QUESTIONNAIRES

Appendix E

OVERVIEW OF DATA COLLECTED IN FULL AND SHORT QUESTIONNAIRES

Household Questionnaire

	Full	Short
Composition (e.g., headship, size, age, sex, education)	•	•
Characteristics (e.g., source of water, type of sanitation facilities; exposure to second-hand smoke inside the home)	•	•
Wealth index	•	•
Household ownership and use of mosquito nets	•	•
Household ownership of dwelling, land	•	
Household receipt of social assistance	•	
Nutritional status of women age 15-49 years[1]	•	
Nutritional status of children under age five years	•	•

Woman's Questionnaire

	Full	Short
Individual characteristics (e.g., age, sex, education, marital status, media exposure)	•	•
Fertility and reproductive history	•	•
Knowledge and use of family planning methods	•	•
Fertility preferences	•	
Antenatal and delivery care	•	•
Breastfeeding	•	
Vaccinations and childhood illnesses	•	•
Infant and child feeding practices	•	
Childhood mortality	•	•
Marriage and sexual activity	•	•
Woman's work and husband's background characteristics	•	
Awareness and behaviour about HIV and other sexually transmitted infections	•	•
Adult and maternal mortality	•	
Domestic violence	•	
Female circumcision	•	
Fistula	•	

[1] Women's nutritional status, calculated from anthropometry measurements, is an exception to the 2014 KDHS recommendations for estimation of indicators at the county level. Although anthropometry data were not collected from women in the one-half of households administered the short questionnaire, there are sufficient cases from the one-half of households administered the full questionnaire to calculate county level estimates of women's nutritional status.

1 **LONG VERSION**

QUESTIONNAIRE SERIAL NUMBER _____

KNBS KENYA NATIONAL BUREAU OF STATISTICS *Keeping you informed*

2014 KENYA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE - LONG VERSION

CONFIDENTIAL

REPUBLIC OF KENYA

IDENTIFICATION

COUNTY _____	☐☐☐
DISTRICT _____	☐☐
LOCATION/TOWN _____	
SUBLOCATION _____	
NASSEP CLUSTER NUMBER	☐☐☐☐
KDHS CLUSTER NUMBER	☐☐☐☐
HOUSEHOLD NUMBER	☐☐☐
NAME OF HOUSEHOLD HEAD _____	
IS HOUSEHOLD SELECTED FOR WOMEN'S SECTION 14? (YES=1; NO=2)	☐

INTERVIEWER VISITS

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

*RESULT CODES:
1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME / NO COMPETENT RESPONDENT AT 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)

LINE NO. OF RESPONDENT TO HOUSHOLD QUESTIONNAIRE ☐☐

TOTAL PERSONS IN HOUSEHOLD ☐☐

TOTAL ELIGIBLE WOMEN ☐☐

TOTAL ELIGIBLE MEN ☐☐

LANGUAGE OF QUESTIONNAIRE** 1 7 — LANGUAGE OF INTERVIEW: ☐☐ — NATIVE LANGUAGE OF RESPONDENT: ☐☐

LANGUAGE OF QUESTIONNAIRE: **English**

TRANSLATOR USED (YES = 1, NO = 2) ☐

**LANGUAGE CODES:

01 BORANA	05 KIKUYU	09 LUO	13 POKOT	17 ENGLISH
02 EMBU	06 KISII	10 MAASAI	14 SOMALI	18 OTHER
03 KALENJIN	07 LUHYA	11 MERU	15 SWAHILI	
04 KAMBA	08 MARAGOLI	12 MIJIKENDA	16 TURKANA	

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

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INTRODUCTION AND CONSENT

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

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER				IF AGE 0-17 YEARS	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
	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 5-20A 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)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED/LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	Is (NAME)'s natural mother alive? Y N DK 1 2 8 GO TO 14	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.
01			M F 1 2	Y N 1 2	Y N 1 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		

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

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS		IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	
	14	15	16	17	18	19	19A	19B	20	20A
	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During the 2014 school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2013 school year?	During the 2013 school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Has (NAME) ever been registered with the civil authority? IF YES: With a birth certificate? 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=NO MONEY 3=NOT AWARE 4=NOT NECESSARY 5=NOMADIC LIFE, DIFFICULT TERRAIN, INSECURITY 8=OTHER
	Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y1 Y2 DK NO	
01	1 2 8 → GO TO 16		1 2 → GO TO 20		1 2 → GO TO 19A		1 2 → GO TO 20		1 2 8 → TO NEXT LINE; 3 → TO 20A	
02	1 2 8 → GO TO 16		1 2 → GO TO 20		1 2 → GO TO 19A		1 2 → GO TO 20		1 2 8 → TO NEXT LINE; 3 → TO 20A	
03	1 2 8 → GO TO 16		1 2 → GO TO 20		1 2 → GO TO 19A		1 2 → GO TO 20		1 2 8 → TO NEXT LINE; 3 → TO 20A	
04	1 2 8 → GO TO 16		1 2 → GO TO 20		1 2 → GO TO 19A		1 2 → GO TO 20		1 2 8 → TO NEXT LINE; 3 → TO 20A	
05	1 2 8 → GO TO 16		1 2 → GO TO 20		1 2 → GO TO 19A		1 2 → GO TO 20		1 2 8 → TO NEXT LINE; 3 → TO 20A	
06	1 2 8 → GO TO 16		1 2 → GO TO 20		1 2 → GO TO 19A		1 2 → GO TO 20		1 2 8 → TO NEXT LINE; 3 → TO 20A	
07	1 2 8 → GO TO 16		1 2 → GO TO 20		1 2 → GO TO 19A		1 2 → GO TO 20		1 2 8 → TO NEXT LINE; 3 → TO 20A	
08	1 2 8 → GO TO 16		1 2 → GO TO 20		1 2 → GO TO 19A		1 2 → GO TO 20		1 2 8 → TO NEXT LINE; 3 → TO 20A	
09	1 2 8 → GO TO 16		1 2 → GO TO 20		1 2 → GO TO 19A		1 2 → GO TO 20		1 2 8 → TO NEXT LINE; 3 → TO 20A	
10	1 2 8 → GO TO 16		1 2 → GO TO 20		1 2 → GO TO 19A		1 2 → GO TO 20		1 2 8 → TO NEXT LINE; 3 → TO 20A	

CODES FOR Qs. 17, 19, AND 19B: EDUCATION

LEVEL

0 = PRE-PRIMARY
1 = PRIMARY
2 = POST-PRIMARY, VOCATIONAL
3 = SECONDARY/'A' LEVEL
4 = COLLEGE (MIDDLE LEVEL)
5 = UNIVERSITY
8 = DON'T KNOW

GRADE

00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 19 OR 19B)
98 = DON'T KNOW

							IF AGE 15 OR OLDER				IF AGE 0-17 YEARS	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
	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 5-20A 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)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED/LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49	CIRCLE LINE NUMBER OF ALL MEN AGE 15-54	CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	Is (NAME)'s natural mother alive? Y N DK 1 2 8 GO TO 14	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.
11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS		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 ☐

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 ☐

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	IF AGE 0-17 YEARS		IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	
	14	15	16	17	18	19	19A	19B	20	20A
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	Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y1 Y2 DK NO	
11	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO TO NEXT LINE 20A	
12	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO TO NEXT LINE 20A	
13	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO TO NEXT LINE 20A	
14	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO TO NEXT LINE 20A	
15	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO TO NEXT LINE 20A	
16	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO TO NEXT LINE 20A	
17	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO TO NEXT LINE 20A	
18	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO TO NEXT LINE 20A	
19	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO TO NEXT LINE 20A	
20	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO TO NEXT LINE 20A	

CODES FOR Qs. 17, 19, AND 19B: EDUCATION

LEVEL
0 = PRE-PRIMARY
1 = PRIMARY
2 = POST-PRIMARY, VOCATIONAL
3 = SECONDARY/'A' LEVEL
4 = COLLEGE (MIDDLE LEVEL)
5 = UNIVERSITY
8 = DON'T KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETED
(USE '00' FOR Q. 17 ONLY.
THIS CODE IS NOT ALLOWED
FOR Q. 19 OR 19B)
98 = DON'T KNOW

101A

TABLE FOR SELECTION OF WOMEN FOR SECTION 14: DOMESTIC VIOLENCE QUESTIONS

ONLY ONE INDIVIDUAL (ONE WOMAN OR ONE MAN) SHOULD BE SELECTED FOR DOMESTIC VIOLENCE QUESTIONS

CHECK COVER PAGE:
HOUSEHOLD SELECTED FOR WOMEN'S SECTION 14?

YES ☐ → USE THE TABLE BELOW TO SELECT ONE WOMAN FROM THIS HH TO BE INTERVIEWED WITH THE DV QUESTIONS

NO ☐ → GO TO 101B

HOW TO USE THE TABLE FOR SELECTION OF A RESPONDENT

LAST DIGIT OF QUESTIONANIRE SERIAL NUMBER (GO TO THIS ROW NUMBER) ☐

TOTAL NUMBER OF ELIGIBLE WOMEN (COL 9) (GO TO THIS COLUMN NUMBER) ☐
IF ZERO → GO TO 102

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE WOMEN (COLUMN 9) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE WOMAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE WOMEN IN COLUMN 9 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED WOMAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 9 SHOWS THAT THERE ARE THREE ELIGIBLE WOMEN AGE 15-49 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE WOMEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND WOMAN WHO IS ELIGIBLE FOR THE WOMAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HER NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE WOMEN AGE 15-49 IN HOUSEHOLD SCHEDULE COLUMN 9							
	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

NAME OF SELECTED WOMAN: _____ **HH LINE NUMBER OF SELECTED WOMAN:** ☐☐

GO TO 102 →

101B

TABLE FOR SELECTION OF MEN FOR SECTION 10: DOMESTIC VIOLENCE QUESTIONS

ONLY ONE INDIVIDUAL (ONE WOMAN OR ONE MAN) SHOULD BE SELECTED FOR DOMESTIC VIOLENCE QUESTIONS

CHECK COVER PAGE:
HOUSEHOLD SELECTED FOR WOMEN'S SECTION 14?

NO ☐ → USE THE TABLE BELOW TO SELECT ONE MAN FROM THIS HH TO BE INTERVIEWED WITH THE DV QUESTIONS

YES ☐ → GO TO 102

HOW TO USE THE TABLE FOR SELECTION OF A RESPONDENT

LAST DIGIT OF QUESTIONNAIRE SERIAL NUMBER (GO TO THIS ROW NUMBER) ☐

TOTAL NUMBER OF ELIGIBLE MEN (COL 10) (GO TO THIS COLUMN NUMBER) ☐
IF ZERO → GO TO 102

LOOK AT THE LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER ON THE COVER PAGE. THIS IS THE ROW NUMBER YOU SHOULD GO TO. CHECK THE TOTAL NUMBER OF ELIGIBLE MEN (COLUMN 10) IN THE HOUSEHOLD SCHEDULE. THIS IS THE COLUMN NUMBER YOU SHOULD GO TO. FOLLOW THE SELECTED ROW AND COLUMN TO THE CELL WHERE THEY MEET AND CIRCLE THE NUMBER IN THE CELL. THIS IS THE NUMBER OF THE MAN SELECTED FOR THE DOMESTIC VIOLENCE QUESTIONS FROM THE LIST OF ELIGIBLE MEN IN COLUMN 10 OF THE HOUSEHOLD SCHEDULE. WRITE THE NAME AND LINE NUMBER OF THE SELECTED MAN IN THE SPACE BELOW THE TABLE.

EXAMPLE: THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER IS '716' AND THE HOUSEHOLD SCHEDULE COLUMN 10 SHOWS THAT THERE ARE THREE ELIGIBLE MEN AGE 15-54 IN THE HOUSEHOLD (LINE NUMBERS 02, 04, AND 05). SINCE THE LAST DIGIT OF THE HOUSEHOLD SERIAL NUMBER IS '6' GO TO ROW '6' AND SINCE THERE ARE THREE ELIGIBLE MEN IN THE HOUSEHOLD, GO TO COLUMN '3'. FOLLOW THE ROW AND COLUMN AND FIND THE NUMBER IN THE CELL WHERE THEY MEET ('2') AND CIRCLE THE NUMBER. NOW GO TO THE HOUSEHOLD SCHEDULE AND FIND THE SECOND MAN WHO IS ELIGIBLE FOR THE MAN'S INTERVIEW (LINE NUMBER '04' IN THIS EXAMPLE). WRITE HIS NAME AND LINE NUMBER IN THE SPACE BELOW THE TABLE.

LAST DIGIT OF THE HOUSEHOLD QUESTIONNAIRE SERIAL NUMBER	TOTAL NUMBER OF ELIGIBLE MEN AGE 15-54 IN HOUSEHOLD SCHEDULE COLUMN 10							
	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

NAME OF SELECTED MAN: _____ **HH LINE NUMBER OF SELECTED MAN:** ☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/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)	→ 105 → 105
103	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back? IF 995 OR MORE, ENTER '995'.	MINUTES . . . . . 1 ☐☐☐ DON'T KNOW 998	
104A	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)	
105	Do you do anything to the water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 107
106	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 COVER THE WATER CONTAINER . . . . . G OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
107	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)	→ 110
108	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 110
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . [0] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
110	Does your household have:	YES NO a) ELECTRICITY . . . . . 1 2 b) RADIO . . . . . 1 2 c) TELEVISION . . . . . 1 2 d) MOBILE TELEPHONE . . . . . 1 2 e) NON-MOBILE TELEPHONE . . . 1 2 f) REFRIGERATOR . . . . . 1 2 g) SOLAR PANEL . . . . . 1 2 h) TABLE . . . . . 1 2 i) CHAIR . . . . . 1 2 j) SOFA . . . . . 1 2 k) BED . . . . . 1 2 l) CUPBOARD . . . . . 1 2 m) CLOCK . . . . . 1 2 n) MICROWAVE OVEN . . . . . 1 2 o) DVD PLAYER . . . . . 1 2 p) CASSETTE/CD PLAYER . . . . . 1 2 a) Electricity? b) A radio? c) A television? d) A mobile telephone? e) A non-mobile telephone? f) A refrigerator? g) A solar panel? h) A table? i) A chair? j) A sofa? k) A bed? l) A cupboard? m) A clock? n) A microwave oven? o) A DVD player? p) A cassette or CD player?	
110A	Does this household receive a cash transfer or any social assistance from the government?	YES . . . . . 1 NO 2	→ 111

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110B	For what reason does the household receive a cash transfer or social assistance? Any other reason? RECORD ALL MENTIONED	ORPHANED CHILDREN 18 YEARS OR YOUNGER . . . . . A ELDERLY PERSON . . . . . B PERSON WITH SEVERE DISABILITY . . . . . C URBAN FOOD SUBSIDY . . . . . D FOOD AID FOR PERSONS IN ARID AND SEMI-ARID LANDS . . . . . E HEALTH VOUCHER . . . . . F FOOD/CASH FOR WORK . . . . . G SCHOOL FEEDING . . . . . H HUNGER SAFETY NET PROGRAMME . . . . . I OTHER _____ X (SPECIFY)	
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . . 01 LPG\NATURAL GAS . . . . . 02 BIOGAS . . . . . 04 PARAFIN/KEROSENE . . . . . 05 COAL, LIGNITE . . . . . 06 CHARCOAL . . . . . 07 WOOD . . . . . 08 STRAW/SHRUBS/GRASS . . . . . 09 AGRICULTURAL CROP . . . . . 10 ANIMAL DUNG . . . . . 11 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	→ 114
112	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)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	
114	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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF . . . . . 11 THATCH/GRASS/MAKUTI . . . . . 12 DUNG/MUD/SOD . . . . . 13 RUDIMENTARY ROOFING IRON SHEETS . . . . . 21 TIN CANS . . . . . 22 FINISHED ROOFING ASBETOS SHEET . . . . . 31 CONCRETE . . . . . 32 TILES . . . . . 33 OTHER _____ 96 (SPECIFY)	
116	MAIN MATERIAL OF THE EXTERNAL WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS . . . . . 11 CANE/PALM/TRUNKS . . . . . 12 DUNG/MUD/SOD . . . . . 13 RUDIMENTARY WALLS BAMBOO WITH MUD . . . . . 21 STONE WITH MUD . . . . . 22 UNCOVERED ADOBE . . . . . 23 PLYWOOD . . . . . 24 CARDBOARD . . . . . 25 REUSED WOOD . . . . . 26 IRON SHEETS . . . . . 27 FINISHED WALLS CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 COVERED ADOBE . . . . . 35 WOOD PLANKS/SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	
117	How many rooms in this household are used for sleeping?	ROOMS	
118	Does any member of this household own: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car or truck? f) A boat with a motor?	YES NO a) WATCH . . . . . 1 2 b) BICYCLE . . . . . 1 2 c) MOTORCYCLE/SCOOTER . 1 2 d) ANIMAL-DRAWN CART . . . 1 2 e) CAR/TRUCK . . . . . 1 2 f) BOAT WITH MOTOR 1 2	
118A	Does your household own this structure (house, flat, shack), do you pay rent, or do you live here without paying rent?	OWNS . . . . . 1 PAYS RENT/LEASE . . . . . 2 NO RENT W. CONSENT OF OWNER . . . . . 3 NO RENT, SQUATTING 4	
118B	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	
119	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 121

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	How many acres or hectares of agricultural land do members of this household own? ACRES / HECTARES: IF 995 OR MORE, RECORD '995.0' IN APPROPRIATE BOX. PLOT SIZE (SQ FT): IF 99995 OR MORE, RECORD '99995.0' IN APPROPRIATE BOX.	ACRES . . . . . 1 ☐☐☐.☐ HECTARES . . . . . 2 ☐☐☐.☐ PLOT SIZE (SQ FT) 3 ☐☐☐☐☐.☐ DON'T KNOW 9999998	
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO 2	→ 123
122	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. a) Local cattle (indigenous)? b) Exotic/grade cattle? c) Horses, donkeys, or camels? d) Goats? e) Sheep? f) Chickens?	a) LOCAL CATTLE . . . . . ☐☐ b) EXOTIC/GRADE CATTLE . . . . . ☐☐ c) HORSES/DONKEYS/CAMELS . . . ☐☐ d) GOATS . . . . . ☐☐ e) SHEEP . . . . . ☐☐ f) CHICKENS . . . . . ☐☐	
123	Does any member of this household have a bank account?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
123A	In the past 7 days were there days when your household did not have enough food or money to buy food?	YES . . . . . 1 NO 2	→ 123C
123B	How many days did your household have to: a) Rely on less preferred, less expensive food? b) Rely on borrowed food from friends or relatives? c) Reduce the number of meals eaten per day? d) Reduce the portion size of meals? e) Reduce the quantities eaten by adults in order for small children to eat?	NUMBER OF DAYS a) LESS PREFERRED FOOD . . . . . ☐ b) RELY ON BORROWED FOOD . . . . . ☐ c) REDUCE NUMBER OF MEALS . . . . . ☐ d) REDUCE SIZE OF MEALS . . . . . ☐ e) REDUCE QUANTITIES FOR ADULTS . ☐	
123C	How often does anyone smoke inside your house? Would you say daily, weekly, monthly, less than monthly, or never?	DAILY . . . . . 1 WEEKLY . . . . . 2 MONTHLY . . . . . 3 LESS THAN MONTHLY . . . . . 4 NEVER 5	
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 126
124A	How many months ago did someone spray your dwelling against mosquitos?	MONTHS AGO . . . . . ☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
125	Who sprayed the dwelling?	GOVERNMENT WORKER/PROGRAM . . . . . A PRIVATE COMPANY . . . . . B NONGOVERNMENTAL ORGANIZATION (NGO) . . . . . C OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
126	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . . 1 NO 2	→ 137
127	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . . ☐	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL 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
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98
130	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT . . . 13 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'CONVENTIONAL' NET KINGA NET . . . 21 SUPANET . . . . . 22 UNBRANDED RURAL NET . . . 23 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT . . . 13 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'CONVENTIONAL' NET KINGA NET . . . 21 SUPANET . . . . . 22 UNBRANDED RURAL NET . . . 23 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT . . . 13 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'CONVENTIONAL' NET KINGA NET . . . 21 SUPANET . . . . . 22 UNBRANDED RURAL NET . . . 23 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	YES . . . . . 1 NO . . . . . 2 NOT SURE 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98
133A	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
133B	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

