAYS..95 VISITOR 96	┐ ┴0105
104	Just before you moved here, did you live in Nairobi, Mombasa, in another city or town, or in the countryside?	NAIROBI/MOMBASA/KISUMU..................1 OTHER CITY/TOWN ....2 COUNTRYSIDE...3	
105	In what month and year were you born?	MONTH.................................... ☐☐ DOES NOT KNOW MONTH....................98 YEAR .... ☐☐☐☐ DOES NOT 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	——0111
108	What is the highest level of school you attended: primary, vocational, secondary, or higher?	NURSERY/KINDERGARTEN....................0 PRIMARY ....1 POST-PRIMARY/VOCATIONAL ....2 SECONDARY/'A' LEVEL..........................3 COLLEGE (MIDDLE LEVEL)....................4 UNIVERSITY 5	
109	What is the highest (standard/form/year) you completed at that level?	STANDARD/FORM/YEAR....... ☐☐	
110	CHECK 108: 　　　PRIMARY,　　　　SECONDARY ☐ 　　　POST-PRIMARY,　　OR HIGHER 　　　VOCATIONAL ☐ 　　　　　　　　3		——0114
111	Now I would like you to read this sentence to me. SHOW SENTENCES ON NEXT PAGE TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL............................1 CAN ONLY READ PART OF 　　SENTENCE..2 CAN READ WHOLE SENTENCE ....3 NO SENTENCE IN REQUIRED 　　LANGUAGE.......................................4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
112	Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?	YES...1 NO 2	
113	CHECK 111: 　CODE '2', '3' OR '4' ☐　　CODE '1' CIRCLED ☐ _____ 　CIRCLED　3		—0115
114	Do you read a newspaper or magazine almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ....1 AT LEAST ONCE A WEEK ....2 LESS THAN ONCE A WEEK ....3 NOT AT ALL 4	
115	Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ....1 AT LEAST ONCE A WEEK ....2 LESS THAN ONCE A WEEK ....3 NOT AT ALL 4	
116	Do you watch television almost every day, at least once a week, less than once a week or not at all?	ALMOST EVERY DAY ....1 AT LEAST ONCE A WEEK ....2 LESS THAN ONCE A WEEK ....3 NOT AT ALL 4	
117	What is your religion?	ROMAN CATHOLIC ....1 PROTESTANT/OTHER CHRISTIAN.........2 MUSLIM..3 NO RELIGION ....4 OTHER _____ 6 　　　　　(SPECIFY)	
118	What is your ethnic group/tribe?	EMBU ....01 KALENJIN ....02 KAMBA ....03 KIKUYU ....04 KISII..05 LUHYA...06 LUO ....07 MASAI ....08 MERU ....09 MIJIKENDA/SWAHILI..............................10 SOMALI ....11 TAITA/TAVETA...12 OTHER _____ 96 　　　　　(SPECIFY)	

SENTENCES FOR LITERACY TEST (Q. 111)

ENGLISH

1. **The child is reading a book.**

2. **The rains came late this year.**

3. **Parents must care for their children.**

4. **Farming is hard work.**

KISWAHILI

1. **Mtoto anasoma kitabu.**

2. **Mvua ilichelewa mwaka huu**

3. **Nilazima wazazi watunze watoto wao.**

4. **Ukilima ni kazi ngumu.**

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......... ☐☐	
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... ☐☐	
206	Sometimes it happens that children die. It may be painful to talk about and I am sorry to ask you about painful memories, but it is important to get correct information. Have you ever given birth to a son or daughter 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	How many sons have died? And how many daughters have died? IF NONE, RECORD '00'.	SONS DEAD........................... ☐☐ DAUGHTERS DEAD .... ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL .... ☐☐	

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 ☐┐ NO ☐┐—0 PROBE AND
	            │ CORRECT
	            3 201-208 AS
	                                    NECESSARY.		

210	CHECK 208:
	
	        ONE OR MORE ☐┐ NO BIRTHS ☐——————————————
	            BIRTHS │
	                    3
			—226

211	Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE:	219 IF ALIVE:	220 IF DEAD:	221
What name was given to your (first/next) baby? (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?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD **HOUSEHOLD** LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
01	SING...1 MULT..2	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 | 3 220	AGE IN YEARS ☐☐	YES ....1 NO 2	LINE NUMBER ☐☐ | 3 (NEXT BIRTH)	DAYS ....1 ☐☐ MONTHS .2 YEARS.....3	
02	SING...1 MULT..2	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 | 3 220	AGE IN YEARS ☐☐	YES ....1 NO 2	LINE NUMBER ☐☐ | 3 (GO TO 221)	DAYS ....1 ☐☐ MONTHS .2 YEARS.....3	YES..........1 NO............2
03	SING...1 MULT..2	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 | 3 220	AGE IN YEARS ☐☐	YES ....1 NO 2	LINE NUMBER ☐☐ | 3 (GO TO 221)	DAYS ....1 ☐☐ MONTHS .2 YEARS.....3	YES..........1 NO............2
04	SING...1 MULT..2	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 | 3 220	AGE IN YEARS ☐☐	YES ....1 NO 2	LINE NUMBER ☐☐ | 3 (GO TO 221)	DAYS ....1 ☐☐ MONTHS .2 YEARS.....3	YES..........1 NO............2
05	SING...1 MULT..2	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 | 3 220	AGE IN YEARS ☐☐	YES ....1 NO 2	LINE NUMBER ☐☐ | 3 (GO TO 221)	DAYS ....1 ☐☐ MONTHS .2 YEARS.....3	YES..........1 NO............2
06	SING...1 MULT..2	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 | 3 220	AGE IN YEARS ☐☐	YES ....1 NO 2	LINE NUMBER ☐☐ | 3 (GO TO 221)	DAYS ....1 ☐☐ MONTHS .2 YEARS.....3	YES..........1 NO............2
07	SING...1 MULT..2	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 | 3 220	AGE IN YEARS ☐☐	YES ....1 NO 2	LINE NUMBER ☐☐ | 3 (GO TO 221)	DAYS ....1 ☐☐ MONTHS .2 YEARS.....3	YES..........1 NO............2
08	SING...1 MULT..2	BOY...1 GIRL..2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 | 3 220	AGE IN YEARS ☐☐	YES ....1 NO 2	LINE NUMBER ☐☐ | 3 (GO TO 221)	DAYS ....1 ☐☐ MONTHS .2 YEARS.....3	YES..........1 NO............2

212	213	214	215	216	217 IF ALIVE:	218 IF ALIVE	219 IF ALIVE:	220 IF DEAD:	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?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	RECORD **HOUSEHOLD** LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD)	How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?
09	SING ... 1 MULT .. 2	BOY ... 1 GIRL .. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 │ 3 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ │ 3 (GO TO 221)	DAYS .... 1 MONTHS . 2 YEARS ..... 3 ☐☐	YES .... 1 NO 2
10	SING ... 1 MULT .. 2	BOY ... 1 GIRL .. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 │ 3 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ │ 3 (GO TO 221)	DAYS .... 1 MONTHS . 2 YEARS ..... 3 ☐☐	YES .... 1 NO 2
11	SING ... 1 MULT .. 2	BOY ... 1 GIRL .. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 │ 3 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ │ 3 (GO TO 221)	DAYS .... 1 MONTHS . 2 YEARS ..... 3 ☐☐	YES .... 1 NO 2
12	SING ... 1 MULT .. 2	BOY ... 1 GIRL .. 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .... 1 NO ...... 2 │ 3 220	AGE IN YEARS ☐☐	YES .... 1 NO 2	LINE NUMBER ☐☐ │ 3 (GO TO 221)	DAYS .... 1 MONTHS . 2 YEARS ..... 3 ☐☐	YES .... 1 NO 2

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES .... 1 NO 2	

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

NUMBERS ARE SAME ⌐ NUMBERS ARE DIFFERENT ⌐—0 (PROBE AND RECONCILE)

│
3

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.

224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 1998 OR LATER. IF NONE, RECORD '0'.	☐

225	FOR EACH BIRTH SINCE JANUARY 1998, ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. THE NUMBER OF 'P'S MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Are you pregnant now?	YES .... 1 NO.. 2 UNSURE 8	229
227	How many months pregnant are you? WRITE NUMBER OF COMPLETED MONTHS. ENTER 'P'S IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS	MONTHS................................. ☐☐	
228	At the time you became pregnant did you want to become pregnant then, did you want to wait until later, or did you not want to have any (more) children at all?	THEN .... 1 LATER .... 2 NOT AT ALL.. 3	
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES .... 1 NO.. 2	237
230	When did the last such pregnancy end?	MONTH................................... ☐☐ YEAR .... ☐☐☐☐	

231	CHECK 230:
	    LAST PREGNANCY ☐ LAST PREGNANCY ☐
	         ENDED IN ENDED BEFORE
	    JAN. 1998 OR LATER 3̇ JAN. 1998
			237

232	How many months pregnant were you when the last such pregnancy ended? WRITE NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY ENDED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS................................. ☐☐	
233	Have you ever had any other pregnancies that did not end in a live birth?	YES .... 1 NO.. 2	237
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER PREGNANCY THAT DID NOT END IN A LIVE BIRTH BACK TO JANUARY 1998. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any pregnancies that ended before 1998 that did not end in a live birth?	YES .... 1 NO.. 2	237
236	When did the last such pregnancy that ended before 1998 end?	MONTH................................... ☐☐ YEAR .... ☐☐☐☐	
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO .... 1 ☐☐ WEEKS AGO .... 2 ☐☐ MONTHS AGO......................... 3 ☐☐ YEARS AGO .... 4 ☐☐ MENOPAUSE/HAD HYSTERECTOMY 994 BEFORE LAST BIRTH............................ 995 NEVER MENSTRUATED 996	
238	From one menstrual period to the next, are there certain days when a woman is more likely to get pregnant if she has sexual relations?	YES .... 1 NO.. 2 DOES NOT KNOW 8	301
239	Is this time just before her period begins, during her period, right after her period has ended, or half way between two periods?	JUST BEFORE HER PERIOD BEGINS ... 1 DURING HER PERIOD............................. 2 JUST AFTER HER PERIOD ENDS .... 3 HALF WAY BETWEEN 2 PERIODS......... 4 OTHER _____ 6 (SPECIFY) DOES NOT KNOW 8	

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 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF SHE HAS HEARD OF THE METHOD AND CODE 2 IF SHE HAS NOT HEARD OF IT. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.

301	Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)?		302	Have you ever used (METHOD)?
01	FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES ..... 1 NO .....2 ⌐ 3		Have you ever had an operation to avoid having any more children? YES ..... 1 NO 2
02	MALE STERILISATION Men can have an operation to avoid having any more children.	YES ..... 1 NO .....2 ⌐ 3		Have you ever had a partner who had an operation to avoid having any more children? YES ..... 1 NO 2
03	PILL Women can take a pill every day to stop them from becoming pregnant.	YES ..... 1 NO .....2 ⌐ 3		YES ..... 1 NO 2
04	IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES ..... 1 NO .....2 ⌐ 3		YES ..... 1 NO 2
05	INJECTIONS Women can have an injection by a health provider which stops them from becoming pregnant for one or more months.	YES ..... 1 NO .....2 ⌐ 3		YES ..... 1 NO 2
06	IMPLANTS, NORPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES ..... 1 NO .....2 ⌐ 3		YES ..... 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES ..... 1 NO .....2 ⌐ 3		YES ..... 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES ..... 1 NO .....2 ⌐ 3		YES ..... 1 NO 2
09	RHYTHM OR NATURAL METHODS Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant.	YES ..... 1 NO .....2 ⌐ 3		YES ..... 1 NO 2
10	WITHDRAWAL Men can be careful and pull out before climax.	YES ..... 1 NO .....2 ⌐ 3		YES ..... 1 NO 2
11	EMERGENCY CONTRACEPTION Women can take pills up to three days after sexual intercourse to avoid becoming pregnant.	YES ..... 1 NO .....2 ⌐ 3		YES ..... 1 NO 2
12	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES ..... 1 _____ (SPECIFY) _____ (SPECIFY) NO .....2 ⌐ 3		YES ..... 1 NO ..... 2 YES ..... 1 NO 2

303	CHECK 302: NOT A SINGLE 'YES' ⬛ AT LEAST ONE 'YES' ⬛ ————————————— ──0307 (NEVER USED) 3 (EVER USED)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..1 NO 2	—0306
305	ENTER '0' IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH---		—0329
306	What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY).		
307	Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many children did you have at that time, if any? IF NONE, WRITE '00'.	NUMBER OF CHILDREN............ ☐☐	
308	CHECK 302 (01): WOMAN NOT STERILISED ☐ WOMAN STERILISED ☐ _____ 3		—0311A
309	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ _____ 3		—0318
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES..1 NO 2	—0318
311 311A	Which method are you using? IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD ON LIST. CIRCLE 'A' FOR FEMALE STERILISATION.	FEMALE STERILISATION ....A MALE STERILISATION ....B PILL ....C IUD...D INJECTIONS ....E IMPLANTS..F CONDOM ....G FEMALE CONDOM ....H RHYTHM, NATURAL METHODS..............I WITHDRAWAL ....J OTHER _____ X (SPECIFY)	0313 0316A
312	What brand of pills do you usually use?	MICROGYNON..1 OVULON...2 FEMIPLAN...3 OTHER _____ 6 (SPECIFY) DOES NOT KNOW BRAND 8	0316A

313	In what facility did the sterilisation take place?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	      (NAME OF PLACE)
	
	IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE '21'.
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVERNMENT HEALTH CENTRE....12
		   GOVERNMENT DISPENSARY...........13
		
		   OTHER PUBLIC _____ 16
		             (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   MISSION, CHURCH HOSP./CLINIC...21
		   FPAK HEALTH CENTRE/CLINIC 22
		   PRIVATE HOSPITAL OR CLINIC 23
		   NURSING/MATERNITY HOME 26
		
		MOBILE CLINIC 31
		
		OTHER _____ 96
		           (SPECIFY)
		DOES NOT KNOW................................98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

314 CHECK 311:

CODE 'A' CIRCLED □	CODE 'B' CIRCLED □
3	3
Before your sterilisation operation, were you told that you would not be able to have any (more) children because of the operation?	Before the sterilisation operation, was your husband/partner told that he would not be able to have any (more) children because of the operation?

