QUESTIONNAIRES

Serial number_____

CONFIDENTIAL

KENYA NATIONAL BUREAU OF STATISTICS
KENYA DEMOGRAPHIC AND HEALTH SURVEY 2008
HOUSEHOLD 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 _____

IS HOUSEHOLD SELECTED FOR MAN'S SURVEY? (YES=1; NO=2) . . . .

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR 2 0 0
INTERVIEWER'S NAME	_____	_____	_____	INT. CODE
RESULT**	_____	_____	_____	FINAL RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER
TIME	_____	_____		OF VISITS

**RESULT CODES:
1. COMPLETED
2. NO HOUSEHOLD MEMBER AT HOME OR NO COMPETENT RESPONDENT HOME AT TIME OF VISIT
3. ENTIRE HOUSEHOLD ABSENT FOR EXTENDED PERIOD OF TIME
4. POSTPONED
5. REFUSED
6. DWELLING VACANT OR ADDRESS NOT A DWELLING
7. DWELLING DESTROYED
8. DWELLING NOT FOUND
9. OTHER _____
(SPECIFY)

ENGLISH

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LINE NO. OF RESPONDENT TO HH QUESTION.

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		
DATE _____	DATE _____		

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

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Kenya National Bureau of Statistics. We are conducting a national survey
that asks about various health issues. We would very much appreciate your participation in this survey.
This information will help the government to plan health services. The survey usually takes between 30 to 60 minutes to complete.
Whatever information you provide will be kept confidential and will not be shared with anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and
I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this
survey since your views are important.
At this time, do you want to ask me anything 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 → END

HOUSEHOLD SCHEDULE

Now we would like some information about the people who usually live in your household or who are staying with you now.

								IF AGE 15 OR OLDER			
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			
	Please give me the names of the persons who usually live in your household and guests of the household who stayed here last night, starting with the head of the household. AFTER LISTING THE NAMES AND RECORDING THE RELATIONSHIP AND SEX FOR EACH PERSON, ASK QUESTIONS 2A-2C TO BE SURE THAT THE LISTING IS COMPLETE. THEN ASK APPROPRIATE QUESTIONS IN COLUMNS 5-33 FOR EACH PERSON.	What is the relationship of (NAME) to the head of the household? SEE CODES BELOW.	Is (NAME) male or female?	Does (NAME) usually live here?	Did (NAME) stay here last night?	How old is (NAME)?	What is (NAME'S) current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVOR-CED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED AND NEVER LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL **WOMEN** AGE 15-49 * LINE NO. OF WOMAN SEL-ECTED FOR Qs. ON DOM-ESTIC VIO-LENCE.	CIRCLE LINE NUMBER OF ALL **CHILD-REN** AGE 0-5	CIRCLE LINE NUMBER OF ALL **MEN** AGE 15 - 54	
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
01			M 1 F 2	Y 1 N 2	Y 1 N 2	IN YEARS		01	01	01	
02			1 2	1 2	1 2			02	02	02	
03			1 2	1 2	1 2			03	03	03	
04			1 2	1 2	1 2			04	04	04	
05			1 2	1 2	1 2			05	05	05	
06			1 2	1 2	1 2			06	06	06	
07			1 2	1 2	1 2			07	07	07	
08			1 2	1 2	1 2			08	08	08	
09			1 2	1 2	1 2			09	09	09	
10			1 2	1 2	1 2			10	10	10	

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

2A) Just to make sure that I have a complete listing. Are there any other persons such as small children or infants that we have not listed?   YES ☐ → ADD TO TABLE   NO ☐

2B) Are there any other people who may not be members of your family, such as domestic servants, lodgers, or friends who usually live here?   YES ☐ → ADD TO TABLE   NO ☐

2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed?   YES ☐ → ADD TO TABLE   NO ☐

01 = HEAD
02 = WIFE OR HUSBAND
03 = SON OR DAUGHTER
04 = SON-IN-LAW OR DAUGHTER-IN-LAW
05 = GRANDCHILD
06 = PARENT
07 = PARENT-IN-LAW

08 = BROTHER OR SISTER
09 = NIECE/NEPHEW BY BLOOD
10 = NIECE/NEPHEW BY MARRIAGE
11 = OTHER RELATIVE
12 = ADOPTED/FOSTER/ STEPCHILD
13 = NOT RELATED
98 = DON'T KNOW

	IF AGE 4 YEARS OR OLDER		IF AGE 4-24 YEARS				IF AGE 0-4 YEARS	
LINE NO.	EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	
	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? SEE CODES BELOW. What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2008 school year?	During the 2008 school year, what level and grade is/was (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2007 school year?	During the 2007 school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Has (NAME) ever been registered with the civil authority? 1 = YES, REGISTERED WITH BIRTH CERTIFICATE 2 = YES, REGISTERED WITHOUT BIRTH CERTIFICATE 8 = DON'T KNOW 3 = NOT REGISTERED	Why was (NAME) never? registered 1=TOO FAR 2=LITTLE MONEY 3=NOT AWARE 4=NOT NECESARY 5=NOMADIC LIFE DIFFICULT TERRAIN INSECURITY 8=OTHER
	(23)	(24)	(25)	(26)	(27)	(28)	(32)	(33)
01	Y N 1 2 ↓ GO TO 32	LEVEL GRADE ☐ ☐	Y N 1 2 ↓ GO TO 27	LEVEL GRADE ☐ ☐	Y N 1 2 ↓ GO TO 32	LEVEL GRADE ☐ ☐	Y Y DK NO 1 2 8 3 ↓ ↓ TO NEXT LINE TO 33	☐
02	1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
03	1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
04	1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
05	1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
06	1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
07	1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
08	1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
09	1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
10	1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐

CODES FOR Qs. 24, 26, AND 28: EDUCATION

LEVEL	GRADE
0= NURSERY/KINDERGARTEN	00 = LESS THAN 1 YEAR COMPLETED
1 = PRIMARY	(USE '00' FOR Q. 24 ONLY.
2= POST-PRIMARY, VOCATIONAL	THIS CODE IS NOT ALLOWED
3 = SECONDARY, A LEVEL	FOR QS. 26 AND 28)
4 = COLLEGE (MIDDLE LEVEL)	
5 = UNIVERSITY	98 = DON'T KNOW
8 = DON'T KNOW	

			IF AGE 15 OR OLDER		

LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY		
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(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS				
11		☐☐	1 2	1 2	1 2	☐☐	☐	11	11	11
12		☐☐	1 2	1 2	1 2	☐☐	☐	12	12	12
13		☐☐	1 2	1 2	1 2	☐☐	☐	13	13	13
14		☐☐	1 2	1 2	1 2	☐☐	☐	14	14	14
15		☐☐	1 2	1 2	1 2	☐☐	☐	15	15	15
16		☐☐	1 2	1 2	1 2	☐☐	☐	16	16	16
17		☐☐	1 2	1 2	1 2	☐☐	☐	17	17	17
18		☐☐	1 2	1 2	1 2	☐☐	☐	18	18	18
19		☐☐	1 2	1 2	1 2	☐☐	☐	19	19	19
20		☐☐	1 2	1 2	1 2	☐☐	☐	20	20	20

TICK HERE IF CONTINUATION SHEET USED ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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2C) Are there any guests or temporary visitors staying here, or anyone else who stayed here last night, who have not been listed? YES ☐ ADD TO TABLE   NO ☐

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11		Y N 1 2 ↓ GO TO 32	LEVEL GRADE ☐ ☐	Y N 1 2 ↓ GO TO 27	LEVEL GRADE ☐ ☐	Y N 1 2 ↓ GO TO 32	LEVEL GRADE ☐ ☐	Y Y DK NO 1 2 8 3 ↓ ↓ TO NEXT LINE TO 33	☐
12		1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
13		1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
14		1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
15		1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
16		1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
17		1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
18		1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
19		1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐
20		1 2 ↓ GO TO 32	☐ ☐	1 2 ↓ GO TO 27	☐ ☐	1 2 ↓ GO TO 32	☐ ☐	1 2 8 3 ↓ ↓ ↓ ↓ TO NEXT LINE TO 33	☐

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GRID TO SELECT ONE WOMAN PER HOUSEHOLD

LOOK AT THE LAST DIGIT OF THE **QUESTIONNAIRE** SERIAL NUMBER ON THE COVER PAGE. THIS IS THE NUMBER OF THE **ROW** YOU SHOULD GO TO.

CHECK THE TOTAL NUMBER OF WOMEN 15-49 IN COLUMN (9) OF THE HOUSEHOLD QUESTIONNAIRE.
THIS IS THE NUMBER OF THE **COLUMN** YOU SHOULD GO TO.

FIND THE BOX WHERE THE ROW AND THE COLUMN MEET AND CIRCLE THE NUMBER THAT APPEARS IN THE BOX.
THIS NUMBER IS USED TO IDENTIFY WHETHER THE FIRST ('1'), SECOND ('2'), THIRD ('3'), ETC. ELIGIBLE WOMAN LISTED IN THE HOUSEHOLD SCHEDULE WILL BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.

PUT AN ASTERISK (*) NEXT TO THE LINE NUMBER OF THE SELECTED WOMAN IN COL.9.

EXAMPLE: IF THE QUESTIONNAIRE SERIAL NUMBER IS '3716', GO TO ROW '6'.
IF THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'.
FIND THE BOX WHERE ROW '6' AND COLUMN '3' MEET. THE NUMBER IN THAT BOX ('2') INDICATES THAT THE SECOND ELIGIBLE WOMAN IN THE HOUSEHOLD LISTING SHOULD BE ASKED THE DOMESTIC VIOLENCE QUESTIONS.
SUPPOSE THE LINE NUMBERS OF THE THREE WOMEN ARE '02', '03', AND '07'. THE WOMAN
TO BE ASKED THE DOMESTIC VIOLENCE QUESTIONS IS THE SECOND ONE, I.E., THE WOMAN ON LINE '03'.

LAST DIGIT OF THE QUESTIONNAIRE SERIAL NUMBER (ROW)	TOTAL NUMBER OF ELIGIBLE WOMEN IN HOUSEHOLD (COLUMN)							
	1	**2**	**3**	**4**	**5**	**6**	**7**	**8**
0	1	2	2	4	3	6	5	4
1	1	1	3	1	4	1	6	5
2	1	2	1	2	5	2	7	6
3	1	1	2	3	1	3	1	7
4	1	2	3	4	2	4	2	8
5	1	1	1	1	3	5	3	1
6	1	2	2	2	4	6	4	2
7	1	1	3	3	5	1	5	3
8	1	2	1	4	1	2	6	4
9	1	1	2	1	2	3	7	5

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

101	What is the main source of drinking water for members of your household?	PIPED WATER
		   PIPED INTO DWELLING 11
		   PIPED TO COMPOUND/PLOT 12
		   PUBLIC TAP/STANDPIPE 13
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		   PROTECTED WELL 31
		   UNPROTECTED WELL 32
		WATER FROM SPRING
		   PROTECTED SPRING 41
		   UNPROTECTED SPRING 42
		RAINWATER 51
		TANKER TRUCK 61
		CART WITH SMALL TANK 71
		SURFACE WATER (RIVER/DAM/
		   LAKE/POND/STREAM/CANAL/
		   IRRIGATION CHANNEL) 81
		BOTTLED WATER 91
		
		OTHER _____ 96
		          (SPECIFY)
			→ 106
			
			→ 103
			
			→ 106
			
			→ 103
			
			→ 103

102	What is the main source of water used by your household for other purposes such as cooking and handwashing?	PIPED WATER
		   PIPED INTO DWELLING 11
		   PIPED TO COMPOUND/PLOT 12
		   PUBLIC TAP/STANDPIPE 13
		TUBE WELL OR BOREHOLE 21
		DUG WELL
		   PROTECTED WELL 31
		   UNPROTECTED WELL 32
		WATER FROM SPRING
		   PROTECTED SPRING 41
		   UNPROTECTED SPRING 42
		RAINWATER 51
		TANKER TRUCK 61
		CART WITH SMALL TANK 71
		SURFACE WATER (RIVER/DAM/
		   LAKE/POND/STREAM/CANAL/
		   IRRIGATION CHANNEL) 81
		
		OTHER _____ 96
		          (SPECIFY)
			→ 106
			
			→ 106

103	Where is that water source located?	IN OWN DWELLING . . . . 1 IN OWN YARD/PLOT . . . . 2 ELSEWHERE 3	→ 106
104	How long does it take to go there, get water, and come back?	MINUTES . . . . □□□ MORE THAN 12 HOURS . . . . 995 DON'T KNOW 998	

105	Who usually goes to this source to fetch the water for your household?	ADULT WOMAN 1
		ADULT MAN 2
		FEMALE CHILD
		   UNDER 15 YEARS OLD 3
		MALE CHILD
		   UNDER 15 YEARS OLD 4
		
		OTHER _____ 6
		          (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
106	Do you do anything to the water to make it safer to drink?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 108
107	What do you usually do to make the water safer to drink? Anything else? RECORD ALL MENTIONED.	BOIL .... A ADD BLEACH/CHLORINE .... B STRAIN THROUGH A CLOTH .... C USE WATER FILTER (CERAMIC/ SAND/COMPOSITE/ETC.) .... D SOLAR DISINFECTION .... E LET IT STAND AND SETTLE .... F OTHER _____ X (SPECIFY) DON'T KNOW .... Z	
108	What kind of toilet facility do members of your household usually use?	FLUSH OR POUR FLUSH TOILET FLUSH TO PIPED SEWER SYSTEM... 11 FLUSH TO SEPTIC TANK .... 12 FLUSH TO PIT LATRINE .... 13 FLUSH TO SOMEWHERE ELSE ... 14 FLUSH, DON'T KNOW WHERE ... 15 PIT LATRINE VENTILATED IMPROVED PIT LATRINE .... 21 PIT LATRINE WITH SLAB .... 22 PIT LATRINE WITHOUT SLAB/ OPEN PIT .... 23 COMPOSTING TOILET .... 31 BUCKET TOILET .... 41 HANGING TOILET/HANGING LATRINE . 51 NO FACILITY/BUSH/FIELD .... 61 OTHER _____ 96 (SPECIFY)	 → 111
109	Do you share this toilet facility with other households?	YES .... 1 NO 2	→ 111
110	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 .... [0][ ] 10 OR MORE HOUSEHOLDS .... 95 DON'T KNOW 98	
111	Does your household have: A clock or watch? Electricity? A radio? A television? A mobile telephone? A non-mobile telephone? A refrigerator? A solar panel?	YES NO CLOCK/WATCH .... 1 2 ELECTRICITY .... 1 2 RADIO .... 1 2 TELEVISION .... 1 2 MOBILE TELEPHONE ..... 1 2 NON-MOBILE TELEPHONE . 1 2 REFRIGERATOR .... 1 2 SOLAR PANEL 1 2	
112	What type of fuel does your household mainly use for cooking?	ELECTRICITY .... 01 LPG/NATURAL GAS .... 02 BIOGAS .... 03 KEROSENE .... 04 COAL, LIGNITE .... 05 CHARCOAL .... 06 WOOD .... 07 STRAW/SHRUBS/GRASS .... 08 AGRICULTURAL CROP .... 09 ANIMAL DUNG .... 10 NO FOOD COOKED IN HOUSEHOLD .... 95 OTHER _____ 96 (SPECIFY)	 → 117

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	Is the cooking usually done in the house, in a separate building, or outdoors?	IN THE HOUSE . . . . 1 IN A SEPARATE BUILDING . . . . 2 OUTDOORS . . . . 3 OTHER _____ 6 (SPECIFY)	→ 117
116	Do you have a separate room which is used as a kitchen?	YES . . . . 1 NO 2	

117	MAIN MATERIAL OF THE FLOOR.
	
	    RECORD OBSERVATION.
		NATURAL FLOOR
		   EARTH/SAND 11
		   DUNG 12
		RUDIMENTARY FLOOR
		   WOOD PLANKS 21
		   PALM/BAMBOO 22
		FINISHED FLOOR
		   PARQUET OR POLISHED WOOD . . . 31
		   VINYL OR ASPHALT STRIPS 32
		   CERAMIC TILES 33
		   CEMENT 34
		   CARPET 35
		
		OTHER _____ 96
		          (SPECIFY)	

118	MAIN MATERIAL OF THE ROOF.
	    RECORD OBSERVATION.
		NATURAL ROOFING
		   GRASS / THATCH / MAKUTI 11
		   DUNG / MUD 12
		RUDIMENTARY ROOFING
		   CORRUGATED IRON (MABATI) 21
		   TIN CANS 22
		FINISHED ROOFING
		   ASBESTOS SHEET 31
		   CONCRETE 32
		   TILES 33
		
		OTHER _____ 96
		          (SPECIFY)	

119	MAIN MATERIAL OF THE WALLS.
	
	    RECORD OBSERVATION.
		NATURAL WALLS
		   NO WALLS 11
		   CANE/PALM/TRUNKS 12
		   DIRT 13
		RUDIMENTARY WALLS
		   BAMBOO WITH MUD 21
		   STONE WITH MUD 22
		   UNCOVERED ADOBE 23
		   PLYWOOD 24
		   CARDBOARD 25
		   REUSED WOOD 26
		FINISHED WALLS
		   CEMENT 31
		   STONE WITH LIME/CEMENT 32
		   BRICKS 33
		   CEMENT BLOCKS 34
		   COVERED ADOBE 35
		   WOOD PLANKS/SHINGLES 36
		
		OTHER _____ 96
		          (SPECIFY)	

120	How many rooms in this household are used for sleeping?	ROOMS . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
121	Does any member of this household own: A bicycle? A motorcycle or motor scooter? An animal-drawn cart? A car or truck? A boat with a motor?	**YES** **NO** BICYCLE . . . . 1 2 MOTORCYCLE/SCOOTER . . . 1 2 ANIMAL-DRAWN CART . . . . . 1 2 CAR/TRUCK . . . . 1 2 BOAT WITH MOTOR 1 2	
121A	Does your household own this structure (house, flat, shack), do you rent it, or do you live here without pay?	OWNS . . . . 1 PAYS RENT/LEASE . . . . 2 NO RENT,W. CONSENT OF OWNER . . . . . 3 NO RENT, SQUATTING 4	
121B	Does your household own the land on which the structure (house, flat, shack) sits?	OWNS . . . . 1 PAYS RENT/LEASE . . . . 2 NO RENT,W. CONSENT OF OWNER . . . . . 3 NO RENT, SQUATTING 4	
122	Does any member of this household own any agricultural land?	YES . . . . 1 NO 2	→ 124
123	How many hectares of land (altogether) are owned by the members of this family. IF MORE THAN 95, WRITE '95.0'. IF UNKNOWN, WRITE '99.8'.	NUMBER OF HECTARES ..... [ ][ ] . [ ]	
124	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . 1 NO 2	→ 125A
125	How many of the following animals does this household own? IF NONE, WRITE '00'. IF MORE THAN 95, WRITE '95'. IF UNKNOWN, WRITE '98'. Local cattle (indegeneous)? **Milk cows or bulls?** Horses, donkeys, or mules? Goats? Sheep? Chicken?	 CATTLE (INDIGENEOUS) . . . . . [ ][ ] COWS/BULLS . . . . [ ][ ] HORSES/DONKEYS/MULES . . . [ ][ ] GOATS . . . . [ ][ ] SHEEP . . . . [ ][ ] CHICKEN . . . . [ ][ ]	
125A	At any time in the past 12 months, has anyone come into your house to spray the inside walls against mosquitoes?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	 → 127 → 127
125B	How many months ago was the house sprayed? IF LESS THAN ONE MONTH, WRITE '00'	MONTHS AGO . . . . [ ][ ]	
125C	Who sprayed the house?	GOVERNMENT WORKER/PROGRAMME . 1 PRIVATE COMPANY . . . . 2 OTHER_____ 6 (SPECIFY) DON'T KNOW 8	
127	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . 1 NO 2	→ 138
128	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . [ ]	

		NET #1	NET #2	NET #3
129	ASK THE RESPONDENT TO SHOW YOU THE NETS IN THE HOUSEHOLD. IF MORE THAN 3 NETS, USE ADDITIONAL QUESTIONNAIRE(S).	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2	OBSERVED ..... 1 NOT OBSERVED . 2
130	How many months ago did your household obtain the mosquito net? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO ..... ☐☐ 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ..... ☐☐ 37 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ..... ☐☐ 37 OR MORE MONTHS AGO ... 95 NOT SURE 98
131	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET.	'LONG LASTING' NET PERMANET ..... 11 OLYSET .... 12 SUPANET EXTRA 13 OTHER/ DK BRAND ..... 16 (SKIP TO 135) 'CONVENTIONAL' NET KINGA NET ..... 21 SUPANET ..... 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND ..... 26 (SKIP TO 133) OTHER .... 31 DK BRAND 98	'LONG LASTING' NET PERMANET ..... 11 OLYSET .... 12 SUPANET EXTRA 13 OTHER/ DK BRAND ..... 16 (SKIP TO 135) 'CONVENTIONAL' NET KINGA NET ..... 21 SUPANET ..... 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND ..... 26 (SKIP TO 133) OTHER .... 31 DK BRAND 98	'LONG LASTING' NET PERMANET ..... 11 OLYSET .... 12 SUPANET EXTRA 13 OTHER/ DK BRAND ..... 16 (SKIP TO 135) 'CONVENTIONAL' NET KINGA NET ..... 21 SUPANET ..... 22 UNBRANDED RURAL NET ... 23 OTHER/ DK BRAND ..... 26 (SKIP TO 133) OTHER .... 31 DK BRAND 98
132	When you got the net, was it treated with an insecticide to kill or repel mosquitos?	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8
133	Since you got the mosquito net, was it ever soaked or dipped in a liquid to kill or repel mosquitos?	YES .... 1 NO .... 2 (SKIP TO 135) ← NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 135) ← NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 135) ← NOT SURE 8
134	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH, RECORD '00'.	MONTHS AGO ..... ☐☐ 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ..... ☐☐ 25 OR MORE MONTHS AGO ... 95 NOT SURE 98	MONTHS AGO ..... ☐☐ 25 OR MORE MONTHS AGO ... 95 NOT SURE 98
134A	The last time the net was treated, was a liquid from a packet like this added to the treatment solution? SHOW SACHET FOR K-O TAB 1-2-3 BINDING AGENT.	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8
134B	The last time the net was treated, was it treated as part of a net retreatment campaign?	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8	YES .... 1 NO .... 2 NOT SURE 8
135	Did anyone sleep under this mosquito net last night?	YES .... 1 NO .... 2 (SKIP TO 137) ← NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 137) ← NOT SURE 8	YES .... 1 NO .... 2 (SKIP TO 137) ← NOT SURE 8

		NET #1	NET #2	NET #3
136	Who slept under this mosquito net last night? RECORD THE PERSON'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE.	NAME_____ LINE NO. . . . . . □□ NAME_____ LINE NO. . . . . . □□ NAME_____ LINE NO. . . . . . □□ NAME_____ LINE NO. . . . . . □□	NAME_____ LINE NO. . . . . . □□ NAME_____ LINE NO. . . . . . □□ NAME_____ LINE NO. . . . . . □□ NAME_____ LINE NO. . . . . . □□	NAME_____ LINE NO. . . . . . □□ NAME_____ LINE NO. . . . . . □□ NAME_____ LINE NO. . . . . . □□ NAME_____ LINE NO. . . . . . □□
137		GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO BACK TO 129 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 138.	GO TO 129 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 138.
138	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT TEST SALT FOR IODINE RECORD PPM (PARTS PER MILLION)	0 PPM (NO IODINE)………………………………… 1 BELOW 15 PPM……………………………………… 2 15 PPM AND ABOVE………………………………….. 3 NO SALT IN HH……………………………………… 4 SALT NOT TESTED_____ 6 (SPECIFY REASON)		

501	CHECK COLUMN 10. RECORD THE LINE NUMBER AND AGE FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 502. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE. A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 508.			
		CHILD 1	CHILD 2	CHILD 3
502	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . NAME _____	LINE NUMBER . . . NAME _____	LINE NUMBER . . . NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . MONTH . . . . . YEAR	DAY . . . . MONTH . . . . . YEAR	DAY . . . . MONTH . . . . . YEAR
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER?	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐
506	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐	CM. ☐☐☐.☐	CM. ☐☐☐.☐
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP 2	LYING DOWN . . . . 1 STANDING UP 2	LYING DOWN . . . . 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

		CHILD 4	CHILD 5	CHILD 6
502	LINE NUMBER FROM COLUMN 10 NAME FROM COLUMN 2	LINE NUMBER . . . NAME _____	LINE NUMBER . . . NAME _____	LINE NUMBER . . . NAME _____
503	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR FROM BIRTH HISTORY AND ASK DAY; IF MOTHER NOT INTERVIEWED, ASK: What is (NAME'S) birth date?	DAY . . . . MONTH . . . . . YEAR	DAY . . . . MONTH . . . . . YEAR	DAY . . . . MONTH . . . . . YEAR
504	CHECK 503: CHILD BORN IN JANUARY 2003 OR LATER	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)	YES . . . . 1 NO . . . . 2 (GO TO 503 FOR NEXT CHILD OR, IF NO MORE, GO TO 515)
505	WEIGHT IN KILOGRAMS	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐	KG. . . . ☐☐.☐
506	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐	CM. ☐☐☐.☐	CM. ☐☐☐.☐
507	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . 1 STANDING UP 2	LYING DOWN . . . . 1 STANDING UP 2	LYING DOWN . . . . 1 STANDING UP 2
508	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . . 2 REFUSED . . . . 3 OTHER 6
514		GO BACK TO 503 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE CHILDREN, GO TO 515.		