		NET #1	NET #2	NET #3
134	Did anyone sleep under this mosquito net last night?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) ← NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) ← NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) ← NOT SURE 8
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND 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. . . . . [ ][ ]
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 137.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 137.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
137	Please show me where members of your household most often wash their hands.	OBSERVED . . . . . 1 NOT OBSERVED, NOT IN DWELLING/YARD/PLOT . . . . . 2 NOT OBSERVED, NO PERMISSION TO SEE . . . . . 3 NOT OBSERVED, OTHER REASON 4	→ 139A
138	OBSERVATION ONLY: OBSERVE PRESENCE OF WATER AT THE PLACE FOR HANDWASHING.	WATER IS AVAILABLE . . . . . 1 WATER IS NOT AVAILABLE 2	
139	OBSERVATION ONLY: OBSERVE PRESENCE OF SOAP, DETERGENT, OR OTHER CLEANSING AGENT.	SOAP OR DETERGENT (BAR, LIQUID, POWDER, PASTE) . . . A ASH, MUD, SAND . . . . . B NONE C	
139A	Do members of your household wash their hands with soap?	YES . . . . . 1 NO 2	→ 139C
139B	When do they wash their hands? Any other time? RECORD ALL MENTIONED	AFTER TOILET . . . . . A BEFORE COOKING . . . . . B BEFORE EATING . . . . . C AFTER CLEANING BABY'S BACKSIDE . . . D BEFORE FEEDING BABY . . . . . E OTHER _____ X (SPECIFY)	

139C

A Now, I would like to talk to you about the food consumed in your household during the past 7 days. How many days during the past 7 days, did members of your household consume the following food items, prepared or eaten at home?

NUMBER OF DAYS EATEN IN PAST **7 DAYS**

B What was the main source of the (NAME OF FOOD ITEM)?

SEE SOURCE CODES BELOW

a) Cereals and grains such as rice, pasta, bread, sorghum, millet, or maize?	☐	ONE OR MORE → ZERO ↓	☐☐
b) Roots and tubers such as potato, yam, cassava, normal sweet potatoes, taro, cooking banana/plantain or other tubers?	☐	ONE OR MORE → ZERO ↓	☐☐
c) Pulses/nuts such as beans, cowpeas, peanuts, lentils, soy, pigeon peas, or other nuts?	☐	ONE OR MORE → ZERO ↓	☐☐
d) Orange vegetables such as carrots, red peppers, pumpkin, orange sweet potato?	☐	ONE OR MORE → ZERO ↓	☐☐
e) Green leafy vegetables such as sukumu wiki, spinach, broccoli, amaranth, cassava leaves, or other dark green leaves?	☐	ONE OR MORE → ZERO ↓	☐☐
f) Other vegetables such as onion, tomatoes, cucumber, radishes, green beans, peas, lettuce?	☐	ONE OR MORE → ZERO ↓	☐☐
g) Orange fruits such as mango, paw paw, tree tomato?	☐	ONE OR MORE → ZERO ↓	☐☐
h) Other fruits such as banana, apple, lemon?	☐	ONE OR MORE → ZERO ↓	☐☐
i) Meat such as goat, beef, chicken, pork? (meat in large quantities and not as a condiment)	☐	ONE OR MORE → ZERO ↓	☐☐
j) Liver, kidney, heart, or other organ meats?	☐	ONE OR MORE → ZERO ↓	☐☐
k) Fish or shellfish such as dried fish, canned tuna, or other seafood? (seafood in large quantities and not as a condiment)	☐	ONE OR MORE → ZERO ↓	☐☐
l) Eggs?	☐	ONE OR MORE → ZERO ↓	☐☐
m) Milk and other dairy products such as yogurt or cheese?	☐	ONE OR MORE → ZERO ↓	☐☐
n) Oil, fat, and butter?	☐	ONE OR MORE → ZERO ↓	☐☐
o) Sugar or sweet things such as honey, jam, cakes, candy, biscuits, pastries, sugary drinks?	☐	ONE OR MORE → ZERO ↓	☐☐
p) Condiments and spices such as tea, coffee, cocoa, salt, garlic, spices, yeast, baking powder, tomato sauce, meat or fish in very small quantities as condiments?	☐	ONE OR MORE → ZERO ↓	☐☐

(GO TO 140)

CODES FOR Q. 139CB SOURCE OF FOOD

21 = OWN PRODUCTION (CROPS, ANIMAL)	24 = PURCHASED	27 = GIFT FROM FAMILY, FRIENDS
22 = FISHING, HUNTING, GATHERING	25 = BEGGED	28 = FOOD AID FROM CIVIL SOCIETY, NGO, GOVERNMENT
23 = LOANED, BORROWED	26 = EXCHANGED FOR LABOR	96 = OTHER

140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT . . . . . 1 NO IODINE . . . . . 2 NO SALT IN HOUSEHOLD . . . . . 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH 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 ☐☐☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, GO TO 214.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH 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 ☐☐☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, GO TO 214.			

WEIGHT AND HEIGHT MEASUREMENT FOR WOMEN AGE 15-49

214	CHECK COLUMN 9 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE WOMEN IN 215. IF THERE ARE MORE THAN THREE WOMEN, USE ADDITIONAL QUESTIONNAIRE(S).			
		WOMAN 1	WOMAN 2	WOMAN 3
215	LINE NUMBER FROM COLUMN 9 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
216	WEIGHT IN KILOGRAMS	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996	KG. ☐☐☐.☐☐ NOT PRESENT . . . . . 99994 REFUSED . . . . . 99995 OTHER 99996
217	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
242	GO BACK TO 216 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE WOMEN, END INTERVIEW			

2 **SHORT VERSION**

QUESTIONNAIRE SERIAL NUMBER _____

2014 KENYA DEMOGRAPHIC AND HEALTH SURVEY
HOUSEHOLD QUESTIONNAIRE - SHORT VERSION

KNBS KENYA NATIONAL BUREAU OF STATISTICS *Keeping you informed*

CONFIDENTIAL

REPUBLIC OF KENYA

IDENTIFICATION

COUNTY _____

DISTRICT _____

LOCATION/TOWN _____

SUBLOCATION _____

NASSEP CLUSTER NUMBER . . . . . .

KDHS CLUSTER NUMBER . . . . . .

HOUSEHOLD NUMBER . . . . . .

NAME OF HOUSEHOLD HEAD _____

INTERVIEWER VISITS

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

*RESULT CODES:

1 COMPLETED
2 NO HOUSEHOLD MEMBER AT HOME / NO COMPETENT RESPONDENT AT 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)

LINE NO. OF RESPONDENT TO HOUSHOLD QUESTIONNAIRE

TOTAL PERSONS IN HOUSEHOLD

TOTAL ELIGIBLE WOMEN

TOTAL ELIGIBLE MEN

LANGUAGE OF QUESTIONNAIRE** 1 7 — LANGUAGE OF INTERVIEW: — NATIVE LANGUAGE OF RESPONDENT:

LANGUAGE OF QUESTIONNAIRE: **English**

TRANSLATOR USED (YES = 1, NO = 2)

**LANGUAGE CODES:

01 BORANA	05 KIKUYU	09 LUO	13 POKOT	17 ENGLISH
02 EMBU	06 KISII	10 MAASAI	14 SOMALI	18 OTHER
03 KALENJIN	07 LUHYA	11 MERU	15 SWAHILI	
04 KAMBA	08 MARAGOLI	12 MIJIKENDA	16 TURKANA	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

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INTRODUCTION AND CONSENT

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

GIVE CARD WITH CONTACT INFORMATION

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

SIGNATURE OF INTERVIEWER: _____ DATE: _____

RESPONDENT AGREES TO BE INTERVIEWED . . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . . 2 → END

HOUSEHOLD SCHEDULE

							IF AGE 15 OR OLDER				IF AGE 0-17 YEARS	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS	
1	2	3	4	5	6	7	8	9	10	11	12	13
	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 5-20A 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)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED/LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	Is (NAME)'s natural mother alive?	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.
			M F	Y N	Y N	IN YEARS					Y N DK	
01			1 2	1 2	1 2			01		01	1 2 8 GO TO 14	
02			1 2	1 2	1 2			02		02	1 2 8 GO TO 14	
03			1 2	1 2	1 2			03		03	1 2 8 GO TO 14	
04			1 2	1 2	1 2			04		04	1 2 8 GO TO 14	
05			1 2	1 2	1 2			05		05	1 2 8 GO TO 14	
06			1 2	1 2	1 2			06		06	1 2 8 GO TO 14	
07			1 2	1 2	1 2			07		07	1 2 8 GO TO 14	
08			1 2	1 2	1 2			08		08	1 2 8 GO TO 14	
09			1 2	1 2	1 2			09		09	1 2 8 GO TO 14	
10			1 2	1 2	1 2			10		10	1 2 8 GO TO 14	

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 ☐

CODES FOR Q. 3: RELATIONSHIP TO HEAD OF HOUSEHOLD

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 = OTHER RELATIVE
10 = ADOPTED/FOSTER/ STEPCHILD
11 = NOT RELATED
98 = DON'T KNOW

	IF AGE 0-17 YEARS		IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	
	14	**15**	**16**	**17**	**18**	**19**	**19A**	**19B**	**20**	**20A**
	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During the 2014 school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2013 school year?	During the 2013 school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Has (NAME) ever been registered with the civil authority? IF YES: With a birth certificate? 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=NO MONEY 3=NOT AWARE 4=NOT NECESSARY 5=NOMADIC LIFE, DIFFICULT TERRAIN, INSECURITY 8=OTHER
	Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y1 Y2 DK NO	
01	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
02	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
03	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
04	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
05	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
06	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
07	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
08	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
09	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
10	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	

CODES FOR Qs. 17, 19, AND 19B: EDUCATION

LEVEL
0 = PRE-PRIMARY
1 = PRIMARY
2 = POST-PRIMARY, VOCATIONAL
3 = SECONDARY/'A' LEVEL
4 = COLLEGE (MIDDLE LEVEL)
5 = UNIVERSITY
8 = DON'T KNOW

GRADE
00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19 OR 19B)
98 = DON'T KNOW

							IF AGE 15 OR OLDER				IF AGE 0-17 YEARS	
LINE NO.	USUAL RESIDENTS AND VISITORS	RELATIONSHIP TO HEAD OF HOUSEHOLD	SEX	RESIDENCE		AGE	MARITAL STATUS	ELIGIBILITY			SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS	
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**	**13**
	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 5-20A 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)? IF 95 OR MORE, RECORD '95'.	What is (NAME)'s current marital status? 1 = MARRIED OR LIVING TOGETHER 2 = DIVORCED/ SEPARATED 3 = WIDOWED 4 = NEVER-MARRIED/LIVED TOGETHER	CIRCLE LINE NUMBER OF ALL WOMEN AGE 15-49		CIRCLE LINE NUMBER OF ALL CHILDREN AGE 0-5	Is (NAME)'s natural mother alive? Y N DK 1 2 8 GO TO 14	Does (NAME)'s natural mother usually live in this household or was she a guest last night? IF YES: What is her name? RECORD MOTHER'S LINE NUMBER. IF NO, RECORD '00'.
11			M F 1 2	Y N 1 2	Y N 1 2	IN YEARS		11		11		
12			1 2	1 2	1 2			12		12		
13			1 2	1 2	1 2			13		13		
14			1 2	1 2	1 2			14		14		
15			1 2	1 2	1 2			15		15		
16			1 2	1 2	1 2			16		16		
17			1 2	1 2	1 2			17		17		
18			1 2	1 2	1 2			18		18		
19			1 2	1 2	1 2			19		19		
20			1 2	1 2	1 2			20		20		

TICK HERE IF CONTINUATION SHEET USED ☐

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 ☐

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	IF AGE 0-17 YEARS		IF AGE 3 YEARS OR OLDER		IF AGE 3-24 YEARS				IF AGE 0-4 YEARS	
LINE NO.	SURVIVORSHIP AND RESIDENCE OF BIOLOGICAL PARENTS		EVER ATTENDED SCHOOL		CURRENT/RECENT SCHOOL ATTENDANCE				BIRTH REGISTRATION	
	14	15	16	17	18	19	19A	19B	20	20A
	Is (NAME)'s natural father alive?	Does (NAME)'s natural father usually live in this household or was he a guest last night? IF YES: What is his name? RECORD FATHER'S LINE NUMBER. IF NO, RECORD '00'.	Has (NAME) ever attended school?	What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2014 school year?	During the 2014 school year, what level and grade [is/was] (NAME) attending? SEE CODES BELOW.	Did (NAME) attend school at any time during the 2013 school year?	During the 2013 school year, what level and grade did (NAME) attend? SEE CODES BELOW.	Has (NAME) ever been registered with the civil authority? IF YES: With a birth certificate? 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=NO MONEY 3=NOT AWARE 4=NOT NECESSARY 5=NOMADIC LIFE, DIFFICULT TERRAIN, INSECURITY 8=OTHER
	Y N DK		Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y N	LEVEL GRADE	Y1 Y2 DK NO	
11	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
12	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
13	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
14	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
15	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
16	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
17	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
18	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
19	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	
20	1 2 8 GO TO 16		1 2 GO TO 20		1 2 GO TO 19A		1 2 GO TO 20		1 2 8 3 TO NEXT LINE TO 20A	

CODES FOR Qs. 17, 19, AND 19B: EDUCATION

LEVEL	GRADE
0 = PRE-PRIMARY	00 = LESS THAN 1 YEAR COMPLETED (USE '00' FOR Q. 17 ONLY. THIS CODE IS NOT ALLOWED FOR Q. 19 OR 19B)
1 = PRIMARY	
2 = POST-PRIMARY, VOCATIONAL	
3 = SECONDARY/'A' LEVEL	
4 = COLLEGE (MIDDLE LEVEL)	98 = DON'T KNOW
5 = UNIVERSITY	
8 = DON'T KNOW	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
102	What is the main source of drinking water for members of your household?	PIPED WATER PIPED INTO DWELLING . . . . . 11 PIPED TO YARD/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)	→ 105 → 105
103	Where is that water source located?	IN OWN DWELLING . . . . . 1 IN OWN YARD/PLOT . . . . . 2 ELSEWHERE 3	→ 105
104	How long does it take to go there, get water, and come back? IF 995 OR MORE, ENTER '995'.	MINUTES . . . . . [ ][ ][ ] DON'T KNOW 998	
105	Do you do anything to the water to make it safer to drink?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 107
106	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 COVER THE WATER CONTAINER . . . . . G OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	
107	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)	→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Do you share this toilet facility with other households?	YES . . . . . 1 NO 2	→ 110
109	How many households use this toilet facility?	NO. OF HOUSEHOLDS IF LESS THAN 10 . . . . . 0 [ ] 10 OR MORE HOUSEHOLDS . . . . . 95 DON'T KNOW 98	
110	Does your household have:	YES NO a) ELECTRICITY . . . . . 1 2 b) RADIO . . . . . 1 2 c) TELEVISION . . . . . 1 2 d) MOBILE TELEPHONE . . . . . 1 2 e) NON-MOBILE TELEPHONE . . . 1 2 f) REFRIGERATOR . . . . . 1 2 g) SOLAR PANEL . . . . . 1 2 h) TABLE . . . . . 1 2 i) CHAIR . . . . . 1 2 j) SOFA . . . . . 1 2 k) BED . . . . . 1 2 l) CUPBOARD . . . . . 1 2 m) CLOCK . . . . . 1 2 n) MICROWAVE OVEN . . . . . 1 2 o) DVD PLAYER . . . . . 1 2 p) CASSETTE/CD PLAYER 1 2	
	a) Electricity? b) A radio? c) A television? d) A mobile telephone? e) A non-mobile telephone? f) A refrigerator? g) A solar panel? h) A table? i) A chair? j) A sofa? k) A bed? l) A cupboard? m) A clock? n) A microwave oven? o) A DVD player? p) A cassette or CD player?		
111	What type of fuel does your household mainly use for cooking?	ELECTRICITY . . . . . 01 LPG\NATURAL GAS . . . . . 02 BIOGAS . . . . . 04 PARAFIN/KEROSENE . . . . . 05 COAL, LIGNITE . . . . . 06 CHARCOAL . . . . . 07 WOOD . . . . . 08 STRAW/SHRUBS/GRASS . . . . . 09 AGRICULTURAL CROP . . . . . 10 ANIMAL DUNG . . . . . 11 NO FOOD COOKED IN HOUSEHOLD . . . . . 95 OTHER _____ 96 (SPECIFY)	→ 114
112	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)	→ 114
113	Do you have a separate room which is used as a kitchen?	YES . . . . . 1 NO 2	
114	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)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
115	MAIN MATERIAL OF THE ROOF. RECORD OBSERVATION.	NATURAL ROOFING NO ROOF . . . . . 11 THATCH/GRASS/MAKUTI . . . . . 12 DUNG/MUD/SOD . . . . . 13 RUDIMENTARY ROOFING IRON SHEETS . . . . . 21 TIN CANS . . . . . 22 FINISHED ROOFING ASBETOS SHEET . . . . . 31 CONCRETE . . . . . 32 TILES . . . . . 33 OTHER _____ 96 (SPECIFY)	
116	MAIN MATERIAL OF THE EXTERNAL WALLS. RECORD OBSERVATION.	NATURAL WALLS NO WALLS . . . . . 11 CANE/PALM/TRUNKS . . . . . 12 DUNG/MUD/SOD . . . . . 13 RUDIMENTARY WALLS BAMBOO WITH MUD . . . . . 21 STONE WITH MUD . . . . . 22 UNCOVERED ADOBE . . . . . 23 PLYWOOD . . . . . 24 CARDBOARD . . . . . 25 REUSED WOOD . . . . . 26 IRON SHEETS . . . . . 27 FINISHED WALLS CEMENT . . . . . 31 STONE WITH LIME/CEMENT . . . . . 32 BRICKS . . . . . 33 CEMENT BLOCKS . . . . . 34 COVERED ADOBE . . . . . 35 WOOD PLANKS/SHINGLES . . . . . 36 OTHER _____ 96 (SPECIFY)	
117	How many rooms in this household are used for sleeping?	ROOMS . . . . . ☐☐	
118	Does any member of this household own: a) A watch? b) A bicycle? c) A motorcycle or motor scooter? d) An animal-drawn cart? e) A car or truck? f) A boat with a motor?	YES NO a) WATCH . . . . . 1 2 b) BICYCLE . . . . . 1 2 c) MOTORCYCLE/SCOOTER . 1 2 d) ANIMAL-DRAWN CART . . . 1 2 e) CAR/TRUCK . . . . . 1 2 f) BOAT WITH MOTOR 1 2	
119	Does any member of this household own any agricultural land?	YES . . . . . 1 NO 2	→ 121