YES..1
NO 2
DOES NOT KNOW...................................8

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316 In what month and year was the sterilisation performed?

316A In what month and year did you start using (CURRENT METHOD) <u>continuously</u>?

PROBE: For how long have you been using (CURRENT METHOD) now without stopping?

MONTH ……………………………… ☐☐

YEAR ……………… ☐☐☐☐

316B CHECK 316/316A, 215 AND 230:

ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 316/316A?

YES □   NO □
3   3

GO BACK TO 316/316A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).

---

317 **CHECK 316/316A:**

YEAR IS 1998 OR LATER □	YEAR IS 1997 OR EARLIER □
3	3
ENTER THE CODE FOR THE METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE SHE STARTED USING (Q.316).	ENTER THE CODE FOR THE METHOD USED IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO JANUARY 1998.
ENTER METHOD SOURCE CODE IN COLUMN 2 OF THE CALENDAR IN THE MONTH SHE STARTED USING.	THEN SKIP TO ──────── 327
THEN CONTINUE WITH 318	

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318 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 1998. USE NAMES OF CHILDREN AND DATES OF BIRTH AND PREGNANCIES AS REFERENCE POINTS.

IN COLUMN 1, ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.
    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 METHOD SOURCE CODE IN FIRST MONTH OF EACH USE.
    ILLUSTRATIVE QUESTIONS:
    COLUMN 2:   •   Where did you get the method when you started using it?
                •   Where did you get advice on how to use the method [for rhythm or withdrawal]?

IN COLUMN 3, ENTER CODE FOR REASON SHE STOPPED USING NEXT TO LAST MONTH OF USE. NUMBER OF CODES IN COLUMN 3 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.
    ILLUSTRATIVE QUESTIONS:
    COLUMN 3:   •   Why did you stop using (METHOD)?

IF SHE STOPPED BECAUSE OF PREGNANCY, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR IF SHE DELIBERATELY STOPPED TO GET PREGNANT.
                •   Did you become pregnant while using (METHOD), or did you stop using in order to get pregnant, or did you stop for some other reason?

IF SHE 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.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED .... 00 FEMALE STERILISATION .... 01 MALE STERILISATION .... 02 PILL .... 03 IUD.. 04 INJECTIONS .... 05 IMPLANTS.. 06 CONDOM .... 07 FEMALE CONDOM .... 08 RHYTHM, NATURAL METHOD .... 09 WITHDRAWAL .... 10 OTHER METHOD................................. 96	→329 →331 →328 →325 →331 →331 →331
322	You obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE). At that time, were you told about side effects or problems you might have with the method?	YES.. 1 NO 2	→325
323	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES.. 1 NO 2	
325	CHECK 322: CODE '1' CIRCLED CODE '1' NOT CIRCLED At that time, were you told about other methods of family planning that you could use?	When you obtained (CURRENT METHOD) from (SOURCE OF METHOD FROM CALENDAR) in (DATE), were you told about other methods of family planning that you could use?	YES.. 1 NO 2	→327
326	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES.. 1 NO 2	
327	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILISATION .... 01 MALE STERILISATION .... 02 PILL .... 03 IUD.. 04 INJECTABLES...................................... 05 IMPLANTS/NORPLANT .... 06 CONDOM .... 07 FEMALE CONDOM .... 08 RHYTHM, NATURAL METHOD .... 09 WITHDRAWAL .... 10 OTHER 96	→331 →331 →331 →331 →331

328	Where did you obtain (CURRENT METHOD) the last time?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE '21'.
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVERNMENT HEALTH CENTRE.... 12
		  GOVERNMENT DISPENSARY........... 13
		
		  OTHER PUBLIC_____16
		          (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  MISSION, CHURCH HOSP./CLINIC... 21
		  FPAK HEALTH CENTRE/CLINIC 22
		  PRIVATE HOSPITAL OR CLINIC 23
		  PHARMACY/CHEMIST 24
		  NURSING/MATERNITY HOME 26
		
		OTHER SOURCE
		  MOBILE CLINIC 31
		  COMMUNITY-BASED DISTRIBUTOR 41
		  SHOP 51
		  FRIEND/RELATIVE............................. 61
		OTHER _____ 96
		          (SPECIFY)
			→331

329	Do you know of a place where you can obtain a method of family planning?	YES.. 1 NO 2	→331

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

330	Where is that?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	Any other place?
	
	RECORD ALL PLACES MENTIONED.
	
	IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE 'F.
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL ....B
		  GOVERNMENT HEALTH CENTRE......C
		  GOVERNMENT DISPENSARY.............D
		  OTHER PUBLIC_____E
		  (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  MISSION, CHURCH HOSP./CLINIC.....F
		  FPAK HEALTH CENTRE/CLINIC .... G
		  PRIVATE HOSPITAL OR CLINIC ....H
		  PHARMACY/CHEMIST I
		  NURSING/MATERNITY HOME ....K
		  OTHER PRIV.MEDICAL _____ L
		  (SPECIFY)
		OTHER SOURCE
		  MOBILE CLINIC .... M
		  COMMUNITY-BASED DISTRIBUTOR..N
		  SHOP .... O
		  FRIEND/RELATIVE..............................P
		  OTHER _____ X
		  (SPECIFY)	

331	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES...1 NO 2	

SECTION 4A. PREGNANCY, POSTNATAL CARE AND BREASTFEEDING

401	CHECK 224:		
	ONE OR MORE BIRTHS IN 1998 OR LATER ☐ 3	NO BIRTHS IN 1998 OR LATER ☐ ——————————————— ○487	

402	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).
	Now I would like to ask you some questions about the health of all your children born in the last five years. We will talk about each separately.

403		**LAST BIRTH**	**NEXT-TO-LAST BIRTH**
	LINE NUMBER <u>FROM 212</u>	LINE NUMBER ………… ☐☐	LINE NUMBER ………… ☐☐

404	FROM 212 AND 216	NAME _____ LIVING ☐ 3 DEAD ☐ 3	NAME _____ LIVING ☐ 3 DEAD ☐ 3

405	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u>, did you want to wait until <u>later</u>, or did you <u>not want</u> to have any (more) children at all?	THEN .... 1 (SKIP TO 407) ⌐———— LATER .... 2 NOT AT ALL .... 3 (SKIP TO 407) ⌐————	THEN .... 1 (SKIP TO 423) ⌐———— LATER... 2 NOT AT ALL...................................... 3 (SKIP TO 423) ⌐————

406	How much longer would you like to have waited?	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐ DON'T KNOW 998	MONTHS.................... 1 ☐☐ YEARS .... 2 ☐☐ DON'T KNOW 998

407	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.	DOCTOR... A NURSE/MIDWIFE .... B TRADITION'L BIRTH ATTENDANT. D OTHER _____ X (SPECIFY) NO ONE .... Y (SKIP TO 415) ⌐————	

407A	Where did you receive antenatal care for this pregnancy?
	
	 IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	 _____
	 (NAME OF PLACE)
	
	 IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE 'F'
		HOME .... A
		 PUBLIC SECTOR
		   GOVT. HOSPITAL .... B
		   GOVT. HEALTH CENTRE C
		   GOVT. DISPENSARY .... D
		   OTHER PUBLIC _____ E
		 (SPECIFY)
		 PRIVATE MEDICAL SECTOR
		   MISSION HOSPITAL/CLINIC ...... F
		   PRIVATE HOSPITAL/CLINIC ...... H
		   NURSING/MATERNITY HOME ... K
		   OTHER PVT.
		     MEDICAL _____ L
		 (SPECIFY)
		 OTHER _____ X
		 (SPECIFY)	

408	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS……………… ☐☐ DON'T KNOW 98	

409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES………… ☐☐ DON'T KNOW 98	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
410	During this pregnancy, were any of the following done to you at least once? Were you weighed? Was your height measured? Was your blood pressure measured? Did you give a urine sample? Did you give a blood sample?	**YES** **NO** WEIGHT............................1 2 HEIGHT ....1 2 BLOOD PRESSURE.........1 2 URINE SAMPLE ....1 2 BLOOD SAMPLE..............1 2	
411	During any of the antenatal care visits for this pregnancy, were you given any information or counseled about AIDS or the AIDS virus?	YES.. 1 NO.. 2 DOES NOT KNOW 8	
412	Were you given any information or counseled about breastfeeding?	YES.. 1 NO.. 2 DOES NOT KNOW 8	
413	Were you told about the signs of pregnancy complications?	YES.. 1 NO.. 2 (SKIP TO 415) 1————| DOES NOT KNOW 8	
414	Were you told where to go if you had these complications?	YES.. 1 NO.. 2 DOES NOT KNOW 8	
415	During this pregnancy, 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 417) 1————| DOES NOT KNOW 8	
416	During this pregnancy, how many times did you get this injection?	TIMES ………………………… ☐ DOES NOT KNOW 8	
417	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLET/SYRUP.	YES.. 1 NO.. 2 (SKIP TO 419) 1————| DOES NOT KNOW 8	
418	During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF DAYS ……………… ☐☐☐ DOES NOT KNOW 998	
419	During this pregnancy, did you take any drugs to prevent you from getting malaria?	YES.. 1 NO.. 2 (SKIP TO 423) 1————| DOES NOT KNOW 8	
420	What antimalarial drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP, FANSIDAR, METAKELFIN .... A CHLOROQUINE .... B DOES NOT KNOW .... Z OTHER _____ X (SPECIFY)	
421	CHECK 420: DRUGS TAKEN FOR MALARIA PREVENTION	CODE 'A' CIRCLED ☐ │ 3 CODE 'A' NOT CIRCLED ☐ 3 (SKIP TO 423)	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
422	During the whole pregnancy, how many times did you take SP (Fansidar)? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	NUMBER OF TIMES .... ☐☐ DON'T KNOW 98	
422A	CHECK 407: ANTENATAL CARE RECEIVED DURING THIS PREGNANCY?	CODE 'A', 'B', OR 'D' CIRCLED ☐ 3 / OTHER ☐ 3 (SKIP TO 423)	
422B	Did you get the SP during an antenatal visit, during another visit to a health facility or from some other source?	ANTENATAL VISIT .... 1 ANOTHER FACILITY VISIT .... 2 OTHER SOURCE 3	
423	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
424	Was (NAME) weighed at birth?	YES.. 1 NO.. 2 (SKIP TO 426) ⌐———⌐ DON'T KNOW 8	YES.. 1 NO.. 2 (SKIP TO 426) ⌐———⌐ DON'T KNOW 8
425	How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD ....1 ☐☐☐☐ GRAMS FROM RECALL ...... 2 ☐☐☐☐ DON'T KNOW 99998	GRAMS FROM CARD ....1 ☐☐☐☐ GRAMS FROM RECALL ...... 2 ☐☐☐☐ DON'T KNOW 99998

426	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	
	PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.
	
