

HOUSEHOLD INFORMATION PANEL		HH
HH-A. Province Name & Code: _____	HH-B. County Name & Code: _____	
HH-C. District Name & Code: _____		
HH1. Cluster number: _____	HH2. Household number: _____	
HH3. Interviewer name and number: Name _____	HH4. Supervisor (name and number): Name _____	
HH5. Day/Month/Year of interview: _____ / _____ / _____		
HH6. Area: Urban.....2 Rural.....1		
HH8. Name of head of household: _____		
<i>After all questionnaires for the household have been completed, fill in the following information:</i>		
HH9. Result of household interview: Completed.....01 No household member or no competent respondent at home at time of visit.....02 Entire household absent for extended period of time03 Refused04 Dwelling vacant / Address not a dwelling05 Dwelling destroyed.....06 Dwelling not found07 Other (specify) 96	HH10. Respondent to household questionnaire: Name: _____ Line No: _____	
	HH11. Total number of household members:	
HH12. No of women age 15-49 years: _____	HH13. No of women age 15-49 years forms completed: _____	
HH14. No of children under age 5: _____	HH15. No of under-5 questionnaires completed: _____	
Interviewer/editor/supervisor notes: <i>Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i>		
HH16. Field edited by (Name and number): Name: _____	HH17. Data entry clerk(Name and number): Name: _____	

INTRODUCTION

WE ARE FROM KENYA NATIONAL BUREAU OF STATISTICS (KNBS). WE ARE CONDUCTING A FAMILY HEALTH AND EDUCATION SURVEY. I WOULD LIKE TO TALK TO YOU ABOUT THIS. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. MAY I START NOW?

IF PERMISSION IS GIVEN, BEGIN THE INTERVIEW.

HOUSEHOLD LISTING FORM

HL

HL0. FIRST, PLEASE TELL ME THE NAME OF EACH PERSON WHO USUALLY LIVES HERE, STARTING WITH THE HEAD OF THE HOUSEHOLD. List the head of the household in line 01. List all household members (HL2), their relationship to the household head (HL3), and their sex (HL4)
 Record the time
 Then ask: ARE THERE ANY OTHERS WHO LIVE HERE, EVEN IF THEY ARE NOT AT HOME NOW? (THESE MAY INCLUDE CHILDREN IN SCHOOL OR AT WORK). If yes, complete listing.
 Hour ---
 Minutes ---

Then, ask questions starting with HL5 for each person at a time. Add a continuation sheet if there is not enough room on this page.

Tick here if continuation sheet used

HL1. Line no	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE? 1 Male 2 Fem	HL5. HOW OLD IS (name)? Probe: HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record age in completed years	ELIGIBILITY FOR WOMEN'S INTERVIEW		MOTHER OR CARETAKER OF CHILD 5-14		ELIGIBILITY FOR UNDER-5 INTERVIEW		Ask if age 0-17 years												
					HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL8A. HAS (name) BEEN VERY SICK FOR AT LEAST 3 MONTHS DURING THE PAST 12 MONTHS?	HL9. IS (name's) NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK →HL11	HL10. If alive: DOES (name) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line no. of mother or 00 for 'no'	HL10A. If mother does not live in household: HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL11. IS (name's) NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK → Next Line	HL12. If alive: DOES (name) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line no. of father or 00 for 'no'	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?									
Line	Name	Relation	M	F	Age	15-49	Mother	Mother	Y	N	D	K	Mother	Y	N	D	K	Father	Y	N	D	K	
01		01	1	2		01			128				128	128				128	128				128
02			1	2		02			128				128	128				128	128				128
03			1	2		03			128				128	128				128	128				128
04			1	2		04			128				128	128				128	128				128
05			1	2		05			128				128	128				128	128				128
06			1	2		06			128				128	128				128	128				128
07			1	2		07			128				128	128				128	128				128
08			1	2		08			128				128	128				128	128				128
09			1	2		09			128				128	128				128	128				128
10			1	2		10			128				128	128				128	128				128