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
120	How many acres or hectares of agricultural land do members of this household own? ACRES / HECTARES: IF 995 OR MORE, RECORD '995.0' IN APPROPRIATE BOX. PLOT SIZE (SQ FT): IF 99995 OR MORE, RECORD '99995.0' IN APPROPRIATE BOX.	ACRES . . . . . 1 ☐☐☐.☐ HECTARES . . . . . 2 ☐☐☐.☐ PLOT SIZE (SQ FT) 3 ☐☐☐☐☐.☐ DON'T KNOW 9999998	
121	Does this household own any livestock, herds, other farm animals, or poultry?	YES . . . . . 1 NO 2	→ 123
122	How many of the following animals does this household own? IF NONE, ENTER '00'. IF 95 OR MORE, ENTER '95'. IF UNKNOWN, ENTER '98'. a) Local cattle (indigenous)? b) Exotic/grade cattle? c) Horses, donkeys, or camels? d) Goats? e) Sheep? f) Chickens?	a) LOCAL CATTLE . . . . . ☐☐ b) EXOTIC/GRADE CATTLE . . . . . ☐☐ c) HORSES/DONKEYS/CAMELS . . . ☐☐ d) GOATS . . . . . ☐☐ e) SHEEP . . . . . ☐☐ f) CHICKENS . . . . . ☐☐	
123	Does any member of this household have a bank account?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
124	At any time in the past 12 months, has anyone come into your dwelling to spray the interior walls against mosquitoes?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
126	Does your household have any mosquito nets that can be used while sleeping?	YES . . . . . 1 NO 2	→ 140
127	How many mosquito nets does your household have? IF 7 OR MORE NETS, RECORD '7'.	NUMBER OF NETS . . . . . ☐	

		NET #1	NET #2	NET #3
128	ASK THE RESPONDENT TO SHOW YOU ALL 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
129	How many months ago did your household get the mosquito net? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 36 MONTHS AGO . . . 95 NOT SURE 98
130	OBSERVE OR ASK THE BRAND/ TYPE OF MOSQUITO NET. IF BRAND IS UNKNOWN AND YOU CANNOT OBSERVE THE NET, SHOW PICTURES OF TYPICAL NET TYPES/BRANDS TO RESPONDENT.	LONG-LASTING NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT . . . 13 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'CONVENTIONAL' NET KINGA NET . . . 21 SUPANET . . . . . 22 UNBRANDED RURAL NET . . . 23 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT . . . 13 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'CONVENTIONAL' NET KINGA NET . . . 21 SUPANET . . . . . 22 UNBRANDED RURAL NET . . . 23 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98	LONG-LASTING NET OLYSET (SUPA-NET EXTRA) 11 PERMANET (SUPA-NET EXTRA) 12 NETPROTECT . . . 13 OTHER/ DK BRAND . . . 16 (SKIP TO 134) 'CONVENTIONAL' NET KINGA NET . . . 21 SUPANET . . . . . 22 UNBRANDED RURAL NET . . . 23 OTHER/ DK BRAND . . . 26 (SKIP TO 132) OTHER BRAND . . . 96 DK BRAND 98
131	When you got the net, was it already treated with an insecticide to kill or repel mosquitoes?	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	YES . . . . . 1 NO . . . . . 2 NOT SURE 8	YES . . . . . 1 NO . . . . . 2 NOT SURE 8
132	Since you got the net, was it ever soaked or dipped in a liquid to kill or repel mosquitoes?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 134) NOT SURE 8
133	How many months ago was the net last soaked or dipped? IF LESS THAN ONE MONTH AGO, RECORD '00'.	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98	MONTHS AGO . . . ☐☐ MORE THAN 24 MONTHS AGO . . . 95 NOT SURE 98
134	Did anyone sleep under this mosquito net last night?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 136) NOT SURE 8

		NET #1	NET #2	NET #3
135	Who slept under this mosquito net last night? RECORD THE PERSON'S NAME AND 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. . . . .
136		GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 140.	GO BACK TO 128 FOR NEXT NET; OR, IF NO MORE NETS, GO TO 140.	GO TO 128 IN FIRST COLUMN OF A NEW QUESTIONNAIRE; OR, IF NO MORE NETS, GO TO 140.

140	ASK RESPONDENT FOR A TEASPOONFUL OF COOKING SALT. TEST SALT FOR IODINE.	IODINE PRESENT . . . . . 1 NO IODINE . . . . . 2 NO SALT IN HOUSEHOLD . . . . . 3 SALT NOT TESTED _____ 6 (SPECIFY REASON)

WEIGHT AND HEIGHT MEASUREMENT FOR CHILDREN AGE 0-5

201	CHECK COLUMN 11 IN HOUSEHOLD SCHEDULE. RECORD THE LINE NUMBER AND NAME FOR ALL ELIGIBLE CHILDREN 0-5 YEARS IN QUESTION 202. IF MORE THAN SIX CHILDREN, USE ADDITIONAL QUESTIONNAIRE(S).			
		CHILD 1	CHILD 2	CHILD 3
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH 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 ☐☐☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF THE NEXT PAGE; IF NO MORE CHILDREN, END INTERVIEW.			

		CHILD 4	CHILD 5	CHILD 6
202	LINE NUMBER FROM COLUMN 11 NAME FROM COLUMN 2	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____	LINE NUMBER . . . . . ☐☐ NAME _____
203	IF MOTHER INTERVIEWED, COPY MONTH AND YEAR OF BIRTH 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 ☐☐☐☐
204	CHECK 203: CHILD BORN IN JANUARY 2009 OR LATER?	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 FOR NEXT CHILD OR, IF NO MORE CHILDREN, GO TO 214)	YES . . . . . 1 NO . . . . . 2 (GO TO 203 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE CHILDREN, GO TO 214)
205	WEIGHT IN KILOGRAMS	KG. ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996	KG. ☐☐.☐☐ NOT PRESENT . . . . . 9994 REFUSED . . . . . 9995 OTHER 9996
206	HEIGHT IN CENTIMETERS	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996	CM. ☐☐☐.☐ NOT PRESENT . . . 9994 REFUSED . . . . . 9995 OTHER 9996
207	MEASURED LYING DOWN OR STANDING UP?	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3	LYING DOWN . . . . . 1 STANDING UP . . . . . 2 NOT MEASURED . . . 3
213	GO BACK TO 203 IN NEXT COLUMN OF THIS QUESTIONNAIRE OR IN THE FIRST COLUMN OF AN ADDITIONAL QUESTIONNAIRE; IF NO MORE CHILDREN, END INTERVIEW.			

1 LONG VERSION

2014 KENYA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE - LONG VERSION

CONFIDENTIAL

REPUBLIC OF KENYA

IDENTIFICATION

COUNTY _____

DISTRICT _____

LOCATION/TOWN _____

SUBLOCATION _____

NASSEP CLUSTER NUMBER . . . . . .

KDHS CLUSTER NUMBER . . . . . .

HOUSEHOLD NUMBER . . . . . .

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF WOMAN _____

CHECK 101A IN HOUSEHOLD QUESTIONNAIRE: IS WOMAN SELECTED FOR SECTION 14?

YES 1
NO 2

INTERVIEWER VISITS

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

*RESULT CODES:

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

**LANGUAGE OF QUESTIONNAIRE: 17

LANGUAGE OF INTERVIEW: ____

NATIVE LANGUAGE OF RESPONDENT: ____

TRANSLATOR USED (YES = 1, NO = 2) ____

LANGUAGE OF QUESTIONNAIRE: **English**

**LANGUAGE CODES:

01 BORANA	05 KIKUYU	09 LUO	13 POKOT	17 ENGLISH
02 EMBU	06 KISII	10 MAASAI	14 SOMALI	18 OTHER
03 KALENJIN	07 LUHYA	11 MERU	15 SWAHILI	
04 KAMBA	08 MARAGOLI	12 MIJIKENDA	16 TURKANA	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.
Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What is your religion?	ROMAN CATHOLIC . . . . . 1 PROTESTANT/ OTHER CHRISTIAN . 2 MUSLIM . . . . . 3 NO RELIGION . . . . . 4 OTHER _____ 6 (SPECIFY)	
114	What is your ethnic group / tribe?	EMBU . . . . . 01 KALENJIN . . . . . 02 KAMBA . . . . . 03 KIKUYU . . . . . 04 KISII . . . . . 05 LUHYA . . . . . 06 LUO . . . . . 07 MAASAI . . . . . 08 MERU . . . . . 09 MIJIKENDA/ SWAHILI . . . . . 10 SOMALI . . . . . 11 TAITA/ TAVETA . . . . . 12 OTHER _____ 96 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . . ☐☐ NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . . 1 NO 2	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
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	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS . . . . . [ ][ ]	
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 ROWS.
(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? RECORD NAME. BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	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 COM-PLETED 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	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (NEXT BIRTH)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ ↓ (GO TO 221)	DAYS . . . 1 MONTHS 2 YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 ↓ 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD 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 (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	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 COM-PLETED 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?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH ↵ NO . . . . . 2 NEXT BIRTH ↵
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH ↵ NO . . . . . 2 NEXT BIRTH ↵
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH ↵ NO . . . . . 2 NEXT BIRTH ↵
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH ↵ NO . . . . . 2 NEXT BIRTH ↵
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD 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)?	YES . . . . . 1 NO 2	→ ADD BIRTH

223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐↓ NUMBERS ARE DIFFERENT ☐→ (PROBE AND RECONCILE)

224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2009 OR LATER.	NUMBER OF BIRTHS IN 2009 OR LATER ☐ NONE 0	→ 226

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
238	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	
239	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 301
240	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . . . . 1 DURING HER PERIOD . . . . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . . . . 3 HALFWAY BETWEEN TWO PERIODS . . . . . 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8	

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. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
05	Implants. PROBE: Women can have one or more 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	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
09	Lactational Amenorrhea Method (LAM).	YES . . . . . 1 NO 2	
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . . 1 NO 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	
12	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	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	

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

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
325	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. DISPENSARY . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . E PHARMACY/CHEMIST . . . . . F NURSING/MATERNITY HOME . . . . . G FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC . . . . . H FAMILY OPTIONS/FHOK CLINIC . . . I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP . . . . . K MOBILE CLINIC . . . . . L COMMUNITY-BASED DISTRIBUTOR M COMMUNITY HEALTH WORKER/ CHW . . . . . N FRIEND/RELATIVE . . . . . O OTHER _____ X (SPECIFY)	
326	In the last 12 months, were you visited by a fieldworker who talked to you about family planning?	YES . . . . . 1 NO 2	
327	In the last 12 months, have you visited a health facility for care for yourself (or your children)?	YES . . . . . 1 NO 2	→ 401
328	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 2009 OR LATER ☐ ↓ NO BIRTHS IN 2009 OR LATER ☐ → 556			
	CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
402	Now I would like to ask some questions about your children born in the last five years. (We will talk about each separately.)			
403	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ☐☐	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓
405	When you got pregnant with (NAME), did you want to get pregnant at that time?	YES . . . . . 1 (SKIP TO 408) ← NO 2	YES . . . . . 1 (SKIP TO 430) ← NO 2	YES . . . . . 1 (SKIP TO 430) ← NO 2
406	Did you want to have a baby later on, or did you not want any (more) children?	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 408) ←	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 430) ←	LATER . . . . . 1 NO MORE . . . . . 2 (SKIP TO 430) ←
407	How much longer did you want to wait?	MONTHS . .1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998	MONTHS . .1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . . 998
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . . 1 (SKIP TO 409) ← NO 2		
408A	What are the reasons for not receiving antenatal care for this pregnancy? RECORD ALL MENTIONED	DISTANCE . . . . . A COST . . . . . B TOO MUCH WORK . C HUSBAND REFUSED . . . . . D RELIGIOUS REASONS . . . E OTHER _____ X (SPECIFY) (SKIP TO 415) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . B OTHER PERSON COMMUNITY HEALTH WORKER . . . C TRADITIONAL BIRTH ATTENDANT . D OTHER _____ X (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
410	Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	HOME YOUR HOME . . . A OTHER HOME . . . B PUBLIC SECTOR GOVT. HOSPITAL . C GOVT. HEALTH CENTER . . . . . D GOVT. DISPENSARY . E OTHER PUBLIC SECTOR _____ F (SPECIFY) PRIVATE MED. SECTOR PVT. HOSPITAL/ CLINIC . . . . . G FAITH-BASED, CHURCH, HOSP. / CLINIC . . . . . H NURSING / MATERNITY HOME . . . . . I OTHER PRIVATE MED. SECTOR _____ J (SPECIFY) OTHER _____ X (SPECIFY)		
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98		
413	As part of your antenatal care during this pregnancy, were any of the following done at least once:	YES NO		
	a) Was your blood pressure measured?	a) BP 1 2		
	b) Did you give a urine sample?	b) URINE 1 2		
	c) Did you give a blood sample?	c) BLOOD . . . 1 2		
	d) Were you weighed?	d) WEIGHT . . . 1 2		
	e) Was your height measured?	e) HEIGHT . . . 1 2		
413A	Were you given any information or counselled about breastfeeding?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
413B	Were you given any information or counselled about iron tablets, iron syrup, or iron and folic acid supplementation?	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 _____
414	During (any of) your antenatal care visit(s), were you told about things to look out for that might suggest problems with the pregnancy?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
414A	During any of your antenatal care visits, were you asked about your family planning needs after delivery?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
415	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 418) DON'T KNOW 8		
416	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . . . . ☐ DON'T KNOW 8		
417	CHECK 416:	2 OR MORE TIMES (SKIP TO 421) OTHER		
418	At any time before this pregnancy, did you receive any tetanus injections?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 421) DON'T KNOW . . . 8		
419	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . . . . ☐ DON'T KNOW 8		
420	How many years ago did you receive the last tetanus injection before this pregnancy?	YEARS AGO . . . . . ☐☐		
421	During this pregnancy, were you given or did you buy any iron tablets, iron syrup, or iron and folic acid supplements? 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, syrup, or supplement? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.	DAYS . ☐☐☐ DON'T KNOW . . . 998		

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

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
434	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 (SKIP TO 438) OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. DISPENSARY . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MED. SECTOR MISSION HOSPITAL/ CLINIC . . . . . 31 PVT. HOSPITAL/ CLINIC . . . . . 32 NURSING/MATERNITY HOME . . . . . 33 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 438)	HOME YOUR HOME . . . 11 (SKIP TO 448) OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. DISPENSARY . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MED. SECTOR MISSION HOSPITAL/ CLINIC . . . . . 31 PVT. HOSPITAL/ CLINIC . . . . . 32 NURSING/MATERNITY HOME . . . . . 33 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448)	HOME YOUR HOME . . . 11 (SKIP TO 448) OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. DISPENSARY . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MED. SECTOR MISSION HOSPITAL/ CLINIC . . . . . 31 PVT. HOSPITAL/ CLINIC . . . . . 32 NURSING/MATERNITY HOME . . . . . 33 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 448)
434A	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		
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
436	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health while you were still in the facility?	YES . . . . . 1 (SKIP TO 439) NO 2		
437	Did anyone check on your health after you left the facility?	YES . . . . . 1 (SKIP TO 439) NO . . . . . 2 (SKIP TO 442)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
438	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 442)		
439	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE . 12 OTHER PERSON COMMUNITY HLTH WORKER . . . 21 TRADITIONAL BIRTH ATTENDANT . 22 OTHER_____ 96 (SPECIFY)		
440	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . 1 ☐☐ DAYS . 2 ☐☐ WEEKS . 3 ☐☐ DON'T KNOW . . . 998		
440A	Did the person who checked your health after you gave birth discuss with you about family planning?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
442	In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 446) DON'T KNOW 8		
443	How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.	HRS AFTER BIRTH . . 1 ☐☐ DAYS AFTER BIRTH . . 2 ☐☐ WKS AFTER BIRTH . . 3 ☐☐ DON'T KNOW . . . 998		
444	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR . . . . . 11 NURSE/MIDWIFE . 12 OTHER PERSON COMMUNITY HLTH WORKER . . . 21 TRADITIONAL BIRTH ATTENDANT . 22 OTHER_____ 96 (SPECIFY)		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
445	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 PUBLIC OR PRIVATE SECTOR, WRITE 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. DISPENSARY . 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR MISSION HOSPITAL / CLINIC . . . . . 31 PVT. HOSPITAL/ CLINIC . . . . . 32 NURSING/MATERNITY HOME . . . . . 33 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY)		
446	In the first two months after delivery, did you receive a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
447	Has your menstrual period returned since the birth of (NAME)?	YES . . . . . 1 (SKIP TO 449) NO . . . . . 2 (SKIP TO 450)		
448	Did your period return between the birth of (NAME) and your next pregnancy?		YES . . . . . 1 NO . . . . . 2 (SKIP TO 452)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 452)
449	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
450	CHECK 226: IS RESPONDENT PREGNANT?	NOT PREG-NANT ☐ PREGNANT OR UNSURE ☐ (SKIP TO 452)		
451	Have you had sexual intercourse since the birth of (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 453)		
452	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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
453	Did you ever breastfeed (NAME)?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 459B)◄	YES . . . . . 1 NO . . . . . 2 (SKIP TO 459B)◄	YES . . . . . 1 NO . . . . . 2 (SKIP TO 459B)◄
455	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS.	IMMEDIATELY . . . 000 HOURS . 1 ☐☐ DAYS . 2 ☐☐		
456	In the first three days after delivery, was (NAME) given anything to drink other than breast milk?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 458)◄		
457	What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED.	MILK (OTHER THAN BREAST MILK) . A PLAIN WATER . . . B SUGAR OR GLUCOSE WATER . . . C GRIPE WATER . . . D SUGAR-SALT-WATER SOLUTION . . . . . E FRUIT JUICE . . . . . F INFANT FORMULA . G TEA/INFUSIONS . . . H COFFEE . . . . . I HONEY . . . . . J OTHER _____ X (SPECIFY)		
457A	What are the reasons (NAME) was given drinks other than breast milk? Anything else? RECORD ALL MENTIONED	NOT ENOUCH BREAST MILK . . . A BABY CRIED TOO MUCH . . . . . B CULTURAL REASONS . . . . . C WORK-RELATED OBLIGATIONS . . . D WEATHER TOO HOT . . . . . E FIRST MILK NOT GOOD FOR BABIES . . . F OTHER _____ X (SPECIFY)		
458	CHECK 404: IS CHILD LIVING?	LIVING ☐ DEAD ☐ (SKIP TO 459A)◄		
459	Are you still breastfeeding (NAME)?	YES . . . . . 1 (SKIP TO 459C)◄ NO 2		
459A	For how many months did you breastfeed (NAME)?	MONTHS . . . ☐☐ 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 _____
459B	CHECK 404: IS CHILD LIVING?	LIVING ☐ → (SKIP TO 460) DEAD ☐ → (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ DEAD ☐ → (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501)	LIVING ☐ DEAD ☐ → (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501)
459C	Was (NAME) breastfed yesterday during the day or at night?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8		
460	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
461		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.