515	CHECK COLUMN 9. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 516. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE WEIGHT AND HEIGHT MEASUREMENT IN 519 AND FOR THE HIV TEST PROCEDURE IN 530.			
		WOMAN 1	WOMAN 2	WOMAN 3
516	LINE NUMBER (COLUMN 9) NAME (COLUMN 2)	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____	LINE NUMBER . . . . ☐☐ NAME _____
517	WEIGHT IN KILOGRAMS	KG. . . . . ☐☐☐.☐	KG. . . . . . ☐☐☐.☐	KG. . . . . . ☐☐☐.☐
518	HEIGHT IN CENTIMETERS	CM. . . . . ☐☐☐.☐	CM. . . . . . ☐☐☐.☐	CM. . . . . . ☐☐☐.☐
519	RESULT OF WEIGHT AND HEIGHT MEASUREMENT	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6	MEASURED . . . . 1 NOT PRESENT . . . . 2 REFUSED . . . . 3 OTHER 6
520	AGE: CHECK COLUMN 7.	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 525) ⏎	15-17 YEARS . . . . 1 18-49 YEARS . . . . 2 (GO TO 525) ⏎	15-17 YEARS . . . . 18-49 YEARS . . . . (GO TO 525) ⏎
521	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 525) ⏎	CODE 4 (NEVER IN UNION) . . . 1 OTHER . . . . 2 (GO TO 525) ⏎	CODE 4 (NEVER IN UNION) . . . . . . OTHER . . . . (GO TO 525) ⏎
522	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐
525	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 _____ (SIGN)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 _____ (SIGN)	GRANTED . . . . 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED . . . . 2 RESPONDENT REFUSED . . . . 3 _____ (SIGN)

CONSENT STATEMENT FOR HIV TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 525 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 525 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Kenya.

For the HIV test, we need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

No names will be attached so we will not be able to tell you the test results. No one else will be able to know (your/NAME OF ADOLESCENT's) test results either.

If you want to know whether you have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT to) take the HIV test?

		WOMAN 1	WOMAN 2	WOMAN 3
	LINE NUMBER (COLUMN 9)	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐	LINE NUMBER .... ☐☐
	NAME (COLUMN 2)	NAME _____	NAME _____	NAME _____
526	CHECK 525 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE HIV TEST IF CONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST. A FINAL OUTCOME FOR THE THE HIV TEST PROCEDURE MUST BE RECORDED IN 530 FOR EACH ELIGIBLE WOMAN EVEN IF SHE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
529	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.
530	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
530A	CHECK 530: OUTCOME OF HIV TEST	BLOOD TAKEN ⊔ BLOOD NOT TAKEN ⌐ ↓ GO TO NEXT WOMAN	BLOOD TAKEN ⊔ BLOOD NOT TAKEN ⌐ ↓ GO TO NEXT WOMAN	BLOOD TAKEN ⊔ BLOOD NOT TAKEN ⌐ ↓ GO TO NEXT WOMAN
530B	READ THE CONSENT STATEMENT FOR ADDITIONAL TESTS. FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 522 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)
530C	ADDITIONAL TESTS	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 530B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
530D	GO BACK TO 517 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE WOMEN, GO TO 531.			

CONSENT STATEMENT FOR ADDITIONAL TESTS

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 530B IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF SHE REFUSES.

FOR NEVER-IN-UNION WOMEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 522) BEFORE ASKING THE ADOLESCENT FOR HER CONSENT. CIRCLE CODE '2' IN 530B IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 530B IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

We ask you to allow Kenya National Bureau of Statistics to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.

The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?

531	CHECK COLUMN 11. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE MEN IN 532. IF THERE ARE MORE THAN THREE MEN, USE ADDITIONAL QUESTIONNAIRE(S). A FINAL OUTCOME MUST BE RECORDED FOR THE HIV TEST PROCEDURE IN 545.		

		MAN 1	MAN 2	MAN 3
532	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
536	AGE: CHECK COLUMN 7.	15-17 YEARS .... 1 18-54 YEARS .... 2 (GO TO 540) ↵	15-17 YEARS .... 1 18-54 YEARS .... 2 (GO TO 540) ↵	15-17 YEARS .... 18-54 YEARS .... (GO TO 540) ←
537	MARITAL STATUS: CHECK COLUMN 8.	CODE 4 (NEVER IN UNION)...... 1 OTHER .... 2 (GO TO 540) ↵	CODE 4 (NEVER IN UNION)...... 1 OTHER .... 2 (GO TO 540) ↵	CODE 4 (NEVER IN UNION)....... OTHER .... (GO TO 540) ←
538	RECORD LINE NUMBER OF PARENT/OTHER ADULT RESPONSIBLE FOR ADOLESCENT. RECORD '00' IF NOT LISTED.	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐	LINE NUMBER OF PARENT OR OTHER RESPONSIBLE ADULT . ☐☐
540	READ THE HIV TEST CONSENT STATEMENT. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 538 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)
541	CHECK 540 AND PREPARE EQUIPMENT AND SUPPLIES FOR THE HIV TEST IFCONSENT HAS BEEN OBTAINED AND PROCEED WITH THE TEST. A FINAL OUTCOME OF THE HIV TEST PROCEDURE MUST BE RECORDED IN 545 FOR EACH ELIGIBLE MAN EVEN IF HE WAS NOT PRESENT, REFUSED, OR COULD NOT BE TESTED FOR SOME OTHER REASON.			
544	BAR CODE LABEL	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.	PUT THE 1ST BAR CODE LABEL HERE. PUT THE 2ND BAR CODE LABEL ON THE RESPONDENT'S FILTER PAPER AND THE 3RD ON THE TRANSMITTAL FORM.

CONSENT STATEMENT FOR HIV TEST

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 540 IF RESPONDENT CONSENTS TO THE HIV TEST AND CODE '3' IF HE REFUSES.

FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 538) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 540 IF THE PARENT (OTHER ADULT) REFUSES. CONDUCT THE TEST ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

As part of the survey we also are asking people all over the country to take an HIV test. HIV is the virus that causes AIDS. AIDS is a very serious illness. The HIV test is being done to see how big the AIDS problem is in Kenya.

For the HIV test, we need a few drops of blood from a finger. The equipment used in taking the blood is clean and completely safe. It has never been used before and will be thrown away after each test.

No names will be attached so we will not be able to tell you the test results. No one else will be able to know (your/NAME OF ADOLESCENT's) test results either.

If you want to know whether you have HIV, I can provide you with a list of nearby facilities offering counseling and testing for HIV. I will also give you a voucher for free services for you (and for your partner if you want) that you can use at any of these facilities.

Do you have any questions?

You can say yes to the test, or you can say no. It is up to you to decide. Will you allow (NAME OF ADOLESCENT to) take the HIV test?

		MAN 1	MAN 2	MAN 3
	LINE NUMBER (COLUMN 11) NAME (COLUMN 2)	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____	LINE NUMBER .... ☐☐ NAME _____
545	OUTCOME OF HIV TEST PROCEDURE	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6	BLOOD TAKEN .... 1 NOT PRESENT .... 2 REFUSED .... 3 OTHER 6
545A	CHECK 545 OUTCOME OF HIV TEST	BLOOD TAKEN ☐ BLOOD NOT TAKEN ☐ → GO TO NEXT MAN	BLOOD TAKEN ☐ BLOOD NOT TAKEN ☐ → GO TO NEXT MAN	BLOOD TAKEN ☐ BLOOD NOT TAKEN ☐ → GO TO NEXT MAN
545B	READ THE CONSENT STATE-MENT FOR ADDITIONAL TESTS WITH LEFT OVER BLOOD. FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM PARENT/ OTHER ADULT IDENTIFIED IN 538 BEFORE ASKING RESPONDENT'S CONSENT.	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)	GRANTED .... 1 PARENT/OTHER RESPONSIBLE ADULT REFUSED .... 2 RESPONDENT REFUSED .... 3 _____ (SIGN)
545C	ADDITIONAL TESTS	CHECK 545B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 545B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.	CHECK 545B: IF CONSENT HAS NOT BEEN GRANTED WRITE "NO ADDITIONAL TEST" ON THE FILTER PAPER.
545D	GO BACK TO 536 IN NEXT COLUMN IN THIS QUESTIONNAIRE OR IN THE FIRST COLUMNS OF ADDITIONAL QUESTIONNAIRE(S); IF NO MORE MEN, END INTERVIEW.			

CONSENT STATEMENT FOR ADDITIONAL TESTS

READ CONSENT STATEMENT TO EACH RESPONDENT. CIRCLE CODE '1' IN 545B IF RESPONDENT CONSENTS TO THE ADDITIONAL TESTS AND CODE '3' IF HE REFUSES.

FOR NEVER-IN-UNION MEN AGE 15-17, ASK CONSENT FROM THE PARENT OR OTHER ADULT IDENTIFIED AS RESPONSIBLE FOR THE ADOLESCENT (SEE 538) BEFORE ASKING THE ADOLESCENT FOR HIS CONSENT. CIRCLE CODE '2' IN 545B IF THE PARENT (OTHER ADULT) REFUSES. CIRCLE CODE '1' IN 545B ONLY IF BOTH THE PARENT (OTHER ADULT) AND THE ADOLESCENT CONSENT.

We ask you to allow Kenya National Bureau of Statistics to store part of the blood sample at the laboratory to be used for testing or research in the future. We are not certain about what tests might be done.

The blood sample will not have any name or other data attached that could identify (you/NAME OF ADOLESCENT). You do not have to agree. If you do not want the blood sample stored for later use, (you/NAME OF ADOLESCENT) can still participate in the HIV testing in this survey. Will you allow us to keep the blood sample stored for later testing or research?

CONFIDENTIAL

KENYA NATIONAL BUREAU OF STATISTICS
KENYA DEMOGRAPHIC AND HEALTH SURVEY 2008
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
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER	
RESULT**	_____	_____	_____	FINAL RESULT	
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER 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) . . . .

***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 _____		
DATE _____	DATE _____		

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

INTRODUCTION AND CONSENT

Hello. My name is _____ and I am working with the Kenya National Bureau of Statistics. We are conducting a national survey
that asks women about various health issues. We would very much appreciate your participation in this survey.
This information will help the government to plan health services. The survey usually takes between 30 to 60 minutes to complete.
Whatever information you provide will be kept confidential and will not be shown to anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and
I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey
since your views are important.
At this time, do you want to ask me anything 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 ➔ END

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 country-side?	NAIROBI/ MOMBASA/KISUMU . . . . . 1 OTHER CITY/TOWN . . . . 2 COUNTRY SIDE . . . . 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	➔ 106
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	CITY . . . . 1 TOWN . . . . 2 COUNTRYSIDE 3	
106	In what month and year were you born?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
108	Have you ever attended school?	YES . . . . 1 NO 2	➔ 112
109	What is the highest level of school you attended: primary, vocational, secondary, or higher?	PRIMARY . . . . 1 POST-PRIMARY/VOCATIONAL . . . . . 2 SECONDARY/'A' LEVEL . . . . 3 COLLEGE (MIDDLE LEVEL) . . . . 4 UNIVERSITY 5	
110	What is the highest (standard/form/year) you completed at that level? IF NONE, WRITE '00'.	STANDARD/FORM/YEAR . . .	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: PRIMARY, ☐ SECONDARY POST-PRIMARY/VOCATIONAL, ↓ OR HIGHER ☐ ────────→		→ 115
112	Now I would like you to read this sentence to me. SHOW SENTENCES BELOW TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . 2 ABLE TO READ WHOLE SENTENCE. . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
113	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	
114	CHECK 112: CODE '2', '3', OR '4' ☐ CODE '1' OR '5' ☐ ────────→ CIRCLED ↓ CIRCLED		→ 116
115	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	
116	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	
117	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	
118	What is your religion?	ROMAN CATHOLIC . . . . 1 PROTESTANT/OTHER CHRISTIAN . . . 2 MUSLIM . . . . 3 NO RELIGION . . . . 4 OTHER _____ 6 (SPECIFY)	
119	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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the live 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 did not survive?	YES . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ☐☐ GIRLS 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 ☐ → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	CHECK 208: ONE OR MORE BIRTHS ☐ NO BIRTHS ☐		→ 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.
(IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW). |

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

212 What name was given to your next baby? (NAME)	213 Were any of these births twins?	214 Is (NAME) a boy or a girl?	215 In what month and year was (NAME) born? PROBE: What is his/her birthday?	216 Is (NAME) still alive?	217 IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	218 IF ALIVE: Is (NAME) living with you?	219 IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD).	220 IF DEAD: 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.	221 Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth?
08	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES .... 1 ADD ↵ BIRTH NO ..... 2 NEXT ↵ BIRTH
09	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES .... 1 ADD ↵ BIRTH NO ..... 2 NEXT ↵ BIRTH
10	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES .... 1 ADD ↵ BIRTH NO ..... 2 NEXT ↵ BIRTH
11	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES .... 1 ADD ↵ BIRTH NO ..... 2 NEXT ↵ BIRTH
12	SING 1 MULT 2	BOY 1 GIRL 2	MONTH ☐☐ YEAR ☐☐☐☐	YES .. 1 NO ... 2 → 220	AGE IN YEARS ☐☐	YES ... 1 NO 2	LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS ... 1 ☐☐ MONTHS 2 ☐☐ YEARS .. 3 ☐☐	YES .... 1 ADD ↵ BIRTH NO ..... 2 NEXT ↵ BIRTH

222	Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE.	YES .... 1 NO 2

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

NUMBERS ARE SAME ☐ ↓   NUMBERS ARE DIFFERENT ☐ → (PROBE AND RECONCILE)

CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED.   ☐

FOR EACH BIRTH SINCE JANUARY 2003: MONTH AND YEAR OF BIRTH ARE 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 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.   ☐

224	CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2003 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226.	☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
225	FOR EACH BIRTH SINCE JANUARY 2003, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)		
226	Are you pregnant now?	YES . . . . 1 NO . . . . 2 UNSURE 8	→ 229
227	How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE 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 <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 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 ENDED IN JAN. 2003 OR LATER [__] ↓ LAST PREGNANCY ENDED BEFORE JAN. 2003 [__]		→ 237
232	How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.	MONTHS . . . . [__][__]	
233	Since January 2003, have you had any other pregnancies that did not result in a live birth?	YES . . . . 1 NO 2	→ 235
234	ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2003. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS.		
235	Did you have any miscarriages, abortions or stillbirths that ended before 2003?	YES . . . . 1 NO 2	→ 237
236	When did the last such pregnancy that terminated before 2003 end?	MONTH . . . . [__][__] YEAR . . . . [__][__][__][__]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
237	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . . . 1 WEEKS AGO . . . . 2 MONTHS AGO . . . . 3 YEARS AGO . . . . 4 IN MENOPAUSE/ HAS HAD 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 become pregnant if she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐ └→ 301

239	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD
		   BEGINS 1
		DURING HER PERIOD 2
		RIGHT AFTER HER
		   PERIOD HAS ENDED 3
		HALFWAY BETWEEN
		   TWO PERIODS 4
		
		OTHER _____ 6
		                    (SPECIFY)
		DON'T KNOW 8	

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? 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 METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302.		302 Have you ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . 1 NO . . . . 2⌐	Have you ever had an operation to avoid having any more children? YES . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . 1 NO . . . . 2⌐	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 avoid becoming pregnant.	YES . . . . 1 NO . . . . 2⌐	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⌐	YES . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO . . . . 2⌐	YES . . . . 1 NO 2
06	IMPLANTS 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⌐	YES . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . 1 NO . . . . 2⌐	YES . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO . . . . 2⌐	YES . . . . 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES . . . . 1 NO . . . . 2⌐	YES . . . . 1 NO 2
10	RHYTHM METHOD 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⌐	YES . . . . 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . 1 NO . . . . 2⌐	YES . . . . 1 NO 2
12	EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy.	YES . . . . 1 NO . . . . 2⌐	YES . . . . 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . 1 NO . . . . 2 YES . . . . 1 NO 2
303	CHECK 302: NOT A SINGLE "YES" (NEVER USED) ↓ AT LEAST ONE "YES" (EVER USED)		→ 307

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	→ 306
305	ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH.	————————————	→ 333
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 living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN . . . . . ☐☐	
308	CHECK 302 (01): WOMAN NOT STERILIZED ☐ WOMAN STERILIZED ☐		→ 311A
309	CHECK 226: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 322
310	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . 1 NO 2	→ 322
311 311A	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. CIRCLE 'A' FOR FEMALE STERILIZATION.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B PILL . . . . C IUD . . . . D INJECTABLES . . . . E IMPLANTS . . . . F CONDOM . . . . G FEMALE CONDOM . . . . H LACTATIONAL AMENORRHEA (LAM) I RHYTHM METHOD . . . . L WITHDRAWAL . . . . M OTHER _____ X (SPECIFY)	→ 316 → 315 → 315 → 319A
312	RECORD IF CODE 'C' FOR PILL IS CIRCLED IN 311. YES (USING PILL) ☐ NO (USING CONDOM BUT NOT PILL) ☐ May I see the package of pills you are using? May I see the package of condoms you are using? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN . . . . 1 BRAND NAME _____ ☐☐ (SPECIFY) PACKAGE NOT SEEN 2	→ 314
313	Do you know the brand name of the (pills/condoms) you are using? RECORD NAME OF BRAND.	BRAND NAME _____ ☐☐ (SPECIFY) DON'T KNOW 98	
314	How many (pill cycles/condoms) did you get the last time?	NUMBER OF PILL CYCLES/CONDOMS . . . ☐☐☐ DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315	The last time you obtained (HIGHEST METHOD ON LIST IN 311), how much did you pay in total, including the cost of the method and any consultation you may have had?	COST . . . . [ ][ ][ ][ ] FREE . . . . 9995 DON'T KNOW 9998	→ 319A

316	In what facility did the sterilization take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVT. HEALTH CENTER 12
		  GOVERNMENT DISPENSARY 13
		
		  OTHER PUBLIC _____ 16
		          (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  FAITH-BASED, CHURCH, MISSION
		    HOSPITAL / CLINIC 21
		  FHOK/FPAK HEALTH CENTER/
		    CLINIC 22
		  PRIVATE HOSPITAL/CLINIC 23
		  NURSING/MATERNITY HOME 25
		MOBILE CLINIC 31
		
		OTHER _____ 96
		        (SPECIFY)
		DON'T KNOW 98	

317	CHECK 311/311A: CODE 'A' CODE 'A' CIRCLED NOT CIRCLED Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation? Before the sterilization 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 DON'T KNOW 8	
318	How much did you (your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?	COST . . . . [ ][ ][ ][ ] FREE . . . . 9995 DON'T KNOW 9998	
319	In what month and year was the sterilization performed?		
319A	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . . . [ ][ ] YEAR . . . . [ ][ ][ ][ ]	
320	CHECK 319/319A, 215 AND 230: ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 319/319A YES NO GO BACK TO 319/319A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
321	CHECK 319/319A: YEAR IS 2003 OR LATER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. YEAR IS 2002 OR EARLIER ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2003 THEN SKIP TO ⟶ 331		

322	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 2003.
	USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
	
	ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.
	
	ILLUSTRATIVE QUESTIONS:
	    * 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?		