HL1. Line no	HL2. Name	HL3. WHAT IS THE RELATIONSHIP OF (name) TO THE HEAD OF THE HOUSEHOLD?	HL4. IS (name) MALE OR FEMALE?		HL5. HOW OLD IS (name)? Probe: HOW OLD WAS (name) ON HIS/HER LAST BIRTHDAY? Record age in completed years	ELIGIBILITY FOR WOMEN'S INTERVIEW	MOTHER OR CARETAKER OF CHILD 5-14	ELIGIBILITY FOR UNDER-5 INTERVIEW	Ask if age 18-59 years	Ask if age 0-17 years			
			HL6. Circle Line no. if woman is age 15-49	HL7. For each child age 5-14: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker		HL8. For each child under 5: WHO IS THE MOTHER OR PRIMARY CARETAKER OF THIS CHILD? Record line no. of mother/ caretaker	HL9. IS (name's) NATURAL MOTHER ALIVE? 1 Yes 2 No 8 DK →HL11	HL10. If alive: DOES (name) NATURAL MOTHER LIVE IN THIS HOUSEHOLD? Record line no. of mother or 'no'	HL10A. If mother does not live in household: HAS (name's) MOTHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	HL11. IS (name's) NATURAL FATHER ALIVE? 1 Yes 2 No 8 DK → Next Line	HL12. If alive: DOES (name) NATURAL FATHER LIVE IN THIS HOUSEHOLD? Record line no. of father or 'no'	HL12A. If father does not live in household: HAS (name's) FATHER BEEN VERY SICK FOR AT LEAST 3 MONTHS IN THE PAST 12 MONTHS?	
Line	Name	Relation	M	F	Age	15-49	Mother	Mother	Y N DK	Y N DK	Y N DK	Y N DK	Y N DK
11			1	2		11			128	128	128	128	128
12			1	2		12			128	128	128	128	128
13			1	2		13			128	128	128	128	128
14			1	2		14			128	128	128	128	128
15			1	2		15			128	128	128	128	128

ARE THERE ANY OTHER PERSONS LIVING HERE – EVEN IF THEY ARE NOT MEMBERS OF YOUR FAMILY OR DO NOT HAVE PARENTS LIVING IN THIS HOUSEHOLD? INCLUDING CHILDREN AT WORK OR AT SCHOOL? If yes, insert name and complete form.

Probe for additional household members.
Probe especially for any infants or small children not listed, and others who may not be members of the family (such as servants, friends) but who usually live in the household. Insert names of additional members in the household list and complete form accordingly.

Now for each woman age 15-49 years, write her name and line number and other identifying information in the information panel of the Women's Questionnaire.
For each child under age 5, write his/her name and line number AND the line number of his/her mother or caretaker in the information panel of the Under 5 Questionnaire.
You should now have a separate questionnaire for each eligible woman and each child under five in the household.

* Codes for HL3: Relationship to head of household:

- 01 = Head
- 02 = Wife or Husband
- 03 = Son or Daughter
- 04 = Son or Daughter In-Law
- 05 = Grandchild
- 06 = Parent
- 07 = Parent-In-Law
- 08 = Brother or Sister
- 09 = Brother or Sister-In-Law
- 10 = Uncle/Aunt
- 11 = Niece/Nephew
- 12 = Other Relative
- 14 = Adopted/Foster/Stepchild
- 15 = Not Related
- 98 = Don't Know