501 ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).

		LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	BIRTH HISTORY NUMBER	BIRTH HISTORY NUMBER	BIRTH HISTORY NUMBER . . . . .
503	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 553)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW Q'NNAIRE, OR IF NO MORE BIRTHS, GO TO 553)
504	Do you have a card / child health book where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN . . . . . 1 (SKIP TO 506) ← YES, NOT SEEN . . . . . 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) ← YES, NOT SEEN . . . . . 2 (SKIP TO 509) ← NO CARD 3	YES, SEEN . . . . . 1 (SKIP TO 506) ← YES, NOT SEEN . . . . . 2 (SKIP TO 509) ← NO CARD 3
505	Did you ever have a vaccination card or child health book for (NAME)?	YES . . . . . 1 (SKIP TO 509) ← NO 2	YES . . . . . 1 (SKIP TO 509) ← NO 2	YES . . . . . 1 (SKIP TO 509) ← NO 2

506 (1) COPY DATES FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.
(3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.

	LAST BIRTH DAY MONTH YEAR		NEXT-TO-LAST BIRTH DAY MONTH YEAR		SECOND-FROM-LAST BIRTH DAY MONTH YEAR	
BCG (AT BIRTH)		BCG		BCG		
POLIO 0 (POLIO GIVEN AT BIRTH)		P0		P0		
OPV 1		P1		P1		
OPV 2		P2		P2		
OPV 3		P3		P3		
DPT, HEPATITIS, HIB, 1st DOSE		D1		D1		
DPT, HEPATITIS, HIB, 2nd DOSE		D2		D2		
DPT, HEPATITIS, HIB, 3rd DOSE		D3		D3		
PNEUMOCOCCAL VACCINE 1		PN1		PN1		
PNEUMOCOCCAL VACCINE 2		PN2		PN2		
PNEUMOCOCCAL VACCINE 3		PN3		PN3		
ROTA VIRUS VACCINE 1		R1		R1		
ROTA VIRUS VACCINE 2		R2		R2		
MEASLES		MEA		MEA		
YELLOW FEVER		YF		YF		
VITAMIN A (MOST RECENT)		VITA1		VITA1		
VITAMIN A (2nd MOST RECENT)		VITA2		VITA2		
AL/MEBENDAZOLE (MOST RECENT)		A/M		A/M		

507	CHECK 506:	BCG TO YELLOW FEVER ALL RECORDED ☐ OTHER ☐ (GO TO 511)	BCG TO YELLOW FEVER ALL RECORDED ☐ OTHER ☐ (GO TO 511)	BCG TO YELLOW FEVER ALL RECORDED ☐ OTHER ☐ (GO TO 511)

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

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
516	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breast milk). 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
517	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
518	Did you seek advice or treatment for the diarrhoea from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 521B)◄	YES . . . . . 1 NO . . . . . 2 (SKIP TO 521B)◄	YES . . . . . 1 NO . . . . . 2 (SKIP TO 521B)◄
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
520	CHECK 519:	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 521A)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 521A)	TWO OR MORE CODES CIRCLED ☐ / ONLY ONE CODE CIRCLED ☐ (SKIP TO 521A)
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
521A	How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF SAME DAY, RECORD '00'	DAYS . . . . . ☐☐ SKIP TO 521C	DAYS . . . . . ☐☐ SKIP TO 521C	DAYS . . . . . ☐☐ SKIP TO 521C
521B	Why did you not seek advice or treatment? RECORD ALL MENTIONED	EPISODE WAS NOT SERIOUS . . . . . A TOO FAR/NO TRANSPORT . . . B TOO EXPENSIVE . . . C BELIEVE HOME REMEDIES ARE EFFECTIVE . . . . . D NO REASON . . . . . E OTHER _____ X (SPECIFY)	EPISODE WAS NOT SERIOUS . . . . . A TOO FAR/NO TRANSPORT . . . B TOO EXPENSIVE . . . C BELIEVE HOME REMEDIES ARE EFFECTIVE . . . . . D NO REASON . . . . . E OTHER _____ X (SPECIFY)	EPISODE WAS NOT SERIOUS . . . . . A TOO FAR/NO TRANSPORT . . . B TOO EXPENSIVE . . . C BELIEVE HOME REMEDIES ARE EFFECTIVE . . . . . D NO REASON . . . . . E OTHER _____ X (SPECIFY)
521C	Does (NAME) still have diarrhoea?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
522	Was he/she given any of the following to drink at any time since he/she started having the diarrhoea:	YES NO DK	YES NO DK	YES NO DK
	a) A fluid made from a special packet called ORS?	a) FLUID FROM ORS PKT 1 2 8	a) FLUID FROM ORS PKT 1 2 8	a) FLUID FROM ORS PKT 1 2 8
	b) A home-made sugar-salt solution?	b) SUGAR-SALT SOL. 1 2 8	b) SUGAR-SALT SOL. 1 2 8	b) SUGAR-SALT SOL. 1 2 8
	c) Other home-made liquid such as porridge, soup, yoghurt, coconut water, fresh fruit juice, tea, milk, or rice water?	c) HOMEMADE FLUID . . . 1 2 8	c) HOMEMADE FLUID . . . 1 2 8	c) HOMEMADE FLUID . . . 1 2 8
523	Was anything (else) given to treat the diarrhoea?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
524	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC TABLET . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC TABLET) . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS FLUID . . . . . I HOME REMEDY/ HERBAL MED-ICINE . . . . . J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC TABLET . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC TABLET) . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS FLUID . . . . . I HOME REMEDY/ HERBAL MED-ICINE . . . . . J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC TABLET . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC TABLET) . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS FLUID . . . . . I HOME REMEDY/ HERBAL MED-ICINE . . . . . J OTHER _____ X (SPECIFY)
524A	CHECK 524 GIVEN ZINC TABLETS?	CODE "C" CIRCLED CODE "C" NOT CIRCLED (SKIP TO 525)	CODE "C" CIRCLED CODE "C" NOT CIRCLED (SKIP TO 525)	CODE "C" CIRCLED CODE "C" NOT CIRCLED (SKIP TO 525)
524B	How many days was (NAME) given zinc tablets?	DAYS . . . . . ☐☐ DON'T KNOW 8	DAYS . . . . . ☐☐ DON'T KNOW 8	DAYS . . . . . ☐☐ DON'T KNOW 8
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8
528	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 531) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531) DON'T KNOW 8
529	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 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)
535	CHECK 534:	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 536A)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 536A)	TWO OR MORE CODES CIRCLED ONLY ONE CODE CIRCLED (SKIP TO 536A)
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE . . .	FIRST PLACE . . .	FIRST PLACE . . .
536A	How many days after the illness did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'	DAYS	DAYS	DAYS . . . . .
536B	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

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
541	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
541A	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
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED ☐ → (SKIP TO 544) CODE 'B' NOT CIRCLED ☐ → (SKIP TO 544)	CODE 'B' CIRCLED ☐ → (SKIP TO 544) CODE 'B' NOT CIRCLED ☐ → (SKIP TO 544)	CODE 'B' CIRCLED ☐ → (SKIP TO 544) CODE 'B' NOT CIRCLED ☐ → (SKIP TO 544)
543	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
543A	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
544	CHECK 538: AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED ☐ → (SKIP TO 546) CODE 'C' NOT CIRCLED ☐ → (SKIP TO 546)	CODE 'C' CIRCLED ☐ → (SKIP TO 546) CODE 'C' NOT CIRCLED ☐ → (SKIP TO 546)	CODE 'C' CIRCLED ☐ → (SKIP TO 546) CODE 'C' NOT CIRCLED ☐ → (SKIP TO 546)
545	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
545A	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
546	CHECK 538: QUININE ('D') GIVEN	CODE 'D' CIRCLED ☐ → (SKIP TO 548) CODE 'D' NOT CIRCLED ☐ → (SKIP TO 548)	CODE 'D' CIRCLED ☐ → (SKIP TO 548) CODE 'D' NOT CIRCLED ☐ → (SKIP TO 548)	CODE 'D' CIRCLED ☐ → (SKIP TO 548) CODE 'D' NOT CIRCLED ☐ → (SKIP TO 548)

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
551A	CHECK 525: HAD FEVER?	YES / NO OR DK (GO TO 552)	YES / NO OR DK (GO TO 552)	YES / NO OR DK (GO TO 552)
551B	Was anything else done about (NAME'S) fever?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 552) DON'T KNOW . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 552) DON'T KNOW . . . 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 552) DON'T KNOW . . . 8
551C	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
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 553.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 553.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
553	CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2009 OR LATER LIVING WITH THE RESPONDENT ONE OR MORE ☐ NONE ☐ → 556 RECORD NAME OF YOUNGEST CHILD LIVING WITH HER AND CONTINUE WITH 554 _____ (NAME)		
554	The last time (NAME FROM 553) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . . 01 PUT/RINSED INTO TOILET OR LATRINE . . . . . 02 PUT/RINSED INTO DRAIN OR DITCH . . . . . 03 THROWN INTO GARBAGE . . . . . 04 BURIED . . . . . 05 LEFT IN THE OPEN . . . . . 06 OTHER _____ 96 (SPECIFY)	
554A	When a child is ill, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED	NOT ABLE TO DRINK/BREASTFEED . A FEVER, SHIVERING . . . . . B REPEATED VOMITING . . . . . C DIARRHOEA . . . . . D BLOOD IN STOOLS . . . . . E FAST BREATHING . . . . . F CONVULSIONS . . . . . G WEAKNESS . . . . . H GETTING SICKER . . . . . I OTHER _____ X (SPECIFY)	
555	CHECK 522(a), ALL COLUMNS: NO CHILD RECEIVED FLUID FROM ORS PACKET ☐ ANY CHILD RECEIVED FLUID FROM ORS PACKET ☐ → 556B		
556	Have you ever heard of a special product called ORS you can get for the treatment of diarrhoea?	YES . . . . . 1 NO . . . . . 2 → 556B	
556A	Where did you get this information? RECORD ALL MENTIONED	HEALTH WORKERS IN A PUBLIC HOSPITAL . . . . . A HEALTH WORKERS IN A PRIVATE HOSPITAL . . . . . B MINISTRY OF HEALTH THROUGH RADIO, TV, POSTERS . . . . . C COMMUNITY HEALTH WORKER/CHW D FRIENDS OR RELATIVES . . . . . E OTHER _____ X (SPECIFY)	
556B	CHECK 524 ALL COLUMNS: 524 ALL COLUMNS BLANK, OR CODE "C" NOT CIRCLED ZINC TABLETS NOT GIVEN ☐ CODE "C" CIRCLED ANY CHILD RECEIVED ZINC TABLETS ☐ → 557		
556C	Have you ever heard of zinc tablets which you can get for the treatment of diarrhoea?	YES . . . . . 1 NO . . . . . 2 → 557	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

558 Now I would like to ask you about liquids or foods that (NAME FROM 557) had yesterday during the day or at night. I am interested in whether your child had the item I mention even if it was combined with other foods.

Did (NAME FROM 557) (drink/eat):

		YES	NO	DK
a) Plain water?	**a)**	1	2	8
b) Juice or juice drinks?	**b)**	1	2	8
c) Clear broth?	**c)**	1	2	8
d) Milk such as tinned, powdered, or fresh animal milk?	**d)**	1	2	8
IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK MILK	☐		
e) Infant formula?	**e)**	1	2	8
IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES DRANK FORMULA	☐		
f) Any other liquids?	**f)**	1	2	8
g) Yogurt?	**g)**	1	2	8
IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES ATE YOGURT	☐		
h) Any fortified baby food like Cerelac?	**h)**	1	2	8
i) Maize, rice, wheat, porridge, sorghum, bread, or other foods made from grains?	**i)**	1	2	8
j) Pumpkin, carrots, squash or yellow sweet potatoes that are yellow or orange inside?	**j)**	1	2	8
k) Irish potatoes, yams, cassava, white sweet potatoes, or any other foods made from roots?	**k)**	1	2	8
l) Sukumu wiki or any dark green, leafy vegetables?	**l)**	1	2	8
m) Ripe mangoes, pawpaw, guava?	**m)**	1	2	8
n) Any other fruits or vegetables?	**n)**	1	2	8
o) Liver, kidney, heart or other organ meats?	**o)**	1	2	8
p) Any meat, such as beef, pork, lamb, goat, chicken, or duck?	**p)**	1	2	8
q) Eggs?	**q)**	1	2	8
r) Fresh or dried fish or shellfish?	**r)**	1	2	8
s) Any foods made from beans, peas, lentils, or nuts?	**s)**	1	2	8
t) Cheese or other food made from milk?	**t)**	1	2	8
u) Any other solid, semi-solid, or soft food?	**u)**	1	2	8

559 CHECK 558 (CATEGORIES "g" THROUGH "u"):

NOT A SINGLE "YES" ☐ ↓

AT LEAST ONE "YES" ☐ → 561

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
560	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . . . . 1 (GO BACK TO 558 TO RECORD FOOD EATEN YESTERDAY) NO 2	→ 601
561	How many times did (NAME FROM 557) eat solid, semi-solid, 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	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 609
604	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER . . . . . 1 STAYING ELSEWHERE 2	
605	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO.	
606	Does your (husband/partner) have other wives or does he live with other women as if married?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 609
607	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . . . 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	
610	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE → a) In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH . . . . . DON'T KNOW MONTH . . . . . 98 YEAR . . . . . DON'T KNOW YEAR 9998	→ 611A
611	How old were you when you first started living with him?	AGE	
611A	When you got married or lived with a man, was it your choice or was it arranged?	OWN CHOICE . . . . . 1 ARRANGED 2	
611B	When you first got married or lived with a man, was the man older than you, younger than you, or the same age as you?	OLDER . . . . . 1 YOUNGER . . . . . 2 ABOUT THE SAME AGE . . . . . 3 DON'T KNOW/DON'T REMEMBER . . . 8	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	→ 628

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613A	CHECK 103: AGE 15-24 ☐ ↓ AGE 25-49 ☐ →		614
613B	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
613C	How old was the person you first had sexual intercourse with?	AGE OF PARTNER ☐☐ DON'T KNOW 98	
614	Now I would like to ask you some questions about your recent sexual activity. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question.		
615	When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . . . . 1 ☐☐ WEEKS AGO . . . . . 2 ☐☐ MONTHS AGO . . . . . 3 ☐☐ YEARS AGO . . . . . 4 ☐☐	→ 627

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
626A	In the last 12 months, have you ever given or received money, gifts, or favors in return for sex?	YES . . . . . 1 NO 2	
627	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . . [ ][ ] DON'T KNOW 98	
628	PRESENCE OF OTHERS DURING THIS SECTION	YES NO CHILDREN <10 . . . . . 1 2 MALE ADULTS . . . . . 1 2 FEMALE ADULTS 1 2	
629	Do you know of a place where a person can get male condoms?	YES . . . . . 1 NO 2	→ 632
630	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. DISPENSARY . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . E PHARMACY/CHEMIST . . . . . F NURSING/MATERNITY HOME . . . . . G FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC . . . . . H FAMILY OPTIONS/FHOK CLINIC . . . I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP . . . . . K MOBILE CLINIC . . . . . L COMMUNITY-BASED DISTRIBUTOR M COMMUNITY HEALTH WORKER/ CHW . . . . . N FRIEND/RELATIVE . . . . . O DISPENSER . . . . . P OTHER _____ X (SPECIFY)	
631	If you wanted to, could you yourself get a male condom?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/UNSURE 8	
632	Do you know of a place where a person can get female condoms?	YES . . . . . 1 NO 2	→ 701

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

SECTION 7. FERTILITY PREFERENCES

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
711B	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 . . . . . 12 MENOPAUSAL/HYSTERECTOMY . 13 SUBFECUND/INFECUND . . . . . 14 WANTS AS MANY CHILDREN AS POSSIBLE . . . . . 15 OPPOSITION TO USE RESPONDENT OPPOSED . . . . . 16 HUSBAND/PARTNER OPPOSED . . . 17 OTHERS OPPOSED . . . . . 18 RELIGIOUS PROHIBITION . . . . . 19 LACK OF KNOWLEDGE KNOWS NO METHOD . . . . . 20 KNOWS NO SOURCE . . . . . 21 METHOD-RELATED REASONS HEALTH CONCERNS . . . . . 22 FEAR OF SIDE EFFECTS . . . . . 23 LACK OF ACCESS/TOO FAR . . . 24 COSTS TOO MUCH . . . . . 25 INCONVENIENT TO USE . . . . . 26 INTERFERES WITH BODY'S NORMAL PROCESSES . . . . . 27 OTHER _____ 96 (SPECIFY) DON'T KNOW 98	
712	CHECK 216: HAS LIVING CHILDREN ☐ → a) 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? NO LIVING CHILDREN ☐ → b) 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 → 714 NUMBER . . . . . ☐☐ OTHER _____ 96 → 714 (SPECIFY)	
713	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	
714	In the last few months have you:	YES NO	
	a) Heard about family planning on the radio?	a) RADIO 1 2	
	b) Seen anything about family planning on the television?	b) TELEVISION 1 2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE . 1 2	

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A MAN ☐ → 803 NEVER MARRIED AND NEVER LIVED WITH A MAN ☐ → 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 was 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 was the highest (standard/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR . . . ☐☐ DON'T KNOW 98	
806	CHECK 801: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ a) What is your (husband's/ partner's) occupation? That is, what kind of work does he mainly do? FORMERLY MARRIED/ LIVED WITH A MAN ☐ ↓ b) What was your (last) (husband's/ partner's) occupation? That is, what kind of work does 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	→ 815
811	What is your occupation, that is, what kind of work do you mainly do?	☐☐ _____ _____ _____	
811A	CHECK 811: WORKS IN AGRICULTURE ☐ ↓ DOES NOT WORK IN AGRICULTURE ☐ → 812		

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

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

SECTION 9. HIV/AIDS

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
931B	Have you ever talked with your (husband / partner) about ways to prevent getting the virus that causes AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
932	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	
933	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	
934	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	
935	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	
936	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
937	CHECK 901: HEARD ABOUT AIDS ☐ → a) Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS ☐ → b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	→ 938
937A	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 _____ (SPECIFY) W OTHER _____ (SPECIFY) X NO SYMPTOMS . . . . . Y DOES NOT KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
937B	If a woman has a sexually transmitted disease, what symptoms might she 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 HARD TO GET PREGNANT . . . . . L OTHER _____ (SPECIFY) W OTHER _____ (SPECIFY) X NO SYMPTOMS . . . . . Y DOES NOT KNOW . . . . . Z	
938	CHECK 613: HAS HAD SEXUAL INTERCOURSE ☐ NEVER HAD SEXUAL INTERCOURSE ☐ → 946		
939	CHECK 937: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ NO ☐ → 941		
940	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
941	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
942	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
943	CHECK 940, 941, AND 942: HAS HAD AN INFECTION (ANY 'YES') ☐ HAS NOT HAD AN INFECTION OR DOES NOT KNOW ☐ → 946		
944	The last time you had (PROBLEM FROM 940/941/942), did you seek any kind of advice or treatment?	YES . . . . . 1 NO . . . . . 2 → 945A	

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

SECTION 10. OTHER HEALTH ISSUES

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

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

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

SECTION 11. MATERNAL MORTALITY

NO.		CODING CATEGORIES	SKIP
1101	Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you?	NUMBER OF BIRTHS TO NATURAL MOTHER	
1102	CHECK 1101: TWO OR MORE BIRTHS ↓ / ONLY ONE BIRTH (RESPONDENT ONLY) → 1201		
1103	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS	

1104	What was the name given to your oldest (next oldest) brother or sister?	(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	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?						