	IF RESPONDENT SAYS 'NO ONE', PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PROFESSIONAL
		  DOCTOR .... A
		  NURSE/MIDWIFE .... B
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT .... D
		  RELATIVE/FRIEND .... E
		  OTHER _____ X
		      (SPECIFY)
		NO ONE .... Y
			HEALTH PROFESSIONAL
			  DOCTOR..................................... A
			  NURSE/MIDWIFE .... B
			OTHER PERSON
			  TRADITIONAL BIRTH
			    ATTENDANT............................. D
			  RELATIVE/FRIEND .... E
			  OTHER _____ X
			      (SPECIFY)
			NO ONE .... Y

427	Where did you give birth to (NAME)?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE, PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE '31'.
		HOME
		  YOUR HOME 11
		    (SKIP TO 429) ⌐———⌐
		  OTHER HOME...........................12
		PUBLIC SECTOR
		  GOVT. HOSPITAL 21
		  GOVT. HEALTH CENTRE 22
		  GOVT. DISPENSARY.................23
		
		  OTHER PUBLIC _____ 26
		      (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  MISSION HOSPITAL/CLINIC 31
		  PRIVATE HOSPITAL/CLINIC 33
		  NURSING/MATERNITY HOME ..35
		  OTHER PVT.
		    MEDICAL _____ 36
		      (SPECIFY)
		  OTHER _____ 96
		      (SPECIFY)
		  (SKIP TO 429) ⌐———⌐
			HOME
			  YOUR HOME 11
			    (SKIP TO 429) ⌐———⌐
			  OTHER HOME........................... 12
			PUBLIC SECTOR
			  GOVT. HOSPITAL 21
			  GOVT. HEALTH CENTRE 22
			  GOVT. DISPENSARY................ 23
			
			  OTHER PUBLIC _____ 26
			      (SPECIFY)
			PRIVATE MEDICAL SECTOR
			  MISSION HOSPITAL/CLINIC 31
			  PRIVATE HOSPITAL/CLINIC 33
			  NURSING/MATERNITY HOME . 35
			  OTHER PVT.
			    MEDICAL _____ 36
			      (SPECIFY)
			  OTHER _____ 96
			      (SPECIFY)
			  (SKIP TO 429) ⌐———⌐

428	Was (NAME) delivered by caesarian section?	YES.. 1 NO.. 2	YES.. 1 NO.. 2

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
428A	After you delivered, did the health facility give you a birth notification form for the baby?	YES .... 1 (SKIP TO 433A) ⌐ NO .... 2 (SKIP TO 433) ⌐ DOES NOT KNOW 8	YES .... 1 (SKIP TO 433A) ⌐ NO .... 2 (SKIP TO 433) ⌐ DOES NOT KNOW 8
429	After (NAME) was born, did a health professional or a traditional birth attendant check on your health?	YES .... 1 NO .... 2 (SKIP TO 433) ⌐	YES .... 1 NO 2
430	How many days or weeks after the delivery did the first check take place? RECORD '00' DAYS IF SAME DAY.	DAYS AFTER DEL...... 1 ☐☐ WEEKS AFTER DEL .. 2 DON'T KNOW 998	
431	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	DOCTOR .... 11 NURSE/MIDWIFE .... 12 TRADIT'L BIRTH ATTENDANT ...... 21 OTHER _____ 96 (SPECIFY)	
432	Where did this first check take place? IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE '31'.	**HOME** YOUR HOME .... 11 OTHER HOME .... 12 **PUBLIC SECTOR** GOVT. HOSPITAL .... 21 GOVT. HEALTH CENTRE .... 22 GOVT. DISPENSARY .... 23 OTHER PUBLIC _____ 26 (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION HOSPITAL/CLINIC ..... 31 PRIVATE HOSPITAL/CLINIC ..... 33 NURSING/MATERNITY HOME .. 35 OTHER PVT. MEDICAL _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)	
433	After (NAME) was born, did you go to the assistant chief or to a village elder or to a registrar's office to get a birth notification form?	YES .... 1 NO .... 2 DOES NOT KNOW 8	YES .... 1 NO .... 2 DOES NOT KNOW 8
433A	Do you have a birth certificate for (NAME)?	YES .... 1 NO .... 2 DOES NOT KNOW 8	YES .... 1 NO .... 2 DOES NOT KNOW 8
433B	In the first two months after delivery, did you receive a vitamin A dose like this? SHOW CAPSULE.	YES .... 1 NO 2	
434	Has your menstrual period returned since the birth of (NAME)?	YES .... 1 (SKIP TO 436) ⌐ NO .... 2 (SKIP TO 437) ⌐	
435	Did your period return between the birth of (NAME) and your next pregnancy?		YES .... 1 NO .... 2 (SKIP TO 439) ⌐

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
436	For how many months after the birth of (NAME) did you <u>not</u> have a period?	MONTHS……………… ☐☐ DON'T KNOW 98	MONTHS ……………… ☐☐ DON'T KNOW 98
437	CHECK 226: IS RESPONDENT PREGNANT?	NOT ☐ PREGNANT ☐ PREG- OR UNSURE NANT 3 (SKIP TO 439) 1———┘	
438	Have you resumed sexual relations since the birth of (NAME)?	YES..1 NO..2 (SKIP TO 440) 1———┘	
439	For how many months after the birth of (NAME) did you <u>not</u> have sexual relations?	MONTHS……………… ☐☐ DON'T KNOW 98	MONTHS ……………… ☐☐ DON'T KNOW 98

440	Did you ever breastfeed (NAME)?	YES.. 1
		NO.. 2
		    (SKIP TO 447) 1———┘
			YES.. 1
			NO.. 2
			    (SKIP TO 447) 1———┘

441	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, WRITE '00' HOURS. IF LESS THAN 24 HOURS, WRITE HOURS. OTHERWISE, WRITE DAYS.	IMMEDIATELY............................ 000 HOURS .... 1 ☐☐ DAYS 2	IMMEDIATELY............................ 000 HOURS .... 1 ☐☐ DAYS 2

442	In the first three days after delivery, before your milk began flowing regularly, was (NAME) given anything to drink other than breast milk?	YES..1
		NO..2
		    (SKIP TO 444) 1———┘
			YES.. 1
			NO.. 2
			    (SKIP TO 444) 1———┘

443	What was (NAME) given to drink before your milk began flowing regularly?
	
	Anything else?
	
	RECORD ALL LIQUIDS MENTIONED
		MILK (OTHER THAN
		   BREAST MILK) .... A
		PLAIN WATER................................. B
		SUGAR OR GLUCOSE WATER C
		GRIPE WATER ....D
		SUGAR-SALT-WATER
		   SOLUTION .... E
		FRUIT JUICE .... F
		INFANT FORMULA..........................G
		TEA...H
		HONEY I
		
		OTHER _____ X
		        (SPECIFY)
			MILK (OTHER THAN
			   BREAST MILK) .... A
			PLAIN WATER................................. B
			SUGAR OR GLUCOSE WATER C
			GRIPE WATER ....D
			SUGAR-SALT-WATER
			   SOLUTION .... E
			FRUIT JUICE .... F
			INFANT FORMULA..........................G
			TEA...H
			HONEY I
			
			OTHER _____ X
			        (SPECIFY)

444	CHECK 404:
	
	IS CHILD LIVING?
		LIVING ☐ DEAD ☐
		               3
		   3 (SKIP TO 446)
			LIVING ☐ DEAD ☐
			               3
			   3 (SKIP TO 446)

445	Are you still breastfeeding (NAME)?	YES..1
		    (SKIP TO 448) 1———┘
		NO..2
			YES.. 1
			    (SKIP TO 448) 1———┘
			NO.. 2

446	For how many months did you breastfeed (NAME)?	MONTHS……………… ☐☐ DON'T KNOW 98	MONTHS ……………… ☐☐ DON'T KNOW 98

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
447	CHECK 404: IS CHILD LIVING?	LIVING ☐　　DEAD ☐ 　　　｜　　　　3 　　　｜　　　(GO BACK TO 　　　｜　　　405 IN NEXT 　　　｜　　　COLUMN; OR, 　　　｜　　　IF NO MORE 　　　3　　　BIRTHS, GO (SKIP TO 450)　TO 454)	LIVING ☐　　DEAD ☐ 　　　｜　　　　3 　　　｜　　　(GO BACK TO 405 　　　｜　　　IN LAST COLUMN 　　　3　　　OF NEW QUEST- (SKIP TO 450)　IONNAIRE; OR, IF 　　　　　　　NO MORE BIRTHS, 　　　　　　　GO TO 454)
448	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF **NIGHT**TIME FEEDINGS. ☐☐	NUMBER OF **NIGHT**TIME FEEDINGS . ☐☐
449	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF **DAY**LIGHT FEEDINGS .. ☐☐	NUMBER OF **DAY**LIGHT FEEDINGS… ☐☐
450	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
451	Was sugar added to any of the foods or liquids (NAME) ate yesterday?	YES.. 1 NO.. 2 DON'T KNOW.................................. 8	YES.. 1 NO.. 2 DON'T KNOW.................................. 8
452	How many <u>times</u> did (NAME) eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ………… ☐ DON'T KNOW.................................. 8	NUMBER OF TIMES………… ☐ DON'T KNOW.................................. 8
453		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 454.	GO BACK TO 405 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 454.

SECTION 4B. IMMUNISATION, HEALTH AND NUTRITION

454	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 1998 OR LATER. (IF THERE ARE MORE THAN 2 BIRTHS, USE LAST COLUMN OF ADDITIONAL QUESTIONNAIRES).	

		LAST BIRTH	NEXT-TO-LAST BIRTH
455	LINE NUMBER FROM 212	LINE NUMBER …………… ☐☐	LINE NUMBER …………… ☐☐
456	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ 3 (GO TO 456 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 484) 3	NAME _____ LIVING ☐ DEAD ☐ 3 (GO TO 456 IN LAST COLUMN OF NEW QUES-TIONNAIRE OR, IF NO MORE BIRTHS, GO TO 484) 3
457	Did (NAME) receive a vitamin A dose like this during the last 6 months? SHOW CAPSULE.	YES......................................1 NO..2 DOES NOT KNOW 8	YES......................................1 NO..2 DOES NOT KNOW 8

458	Do you have a card where (NAME'S) vaccinations are written down?
	
	IF YES: May I see it please?
		YES, SEEN 1
		    (SKIP TO 460)⌐
		YES, NOT SEEN 2
		    (SKIP TO 462)⌐
		NO CARD 3
			YES, SEEN 1
			    (SKIP TO 460)⌐
			YES, NOT SEEN..............................2
			    (SKIP TO 462)⌐
			NO CARD...3

459	Did you ever have a vaccination card for (NAME)?	YES...................................... 1
		    (SKIP TO 462)⌐
		NO....................................... 2
			YES...................................... 1
			    (SKIP TO 462)⌐
			NO....................................... 2

460	(1) COPY VACCINATION DATE 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. BCG DPT/HEPATITIS/H.INFLUENZA 1ST DOSE DPT/HEPATITIS/H.INFLUENZA 2nd DOSE DPT/HEPATITIS/H.INFLUENZA 3rd DOSE ORAL POLIO VACCINE BIRTH DOSE (OPV 0) ORAL POLIO VACCINE 1st DOSE (OPV 1) ORAL POLIO VACCINE 2nd DOSE (OPV 2) ORAL POLIO VACCINE 3rd DOSE (OPV 3) MEASLES VITAMIN A CAPSULE (AGE AT MOST RECENT)	DAY MONTH YEAR BCG...... DPT 1 ... DPT 2 ... DPT 3 ... OPV 0... OPV 1... OPV 2... OPV 3... MEAS ... VIT. A AGE IN MONTHS............. ☐☐	DAY MONTH YEAR BCG...... DPT 1 ... DPT 2 ... DPT 3 ... OPV 0... OPV 1... OPV 2... OPV 3... MEAS ... VIT. A AGE IN MONTHS............. ☐☐

461	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunisation day campaign?
	
	RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).
		YES...................................1
		(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460)
		    (SKIP TO 464)⌐
		NO 2
		    (SKIP TO 464)⌐
		DON'T KNOW..................................8
			YES...................................1
			(PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 460)
			    (SKIP TO 464)⌐
			NO......................................2
			    (SKIP TO 464)⌐
			DON'T KNOW..................................8

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
462	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunisation day campaign?	YES.. 1 NO... 2 (SKIP TO 466) ⌐———⌐ DON'T KNOW................................. 8	YES.. 1 NO... 2 (SKIP TO 466) ⌐———⌐ DON'T KNOW................................. 8
463	Please tell me if (NAME) received any of the following vaccinations:		
463A	A BCG vaccination against tuberculosis, that is, an injection in the left arm that usually causes a scar?	YES.. 1 NO... 2 DON'T KNOW................................. 8	YES.. 1 NO... 2 DON'T KNOW................................. 8
463B	Polio vaccine, that is, drops in the mouth?	YES..1 NO...2 (SKIP TO 463E) ⌐———⌐ DON'T KNOW.................................8	YES..1 NO...2 (SKIP TO 463E) ⌐———⌐ DON'T KNOW.................................8
463C	When was the first polio vaccine received, just after birth or later?	JUST AFTER BIRTH ....1 LATER 2	JUST AFTER BIRTH........................1 LATER 2
463D	How many times was the polio vaccine received?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
463E	A DPT vaccination, that is, an injection in the thigh, sometimes at the same time as polio drops?	YES.. 1 NO... 2 (SKIP TO 463G) ⌐———⌐ DON'T KNOW................................. 8	YES.. 1 NO... 2 (SKIP TO 463G) ⌐———⌐ DON'T KNOW................................. 8
463F	How many times?	NUMBER OF TIMES .... ☐	NUMBER OF TIMES .... ☐
463G	An injection in the right upper arm to prevent measles?	YES.. 1 NO... 2 DON'T KNOW................................. 8	YES.. 1 NO... 2 DON'T KNOW................................. 8

464	Were any of the vaccinations (NAME) received during the last two years given as a part of a national immunisation day campaign?	YES.. 1
		NO... 2
		(SKIP TO 466) ⌐———⌐
		NO VACCINATION IN
		   THE LAST 2 YEARS 3
		(SKIP TO 466) ⌐———⌐
		DON'T KNOW................................. 8
		(SKIP TO 466) ⌐———⌐
			YES.. 1
			NO... 2
			(SKIP TO 466) ⌐———⌐
			NO VACCINATION IN
			   THE LAST 2 YEARS 3
			(SKIP TO 466) ⌐———⌐
			DON'T KNOW................................. 8
			(SKIP TO 466) ⌐———⌐

465	At which national immunisation day campaigns did (NAME) receive vaccinations? RECORD ALL CAMPAIGNS MENTIONED.	JULY 2002 .... A JUNE 2002....................................... B SEPTEMBER 2001 ....C AUGUST 2001 ....D	JULY 2002 .... A JUNE 2002....................................... B SEPTEMBER 2001 ....C AUGUST 2001 ....D
466	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.. 1 NO... 2 (SKIP TO 467) ⌐———⌐ DOES NOT KNOW 8	YES.. 1 NO... 2 (SKIP TO 467) ⌐———⌐ DOES NOT KNOW 8
466A	Does (NAME) have a fever now?	YES.. 1 NO... 2 DON'T KNOW................................. 8	YES.. 1 NO... 2 DON'T KNOW................................. 8
467	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES.. 1 NO... 2 (SKIP TO 469) ⌐———⌐ DON'T KNOW................................. 8	YES.. 1 NO... 2 (SKIP TO 469) ⌐———⌐ DON'T KNOW................................. 8
468	When (NAME) had an illness 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

		LAST BIRTH NAME _____		NEXT-TO-LAST BIRTH NAME _____	
469	CHECK 466 AND 467: FEVER OR COUGH?	"YES" IN 466 OR 467 ☐ 3	OTHER ☐ 3 (SKIP TO 471A)	"YES" IN 466 OR 467 ☐ 3	OTHER ☐ 3 (SKIP TO 471A)
470	Did you seek advice or treatment for the fever/cough?	YES... 1 NO.. 2 (SKIP TO 471A)1		YES... 1 NO.. 2 (SKIP TO 471A)1	
471	Where did you seek advice or treatment? Anywhere else? RECORD ALL SOURCES MENTIONED.	**PUBLIC SECTOR** GOVT. HOSPITAL .... A GOVT. HEALTH CENTRE.......... B GOVT. DISPENSARY................. C OTHER PUBLIC _____ D (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION HOSP./CLINIC.............F PVT. HOSPITAL/CLINIC ....H PHARMACY/CHEMIST ....I OTHER PVT. MEDICAL _____ K (SPECIFY) MOBILE CLINIC................................L COMMUNITY HEALTH WORKER ..M OTHER SOURCE SHOP/KIOSK.............................N TRAD. PRACTITIONER ....O RELATIVE/FRIEND .... P OTHER _____ X (SPECIFY)		**PUBLIC SECTOR** GOVT. HOSPITAL .... A GOVT. HEALTH CENTRE.......... B GOVT. DISPENSARY................. C OTHER PUBLIC _____ D (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION HOSP./CLINIC............. F PVT. HOSPITAL/CLINIC ....H PHARMACY/CHEMIST ....I OTHER PVT. MEDICAL _____ K (SPECIFY) MOBILE CLINIC................................L COMMUNITY HEALTH WORKER...M OTHER SOURCE SHOP/KIOSK.............................N TRAD. PRACTITIONER ....O RELATIVE/FRIEND .... P OTHER _____ X (SPECIFY)	
471A	Has (NAME) been ill with convulsions at any time during the last two weeks?	YES... 1 NO.. 2 DOES NOT KNOW 8		YES... 1 NO.. 2 DOES NOT KNOW 8	
472	CHECK 466 AND 471A : HAD FEVER OR CONVULSIONS?	"YES" IN 466 OR 471A ☐ 3	OTHER ☐ 3 (SKIP TO 475)	"YES" IN 466 OR 471A ☐ 3	OTHER ☐ 3 (SKIP TO 475)
473	Did (NAME) take any drugs for the fever/convulsions?	YES... 1 NO.. 2 (SKIP TO 474G)1 DON'T KNOW................................... 8		YES... 1 NO.. 2 (SKIP TO 474G)1 DON'T KNOW................................... 8	
474	What drugs did (NAME) take? RECORD ALL MENTIONED. ASK TO SEE DRUG IF TYPE OF DRUG IS NOT KNOWN. IF TYPE OF DRUG IS STILL NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	**ANTI-MALARIAL** CHLOROQUINE .... A SP, FANSIDAR, METAKELFIN .... B AMODIAQUINE .... C QUININE .... D PANADOL/PARACETAMOL/ ASPIRIN/ CALPOL....................... E OTHER _____ X (SPECIFY) DOES NOT KNOW ....Z		**ANTI-MALARIAL** CHLOROQUINE .... A SP, FANSIDAR, METAKELFIN .... B AMODIAQUINE............................. C QUININE .... D PANADOL/PARACETAMOL/ ASPIRIN/CALPOL....................... E OTHER _____ X (SPECIFY) DOES NOT KNOW .... Z	
474A	CHECK 474: WHICH MEDICINES?	CODE 'B' CIRCLED ☐ 3	CODE 'B' NOT CIRCLED ☐ 3 (SKIP TO 474D)	CODE 'B' CIRCLED ☐ 3	CODE 'B' NOT CIRCLED ☐ 3 (SKIP TO 474D)
474B	How long after the fever/convulsions started did (NAME) first take SP (Fansidar)?	SAME DAY ....0 NEXT DAY ....1 2 DAYS AFTER FEVER STARTED..2 3 OR MORE DAYS AFTER FEVER .3 DOES NOT KNOW 8		SAME DAY.......................................0 NEXT DAY ....1 2 DAYS AFTER FEVER STARTED..2 3 OR MORE DAYS AFTER FEVER .3 DOES NOT KNOW 8	

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
474C	For how many days did (NAME) take the SP? IF 7 OR MORE DAYS, WRITE '7'.	DAYS ………………………… ☐ DOES NOT KNOW 8	DAYS ………………………… ☐ DOES NOT KNOW 8
474D	CHECK 474: WHICH MEDICINES?	CODE 'C' CIRCLED ☐ | 3	CODE 'C' NOT CIRCLED ☐ | 3 (SKIP TO 474G)	CODE 'C' CIRCLED ☐ | 3	CODE 'C' NOT CIRCLED ☐ | 3 (SKIP TO 474G)
474E	How long after the fever/convulsions started did (NAME) first take Amodiaquine?	SAME DAY ....0 NEXT DAY ....1 2 DAYS AFTER FEVER STARTED..2 3 OR MORE DAYS AFTER FEVER .3 DOES NOT KNOW 8	SAME DAY.......................................0 NEXT DAY ....1 2 DAYS AFTER FEVER STARTED..2 3 OR MORE DAYS AFTER FEVER .3 DOES NOT KNOW 8
474F	For how many days did (NAME) take the Amodiaquine? IF 7 OR MORE DAYS, WRITE '7'.	DAYS ………………………… ☐ DOES NOT KNOW 8	DAYS ………………………… ☐ DOES NOT KNOW 8
474G	Was anything else done about (NAME)'s fever/convulsions?	YES..1 NO..2 (SKIP TO 475)|————| DOES NOT KNOW 8	YES..1 NO..2 (SKIP TO 475)|————| DOES NOT KNOW 8
474H	What was done about (NAME)'s fever/convulsions?	CONSULTED TRAD'L HEALER...... A GAVE WARM SPONGING .... B GAVE HERBS................................ C OTHER X	CONSULTED TRAD'L HEALER...... A GAVE WARM SPONGING .... B GAVE HERBS................................ C OTHER.. X
475	Has (NAME) had diarrhoea in the last 2 weeks?	YES..1 NO..2 (SKIP TO 483)|————| DON'T KNOW...................................8	YES..1 NO..2 (SKIP TO 483)|————| DON'T KNOW...................................8
476	Now I would like to know how much (NAME) was offered to drink during the diarrhoea. Was he/she offered less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she offered much less than usual to drink or somewhat less?	MUCH LESS.................................... 1 SOMEWHAT LESS........................ 2 ABOUT THE SAME .... 3 MORE .... 4 NOTHING TO DRINK .... 5 DON'T KNOW.................................. 8	MUCH LESS.................................... 1 SOMEWHAT LESS........................ 2 ABOUT THE SAME .... 3 MORE .... 4 NOTHING TO DRINK .... 5 DON'T KNOW.................................. 8
477	When (NAME) had diarrhoea, was he/she offered less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she offered much less than usual to eat or somewhat less?	MUCH LESS.................................... 1 SOMEWHAT LESS........................ 2 ABOUT THE SAME .... 3 MORE .... 4 STOPPED FOOD .... 5 NEVER GAVE FOOD .... 6 DON'T KNOW.................................. 8	MUCH LESS.................................... 1 SOMEWHAT LESS........................ 2 ABOUT THE SAME .... 3 MORE .... 4 STOPPED FOOD............................ 5 NEVER GAVE FOOD .... 6 DON'T KNOW.................................. 8
478	Was he/she given a fluid made from a special packet called Oralite or ORS?	YES..1 NO..2 DON'T KNOW...................................8	YES..1 NO..2 DON'T KNOW...................................8
479	Was anything (else) given to treat the diarrhoea?	YES.. 1 NO.. 2 (SKIP TO 481)|————| DON'T KNOW.................................. 8	YES.. 1 NO.. 2 (SKIP TO 481)|————| DON'T KNOW.................................. 8

480	What (else) was given to treat the diarrhoea?
	
	Anything else?
	
	RECORD ALL TREATMENTS MENTIONED.
		TABLET OR SYRUP........................ A
		INJECTION .... B
		(I.V.) INTRAVENOUS C
		HOME REMEDIES/
		  HERBAL MEDICINES .... D
		
		OTHER _____ X
		(SPECIFY)
			TABLET OR SYRUP........................ A
			INJECTION .... B
			(I.V.) INTRAVENOUS C
			HOME REMEDIES/
			  HERBAL MEDICINES.................D
			
			OTHER _____ X
			(SPECIFY)

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
481	Did you seek advice or treatment for the diarrhoea?	YES.. 1 NO.. 2 (SKIP TO 483)┘	YES.. 1 NO.. 2 (SKIP TO 483)┘

482	Where did you seek advice or treatment?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	_____
	(NAME OF PLACE)
	
	Anywhere else?
	