323	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 STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 PILL . . . . 03 IUD . . . . 04 INJECTABLES . . . . 05 IMPLANTS . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 LACTATIONAL AMENORRHEA (LAM) 09 RHYTHM METHOD . . . . 10 WITHDRAWAL 11 96	⟶ 333 ⟶ 326 ⟶ 335 ⟶ 324A ⟶ 324A ⟶ 335 ⟶ 335

324	Where did you obtain (CURRENT METHOD) when you started using it?
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL 11
		   GOVT. HEALTH CENTER 12
		   GOVERNMENT DISPENSARY . . . 13
		
		   OTHER PUBLIC _____ 16
		                (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   FAITH-BASED, CHURCH, MISSION
		     HOSPITAL / CLINIC 21
		   FHOK/FPAK HEALTH CENTER/
		     CLINIC 22
		   PRIVATE HOSPITAL/CLINIC 23
		   PHARMACY/CHEMIST 24
		   NURSING/MATERNITY HOME 25	

324A	Where did you learn how to use the rhythm/lactational amenorrhoea method?	OTHER SOURCE
		   MOBILE CLINIC 31
		   COMMUNITY-BASED DISTRIBUTOR 41
		   SHOP 51
		   FRIEND/RELATIVE 61
		
		OTHER _____ 96
		                (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
325	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	PILL . . . . IUD . . . . INJECTABLES . . . . IMPLANTS . . . . CONDOM . . . . FEMALE CONDOM . . . . LACTATIONAL AMENORRHEA (LAM) RHYTHM METHOD	03 04 05 06 07 08 09 10	 → 332 → 329 → 335 → 335
326	You obtained (CURRENT METHOD FROM 323) from (SOURCE OF METHOD FROM 316 OR 324) in (DATE FROM 319/319A). At that time, were you told about side effects or problems you might have with the method?	YES . . . . NO	1 2	→ 328
327	Were you ever told by a health or family planning worker about side effects or problems you might have with the method?	YES . . . . NO	1 2	→ 329
328	Were you told what to do if you experienced side effects or problems?	YES . . . . NO	1 2	
329	CHECK 326: 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 323) from (SOURCE OF METHOD FROM 316 OR 324) were you told about other methods of family planning that you could use?	YES . . . . NO	1 2	→ 331
330	Were you ever told by a health or family planning worker about other methods of family planning that you could use?	YES . . . . NO	1 2	
331	CHECK 311/311A: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 311/311A, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . MALE STERILIZATION . . . . PILL . . . . IUD . . . . INJECTABLES . . . . IMPLANTS . . . . CONDOM . . . . FEMALE CONDOM . . . . LACTATIONAL AMENORRHEA (LAM) RHYTHM METHOD . . . . WITHDRAWAL . . . . OTHER METHOD	01 02 03 04 05 06 07 08 09 10 11 96	→ 335 → 335

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

332	Where did you obtain (CURRENT METHOD) the last time?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL 11
		  GOVT. HEALTH CENTER 12
		  GOVERNMENT DISPENSARY . . . 13
		
		  OTHER PUBLIC _____ 16
		                    (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  FAITH-BASED, CHURCH, MISSION
		    HOSPITAL / CLINIC 21
		  FHOK/FPAK HEALTH CENTER/
		    CLINIC 22
		  PRIVATE HOSPITAL/CLINIC 23
		  PHARMACY/CHEMIST 24
		  NURSING/MATERNITY HOME 25
		
		  OTHER PRIV. MEDICAL _____ 26
		                    (SPECIFY)
		OTHER SOURCE
		  MOBILE CLINIC 31
		  COMMUNITY-BASED DISTRIBUTOR. 41
		  SHOP 51
		  FRIEND/RELATIVE 61
		
		  OTHER _____ 96
		                    (SPECIFY)
			→ 335

333	Do you know of a place where you can obtain a method of family planning?	YES . . . . 1 NO 2	→ 335

334	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE
	
	THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL . . . . B
		  GOVT. HEALTH CENTER C
		  GOVERNMENT DISPENSARY . . . . . D
		
		  OTHER PUBLIC _____ E
		                    (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  FAITH-BASED, CHURCH, MISSION
		    HOSPITAL / CLINIC . . . . F
		  FHOK/FPAK HEALTH CENTER/
		    CLINIC . . . . G
		  PRIVATE HOSPITAL/CLINIC . . . . . H
		  PHARMACY/CHEMIST I
		  NURSING/MATERNITY HOME . . . . . J
		
		  OTHER PRIV. MEDICAL _____ K
		                    (SPECIFY)
		OTHER SOURCE
		  MOBILE CLINIC L
		  COMMUNITY-BASED DISTRIBUTOR M
		  SHOP . . . . N
		  FRIEND/RELATIVE . . . . P
		
		  OTHER _____ X
		                    (SPECIFY)	

335	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES . . . . 1 NO 2	
336	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES . . . . 1 NO 2	→ 401
337	Did any staff member at the health facility speak to you about family planning methods?	YES . . . . 1 NO 2	

401	CHECK 224:		
	ONE OR MORE BIRTHS IN 2003 OR LATER ☐ ↓	NO BIRTHS IN 2003 OR LATER ☐ ────────────────→ 576	

402	CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES). Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
403	LINE NUMBER FROM 212	LINE NO. ☐☐	LINE NO. ☐☐	LINE NO. ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓	NAME _____ LIVING ☐ DEAD ☐ ↓ ↓
405	At the time you became pregnant with (NAME), 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 (SKIP TO 407)◄─┘ LATER . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 407)◄─┘	THEN . . . . 1 (SKIP TO 432)◄─┘ LATER . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 432)◄─┘	THEN . . . . 1 (SKIP TO 432)◄─┘ LATER . . . . 2 NOT AT ALL . . . . . 3 (SKIP TO 432)◄─┘
406	How much longer would you have liked to wait?	MONTHS . .1 ☐☐ YEARS . .2 ☐☐ DON'T KNOW . . . 998	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 TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . A NURSE/MIDWIFE B OTHER PERSON TRADITIONAL BIRTH ATTENDANT . C COMMUNITY HEALTH WORKER . . . . . D OTHER _____ X (SPECIFY) NO ONE . . . . Y (SKIP TO 414)◄─┘		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

408	Where did you receive antenatal care for this pregnancy?
	
	Anywhere else?
	
	PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		HOME . . . . A
		PUBLIC SECTOR
		  GOV. HOSPITAL B
		  GOV. HEALTH CTR C
		  GOV. DISPENSARY D
		  OTHER PUBLIC
		
		  _____
		   (SPECIFY) E
		PRIVATE MED SECTOR
		  FAITH-BASED, CHURCH,
		   HOSP./CLINIC . F
		  PRIVATE HOSPITAL/
		   CLINIC . . . . . . H
		  NURSING/MATERNITY
		   HOME . . . . J
		  OTHER PVT. MED.
		
		  _____
		   (SPECIFY) K
		OTHER_____X
		   (SPECIFY)		

409	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
410	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98		
411	As part of your antenatal care during this pregnancy, were any of the following done at least once? Were you weighed? Was your height measured? Was your blood pressure taken? Did you give a urine sample? Did you give a blood sample?	YES NO WEIGHT . . . 1 2 HEIGHT . . . 1 2 BP . . . . 1 2 URINE . . . . . 1 2 BLOOD . . . 1 2		
412	Were you given any information or counselled about breast-feeding?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
412A	During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications?	YES . . . . 1 NO . . . . 2 (SKIP TO 414) ←┐ DON'T KNOW 8		
413	Were you told where to go if you had any of these complications?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
414	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) ←┐ DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
415	During this pregnancy, how many times did you get this tetanus injection?	TIMES . . . . ☐ DON'T KNOW . . . 8		
416	CHECK 415:	2 OR MORE OTHER TIMES ☐ ☐ ↓ (SKIP TO 421)		
417	At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby?	YES . . . . 1 NO . . . . 2 (SKIP TO 421) ←┤ DON'T KNOW 8		
418	Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, WRITE '7'.	TIMES . . . . ☐ DON'T KNOW . . . 8		
419	In what month and year did you receive the last tetanus injection before this pregnancy?	MONTH . . . ☐☐ DK MONTH . . . . 98 YEAR ☐☐☐☐┐ (SKIP TO 421) ←┘ DK YEAR 9998		
420	How many years ago did you receive that tetanus injection?	YEARS AGO . . . . . ☐☐		
421	During this pregnancy, were you given or did you buy any iron tablets or iron syrup? SHOW TABLETS/SYRUP.	YES . . . . 1 NO . . . . 2 (SKIP TO 423) ←┤ DON'T KNOW 8		
422	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.	DAYS . ☐☐☐ DON'T KNOW . . . 998		
423	During this pregnancy, did you take any drug for intestinal worms?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
424	During this pregnancy, did you have difficulty with your vision during daylight?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		
425	During this pregnancy, did you suffer from night blindness?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
426	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES . . . . 1 NO . . . . 2 (SKIP TO 432) ◄─┤ DON'T KNOW 8		
427	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR . . . . . A CHLOROQUINE . . . B OTHER _____ X (SPECIFY) DON'T KNOW . . . . . . Z		
428	CHECK 427: DRUGS TAKEN FOR MALARIA PREVENTION.	CODE 'A' ☐ CODE ☐ CIRCLED A' NOT ☐ CIRCLED │ ▼ (SKIP TO 432) ◄─		
429	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES . . . . . ☐☐		
430	CHECK 407: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A' ☐ OTHER ☐ OR 'B' CIRCLED ☐ │ ▼ (SKIP TO 432) ◄─		
431	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . . 1 ANOTHER FACILITY VISIT . . . . 2 OTHER SOURCE 6		
432	When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small?	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8	VERY LARGE . . . . . 1 LARGER THAN AVERAGE . . . . . 2 AVERAGE . . . . 3 SMALLER THAN AVERAGE . . . . . 4 VERY SMALL . . . . . 5 DON'T KNOW 8
433	Was (NAME) weighed at birth?	YES . . . . 1 NO . . . . 2 (SKIP TO 435) ◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 435) ◄─┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 435) ◄─┤ DON'T KNOW 8
434	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐ . ☐☐ KG FROM RECALL 2 ☐ . ☐☐ DON'T KNOW . 99.998	KG FROM CARD 1 ☐ . ☐☐ KG FROM RECALL 2 ☐ . ☐☐ DON'T KNOW . 99.998	KG FROM CARD 1 ☐ . ☐☐ KG FROM RECALL 2 ☐ . ☐☐ DON'T KNOW . 99.998

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

435	Who assisted with the delivery of (NAME)?
	
	Anyone else?
	PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.
	
	IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO SEE IF ANY ADULTS WERE PRESENT AT THE DELIVERY.
		HEALTH PERSONNEL
		  DOCTOR ..... A
		  NURSE/MIDWIFE . B
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT .. C
		  COMMUNITY HLTH
		    WORKER ... D
		  RELATIVE/FRIEND E
		  OTHER
		  _____ X
		   (SPECIFY)
		NO ONE .... Y
			HEALTH PERSONNEL
			  DOCTOR ..... A
			  NURSE/MIDWIFE . B
			OTHER PERSON
			  TRADITIONAL BIRTH
			    ATTENDANT .. C
			  COMMUNITY HLTH
			    WORKER ... D
			  RELATIVE/FRIEND .E
			  OTHER
			  _____ X
			   (SPECIFY)
			NO ONE .... Y
				HEALTH PERSONNEL
				  DOCTOR ..... A
				  NURSE/MIDWIFE . B
				OTHER PERSON
				  TRADITIONAL BIRTH
				    ATTENDANT .. C
				  COMMUNITY HLTH
				    WORKER ... D
				  RELATIVE/FRIEND E
				  OTHER
				  _____ X
				   (SPECIFY)
				NO ONE .... Y

436	Where did you give birth to (NAME)?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME ... 11
		  (SKIP TO 443) ◄┐
		  OTHER HOME ... 12
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL 21
		  GOVT. HEALTH
		    CENTER 22
		  GOVT. DIS-
		    PENSARY ... 23
		  OTHER PUBLIC
		  _____ 26
		   (SPECIFY)
		
		PRIVATE MED. SECTOR
		  MISSION HOSPITAL/
		    CLINIC 31
		  PVT. HOSPITAL/
		    CLINIC 33
		  NURSING/MATERNITY
		    HOME 35
		  OTHER PRIVATE
		  MED. ____ 36
		   (SPECIFY)
		
		OTHER ____ 96
		   (SPECIFY)
		(SKIP TO 443) ◄┘
			HOME
			  YOUR HOME ... 11
			  (SKIP TO 444) ◄┐
			  OTHER HOME ... 12
			
			PUBLIC SECTOR
			  GOVT. HOSPITAL 21
			  GOVT. HEALTH
			    CENTER 22
			  GOVT. DIS-
			    PENSARY ... 23
			  OTHER PUBLIC
			  _____ 26
			   (SPECIFY)
			
			PRIVATE MED. SECTOR
			  MISSION HOSPITAL/
			    CLINIC 31
			  PVT. HOSPITAL/
			    CLINIC 33
			  NURSING/MATERNITY
			    HOME 35
			  OTHER PRIVATE
			  MED. ____ 36
			   (SPECIFY)
			
			OTHER ____ 96
			   (SPECIFY)
			(SKIP TO 444) ◄┘
				HOME
				  YOUR HOME ... 11
				  (SKIP TO 444) ◄┐
				  OTHER HOME ... 12
				
				PUBLIC SECTOR
				  GOVT. HOSPITAL 21
				  GOVT. HEALTH
				    CENTER 22
				  GOVT. DIS-
				    PENSARY ... 23
				  OTHER PUBLIC
				  _____ 26
				   (SPECIFY)
				
				PRIVATE MED. SECTOR
				  MISSION HOSPITAL/
				    CLINIC 31
				  PVT. HOSPITAL/
				    CLINIC 33
				  NURSING/MATERNITY
				    HOME 35
				  OTHER PRIVATE
				  MED. ____ 36
				   (SPECIFY)
				
				OTHER ____ 96
				   (SPECIFY)
				(SKIP TO 444) ◄┘

437	How long after (NAME) was delivered did you stay there? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . 998	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW ... 998	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW ... 998
438	Was (NAME) delivered by caesarean section?	YES .... 1 NO 2	YES .... 1 NO 2	YES .... 1 NO 2
439	Before you were discharged after (NAME) was born, did any health care provider check on your health?	YES .... 1 NO .... 2 (SKIP TO 442)◄┘	YES .... 1 (SKIP TO 455) ◄┘ NO 2	YES .... 1 (SKIP TO 455) ◄┘ NO 2

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		

441	Who checked on your health at that time?
	
	 PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		 OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT . 21
		  COMMUNITY HLTH
		    WORKER . . . 22
		
		 OTHER_____96
		   (SPECIFY)
		 (SKIP TO 453) ←		

442	After you were discharged, did any health care provider or a traditional birth attendant check on your health?	YES 1
		  (SKIP TO 445)←
		 NO 2
		  (SKIP TO 453)←
			YES 1
			  (SKIP TO 455)←
			 NO 2
				YES 1
				  (SKIP TO 455)←
				 NO 2

443	Why didn't you deliver in a health facility?
	
	 PROBE: Any other reason?
	
	 RECORD ALL MENTIONED.
		COST TOO MUCH . . A
		 FACILITY NOT OPEN . B
		 TOO FAR/ NO TRANS-
		  PORTATION C
		 DON'T TRUST
		  FACILITY/POOR
		  QUALITY SERVICE D
		 NO FEMALE PROVID-
		  ER AT FACILITY . . E
		 HUSBAND/FAMILY
		  DID NOT ALLOW . . F
		 NOT NECESSARY . . G
		 NOT CUSTOMARY . . H
		 OTHER_____
		   (SPECIFY) X		

444	After (NAME) was born, did any health care provider or a traditional birth attendant check on your health?	YES . . . . 1 NO . . . . 2 (SKIP TO 449)←	YES . . . . 1 NO 2	YES . . . . 1 NO 2
445	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

446	Who checked on your health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		   DOCTOR 11
		   NURSE/MIDWIFE 12
		OTHER PERSON
		   TRADITIONAL BIRTH
		     ATTENDANT . 21
		   COMMUNITY HLTH
		     WORKER . . . 22
		
		OTHER _____ 96
		      (SPECIFY)		

447	Where did this first check take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	   (NAME OF PLACE)
		HOME
		   YOUR HOME . . . 11
		   OTHER HOME . . . 12
		
		PUBLIC SECTOR
		   GOVT. HOSPITAL 21
		   GOVT. HEALTH
		     CENTER 22
		   GOVT. DIS-
		     PENSARY . . . 23
		   OTHER PUBLIC
		   _____ 26
		     (SPECIFY)
		
		PRIVATE MED. SECTOR
		   MISSION HOSPITAL/
		     CLINIC 31
		   PVT. HOSPITAL/
		     CLINIC 33
		   NURSING/MATERNITY
		     HOME 35
		   OTHER PRIVATE
		   MED. _____ 36
		     (SPECIFY)
		
		OTHER _____ 96
		     (SPECIFY)		

448	CHECK 442:	YES NOT ASKED ☐ ☐ (SKIP TO 453)		
449	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES . . . . 1 NO . . . . 2 (SKIP TO 453) ◄—┤ DON'T KNOW 8		
450	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 ☐☐ DAYS 2 ☐☐ WEEKS 3 ☐☐ DON'T KNOW . . . 998		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

451	Who checked on (NAME)'s health at that time?
	
	PROBE FOR MOST QUALIFIED PERSON.
		HEALTH PERSONNEL
		  DOCTOR 11
		  NURSE/MIDWIFE 12
		OTHER PERSON
		  TRADITIONAL BIRTH
		    ATTENDANT . 21
		  COMMUNITY HLTH
		    WORKER . . . 22
		
		OTHER _____ 96
		    (SPECIFY)		

452	Where did this first check of (NAME) take place?
	
	PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE)
		HOME
		  YOUR HOME . . . 11
		  OTHER HOME . . . 12
		
		PUBLIC SECTOR
		  GOVT. HOSPITAL 21
		  GOVT. HEALTH
		    CENTER 22
		  GOVT. DIS-
		    PENSARY . . . 23
		  OTHER PUBLIC
		  _____ 26
		    (SPECIFY)
		
		PRIVATE MED. SECTOR
		  FAITH-BASED, CHURCH
		    HOSP/CLINIC . 31
		  PVT. HOSPITAL/
		    CLINIC 33
		  NURSING/MATERNITY
		    HOME 35
		  OTHER PRIVATE
		    MED. _____ 36
		    (SPECIFY)
		
		OTHER _____ 96
		    (SPECIFY)		

453	In the first two months after delivery, did you receive a vitamin A dose (like this)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . 1 NO . . . . 2 DON'T KNOW 8		

454	Has your menstrual period returned since the birth of (NAME)?	YES 1
		  (SKIP TO 456)◄——
		NO 2
		  (SKIP TO 457)◄——		

455	Did your period return between the birth of (NAME) and your next pregnancy?		YES 1
			NO 2
			  (SKIP TO 459)◄——
				YES 1
				NO 2
				  (SKIP TO 459)◄——

456	For how many months after the birth of (NAME) did you not have a period?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
457	CHECK 226: IS RESPONDENT PREGNANT?	NOT ⌐ PREGNANT PREG- OR NANT UNSURE (SKIP TO 459)		
458	Have you begun to have sexual intercourse again since the birth of (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 460)		
459	For how many months after the birth of (NAME) did you not have sexual intercourse?	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98	MONTHS . . . ☐☐ DON'T KNOW 98
460	Did you ever breastfeed (NAME)?	YES . . . . 1 NO . . . . 2 (SKIP TO 467)	YES . . . . 1 NO . . . . 2 (SKIP TO 467)	YES . . . . 1 NO . . . . 2 (SKIP TO 467)
461	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS 1 ☐☐ DAYS 2 ☐☐		
462	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . 1 NO . . . . 2 (SKIP TO 464)		
463	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLU- COSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . H HONEY . . . . I OTHER _____ X (SPECIFY)		
464	CHECK 404: IS CHILD LIVING?	LIVING DEAD ☐ (SKIP TO 466)		
465	Are you still breastfeeding (NAME)?	YES . . . . 1 (SKIP TO 468) NO 2		
466	For how many months did you breastfeed (NAME)?	MONTHS . . . ☐☐ DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98	MONTHS . . . ☐☐ STILL BF . . . . 95 DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
467	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 470) TO 501)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO (SKIP TO 470) TO 501)	LIVING ☐ DEAD ☐ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE (SKIP TO 470) BIRTHS, GO TO 501)
468	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF NIGHTTIME FEEDINGS . ☐☐		
469	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER.	NUMBER OF DAYLIGHT FEEDINGS . ☐☐		
470	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	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
471		GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

SECTION 5. IMMUNIZATION, HEALTH AND NUTRITION

501	ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2003 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).		

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
502	LINE NUMBER FROM 212	LINE NUMBER	LINE NUMBER	LINE NUMBER . . . .
503	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 573)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT- TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 573)
504	Do you have a child welfare card with (NAME)'s vaccinations? IF YES: May I see it please?	YES, SEEN . . . . 1 (SKIP TO 506) ↵ YES, NOT SEEN . . . . 2 (SKIP TO 508) ↵ NO CARD 3	YES, SEEN . . . . 1 (SKIP TO 506) ↵ YES, NOT SEEN . . . . 2 (SKIP TO 508) ↵ NO CARD 3	YES, SEEN . . . . 1 (SKIP TO 506) ↵ YES, NOT SEEN . . . . 2 (SKIP TO 508) ↵ NO CARD 3
505	Did you ever have a vaccination card for (NAME)?	YES . . . . 1 (SKIP TO 508) ← NO 2	YES . . . . 1 (SKIP TO 508) ← NO 2	YES . . . . 1 (SKIP TO 508) ← NO 2

506	(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. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.		

	LAST BIRTH DAY MONTH YEAR	NEXT-TO-LAST BIRTH DAY MONTH YEAR	SECOND-FROM-LAST BIRTH DAY MONTH YEAR
BCG	BCG	BCG	BCG
DPT, HEPATITIS, HIB, 1st DOSE		D1	D1
DPT, HEPATITIS, HIB, 2nd DOSE		D2	D2
DPT, HEPATITIS, HIB, 3rd DOSE		D3	D3
POLIO 0 (POLIO GIVEN AT BIRTH)		P0	P0
OPV 1		P1	P1
OPV 2		P2	P2
OPV 3		P3	P3
MEASLES		MEA	MEA
VITAMIN A (MOST RECENT)		VIT A	VIT A
VITAMIN A (2nd MOST RECENT)		VIT A	VIT A
YELLOW FEVER			

506A	CHECK 506:	BCG TO MEASLES OTHER ALL RECORDED ☐ ☐ (GO TO 510)	BCG TO MEASLES OTHER ALL RECORDED ☐ ☐ (GO TO 510)	BCG TO MEASLES OTHER ALL RECORDED ☐ ☐ (GO TO 510)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

507	Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign?
	
	RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES.
		YES 1
		(PROBE FOR ⬅┐
		VACCINATIONS AND
		WRITE '66' IN THE
		CORRESPONDING
		DAY COLUMN IN 506) ┐
		
		(SKIP TO 510) ⬅┘
		
		NO 2
		    (SKIP TO 510) ⬅┐
		DON'T KNOW 8
			YES 1
			(PROBE FOR ⬅┐
			VACCINATIONS AND
			WRITE '66' IN THE
			CORRESPONDING
			DAY COLUMN IN 506) ┐
			
			(SKIP TO 510) ⬅┘
			
			NO 2
			    (SKIP TO 510) ⬅┐
			DON'T KNOW 8
				YES 1
				(PROBE FOR ⬅┐
				VACCINATIONS AND
				WRITE '66' IN THE
				CORRESPONDING
				DAY COLUMN IN 506) ┐
				
				(SKIP TO 510) ⬅┘
				
				NO 2
				    (SKIP TO 510) ⬅┐
				DON'T KNOW 8

508	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign?	YES 1
		NO 2
		    (SKIP TO 512) ⬅┐
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 512) ⬅┐
			DON'T KNOW 8
				YES 1
				NO 2
				    (SKIP TO 512) ⬅┐
				DON'T KNOW 8

509	Please tell me if (NAME) received any of the following vaccinations:			
509A	A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

509B	Polio vaccine, that is, drops in the mouth?	YES 1
		NO 2
		    (SKIP TO 509E) ⬅┐
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 509E) ⬅┐
			DON'T KNOW 8
				YES 1
				NO 2
				    (SKIP TO 509E) ⬅┐
				DON'T KNOW 8

509C	Was the first polio vaccine received in the first two weeks after birth or later?	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2	FIRST 2 WEEKS . . . 1 LATER 2
509D	How many times was the polio vaccine received?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]

509E	A Pentavalent vaccination, that is an injection given in the thigh, sometimes at the same time as polio drops?	YES 1
		NO 2
		    (SKIP TO 509G) ⬅┐
		DON'T KNOW 8
			YES 1
			NO 2
			    (SKIP TO 509G) ⬅┐
			DON'T KNOW 8
				YES 1
				NO 2
				    (SKIP TO 509G) ⬅┐
				DON'T KNOW 8

509F	How many times was a Penta valent vaccination received?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
509G	A measles injection- that is , a shot in the right upper arm at the age of 9 months or older - to prevent him/her from getting measles?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8

510	Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign?	YES 1
		NO 2
		NO VACCINATION IN
		   THE LAST 2 YRS. 3
		DON'T KNOW . . . 8
			YES 1
			NO 2
			NO VACCINATION IN
			   THE LAST 2 YRS. 3
			DON'T KNOW . . . 8
				YES 1
				NO 2
				NO VACCINATION IN
				   THE LAST 2 YRS. 3
				DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
512	CHECK 506: DATE SHOWN FOR VITAMIN A DOSE	DATE FOR MOST RECENT VITAMIN A DOSE □ OTHER □ (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE □ OTHER □ (SKIP TO 514)	DATE FOR MOST RECENT VITAMIN A DOSE □ OTHER □ (SKIP TO 514)
513	According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . 1 (SKIP TO 515) NO . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . 1 (SKIP TO 515) NO . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . 1 (SKIP TO 515) NO . . . . 2 (SKIP TO 516) DON'T KNOW 8
514	HAS (NAME) ever received a vitamin A dose (like this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . 1 NO . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 516) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 516) DON'T KNOW 8
515	Did (NAME) receive a vitamin A dose within the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
516	In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup (like this/any of these)? SHOW COMMON TYPES OF PILLS/SPRINKLES/SYRUPS	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
517	Has (NAME) taken any drug for intestinal worms in the last six months?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
518	Has (NAME) had diarrhoea in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 533) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 533) DON'T KNOW 8
519	Was there any blood in the stools?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
520	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
521	When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
522	Did you seek advice or treatment for the diarrhoea from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 527)◄——┘	YES . . . . 1 NO . . . . 2 (SKIP TO 527)◄——┘	YES . . . . 1 NO . . . . 2 (SKIP TO 527)◄——┘

523	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT HOSPITAL B
		  GOVT HEALTH
		    CENTER C
		  GOVT DISPENS-
		    ARY . . . . D
		  OTHER PUBLIC
		    _____ E
		    (SPECIFY)
		PRIVATE MEDICAL
		SECTOR
		  MISSION HOSP./
		    CLINIC . . . . F
		  PVT. HOSPITAL/
		    CLINIC . . . . H
		  PHARMACY . . . I
		  OTHER PRIVATE
		    MED. _____ K
		    (SPECIFY)
		MOBILE CLINIC . . . L
		COMMUNITY HEALTH
		  WORKER . . . . M
		OTHER SOURCE
		  SHOP . . . . N
		  TRADITIONAL
		    PRACTITIONER O
		  RELATIVE/FRIEND P
		OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT HOSPITAL B
			  GOVT HEALTH
			    CENTER C
			  GOVT DISPENS-
			    ARY . . . . D
			  OTHER PUBLIC
			    _____ E
			    (SPECIFY)
			PRIVATE MEDICAL
			SECTOR
			  MISSION HOSP./
			    CLINIC . . . . F
			  PVT. HOSPITAL/
			    CLINIC . . . . H
			  PHARMACY . . . I
			  OTHER PRIVATE
			    MED. _____ K
			    (SPECIFY)
			MOBILE CLINIC . . . L
			COMMUNITY HEALTH
			  WORKER . . . . M
			OTHER SOURCE
			  SHOP . . . . N
			  TRADITIONAL
			    PRACTITIONER O
			  RELATIVE/FRIEND P
			OTHER _____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT HOSPITAL B
				  GOVT HEALTH
				    CENTER C
				  GOVT DISPENS-
				    ARY . . . . D
				  OTHER PUBLIC
				    _____ E
				    (SPECIFY)
				PRIVATE MEDICAL
				SECTOR
				  MISSION HOSP./
				    CLINIC . . . . F
				  PVT. HOSPITAL/
				    CLINIC . . . . H
				  PHARMACY . . . I
				  OTHER PRIVATE
				    MED. _____ K
				    (SPECIFY)
				MOBILE CLINIC . . . L
				COMMUNITY HEALTH
				  WORKER . . . . M
				OTHER SOURCE
				  SHOP . . . . N
				  TRADITIONAL
				    PRACTITIONER O
				  RELATIVE/FRIEND P
				OTHER _____ X
				    (SPECIFY)

524	CHECK 523:	TWO OR ONLY
		☐ MORE ONE ☐
		   CODES CODE
		  CIRCLED CIRCLED
		│
		▼ (SKIP TO 526) ◄
			TWO OR ONLY
			☐ MORE ONE ☐
			   CODES CODE
			  CIRCLED CIRCLED
			│
			▼ (SKIP TO 526) ◄
				TWO OR ONLY
				☐ MORE ONE ☐
				   CODES CODE
				  CIRCLED CIRCLED
				│
				▼ (SKIP TO 526) ◄

525	Where did you first seek advice or treatment? USE LETTER CODE FROM 523.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
526	How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐
527	Does (NAME) still have diarrhoea?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
528	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea: a) A fluid made from a special packet called Oralite or ORS? b) A home-made sugar-salt solution? c) Another home-made liquid such as porridge, soup, yoghurt, coconut water, <u>fresh</u> fruit juice, tea, milk, or rice water?	YES NO DK FLUID FROM ORS PKT . . 1 2 8 SUGAR-SALT SOL'N . . . 1 2 8 HOMEMADE FLUID . . . 1 2 8	YES NO DK FLUID FROM ORS PKT . . 1 2 8 SUGAR-SALT SOL'N . . . 1 2 8 HOMEMADE FLUID . . . 1 2 8	YES NO DK FLUID FROM ORS PKT . . 1 2 8 SUGAR-SALT SOL'N . . . 1 2 8 HOMEMADE FLUID . . . 1 2 8
529	Was anything (else) given to treat the diarrhea?	YES . . . . 1 NO . . . . 2 (SKIP TO 533) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 533) ←┤ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 533) ←┤ DON'T KNOW 8

530	What (else) was given to treat the diarrhoea?
	
	Anything else?
	
	RECORD ALL TREATMENTS GIVEN.
		PILL OR SYRUP
		  ANTIBIOTIC . . . . . A
		  ANTIMOTILITY . B
		  ZINC C
		  OTHER (NOT ANTI-
		    BIOTIC, ANTI-
		    MOTILITY, OR
		    ZINC) . . . . D
		  UNKNOWN PILL
		    OR SYRUP . . . E
		
		INJECTION
		  ANTIBIOTIC . . . . . F
		  NON-ANTIBIOTIC . G
		  UNKNOWN
		    INJECTION . . . H
		
		(IV) INTRAVENOUS . I
		
		HOME REMEDY/
		  HERBAL MED-
		  ICINE . . . . J
		
		OTHER _____ X
		      (SPECIFY)
			PILL OR SYRUP
			  ANTIBIOTIC . . . . . A
			  ANTIMOTILITY . B
			  ZINC C
			  OTHER (NOT ANTI-
			    BIOTIC, ANTI-
			    MOTILITY, OR
			    ZINC) . . . . D
			  UNKNOWN PILL
			    OR SYRUP . . . E
			
			INJECTION
			  ANTIBIOTIC . . . . . F
			  NON-ANTIBIOTIC . G
			  UNKNOWN
			    INJECTION . . . H
			
			(IV) INTRAVENOUS . I
			
			HOME REMEDY/
			  HERBAL MED-
			  ICINE . . . . J
			
			OTHER _____ X
			      (SPECIFY)
				PILL OR SYRUP
				  ANTIBIOTIC . . . . . A
				  ANTIMOTILITY . B
				  ZINC C
				  OTHER (NOT ANTI-
				    BIOTIC, ANTI-
				    MOTILITY, OR
				    ZINC) . . . . D
				  UNKNOWN PILL
				    OR SYRUP . . . E
				
				INJECTION
				  ANTIBIOTIC . . . . . F
				  NON-ANTIBIOTIC . G
				  UNKNOWN
				    INJECTION . . . H
				
				(IV) INTRAVENOUS . I
				
				HOME REMEDY/
				  HERBAL MED-
				  ICINE . . . . J
				
				OTHER _____ X
				      (SPECIFY)

531	CHECK 530:
	
	GIVEN ZINC?
		CODE "C" CODE "C"
		CIRCLED NOT
		            CIRCLED
		  ┌─┐ ┌─┐
		  ↓
		    (SKIP TO 533) ←┘
			CODE "C" CODE "C"
			CIRCLED NOT
			            CIRCLED
			  ┌─┐ ┌─┐
			  ↓
			    (SKIP TO 533) ←┘
				CODE "C" CODE "C"
				CIRCLED NOT
				            CIRCLED
				  ┌─┐ ┌─┐
				  ↓
				    (SKIP TO 533) ←┘

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
532	How many times was (NAME) given zinc?	TIMES . . . . . ☐☐ DON'T KNOW 98	TIMES . . . . . ☐☐ DON'T KNOW 98	TIMES . . . . . ☐☐ DON'T KNOW 98
533	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	YES . . . . 1 NO . . . . 2 DON'T KNOW 8
534	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . 1 NO . . . . 2 (SKIP TO 537) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 537) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 537) ←┐ DON'T KNOW 8
535	When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing?	YES . . . . 1 NO . . . . 2 (SKIP TO 538) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 538) ←┐ DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 538) ←┐ DON'T KNOW 8
536	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . . 1 ┐ NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER 6 (SPECIFY) DON'T KNOW . . . . . 8 ┘ (SKIP TO 538) ←	CHEST ONLY . . . 1 ┐ NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER 6 (SPECIFY) DON'T KNOW . . . . . 8 ┘ (SKIP TO 538) ←	CHEST ONLY . . . 1 ┐ NOSE ONLY . . . . . 2 BOTH . . . . 3 OTHER 6 (SPECIFY) DON'T KNOW . . . . . 8 ┘ (SKIP TO 538) ←
537	CHECK 533: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES ☐ NO OR DK ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)
538	Now I would like to know how much (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 NOTHING TO DRINK 5 DON'T KNOW 8
539	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8
540	Did you seek advice or treatment for the illness from any source?	YES . . . . 1 NO . . . . 2 (SKIP TO 545)←	YES . . . . 1 NO . . . . 2 (SKIP TO 545)←	YES . . . . 1 NO . . . . 2 (SKIP TO 545)←

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

541	Where did you seek advice or treatment?
	
	Anywhere else?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT HOSPITAL B
		  GOVT HEALTH
		    CENTER C
		  GOVT DISPENS-
		    ARY . . . . D
		  OTHER PUBLIC
		    _____ E
		    (SPECIFY)
		PRIVATE MEDICAL
		SECTOR
		  MISSION HOSP./
		    CLINIC . . . . F
		  PVT. HOSPITAL/
		    CLINIC . . . . H
		  PHARMACY . . . I
		  OTHER PRIVATE
		    MED. _____ K
		    (SPECIFY)
		MOBILE CLINIC . . . L
		COMMUNITY HEALTH
		  WORKER . . . . M
		OTHER SOURCE
		  SHOP . . . . N
		  TRADITIONAL
		    PRACTITIONER O
		  RELATIVE/FRIEND P
		OTHER _____ X
		    (SPECIFY)
			PUBLIC SECTOR
			  GOVT HOSPITAL B
			  GOVT HEALTH
			    CENTER C
			  GOVT DISPENS-
			    ARY . . . . D
			  OTHER PUBLIC
			    _____ E
			    (SPECIFY)
			PRIVATE MEDICAL
			SECTOR
			  MISSION HOSP./
			    CLINIC . . . . F
			  PVT. HOSPITAL/
			    CLINIC . . . . H
			  PHARMACY . . . I
			  OTHER PRIVATE
			    MED. _____ K
			    (SPECIFY)
			MOBILE CLINIC . . . L
			COMMUNITY HEALTH
			  WORKER . . . . M
			OTHER SOURCE
			  SHOP . . . . N
			  TRADITIONAL
			    PRACTITIONER O
			  RELATIVE/FRIEND P
			OTHER _____ X
			    (SPECIFY)
				PUBLIC SECTOR
				  GOVT HOSPITAL B
				  GOVT HEALTH
				    CENTER C
				  GOVT DISPENS-
				    ARY . . . . D
				  OTHER PUBLIC
				    _____ E
				    (SPECIFY)
				PRIVATE MEDICAL
				SECTOR
				  MISSION HOSP./
				    CLINIC . . . . F
				  PVT. HOSPITAL/
				    CLINIC . . . . H
				  PHARMACY . . . I
				  OTHER PRIVATE
				    MED. _____ K
				    (SPECIFY)
				MOBILE CLINIC . . . L
				COMMUNITY HEALTH
				  WORKER . . . . M
				OTHER SOURCE
				  SHOP . . . . N
				  TRADITIONAL
				    PRACTITIONER O
				  RELATIVE/FRIEND P
				OTHER _____ X
				    (SPECIFY)

542	CHECK 541:	TWO OR ONLY
		☐ MORE ONE ☐
		  CODES CODE
		  CIRCLED CIRCLED
		↓
		   (SKIP TO 544) ←
			TWO OR ONLY
			☐ MORE ONE ☐
			  CODES CODE
			  CIRCLED CIRCLED
			↓
			   (SKIP TO 544) ←
				TWO OR ONLY
				☐ MORE ONE ☐
				  CODES CODE
				  CIRCLED CIRCLED
				↓
				   (SKIP TO 544) ←

543	Where did you first seek advice or treatment? USE LETTER CODE FROM 541.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
544	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'.	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐	DAYS . . . . . ☐☐

545	Is (NAME) still sick with a (fever/cough)?	FEVER ONLY 1
		COUGH ONLY . . . 2
		BOTH FEVER AND
		  COUGH 3
		NO, NEITHER 4
		DON'T KNOW 8
			FEVER ONLY 1
			COUGH ONLY . . . 2
			BOTH FEVER AND
			  COUGH 3
			NO, NEITHER 4
			DON'T KNOW 8
				FEVER ONLY 1
				COUGH ONLY . . . 2
				BOTH FEVER AND
				  COUGH 3
				NO, NEITHER 4
				DON'T KNOW 8

546	At any time during the illness, did (NAME) take any drugs for the illness?	YES 1
		NO 2
		  (GO BACK TO 503
		  IN NEXT COLUMN;
		  OR, IF NO MORE
		BIRTHS, GO TO 573)
		DON'T KNOW 8
			YES 1
			NO 2
			  (GO BACK TO 503
			  IN NEXT COLUMN;
			  OR, IF NO MORE
			BIRTHS, GO TO 573)
			DON'T KNOW 8
				YES 1
				NO 2
				  (GO TO 503 IN
				  NEXT-TO-LAST
				COLUMN OF NEW
				QUESTIONNAIRE;
				  OR, IF NO MORE
				BIRTHS, GO TO 573)
				DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
547	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D AL/COARTEM . . . E OTHER ANTI- MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . I ACETA- MINOPHEN . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D AL/COARTEM . . . E OTHER ANTI- MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . I ACETA- MINOPHEN . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . D AL/COARTEM . . . E OTHER ANTI- MALARIAL _____ F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . I ACETA- MINOPHEN . . . J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
548	CHECK 547: ANY CODE A-G CIRCLED?	YES NO (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES NO (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES NO (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)
549	Did you already have (NAME OF DRUG FROM 547) at home when the child became ill? ASK SEPARATELY FOR EACH OF THE DRUGS 'A' THROUGH 'G' THAT THE CHILD IS RECORDED AS HAVING TAKEN IN 547. IF YES FOR ANY DRUG, CIRCLE CODE FOR THAT DRUG. IF NO FOR ALL DRUGS, CIRCLE 'Y'.	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . . . C QUININE . . . . D AL/COARTEM . . . E OTHER ANTI- MALARIAL . . . F ANTIBIOTIC PILL/ SYRUP . . . . G NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . . . C QUININE . . . . D AL/COARTEM . . . E OTHER ANTI- MALARIAL . . . F ANTIBIOTIC PILL/ SYRUP . . . . G NO DRUG AT HOME . Y	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . . . C QUININE . . . . D AL/COARTEM . . . E OTHER ANTI- MALARIAL . . . F ANTIBIOTIC PILL/ SYRUP . . . . G NO DRUG AT HOME . Y

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
550	CHECK 547: ANY CODE A-F CIRCLED?	YES NO (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES NO (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573)	YES NO (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573)

551	CHECK 547:
	
	SP/FANSIDAR ('A') GIVEN
		CODE 'A' CODE 'A'
		CIRCLED NOT
		             CIRCLED
		
		(SKIP TO 554)
			CODE 'A' CODE 'A'
			CIRCLED NOT
			             CIRCLED
			
			(SKIP TO 554)
				CODE 'A' CODE 'A'
				CIRCLED NOT
				             CIRCLED
				
				(SKIP TO 554)

552	How long after the fever started did (NAME) first take SP/Fansidar?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE DAYS AFTER
		   FEVER 3
		FOUR OR MORE DAYS
		   AFTER FEVER . . 4
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE DAYS AFTER
			   FEVER 3
			FOUR OR MORE DAYS
			   AFTER FEVER . . 4
			DON'T KNOW 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				   FEVER 2
				THREE DAYS AFTER
				   FEVER 3
				FOUR OR MORE DAYS
				   AFTER FEVER . . 4
				DON'T KNOW 8

553	For how many days did (NAME) take the SP/Fansidar? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8

554	CHECK 547:
	
	CHLOROQUINE ('B') GIVEN
		CODE 'B' CODE 'B'
		CIRCLED NOT
		             CIRCLED
		
		(SKIP TO 557)
			CODE 'B' CODE 'B'
			CIRCLED NOT
			             CIRCLED
			
			(SKIP TO 557)
				CODE 'B' CODE 'B'
				CIRCLED NOT
				             CIRCLED
				
				(SKIP TO 557)

555	How long after the fever started did (NAME) first take chloroquine?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		   FEVER 2
		THREE DAYS AFTER
		   FEVER 3
		FOUR OR MORE DAYS
		   AFTER FEVER . . 4
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			   FEVER 2
			THREE DAYS AFTER
			   FEVER 3
			FOUR OR MORE DAYS
			   AFTER FEVER . . 4
			DON'T KNOW 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				   FEVER 2
				THREE DAYS AFTER
				   FEVER 3
				FOUR OR MORE DAYS
				   AFTER FEVER . . 4
				DON'T KNOW 8

556	For how many days did (NAME) take the chloroquine? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8

557	CHECK 547:
	
	AMODIAQUINE ('C') GIVEN
		CODE 'C' CODE 'C'
		CIRCLED NOT
		             CIRCLED
		
		(SKIP TO 560)
			CODE 'C' CODE 'C'
			CIRCLED NOT
			             CIRCLED
			
			(SKIP TO 560)
				CODE 'C' CODE 'C'
				CIRCLED NOT
				             CIRCLED
				
				(SKIP TO 560)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

558	How long after the fever started did (NAME) first take Amodiaquine?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		  FEVER 2
		THREE DAYS AFTER
		  FEVER 3
		FOUR OR MORE DAYS
		  AFTER FEVER . . 4
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			  FEVER 2
			THREE DAYS AFTER
			  FEVER 3
			FOUR OR MORE DAYS
			  AFTER FEVER . . 4
			DON'T KNOW 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				  FEVER 2
				THREE DAYS AFTER
				  FEVER 3
				FOUR OR MORE DAYS
				  AFTER FEVER . . 4
				DON'T KNOW 8

559	For how many days did (NAME) take the Amodiaquine? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8

560	CHECK 547:
	
	QUININE ('D') GIVEN
		CODE 'D' CODE 'D'
		CIRCLED NOT
		          CIRCLED
		☐
		        ☐
		
		   (SKIP TO 563) ←
			CODE 'D' CODE 'D'
			CIRCLED NOT
			          CIRCLED
			☐
			        ☐
			
			   (SKIP TO 563) ←
				CODE 'D' CODE 'D'
				CIRCLED NOT
				          CIRCLED
				☐
				        ☐
				
				   (SKIP TO 563) ←

561	How long after the fever started did (NAME) first take quinine?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		  FEVER 2
		THREE DAYS AFTER
		  FEVER 3
		FOUR OR MORE DAYS
		  AFTER FEVER . . 4
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			  FEVER 2
			THREE DAYS AFTER
			  FEVER 3
			FOUR OR MORE DAYS
			  AFTER FEVER . . 4
			DON'T KNOW 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				  FEVER 2
				THREE DAYS AFTER
				  FEVER 3
				FOUR OR MORE DAYS
				  AFTER FEVER . . 4
				DON'T KNOW 8

562	For how many days did (NAME) take the quinine? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8

563	CHECK 547:
	
	ARTEMETER+LUMEFANTRINE (AL/COARTEM) ('E') GIVEN
		CODE 'E' CODE 'E'
		CIRCLED NOT
		          CIRCLED
		☐
		        ☐
		
		   (SKIP TO 569) ←
			CODE 'E' CODE 'E'
			CIRCLED NOT
			          CIRCLED
			☐
			        ☐
			
			   (SKIP TO 569) ←
				CODE 'E' CODE 'E'
				CIRCLED NOT
				          CIRCLED
				☐
				        ☐
				
				   (SKIP TO 569) ←

564	How long after the fever started did (NAME) first take AL?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		  FEVER 2
		THREE DAYS AFTER
		  FEVER 3
		FOUR OR MORE DAYS
		  AFTER FEVER . . 4
		DON'T KNOW 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			  FEVER 2
			THREE DAYS AFTER
			  FEVER 3
			FOUR OR MORE DAYS
			  AFTER FEVER . . 4
			DON'T KNOW 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				  FEVER 2
				THREE DAYS AFTER
				  FEVER 3
				FOUR OR MORE DAYS
				  AFTER FEVER . . 4
				DON'T KNOW 8