IF NO MORE BROTHERS OR SISTERS, GO TO 1201.

1104	What was the name given to your oldest (next oldest) brother or sister?	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
1105	Is (NAME) male or female?	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2	MALE 1 FEMALE 2
1106	Is (NAME) still alive?	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (8)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (9)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (10)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (11)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (12)	YES . . . 1 NO . . . 2 GO TO 1108 DK . . . 8 GO TO (13)
1107	How old is (NAME)?	☐☐ 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?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.

SECTION 12: FISTULA

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

SECTION 13: FEMALE GENITAL CUTTING

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

	CHECK 213, 215 AND 216: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 1999 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE DAUGHTERS. BEGIN WITH THE YOUNGEST DAUGHTER. (IF THERE ARE MORE THAN 3 DAUGHTERS, USE ADDITIONAL QUESTIONNAIRES). READ TO RESPONDENT Now I would like to ask you some questions about your (daughter/daughters).			
1310	BIRTH HISTORY NUMBER AND NAME OF EACH LIVING DAUGHTER BORN IN 1999 OR LATER	YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER ☐☐ NAME _____	NEXT-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER ☐☐ NAME _____	SECOND-TO-YOUNGEST LIVING DAUGHTER BIRTH HISTORY NUMBER ☐☐ NAME _____
1311	Is (NAME OF DAUGHTER) circumcised?	YES . . . . . 1 NO . . . . . 2 (GO TO 1311 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1315A)	YES . . . . . 1 NO . . . . . 2 (GO TO 1311 IN NEXT COLUMN; OR IF NO MORE DAUGHTERS, GO TO 1315A)	YES . . . . . 1 NO . . . . . 2 (GO TO 1311 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1315A)
1312	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS . . . ☐☐ DON'T KNOW 98	AGE IN COMPLETED YEARS . . . ☐☐ DON'T KNOW 98	AGE IN COMPLETED YEARS . . . ☐☐ DON'T KNOW 98
1313	Was her genital area sewn closed?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
1314	Who performed the circumcision?	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR . . . . . 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR . . . . . 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRAD. BIRTH ATTENDANT 12 OTHER TRAD. _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR . . . . . 21 NURSE/MIDWIFE 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98
1315		GO BACK TO 1311 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1315A.	GO BACK TO 1311 IN NEXT COLUMN; OR, IF NO MORE DAUGHTERS, GO TO 1315A.	GO TO 1311 IN FIRST COLUMN OF NEW QUESTIONNAIRE; OR IF NO MORE DAUGHTERS, GO TO 1315A.

1315A	Do you believe that this practice is required by your community?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
1316	Do you believe that this practice is required by your religion?	YES . . . . . 1 NO . . . . . 2 NO RELIGION . . . . . 3 DON'T KNOW 8	
1317	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED . . . . . 1 STOPPED . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	

SECTION 14: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1401	CHECK COVER PAGE: IS WOMAN SELECTED FOR SECTION 14? WOMAN SELECTED FOR THIS SECTION ☐ ↓ WOMAN NOT SELECTED ☐ →		1433
1401A	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . . 1 ↓ PRIVACY NOT POSSIBLE . . . . . 2 →		1432
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.		
1402	CHECK 601 AND 602: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH HUSBAND/PARTNER') ☐ ↓ NEVER MARRIED/ NEVER LIVED WITH A MAN ☐ →		1416
1403	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?	a) JEALOUS . . . . . YES 1 NO 2 DK 8	
	b) He frequently (accuses/accused) you of being unfaithful?	b) ACCUSES . . . . . YES 1 NO 2 DK 8	
	c) He (does/did) not permit you to meet your female friends?	c) NOT MEET FRIENDS . YES 1 NO 2 DK 8	
	d) He (tries/tried) to limit your contact with your family?	d) NO FAMILY . . . . . YES 1 NO 2 DK 8	
	e) He (insists/insisted) on knowing where you (are/were) at all times?	e) WHERE YOU ARE . YES 1 NO 2 DK 8	
1404	Now I need to ask some more questions about your relationship with your (last) (husband/partner).		
	A Did your (last) (husband/partner) ever:	**B** How often did this happen during the last 12 months: often, only sometimes, or not at all?	
	a) say or do something to humiliate you in front of others?	a) EVER: YES 1 → / NO 2 ↓ — OFTEN 1 — SOMETIMES 2 — NOT IN LAST 12 MONTHS 3	
	b) threaten to hurt or harm you or someone you care about?	b) EVER: YES 1 → / NO 2 ↓ — OFTEN 1 — SOMETIMES 2 — NOT IN LAST 12 MONTHS 3	
	c) insult you or make you feel bad about yourself?	c) EVER: YES 1 → / NO 2 ↓ — OFTEN 1 — SOMETIMES 2 — NOT IN LAST 12 MONTHS 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1405	A 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?	

	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) push you, shake you, or throw something at you?	a) YES	1 →	1	2	3
	NO	2 ↓			
b) slap you?	b) YES	1 →	1	2	3
	NO	2 ↓			
c) twist your arm or pull your hair?	c) YES	1 →	1	2	3
	NO	2 ↓			
d) punch you with his fist or with something that could hurt you?	d) YES	1 →	1	2	3
	NO	2 ↓			
e) kick you, drag you, or beat you up?	e) YES	1 →	1	2	3
	NO	2 ↓			
f) try to choke you or burn you on purpose?	f) YES	1 →	1	2	3
	NO	2 ↓			
g) threaten or attack you with a knife, gun, or other weapon?	g) YES	1 →	1	2	3
	NO	2 ↓			
h) physically force you to have sexual intercourse with him when you did not want to?	h) YES	1 →	1	2	3
	NO	2 ↓			
i) physically force you to perform any other sexual acts you did not want to?	i) YES	1 →	1	2	3
	NO	2 ↓			
j) force you with threats or in any other way to perform sexual acts you did not want to?	j) YES	1 →	1	2	3
	NO	2 ↓			

1406	CHECK 1405A (a-j): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		1409
1407	How long after you first (got married/started living together) 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	
1408	Did the following ever happen as a result of what your (last) (husband/partner) did to you:		
	a) You had cuts, bruises, or aches?	a) YES . . . . . 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	b) YES . . . . . 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	c) YES . . . . . 1 NO 2	
1409	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 →	1411

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1410	In the last 12 months, how often have you done this to your (last) (husband/partner): often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1411	Does (did) your (last) (husband/partner) drink alcohol?	YES . . . . . 1 NO 2	→ 1413
1412	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	
1413	Are (Were) you afraid of your (last) (husband/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . . . . 1 SOMETIMES AFRAID . . . . . 2 NEVER AFRAID 3	
1414	CHECK 609: MARRIED MORE THAN ONCE ☐ ↓ MARRIED ONLY ONCE ☐ →		1416
1415	**A.** So far we have been talking about the behavior of your (current/last) (husband/partner). Now I want to ask you about the behavior of any previous (husband/partner).	**B.** How long ago did this last happen?	

	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER
a) Did any previous (husband/partner) ever hit, slap, kick, or do anything else to hurt you physically?	a) YES 1 → / NO 2 ↓	1	2	3
b) Did any previous (husband/partner) physically force you to have intercourse or perform any other sexual acts against your will?	b) YES 1 → / NO 2 ↓	1	2	3

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1416	CHECK 601 AND 602: EVER MARRIED/EVER LIVED WITH A MAN ☐ ↓ — a) From the time you were 15 years old has anyone other than (your/any) (husband/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? NEVER MARRIED/NEVER LIVED WITH A MAN ☐ ↓ — b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1419
1417	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C DAUGHTER/SON . . . . . D OTHER RELATIVE . . . . . E CURRENT BOYFRIEND . . . . . F FORMER BOYFRIEND . . . . . G MOTHER-IN-LAW . . . . . H FATHER-IN-LAW . . . . . I OTHER IN-LAW . . . . . J TEACHER . . . . . K EMPLOYER/SOMEONE AT WORK . . . L POLICE/SOLDIER . . . . . M OTHER _____ (SPECIFY) X	

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.		
1431	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES ONCE / YES, MORE THAN ONCE / NO HUSBAND . . . . . 1 2 3 OTHER MALE ADULT . . . 1 2 3 FEMALE ADULT 1 2 3	
1432	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE		
1433	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

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

INFORMATION TO BE CODED FOR EACH COLUMN

COLUMN 1: <u>BIRTHS, PREGNANCIES, CONTRACEPTIVE USE</u>

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 CONDOM
- 8 FEMALE CONDOM
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD
- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: <u>DISCONTINUATION OF CONTRACEPTIVE USE</u>

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

				1	2	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
2	09	SEP	04			2
0	08	AUG	05			0
1	07	JUL	06			1
4	06	JUN	07			4
	05	MAY	08			
	04	APR	09			
	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
2	08	AUG	17			2
0	07	JUL	18			0
1	06	JUN	19			1
3	05	MAY	20			3
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
2	08	AUG	29			2
0	07	JUL	30			0
1	06	JUN	31			1
2	05	MAY	32			2
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
2	08	AUG	41			2
0	07	JUL	42			0
1	06	JUN	43			1
1	05	MAY	44			1
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
2	08	AUG	53			2
0	07	JUL	54			0
1	06	JUN	55			1
0	05	MAY	56			0
	04	APR	57			
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
2	08	AUG	65			2
0	07	JUL	66			0
0	06	JUN	67			0
9	05	MAY	68			9
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

2 SHORT

2014 KENYA DEMOGRAPHIC AND HEALTH SURVEY
WOMAN'S QUESTIONNAIRE - SHORT VERSION

KNBS KENYA NATIONAL BUREAU OF STATISTICS *Keeping you informed*

CONFIDENTIAL

REPUBLIC OF KENYA

IDENTIFICATION

COUNTY _____	☐☐☐
DISTRICT _____	☐☐
LOCATION/TOWN _____	
SUBLOCATION _____	
NASSEP CLUSTER NUMBER	☐☐☐☐
KDHS CLUSTER NUMBER	☐☐☐☐
HOUSEHOLD NUMBER	☐☐☐
NAME OF HOUSEHOLD HEAD _____	
NAME AND LINE NUMBER OF WOMAN _____	☐☐

INTERVIEWER VISITS

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

*RESULT CODES:

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

**LANGUAGE OF QUESTIONNAIRE: 17	LANGUAGE OF INTERVIEW: ☐☐	NATIVE LANGUAGE OF RESPONDENT: ☐☐	TRANSLATOR USED (YES = 1, NO = 2) ☐

LANGUAGE OF QUESTIONNAIRE: **English**

**LANGUAGE CODES:	01 BORANA	05 KIKUYU	09 LUO	13 POKOT	17 ENGLISH
	02 EMBU	06 KISII	10 MAASAI	14 SOMALI	18 OTHER
	03 KALENJIN	07 LUHYA	11 MERU	15 SWAHILI	
	04 KAMBA	08 MARAGOLI	12 MIJIKENDA	16 TURKANA	

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

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

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

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.
Do you have any questions? May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOUR . . . . . [ ][ ] MINUTES . . . . . [ ][ ]	
102	In what month and year were you born?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	
103	How old were you at your last birthday? COMPARE AND CORRECT 102 AND/OR 103 IF INCONSISTENT.	AGE IN COMPLETED YEARS [ ][ ]	
104	Have you ever attended school?	YES . . . . . 1 NO 2	→ 108
105	What is the highest level of school you attended: primary, vocational, secondary, or higher?	PRIMARY . . . . . 1 POST-PRIMARY/VOCATIONAL . . . . . 2 SECONDARY/ 'A' LEVEL . . . . . 3 COLLEGE (MIDDLE LEVEL) . . . . . 4 UNIVERSITY 5	
106	What is the highest (standard/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/FORM/YEAR . . . [ ][ ]	
107	CHECK 105: PRIMARY, POST-PRIMARY/ VOCATIONAL ☐ ↓ SECONDARY OR HIGHER ☐		→ 110

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . . . . 1 ABLE TO READ ONLY PARTS OF SENTENCE . . . . . 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRE[. 5	
109	CHECK 108: CODE '2', '3' OR '4' CIRCLED ☐ CODE '1' OR '5' CIRCLED ☐ → 111		
110	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
111	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
112	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . . . . 1 LESS THAN ONCE A WEEK . . . . . 2 NOT AT ALL 3	
113	What is your religion?	ROMAN CATHOLIC . . . . . 1 PROTESTANT/ OTHER CHRISTIAN . 2 MUSLIM . . . . . 3 NO RELIGION . . . . . 4 OTHER _____ 6 (SPECIFY)	
114	What is your ethnic group / tribe?	EMBU . . . . . 01 KALENJIN . . . . . 02 KAMBA . . . . . 03 KIKUYU . . . . . 04 KISII . . . . . 05 LUHYA . . . . . 06 LUO . . . . . 07 MAASAI . . . . . 08 MERU . . . . . 09 MIJIKENDA/ SWAHILI . . . . . 10 SOMALI . . . . . 11 TAITA/ TAVETA . . . . . 12 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES . . . . . 1 NO 2	→ 206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES . . . . . 1 NO 2	→ 204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME . . . . . [ ][ ] DAUGHTERS AT HOME . . . . . [ ][ ]	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES . . . . . 1 NO 2	→ 206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE . . . . . [ ][ ] DAUGHTERS ELSEWHERE [ ][ ]	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive?	YES . . . . . 1 NO 2	→ 208
207	How many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD . . . . . [ ][ ] GIRLS DEAD . . . . . [ ][ ]	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL BIRTHS . . . . . [ ][ ]	
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 ROWS.
(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? RECORD NAME. BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	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 COM-PLETED 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	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (NEXT BIRTH)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	
02	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
03	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
04	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
05	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
06	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
07	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD 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 (first/next) baby? RECORD NAME. BIRTH HISTORY NUMBER	213 Is (NAME) a boy or a girl?	214 Were any of these births twins?	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 COM-PLETED 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?
08	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
09	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
10	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
11	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD LINE NUMBER ☐☐ → (GO TO 221)	DAYS . . . 1 ☐☐ MONTHS 2 ☐☐ YEARS . . 3 ☐☐	YES . . . 1 ADD BIRTH NO . . . . . 2 NEXT BIRTH
12	BOY 1 GIRL 2	SING 1 MULT 2	MONTH ☐☐ YEAR ☐☐☐☐	YES . . 1 NO . . . 2 → 220	AGE IN YEARS ☐☐	YES . . . 1 NO 2	HOUSEHOLD 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)?	YES . . . . . 1 NO 2	→ ADD BIRTH
223	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME ☐↓ NUMBERS ARE DIFFERENT ☐→ (PROBE AND RECONCILE)		
224	CHECK 215: ENTER THE NUMBER OF BIRTHS IN 2009 OR LATER.	NUMBER OF BIRTHS IN 2009 OR LATER ☐ NONE 0	
226	Are you pregnant now?	YES . . . . . 1 NO . . . . . 2 UNSURE 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. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
05	Implants. PROBE: Women can have one or more 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	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
09	Lactational Amenorrhea Method (LAM).	YES . . . . . 1 NO 2	
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . . 1 NO 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	
12	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 226: NOT PREGNANT OR UNSURE PREGNANT		→ 401
303	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 313
304	Which method are you using? CIRCLE ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . . . . A MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F MALE CONDOM . . . . . G FEMALE CONDOM . . . . . H LACTATIONAL AMEN. METHOD . . . . . K RHYTHM METHOD . . . . . L WITHDRAWAL . . . . . M OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . Y	→ 307 → 323 → 315A → 401
307	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. DISPENSARY . . . . . 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC . . . . . 21 FAMILY OPTIONS/FHOK CLINIC . . . 22 PRIVATE HOSPITAL/CLINIC . . . . . 23 NURSING/ MATERNITY HOME . . . . . 24 MOBILE CLINIC . . . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW 98	→ 401
313	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . . . . 1 NO 2	→ 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
315A	Where did you learn how to use the rhythm/lactational amenorrhea method? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. DISPENSARY . . . . . 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY/CHEMIST . . . . . 22 NURSING/MATERNITY HOME . . . . . 23 FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC . . . . . 24 FAMILY OPTIONS/FHOK CLINIC . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE SHOP . . . . . 31 MOBILE CLINIC . . . . . 32 COMMUNITY-BASED DISTRIBUTOR 33 COMMUNITY HEALTH WORKER/ CHW . . . . . 34 FRIEND/RELATIVE . . . . . 35 OTHER _____ 96 (SPECIFY)	→ 401
323	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. DISPENSARY . . . . . 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY/CHEMIST . . . . . 22 NURSING/MATERNITY HOME . . . . . 23 FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC . . . . . 24 FAMILY OPTIONS/FHOK CLINIC . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE SHOP . . . . . 31 MOBILE CLINIC . . . . . 32 COMMUNITY-BASED DISTRIBUTOR 33 COMMUNITY HEALTH WORKER/ CHW . . . . . 34 FRIEND/RELATIVE . . . . . 35 OTHER _____ 96 (SPECIFY)	→ 401

401	CHECK 224: ONE OR MORE BIRTHS IN 2009 OR LATER ☐ ↓ NO BIRTHS IN 2009 OR LATER ☐ → 601	

CHECK 215: ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).