	RECORD ALL PLACES MENTIONED.
		PUBLIC SECTOR
		  GOVT. HOSPITAL .... A
		  GOVT. HEALTH CENTRE .... B
		  GOVT. DISPENSARY.................. C
		
		  OTHER PUBLIC _____ D
		PRIVATE MEDICAL SECTOR
		  MISSION HOSP./CLINIC.............F
		  PVT. HOSPITAL/CLINIC .... H
		  PHARMACY/CHEMIST I
		  OTHER PVT.
		    MEDICAL _____ L
		MOBILE CLINIC.............................M
		COMMUNITY HEALTH WORKER .. N
		OTHER SOURCE
		  SHOP/KIOSK.............................O
		  TRAD. PRACTITIONER .... P
		  RELATIVE/FRIEND ....Q
		
		OTHER _____ X
		(SPECIFY)
			PUBLIC SECTOR
			  GOVT. HOSPITAL .... A
			  GOVT. HEALTH CENTRE .... B
			  GOVT. DISPENSARY.................. C
			
			  OTHER PUBLIC _____ D
			PRIVATE MEDICAL SECTOR
			  MISSION HOSP./CLINIC............. F
			  PVT. HOSPITAL/CLINIC .... H
			  PHARMACY/CHEMIST I
			  OTHER PVT.
			    MEDICAL _____ L
			MOBILE CLINIC.............................M
			COMMUNITY HEALTH WORKER...N
			OTHER SOURCE
			  SHOP/KIOSK.............................O
			  TRAD. PRACTITIONER .... P
			  RELATIVE/FRIEND ....Q
			
			OTHER _____ X
			(SPECIFY)

483		GO BACK TO 456 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 484.	GO BACK TO 456 IN LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 484.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
484	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 1998 OR LATER LIVING WITH MOTHER ONE OR MORE ☐ 3 NONE ☐ _____		→487
485	What is usually done to dispose of your (youngest) child's stools when he/she does not use any toilet facility?	CHILD ALWAYS USES TOILET/LATR. . 01 THROW IN THE TOILET/LATRINE........ 02 THROW OUTSIDE THE DWELLING ..... 03 THROW OUTSIDE THE COMPOUND... 04 BURY IN THE COMPOUND.................. 05 RINSE AWAY .... 06 USE DISPOSABLE DIAPERS................ 07 USE WASHABLE DIAPERS.................. 08 NOT DISPOSED OF.............................. 09 OTHER _____ 96	
486	CHECK 478, ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET ☐ 3 ANY CHILD RECEIVED FLUID FROM ORS PACKET ☐ _____		→488
487	Have you ever heard of a special product called Oralite or ORS you can get for the treatment of diarrhoea?	YES.. 1 NO 2	
488	CHECK 218: HAS ONE OR MORE CHILDREN LIVING WITH HER ☐ 3 HAS NO CHILDREN LIVING WITH HER ☐ _____		→491

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
489	When a child is ill, what signs of illness would tell you that he or she should be taken to a health facility or health worker? CIRCLE ALL MENTIONED.	NOT ABLE TO DRINK/BREASTFEED.....A FEVER, SHIVERING ....B REPEATED VOMITING...........................C DIARRHOEA ....D BLOOD IN STOOLS ....E FAST BREATHING..................................F CONVULSIONS.......................................G WEAKNESS ....H GETTING SICKER ....I OTHER _____ X (SPECIFY)	
491	CHECK 215 AND 218: HAS AT LEAST ONE CHILD ☐ DOES NOT HAVE ANY ☐ BORN IN 2000 OR LATER CHILDREN BORN IN AND LIVING WITH HER 3 2000 OR LATER AND LIVING WITH HER WRITE NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE TO 492) _____ (NAME)		0496
492	Now I would like to ask you about liquids (NAME FROM Q. 491) drank over the last 24 hours. In total, how many <u>times</u> yesterday during the day or at night did (NAME) drink (ITEM)?	YESTERDAY/ LAST NIGHT NUMBER OF TIMES	
a	Plain water?	a ☐	
b	Commercially produced infant formula?	b ☐	
c	Any other milk such as tinned, powdered, or fresh animal milk?	c ☐	
d	Fruit juice?	d ☐	
e	Any other liquids? IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.	e ☐	
493	Now I would like to ask you about the types of foods (NAME FROM Q. 491) ate over the last 24 hours. In total, how many <u>times</u> yesterday during the day or at night did (NAME) eat (ITEM)?	YESTERDAY/ LAST NIGHT NUMBER OF TIMES	
a	Any food made from grains, like maize, rice, wheat, porridge, sorghum, or other local grains?	a ☐	
b	Pumpkin, red or yellow yams or squash, carrots, or yellow sweet potatoes?	b ☐	
c	Any other food made from roots or tubers, like white potatoes, white yams, arrowroot, cassava, or other local roots or tubers?	c ☐	
d	Any green leafy vegetables?	d ☐	
e	Mango, papaya, guava?	e ☐	
f	Any other fruits and vegetables like bananas, apples, green beans, avocados, tomatoes, oranges, pineapples, passion fruit?	f ☐	
g	Meat, chicken, fish, liver, kidney, blood, termites, seafood, or eggs?	g ☐	
h	Any food made from legumes, e.g. lentils, beans, soybeans, pulses, or peanuts?	h ☐	
i	Sour milk, cheese or yoghurt?	i ☐	
j	Any solid or semi-solid food?	j ☐	
	IF 7 OR MORE TIMES, RECORD '7'. IF DON'T KNOW, RECORD '8'.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
496	Do you currently smoke cigarettes or use tobacco? IF YES: what type of tobacco do you smoke? RECORD ALL TYPES MENTIONED.	YES, CIGARETTES..................................A YES, PIPE ....B YES, OTHER TOBACCO ....C NO ....Y	
497	CHECK 496: CODE 'A' CIRCLED ☐ 3	CODE 'A' NOT CIRCLED ☐_____	——0499
498	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES .... ☐☐	
499	Have you ever drunk any kind of alcohol like beer, wine, chang'aa, palm wine, etc.?	YES ....1 NO...2	——0501
499A	In the last month, on how many days did you drink any alcohol-containing beverage? IF EVERY DAY, RECORD '30'.	NUMBER OF DAYS............... ☐☐ NONE..95	

SECTION 5. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	Are you currently married or living with a man?	YES, CURRENTLY MARRIED WITH CERTIFICATE ....1 YES, MARRIED BY CUSTOM...................2 YES, LIVING WITH A MAN ....3 NO, NOT IN UNION..............................4	}0505
502	Have you ever been married or lived with a man?	YES, FORMERLY MARRIED WITH CERTIFICATE ....1 YES, FORMERLY MARRIED BY CUSTOM ....2 YES, LIVED WITH A MAN ....3 NO 4	→0504 →0504 →0510
503	ENTER '0' IN COLUMN 4 OF CALENDAR IN THE MONTH OF INTERVIEW AND IN EACH MONTH BACK TO JANUARY 1998 ———————————————————————————————		→0514
504	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED ....1 DIVORCED..2 SEPARATED...3	}0510
505	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER ....1 STAYING ELSEWHERE 2	
506	RECORD THE HUSBAND'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. ....☐☐	
507	Does your husband/partner have any other wives besides yourself?	YES ....1 NO ....2 DOES NOT KNOW...................................8	→0510 →0510
508	How many <u>other</u> wives does he have?	NUMBER ....☐ DOES NOT KNOW...................................8	
510	Have you been married or lived with a man only once, or more than once?	ONCE ....1 MORE THAN ONCE................................2	
511	CHECK 510: MARRIED/ LIVED WITH A MAN ONLY ONCE ☐ 3 MARRIED/ LIVED WITH A MAN MORE THAN ONCE ☐ 3 In what month and year did you start living with your husband/partner? Now we will talk about your first husband/partner. In what month and year did you start living with him?	MONTH ....☐☐ DOES NOT KNOW MONTH...................98 YEAR.....................☐☐☐☐ DOES NOT KNOW YEAR 9998	→0513
512	How old were you when you started living with him?	AGE ....☐☐	
513	DETERMINE MONTHS MARRIED OR LIVING WITH A MAN SINCE JANUARY 1998. ENTER 'X' IN COLUMN 4 OF CALENDAR FOR EACH MONTH MARRIED OR LIVING WITH A MAN, AND ENTER 'O' FOR EACH MONTH NOT MARRIED/NOT LIVING WITH A MAN, SINCE JANUARY 1998. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS.		
513A	When you first got married or lived with a man, was it your choice or was it arranged by your family?	OWN CHOICE..1 ARRANGED 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513B	When you first got married or lived with a man, was the man younger, about the same age or older than you? IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?	YOUNGER...1 ABOUT THE SAME AGE ....2 OLDER: LESS THAN 10 YEARS ....3 OLDER: 10 YEARS OR MORE ....4 OLDER: DON'T KNOW HOW MUCH.......5 DOES NOT KNOW..................................8	
514	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family life issues. How old were you when you first had sexual intercourse (if ever)?	NEVER ....00 AGE IN YEARS .... ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→525
514A	CHECK 106: 15-24 ☐ YEARS OLD 3 25-49 ☐ YEARS OLD _____		→515
514B	The first time you had sexual intercourse, was a condom used?	YES ....1 NO 2	
514C	The first time you had sex, was the man younger, about the same age or older than you? IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?	YOUNGER...1 ABOUT THE SAME AGE ....2 OLDER: LESS THAN 10 YEARS ....3 OLDER: 10 YEARS OR MORE ....4 OLDER: DON'T KNOW HOW MUCH.......5 DOES NOT KNOW..................................8	
515	When was the last time you had sexual intercourse? RECORD 'YEARS AGO' ONLY IF LAST INTERCOURSE WAS ONE OR MORE YEARS AGO. IF 12 MONTHS OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO ....1 ☐☐ WEEKS AGO......................2 ☐☐ MONTHS AGO ....3 ☐☐ YEARS AGO ....4 ☐☐	→525
516	The last time you had sexual intercourse, was a condom used?	YES ....1 NO 2	→517

516A	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO
		   PREVENT STD/HIV 1
		RESPONDENT WANTED TO
		   PREVENT PREGNANCY.....................2
		RESPONDENT WANTED TO
		   PREVENT BOTH STD/HIV AND
		   PREGNANCY.......................................3
		DID NOT TRUST PARTNER/HE MAY
		   HAVE OTHER PARTNERS 4
		PARTNER INSISTED..............................5
		
		OTHER _____ 6
		          (SPECIFY)	

517	What is your relationship to the man with whom you last had sex? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, RECORD '01'. IF NO, RECORD '02'.	HUSBAND/LIVE-IN PARTNER ....01 MAN IS BOYFRIEND/FIANCE ....02 OTHER FRIEND....................................03 CASUAL ACQUAINTANCE....................04 RELATIVE ....05 COMMERCIAL SEX WORKER..............06 OTHER _____ 96 (SPECIFY)	→519
517A	CHECK 106: 15-19 ☐ YEARS OLD 3 20-49 ☐ YEARS OLD _____		→518

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
517B	Was this man younger, about the same age or older than you? IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?	YOUNGER...1 ABOUT THE SAME AGE ....2 OLDER: LESS THAN 10 YEARS ....3 OLDER: 10 YEARS OR MORE ....4 OLDER: DON'T KNOW HOW MUCH.......5 DOES NOT KNOW..................................8	
518	For how long have you had a sexual relationship with this man?	DAYS ....1 WEEKS...............................2 MONTHS ....3 YEARS 4	
519	Have you had sex with any other man in the last 12 months?	YES ....1 NO 2	→524
520	The last time you had sexual intercourse with another man, was a condom used?	YES ....1 NO 2	→521

520A	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO
		   PREVENT STD/HIV 1
		RESPONDENT WANTED TO
		   PREVENT PREGNANCY.....................2
		RESPONDENT WANTED TO
		   PREVENT BOTH STD/HIV AND
		   PREGNANCY.......................................3
		DID NOT TRUST PARTNER/HE MAY
		   HAVE OTHER PARTNERS 4
		PARTNER INSISTED...............................5
		
		OTHER _____ 6
		         (SPECIFY)	

521	What is your relationship to this other man? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, RECORD '01'. IF NO, RECORD '02'.	HUSBAND/LIVE-IN PARTNER ....01 MAN IS BOYFRIEND/FIANCE ....02 OTHER FRIEND....................................03 CASUAL ACQUAINTANCE....................04 RELATIVE ....05 COMMERCIAL SEX WORKER..............06 OTHER _____ 96 (SPECIFY)	→522A

521A	CHECK 106:
	        15-19 ☐ 20-49 ☐
	      YEARS OLD YEARS OLD
	         3
			→522

521B	Was this man younger, about the same age or older than you? IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?	YOUNGER...1 ABOUT THE SAME AGE ....2 OLDER: LESS THAN 10 YEARS ....3 OLDER: 10 YEARS OR MORE ....4 OLDER: DON'T KNOW HOW MUCH.......5 DOES NOT KNOW..................................8	
522	For how long have you had a sexual relationship with this man?	DAYS ....1 WEEKS...............................2 MONTHS ....3 YEARS 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
522A	Other than these two men, have you had sexual intercourse with anyone else in the last 12 months?	YES .... 1 NO 2	→524
522B	The last time you had sexual intercourse with this other man, was a condom used?	YES .... 1 NO 2	→522D

522C	What is the main reason you used a condom on that occasion?	RESPONDENT WANTED TO
		  PREVENT STD/HIV 1
		RESPONDENT WANTED TO
		  PREVENT PREGNANCY 2
		RESPONDENT WANTED TO
		  PREVENT BOTH STD/HIV AND
		  PREGNANCY...................................... 3
		DID NOT TRUST PARTNER/HE MAY
		  HAVE OTHER PARTNERS 4
		PARTNER INSISTED 5
		
		OTHER _____ 6
		              (SPECIFY)	