565	For how many days did (NAME) take AL? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8	DAYS . . . . ☐ DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____

569	CHECK 547:
	
	OTHER ANTIMALARIAL ('F')
	GIVEN
		CODE 'F' CODE 'F'
		CIRCLED NOT
		          CIRCLED
		
		(GO TO 571A)
			CODE 'F' CODE 'F'
			CIRCLED NOT
			          CIRCLED
			
			(GO TO 571A)
				CODE 'F' CODE 'F'
				CIRCLED NOT
				          CIRCLED
				
				(GO TO 571A)

570	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY 0
		NEXT DAY 1
		TWO DAYS AFTER
		  FEVER 2
		THREE DAYS AFTER
		  FEVER 3
		FOUR OR MORE DAYS
		  AFTER FEVER . . 4
		DON'T KNOW . . . 8
			SAME DAY 0
			NEXT DAY 1
			TWO DAYS AFTER
			  FEVER 2
			THREE DAYS AFTER
			  FEVER 3
			FOUR OR MORE DAYS
			  AFTER FEVER . . 4
			DON'T KNOW . . . 8
				SAME DAY 0
				NEXT DAY 1
				TWO DAYS AFTER
				  FEVER 2
				THREE DAYS AFTER
				  FEVER 3
				FOUR OR MORE DAYS
				  AFTER FEVER . . 4
				DON'T KNOW . . . 8

571	For how many days did (NAME) take the (OTHER ANTIMALARIAL)? IF 7 DAYS OR MORE, WRITE 7.	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8	DAYS . . . . ☐ DON'T KNOW . . . 8
571A	Was anything else done about (NAME)'s fever?	YES . . . . 1 NO . . . . 2 (SKIP TO 572) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 572) DON'T KNOW 8	YES . . . . 1 NO . . . . 2 (SKIP TO 572) DON'T KNOW 8
571B	What was done about (NAME)'s fever?	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	CONSULTED TRAD'L HEALER . . . A GAVE WARM SPONGING . . . . B GAVE HERBS . . . . . C OTHER X
572		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 573.	GO TO 503 IN NEXT-TO LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 573.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
573	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN **BORN IN 2003 OR LATER AND LIVING** WITH THE RESPONDENT ONE OR MORE ⬐ NONE ☐ ──────────→ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 574) _____ (NAME)		576

574	The last time (NAME FROM 573) passed stools,
	what was done to dispose of the stools?
		CHILD USED TOILET OR LATRINE . . . 01
		PUT/RINSED
		   INTO TOILET OR LATRINE 02
		PUT/RINSED
		   INTO DRAIN OR DITCH 03
		THROWN INTO GARBAGE 04
		BURIED 05
		LEFT IN THE OPEN 06
		OTHER _____ 96
		         (SPECIFY)	

575	CHECK 528(a) AND 528(b), ALL COLUMNS: NO CHILD ☐ ANY CHILD ☐ ──────→ RECEIVED FLUID RECEIVED FLUID FROM ORS PACKET ↓ FROM ORS PACKET		576B
576	Have you ever heard of a special product called Oralite or ORS that you can get for the treatment of diarrhoea?	YES . . . . 1 NO 2	
576A	CHECK 224: ONE OR MORE ⬐ NO ☐ ──────────→ BIRTHS BIRTHS IN 2003 IN 2003 OR LATER ↓ OR LATER		601
576B	CHECK 218, ALL ROWS: **ANY** CHILD LIVING WITH RESPONDENT? YES, ONE OR MORE ⬐ NO CHILDREN ☐ ──────→ CHILDREN LIVING WITH HER ↓ LIVING WITH HER		601
576C	When a child is ill, what signs of illness would tell you that he or she should be taken to 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)	
577	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN **BORN IN 2005 OR LATER AND LIVING** WITH THE RESPONDENT ONE OR MORE ⬐ NONE ☐ ──────────→ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 578) _____ (NAME)		601

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
578	Now I would like to ask you about liquids or foods (NAME FROM 577) had yesterday during the day or at night. Did (NAME FROM 577) (drink/eat):	**YES NO DK** PLAIN WATER . . . . 1 2 8 FORMULA . . . . 1 2 8 MILK . . . . 1 2 8 TEA OR COFFEE . . . . 1 2 8 OTHER LIQUIDS . . . . 1 2 8 BABY CEREAL . . . . 1 2 8 OTHER PORRIDGE/GRUEL. . 1 2 8	
	Plain water?		
	Commercially produced infant formula?		
	Milk, such as tinned, powdered, or fresh animal milk?		
	Tea or coffee?		
	Any other liquids?		
	Any fortified baby food like Cerelac?		
	Any (other) porridge or gruel?		
579	Now I would like to ask you about other foods (NAME FROM 577) ate over the last 24 hours. I am interested in whether (NAME) had the item even if it was combined with other foods. Yesterday, did (NAME) eat: a) Any foods made from grains, like maize, rice, wheat, porridge, sorghum or other local grains? b) Pumpkin, yellow yams, butternut, carrots or yellow sweet potatoes? c) Any other food made from roots or tubers, like white potatoes, arrowroot, cassava, or other roots or tubers? d) Any green leafy vegetables? e) Mango, pawpaw, guava? f) Any other fruits and vegetables like bananas, apples, green beans, avocados, tomatoes, oranges, pineapples, passion fruit? g) Meat, chicken, fish, liver, kidney, blood, termites, sea food or eggs? h) Any food made from legumes, e.g. lentils, beans, soybeans, pulses or pea nuts? i) Sour milk, cheese, or yoghurt? j) Any other solid or semi-solid food?	**YES NO DK** GRAINS . . . . 1 2 8 RED-YELLOW VEGETABLES 1 2 8 ROOTS, TUBERS . . . . 1 2 8 GREEN LEAFY VEGETABLES 1 2 8 MANGO, PAWPAW, GUAVA 1 2 8 OTHER FRUITS . . . . 1 2 8 MEAT, CHICKEN, FISH, EGGS 1 2 8 BEANS, PULSES . . . . 1 2 8 SOUR MILK, CHEESE . . . . . 1 2 8 ANY OTHER SOLID OR MUSHY FOOD 1 2 8	
580	CHECK 578 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 579: AT LEAST ONE "YES" NOT A SINGLE "YES"		→ 601
581	How many times did (NAME FROM 577) eat solid, semisolid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . . . DON'T KNOW 8	

SECTION 6. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . . . 1 YES, LIVING WITH A MAN . . . . 2 NO, NOT IN UNION 3	⌐→ 604
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . 1 YES, LIVED WITH A MAN . . . . 2 NO 3	→ 617
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 SEPARATED 3	⌐→ 609
604	Is your husband/partner living with you now or is he staying elsewhere?	LIVING WITH HER . . . . 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. . . . . ☐☐	
606	Does your husband/partner have other wives or does he live with other women as if married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or partners does your husband live with now as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . ☐☐ DON'T KNOW 98	
608	Are you the first, second, … wife?	RANK . . . . ☐☐	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE 2	
615	CHECK 609: MARRIED/ ⌐ LIVED WITH A MAN ☐ ONLY ONCE ↓ In what month and year did you start living with your husband/partner? MARRIED/ ⌐ LIVED WITH A MAN ☐ MORE THAN ONCE ↓ Now I would like to ask about when you started living with your first husband/partner. In what month and year was that?	MONTH . . . . ☐☐ DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ DON'T KNOW YEAR 9998	→ 616A
616	How old were you when you first started living with him?	AGE . . . . ☐☐	
616A	When you got married or lived with a man, was it your choice or it was arranged?	OWN CHOICE . . . . 1 ARRANGED 2	
616B	When you first got married or lived with a man, was the man older than you, younger than you or the same age as you?	OLDER . . . . 1 YOUNGER . . . . 2 ABOUT THE SAME AGE . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	⌐→ 617
616C	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
617	CHECK FOR THE PRESENCE OF OTHER PEOPLE BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
618	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . 00 AGE IN YEARS . . . . [ ][ ] FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	 → 621 → 621
619	CHECK 107: AGE ⌐ AGE 15-24 ↓ 25-49 ☐		→ 641
620	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	→ 641
621	CHECK 107: AGE ⌐ AGE 15-24 ↓ 25-49 ☐		→ 626
622	The first time you had sexual intercourse, was a condom used?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
623	How old was the person you first had sexual intercourse with?	AGE OF PARTNER . . . . [ ][ ] DON'T KNOW 98	→ 626
624	Was this person older than you, younger than you, or about the same age as you?	OLDER . . . . 1 YOUNGER . . . . 2 ABOUT THE SAME AGE . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	→ 626
625	Would you say this person was ten or more years older than you or less than ten years older than you?	TEN OR MORE YEARS OLDER . . . . . 1 LESS THAN TEN YEARS OLDER . . . 2 OLDER, UNSURE HOW MUCH 3	
626	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 [ ][ ] WEEKS AGO . . . . 2 [ ][ ] MONTHS AGO . . . . 3 [ ][ ] YEARS AGO . . . . 4 [ ][ ]	 → 640

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
626A	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 628			
627	When was the last time you had sexual intercourse with this person?		DAYS . 1 ☐☐ WEEKS 2 ☐☐ MONTHS 3 ☐☐	DAYS . 1 ☐☐ WEEKS 2 ☐☐ MONTHS 3 ☐☐
628	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 630)←	YES . . . . 1 NO . . . . 2 (SKIP TO 630)←	YES . . . . 1 NO . . . . 2 (SKIP TO 630)←

629A	What is the main reason you used a condom on that occasion?	PREVENT STD/HIV 1
		AVOID PREGNANCY 2
		BOTH PREVENT STD/HIV
		  AND PREGNANCY 3
		DID NOT TRUST PARTNER/
		  HE MAY HAVE OTHER
		  PARTNERS 4
		PARTNER WANTED TO USE 5
		OTHER _____ 6
		(SPECIFY)
			PREVENT STD/HIV 1
			AVOID PREGNANCY 2
			BOTH PREVENT STD/HIV
			  AND PREGNANCY 3
			DID NOT TRUST PARTNER/
			  HE MAY HAVE OTHER
			  PARTNERS 4
			PARTNER WANTED TO USE 5
			OTHER _____ 6
			(SPECIFY)
				PREVENT STD/HIV 1
				AVOID PREGNANCY 2
				BOTH PREVENT STD/HIV
				  AND PREGNANCY 3
				DID NOT TRUST PARTNER/
				  HE MAY HAVE OTHER
				  PARTNERS 4
				PARTNER WANTED TO USE 5
				OTHER _____ 6
				(SPECIFY)

629	Did you use a condom every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2

630	What was your relationship to this person with whom you had sexual intercourse?
	
	IF BOYFRIEND:
	Were you living together as if married?
	IF YES, CIRCLE '2'.
	IF NO, CIRCLE '3'.
		HUSBAND 1
		  (SKIP TO 636)←
		LIVE-IN PARTNER 2
		BOYFRIEND NOT
		  LIVING WITH
		  RESPONDENT 3
		CASUAL
		  ACQUAINTANCE . . . 4
		PAYING CLIENT 5
		OTHER _____ 6
		(SPECIFY)
			HUSBAND 1
			  (SKIP TO 636)←
			LIVE-IN PARTNER 2
			BOYFRIEND NOT
			  LIVING WITH
			  RESPONDENT 3
			CASUAL
			  ACQUAINTANCE . . . 4
			PAYING CLIENT 5
			OTHER _____ 6
			(SPECIFY)
				HUSBAND 1
				  (SKIP TO 636)←
				LIVE-IN PARTNER 2
				BOYFRIEND NOT
				  LIVING WITH
				  RESPONDENT 3
				CASUAL
				  ACQUAINTANCE . . . 4
				PAYING CLIENT 5
				OTHER _____ 6
				(SPECIFY)

631	For how long (have you had/did you have) a sexual relationship with this person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐	DAYS . 1 ☐☐ MONTHS 2 ☐☐ YEARS 3 ☐☐
632	CHECK 107:	AGE AGE ☐ 15-24 25-49 ☐ (SKIP TO 636)←	AGE AGE ☐ 15-24 25-49 ☐ (SKIP TO 636)←	AGE AGE ☐ 15-24 25-49 ☐ (SKIP TO 636)←
633	How old is this person?	AGE OF PARTNER ☐☐ (SKIP TO 636)← DON'T KNOW 98	AGE OF PARTNER ☐☐ (SKIP TO 636)← DON'T KNOW 98	AGE OF PARTNER ☐☐ (SKIP TO 636)← DON'T KNOW 98
634	Is this person older than you, younger than you, or about the same age?	OLDER . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)←	OLDER . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)←	OLDER . . . . 1 YOUNGER . . . . . 2 SAME AGE . . . . . 3 DON'T KNOW . . . 8 (SKIP TO 636)←

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER

635	Would you say this person is ten or more years older than you or less than ten years older than you?	TEN OR MORE
		  YEARS OLDER . 1
		LESS THAN TEN
		  YEARS OLDER . 2
		OLDER, UNSURE
		  HOW MUCH . . . 3
			TEN OR MORE
			  YEARS OLDER . 1
			LESS THAN TEN
			  YEARS OLDER . 2
			OLDER, UNSURE
			  HOW MUCH . . . 3
				TEN OR MORE
				  YEARS OLDER . 1
				LESS THAN TEN
				  YEARS OLDER . 2
				OLDER, UNSURE
				  HOW MUCH . . . 3

636	The last time you had sexual intercourse with this person, did you or this person drink alcohol?	YES 1
		NO 2
		  (SKIP TO 638)◄———
			YES 1
			NO 2
			  (SKIP TO 638)◄———
				YES 1
				NO 2
				  (SKIP TO 639)◄———

637	Were you or your partner drunk at that time?
	
	IF YES: Who was drunk?
		RESPONDENT ONLY 1
		PARTNER ONLY . . . 2
		BOTH RESPONDENT
		  AND PARTNER . 3
		NEITHER 4
			RESPONDENT ONLY 1
			PARTNER ONLY . . . 2
			BOTH RESPONDENT
			  AND PARTNER . 3
			NEITHER 4
				RESPONDENT ONLY 1
				PARTNER ONLY . . . 2
				BOTH RESPONDENT
				  AND PARTNER . 3
				NEITHER 4

638	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES 1
		  (GO BACK TO 627 ↵
		  IN NEXT COLUMN)
		NO 2
		  (SKIP TO 640)◄———
			YES 1
			  (GO BACK TO 627 ↵
			  IN NEXT COLUMN)
			NO 2
			  (SKIP TO 640)◄———	

639	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . [ ][ ] DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
640	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
640A	In the last 12 months, have you ever given or received money, gifts or favours in return for sex?	YES . . . . 1 NO 2	
641	Do you know of a place where a person can get male condoms?	YES . . . . 1 NO 2	→ 644

642	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE
	
	THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . . . B
		  GOVT. HEALTH CENTER C
		  GOVERNMENT DISPENSARY . . . D
		
		  OTHER PUBLIC _____ E
		                (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  FAITH-BASED, CHURCH, MISSION
		    HOSPITAL / CLINIC . . . . F
		  FHOK/FPAK HEALTH CENTER/
		    CLINIC . . . . G
		  PRIVATE HOSPITAL/CLINIC . . . . . H
		  PHARMACY/CHEMIST I
		  NURSING/MATERNITY HOME . . . . . J
		
		  OTHER PRIV. MEDICAL _____ K
		               (SPECIFY)
		OTHER SOURCE
		  MOBILE CLINIC L
		  COMMUNITY-BASED DISTRIBUTOR M
		  SHOP . . . . N
		  FRIEND/RELATIVE . . . . P
		
		OTHER _____ X
		            (SPECIFY)	

643	If you wanted to, could you yourself get a male condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	
644	Do you know of a place where a person can get female condoms?	YES . . . . 1 NO 2	→ 647

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

645	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE
	
	THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVT. HOSPITAL . . . . B
		  GOVT. HEALTH CENTER C
		  GOVERNMENT DISPENSARY . . . D
		
		  OTHER PUBLIC _____ E
		               (SPECIFY)
		PRIVATE MEDICAL SECTOR
		  FAITH-BASED, CHURCH, MISSION
		    HOSPITAL / CLINIC . . . . F
		  FHOK/FPAK HEALTH CENTER/
		    CLINIC . . . . G
		  PRIVATE HOSPITAL/CLINIC . . . . . H
		  PHARMACY/CHEMIST I
		  NURSING/MATERNITY HOME . . . . . J
		
		  OTHER PRIV. MEDICAL _____ K
		             (SPECIFY)
		OTHER SOURCE
		  MOBILE CLINIC L
		  COMMUNITY-BASED DISTRIBUTOR M
		  SHOP . . . . N
		  FRIEND/RELATIVE . . . . P
		
		OTHER _____ X
		          (SPECIFY)	

646	If you wanted to, could you yourself get a female condom?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	

647	In the last few months have you heard or read 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	
	On billboards?	BILLBOARDS	1	2	

648	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	
	On billboards	BILLBOARDS. . .	1	2	8	

SECTION 7. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 311/311A: NEITHER STERILIZED ▢↓　　HE OR SHE STERILIZED ▢————		→ 713
702	CHECK 226: NOT PREGNANT OR UNSURE ▢↓　　PREGNANT ▢↓ Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?　　Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE (A/ANOTHER) CHILD .... 1 NO MORE/NONE .... 2 SAYS SHE CAN'T GET PREGNANT . 3 UNDECIDED/DON'T KNOW AND 　PREGNANT .... 4 UNDECIDED/DON'T KNOW 　AND NOT PREGNANT OR 　UNSURE 5	 → 704 → 713 → 709 → 708
703	CHECK 226: NOT PREGNANT OR UNSURE ▢↓　　PREGNANT ▢↓ 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 CAN'T GET PREGNANT 994 AFTER MARRIAGE .... 995 OTHER _____ 996 　　　　(SPECIFY) DON'T KNOW 998	 → 708 → 713 → 708
704	CHECK 226: NOT PREGNANT OR UNSURE ▢↓　　PREGNANT ▢————		→ 709
705	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ▢↓　NOT CURRENTLY USING ▢↓　CURRENTLY USING ▢————		→ 713
706	CHECK 703: NOT ASKED ▢↓　24 OR MORE MONTHS OR 02 OR MORE YEARS ▢↓　00-23 MONTHS OR 00-01 YEAR ▢————		→ 709

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

707	CHECK 702:
	
	WANTS TO HAVE A/ANOTHER CHILD ⬛↓ WANTS NO MORE/ NONE ⬛↓
	
	You have said that you do not want (a/another) child soon, but you are not using any method to avoid pregnancy. 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 you are not using a method? Can you tell me why you are not using a method?
	
	Any other reason? Any other reason?
	
	RECORD ALL REASONS MENTIONED.
		NOT MARRIED . . . . A
		
		FERTILITY-RELATED REASONS
		  NOT HAVING SEX . . . . B
		  INFREQUENT SEX C
		  MENOPAUSAL/HYSTERECTOMY . D
		  SUBFECUND/INFECUND . . . . 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
		  COSTS TOO MUCH . . . . R
		  INCONVENIENT TO USE . . . . S
		  INTERFERES WITH BODY'S
		    NORMAL PROCESSES . . . . T
		
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW . . . . Z	

707A	In the next few weeks, if you dicovered 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	
708	CHECK 310: USING A CONTRACEPTIVE METHOD? NOT ASKED ⬛↓ NO, NOT CURRENTLY USING ⬛↓ YES, CURRENTLY USING ⬛ →713		713
709	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→711 →713
710	Which contraceptive method would you prefer to use?	FEMALE STERILIZATION . . . . 01 MALE STERILIZATION . . . . 02 PILL . . . . 03 IUD . . . . 04 INJECTABLES . . . . 05 IMPLANTS . . . . 06 CONDOM . . . . 07 FEMALE CONDOM . . . . 08 LACTATIONAL AMEN. METHOD . . . . . 09 RHYTHM METHOD . . . . 10 WITHDRAWAL . . . . 11 OTHER _____ 96 (SPECIFY) UNSURE 98	713

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

711	What is the main reason that you think you will not use a contraceptive method at any time in the future?	NOT MARRIED 11
		
		FERTILITY-RELATED REASONS
		  INFREQUENT SEX/NO SEX 22
		  MENOPAUSAL/HYSTERECTOMY 23
		  SUBFECUND/INFECUND 24
		  WANTS AS MANY CHILDREN AS
		    POSSIBLE 26
		
		OPPOSITION TO USE
		  RESPONDENT OPPOSED 31
		  HUSBAND/PARTNER 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
		  COSTS TOO MUCH 54
		  INCONVENIENT TO USE 55
		  INTERFERES WITH BODY'S
		    NORMAL PROCESSES 56
		
		OTHER _____ 96
		             (SPECIFY)
		DON'T KNOW 98
			→ 713

712	Would you ever use a contraceptive method if you were married?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
713	CHECK 216: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ 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)	→ 715 → 715
714	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)	

715	In the last few months have you:
	
	  Heard about family planning on the radio?
	  Seen about family planning on the television?
	  Read about family planning in a newspaper or magazine?
		YES NO
		RADIO 1 2
		TELEVISION 1 2
		NEWSPAPER OR MAGAZINE . . . 1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
717	CHECK 601: YES, CURRENTLY MARRIED ☐↓ YES, LIVING WITH A MAN ☐↓ NO, NOT IN UNION ☐ →→→		→ 801
718	CHECK 311/311A: CODE B, G, OR M CIRCLED ☐ NO CODE CIRCLED ☐ OTHER ☐↓		→ 720 → 722
719	Does your husband/partner know that you are using a method of family planning?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
720	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)	
720A	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	
720B	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	
721	CHECK 311/311A: NEITHER STERILIZED ☐↓ HE OR SHE STERILIZED ☐ →→→		→ 801
722	Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER . . . . 1 MORE CHILDREN . . . . 2 FEWER CHILDREN . . . . 3 DON'T KNOW 8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ FORMERLY MARRIED/ LIVED WITH A MAN ☐ NEVER MARRIED AND NEVER LIVED WITH A MAN ☐		→ 803 → 807
802	How old was your husband/partner on his last birthday?	AGE IN COMPLETED YEARS ☐☐	
803	Did your (last) husband/partner ever attend school?	YES . . . . 1 NO 2	→ 806
804	What is the highest level of school he attended: primary, vocational, secondary, or higher?	PRIMARY . . . . 1 POST-PRIMARY/VOCATIONAL . . . . . 2 SECONDARY/'A' LEVEL . . . . 3 COLLEGE (MIDDLE LEVEL) . . . . 4 UNIVERSITY . . . . 5 DON'T KNOW 8	 → 806
805	What is the highest (standard/form/year) he completed at that level? IF NONE, WRITE '00'.	STANDARD/FORM/YEAR . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN FORMERLY MARRIED/ LIVED WITH A MAN What is your husband's/partner's occupation? That is, what kind of work does he mainly do? What was your (last) husband's/ partner's occupation? That is, what kind of work did he mainly do?	_____ ☐☐ _____ _____	
807	Aside from your own housework, have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 811
808	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last seven days, have you done any of these things or any other work?	YES . . . . 1 NO 2	→ 811
809	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave or any other such reason?	YES . . . . 1 NO 2	→ 811
810	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	 → 818
811	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
812	CHECK 811: WORKS IN AGRICULTURE DOES NOT WORK IN AGRICULTURE ☐		→ 814