402 Now I would like to ask some questions about 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	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	BIRTH HISTORY NUMBER ☐☐	BIRTH HISTORY NUMBER ☐☐	BIRTH HISTORY NUMBER ☐☐
404	FROM 212 AND 216	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓	NAME _____ LIVING ☐ ↓ DEAD ☐ ↓
408	Did you see anyone for antenatal care for this pregnancy?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 424) ←		
409	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . B OTHER PERSON COMMUNITY HEALTH WORKER . . . C TRADITIONAL BIRTH ATTENDANT . D OTHER _____ X (SPECIFY)		
411	How many months pregnant were you when you first received antenatal care for this pregnancy?	MONTHS . . . ☐☐ DON'T KNOW 98		
412	How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES . ☐☐ DON'T KNOW 98		
424	During this pregnancy, did you take any drugs to keep you from getting malaria?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 433) ← DON'T KNOW 8		
425	What drugs did you take? RECORD ALL MENTIONED. IF TYPE OF DRUG IS NOT DETERMINED, SHOW TYPICAL ANTIMALARIAL DRUGS TO RESPONDENT.	SP/FANSIDAR . . . . . A CHLOROQUINE . . . B OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z		
426	CHECK 425: SP/FANSIDAR TAKEN FOR MALARIA PREVENTION.	CODE 'A' CIRCLED ☐ ↓ CODE 'A' NOT CIRCLED ☐ ↓ (SKIP TO 433) ←		
427	How many times did you take (SP/Fansidar) during this pregnancy?	TIMES . . . . . ☐☐		

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
428	CHECK 409: ANTENATAL CARE FROM HEALTH PERSONNEL DURING THIS PREGNANCY	CODE 'A', OR 'B' CIRCLED OTHER (SKIP TO 433)		
429	Did you get the (SP/Fansidar) during any antenatal care visit, during another visit to a health facility or from another source?	ANTENATAL VISIT . 1 ANOTHER FACILITY VISIT . . . . . 2 OTHER SOURCE . . . 6		
433	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 DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . B OTHER PERSON COMMUNITY HLTH WORKER . . . C TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE . B OTHER PERSON COMMUNITY HLTH WORKER . . . C TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y	HEALTH PERSONNEL DOCTOR . . . . . A NURSE/MIDWIFE B OTHER PERSON COMMUNITY HLTH WORKER . . . C TRADITIONAL BIRTH ATTENDANT . . D RELATIVE/FRIEND E OTHER _____ X (SPECIFY) NO ONE ASSISTED Y
434	Where did you give birth to (NAME)? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	HOME YOUR HOME . . . 11 (SKIP TO 461) OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. DISPENSARY . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MED. SECTOR MISSION HOSPITAL/ CLINIC . . . . . 31 PVT. HOSPITAL/ CLINIC . . . . . 32 NURSING/MATERNITY HOME . . . . . 33 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 461)	HOME YOUR HOME . . . 11 (SKIP TO 461) OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. DISPENSARY . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MED. SECTOR MISSION HOSPITAL/ CLINIC . . . . . 31 PVT. HOSPITAL/ CLINIC . . . . . 32 NURSING/MATERNITY HOME . . . . . 33 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 461)	HOME YOUR HOME . . . 11 (SKIP TO 461) OTHER HOME . . . 12 PUBLIC SECTOR GOVT. HOSPITAL . 21 GOVT. HEALTH CENTER . . . . . 22 GOVT. DISPENSARY . 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY) PRIVATE MED. SECTOR MISSION HOSPITAL/ CLINIC . . . . . 31 PVT. HOSPITAL/ CLINIC . . . . . 32 NURSING/MATERNITY HOME . . . . . 33 OTHER PRIVATE MED. SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) (SKIP TO 461)
435	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2	YES . . . . . 1 NO 2
461		GO BACK TO 433 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 433 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 501.	GO BACK TO 433 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 501.

501	ENTER IN THE TABLE THE BIRTH HISTORY NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2009 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE LAST 2 COLUMNS OF ADDITIONAL QUESTIONNAIRES).			
502	BIRTH HISTORY NUMBER FROM 212 IN BIRTH HISTORY	LAST BIRTH BIRTH HISTORY NUMBER ..... ☐☐	NEXT-TO-LAST BIRTH BIRTH HISTORY NUMBER ..... ☐☐	SECOND-FROM-LAST BIRTH BIRTH HISTORY NUMBER ..... ☐☐
503	FROM 212 AND 216	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 601)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 601)	NAME _____ LIVING ☐ DEAD ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW Q'NNAIRE, OR IF NO MORE BIRTHS, GO TO 601)
504	Do you have a card / child health book where (NAME)'s vaccinations are written down? IF YES: May I see it please?	YES, SEEN ..... 1 (SKIP TO 506) YES, NOT SEEN ..... 2 (SKIP TO 509) NO CARD 3	YES, SEEN ..... 1 (SKIP TO 506) YES, NOT SEEN ..... 2 (SKIP TO 509) NO CARD 3	YES, SEEN ..... 1 (SKIP TO 506) YES, NOT SEEN ..... 2 (SKIP TO 509) NO CARD 3
505	Did you ever have a vaccination card or child health book for (NAME)?	YES ..... 1 (SKIP TO 509) NO 2	YES ..... 1 (SKIP TO 509) NO 2	YES ..... 1 (SKIP TO 509) NO 2

506 (1) COPY DATES FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.
(3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES.

	LAST BIRTH DAY	LAST BIRTH MONTH	LAST BIRTH YEAR		NEXT-TO-LAST BIRTH DAY	NEXT-TO-LAST BIRTH MONTH	NEXT-TO-LAST BIRTH YEAR		SECOND-FROM-LAST BIRTH DAY	SECOND-FROM-LAST BIRTH MONTH	SECOND-FROM-LAST BIRTH YEAR	
BCG (AT BIRTH)					BCG				BCG			
POLIO 0 (POLIO GIVEN AT BIRTH)					P0				P0			
OPV 1					P1				P1			
OPV 2					P2				P2			
OPV 3					P3				P3			
DPT, HEPATITIS, HIB, 1st DOSE					D1				D1			
DPT, HEPATITIS, HIB, 2nd DOSE					D2				D2			
DPT, HEPATITIS, HIB, 3rd DOSE					D3				D3			
PNEUMOCOCCAL VACCINE 1					PN1				PN1			
PNEUMOCOCCAL VACCINE 2					PN2				PN2			
PNEUMOCOCCAL VACCINE 3					PN3				PN3			
ROTA VIRUS VACCINE 1					R1				R1			
ROTA VIRUS VACCINE 2					R2				R2			
MEASLES					MEA				MEA			
YELLOW FEVER					YF				YF			
VITAMIN A (MOST RECENT)					VITA1				VITA1			
VITAMIN A (2nd MOST RECENT)					VITA2				VITA2			
AL/MEBENDAZOLE (MOST RECENT)					A/M				A/M			

507	CHECK 506:	BCG TO YELLOW FEVER ALL RECORDED ☐ OTHER ☐ (GO TO 511)	BCG TO YELLOW FEVER ALL RECORDED ☐ OTHER ☐ (GO TO 511)	BCG TO YELLOW FEVER ALL RECORDED ☐ OTHER ☐ (GO TO 511)

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

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
510F4	How many times was the Rota virus vaccination given?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
510G	A measles injection - that is, a shot in the arm at the age of 9 months or older - to prevent him/her from getting measles?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
510H	A yellow fever injection - that is, a shot in the arm or shoulder at the age of 9 months or older - to prevent him/her from getting yellow fever?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
511	Within the last six months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . . . . 1 NO . . . . . 2 (SKIP TO 514) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 514) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 514) ← DON'T KNOW 8
511A	How many times was Vitamin A given in the last six months?	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]	NUMBER OF TIMES . . . . . [ ]
514	Has (NAME) had diarrhoea in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) ← DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) ← DON'T KNOW 8
515	Was there any blood in the stools?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
516	Now I would like to know how much (NAME) was given to drink during the diarrhoea (including breast milk). 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
517	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
518	Did you seek advice or treatment for the diarrhoea from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522) ←	YES . . . . . 1 NO . . . . . 2 (SKIP TO 522) ←

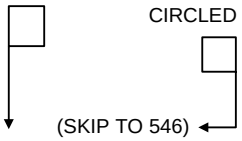
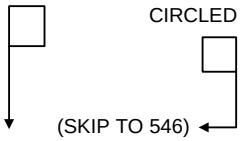
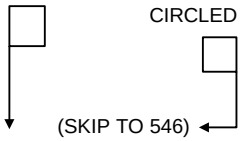
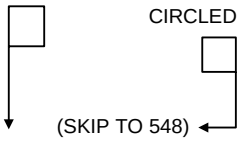
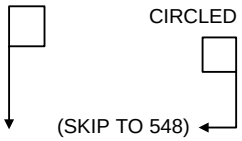
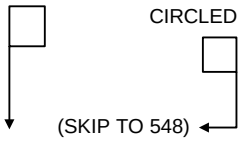
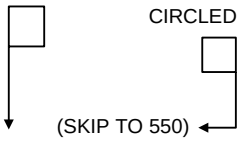
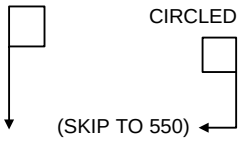
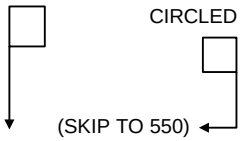
NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
519	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)
520	CHECK 519:	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 522)	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 522)	TWO OR MORE CODES CIRCLED / ONLY ONE CODE CIRCLED (SKIP TO 522)
521	Where did you first seek advice or treatment? USE LETTER CODE FROM 519.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
522	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 ORS? b) A home-made sugar-salt solution? c) Other home-made liquid such as porridge, soup, yoghurt, coconut water, fresh fruit juice, tea, milk, or rice water?	YES NO DK a) FLUID FROM ORS PKT 1 2 8 b) SUGAR-SALT SOL. 1 2 8 c) HOMEMADE FLUID . . . 1 2 8	YES NO DK a) FLUID FROM ORS PKT 1 2 8 b) SUGAR-SALT SOL. 1 2 8 c) HOMEMADE FLUID . . . 1 2 8	YES NO DK a) FLUID FROM ORS PKT 1 2 8 b) SUGAR-SALT SOL. 1 2 8 c) HOMEMADE FLUID . . . 1 2 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
523	Was anything (else) given to treat the diarrhoea?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 525) DON'T KNOW 8
524	What (else) was given to treat the diarrhoea? Anything else? RECORD ALL TREATMENTS GIVEN.	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC TABLET . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC TABLET) . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS FLUID . . . . . I HOME REMEDY/ HERBAL MED-ICINE . . . . . J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC TABLET . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC TABLET) . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS FLUID . . . . . I HOME REMEDY/ HERBAL MED-ICINE . . . . . J OTHER _____ X (SPECIFY)	PILL OR SYRUP ANTIBIOTIC . . . . . A ANTIMOTILITY . . . B ZINC TABLET . . . C OTHER (NOT ANTI-BIOTIC, ANTI-MOTILITY, OR ZINC TABLET) . D UNKNOWN PILL OR SYRUP . . . E INJECTION ANTIBIOTIC . . . . . F NON-ANTIBIOTIC . G UNKNOWN INJECTION . . . H (IV) INTRAVENOUS FLUID . . . . . I HOME REMEDY/ HERBAL MED-ICINE . . . . . J OTHER _____ X (SPECIFY)
525	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 527) DON'T KNOW 8
526	At any time during the illness, did (NAME) have blood taken from his/her finger or heel for testing?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8
527	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 530) DON'T KNOW 8
528	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 531) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (SKIP TO 531) DON'T KNOW 8
529	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 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)	CHEST ONLY . . . 1 NOSE ONLY . . . . . 2 BOTH . . . . . 3 OTHER _____ 6 (SPECIFY) DON'T KNOW . . . . . 8 (SKIP TO 531)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
530	CHECK 525: HAD FEVER?	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	YES ☐ NO OR DK ☐ (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	YES ☐ NO OR DK ☐ (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, TO 601)
531	Now I would like to know how much (NAME) was given to drink (including breast milk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 NOTHING TO DRINK . 5 DON'T KNOW 8
532	When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less?	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8	MUCH LESS . . . . . 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE . . . . . 4 STOPPED FOOD . . . 5 NEVER GAVE FOOD . 6 DON'T KNOW 8
533	Did you seek advice or treatment for the illness from any source?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 537)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
534	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)	PUBLIC SECTOR GOVT HOSPITAL A GOVT HEALTH CENTER . . . . . B GOVT DISPENSARY . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PVT. HOSPITAL/ CLINIC . . . . . E PHARMACY . . . F MISSION HOSP./ CLINIC . . . . . G OTHER PRIVATE SECTOR _____ H (SPECIFY) OTHER SOURCE MOBILE CLINIC . I COMMUNITY HLTH WORKER J SHOP . . . . . K TRADITIONAL PRACTITIONER L RELATIVE/FRIEND M OTHER _____ X (SPECIFY)
535	CHECK 534:	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 537)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 537)	TWO OR MORE CODES CIRCLED ☐ ONLY ONE CODE CIRCLED ☐ (SKIP TO 537)
536	Where did you first seek advice or treatment? USE LETTER CODE FROM 534.	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐	FIRST PLACE . . . ☐
537	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 601) DON'T KNOW 8	YES . . . . . 1 NO . . . . . 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601) 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 601) DON'T KNOW 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
538	What drugs did (NAME) take? Any other drugs? RECORD ALL MENTIONED.	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . . D AL/COARTEM . . . E OTHER ANTI-MALARIAL _____ . . . F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . . I ACETAMINOPHEN/ PARACETAMOL J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . . D AL/COARTEM . . . E OTHER ANTI-MALARIAL _____ . . . F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . . I ACETAMINOPHEN/ PARACETAMOL J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z	ANTIMALARIAL DRUGS SP/FANSIDAR . . . A CHLOROQUINE . B AMODIAQUINE . C QUININE . . . . . D AL/COARTEM . . . E OTHER ANTI-MALARIAL _____ . . . F (SPECIFY) ANTIBIOTIC DRUGS PILL/SYRUP . . . G INJECTION . . . H OTHER DRUGS ASPIRIN . . . . . I ACETAMINOPHEN/ PARACETAMOL J IBUPROFEN . . . K OTHER _____ X (SPECIFY) DON'T KNOW . . . . . Z
539	CHECK 538: ANY CODE A-F CIRCLED?	YES → NO → (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	YES → NO → (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	YES → NO → (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601)
540	CHECK 538: SP/FANSIDAR ('A') GIVEN	CODE 'A' CIRCLED → CODE 'A' NOT CIRCLED → (SKIP TO 542)	CODE 'A' CIRCLED → CODE 'A' NOT CIRCLED → (SKIP TO 542)	CODE 'A' CIRCLED → CODE 'A' NOT CIRCLED → (SKIP TO 542)
541	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
542	CHECK 538: CHLOROQUINE ('B') GIVEN	CODE 'B' CIRCLED → CODE 'B' NOT CIRCLED → (SKIP TO 544)	CODE 'B' CIRCLED → CODE 'B' NOT CIRCLED → (SKIP TO 544)	CODE 'B' CIRCLED → CODE 'B' NOT CIRCLED → (SKIP TO 544)

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
543	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
544	CHECK 538: AMODIAQUINE ('C') GIVEN	CODE 'C' CIRCLED / CODE 'C' NOT CIRCLED  (SKIP TO 546)	CODE 'C' CIRCLED / CODE 'C' NOT CIRCLED  (SKIP TO 546)	CODE 'C' CIRCLED / CODE 'C' NOT CIRCLED  (SKIP TO 546)
545	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
546	CHECK 538: QUININE ('D') GIVEN	CODE 'D' CIRCLED / CODE 'D' NOT CIRCLED  (SKIP TO 548)	CODE 'D' CIRCLED / CODE 'D' NOT CIRCLED  (SKIP TO 548)	CODE 'D' CIRCLED / CODE 'D' NOT CIRCLED  (SKIP TO 548)
547	How long after the fever started did (NAME) first take quinine?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . . 4 DON'T KNOW . . . 8
548	CHECK 538: ARTEMISININ+LUMEFANTRINE (AL/COARTEM) ('E') GIVEN	CODE 'E' CIRCLED / CODE 'E' NOT CIRCLED  (SKIP TO 550)	CODE 'E' CIRCLED / CODE 'E' NOT CIRCLED  (SKIP TO 550)	CODE 'E' CIRCLED / CODE 'E' NOT CIRCLED  (SKIP TO 550)
549	How long after the fever started did (NAME) first take AL/Coartem?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . . 4 DON'T KNOW . . . 8

NO.	QUESTIONS AND FILTERS	LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____	SECOND-FROM-LAST BIRTH NAME _____
550	CHECK 538: OTHER ANTIMALARIAL ('F') GIVEN	CODE 'F' CIRCLED ☐ ↓ CODE 'F' NOT CIRCLED ☐ → (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	CODE 'F' CIRCLED ☐ ↓ CODE 'F' NOT CIRCLED ☐ → (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601)	CODE 'F' CIRCLED ☐ ↓ CODE 'F' NOT CIRCLED ☐ → (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601)
551	How long after the fever started did (NAME) first take (OTHER ANTIMALARIAL)?	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . . 4 DON'T KNOW . . . 8	SAME DAY . . . . . 0 NEXT DAY . . . . . 1 TWO DAYS AFTER FEVER . . . . . 2 THREE DAYS AFTER FEVER . . . . . 3 FOUR OR MORE DAYS AFTER FEVER . . . 4 DON'T KNOW . . . 8
552		GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 601.	GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 601.

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	→ 605
602	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . . . . 1 YES, LIVED WITH A MAN . . . . . 2 NO 3	→ 612
603	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . . . . 1 DIVORCED . . . . . 2 SEPARATED 3	→ 609
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. . . . . [ ][ ]	
609	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . . . . 1 MORE THAN ONCE 2	
610	CHECK 609: MARRIED/ LIVED WITH A MAN ONLY ONCE → a) In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH . . . . . [ ][ ] DON'T KNOW MONTH . . . . . 98 YEAR . . . . . [ ][ ][ ][ ] DON'T KNOW YEAR 9998	→ 612
611	How old were you when you first started living with him?	AGE . . . . . [ ][ ]	
612	CHECK FOR THE PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
613	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . . . . 00 AGE IN YEARS . . . . . [ ][ ] FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 95	

SECTION 9. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Now I would like to talk about something else. Have you ever heard of an illness called AIDS?	YES . . . . . 1 NO 2	→ 1433
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 get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
907	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
908	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREG. . . . . 1 2 8 b) DURING DELIVERY . . . 1 2 8 c) BREASTFEEDING . . . 1 2 8	
911	CHECK 208 AND 215: LAST BIRTH SINCE JANUARY 2012 NO BIRTHS LAST BIRTH BEFORE JANUARY 2012	→ 926 → 926	
912	CHECK 408 FOR LAST BIRTH: HAD ANTENATAL CARE NO ANTENATAL CARE	→ 920	
913	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
914	During any of the antenatal visits for your last birth were you given any information about: a) Babies getting the AIDS virus from their mother? b) Things that you can do to prevent getting the AIDS virus? c) Getting tested for the AIDS virus?	YES NO DK a) AIDS FROM MOTHER . 1 2 8 b) THINGS TO DO . . . . . 1 2 8 c) TESTED FOR AIDS . . . 1 2 8	
915	Were you offered a test for the AIDS virus as part of your antenatal care?	YES . . . . . 1 NO 2	
916	I don't want to know the results, but were you tested for the AIDS virus as part of your antenatal care?	YES . . . . . 1 NO 2	→ 920

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
917	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER\CLINIC . 12 GOVERNMENT DISPENSARY . . . . 13 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 MISSIONARY/CHURCH HOSP./ CLINIC . . . . . 22 FAMILY OPTIONS/FHOK CLINIC . . 23 VCT CENTRE . . . . . 24 NURSING/MATERNITY HOMES . . 25 BLOOD TRANSFUSION SERVICES . 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) OTHER SOURCE HOME . . . . . 31 CORRECTIONAL FACILITY . . . . . 32 OTHER _____ 96 (SPECIFY)	
918	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	→ 924
919	All women are supposed to receive counseling after being tested. After you were tested, did you receive counseling?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 924
920	CHECK 434 FOR LAST BIRTH: ANY CODE 21-36 CIRCLED ☐ OTHER ☐		→ 926
921	Between the time you went for delivery but before the baby was born, were you offered a test for the AIDS virus?	YES . . . . . 1 NO 2	
922	I don't want to know the results, but were you tested for the AIDS virus at that time?	YES . . . . . 1 NO 2	→ 926
923	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
924	Have you been tested for the AIDS virus since that time you were tested during your pregnancy?	YES . . . . . 1 NO 2	→ 927
925	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 95	→ 1433
926	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO 2	→ 1433
927	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 95	
928	I don't want to know the results, but did you get the results of the test?	YES . . . . . 1 NO 2	
1433	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____

2014 KENYA DEMOGRAPHIC AND HEALTH SURVEY
MAN'S QUESTIONNAIRE

CONFIDENTIAL

REPUBLIC OF KENYA

IDENTIFICATION

COUNTY _____

DISTRICT _____

LOCATION/TOWN _____

SUBLOCATION _____

NASSEP CLUSTER NUMBER . . . . . | | | | |

KDHS CLUSTER NUMBER . . . . . | | | | |

HOUSEHOLD NUMBER . . . . . | | | |

NAME OF HOUSEHOLD HEAD _____

NAME AND LINE NUMBER OF MAN _____ | |

CHECK 101B IN HOUSEHOLD QUESTIONNAIRE: IS MAN SELECTED FOR SECTION 10?