522D	What is your relationship to this other man? IF MAN IS "BOYFRIEND" OR "FIANCE", ASK: Was your boyfriend/fiance living with you when you last had sex? IF YES, RECORD '01'. IF NO, RECORD '02'.	HUSBAND/LIVE-IN PARTNER .... 01 MAN IS BOYFRIEND/FIANCE .... 02 OTHER FRIEND.................................... 03 CASUAL ACQUAINTANCE.................... 04 RELATIVE .... 05 COMMERCIAL SEX WORKER.............. 06 OTHER _____ 96 (SPECIFY)	→523
522D1	CHECK 106: 15-19 ☐ 20-49 ☐ _____ YEARS OLD YEARS OLD 3		→522E
522D2	Was this man younger, about the same age or older than you? IF OLDER: Do you think he was less than 10 years older than you or 10 or more years older than you?	YOUNGER..1 ABOUT THE SAME AGE ....2 OLDER: LESS THAN 10 YEARS ....3 OLDER: 10 YEARS OR MORE ....4 OLDER: DON'T KNOW HOW MUCH.......5 DOES NOT KNOW.................................8	
522E	For how long have you had a sexual relationship with this man?	DAYS ....1 ☐☐ WEEKS...............................2 ☐☐ MONTHS ....3 ☐☐ YEARS ....4 ☐☐	
523	In total, how many different men have you had sex with in the last 12 months? IF MORE THAN 95, WRITE '95'.	NUMBER OF PARTNERS ...... ☐☐	
524	In the last 12 months, have you ever given or received money, gifts, or favours in return for sex?	YES .... 1 NO 2	
525	Do you know a place where one can get condoms?	YES .... 1 NO 2	→531

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
526	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) Any other place? CIRCLE ALL MENTIONED. IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE 'F'.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL..................A GOVERNMENT HEALTH CENTRE......B GOVERNMENT DISPENSARY .... C OTHER PUBLIC _____ D (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION, CHURCH HOSP./CLINIC.....F FPAK HEALTH CENTRE/CLINIC .... G PRIVATE HOSPITAL OR CLINIC .... H PHARMACY/CHEMIST.........................I NURSING/MATERNITY HOME ....K OTHER PRIVATE MEDICAL _____L (SPECIFY) MOBILE CLINIC ....M COMMUNITY-BASED DISTRIBUTOR.... N SHOP/KIOSK .... O FRIENDS/RELATIVES .... Q OTHER _____ X (SPECIFY)	
527	If you wanted to, could you yourself get a condom?	YES ....1 NO ....2 DOES NOT KNOW/UNSURE 8	
528	Do you know of a place where one can get female condoms?	YES ....1 NO 2	→531
529	Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) Any other place? CIRCLE ALL SOURCES MENTIONED. IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE 'F'.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL..................A GOVERNMENT HEALTH CENTRE......B GOVERNMENT DISPENSARY .... C OTHER PUBLIC _____ D (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION, CHURCH HOSP./CLINIC.....F FPAK HEALTH CENTRE/CLINIC .... G PRIVATE HOSPITAL OR CLINIC .... H PHARMACY/CHEMIST.........................I NURSING/MATERNITY HOME ....K OTHER PRIVATE MEDICAL _____L (SPECIFY) MOBILE CLINIC ....M COMMUNITY-BASED DISTRIBUTOR.... N SHOP/KIOSK .... O FRIENDS/RELATIVES .... Q OTHER _____ X (SPECIFY)	
530	If you wanted to, could you yourself get a female condom?	YES ....1 NO ....2 DON'T KNOW/UNSURE 8	

531	In the last few months have you heard about condoms:		YES	NO
	On the radio?	RADIO..........................1		2
	On the television?	TELEVISION 1		2
	In a newspaper or magazine?	NEWSPAPER OR MAGAZINE 1		2

532	In your opinion, is it acceptable or unacceptable for condoms to be advertised:		ACCEP-TABLE	NOT ACCEP-TABLE	DK/ UN-SURE
	on the radio?	ON THE RADIO 1		2	8
	on the TV?	ON THE TV 1		2	8
	in newspapers?	NEWSPAPERS...........1		2	8

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 311/311A: NEITHER STERILISED ☐ HE OR SHE STERILISED ☐ _____ 3		→0614

602	CHECK 226:
	
	NOT PREGNANT OR UNSURE ☐ PREGNANT ☐
	3 3
	
	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 CANNOT GET PREGNANT....3
			UNDECIDED/DON'T KNOW:
			    AND PREGNANT.................................4
			        NOT PREGNANT OR UNSURE 5
				→0604
				→0614
				
				→0610
				→0608

603	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ 3 3 How long would you like to wait from now before the birth of (a/another) child?	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS .... 1 ☐☐ YEARS .... 2 ☐☐ SOON/NOW...993 SAYS SHE CANNOT GET PREGNANT994 AFTER MARRIAGE ....995 OTHER _____ 996 (SPECIFY) DOES NOT KNOW 998	→0609 →0614 →0609
604	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐ _____ 3		→0610
605	CHECK 310: USING A METHOD? NOT NOT CURRENTLY CURRENTLY ASKED ☐ USING ☐ USING ☐ _____ 3 3		→0608
606	CHECK 603: NOT 24 OR MORE MONTHS 00-23 MONTHS ASKED ☐ OR 02 OR MORE YEARS ☐ OR 00-01 YEAR ☐ _____ 3 3		→0610

607	CHECK 602:
	
	WANTS A/ANOTHER CHILD ☐ WANTS NO (MORE) CHILDREN ☐
	3 3
	
	You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy.
	Can you tell me why?
		You have said that you do not want any (more) children, but you are not using any method to avoid pregnancy.
		Can you tell me why?
		
		RECORD ALL MENTIONED.
			FERTILITY-RELATED REASONS
			    NOT HAVING SEX .... B
			    INFREQUENT SEX C
			    MENOPAUSAL/HYSTERECTOMY. ......D
			    INFERTILE... E
			    POSTPARTUM AMENORRHEIC .... F
			    BREASTFEEDING.................................G
			    FATALISTIC...H
			OPPOSITION TO USE
			    RESPONDENT OPPOSED I
			    HUSBAND/PARTNER OPPOSED ....J
			    OTHERS OPPOSED ....K
			    RELIGIOUS PROHIBITION L
			LACK OF KNOWLEDGE
			    KNOWS NO METHOD ....M
			    KNOWS NO SOURCE............................N
			METHOD-RELATED REASONS
			    HEALTH CONCERNS ....O
			    FEAR OF SIDE EFFECTS.....................P
			    LACK OF ACCESS/TOO FAR..............Q
			    COST TOO MUCH ....R
			    INCONVENIENT TO USE ....S
			    INTERFERES WITH BODY S NORMAL
			        PROCESSES .... T
			
			OTHER _____ X
			DOES NOT KNOW .... Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
608	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you?	BIG PROBLEM ....1 SMALL PROBLEM....................................2 NO PROBLEM ....3 SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX...............................4	

609	CHECK 310: USING A METHOD?
	
	NOT NOT CURRENTLY
	ASKED □ CURRENTLY
	         3 USING □ CURRENTLY
	                     3 USING □
			→614

610	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES ....1 NO...2 DOES NOT KNOW 8	→612
611	Which method would you prefer to use?	FEMALE STERILISATION.......................01 MALE STERILISATION ....02 PILL..03 IUD ....04 INJECTIONS...05 IMPLANTS ....06 CONDOM...07 FEMALE CONDOM ....08 RHYTHM, PERIODIC ABSTINENCE ......09 WITHDRAWAL...10 OTHER _____ 96 (SPECIFY) UNSURE 98	→614

612	What is the main reason that you think you will not use a method at any time in the future?	**FERTILITY-RELATED REASONS**
		   INFREQUENT SEX/NO SEX...............22
		   MENOPAUSAL/HYSTERECTOMY 23
		   INFERTILE..24
		   WANTS AS MANY CHILDREN AS
		     POSSIBLE..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)
		DOES NOT KNOW 98	

614	CHECK 216:
	
	HAS LIVING CHILDREN □ NO LIVING CHILDREN □
	               3 3
	
	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.
		NONE...00
		
		NUMBER................................. □□
		
		OTHER _____ 96
		             (SPECIFY)
			→616
			
			→616

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
615	How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?	BOYS GIRLS EITHER NUMBER.... ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
616	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE ....1 DISAPPROVE...2 DOES NOT KNOW/UNSURE 8	
621	CHECK 501: YES, CURRENTLY ☐ YES, LIVING ☐ NO, NOT IN ☐ MARRIED 3 WITH A MAN 3 UNION		→628
622	CHECK 311/311A: ANY CODE CIRCLED ☐ NO CODE CIRCLED ☐ 3		→624
623	You have told me that you are currently using contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision or did you both decide together?	MAINLY RESPONDENT.............................1 MAINLY HUSBAND/PARTNER ....2 JOINT DECISION ....3 OTHER _____ 6 (SPECIFY)	
624	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 DOES NOT KNOW 8	
625	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	
626	CHECK 311/311A: NEITHER STERILISED ☐ HE OR SHE STERILISED ☐ 3		→628
627	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	
628	Husbands and wives do not always agree on everything. Please tell me if you think a wife is justified in refusing to have sex with her husband when: She knows her husband has a sexually transmitted disease? She knows her husband has sex with other women? She has recently given birth? She is tired or not in the mood?	**YES** **NO** **DK** HAS STD................................1 2 8 OTHER WOMEN ....1 2 8 RECENT BIRTH.....................1 2 8 TIRED/MOOD 1 2 8	
629	Do you think a wife is justified in asking that they use a condom when she knows her husband has a sexually transmitted disease?	YES ....1 NO..2 DOES NOT KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 501 AND 502: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ 3 FORMERLY MARRIED/ LIVED WITH A MAN ☐ NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		──0703 ──0707
702	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS. ☐☐	
703	Did your (last) husband/partner ever attend school?	YES.. 1 NO... 2	──0706
704	What was the highest level of school he attended: primary, vocational, secondary, or higher?	NURSERY/KINDERGARTEN....................0 PRIMARY...1 POST-PRIMARY/VOCATIONAL ....2 SECONDARY/'A' LEVEL..........................3 COLLEGE (MIDDLE LEVEL)....................4 UNIVERSITY ....5 DOES NOT KNOW 8	──0706
705	What was the highest (grade/form/year) he completed at that level?	STANDARD/FORM/YEAR...... ☐☐ DOES NOT KNOW................................ 98	
706	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ 3 FORMERLY MARRIED/ LIVED WITH A MAN ☐ 3 What is your husband's/partner's occupation? What kind of work does he mainly do? What was your (last) husband's/ partner's occupation? What kind of work did he mainly do?	☐☐ _____ _____ _____	
707	Aside from your own housework, are you currently working?	YES.. 1 NO... 2	──0710
708	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	──0710
709	Have you done any work in the last 12 months?	YES.. 1 NO... 2	──0719
710	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____ _____	
711	CHECK 710: WORKS IN AGRICULTURE ☐ 3 DOES NOT WORK IN AGRICULTURE ☐		──0713
712	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND.. 1 FAMILY LAND .... 2 RENTED LAND.. 3 SOMEONE ELSE'S LAND........................ 4	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
713	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	
714	Do you usually work at home or away from home?	HOME .... 1 AWAY 2	
715	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	
716	Are you paid or do you earn in cash or kind for this work or are you not paid at all?	CASH ONLY .... 1 CASH AND KIND..................................... 2 IN KIND ONLY .... 3 NOT PAID 4	→719

717	Who mainly decides how the money you earn will be used?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		    HUSBAND/PARTNER JOINTLY........... 3
		SOMEONE ELSE 4
		RESPONDENT AND SOMEONE ELSE
		    JOINTLY 5	

718	On average, how much of your household's expenditures do your earnings pay for: almost none, less than half, about half, more than half, or all?	ALMOST NONE....................................... 1 LESS THAN HALF................................... 2 ABOUT HALF .... 3 MORE THAN HALF .... 4 ALL .... 5 NONE, HER INCOME IS ALL SAVED...... 6	

719	Who in your family usually has the final say on the following decisions:	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 RESPONDENT & SOMEONE ELSE JOINTLY = 5 DECISION NOT MADE/NOT APPLICABLE = 6					
	Your own health care?	1	2	3	4	5	6
	Making large household purchases?	1	2	3	4	5	6
	Making household purchases for daily needs?	1	2	3	4	5	6
	Visits to family or relatives?	1	2	3	4	5	6
	What food should be cooked each day?	1	2	3	4	5	6

720	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING OR NOT PRESENT)	PRES/ LISTEN- ING	PRES/ NOT LISTEN.	NOT PRES- ENT	
		CHILDREN <10............1	2	8	
		HUSBAND....................1	2	8	
		OTHER MALES 1	2	8	
		OTHER FEMALES.......1	2	8	

721	Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:		**YES**	**NO**	**DK**	
	If she goes out without telling him?	GOES OUT 1		2	8	
	If she neglects the children?	NEGL. CHILDREN....1		2	8	
	If she argues with him?	ARGUES...................1		2	8	
	If she refuses to have sex with him?	REFUSES SEX.........1		2	8	
	If she burns the food?	BURNS FOOD 1		2	8	

SECTION 8. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES ....1 NO...2	→0817
802	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	⌐ └0809

803	What can a person do?
	
	Anything else?
	