EDUCATION										ED															
For household members age 5 and above					For household members age 5-24 years																				
ED1. Line no.	ED1A. Name and age	ED2. HAS (name) EVER ATTENDED SCHOOL, PRESCHOOL OR ANY NON-FORMAL EDUCATION? 1 Yes → ED3 2 No → Next Line	ED3. WHAT IS THE HIGHEST LEVEL OF SCHOOL (name) ATTENDED? WHAT IS THE HIGHEST GRADE (STANDARD/FORM/CLASS) (name) COMPLETED AT THIS LEVEL? Level: 0 Preschool 1 Primary 2 Post-Primary/Vocational 3 Secondary, A level 4 Higher 6 Non-formal education 8 DK Grade/Standard/Form/Class: 98 DK If less than 1 grade, enter 00 If Level=0 or 6, leave Grade blank	ED4. DURING THE CURRENT SCHOOL YEAR, DID (name) ATTEND SCHOOL, PRESCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME? 1 Yes 2 No → ED7	ED5. SINCE LAST (day of the week), HOW MANY DAYS DID (name) ATTEND SCHOOL? Insert number of days. Exclude the day of interview. 8 DK 9 School closed	ED6. DURING THIS SCHOOL YEAR, WHICH LEVEL AND GRADE (STANDARD/FORM/CLASS) IS (name) ATTENDING? Level: 0 Preschool 1 Primary 2 Post-Primary/ Vocational 3 Secondary, A level 4 Higher 6 Non-formal education 8 DK Grade/Standard/Form/Class: 98 DK If Level=0 or 6, leave Grade blank	ED7. DID (name) ATTEND SCHOOL, OR NON-FORMAL EDUCATION AT ANY TIME DURING THE PREVIOUS SCHOOL YEAR, THAT IS 2010? 1 Yes 2 No → Next Line 8 DK → Next Line	ED8. DURING THE PREVIOUS SCHOOL YEAR, WHICH LEVEL AND GRADE (STANDARD/FORM/CLASS) DID (name) ATTEND? Level: 0 Preschool 1 Primary 2 Post-Primary/ Vocational 3 Secondary, A level 4 Higher 6 Non-formal education 8 DK Grade/Standard/Form/Class: 98 DK If Level=0 or 6, leave Grade blank	Line	Name	Age	Yes	No	Level	Grade	Yes	No	Days	Level	Grade	Y	N	DK	Level	Grade
01		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
02		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
03		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
04		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
05		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
06		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
07		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
08		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
09		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
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14		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														
15		1	2 → Next Line	0 1 2 3 4 6 8	1	2	0 1 2 3 4 6 8	1	2	8	0 1 2 3 4 6 8														

WATER AND SANITATION		WS
WS1. WHAT IS THE MAIN SOURCE OF DRINKING WATER FOR MEMBERS OF YOUR HOUSEHOLD?	Piped water	
	Piped into dwelling	11 —►WS5
	Piped into compound, yard or plot.....	12 —►WS5
	Piped to neighbor	} —►WS3
	Piped to water kiosk	
	Public tap/standpipe.....	
	Tubewell/Borehole.....	
	Dug well	
	Protected well.....	31
	Unprotected well.....	32
	Water from spring	
	Protected spring	41
	Unprotected spring.....	42
	Rainwater collection	51
Tanker-truck.....	61	
Cart with small tank/drum	71	
Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....	81	
Bottled water.....	91	
Other (<i>specify</i>)	96 —►WS3	
WS2. WHAT IS THE MAIN SOURCE OF WATER USED BY YOUR HOUSEHOLD FOR OTHER PURPOSES SUCH AS COOKING AND HANDWASHING?	Piped water	
	Piped into dwelling	11 —►WS5
	Piped into yard or plot	12 —►WS5
	Piped to neighbor	13
	Piped to water kiosk	14
	Public tap/standpipe.....	15
	Tubewell/Borehole.....	21
	Dug well	
	Protected well.....	31
	Unprotected well.....	32
	Water from spring	
	Protected spring	41
	Unprotected spring.....	42
	Rainwater collection	51
Tanker-truck.....	61	
Cart with small tank/drum	71	
Surface water (river, stream, dam, lake, pond, canal, irrigation channel).....	81	
Other (<i>specify</i>)	96	
WS3. HOW LONG DOES IT TAKE TO GO THERE, GET WATER, AND COME BACK?	No. of minutes	— — —
	Water on premises	995 —►WS5
	DK	998