YES 1
NO 2

INTERVIEWER VISITS

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

*RESULT CODES:

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

LANGUAGE OF QUESTIONNAIRE**: 1 7 — LANGUAGE OF INTERVIEW: | | — NATIVE LANGUAGE OF RESPONDENT: | |

TRANSLATOR USED (YES = 1, NO = 2) |

LANGUAGE OF QUESTIONNAIRE: **English**

**LANGUAGE CODES:

01 BORANA	05 KIKUYU	09 LUO	13 POKOT	17 ENGLISH
02 EMBU	06 KISII	10 MAASAI	14 SOMALI	18 OTHER
03 KALENJIN	07 LUHYA	11 MERU	15 SWAHILI	
04 KAMBA	08 MARAGOLI	12 MIJIKENDA	16 TURKANA	

SUPERVISOR	FIELD EDITOR	OFFICE EDITOR	KEYED BY
NAME _____	NAME _____		

SECTION 1. RESPONDENT'S BACKGROUND

INTRODUCTION AND CONSENT

INFORMED CONSENT

Hello. My name is _____. I am working with the Kenya National Bureau of Statistics. We are conducting a survey about health all over Kenya. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 20 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.
Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER: _____ DATE: _____

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

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

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
113	What is your religion?	ROMAN CATHOLIC . . . . . 1 PROTESTANT/ OTHER CHRISTIAN . 2 MUSLIM . . . . . 3 NO RELIGION . . . . . 4 OTHER _____ 6 (SPECIFY)	
114	What is your ethnic group / tribe?	EMBU . . . . . 01 KALENJIN . . . . . 02 KAMBA . . . . . 03 KIKUYU . . . . . 04 KISII . . . . . 05 LUHYA . . . . . 06 LUO . . . . . 07 MAASAI . . . . . 08 MERU . . . . . 09 MIJIKENDA/ SWAHILI . . . . . 10 SOMALI . . . . . 11 TAITA/ TAVETA . . . . . 12 OTHER _____ 96 (SPECIFY)	
115	In the last 12 months, how many times have you been away from home for one or more nights?	NUMBER OF TIMES . . . . . ☐☐ NONE 00	→ 201
116	In the last 12 months, have you been away from home for more than one month at a time?	YES . . . . . 1 NO 2	

SECTION 2. REPRODUCTION

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 MORE THAN ONE CHILD ↓ HAS HAD ONLY ONE CHILD → 212 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 LIVING CHILD ↓ NO LIVING CHILDREN → 301		
214	How old is your (youngest) child?	AGE IN YEARS . . . . . [ ][ ]	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
215	CHECK 214: (YOUNGEST) CHILD IS AGE 0-2 YEARS ☐ ↓ OTHER ☐ →		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 8	→ 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	
220	When a child has diarrhoea, how much should he or she be given to drink: more than usual, about the same as usual, less than usual, or nothing 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. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES . . . . . 1 NO 2	
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse.	YES . . . . . 1 NO 2	
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . . . . 1 NO 2	
05	Implants. PROBE: Women can have one or more 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	
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . . . . 1 NO 2	
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . . . . 1 NO 2	
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . . . . 1 NO 2	
09	Lactational Amenorrhea Method (LAM).	YES . . . . . 1 NO 2	
10	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . . . . 1 NO 2	
11	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES . . . . . 1 NO 2	
12	Emergency Contraception. PROBE: As an emergency measure, within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	In the last few months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine?	YES NO a) RADIO . . . . . 1 2 b) TELEVISION . . . . . 1 2 c) NEWSPAPER OR MAGAZINE . 1 2	
303	In the last few months, have you discussed family planning with a health worker or health professional?	YES . . . . . 1 NO 2	
304	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 when she has sexual relations?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 306
305	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	
306	I will now read you some statements about contraception. Please tell me if you agree or disagree with each one. a) Contraception is a woman's business and a man should not have to worry about it. b) Women who use contraception may become promiscuous.	DIS- AGREE AGREE DK a) CONTRACEPTION WOMAN'S BUSINESS 1 2 8 b) WOMEN MAY BECOME PROMISCUOUS 1 2 8	
307	CHECK 301 (07): KNOWS MALE CONDOM YES ↓ NO →		311
308	Do you know of a place where a person can get male condoms?	YES . . . . . 1 NO 2	→ 311

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
309	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. DISPENSARY . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . E PHARMACY/CHEMIST . . . . . F NURSING/MATERNITY HOME . . . . . G FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC . . . . . H FAMILY OPTIONS/FHOK CLINIC . . . I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP . . . . . K MOBILE CLINIC . . . . . L COMMUNITY-BASED DISTRIBUTOR M COMMUNITY HEALTH WORKER/ CHW . . . . . N FRIEND/RELATIVE . . . . . O DISPENSER . . . . . P OTHER _____ X (SPECIFY)	
310	If you wanted to, could you yourself get a male condom?	YES . . . . . 1 NO 2	
311	CHECK 301 (08): KNOWS FEMALE CONDOM YES ☐ NO ☐ → 401		
312	Do you know of a place where a person can get female condoms?	YES . . . . . 1 NO 2	→ 401

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVT. HOSPITAL . . . . . A GOVT. HEALTH CENTER . . . . . B GOVT. DISPENSARY . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . E PHARMACY/CHEMIST . . . . . F NURSING/MATERNITY HOME . . . . . G FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC . . . . . H FAMILY OPTIONS/FHOK CLINIC CLINIC . . . . . I OTHER PRIVATE MEDICAL SECTOR _____ J (SPECIFY) OTHER SOURCE SHOP . . . . . K MOBILE CLINIC . . . . . L COMMUNITY-BASED DISTRIBUTOR M COMMUNITY HEALTH WORKER/ CHW . . . . . N FRIEND/RELATIVE . . . . . O OTHER _____ X (SPECIFY)	
314	If you wanted to, could you yourself get a female condom?	YES . . . . . 1 NO 2	

SECTION 4. MARRIAGE AND SEXUAL ACTIVITY

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 NO, NOT IN UNION 3	→ 404
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 SEPARATED 3	→ 410
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 other wives or do you live with other women as if married?	YES (MORE THAN ONE) . . . . . 1 NO (ONLY ONE) 2	→ 407
406	Altogether, how many wives or live-in partners do you have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . . ☐☐	
407	CHECK 405: ONE WIFE/ PARTNER ☐ → a) Please tell me the name of (your wife/the woman you are living with as if married). MORE THAN ONE WIFE/ PARTNER ☐ → b) Please tell me the name of each of your wives or 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 ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐ NAME _____ LINE NUMBER ☐☐	408 How old was (NAME) on her last birthday? AGE ☐☐ AGE ☐☐ AGE ☐☐ 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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
411	In what month and year did you start living with your (wife/partner)?	MONTH	
411A	Now I would like to ask about your first (wife/partner). In what month and year did you start living with her?	DON'T KNOW MONTH . . . . . 98 YEAR	→ 413
		DON'T KNOW YEAR 9998	
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 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	→ 501
		FIRST TIME WHEN STARTED LIVING WITH (FIRST) WIFE/PARTNER 95	
414A	CHECK 103: AGE 15-24 ☐ ↓ AGE 25-54 ☐ →		415
414B	The first time you had sexual intercourse, was a condom used?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW/DON'T REMEMBER . . . 8	
414C	How old was the person you first had sexual intercourse with?	AGE OF PARTNER DON'T KNOW . . . 98	
415	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.		
416	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	→ 430

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
417	When was the last time you had sexual intercourse with this person?		DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3
418	The last time you had sexual intercourse (with this second/third person), was a condom used?	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)	YES . . . . . 1 NO . . . . . 2 (SKIP TO 420)
418A	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 /SHE 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 /SHE 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 /SHE MAY HAVE OTHER PARTNERS . . . . . 4 PARTNER WANTED TO USE . . . . . 5 OTHER _____ 6 (SPECIFY)
419	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
420	What was your relationship to this 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 LIVE-IN PARTNER . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE . . 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)	WIFE . . . . . 1 LIVE-IN PARTNER . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE . . 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)	WIFE . . . . . 1 LIVE-IN PARTNER . 2 GIRLFRIEND NOT LIVING WITH RESPONDENT . . . 3 CASUAL ACQUAINTANCE . . 4 CLIENT/PROSTITUTE 5 OTHER _____ 6 (SPECIFY) (SKIP TO 423)
421	CHECK 410:	MARRIED ONLY ONCE MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423)	MARRIED ONLY ONCE MARRIED MORE THAN ONCE OR BLANK (SKIP TO 423)
422	CHECK 414: FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE (CODE 95)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 424)	FIRST TIME WHEN STARTED LIVING WITH FIRST WIFE OTHER (SKIP TO 424)
423	How long ago did you first have sexual intercourse with this (second/third) person?	DAYS AGO . 1 WEEKS AGO . 2 MONTHS AGO . 3 YEARS AGO . 4	DAYS AGO . 1 WEEKS AGO . 2 MONTHS AGO . 3 YEARS AGO . 4	DAYS AGO . 1 WEEKS AGO . 2 MONTHS AGO . 3 YEARS AGO . 4

		LAST SEXUAL PARTNER	SECOND-TO-LAST SEXUAL PARTNER	THIRD-TO-LAST SEXUAL PARTNER
424	How many times during the last 12 months did you have sexual intercourse with this person? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF TIMES IS 95 OR MORE, WRITE '95'.	NUMBER OF TIMES . . . . . ☐☐	NUMBER OF TIMES . . . . . ☐☐	NUMBER OF TIMES . . . . . ☐☐
425	How old is this person?	AGE OF PARTNER . ☐☐ DON'T KNOW 98	AGE OF PARTNER . ☐☐ DON'T KNOW 98	AGE OF PARTNER . ☐☐ DON'T KNOW 98
426	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 417 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 428)	YES . . . . . 1 (GO BACK TO 417 IN NEXT COLUMN) NO . . . . . 2 (SKIP TO 428)	
427	In total, with how many different people have you had sexual intercourse in the last 12 months? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.			NUMBER OF PARTNERS LAST 12 MONTHS . . . ☐☐ DON'T KNOW . . . 98

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
428	CHECK 420 (ALL COLUMNS): AT LEAST ONE PARTNER IS PROSTITUTE ☐ NO PARTNERS ARE PROSTITUTES ☐ → 430		
429	CHECK 420 AND 418 (ALL COLUMNS): CONDOM USED WITH EVERY PROSTITUTE ☐ → 433 OTHER ☐ → 434		
430	In the last 12 months, did you pay anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 432
431	Have you ever paid anyone in exchange for having sexual intercourse?	YES . . . . . 1 NO 2	→ 434
432	The last time you paid someone in exchange for having sexual intercourse, was a condom used?	YES . . . . . 1 NO 2	→ 434
433	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 DON'T KNOW 8	
434	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, WRITE '95'.	NUMBER OF PARTNERS IN LIFETIME . . . . . ☐☐ DON'T KNOW 98	
435	CHECK 418, MOST RECENT PARTNER (FIRST COLUMN): NOT ASKED ☐ → 438 CONDOM USED ☐ NO CONDOM USED ☐ → 438		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
437	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVT. HOSPITAL . . . . . 11 GOVT. HEALTH CENTER . . . . . 12 GOVT. DISPENSARY . . . . . 13 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC . . . . . 21 PHARMACY/CHEMIST . . . . . 22 NURSING/MATERNITY HOME . . . . . 23 FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC . . . . . 24 FAMILY OPTIONS/FHOK CLINIC . . . 25 OTHER PRIVATE MEDICAL SECTOR _____ 26 (SPECIFY) OTHER SOURCE SHOP . . . . . 31 MOBILE CLINIC . . . . . 32 COMMUNITY-BASED DISTRIBUTOR 33 COMMUNITY HEALTH WORKER/ CHW . . . . . 34 FRIEND/RELATIVE . . . . . 35 OTHER _____ 96 (SPECIFY)	
438	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
439	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 MALE STERILIZATION . . . . . B IUD . . . . . C INJECTABLES . . . . . D IMPLANTS . . . . . E PILL . . . . . F FEMALE CONDOM . . . . . G LAM . . . . . J RHYTHM METHOD . . . . . K WITHDRAWAL . . . . . L OTHER MODERN METHOD . . . . . X OTHER TRADITIONAL METHOD . . . . . Y	

SECTION 5. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ☐ ↓ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ☐ →		509
502	CHECK 439: MAN NOT STERILIZED OR 439 IS BLANK ☐ ↓ MAN STERILIZED ☐ →		509
503	(Is your (wife/partner)/Are any of your (wives/partners)) currently pregnant?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	505
504	Now I have some questions about the future. After the (child/children) you and your (wife(wives)/partner(s)) are expecting now, would you like to have another child, or would you prefer not have any more children?	HAVE ANOTHER CHILD . . . . . 1 NO MORE . . . . . 2 UNDECIDED/DON'T KNOW 8	506 509
505	Now I have some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD . . . . . 1 NO MORE/NONE . . . . . 2 SAYS COUPLE CAN'T GET PREGNANT . . . . . 3 WIFE (WIVES)/PARTNER(S) STERILIZED . . . . . 4 UNDECIDED/DON'T KNOW 8	509
506	CHECK 407: ONE WIFE/ PARTNER ☐ ↓ MORE THAN ONE WIFE/ PARTNER ☐ →		508
507	CHECK 503: WIFE/PARTNER NOT PREGNANT OR DON'T KNOW ☐ ↓ a) How long would you like to wait from now before the birth of (a/another) child? WIFE/PARTNER PREGNANT ☐ ↓ b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . . . . 1 ☐☐ YEARS . . . . . 2 ☐☐ SOON/NOW . . . . . 993 COUPLE INFECUND . . . . . 994 OTHER _____ 996 (SPECIFY) DON'T KNOW 998	509
508	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
509	CHECK 203 AND 205: HAS LIVING CHILDREN ☐ → a) 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? NO LIVING CHILDREN ☐ → b) 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
510	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 6. EMPLOYMENT AND GENDER ROLES

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	→ 607
604	What is your occupation, that is, what kind of work do you mainly do?	_____ ☐☐ _____ _____	
604A	CHECK 604: WORKS IN AGRICULTURE ☐ ↓ DOES NOT WORK IN AGRICULTURE ☐ →		605
604B	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)	
605	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	
606	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	
607	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ☐ ↓ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER ☐ →		612
608	CHECK 606: CODE 1 OR 2 CIRCLED ☐ ↓ OTHER ☐ →		610
609	Who usually decides how the money you earn will be used: you, your (wife/partner), or you and your (wife/partner) jointly?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/ PARTNER JOINTLY . . . . . 3 OTHER _____ 6 (SPECIFY)	
610	Who usually makes decisions about health care for yourself: you, your (wife/partner), you and your (wife/partner) jointly, or someone else?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/ PARTNER JOINTLY . . . . . 3 SOMEONE ELSE . . . . . 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
611	Who usually makes decisions about making major household purchases?	RESPONDENT . . . . . 1 WIFE/PARTNER . . . . . 2 RESPONDENT AND WIFE/ PARTNER JOINTLY . . . . . 3 SOMEONE ELSE . . . . . 4 OTHER _____ 6 (SPECIFY)	
612	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
613	Do you own any land either alone or jointly with someone else?	ALONE ONLY . . . . . 1 JOINTLY ONLY . . . . . 2 BOTH ALONE AND JOINTLY . . . . . 3 DOES NOT OWN 4	
614	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food?	YES NO DK a) GOES OUT . . . . . 1 2 8 b) NEGL. CHILDREN . . . 1 2 8 c) ARGUES . . . . . 1 2 8 d) REFUSES SEX . . . . . 1 2 8 e) BURNS FOOD 1 2 8	