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
813	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . 1 FAMILY LAND . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND . . . . 4 OTHER _____ 6 (SPECIFY)	
814	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	
815	Do you usually work at home or away from home?	HOME . . . . 1 AWAY 2	
816	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	
817	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
818	CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN ⬛ NOT IN UNION ⬛		827
819	CHECK 817: CODE 1 OR 2 CIRCLED ⬛ OTHER ⬛		822
820	Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly?	RESPONDENT . . . . 1 HUSBAND/PARTNER . . . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . . 3 OTHER _____ 6 (SPECIFY)	
821	Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same?	MORE THAN HIM . . . . 1 LESS THAN HIM . . . . 2 ABOUT THE SAME . . . . 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY . . . . 4 DON'T KNOW 8	823

822	Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly?	RESPONDENT 1
		HUSBAND/PARTNER 2
		RESPONDENT AND
		   HUSBAND/PARTNER JOINTLY . . . 3
		HUSBAND/PARTNER HAS
		   NO EARNINGS 4
		OTHER _____ 6
		(SPECIFY)	

823	Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else?	RESPONDENT = 1 HUSBAND/PARTNER = 2 RESPONDENT & HUSBAND/PARTNER JOINTLY = 3 SOMEONE ELSE = 4 OTHER = 6 1 2 3 4 6	
824	Who usually makes decisions about making major household purchases?	1 2 3 4 6	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES					SKIP
825	Who usually makes decisions about making purchases for daily household needs?	1	2	3	4	6	
826	Who usually makes decisions about visits to your family or relatives?	1	2	3	4	6	
826A	Who usually makes decisions about what food should be cooked each day?	1	2	3	4	6	

827	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN.	PRES./ NOT LISTEN.	NOT PRES.	
		CHILDREN < 10 1	2	3	
		HUSBAND 1	2	3	
		OTHER MALES 1	2	3	
		OTHER FEMALES ... 1	2	3	

828	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 917
902	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
903	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
904	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
905	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
906	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
907	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
908A	Is there anything else a person can do to avoid getting AIDS or the virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 909 → 909

908B	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 PARTNER . . . 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
		
		OTHERS (SPECIFY)_____ W
		
		OTHERS (SPECIFY)_____ X
		
		DON'T KNOW Z	

909	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
910	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES . . . . 1 NO 2	

911	Can the virus that causes AIDS be transmitted from a mother to her baby:
	
	    During pregnancy?
	    During delivery?
	    By breastfeeding?
		YES NO DK
		
		DURING PREG. 1 2 8
		DURING DELIVERY . . . 1 2 8
		BREASTFEEDING . . . 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
912	CHECK 911: AT LEAST ☐ OTHER ☐ ONE 'YES' ↓		→ 913
912A	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
913	CHECK 801: CURRENTLY MARRIED/ ☐ FORMERLY MARRIED/ ☐ NEVER MARRIED/ LIVING WITH A MAN ↓ LIVED WITH A MAN ↓ NEVER LIVED WITH A MAN ☐		→ 914A
914	Have you ever talked with (your husband/the man you are with) about ways to prevent getting the virus that causes AIDS?	YES . . . . 1 NO 2	
914A	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
915	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
916	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
916A	In your opinion, if a female teacher has the AIDS virus, but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
916B	Should children age 12-14 years be taught about using condoms to avoid getting AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
916B1	Do you think your chances of getting AIDS are small, moderate, great or no risk at all?	NO RISK AT ALL . . . . 1 SMALL . . . . 2 MODERATE . . . . 3 GREAT . . . . 4 HAS AIDS 5	→ 916B3 → 916B4
916B2	Why do you think that you have (no risk/small chance) of getting AIDS? Any reasons? CIRCLE ALL MENTIONED	IS NOT HAVING SEX . . . . A USES CONDOM . . . . B HAS ONLY ONE PARTNER . . . . C LIMITS THE NUMBER OF PARTNERS .. D PATNER HAS NO OTHER PATNERS .. E OTHER_____ X (SPECIFY)	→ 916B4
916B3	Why do you think that you have (moderate/great) chance of getting AIDS? Any reasons? CIRCLE ALL MENTIONED	DOES NOT USE CONDOM . . . . A HAS MORE THAN ONE SEX PARTNER .. B PARTNER HAS OTHER PARTNERS . . . C HOMOSEXUAL CONTACTS . . . . D HAD BLOOD TRANSFUSION/INJECTION E OTHER_____ X (SPECIFY)	
916B4	Have you ever heard of VCT?	YES . . . . 1 NO 2	

916B5	CHECK 208 AND 215: NO BIRTHS ☐
	
	      LAST BIRTH SINCE ☐ LAST BIRTH BEFORE ☐
	          JANUARY 2005 ↓ JANUARY 2005
		→ 916C
		
		→ 916C

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
916B6	CHECK 407 FOR LAST BIRTH: HAD ANTENATAL CARE ☐ ↓ NO ANTENATAL CARE ☐		→ 916C
916B7	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
916B8	During any of the antenatal visits for your last birth, did anyone talk to you about: Babies getting the AIDS virus from their mother? Things that you can do to prevent getting the AIDS virus? Getting tested for the AIDS virus?	YES NO DK AIDS FROM MOTHER 1 2 8 THINGS TO DO ... 1 2 8 TESTED FOR AIDS .. 1 2 8	
916B9	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2	
916B10	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES . . . . 1 NO 2	→ 916C
916B11	I don't want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

916B12	Where was the test done?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE 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
		  MISSIONARY/CHURCH HOSP./CLINIC 21
		  FPAK HEALTH CENTRE/CLINIC . . . 22
		  PRIVATE HOSPITAL/CLINIC 23
		  VCT CENTRE 24
		  NURSING/MATERNITY HOMES . . . 25
		  BLOOD TRANSFUSION SERVICES 26
		  OTHER PRIVATE
		    MEDICAL_____ 27
		         (SPECIFY)
		
		OTHER _____ 96
		         (SPECIFY)	

916B13	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . 1 NO 2	→ 916C1
916B14	When was the last time you were tested for the AIDS virus?	LESS THAN 12 MONTHS AGO . . . . . . 1 12 - 23 MONTHS AGO . . . . 2 2 OR MORE YEARS AGO 3	→ 917
916C	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	→ 916D
916C1	When was the last time you were tested?	LESS THAN 12 MONTHS AGO . . . . . . 1 12 - 23 MONTHS AGO . . . . 2 2 OR MORE YEARS AGO 3	
916C2	The last time you were tested, did you ask for the test, was it offered to you and you accepted, or was ir required?	ASKED FOR TEST . . . . 1 OFFERED AND ACCEPTED . . . . 2 REQUIRED 3	
916C3	I donot want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

916C4	Where was the test done?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE 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
		   MISSIONARY/CHURCH HOSP./CLINIC 21
		   FPAK HEALTH CENTRE/CLINIC ... 22
		   PRIVATE HOSPITAL/CLINIC 23
		   VCT CENTRE 24
		   NURSING/MATERNITY HOMES ... 25
		   BLOOD TRANSFUSION SERVICES 26
		   OTHER PRIVATE
		      MEDICAL_____ 27
		             (SPECIFY)
		
		OTHER _____ 96
		             (SPECIFY)
			→ 917

916D	Would you want to be tested for the AIDS virus?	YES .... 1 NO .... 2 DK/NOT SURE 8	
916E	Do you know of a place where people can go to get tested for the AIDS virus?	YES .... 1 NO 2	→ 917

916F	Where is that?
	
	Any other place?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	NAME OF PLACE _____
	
	IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE "E".
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL .... A
		   GOVT. HEALTH CENTRE/CLINIC ... B
		   GOVERNMENT DISPENSARY C
		
		   OTHER PUBLIC_____ D
		             (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   MISSIONARY/CHURCH HOSP./CLINIC E
		   FPAK HEALTH CENTRE/CLINIC ... F
		   PRIVATE HOSPITAL/CLINIC .... G
		   VCT CENTRE .... H
		   NURSING/MATERNITY HOMES ... I
		   BLOOD TRANSFUSION SERVICES J
		   OTHER PRIVATE
		      MEDICAL_____ K
		             (SPECIFY)
		
		OTHER _____ X
		             (SPECIFY)	

917	CHECK 901: HEARD ABOUT [ ] NOT HEARD [ ] AIDS ↓ ABOUT AIDS ↓ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES .... 1 NO 2	→ 919A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

918	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 SMELL/DISCHARGE C
		BURNING PAIN ON URINATION . . . . . . D
		REDNESS/INFLAMATION 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	

919	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 SMELL/DISCHARGE C
		BURNING PAIN ON URINATION . . . . . . D
		REDNESS/INFLAMATION 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	

919A	CHECK 618: HAS HAD SEXUAL INTERCOURSE ☐ HAS NOT HAD SEXUAL INTERCOURSE ☐ → 1001

919A1	CHECK917: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐ → 919C

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
919B	Now I would like to ask you some questions about your health in the last twelve months. During the last twelve months have you had a sexually transmitted disease?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
919C	Sometimes women experience an abnormal vaginal discharge. During the last twelve months, have you had a bad smelling unusual discharge from your vagina?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
919D	Sometimes women have a genital sore or ulcer. During the last twelve months have you had a genital sore or ulcer?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

919E	CHECK 919B, 919C AND 919D
	    HAS HAD AN INFECTION ☐ HAS NOT HAD AN INFECTION OR
	        (ANY 'YES') DOES NOT KNOW ☐ → 1001

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
919F	Last time you had (PROBLEM(S) FROM 919B/919C/919D), did you seek any kind of advice or treatment?	YES . . . . 1 NO 2	→ 919H

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

919G	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		  GOVERNMENT HOSPITAL .... A
		  GOVT. HEALTH CENTRE/CLINIC ... B
		  GOVERNMENT DISPENSARY C
		
		  OTHER PUBLIC_____ D
		            (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		  MISSIONARY/CHURCH HOSP./CLINIC E
		  FPAK HEALTH CENTRE/CLINIC ... F
		  PRIVATE HOSPITAL/CLINIC .... G
		  VCT CENTRE .... H
		  NURSING/MATERNITY HOMES ... I
		  BLOOD TRANSFUSION SERVICES J
		  OTHER PRIVATE
		    MEDICAL_____ K
		          (SPECIFY)
		
		OTHER SOURCE
		  TRADITIONAL HEALER L
		  SHOP/PHARMACY .... M
		  FRIENDS OR RELATIVES.......... N
		
		  OTHER _____ X
		        (SPECIFY)	

919H	When you had (PROBLEM(S) FROM 919B/919C/919D), did you inform the person(s) with whom you were having sex?	YES, INFORMED ALL PARTNERS ... 1 NO, INFORMED NONE .... 2 INFORMED SOME NOT ALL .... 3 DID NOT HAVE A PARTNER 4	→ 1001
919I	When you had (PROBLEM(S) FROM 919B/919C/919D), did you do anything to avoid infecting your sexual partners(s)	YES .... 1 NO .... 2 DID NOT HAVE A PARTNER 3	→ 1001 → 1001
919J	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	

SECTION 10. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 1009

1002	How does tuberculosis spread from one person to another?
	
	PROBE: Any other ways?
	
	RECORD ALL MENTIONED.
		THROUGH THE AIR WHEN
		   COUGHING OR SNEEZING . . . . A
		THROUGH SHARING UTENSILS . . . . . B
		THROUGH TOUCHING A PERSON
		   WITH TB C
		THROUGH FOOD . . . . D
		THROUGH SEXUAL CONTACT . . . . . E
		THROUGH MOSQUITO BITES . . . . F
		
		OTHER _____ X
		          (SPECIFY)
		DON'T KNOW . . . . Z	

1003	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1004	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
1009	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 1011
1010	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . [|]	
1011	Do you currently smoke or use any other type of tobacco?	YES . . . . 1 NO 2	→ 1014
1012	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B SNUFF . . . . C OTHER _____ X (SPECIFY)	
1014	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 1016

1015	What type of health insurance?
	
	RECORD ALL MENTIONED.
		MUTUAL HEALTH ORGANIZATION/
		   COMMUNITY-BASED HEALTH
		   INSURANCE . . . . A
		HEALTH INSURANCE THROUGH
		   EMPLOYER . . . . B
		SOCIAL SECURITY C
		OTHER PRIVATELY PURCHASED
		   COMMERCIAL HEALTH INSURANCE. D
		OTHER _____ X
		          (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	Sometimes a woman can have a problem such that she experiences a constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after a pelvic surgery. Have you ever experienced a constant leakage of urine or stool from your vagina during the day and night?	YES . . . . 1 NO 2	 → 1101
1017	Did this problem occur after a **delivery**?	YES . . . . 1 NO 2	→ 1021
1018	Did this problem occur after a **sexual assault**?	YES . . . . 1 NO 2	→ 1023
1019	Did this problem occur after you had **pelvic surgery**?	YES . . . . 1 NO 2	→ 1023
1020	Did this problem occur after some other event happened to you? IF YES: What happened?	YES . . . . 1 NO . . . . 2 EVENT _____ (SPECIFY)	→ 1023 → 1024
1021	Did this problem occur after an uncomplicated delivery, after a difficult delivery where the child was born alive, or after a difficult delivery where the child was born still?	UNCOMP. DELIVERY . . . . 1 DIFF DELIVERY, LIVEBORN . . . . 2 DIFF DELIVERY, STILLBORN 3	
1022	After which delivery did this occur?	DELIVERY NUMBER: ☐☐	
1023	How many days after did the leakage start? IF MORE THAN 99 DAYS, WRITE '99'.	NUMBER OF DAYS AFTER PRECIPITATING EVENT . . . . . ☐☐	
1024	Have you sought treatment for this condition?	YES . . . . 1 NO 2	

SECTION 11. MATERNAL MORTALITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your biological 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 . . . . ☐☐	

1102	CHECK 1101:		
	TWO OR MORE BIRTHS ☐	ONLY ONE BIRTH (RESPONDENT ONLY) ☐	→ 1200

1103	How many of these births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . . . ☐☐	

NO.		(1)	(2)	(3)	(4)	(5)	(6)
1104	What was the name given to your oldest (next oldest) brother or sister?	_____	_____	_____	_____	_____	_____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (2)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (3)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (4)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (5)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (6)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (7)
1107	How old is (NAME)?	☐☐ GO TO (2)	☐☐ GO TO (3)	☐☐ GO TO (4)	☐☐ GO TO (5)	☐☐ GO TO (6)	☐☐ GO TO (7)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7)
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2	YES . . . 1 GO TO 1113 NO . . . 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO 1200

NO.	QUESTIONS AND FILTERS				CODING CATEGORIES		SKIP
1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108 ◄┘ DK . . . 8 GO TO (8) ◄┘	YES . . . 1 NO . . . 2 GO TO 1108 ◄┘ DK . . . 8 GO TO (9) ◄┘	YES . . . 1 NO . . . 2 GO TO 1108 ◄┘ DK . . . 8 GO TO (10) ◄┘	YES . . . 1 NO . . . 2 GO TO 1108 ◄┘ DK . . . 8 GO TO (11) ◄┘	YES . . . 1 NO . . . 2 GO TO 1108 ◄┘ DK . . . 8 GO TO (12) ◄┘	YES . . . 1 NO . . . 2 GO TO 1108 ◄┘ DK . . . 8 GO TO (13) ◄┘
1107	How old is (NAME)?	☐☐ GO TO (8)	☐☐ GO TO (9)	☐☐ GO TO (10)	☐☐ GO TO (11)	☐☐ GO TO (12)	☐☐ GO TO (13)
1108	How many years ago did (NAME) die?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
1109	How old was (NAME) when he/she died?	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (8)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (9)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (10)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (11)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (12)	☐☐ IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (13)
1110	Was (NAME) pregnant when she died?	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2
1111	Did (NAME) die during childbirth?	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2	YES . . . 1 GO TO 1113 ◄┘ NO . . . 2
1112	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2	YES . . . 1 NO . . . 2
1113	How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
IF NO MORE BROTHERS OR SISTERS, GO TO 1200.							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1200	CHECK HOUSEHOLD QUESTIONNAIRE, COLUMN 9. WOMAN SELECTED FOR ⬐ THIS SECTION ↓	WOMAN NOT SELECTED ☐	→ 1301
1201	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL EFFECTIVE PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . . . 1 ↓	PRIVACY NOT POSSIBLE . . . . 2 ——————	→1234
	READ TO THE RESPONDENT 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 and no one else will know that you were asked these questions.		
1202	CHECK 601 AND 602: CURRENTLY MARRIED/ ⬐ LIVING WITH A MAN ↓	FORMERLY MARRIED/ LIVED WITH A MAN ⬐ (READ IN PAST TENSE) ↓ NEVER MARRIED/ NEVER LIVED WITH A MAN ☐	→ 1214
1203	First, I am going to ask you about some situations which happen to some women. Please tell me if these apply to your relationship with your (last) husband/partner? a) He (is/was) jealous or angry if you (talk/talked) to other men? b) He frequently (accuses/accused) you of being unfaithful? c) He (does/did) not permit you to meet your female friends? d) He (tries/tried) to limit your contact with your family? e) He (insists/insisted) on knowing where you (are/were) at all times? f) He (does/did) not trust you with any money?	YES NO DK JEALOUS . . . . 1 2 8 ACCUSES . . . . 1 2 8 NOT MEET FRIENDS 1 2 8 NO FAMILY . . . . 1 2 8 WHERE YOU ARE . . . 1 2 8 MONEY 1 2 8	

1204	Now if you will permit me, I need to ask some more questions about your relationship with your (last) husband/partner. If we should come to any question that you do not want to answer, just let me know and we will go on to the next question.
	
	A (Does/did) your (last) husband/partner ever:
	
	a) say or do something to humiliate you in front of others?
	
	b) threaten to hurt or harm you or someone close to you?
	
	c) insult you or make you feel bad about yourself?
		B How often did this happen during the last 12 months: often, only sometimes, or not at all?
		
		              SOME- NOT
		        OFTEN TIMES AT ALL
		YES 1 ⟶ 1 2 3
		NO 2 ↓
		
		YES 1 ⟶ 1 2 3
		NO 2 ↓
		
		YES 1 ⟶ 1 2 3
		NO 2 ↓	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
1205	A (Does/did) your (last) husband/partner ever do any of the following things to you:	B How often did this happen during the last 12 months: often, only sometimes, or not at all?			
			OFTEN	SOME- TIMES	NOT AT ALL	
	a) push you, shake you, or throw something at you?	YES 1 → NO 2 ↓	1	2	3	
	b) slap you?	YES 1 → NO 2 ↓	1	2	3	
	c) twist your arm or pull your hair?	YES 1 → NO 2 ↓	1	2	3	
	d) punch you with his fist or with something that could hurt you?	YES 1 → NO 2 ↓	1	2	3	
	e) kick you, drag you or beat you up?	YES 1 → NO 2 ↓	1	2	3	
	f) try to choke you or burn you on purpose?	YES 1 → NO 2 ↓	1	2	3	
	g) threaten or attack you with a knife, gun, or any other weapon?	YES 1 → NO 2 ↓	1	2	3	
	h) physically force you to have sexual intercourse with him even when you did not want to?	YES 1 → NO 2 ↓	1	2	3	
	i) force you to perform any sexual acts you did not want to?	YES 1 → NO 2 ↓	1	2	3	
1206	CHECK 1205 (a-i): AT LEAST ONE ☐ NOT A SINGLE ☐ 'YES' ↓ 'YES'				1209
1207	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			
1208	Did the following ever happen as a result of what your (last) husband/partner did to you: a) You had cuts, bruises or aches?	YES . . . . 1 NO 2			
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . . . 1 NO 2			
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . . . 1 NO 2			
1209	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			→ 1212
1210	CHECK 603: RESPONDENT IS ☐ RESPONDENT IS ☐ **NOT** A WIDOW ↓ A WIDOW				→ 1212
1211	In the last 12 months, how often have you done this to your husband/partner: often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3			

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1212	Does (did) your husband/partner drink alcohol?	YES . . . . 1 NO 2	→ 1214
1213	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN . . . . 1 SOMETIMES . . . . 2 NEVER 3	

1214	CHECK 601 AND 602:
	
	 EVER MARRIED/LIVED ☐ NEVER MARRIED/ NEVER ☐
	     WITH A MAN LIVED WITH A MAN
	
	 From the time you were 15 From the time you were 15
	 years old has anyone other years old has anyone ever hit,
	 than your (current/last) slapped, kicked, or done
	 husband/partner hit, slapped, anything else to hurt you
	 kicked, or done anything else physically?
	 to hurt you physically?
		YES 1
		 NO 2
		 REFUSED TO ANSWER/
		     NO ANSWER 3
			→ 1220

1215	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . A FATHER/STEP-FATHER . . . . B SISTER/BROTHER . . . . C DAUGHTER/SON . . . . D OTHER RELATIVE . . . . E FORMER HUSBAND/PARTNER . . . . . F CURRENT BOYFRIEND . . . . G FORMER BOYFRIEND . . . . H MOTHER-IN-LAW . . . . I FATHER-IN-LAW . . . . J OTHER IN-LAW . . . . K TEACHER . . . . L EMPLOYER/SOMEONE AT WORK . . . M POLICE/SOLDIER . . . . N OTHER _____ X (SPECIFY)	
1216	In the last 12 months, how often have you been hit, slapped, kicked, or physically hurt by this/these person(s): often, only sometimes, or not at all?	OFTEN . . . . 1 SOMETIMES . . . . 2 NOT AT ALL 3	
1220	CHECK 618: EVER HAD SEX? HAS EVER ☐ NEVER ☐ HAD SEX HAD SEX		→ 1225
1221	The first time you had sexual intercourse, would you say that you had it because you wanted to, or because you were forced to have it against your will?	WANTED TO . . . . 1 FORCED TO . . . . 2 REFUSED TO ANSWER/ NO RESPONSE 3	

1222	CHECK 601 AND 602:
	
	 EVER MARRIED/LIVED ☐ NEVER MARRIED/ NEVER ☐
	     WITH A MAN LIVED WITH A MAN
	
	 In the last 12 months, has In the last 12 months
	 anyone other than your has anyone forced you
	 (current/last) husband/ to have sexual intercourse
	 partner forced you to have against your will?
	 sexual intercourse against
	 your will?
		YES 1
		 NO 2
		 REFUSED TO ANSWER/
		     NO ANSWER 3	

1223	CHECK 1221 AND 1222: 1221 ='1' OR '3' ☐ OTHER ☐ **AND** 1222 ='2' OR '3'		→ 1226
1224	CHECK 1205A(h) and 1205A(i): 1205A(h) IS NOT '1' ☐ OTHER ☐ **AND** 1205A(i) IS NOT '1'		→ 1228

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1225	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts?	YES . . . . 1 NO . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	1228
1226	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEAR . . . [ ][ ] DON'T KNOW 98	
1227	Who was the person who was forcing you at that time?	CURRENT HUSBAND/PARTNER . . . 01 FORMER HUSBAND/PARTNER . . . . . 02 CURRENT/FORMER BOYFRIEND . . . 03 FATHER . . . . 04 STEP FATHER . . . . 05 OTHER RELATIVE . . . . 06 IN-LAW . . . . 07 OWN FRIEND/ACQUAINTANCE . . . . . 08 FAMILY FRIEND . . . . 09 TEACHER . . . . 10 EMPLOYER/SOMEONE AT WORK . . . 11 POLICE/SOLDIER . . . . 12 PRIEST/RELIGIOUS LEADER . . . . 13 STRANGER . . . . 14 OTHER _____ . . . 96 (SPECIFY)	

1228	CHECK 1205A (a-i), 1214, 1222 AND 1225:
	
	   AT LEAST ONE [ ] NOT A SINGLE [ ]
	       'YES' 'YES'
			1232

1229	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help to stop (the/these) person(s) from doing this to you again?	YES . . . . 1 NO 2	1231

1230	From whom have you sought help?
	
	Anyone else?
	