<p>WS4. WHO USUALLY GOES TO THIS SOURCE TO COLLECT THE WATER FOR YOUR HOUSEHOLD?</p> <p><i>Probe:</i> IS THIS PERSON UNDER AGE 15? WHAT SEX?</p>	<p>Adult woman (15+ years)..... 1 Adult man (15+ years) 2 Female child (under 15) 3 Male child (under 15)..... 4 DK 8</p>	
<p>WS5. DO YOU TREAT YOUR WATER IN ANY WAY TO MAKE IT SAFER TO DRINK?</p>	<p>Yes..... 1 No 2 DK 8</p>	<p>2—►WS7 8—►WS7</p>
<p>WS6. WHAT DO YOU USUALLY DO TO THE WATER TO MAKE IT SAFER TO DRINK?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all items mentioned.</i></p>	<p>Boil A Add bleach/chlorine B Strain it through a cloth C Use water filter (ceramic, sand, composite, etc.) D Solar disinfection E Let it stand and settle F</p> <p>Other (a) X DK Z</p>	
<p>WS7. WHAT KIND OF TOILET FACILITY DO MEMBERS OF YOUR HOUSEHOLD USUALLY USE?</p> <p><i>If “flush” or “pour flush”, probe:</i> WHERE DOES IT FLUSH TO?</p> <p><i>If necessary, ask permission to observe the facility.</i></p>	<p>Flush/pour flush Flush to piped sewer system 11 Flush to septic tank 12 Flush to pit (latrine) 13 Flush to somewhere else 14 Flush to unknown place/not sure/DK where 15 Ventilated Improved Pit latrine (VIP) 21 Pit latrine with slab 22 Pit latrine without slab/open pit 23 Composting toilet 31 Bucket 41 Hanging toilet/hanging latrine 51 No facilities or bush or field or ocean 95</p> <p>Other (<i>specify</i>) 96</p>	<p>95—►NEXT MODULE</p>
<p>WS8. DO YOU SHARE THIS FACILITY WITH OTHER HOUSEHOLDS?</p>	<p>Yes 1 No 2</p>	<p>2—►NEXT MODULE</p>
<p>WS8A. DO YOU SHARE THIS FACILITY ONLY WITH OTHER HOUSEHOLDS THAT YOU KNOW, OR IS THE FACILITY OPEN TO THE USE OF THE GENERAL PUBLIC?</p>	<p>Other households only (not public) 1 Public facility 2</p>	<p>2—►NEXT MODULE</p>
<p>WS9. HOW MANY HOUSEHOLDS IN TOTAL USE THIS TOILET FACILITY?</p>	<p>No. of households (if less than 10) 0 __ Ten or more households 10 DK 98</p>	

HOUSEHOLD CHARACTERISTICS		HC
HC1A. WHAT IS THE RELIGION OF THE HEAD OF THIS HOUSEHOLD?	Roman Catholic..... 1 Protestant and Other Christian..... 2 Muslim..... 3 No Religion..... 4 Others (<i>specify</i>)..... 6	
HC2. HOW MANY ROOMS IN THIS HOUSEHOLD ARE USED FOR SLEEPING?	No. of rooms..... _ _	
HC3. MAIN MATERIAL OF THE DWELLING FLOOR: <i>Record observation.</i>	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 (<i>specify</i>) 96	
HC4. MAIN MATERIAL OF THE ROOF. <i>Record observation.</i>	Natural roofing No Roof..... 11 Grass/Thatch/Makuti 12 Dung/Mud..... 13 Rudimentary Roofing Corrugated iron (Mabati)..... 21 Tin cans 22 Finished roofing Asbestos sheet 31 Concrete 32 Tiles..... 33 Other (<i>specify</i>) 96	
HC5. MAIN MATERIAL OF THE WALLS. <i>Record observation.</i>	Natural walls No walls 11 Cane/palm/trunks 12 Dirt 13 Rudimentary walls Bamboo with mud 21 Stone with mud..... 22 Uncovered adobe 23 Plywood 24 Cardboard..... 25 Reused wood..... 26 Finished walls Cement 31 Stone with lime/cement 32 Bricks 33 Cement blocks..... 34 Covered adobe 35 Wood planks/shingles..... 36 Other (<i>specify</i>) 96	2—►WS7 8—►WS7