SECTION 7. HIV/AIDS

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	→ 723
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	
705A	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	
706	Can people get the AIDS virus because of witchcraft or other supernatural means?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707	Is it possible for a healthy-looking person to have the AIDS virus?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
707A	Do you know someone personally who has the virus that causes AIDS or someone who has died of AIDS?	YES . . . . . 1 NO 2	
708	Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding?	YES NO DK a) DURING PREG. . . . . 1 2 8 b) DURING DELIVERY . . . 1 2 8 c) BREASTFEEDING . . . 1 2 8	
709	CHECK 708: AT LEAST ONE 'YES' ☐ OTHER ☐		→ 711
710	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	
711	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
712	I don't want to know the results, but have you ever been tested to see if you have the AIDS virus?	YES . . . . . 1 NO 2	→ 716
713	How many months ago was your most recent HIV test?	MONTHS AGO . . . . . ☐☐ TWO OR MORE YEARS 95	
714	I don't 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
715	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . 11 GOVT. HEALTH CENTER\CLINIC . . . 12 GOVERNMENT DISPENSARY . . . . 13 OTHER PUBLIC SECTOR _____ 18 (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ . . . . . 21 MISSIONARY/CHURCH HOSP./ CLINIC . . . . . 22 FAMILY OPTIONS/FHOK CLINIC . . 23 VCT CENTRE . . . . . 24 NURSING/MATERNITY HOMES . . 25 BLOOD TRANSFUSION SERVICES 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) OTHER SOURCE HOME . . . . . 31 CORRECTIONAL FACILITY . . . . . 32 OTHER _____ 96 (SPECIFY)	→ 717A
716	Do you know of a place where people can go to get tested for the AIDS virus?	YES . . . . . 1 NO 2	→ 717A
717	Where is that? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE)	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTER\CLINIC . . . B GOVERNMENT DISPENSARY . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ . . . . . E MISSIONARY/CHURCH HOSP./ CLINIC . . . . . F FAMILY OPTIONS/FHOK CLINIC . . G VCT CENTRE . . . . . H NURSING/MATERNITY HOMES . . I BLOOD TRANSFUSION SERVICES . J OTHER PRIVATE MEDICAL SECTOR _____ K (SPECIFY) OTHER _____ X (SPECIFY)	
717A	CHECK 401: CURRENTLY MARRIED OR LIVING WITH A PARTNER ↓ NOT CURRENTLY MARRIED AND NOT LIVING WITH A PARTNER →		→ 718
717B	Have you ever talked with your wife / partner about ways to prevent getting the virus that causes AIDS?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
718	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	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
719	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	
720	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	
721	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	
722	Should children age 12-14 be taught about using a condom to avoid getting AIDS?	YES . . . . . 1 NO . . . . . 2 DK/NOT SURE/DEPENDS 8	
723	CHECK 701: HEARD ABOUT AIDS ☐ → a) Apart from AIDS, have you heard about other infections that can be transmitted through sexual contact? NOT HEARD ABOUT AIDS ☐ → b) Have you heard about infections that can be transmitted through sexual contact?	YES . . . . . 1 NO 2	→ 724
723A	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 _____ (SPECIFY) W OTHER _____ (SPECIFY) X NO SYMPTOMS . . . . . Y DOES NOT KNOW . . . . . Z	
723B	If a woman has a sexually transmitted disease, what symptoms might she 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 HARD TO GET PREGNANT . . . . . L OTHER _____ (SPECIFY) W OTHER _____ (SPECIFY) X NO SYMPTOMS . . . . . Y DOES NOT KNOW . . . . . Z	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 414: HAS HAD SEXUAL INTERCOURSE ☐↓ HAS NOT HAD SEXUAL INTERCOURSE ☐ → 732		
725	CHECK 723: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐↓ NO ☐ → 727		
726	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
727	Sometimes men experience an abnormal discharge from their penis. During the last 12 months, have you had an abnormal discharge from your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
728	Sometimes men have a sore or ulcer near their penis. During the last 12 months, have you had a sore or ulcer near your penis?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
729	CHECK 726, 727, AND 728: HAS HAD AN INFECTION (ANY 'YES') ☐↓ HAS NOT HAD AN INFECTION OR DOES NOT KNOW ☐ → 732		
730	The last time you had (PROBLEM FROM 726/727/728), did you seek any kind of advice or treatment?	YES . . . . . 1 NO 2	→ 731A
731	Where did you go? Any other place? PROBE TO IDENTIFY EACH TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC OR PRIVATE SECTOR, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S))	PUBLIC SECTOR GOVERNMENT HOSPITAL . . . . . A GOVT. HEALTH CENTRE/CLINIC . B GOVT. DISPENSARY . . . . . C OTHER PUBLIC SECTOR _____ D (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL/CLINIC/ PRIVATE DOCTOR . . . . . E MISSIONARY/CHURCH HOSP/CLINIC F FAMILY OPTIONS/FHOK CLINIC . . . G VCT CENTRE . . . . . H NURSING/MATERNITY HOMES . . . I BLOOD TRANSFUSION SERVICES . J OTHER PRIVATE MEDICAL . . . . . SECTOR _____ K (SPECIFY) OTHER SOURCE SHOP/PHARMACY . . . . . M TRADITIONAL HEALER . . . . . N FRIENDS/RELATIVES . . . . . O OTHER _____ X (SPECIFY)	
731A	When you had (PROBLEM(S) FROM 726/727/728), did you inform the persons with whom you were having sex?	YES, INFORMED ALL PARTNERS . . . 1 INFORMED SOME, NOT ALL . . . . . 2 NO, INFORMED NONE . . . . . 3 DID NOT HAVE A PARTNER 4	→ 732
731B	When you had (PROBLEM(S) FROM 726/727/728), did you do anything to avoid infecting your sexual partner(s)?	YES . . . . . 1 NO 2	→ 732

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731C	What did you do to avoid infecting your partner(s)? Did you: a) Use medicine? b) Stop sex? c) Use a condom when having sex?	YES NO a) USE MEDICINE . . . . . 1 2 b) STOP HAVING SEX . . . . . 1 2 c) USE CONDOM 1 2	
732	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
733	Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wives?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

SECTION 8. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	Some men are circumcised, that is, the foreskin is completely removed from the penis. Are you circumcised?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	→ 805
802	How old were you when you got circumcised?	AGE IN COMPLETED YEARS . . . . . [ ][ ] DURING CHILDHOOD (<5 YEARS) . 95 DON'T KNOW 98	
803	Who did the circumcision?	TRADITIONAL PRACTITIONER/ FAMILY/FRIEND . . . . . 1 HEALTH WORKER/PROFESSIONAL 2 OTHER . . . . . 3 DON'T KNOW 8	
804	Where was it done?	HEALTH FACILITY . . . . . 1 HOME OF A HEALTH WORKER/ PROFESSIONAL . . . . . 2 CIRCUMCISION DONE AT HOME . . . 3 RITUAL SITE . . . . . 4 OTHER HOME/PLACE . . . . . 5 DON'T KNOW 8	
805	Now I would like to ask you some other questions relating to health matters. Have you had an injection for any reason in the last 12 months? IF YES: How many injections have you had? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 807A
806	Among these injections, how many were administered by a doctor, a nurse, a pharmacist, a dentist, or any other health worker? IF NUMBER OF INJECTIONS IS 90 OR MORE, OR DAILY FOR 3 MONTHS OR MORE, RECORD '90'. IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.	NUMBER OF INJECTIONS . . . [ ][ ] NONE 00	→ 807A
807	The last time you got an injection from a health worker, did he/she take the syringe and needle from a new, unopened package?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
807A	Have you ever been told by a doctor or health worker that you have raised blood pressure or hypertension?	YES . . . . . 1 NO 2	
807B	Have you ever been told by a doctor or health worker that you have raised blood sugar or diabetes?	YES . . . . . 1 NO 2	
807C	In the past 12 months, have you been involved in a road traffic accident as a driver, passenger, pedestrian, or cyclist?	YES . . . . . 1 NO 2	
807D	In the past 12 months, were you injured accidentally, not related to a traffic accident?	YES . . . . . 1 NO 2	→ 807F

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
807E	How did the injury happen? RECORD ALL MENTIONED	FALL . . . . . A BURN . . . . . B POISONING . . . . . C CUT . . . . . D NEAR-DROWNING . . . . . E ANIMAL BITE . . . . . F SHOOTING . . . . . G OTHER _____ X (SPECIFY)	
807F	Have you ever heard of an illness called tuberculosis or TB?	YES . . . . . 1 NO 2	→ 808
807G	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	
808	Do you currently smoke cigarettes?	YES . . . . . 1 NO 2	→ 810
809	In the last 24 hours, how many cigarettes did you smoke?	NUMBER OF CIGARETTES	
810	Do you currently smoke or use any (other) type of tobacco?	YES . . . . . 1 NO 2	→ 811A
811	What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	PIPE . . . . . A CHEWING TOBACCO . . . . . B SNUFF . . . . . C WATER PIPE / SHISHA . . . . . D OTHER _____ X (SPECIFY)	
811A	Do you drink alcohol?	YES . . . . . 1 NO 2	→ 811C
811B	During the last two weeks, on how many days did you have at least one alcoholic drink?	NUMBER OF DAYS	
811C	Are you involved in exercise that causes an increase in your heart rate for at least 10 minutes continuously? a) At work? b) During other physical activities?	YES NO a) AT WORK . . . . . 1 2 b) OTHER PHYSICAL ACTIVITIES 1 2	
811D	Now I would like to ask you about men's health. Have you ever heard of prostate cancer?	YES . . . . . 1 NO 2	→ 811I
811E	Has a doctor or health care professional ever examined you to detect or test for prostate cancer?	YES . . . . . 1 NO 2	→ 811I
811F	Did this prostate exam happen within the last 5 years?	YES . . . . . 1 NO 2	
811G	Did the doctor or health care professional who examined you tell you that you have a problem with your prostate?	YES . . . . . 1 NO 2	→ 811I

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
811H	Were you treated or referred for treatment for the prostate problem?	YES . . . . . 1 NO 2	
811I	Sometimes a woman can have a problem of constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after pelvic surgery. Have you ever heard of this problem?	YES . . . . . 1 NO 2	
812	Are you covered by any health insurance?	YES . . . . . 1 NO 2	→ 901
813	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE . . . . . A HEALTH INSURANCE THROUGH EMPLOYER . . . . . B NATIONAL HEATLH INSURANCE SCHEME . . . . . C PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . D PRE-PAYMENT SCHEME . . . . . E OTHER _____ X (SPECIFY)	

SECTION 9. FEMALE GENITAL CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	Have you ever heard of female circumcision?	YES . . . . . 1 NO 2	→ 902A
902	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	→ 1001
902A	Do you believe that female circumcision is required by your community?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	
903	Do you believe that female circumcision is required by your religion?	YES . . . . . 1 NO . . . . . 2 NO RELIGION . . . . . 3 DON'T KNOW 8	
904	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED . . . . . 1 STOPPED . . . . . 2 DEPENDS . . . . . 3 DON'T KNOW 8	

SECTION 10: DOMESTIC VIOLENCE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	CHECK COVER PAGE: IS MAN SELECTED FOR SECTION 10? MAN SELECTED FOR THIS SECTION ☐ MAN NOT SELECTED OR HH QUESTION 101B IS BLANK ☐		→ 1033
1001A	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . . . . 1 PRIVACY NOT POSSIBLE 2		→ 1032
	READ TO THE RESPONDENT Now I would like to ask you questions about some other important aspects of a man's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of men in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions.		
1002	CHECK 401 AND 402: CURRENTLY MARRIED/ LIVING WITH A WOMAN ☐ FORMERLY MARRIED/ LIVED WITH A WOMAN (READ IN PAST TENSE AND USE 'LAST' WITH WIFE/PARTNER') ☐ NEVER MARRIED/ NEVER LIVED WITH A WOMAN ☐		→ 1016
1003	First, I am going to ask you about some situations which happen to some men. Please tell me if these apply to your relationship with your (last) (wife/partner)?		
	a) She (is/was) jealous or angry if you (talk/talked) to other women?	a) JEALOUS . . . . . YES 1 NO 2 DK 8	
	b) She frequently (accuses/accused) you of being unfaithful?	b) ACCUSES . . . . . YES 1 NO 2 DK 8	
	c) She (does/did) not permit you to meet your male friends?	c) NOT MEET FRIENDS . YES 1 NO 2 DK 8	
	d) She (tries/tried) to limit your contact with your family?	d) NO FAMILY . . . . . YES 1 NO 2 DK 8	
	e) She (insists/insisted) on knowing where you (are/were) at all times?	e) WHERE YOU ARE . YES 1 NO 2 DK 8	
1004	Now I need to ask some more questions about your relationship with your (last) (wife/partner).		
	A Did your (last) (wife/partner) ever:	**B** How often did this happen during the last 12 months: often, only sometimes, or not at all?	
		EVER / OFTEN / SOME-TIMES / NOT IN LAST 12 MONTHS	
	a) Say or do something to humiliate you in front of others?	a) YES 1 → 1 2 3 NO 2 ↓	
	b) Threaten to hurt or harm you or someone you care about?	b) YES 1 → 1 2 3 NO 2 ↓	
	c) Insult you or make you feel bad about yourself?	c) YES 1 → 1 2 3 NO 2 ↓	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1005	A Did your (last) (wife/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?		

	EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a) Push you, shake you, or throw something at you?	a) YES	1 →	1	2	3
	NO	2 ↓			
b) Slap you?	b) YES	1 →	1	2	3
	NO	2 ↓			
c) Twist your arm or pull your hair?	c) YES	1 →	1	2	3
	NO	2 ↓			
d) Punch you with her fist or with something that could hurt you?	d) YES	1 →	1	2	3
	NO	2 ↓			
e) Kick you, drag you, or beat you up?	e) YES	1 →	1	2	3
	NO	2 ↓			
f) Try to choke you or burn you on purpose?	f) YES	1 →	1	2	3
	NO	2 ↓			
g) Threaten or attack you with a knife, gun, or other weapon?	g) YES	1 →	1	2	3
	NO	2 ↓			
h) Physically force you to have sexual intercourse with her when you did not want to?	h) YES	1 →	1	2	3
	NO	2 ↓			
i) Physically force you to perform any other sexual acts you did not want to?	i) YES	1 →	1	2	3
	NO	2 ↓			
j) Force you with threats or in any other way to perform sexual acts you did not want to?	j) YES	1 →	1	2	3
	NO	2 ↓			

1006	CHECK 1005A (a-j): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		1009
1007	How long after you first (got married/started living together) with your (last) (wife/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	
1008	Did the following ever happen as a result of what your (last) (wife/partner) did to you:		
	a) You had cuts, bruises, or aches?	a) YES . . . . . 1 NO 2	
	b) You had eye injuries, sprains, dislocations, or burns?	b) YES . . . . . 1 NO 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	c) YES . . . . . 1 NO 2	
1009	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (wife/partner) at times when she was not already beating or physically hurting you?	YES . . . . . 1 NO . . . . . 2 →	1011

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1010	In the last 12 months, how often have you done this to your (last) (wife/partner): often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	
1011	Does (did) your (last) (wife/partner) drink alcohol?	YES . . . . . 1 NO 2	→ 1013
1012	How often does (did) she get drunk: often, only sometimes, or never?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NEVER 3	
1013	Are (Were) you afraid of your (last) (wife/partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . . . . 1 SOMETIMES AFRAID . . . . . 2 NEVER AFRAID 3	
1014	CHECK 410: MARRIED MORE THAN ONCE OR 410 IS BLANK ☐ ↓ MARRIED ONLY ONCE ☐ →		1016
1015	A So far we have been talking about the behavior of your (current/last) (wife/partner). Now I want to ask you about the behavior of any previous (wife/partner). a) Did any previous (wife/partner) ever hit, slap, kick, or do anything else to hurt you physically? b) Did any previous (wife/partner) physically force you to have intercourse or perform any other sexual acts against your will?	B How long ago did this last happen? EVER / 0 - 11 MONTHS AGO / 12+ MONTHS AGO / DON'T REMEMBER a) YES 1 → 1 / 2 / 3 NO 2 ↓ b) YES 1 → 1 / 2 / 3 NO 2 ↓	
1016	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN ☐ ↓ a) From the time you were 15 years old has anyone other than (your/any) (wife/partner) hit you, slapped you, kicked you, or done anything else to hurt you physically? NEVER MARRIED/NEVER LIVED WITH A WOMAN ☐ ↓ b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	→ 1022
1017	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . . . . A FATHER/STEP-FATHER . . . . . B SISTER/BROTHER . . . . . C DAUGHTER/SON . . . . . D OTHER RELATIVE . . . . . E CURRENT GIRLFRIEND . . . . . F FORMER GIRLFRIEND . . . . . G MOTHER-IN-LAW . . . . . H FATHER-IN-LAW . . . . . I OTHER IN-LAW . . . . . J TEACHER . . . . . K EMPLOYER/SOMEONE AT WORK . . . L POLICE/SOLDIER . . . . . M OTHER _____ X (SPECIFY)	
1018	In the last 12 months, how often has (this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . . . . 1 SOMETIMES . . . . . 2 NOT AT ALL 3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1022	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN ☐ ↓ NEVER MARRIED/NEVER LIVED WITH A WOMAN ☐ →		1022B
1022A	Now I want to ask you about things that may have been done to you by someone other than (your/any) (wife/partner). At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	1 → 1023 2, 3 → 1024A
1022B	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . . . . 1 NO . . . . . 2 REFUSED TO ANSWER/ NO ANSWER 3	1, 2, 3 → 1026
1023	Who was the person who was forcing you the very first time this happened?	CURRENT WIFE/PARTNER . . . . . 01 FORMER WIFE/PARTNER . . . . . 02 CURRENT/FORMER GIRLFRIEND . . . 03 FATHER/STEP-FATHER . . . . . 04 BROTHER/STEP-BROTHER . . . . . 05 OTHER RELATIVE . . . . . 06 IN-LAW . . . . . 07 OWN FRIEND/ACQUAINTANCE . . . . . 08 FAMILY FRIEND . . . . . 09 TEACHER . . . . . 10 EMPLOYER/SOMEONE AT WORK . . . 11 POLICE/SOLDIER . . . . . 12 PRIEST/RELIGIOUS LEADER . . . . . 13 STRANGER . . . . . 14 OTHER _____ 96 (SPECIFY)	
1024	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN ☐ ↓ a) In the last 12 months, has anyone other than (your/any) (wife/partner) physically forced you to have sexual intercourse when you did not want to? NEVER MARRIED/NEVER LIVED WITH A WOMAN ☐ ↓ b) In the last 12 months has anyone physically forced you to have sexual intercourse when you did not want to?	YES . . . . . 1 NO 2	1 → 1025 2
1024A	CHECK 1005A (h-j) and 1015A(b) AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		1026
1025	CHECK 401 AND 402: EVER MARRIED/EVER LIVED WITH A WOMAN ☐ ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts by anyone, including (your/any) wife/partner? NEVER MARRIED/NEVER LIVED WITH A WOMAN ☐ ↓ b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts?	AGE IN COMPLETED YEARS . ☐☐ DON'T KNOW 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1026	CHECK 1005A (a-j), 1015A (a,b), 1016, 1022A, AND 1022B: AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ → 1030		
1027	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . . . . 1 NO . . . . . 2 → 1029	
1028	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . . . . A WIFE'S/PARTNER'S FAMILY . . . . . B CURRENT/FORMER WIFE/PARTNER . . . . . C CURRENT/FORMER GIRLFRIEND . . . D FRIEND . . . . . E NEIGHBOR . . . . . F RELIGIOUS LEADER . . . . . G DOCTOR/MEDICAL PERSONNEL . . . H POLICE . . . . . I LAWYER . . . . . J SOCIAL SERVICE ORGANIZATION . K OTHER _____ X (SPECIFY)	→ 1030
1029	Have you ever told any one about this?	YES . . . . . 1 NO 2	
1030	As far as you know, did your father ever beat your mother?	YES . . . . . 1 NO . . . . . 2 DON'T KNOW 8	

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

			YES ONCE	YES, MORE THAN ONCE	NO
1031	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?	WIFE	1	2	3
		OTHER FEMALE ADULT .	1	2	3
		MALE ADULT	1	2	3

1032	INTERVIEWER'S COMMENTS / EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE _____ _____ _____		
1033	RECORD THE TIME.	HOUR . . . . . ☐☐ MINUTES . . . . . ☐☐	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT RESPONDENT:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

NAME OF SUPERVISOR: _____ DATE: _____

EDITOR'S OBSERVATIONS

NAME OF EDITOR: _____ DATE: _____