	RECORD ALL MENTIONED.
		OWN FAMILY . . . . A
		HUSBAND/PARTNER'S FAMILY . . . . . B
		CURRENT/LAST/LATE
		   HUSBAND/PARTNER C
		CURRENT/FORMER BOYFRIEND . . . D
		FRIEND . . . . E
		NEIGHBOR . . . . F
		RELIGIOUS LEADER . . . . G
		DOCTOR/MEDICAL PERSONNEL . . . H
		POLICE I
		LAWYER . . . . J
		SOCIAL SERVICE ORGANIZATION . . . K
		COMMUNITYLEADER/LOCAL ADMN L
		OTHER _____ X
		         (SPECIFY)
			1232

1231	Have you ever told any one else about this?	YES . . . . 1 NO 2	
1232	As far as you know, did your father ever beat your mother?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	

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

1233	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?		YES ONCE	YES, MORE THAN ONCE	NO
		HUSBAND	1	2	3
		OTHER MALE ADULT . . .	1	2	3
		FEMALE ADULT	1	2	3

1234	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1301	Have you ever heard of female circumcision?	YES . . . . 1 NO 2	→ 1303
1302	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES . . . . 1 NO 2	→ 1322
1303	Have you yourself ever been circumcised?	YES . . . . 1 NO 2	→ 1309A
1304	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 1306
1305	Was the genital area just nicked without removing any flesh?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1306	Was your genital area sewn closed?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
1307	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS .. [ ][ ] DURING INFANCY . . . . 95 DON'T KNOW 98	
1308	Who performed the circumcision?	**TRADITIONAL** TRAD. CIRCUMCISER . . . . 11 TRAD. BIRTH ATTENDANT . . . . . . 12 OTHER TRAD. _____ 16 (SPECIFY) **HEALTH PROFESSIONAL** DOCTOR . . . . 21 TRAINED NURSE/MIDWIFE . . . . . . 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
1309A	CHECK 214 AND 216: NUMBER OF LIVING DAUGHTERS . . . . [ ][ ]		
1309B	CHECK 1309A: HAS ONE [ ] HAS MORE THAN [ ] HAS NO LIVING [ ] LIVING DAUGHTER ONE LIVING DAUGHTER DAUGHTER		→ 1319
1310	CHECK 1309B: ONE LIVING [ ] MORE THAN ONE [ ] DAUGHTER ↓ LIVING DAUGHTER ↓ Has your daughter Have any of your daughters been circumcised? been circumcised? IF YES: RECORD '01' IF YES: How many?	NUMBER CIRCUMCISED . . . . . . [ ][ ] NO DAUGHTER CIRCUMCISED 00	→ 1318
1311	CHECK 1310: ONE LIVING [ ] MORE THAN ONE [ ] DAUGHTER ↓ LIVING DAUGHTER ↓ What is your Which of your daughters was daughter's name? circumcised most recently? _____ (DAUGHTER'S NAME)	DAUGHTER'S LINE NUMBER FROM Q. 212 . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1312	Now I would like to ask you what was done to (NAME OF THE DAUGHTER FROM Q. 1311) at that time. Was any flesh removed from her genital area?	YES .... 1 NO .... 2 DON'T KNOW 8	→ 1314
1313	Was her genital area just nicked without removing any flesh?	YES .... 1 NO .... 2 DON'T KNOW 8	
1314	Was her genital area sewn closed?	YES .... 1 NO .... 2 DON'T KNOW 8	
1315	How old was (NAME OF THE DAUGHTER FROM Q. 1311) when this occurred? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS . [ ][ ] DURING INFANCY .... 95 DON'T KNOW 98	

1316	Who performed the circumcision?	**TRADITIONAL**
		    TRAD. CIRCUMCISER 11
		    TRAD. BIRTH ATTENDANT 12
		    OTHER TRAD. _____ 16
		                    (SPECIFY)
		HEALTH PROFESSIONAL
		    DOCTOR 21
		    TRAINED NURSE/MIDWIFE 22
		    OTHER HEALTH
		      PROFESSIONAL _____ 26
		                    (SPECIFY)
		DON'T KNOW 98	

1317	CHECK 1309A AND 1310:
	
	    1309A IS HIGHER [ ] 1309A = 1310 [ ] _____
	        THAN 1310 ↓
			1319

1318	Do you intend to have [your (other) daughter/any of your (other) daughters] circumcised?	YES .... 1 NO .... 2 DON'T KNOW 8	

1319	What benefits do girls themselves get if they are circumcised?
	
	PROBE: Any other benefits?
	
	    RECORD ALL MENTIONED.
		CLEANLINESS/HYGIENE .... A
		SOCIAL ACCEPTANCE .... B
		BETTER MARRIAGE PROSPECTS .. C
		PRESERVE VIRGINITY/PREVENT
		    PREMARITAL SEX .... D
		MORE SEXUAL PLEASURE FOR
		    THE MAN .... E
		RELIGIOUS APPROVAL .... F
		
		OTHER _____ X
		            (SPECIFY)
		NO BENEFITS .... Y	

1320	Do you believe that this practice is required by your religion?	YES .... 1 NO .... 2 DON'T KNOW 8	
1321	Do you think that this practice should be continued, or should it be stopped?	CONTINUED .... 1 STOPPED .... 2 DEPENDS .... 3 DON'T KNOW 8	
1322	RECORD THE TIME.	HOUR .... [ ][ ] MINUTES .... [ ][ ]	

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

_____

_____

_____

_____

_____

COMMENTS ON SPECIFIC QUESTIONS:

_____

_____

_____

_____

_____

ANY OTHER COMMENTS:

_____

_____

_____

_____

_____

<u>SUPERVISOR'S OBSERVATIONS</u>

_____

_____

_____

_____

_____

_____

NAME OF SUPERVISOR: _____   DATE: _____

<u>EDITOR'S OBSERVATIONS</u>

_____

_____

_____

_____

NAME OF EDITOR: _____   DATE: _____

INSTRUCTIONS:
ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE
B   BIRTHS
P   PREGNANCIES
T   TERMINATIONS

0   NO METHOD
1   FEMALE STERILIZATION
2   MALE STERILIZATION
3   PILL
4   IUD
5   INJECTABLES
6   IMPLANTS
7   CONDOM
8   FEMALE CONDOM
9   RHYTHM METHOD
J   WITHDRAWAL
K   LACTATIONAL AMENORRHEA METHOD

X   OTHER _____
                        (SPECIFY)

2	04	APR	01		2
0	03	MAR	02		0
0	02	FEB	03		0
9	01	JAN	04		9
	12	DEC	05		
	11	NOV	06		
	10	OCT	07		
	09	SEP	08		
2	08	AUG	09		2
0	07	JUL	10		0
0	06	JUN	11		0
8	05	MAY	12		8
	04	APR	13		
	03	MAR	14		
	02	FEB	15		
	01	JAN	16		
	12	DEC	17		
	11	NOV	18		
	10	OCT	19		
	09	SEP	20		
2	08	AUG	21		2
0	07	JUL	22		0
0	06	JUN	23		0
7	05	MAY	24		7
	04	APR	25		
	03	MAR	26		
	02	FEB	27		
	01	JAN	28		
	12	DEC	29		
	11	NOV	30		
	10	OCT	31		
	09	SEP	32		
2	08	AUG	33		2
0	07	JUL	34		0
0	06	JUN	35		0
6	05	MAY	36		6
	04	APR	37		
	03	MAR	38		
	02	FEB	39		
	01	JAN	40		
	12	DEC	41		
	11	NOV	42		
	10	OCT	43		
	09	SEP	44		
2	08	AUG	45		2
0	07	JUL	46		0
0	06	JUN	47		0
5	05	MAY	48		5
	04	APR	49		
	03	MAR	50		
	02	FEB	51		
	01	JAN	52		
	12	DEC	53		
	11	NOV	54		
	10	OCT	55		
	09	SEP	56		
2	08	AUG	57		2
0	07	JUL	58		0
0	06	JUN	59		0
4	05	MAY	60		4
	04	APR	61		
	03	MAR	62		
	02	FEB	63		
	01	JAN	64		
	12	DEC	65		
	11	NOV	66		
	10	OCT	67		
	09	SEP	68		
2	08	AUG	69		2
0	07	JUL	70		0
0	06	JUN	71		0
3	05	MAY	72		3
	04	APR	73		
	03	MAR	74		
	02	FEB	75		
	01	JAN	76		

CONFIDENTIAL

KENYA NATIONAL BUREAU OF STATISTICS
KENYA DEMOGRAPHIC AND HEALTH SURVEY 2008
MAN'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 MAN _____

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY
				MONTH
				YEAR 2 0 0
INTERVIEWER'S NAME	_____	_____	_____	INT. NUMBER
RESULT**	_____	_____	_____	FINAL RESULT
NEXT VISIT: DATE	_____	_____		TOTAL NUMBER
TIME	_____	_____		OF VISITS

**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) . . . .

***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 _____		
DATE _____	DATE _____		

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

INFORMED CONSENT

Hello. My name is _____ and I am working with the Kenya National Bureau of Statistics. We are conducting a national survey
that asks women about various health issues. We would very much appreciate your participation in this survey.
This information will help the government to plan health services. The survey usually takes between 30 to 60 minutes to complete.
Whatever information you provide will be kept confidential and will not be shown to anyone other than members of our survey team.

Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and
I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey
since your views are important.

At this time, do you want to ask me anything 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 → END

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 untill 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 COUNTRY SIDE . . . . 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	→ 106
104	Just before you moved here, did you live in a city, in a town, or in the countryside?	NAIROBI/ MOMBASA/KISUMU . . . . . 1 OTHER CITY/TOWN . . . . 2 COUNTRY SIDE . . . . 3 OUTSIDE KENYA 4	
106	In what month and year were you born?	MONTH . . . . DON'T KNOW MONTH . . . . 98 YEAR . . . . DON'T KNOW YEAR 9998	
107	How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT.	AGE IN COMPLETED YEARS	
108	Have you ever attended school?	YES . . . . 1 NO 2	→ 112
109	What is the highest level of school you attended: primary, vocational, secondary, or higher?	PRIMARY . . . . 1 POST-PRIMARY/VOCATIONAL . . . . . 2 SECONDARY/'A' LEVEL . . . . 3 COLLEGE (MIDDLE LEVEL) . . . . 4 UNIVERSITY 5	
110	What is the highest (standard/form/year) you completed at that level? IF NONE, WRITE '00'.	STANDARD/FORM/YEAR . . .	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
111	CHECK 109: PRIMARY, ☐ SECONDARY POST-PRIMARY/VOCATIONAL, ↓ OR HIGHER ☐		→ 115

112	Now I would like you to read this sentence to me.
	
	SHOW SENTENCES BELOW TO RESPONDENT.
	
	IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE:
	Can you read any part of the sentence to me?
		CANNOT READ AT ALL 1
		ABLE TO READ ONLY PARTS OF
		   SENTENCE 2
		ABLE TO READ WHOLE SENTENCE. . 3
		NO CARD WITH REQUIRED
		   LANGUAGE _____ 4
		           (SPECIFY LANGUAGE)
		BLIND/VISUALLY IMPAIRED 5	

113	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	
114	CHECK 112: CODE '2', '3' ☐ CODE '1' OR '5' OR '4' CIRCLED ☐ CIRCLED ↓		→ 116
115	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	
116	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	
117	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	
118	What is your religion?	ROMAN CATHOLIC . . . . 1 PROTESTANT/OTHER CHRISTIAN . . . 2 MUSLIM . . . . 3 NO RELIGION . . . . 4 OTHER _____ 6 (SPECIFY)	
119	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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about any children you have had during your life. I am interested in all of the children that are biologically yours, even if they are not legally yours or do not have your last name. Have you ever fathered any children with any woman?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→206
202	Do you have any sons or daughters that you have fathered 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 that you have fathered 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	Have you ever fathered a son or a daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . ☐☐ GIRLS DEAD . . . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL CHILDREN . . . . ☐☐	
209	CHECK 208: HAS HAD HAS HAD ☐ →212 MORE THAN ONLY ONE CHILD ↓ ONE CHILD HAS NOT HAD ☐ ANY CHILDREN →301		
210	Did all of the children you have fathered have the same biological mother?	YES . . . . 1 NO 2	→212
211	In all, how many women have you fathered children with?	NUMBER OF WOMEN . . . . . . ☐☐	
212	How old were you when your (first) child was born?	AGE IN YEARS . . . . ☐☐	
213	CHECK 203 AND 205: AT LEAST ONE ☐ NO LIVING ☐ LIVING CHILD ↓ CHILDREN →301		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
214	How old is your (youngest) child?	AGE IN YEARS	
215	CHECK 214: (YOUNGEST) CHILD ☐ OTHER ☐ IS AGE 0-3 YEARS		→ 301
216	What is the name of your (youngest) child? WRITE NAME OF (YOUNGEST) CHILD _____ (NAME OF (YOUNGEST) CHILD)		
217	When (NAME)'s mother was pregnant with (NAME), did she have any antenatal check-ups?	YES .... 1 NO .... 2 DON'T KNOW 3	→ 219
218	Were you ever present during any of those antenatal check-ups?	PRESENT .... 1 NOT PRESENT 2	
219	Was (NAME) born in a hospital or health facility?	HOSPITAL/HEALTH FACILITY ..... 1 OTHER 2	→ 221

220	What was the main reason why (NAME)'s mother did not deliver in a hospital or health facility?	COST TOO MUCH 01
		FACILITY CLOSED 02
		TOO FAR/NO TRANSPORTATION ... 03
		DON'T TRUST FACILITY/POOR
		   QUALITY SERVICE 04
		NO FEMALE PROVIDER 05
		NOT THE FIRST CHILD 06
		CHILD'S MOTHER DID NOT
		   THINK IT WAS NECESSARY 07
		HE DID NOT THINK
		   IT WAS NECESSARY 08
		FAMILY DID NOT THINK IT WAS
		   NECESSARY 09
		
		OTHER _____ 96
		              (SPECIFY)
		DON"T KNOW 98	

221	When a child has diarrhea, how much should he or she be given to drink: more than usual, the same amount as usual, less than usual, or should he or she not be given anything to drink at all?	MORE THAN USUAL .... 1 ABOUT THE SAME .... 2 LESS THAN USUAL .... 3 NOTHING TO DRINK .... 4 DON'T KNOW 8	

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about? FOR METHODS NOT MENTIONED SPONTANEOUSLY, ASK: Have you ever heard of (METHOD)? 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 METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR METHODS 02, 07, 10, AND 11, ASK 302 IF 301 HAS CODE 1 CIRCLED.		302 Have you or partner ever used (METHOD)?
01	FEMALE STERILIZATION Women can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had a partner who had an operation to avoid having any more children? YES . . . . 1 NO 2
02	MALE STERILIZATION Men can have an operation to avoid having any more children.	YES . . . . 1 NO 2	Have you ever had an operation to avoid having any more children? YES . . . . 1 NO 2
03	PILL Women can take a pill every day to avoid becoming pregnant.	YES . . . . 1 NO 2	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	YES . . . . 1 NO 2
05	INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
06	IMPLANTS 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	YES . . . . 1 NO 2
07	CONDOM Men can put a rubber sheath on their penis before sexual ntercourse.	YES . . . . 1 NO 2	Have you ever used a condom? YES . . . . 1 NO 2
08	FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
09	LACTATIONAL AMENORRHEA METHOD (LAM)	YES . . . . 1 NO 2	YES . . . . 1 NO 2
10	RHYTHM METHOD 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	Have you and your partner ever used rhythm method? YES . . . . 1 NO 2
11	WITHDRAWAL Men can be careful and pull out before climax.	YES . . . . 1 NO 2	Have you ever used the withdrawal method? YES . . . . 1 NO 2
12	EMERGENCY CONTRACEPTION As an emergency measure after sexual intercourse, women can take special pills at any time within 5 days to prevent pregnancy.	YES . . . . 1 NO 2	YES . . . . 1 NO 2
13	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES . . . . 1 _____ (SPECIFY) _____ (SPECIFY) NO 2	YES . . . . 1 NO . . . . 2 YES . . . . 1 NO 2

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302A	CHECK 302: AT LEAST ONE NOT A SINGLE "YES" "YES" **(EVER USED)** ↓ **(NEVER USED)**		→ 303
302B	Are you currently doing something or using any method with any partner to delay or avoid a pregnancy?	YES . . . . 1 NO 2	→ 303
302C	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . A MALE STERILIZATION . . . . B PILL . . . . C IUD . . . . D INJECTABLES . . . . E IMPLANTS . . . . F MALE CONDOM . . . . G FEMALE CONDOM . . . . H LACTATIONAL AMENORRHOEA M. . I RHYTHM METHOD . . . . L WITHDRAWAL . . . . M OTHER _____ X (SPECIFY)	→ 302E → 302E → 302E → 302E
302D	Does your wife/partner know that you are using a method of family planning?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
302E	Would you say that using contraception is mainly your decision, mainly your wife's/partner's decision, or did you both decide together?	MAINLY RESPONDENT . . . . 1 MAINLY WIFE/PARTNER . . . . 2 JOINT DECISION . . . . 3 OTHER _____ 6 (SPECIFY)	

303	In the last few months have you:
	    Heard about family planning on the radio?
	    Seen about family planning on the television?
	    Read about family planning in a newspaper or magazine?
		YES NO
		RADIO 1 2
		TELEVISION 1 2
		NEWSPAPER OR MAGAZINE 1 2	

304	In the last few months, have you talked about family planning with a health worker or health professional?	YES . . . . 1 NO 2	
305	Now I would like to ask you about a woman's risk of pregnancy. From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 307
306	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS .. 1 DURING HER PERIOD . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . 3 HALFWAY BETWEEN 2 PERIODS . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	
307	Do you think that a woman who is breastfeeding her baby can become pregnant?	YES . . . . 1 NO . . . . 2 DEPENDS . . . . 3 DON'T KNOW 8	

308	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one.
	
	a) Contraception is women's business and a man should not have to worry about it.
	b) Women who use contraception may become promiscuous.
		DIS-
		          AGREE AGREE DK
		CONTRACEPTION
		  WOMAN'S BUSINESS . 1 2 8
		WOMAN MAY BECOME
		   PROMISCUOUS . . . 1 2 8	

309	CHECK 301 (07) KNOWS MALE CONDOM YES ☐ NO ☐		→ 401
310	Do you know of a place where a person can get condoms?	YES . . . . 1 NO 2	→ 401

311	Where is that?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVT. HOSPITAL . . . . B
		   GOVT. HEALTH CENTER C
		   GOVERNMENT DISPENSARY . . . . . D
		
		   OTHER PUBLIC _____ E
		           (SPECIFY)
		PRIVATE MEDICAL SECTOR
		   FAITH-BASED, CHURCH, MISSION
		      HOSPITAL / CLINIC . . . . F
		   FHOK/FPAK HEALTH CENTER/
		      CLINIC . . . . G
		   PRIVATE HOSPITAL/CLINIC . . . . . H
		   PHARMACY/CHEMIST I
		   NURSING/MATERNITY HOME . . . . . J
		
		   OTHER PRIV. MEDICAL _____ K
		           (SPECIFY)
		OTHER SOURCE
		   MOBILE CLINIC L
		   COMMUNITY-BASED DISTRIBUTOR M
		   SHOP . . . . N
		   FRIEND/RELATIVE . . . . P
		
		OTHER _____ X
		          (SPECIFY)	

312	If you wanted to, could you yourself get a condom?	YES . . . . 1 NO 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	Are you currently married or living together with a woman as if married?	YES, CURRENTLY MARRIED . . . . 1 YES, LIVING WITH A WOMAN . . . . . 2 → 404 NO, NOT IN UNION 3	
402	Have you ever been married or lived together with a woman as if married?	YES, FORMERLY MARRIED . . . . 1 YES, LIVED WITH A WOMAN . . . . 2 NO . . . . 3 → 413	
403	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . 1 DIVORCED . . . . 2 → 410 SEPARATED 3	
404	Is your wife/partner living with you now or is she staying elsewhere?	LIVING WITH HIM . . . . 1 STAYING ELSEWHERE 2	
405	Do you have more than one wife or woman you live with as if married?	YES . . . . 1 NO . . . . 2 → 407	
406	Altogether, how many wives do you have or other partners do you live with as if married?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . ☐☐	

| 407 | CHECK 405:

ONE WIFE/ PARTNER ☐   MORE THAN ONE WIFE/ PARTNER ☐

Please tell me the name of your wife (the woman you are living with as if married).   Please tell me the name of each of your current wives (and/or of each woman you are living with as if married).

RECORD THE NAME AND THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR EACH WIFE AND LIVE-IN PARTNER.

IF A WOMAN IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.