	CIRCLE ALL MENTIONED.
		ABSTAIN FROM SEX ....A
		USE CONDOMS ....B
		LIMIT SEX TO ONE PARTNER/STAY
		   FAITHFUL TO ONE PARTNER C
		LIMIT NUMBER OF SEX PARTNERS......D
		AVOID SEX WITH PROSTITUTES..........E
		AVOID SEX WITH PERSONS WHO
		   HAVE MANY PARTNERS...................F
		AVOID SEX WITH HOMOSEXUALS........G
		AVOID SEX WITH DRUG USERS............H
		AVOID BLOOD TRANSFUSIONS I
		AVOID INJECTIONS................................J
		AVOID SHARING RAZORS/BLADES.......K
		AVOID KISSING L
		AVOID MOSQUITO BITES ....M
		SEEK PROTECTION FROM
		   TRADITIONAL HEALER ....N
		
		OTHER _____ W
		        (SPECIFY)
		
		OTHER _____ X
		        (SPECIFY)
		DOES NOT KNOW ....Z	

804	Can people reduce their chances of getting the AIDS virus by having just one sex partner who has no other partners?	YES ....1 NO...2 DOES NOT KNOW 8	
805	Can people get the AIDS virus from mosquito or other insect bites?	YES ....1 NO...2 DOES NOT KNOW 8	
806	Can people reduce their chances of getting the AIDS virus by using a condom every time they have sex?	YES ....1 NO...2 DOES NOT KNOW 8	
807	Can people get the AIDS virus by sharing utensils with a person who has AIDS?	YES ....1 NO...2 DOES NOT KNOW 8	
808	Can people reduce their chances of getting the AIDS virus by not having sex at all?	YES ....1 NO...2 DOES NOT KNOW 8	
809	Is it possible for a healthy-looking person to have the AIDS virus?	YES, POSSIBLE ....1 NO, NOT POSSIBLE................................2 DOES NOT KNOW 8	
810	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES ....1 NO...2	
811	Can the virus that causes AIDS be transmitted from a mother to a child?	YES ....1 NO...2 DOES NOT KNOW 8	⌐ └0813
812	When can the virus that causes AIDS be transmitted from a mother to a child? Can it be transmitted... During pregnancy? During delivery? During breastfeeding?	**YES NO DK** DURING PREGNANCY ....1 2 8 DURING DELIVERY ....1 2 8 DURING BREASTFEEDING.1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
812A	Can a mother who is infected with the AIDS virus reduce the risk of giving the virus to the baby by taking certain drugs during pregnancy?	YES ....1 NO..2 DOES NOT KNOW 8	
813	CHECK 501: CURRENTLY MARRIED/ NOT CURRENTLY MARRIED/ LIVING WITH A MAN □ NOT LIVING WITH A MAN □ 3		→0814A
814	Have you ever talked with (your husband/the man you are living with) about ways to prevent getting the virus that causes AIDS?	YES ....1 NO..2	
814A	Would you buy fresh vegetables from a vendor who has the AIDS virus?	YES ....1 NO..2 DOES NOT KNOW 8	
815	If a member of your family got infected with the virus that causes AIDS, would you want it to remain a secret or not?	YES, KEEP SECRET.................................1 NO..2 DOES NOT KNOW/NOT SURE.................8	
816	If a relative of yours became sick with the virus that causes AIDS, would you be willing to care for her or him in your own household?	YES ....1 NO..2 DK/NOT SURE/DEPENDS 8	
816A	If a female teacher has the AIDS virus, should she be allowed to continue teaching in school?	YES, CAN CONTINUE...............................1 NO, SHOULD NOT CONTINUE.................2 DOES NOT KNOW 8	
816B	Should children aged 12-14 be taught about using a condom to avoid AIDS?	YES ....1 NO..2 DK/NOT SURE/DEPENDS 8	
816B1	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	└0816B3 →0816B4
816B2	Why do you think that you have (no risk/a small chance) of getting AIDS? Any other reasons? CIRCLE ALL MENTIONED.	IS NOT HAVING SEX ....A USES CONDOMS......................................B HAS ONLY ONE PARTNER ....C LIMITS THE NUMBER OF PARTNERS ...D PARTNER HAS NO OTHER PARTNERS E OTHER _____ X (SPECIFY)	0816B4
816B3	Why do you think that you have a (moderate, great) chance of getting AIDS? Any other reasons? CIRCLE ALL MENTIONED.	DOES NOT USE CONDOMS ....A HAS MORE THAN 1 SEX PARTNER.......B PARTNER HAS OTHER PARTNERS.......C HOMOSEXUAL CONTACTS ....D HAD BLOOD TRANSFUSION/INJECTIONE OTHER _____ X (SPECIFY)	
816B4	Have you ever heard of VCT?	YES ....1 NO..2	
816C	I do not want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES ....1 NO..2	→0816D
816C1	When was the last time you were tested?	LESS THAN 12 MONTHS AGO.................1 12-23 MONTHS AGO................................2 2 YEARS OR MORE AGO 3	
816C2	The last time you were tested, did you ask for the test, was it offered to you and you accepted, or was it required?	ASKED FOR THE TEST ....1 OFFERED AND ACCEPTED.....................2 REQUIRED 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
816C3	I do not want to know the results, but did you get the results of the test?	YES ....1 NO..2	–0816FX –0816FX
816D	Would you want to be tested for the AIDS virus?	YES ....1 NO..2 DO NOT KNOW/UNSURE 8	
816E	Do you know a place where you could go to get an AIDS test?	YES ....1 NO..2	–0817
816F 816F X	Where can you go for the test? Where did you go for the test? IF SOURCE IS HOSPITAL, HEALTH CENTRE, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE '21'.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL...............11 GOVT. HEALTH CENTRE/CLINIC .....12 GOVERNMENT DISPENSARY ....13 OTHER PUBLIC _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** MISSION/CHURCH HOSP. CLINIC....21 FPAK HEALTH CENTRE/CLINIC ....22 PRIVATE HOSPITAL/CLINIC ....23 VCT CENTRE ....24 NURSING/MATERNITY HOME ....26 BLOOD TRANSFUSION SERVICE ....31 OTHER _____ 96 (SPECIFY)	
817	Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact?	YES ....1 NO..2	–0819A
818	If a man has a sexually transmitted disease, what symptoms might he have? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN....................................A GENITAL DISCHARGE/DRIPPING ....B FOUL SMELLING DISCHARGE ....C BURNING PAIN ON URINATION ....D REDNESS/INFLAMMATION IN GENITAL AREA ....E SWELLING IN GENITAL AREA................ F GENITAL SORES/ULCERS.....................G GENITAL WARTS....................................H GENITAL ITCHING..................................I BLOOD IN URINE....................................J LOSS OF WEIGHT ....K IMPOTENCE/NO ERECTION ....L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS ....Y DOES NOT KNOW ....Z	
819	If a woman has a sexually transmitted disease, what symptoms might she have? Any others? RECORD ALL MENTIONED.	ABDOMINAL PAIN...................................A GENITAL DISCHARGE............................B FOUL SMELLING DISCHARGE ....C BURNING PAIN ON URINATION ....D REDNESS/INFLAMMATION IN GENITAL AREA ....E SWELLING IN GENITAL AREA................ F GENITAL SORES/ULCERS.....................G GENITAL WARTS....................................H GENITAL ITCHING ....I BLOOD IN URINE....................................J LOSS OF WEIGHT ....K HARD TO GET PREGNANT.....................L OTHER _____ W (SPECIFY) OTHER _____ X (SPECIFY) NO SYMPTOMS ....Y DOES NOT KNOW ....Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
819A	CHECK 514: HAS HAD SEXUAL INTERCOURSE ☐ HAS NOT HAD SEXUAL INTERCOURSE ☐ _____ 3		→0820
819B	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a sexually transmitted disease?	YES ....1 NO..2 DON'T KNOW 8	
819C	Sometimes, women experience an abnormal vaginal discharge. During the last 12 months, have you had a bad-smelling unusual discharge from your vagina?	YES ....1 NO..2 DON'T KNOW 8	
819D	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES ....1 NO..2 DON'T KNOW 8	
819E	CHECK 819B, 819C, AND 819D: HAS HAD AN INFECTION ☐ HAS NOT HAD AN INFECTION OR DOES NOT KNOW ☐ _____ 3		→0820
819F	The last time you had (PROBLEM(S) FROM 819B/819C/819D), did you seek any kind of advice or treatment?	YES ....1 NO..2	→0819H

819G	The last time you had (PROBLEM(S) FROM 819B/819C/819D), did you do any of the following? Did you....
	
	    Go to a clinic, hospital or private doctor?
	    Consult a traditional healer?
	    Seek advice or buy medicines in a shop or pharmacy?
	    Ask for advice from friends or relatives?
		YES **NO**
		CLINIC/HOSPITAL............1 2
		TRADITIONAL HEALER ...1 2
		SHOP/PHARMACY...........1 2
		FRIENDS/RELATIVES......1 2	

819H	When you had (PROBLEM(S) FROM 819B/819C/819D), did you tell the person with whom you were having sex?	YES ....1 NO..2 SOME/NOT AT ALL ....3 DID NOT HAVE A PARTNER 4	→0820
819I	When you had (PROBLEM(S) FROM 819B/819C/819D), did you do anything to avoid infecting your sexual partner(s)?	YES ....1 NO..2 PARTNER(S) ALREADY INFECTED.........3	⌐0820

819J	What did you do to avoid infecting your partner(s)? Did you....
	
	      Use medicine?
	      Stop having sex?
	      Use a condom when having sex?
		YES **NO**
		USE MEDICINE 1 2
		STOP SEX 1 2
		USE CONDOM.................1 2	

820	In many communities, girls are introduced to womanhood by participating in some ceremonies and undergoing specific procedures. I want to discuss with you the circumcision of girls. In this community, is female circumcision practiced?	YES ....1 NO..2	
821	Are you circumcised?	YES ....1 NO..2	
822	CHECK 214 AND 217: HAS AT LEAST ONE LIVING DAUGHTER ☐ HAS NO LIVING DAUGHTER ☐ _____ 3		→0901
823	Has your eldest daughter been circumcised?	YES ....1 NO..2 NOT SURE...8	→0901
824	Do you plan to have your eldest daughter circumcised?	YES ....1 NO..2 NOT SURE...8	

SECTION 9. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to ask you 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 .... ☐☐	

902	CHECK 901:
	   TWO OR MORE BIRTHS ☐ ONLY ONE BIRTH ☐_____
	                               3 (RESPONDENT ONLY)
			→01000

903	How many of these births did your mother have before you were born?	NO. OF PRECEDING BIRTHS.... ☐☐	

904	What was the name given to your oldest (next oldest) brother or sister?	[1] _____	[2] _____	[3] _____	[4] _____	[5] _____	[6] _____
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 908 ⌐ DK................ 8 GO TO [2] ⌐	YES................1 NO.................2 GO TO 908 ⌐ DK................8 GO TO [3] ⌐	YES .... 1 NO .... 2 GO TO 908 ⌐ DK................ 8 GO TO [4] ⌐	YES............... 1 NO .... 2 GO TO 908 ⌐ DK................8 GO TO [5] ⌐	YES................1 NO.................2 GO TO 908 ⌐ DK................8 GO TO [6] ⌐	YES .... 1 NO .... 2 GO TO 908 ⌐ DK .... 8 GO TO [7] ⌐
907	How old is (NAME)?	☐☐ GO TO [2]	☐☐ GO TO [3]	☐☐ GO TO [4]	☐☐ GO TO [5]	☐☐ GO TO [6]	☐☐ GO TO [7]
908	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
909	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [2]	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [3]	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [4]	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [5]	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [6]	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [7]
910	Was (NAME) pregnant when she died?	YES .... 1 GO TO 913 ⌐ NO 2	YES...............1 GO TO 913 ⌐ NO.................2	YES .... 1 GO TO 913 ⌐ NO 2	YES............... 1 GO TO 913 ⌐ NO 2	YES...............1 GO TO 913 ⌐ NO.................2	YES ....1 GO TO 913 ⌐ NO 2
911	Did (NAME) die during childbirth?	YES .... 1 GO TO 913 ⌐ NO 2	YES...............1 GO TO 913 ⌐ NO.................2	YES .... 1 GO TO 913 ⌐ NO 2	YES............... 1 GO TO 913 ⌐ NO 2	YES...............1 GO TO 913 ⌐ NO.................2	YES ....1 GO TO 913 ⌐ NO 2
912	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
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

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 908 1↵ DK...............8 GO TO [8] 1↵	YES...............1 NO.................2 GO TO 908 1↵ DK................8 GO TO [9] 1↵	YES ....1 NO ....2 GO TO 908 1↵ DK ....8 GO TO [10] 1↵	YES...............1 NO ....2 GO TO 908 1↵ DK................8 GO TO [11] 1↵	YES...............1 NO.................2 GO TO 908 1↵ DK ....8 GO TO [12] 1↵	YES ....1 NO ....2 GO TO 908 1↵ DK ....8 GO TO [13] 1↵
907	How old is (NAME)?	☐☐ GO TO [8]	☐☐ GO TO [9]	☐☐ GO TO [10]	☐☐ GO TO [11]	☐☐ GO TO [12]	☐☐ GO TO [13]
908	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
909	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [8]	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [9]	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [10]	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [11]	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [12]	☐☐ IF MALE OR DIED BEFORE AGE 12 YEARS GO TO [13]
910	Was (NAME) pregnant when she died?	YES ....1 GO TO 913 1↵ NO 2	YES...............1 GO TO 913 1↵ NO.................2	YES ....1 GO TO 913 1↵ NO 2	YES...............1 GO TO 913 1↵ NO 2	YES...............1 GO TO 913 1↵ NO.................2	YES ....1 GO TO 913 1↵ NO 2
911	Did (NAME) die during childbirth?	YES ....1 GO TO 913 1↵ NO 2	YES...............1 GO TO 913 1↵ NO.................2	YES ....1 GO TO 913 1↵ NO 2	YES...............1 GO TO 913 1↵ NO 2	YES...............1 GO TO 913 1— NO.................2	YES ....1 GO TO 913 1↵ NO 2
912	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
913	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1000

SECTION 10. DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	CHECK HOUSEHOLD QUESTIONNAIRE, COLUMN (8): WOMAN SELECTED FOR THIS SECTION ☐ 3 WOMAN NOT SELECTED ☐ _____		→1019
1001	IS THERE PRIVACY?: NO ONE OVER 3 YEARS PRESENT OR LISTENING ☐ 3 OTHERS PRESENT OR LISTENING ☐ _____		→1018
	READ TO ALL RESPONDENTS: Now I would like to ask you questions about some other important aspects of a woman's life. I know that some of these questions are very personal. However, your answers are crucial for helping to understand the condition of women in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone.		
1002	CHECK 501, 502, AND 504: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ 3 SEPARATED/ DIVORCED ☐ 3 (READ IN PAST TENSE) WIDOWED/ NEVER MARRIED/ NEVER LIVED WITH A MAN ☐ _____		→1014
1005	Now I need to ask some more questions about your relationship with your (last) husband/partner. 5A. (Does/did) your (last) husband/partner ever: a) Say or do something to humiliate you in front of others? b) Threaten you or someone close to you with harm?	5B. How many times did this happen during the last 12 months? YES 1 —○ NO 2 ¬ 3 TIMES IN LAST 12 MONTHS..... ☐☐ YES 1 —○ NO 2 ¬ 3. TIMES IN LAST 12 MONTHS..... ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1006	6A. (Does/did) your (last) husband/partner ever:	6B. How many times did this happen during the last 12 months?	
	a) Push you, shake you, or throw something at you?	YES 1—0 NO 2 ⌐ 3	TIMES IN LAST 12 MONTHS..... ☐☐	
	b) Slap you or twist your arm?	YES 1—0 NO 2 ⌐ 3	TIMES IN LAST 12 MONTHS..... ☐☐	
	c) Punch you with his fist or with something that could hurt you?	YES 1—0 NO 2 ⌐ 3	TIMES IN LAST 12 MONTHS..... ☐☐	
	d) Kick you or drag you?	YES 1—0 NO 2 ⌐ 3	TIMES IN LAST 12 MONTHS..... ☐☐	
	e) Try to strangle you or burn you?	YES 1—0 NO 2 ⌐ 3.	TIMES IN LAST 12 MONTHS..... ☐☐	
	f) Threaten you with a knife, gun, or other type of weapon?	YES 1—0 NO 2 ⌐ 3	TIMES IN LAST 12 MONTHS..... ☐☐	
	g) Attack you with a knife, gun, or other type of weapon?	YES 1—0 NO 2 ⌐ 3	TIMES IN LAST 12 MONTHS..... ☐☐	
	h) Physically force you to have sexual intercourse with him even when you did not want to?	YES 1—0 NO 2 ⌐ 3.	TIMES IN LAST 12 MONTHS..... ☐☐	
	i) Force you to perform other sexual acts you did not want to?	YES 1—0 NO 2 ⌐ 3	TIMES IN LAST 12 MONTHS..... ☐☐	
1007	CHECK 1006: AT LEAST ONE ☐ NOT A SINGLE ☐ _____ 'YES' 3 'YES'		—01009
1008	How long after you first got married to/started living with your (last) husband/partner did (this/any of these things) first happen? IF LESS THAN ONE YEAR, RECORD '00'.	NUMBER OF YEARS .... ☐☐ BEFORE MARRIAGE/BEFORE LIVING TOGETHER ....95 AFTER SEPARATION/DIVORCE...........96	
1009	Did the following ever happen because of something your (last) husband/partner did to you:	9B. How many times did this happen during the last 12 months?	
	a) You had bruises and aches?	YES 1—0 NO 2 ⌐ 3	TIMES IN LAST 12 MONTHS..... ☐☐	
	b) You had an injury or a broken bone?	YES 1—0 NO 2 ⌐ 3.	TIMES IN LAST 12 MONTHS..... ☐☐	
	c) You went to the doctor or health centre as a result of something your husband/partner did to you?	YES 1—0 NO 2 ⌐ 3	TIMES IN LAST 12 MONTHS..... ☐☐	
1010	Have you ever hit, slapped, kicked or done anything else to physically hurt your (last) husband/partner at times when he was not already beating or physically hurting you?	YES...1 NO..2	—01012
1011	In the last 12 months, how many times have you hit, slapped, kicked or done something to physically hurt your (last) husband/partner at a time when he was not already beating or physically hurting you?	NUMBER OF TIMES .... ☐☐	
1012	Does (did) your husband/partner drink alcohol or take illegal drugs?	YES...1 NO..2	—01014
1013	How often does (did) he get drunk or take drugs: very often, only sometimes, or never?	VERY OFTEN ....1 SOMETIMES ....2 NEVER..3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1014	CHECK 501, 502 & 504: MARRIED/LIVING WITH A MAN/SEPARATED/ DIVORCED □ WIDOWED/ NEVER MARRIED/NEVER LIVED WITH A MAN □ 3 3 From the time you were 15 years old has anyone other than your (current/last) husband/partner hit, slapped, kicked, or done anything else to hurt you physically? From the time you were 15 years old has anyone ever hit, slapped, kicked, or done anything else to hurt you physically?	YES..1 NO..2 NO ANSWER..6	⌐01017
1015	Who has physically hurt you in this way? Anyone else? CIRCLE ALL MENTIONED.	MOTHER .... A FATHER.. B STEP-MOTHER.. C STEP-FATHER .... D SISTER .... E BROTHER .... F DAUGHTER...G SON .... H LATE/EX-HUSBAND/EX-PARTNER ....I CURRENT BOYFRIEND...........................J FORMER BOYFRIEND............................. K MOTHER-IN-LAW......................................L FATHER-IN-LAW.......................................M OTHER FEMALE RELATIVE/IN-LAW .....N OTHER MALE RELATIVE/ IN-LAW.........O FEMALE FRIEND/ACQUAINTANCE....... P MALE FRIEND/ACQUAINTANCE ....Q TEACHER...R EMPLOYER ....S STRANGER .... T OTHER _____ X (SPECIFY)	
1016	In the last 12 months, how many times has this person (these people) hit, slapped, kicked, or done anything else to physically hurt you?	NUMBER OF TIMES .... ☐☐	

THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE SECTION ONLY.

			YES ONCE	YES, MORE THAN ONCE	NO
1017	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	HUSBAND.....................................1		2	3
		OTHER MALE ADULT 1		2	3
		FEMALE ADULT 1		2	3

1018   INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE SECTION

_____

_____

_____

1019	RECORD THE TIME.	HOUR... ☐☐
		MINUTES .... ☐☐

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 THE SUPERVISOR:_____ DATE: _____

EDITOR'S OBSERVATIONS

_____

_____

_____

_____

_____

NAME OF EDITOR:_____ DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1 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

    0   NO METHOD
    1   FEMALE STERILISATION
    2   MALE STERILISATION
    3   PILL
    4   IUD
    5   INJECTABLES
    6   IMPLANTS, NORPLANT
    7   CONDOM
    8   FEMALE CONDOM
    L   RHYTHM OR NATURAL METHODS
    M   WITHDRAWAL
    X   OTHER _____
                            (SPECIFY)

COL 2:   SOURCE OF CONTRACEPTION
    1   GOVT. HOSPITAL
    2   GOVT. HEALTH CENTRE
    3   GOVT. DISPENSARY
    4   OTHER PUBLIC (GOVT.)
    5   MISSION, CHURCH HOSPITAL, CLINIC
    6   FPAK HEALTH CENTRE, CLINIC
    7   PVT. HOSPITAL/CLINIC
    8   PHARMACY, CHEMIST
    A   NURSING/MATERNITY HOME
    B   MOBILE CLINIC
    C   COMMUNITY-BASED DISTRIBUTOR
    D   SHOP
    E   FRIENDS/RELATIVES
    X   OTHER _____
                            (SPECIFY)

COL 3:   DISCONTINUATION OF CONTRACEPTIVE USE
    0   INFREQUENT SEX/HUSBAND AWAY
    1   BECAME PREGNANT WHILE USING
    2   WANTED TO BECOME PREGNANT
    3   HUSBAND/PARTNER DISAPPROVED
    4   WANTED MORE EFFECTIVE METHOD
    5   HEALTH CONCERNS
    6   SIDE EFFECTS
    7   LACK OF ACCESS/TOO FAR
    8   COSTS TOO MUCH
    9   INCONVENIENT TO USE
    F   FATALISTIC
    A   DIFFICULT TO GET PREGNANT/MENOPAUSAL
    D   MARITAL DISSOLUTION/SEPARATION
    X   OTHER _____
                            (SPECIFY)
    Z   DON T KNOW

COL.4:   MARRIAGE/UNION
    X   IN UNION (MARRIED OR LIVING TOGETHER)
    0   NOT IN UNION

COL.1	Month	No.	1	2	3	4	No.	Month	COL.4
	12 DEC	01					01	DEC	
	11 NOV	02					02	NOV	
	10 OCT	03					03	OCT	
	09 SEP	04					04	SEP	
2	08 AUG	05					05	AUG	2
0	07 JUL	06					06	JUL	0
0	06 JUN	07					07	JUN	0
3	05 MAY	08					08	MAY	3
	04 APR	09					09	APR	
	03 MAR	10					10	MAR	
	02 FEB	11					11	FEB	
	01 JAN	12					12	JAN	
	12 DEC	13					13	DEC	
	11 NOV	14					14	NOV	
	10 OCT	15					15	OCT	
	09 SEP	16					16	SEP	
2	08 AUG	17					17	AUG	2
0	07 JUL	18					18	JUL	0
0	06 JUN	19					19	JUN	0
2	05 MAY	20					20	MAY	2
	04 APR	21					21	APR	
	03 MAR	22					22	MAR	
	02 FEB	23					23	FEB	
	01 JAN	24					24	JAN	
	12 DEC	25					25	DEC	
	11 NOV	26					26	NOV	
	10 OCT	27					27	OCT	
	09 SEP	28					28	SEP	
2	08 AUG	29					29	AUG	2
0	07 JUL	30					30	JUL	0
0	06 JUN	31					31	JUN	0
1	05 MAY	32					32	MAY	1
	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	
2	08 AUG	41					41	AUG	2
0	07 JUL	42					42	JUL	0
0	06 JUN	43					43	JUN	0
0	05 MAY	44					44	MAY	0
	04 APR	45					45	APR	
	03 MAR	46					46	MAR	
	02 FEB	47					47	FEB	
	01 JAN	48					48	JAN	
	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
9	05 MAY	56					56	MAY	9
	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
8	05 MAY	68					68	MAY	8
	04 APR	69					69	APR	
	03 MAR	70					70	MAR	
	02 FEB	71					71	FEB	
	01 JAN	72					72	JAN	