ASK 408 FOR EACH PERSON. | NAME   LINE NUMBER
_____ ☐☐

_____ ☐☐

_____ ☐☐

_____ ☐☐ | 408 How old was (NAME) on her last birthday?

AGE
☐☐

☐☐

☐☐

☐☐ |

409	CHECK 407: ONE WIFE/ PARTNER ☐ MORE THAN ONE WIFE/ PARTNER ☐		→ 411A
410	Have you been married or lived with a woman only once or more than once?	ONLY ONCE . . . . 1 MORE THAN ONCE . . . . 2 → 411A	
411	In what month and year did you start living with your (wife/ partner)?	MONTH . . . . ☐☐	
411A	Now I would like to ask a question about your first wife/partner. In what month and year did you start living with your first wife/ partner?	DON'T KNOW MONTH . . . . 98 YEAR . . . . ☐☐☐☐ → 413 DON'T KNOW YEAR 9998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
412	How old were you when you first started living with her?	AGE . . . . ☐☐	
413	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
414	Now I would like to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . .00 AGE IN YEARS . . . . ☐☐ FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	→ 417 → 417
415	CHECK 107: AGE ☐ 15-24 AGE 25-54 ☐		→ 501
416	Do you intend to wait until you get married to have sexual intercourse for the first time?	YES . . . . 1 NO . . . . 2 DON'T KNOW/UNSURE 8	→ 501
417	**CHECK 107:** AGE ☐ 15-24 AGE 25-54 ☐		→ 419
418	The first time you had sexual intercourse, was a condom used?	YES . . . . 1 NO . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
419	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . 1 ☐☐ WEEKS AGO . . . . 2 ☐☐ MONTHS AGO . . . . 3 ☐☐ YEARS AGO . . . . 4 ☐☐	→ 435

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
420	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. → SKIP TO 422			
421	When was the last time you had sexual intercourse with this person?		DAYS . 1 ☐☐ WEEKS 2 MONTHS 3 ☐☐	DAYS . 1 ☐☐ WEEKS 2 MONTHS 3 ☐☐
422	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . 1 NO . . . . 2 (SKIP TO 424)←	YES . . . . 1 NO . . . . 2 (SKIP TO 424)←	YES . . . . 1 NO . . . . 2 (SKIP TO 424)←
423	Was a condom used every time you had sexual intercourse with this person in the last 12 months?	YES . . . . 1 NO 2	YES . . . . 1 NO 2	YES . . . . 1 NO 2
424	What was your relationship to this (second/third) person with whom you had sexual intercourse? IF GIRLFRIEND: Were you living together as if married? IF YES, CIRCLE '2'. IF NO, CIRCLE '3'.	WIFE . . . . 1 (SKIP TO 426)← LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY)	WIFE . . . . 1 (SKIP TO 426)← LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY)	WIFE . . . . 1 (SKIP TO 426)← LIVE-IN PARTNER . . . . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . . 3 CASUAL ACQUAINTANCE . . . 4 PROSTITUTE . . . . 5 OTHER _____ 6 (SPECIFY)
425	For how long (have you had/did you have) a sexual relationship with this (second/third) person? IF ONLY HAD SEXUAL RELATIONS WITH THIS PERSON ONCE, RECORD '01' DAYS.	DAYS . 1 ☐☐ MONTHS 2 YEARS 3 ☐☐	DAYS . 1 ☐☐ MONTHS 2 YEARS 3 ☐☐	DAYS . 1 ☐☐ MONTHS 2 YEARS 3 ☐☐
426	The last time you had sexual intercourse with this (second/third) person, did you or this person drink alcohol?	YES . . . . 1 NO . . . . 2 (SKIP TO 428)←	YES . . . . 1 NO . . . . 2 (SKIP TO 428)←	YES . . . . 1 NO . . . . 2 (SKIP TO 429)←
427	Were you or your partner drunk at that time? IF YES: Who was drunk?	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4	RESPONDENT ONLY 1 PARTNER ONLY . . . 2 RESPONDENT AND PARTNER BOTH . 3 NEITHER 4
428	Apart from [this person/these two people], have you had sexual intercourse with any other person in the last 12 months?	YES . . . . 1 (GO BACK TO 421 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 430)←	YES . . . . 1 (GO BACK TO 421 IN NEXT COLUMN) NO . . . . 2 (SKIP TO 430)←	
429	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
430	CHECK 424 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE ☐ NO PARTNERS ARE PROSTITUTES ☐		→ 432
431	CHECK 424 AND 422 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE ☐ OTHER ☐		→ 434 → 435
432	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . 1 NO 2	→ 435
433	The last time you paid someone in exchange for having sexual intercourse, was a (male/famale) condom used?	YES . . . . 1 NO 2	→ 435
434	Was a condom used during sexual intercourse every time you paid someone in exchange for having sexual intercourse in the last 12 months?	YES . . . . 1 NO . . . . 2 DK 8	
435	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95.'	NUMBER OF PARTNERS IN LIFETIME . . . . ☐☐ DON'T KNOW 98	
436	CHECK 422, MOST RECENT PARTNER (FIRST COLUMN): NOT ASKED ☐ CONDOM USED ☐ NO CONDOM USED ☐		442 442
437	You told me that a condom was used the last time you had sex. May I see the package of condoms you were using at that time? RECORD NAME OF BRAND IF PACKAGE SEEN.	PACKAGE SEEN . . . . 1 BRAND NAME _____ ☐☐ (SPECIFY) DOES NOT HAVE/NOT SEEN 2	439
438	Do you know the brand name of the condom used at that time? RECORD NAME OF BRAND.	BRAND NAME _____ ☐☐ (SPECIFY) DON'T KNOW 98	
439	How many condoms did you get the last time?	NUMBER OF CONDOMS . . . . ☐☐ DON'T KNOW 998	
440	The last time you obtained the condoms, how much did you pay in total, including the cost of the condom(s) and any consultation you may have had?	COST . . . . ☐☐☐ FREE . . . . 995 DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
441	Where did you get the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	**PUBLIC SECTOR** GOVT. HOSPITAL . . . . 11 GOVT. HEALTH CENTER . . . . 12 GOVERNMENT DISPENSARY . . . 13 OTHER PUBLIC _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC . . . . 21 FHOK/FPAK HEALTH CENTER/ CLINIC . . . . 22 PRIVATE HOSPITAL/CLINIC . . . . . 23 PHARMACY/CHEMIST . . . . 24 NURSING/MATERNITY HOME . . . . . 25 OTHER PRIV. MEDICAL _____ 26 (SPECIFY) **OTHER SOURCE** MOBILE CLINIC . . . . 31 COMMUNITY-BASED DISTRIBUTOR 41 SHOP . . . . 51 FRIEND/RELATIVE . . . . 61 OTHER _____ 96 (SPECIFY)	
442	CHECK 302 (02): RESPONDENT EVER STERILIZED NO ▢—↓ YES ▢———————————————→		501
443	The last time you had sex did you or your partner use any method (other than a condom) to avoid or prevent a pregnancy?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	⌐→ 501
444	What method did you or your partner use? PROBE: Did you or your partner use any other method to prevent pregnancy? RECORD ALL MENTIONED.	FEMALE STERILIZATION . . . . A PILL . . . . C IUD . . . . D INJECTABLES . . . . E IMPLANTS . . . . F CONDOM . . . . G FEMALE CONDOM . . . . H LACTATION AMENORRHEA METHOD I RHYTHM METHOD . . . . L WITHDRAWAL . . . . M OTHER _____ X (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 407: ONE OR MORE WIVES/PARTNERS □→ QUESTION NOT ASKED □→		508
502	CHECK 302: MAN NOT STERILIZED □→ MAN STERILIZED □→		508
503	(Is your wife (partner) orAre any of your wives (partners)) currently pregnant?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
504	CHECK 503: NO WIFE/PARTNER PREGNANT OR DON'T KNOW □↓ WIFE(WIVES)/ PARTNER(S) PREGNANT □↓ 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(ren) you and your (wife(wives)/partner(s)) 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 COUPLE INFECUND . . . . 3 WIFE (WIVES)/PARTNER(S) STERILIZED . . . . 4 UNDECIDED/DON'T KNOW 8	508
505	CHECK 407: ONE WIFE/ PARTNER □↓ MORE THAN ONE WIFE/ PARTNER □→		507
506	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW □↓ WIFE/PARTNER PREGNANT □↓ 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 COUPLE INFECUND . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	508

507	How long would you like to wait from now before the birth of (a/another) child?	MONTHS . . . . 1 ☐☐
		YEARS . . . . 2 ☐☐
		SOON/NOW 993
		HE/ALL HIS WIVES/PARTNERS
		  ARE INFECUND 994
		OTHER _____ 996
		          (SPECIFY)
		DON'T KNOW 998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
508	CHECK 203 AND 205: HAS LIVING CHILDREN ☐ NO LIVING CHILDREN ☐ 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)	→ 601 → 601
509	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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	Have you done any work in the last seven days?	YES . . . . 1 NO 2	→ 604
602	Although you did not work in the last seven days, do you have any job or business from which you were absent for leave, illness, vacation, or any other such reason?	YES . . . . 1 NO 2	→ 604
603	Have you done any work in the last 12 months?	YES . . . . 1 NO 2	→ 613
604	What is your occupation, that is, what kind of work do you mainly do?		
605	CHECK 604: WORKS IN DOES NOT WORK AGRICULTURE IN AGRICULTURE		→ 607
606	Do you work mainly on your own land or on family land, or do you work on land that you rent from someone else, or do you work on someone else's land?	OWN LAND . . . . 1 FAMILY LAND . . . . 2 RENTED LAND . . . . 3 SOMEONE ELSE'S LAND . . . . 4 OTHER _____ 6 (SPECIFY)	→ 607
606A	Think back over the past year. Were there any times when your household did not have enough food to eat? How often did it happen that people went hungry because there was not enough food?	NEVER / SELDOM/ ONLY A FEW TIMES 1 OFTEN . . . . 2 ALWAYS / EVERY DAY 3	
606B	Do you believe there is sufficient land here for your children to stay and live?	YES . . . . 1 NO 2	
607	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	
608	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	
609	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . . . 1 CASH AND KIND . . . . 2 IN KIND ONLY . . . . 3 NOT PAID 4	
610	CHECK 407: ONE OR MORE QUESTION WIVES/PARTNERS NOT ASKED		→ 613
611	CHECK 609: CODE 1 OR 2 OTHER CIRCLED		→ 613
612	Who usually decides how the money you earn will be used: mainly you, mainly your (wife (wives)/partner(s)), or you and your (wife (wives)/partner(s)) jointly?	RESPONDENT . . . . 1 WIFE(WIVES)/PARTNER(S) . . . . . . 2 RESPONDENT AND WIFE (WIVES)/ PARTNER(S) JOINTLY . . . . 3 OTHER _____ 6 SPECIFY	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
613	In a couple, who do you think should have the greater say in each of the following decisions: the husband, the wife or both equally:	HUS-BAND	WIFE	BOTH EQUALLY	DON'T KNOW/ DEPENDS	
	a) making major household purchases?	a) 1	2	3	8	
	b) making purchases for daily household needs?	b) 1	2	3	8	
	c) deciding about visits to the wife's family or relatives?	c) 1	2	3	8	
	d) deciding what to do with the money she earns for her work?	d) 1	2	3	8	
	e) deciding how many children to have and when?	e) 1	2	3	8	
614	I will now read you some statements about pregnancy. Please tell me if you agree or disagree with them.		AGREE	DIS-AGREE	DK	
	a) Childbearing is a woman's concern and there is no need for the father to get involved.	CHILDBEARING WOMAN'S CONCERN	1	2	8	
	b) It is crucial for the mother's and child's health that a woman have assistance from a doctor or nurse at delivery.	DOCTOR/NURSE'S ASSISTANCE CRUCIAL	1	2	8	
615	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	
616	Do you think that if a woman refuses to have sex with her husband when he wants her to, he has the right to…		YES	NO	DON'T KNOW/ DEPENDS	
	a) Get angry and reprimand her?	a)	1	2	8	
	b) Refuse to give her money or other means of support?	b)	1	2	8	
	c) Use force and have sex with her even if she doesn't want to?	c)	1	2	8	
	d) Have sex with another woman?	d)	1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . 1 NO 2	→ 717
702	Can people reduce their chance of getting the AIDS virus by having just one uninfected sex partner who has no other sex partners?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
703	Can people get the AIDS virus from mosquito bites?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
704	Can people reduce their chance of getting the AIDS virus by using a condom every time they have sex?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
705	Can people get the AIDS virus by sharing food with a person who has AIDS?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
706	Can people reduce their chance of getting the AIDS virus by not having sexual intercourse at all?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
707	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
708A	Is there anything else a person can do to avoid getting AIDS or the virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	→ 709 → 709

708B	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 PARTNER . . . 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
		
		OTHERS (SPECIFY)_____ W
		
		OTHERS (SPECIFY)_____ X
		
		DON'T KNOW Z	

709	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
710	Do you know someone personally who has the virus that causes AIDS or someone who died of AIDS?	YES . . . . 1 NO 2	
711	Can the virus that causes AIDS be transmitted from a mother to her baby: During pregnancy? During delivery? By breastfeeding?	YES NO DK DURING PREG. . . . . . 1 2 8 DURING DELIVERY . . . 1 2 8 BREASTFEEDING . . . 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
712	CHECK 711: AT LEAST ONE 'YES' ☐ OTHER ☐		→ 713
712A	Are there any special drugs that a doctor or a nurse can give to a woman infected with the AIDS virus to reduce the risk of transmission to the baby?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
713	CHECK 401: YES, CURRENTLY MARRIED/ LIVING WITH A WOMAN ☐ FORMERLY MARRIED/ LIVED WITH A WOMAN ☐ NEVER MARRIED/ NEVER LIVED WITH A WOMAN ☐		→ 714A
714	Have you ever talked with (your wife/the woman you are with) about ways to prevent getting the virus that causes AIDS?	YES . . . . 1 NO 2	
714A	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had the AIDS virus?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
715	If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
716	If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
716A	In your opinion, if a female teacher has the AIDS virus, but is not sick, should she be allowed to continue teaching in the school?	SHOULD BE ALLOWED . . . . 1 SHOULD NOT BE ALLOWED . . . . 2 DK/NOT SURE/DEPENDS 8	
716B	Should children age 12-14 years be taught about using condoms to avoid getting AIDS?	YES . . . . 1 NO . . . . 2 DK/NOT SURE/DEPENDS 8	
716B1	Do you think your chances of getting AIDS are small, moderate, great or no risk at all?	NO RISK AT ALL . . . . 1 SMALL . . . . 2 MODERATE . . . . 3 GREAT . . . . 4 HAS AIDS 5	→ 716B3 → 716B4
716B2	Why do you think that you have (no risk/small chance) of getting AIDS? Any reasons? CIRCLE ALL MENTIONED	IS NOT HAVING SEX . . . . A USES CONDOM . . . . B HAS ONLY ONE PARTNER . . . . C LIMITS THE NUMBER OF PARTNERS .. D PATNER HAS NO OTHER PATNERS .. E OTHERS _____ X (SPECIFY)	→716B4
716B3	Why do you think that you have (moderate/great) chance of getting AIDS? Any reasons? CIRCLE ALL MENTIONED	DOES NOT USE CONDOM . . . . A HAS MORE THAN ONE SEX PARTNER B PARTNER HAS OTHER PARTNERS . . . C HOMOSEXUAL CONTACTS . . . . D HAD BLOOD TRANSFUSION/INJECTION E OTHERS _____ X (SPECIFY)	
716B4	Have you ever heard of VCT?	YES . . . . 1 NO 2	
716C	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	→ 716D
716C1	When was the last time you were ever tested?	LESS THAN 12 MONTHS AGO . . . . . 1 12-23 MONTHS AGO . . . . 2 2 YEARS OR MORE AGO 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
716C2	The last time you were tested, did you ask for the test, was it offered to you and you accepted, or was ir required?	ASKED FOR TEST . . . . 1 OFFERED AND ACCEPTED . . . . 2 REQUIRED 3	
716C3	I do not want to know the results, but did you get the results of the test?	YES . . . . 1 NO 2	

716C4	Where was the test done?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE 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
		   MISSIONARY/CHURCH HOSP./CLINIC 21
		   FPAK HEALTH CENTRE/CLINIC . . . 22
		   PRIVATE HOSPITAL/CLINIC 23
		   VCT CENTRE 24
		   NURSING/MATERNITY HOMES . . . 25
		   BLOOD TRANSFUSION SERVICES 26
		   OTHER PRIVATE
		      MEDICAL_____ 27
		              (SPECIFY)
		
		OTHER _____ 96
		           (SPECIFY)
			→ 717

716D	Would you want to be tested for the AIDS virus?	YES . . . . 1 NO . . . . 2 DK/NOT SURE 8	
716E	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . 1 NO 2	→ 717

716F	Where is that?
	
	Any other place?
	
	IF SOURCE IS HOSPITAL, HEALTH CENTRE OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	NAME OF PLACE _____
	
	IF NURSING/MATERNITY HOME, ASK IF IT IS RUN BY A CHURCH OR MISSION. IF SO, CIRCLE CODE "E".
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVT. HEALTH CENTRE/CLINIC . . . B
		   GOVERNMENT DISPENSARY C
		
		   OTHER PUBLIC _____ D
		                 (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   MISSIONARY/CHURCH HOSP./CLINIC E
		   FPAK HEALTH CENTRE/CLINIC . . . F
		   PRIVATE HOSPITAL/CLINIC . . . . . G
		   VCT CENTRE . . . . H
		   NURSING/MATERNITY HOMES . . . I
		   BLOOD TRANSFUSION SERVICES J
		   OTHER PRIVATE
		      MEDICAL_____ K
		              (SPECIFY)
		
		OTHER _____ X
		           (SPECIFY)	

717	CHECK 701: HEARD ABOUT AIDS □ NOT HEARD ABOUT AIDS □ Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? Have you heard about infections that can be transmitted through sexual contact?	YES . . . . 1 NO 2	→ 719A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

718	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 SMELL/DISCHARGE C
		BURNING PAIN ON URINATION ..... D
		REDNESS/INFLAMATION 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
		OTHERS W
		         (SPECIFY)
		OTHERS X
		         (SPECIFY)
		NO SYMPTOMS .... Y
		DOES NOT KNOW .... Z	

719	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 SMELL/DISCHARGE C
		BURNING PAIN ON URINATION ..... D
		REDNESS/INFLAMATION 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
		OTHERS W
		         (SPECIFY)
		OTHERS X
		         (SPECIFY)
		NO SYMPTOMS .... Y
		DOES NOT KNOW .... Z	

719A	CHECK 414: HAS HAD SEXUAL INTERCOURSE ☐ HAS NOT HAD SEXUAL INTERCOURSE ☐		801
719A1	CHECK 717: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐		719C
719B	Now I would like to ask you some questions about your health in the last twelve months. During the last twelve months have you had a sexually transmitted disease?	YES .... 1 NO .... 2 DON'T KNOW 8	
719C	Sometimes men experience an abnormal discharge from their penis. During the last twelve months, have you had an abnomal discharge from your penis?	YES .... 1 NO .... 2 DON'T KNOW 8	
719D	Sometimes men have a sore or ulcer on or near their penis. During the last twelve months have you had a sore or ulcer on or near your penis?	YES .... 1 NO .... 2 DON'T KNOW 8	

719E	CHECK 719B, 719C AND 719D HAS NOT HAD
	  HAS HAD AN INFECTION ☐ AN INFECTION OR
	     (ANY 'YES') DOES NOT KNOW ☐
			801

719F	Last time you had (PROBLEM(S) FROM 719B/719C/719D), did you seek any kind of advice or treatment?	YES .... 1 NO 2	719H

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

719G	Where did you go?
	
	Any other place?
	
	PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).
	
	IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER VCT CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.
	
	_____
	(NAME OF PLACE(S))
		PUBLIC SECTOR
		   GOVERNMENT HOSPITAL . . . . A
		   GOVT. HEALTH CENTRE/CLINIC . . . B
		   GOVERNMENT DISPENSARY C
		
		   OTHER PUBLIC_____ D
		           (SPECIFY)
		
		PRIVATE MEDICAL SECTOR
		   MISSIONARY/CHURCH HOSP./CLINIC E
		   FPAK HEALTH CENTRE/CLINIC . . . F
		   PRIVATE HOSPITAL/CLINIC . . . . . G
		   VCT CENTRE . . . . H
		   NURSING/MATERNITY HOMES . . . I
		   BLOOD TRANSFUSION SERVICES J
		   OTHER PRIVATE
		     MEDICAL_____ K
		         (SPECIFY)
		
		OTHER SOURCE
		   TRADITIONAL HEALER L
		   SHOP/PHARMACY . . . . M
		   FRIENDS OR RELATIVES . . . . N
		
		   OTHER_____ X
		         (SPECIFY)	

719H	When you had (PROBLEM(S) FROM 719B/719C/719D), did you inform the person(s) with whom you were having sex?	YES, INFORMED ALL PARTNERS . . . 1 NO, INFORMED NONE . . . . 2 INFORMED SOME NOT ALL . . . . 3 DID NOT HAVE A PARTNER 4	→ 801
719I	When you had (PROBLEM(S) FROM 719B/719C/719D), did you do anything to avoid infecting your sexual partners(s)	YES . . . . 1 NO . . . . 2 DID NOT HAVE A PARTNER 3	→ 801 → 801

719J	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	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . 1 NO 2	→ 805

802	How does tuberculosis spread from one person to another?
	
	PROBE: Any other ways?
	
	RECORD ALL MENTIONED.
		THROUGH THE AIR WHEN
		   COUGHING OR SNEEZING . . . . A
		THROUGH SHARING UTENSILS . . . . . B
		THROUGH TOUCHING A PERSON
		   WITH TB C
		THROUGH FOOD . . . . D
		THROUGH SEXUAL CONTACT . . . . . E
		THROUGH MOSQUITO BITES . . . . F
		
		OTHER _____ X
		             (SPECIFY)
		DON'T KNOW . . . . Z	

803	Can tuberculosis be cured?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
804	If a member of your family got tuberculosis, would you want it to remain a secret or not?	YES, REMAIN A SECRET . . . . 1 NO . . . . 2 DON'T KNOW/NOT SURE/ DEPENDS 8	
805	Some men are circumcised. Are you circumcised?	YES . . . . 1 NO . . . . 2 DON'T KNOW 8	
810	Do you currently smoke cigarettes?	YES . . . . 1 NO 2	→ 812
811	In the last 24 hours, how many cigarettes did you smoke?	CIGARETTES . . . . [ ][ ]	
812	Do you currently smoke or use any other type of tobacco?	YES . . . . 1 NO 2	→ 814
813	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . A CHEWING TOBACCO . . . . B SNUFF . . . . C OTHER _____ X (SPECIFY)	
814	Are you covered by any health insurance?	YES . . . . 1 NO 2	→ 820

815	What type of health insurance?
	
	RECORD ALL MENTIONED.
		MUTUAL HEALTH ORGANIZATION/
		   COMMUNITY BASED HEALTH
		   INSURANCE . . . . A
		HEALTH INSURANCE THROUGH
		   EMPLOYER . . . . B
		SOCIAL SECURITY C
		OTHER PRIVATELY PURCHASED
		   COMMERCIAL HEALTH INSURANCE. D
		OTHER _____ X
		             (SPECIFY)	

820	RECORD THE TIME.	HOUR . . . . [ ][ ] MINUTES . . . . [ ][ ]	

<u>INTERVIEWER'S OBSERVATIONS</u>

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

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COMMENTS ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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<u>SUPERVISOR'S OBSERVATIONS</u>

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NAME OF SUPERVISOR: _____   DATE: _____

<u>EDITOR'S OBSERVATIONS</u>

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NAME OF EDITOR: _____   DATE: _____