<p>HC6. WHAT TYPE OF FUEL DOES YOUR HOUSEHOLD MAINLY USE FOR COOKING?</p>	<p>Electricity 01 Liquefied Petroleum Gas (LPG) 02 Natural gas 03 Biogas 04 Kerosene 05</p> <p>Coal / Lignite 06 Charcoal 07 Wood 08 Straw/shrubs/grass 09 Animal dung 10 Agricultural crop residue 11</p> <p>Other (<i>specify</i>) 96</p> <p>No food cooked in household 97</p>	<p>01 → HC9 02 → HC9 03 → HC9 04 → HC9 05 → HC9</p> <p>97 → HC9</p>																																																
<p>HC8. IS THE COOKING USUALLY DONE IN THE INDOOR LIVING SPACE, IN A SEPARATE KITCHEN/BUILDING, OR OUTDOORS?</p>	<p>In a room used for living/sleeping 1 In a separate room used as kitchen 2 In a separate building used as kitchen 3 Outdoors 4</p> <p>Other (<i>specify</i>) 6</p>																																																	
<p>HC9. DOES YOUR HOUSEHOLD HAVE:</p> <p>A. ELECTRICITY? B. RADIO? C. COLOR TELEVISION? D. B&W TELEVISION? E. MOBILE TELEPHONE? F. NON-MOBILE TELEPHONE? G. REFRIGERATOR? H. BLENDER OR MIXER? I. WATER HEATER? J. WASHING MACHINE? K. COMPUTER? L. INTERNET CONNECTION? M. VCR, VCD OR DVD? N. AIR CONDITIONER? O. SEWING MACHINE?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Electricity</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Radio</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Color Television</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>B&W Television</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Mobile Telephone</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Non-Mobile Telephone</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Refrigerator</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Blender or Mixer</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Water Heater</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Washing Machine</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Computer</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Internet connection</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>VCR, VCD or DVD</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Air Conditioner</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Sewing Machine</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	Electricity	1	2	Radio	1	2	Color Television	1	2	B&W Television	1	2	Mobile Telephone	1	2	Non-Mobile Telephone	1	2	Refrigerator	1	2	Blender or Mixer	1	2	Water Heater	1	2	Washing Machine	1	2	Computer	1	2	Internet connection	1	2	VCR, VCD or DVD	1	2	Air Conditioner	1	2	Sewing Machine	1	2	
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<p>HC10. DOES ANY MEMBER OF YOUR HOUSEHOLD OWN:</p> <p>A. A WATCH? B. A BICYCLE? C. A MOTORCYCLE OR SCOOTER? D. AN ANIMAL-DRAWN CART? E. A CAR OR TRUCK? F. A BOAT WITH A MOTOR?</p>	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr><td>Watch</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Bicycle</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Motorcycle/Scooter</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Animal drawn-cart</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Car/Truck</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>Boat with motor</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> </tbody> </table>		Yes	No	Watch	1	2	Bicycle	1	2	Motorcycle/Scooter	1	2	Animal drawn-cart	1	2	Car/Truck	1	2	Boat with motor	1	2																												
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<p>HC10A. DO YOU OR SOMEONE LIVING IN THIS HOUSEHOLD OWN THIS DWELLING, OR DO YOU RENT THIS DWELLING?</p>	<p>Own 1 Rent 2 Rent free/squatter/other 3</p>																																																	
<p>HC11. DOES ANY MEMBER OF THIS HOUSEHOLD OWN ANY LAND THAT CAN BE USED FOR AGRICULTURE?</p>	<p>Yes 1 No 2</p>	<p>2 → HC13</p>																																																

<p>HC12. HOW MANY ACRES OF AGRICULTURAL LAND DO MEMBERS OF THIS HOUSEHOLD OWN?</p> <p><i>If less than 1, record "00". If more than 97, record '97'. If unknown, record '98'.</i></p>	<p>Acres ____ ____</p>	
<p>HC13. DOES THIS HOUSEHOLD OWN ANY LIVESTOCK, HERDS, OR FARM ANIMALS?</p>	<p>Yes..... 1 No 2</p>	<p>2—▶NEXT MODULE</p>
<p>HC14. HOW MANY OF THE FOLLOWING ANIMALS DOES THIS HOUSEHOLD HAVE?</p> <p>A. LOCAL CATTLE (INDIGENOUS)? B. MILK COWS OR BULLS? C. HORSES, DONKEYS, OR MULES? D. GOATS? E. SHEEP? F. CHICKENS?</p> <p><i>If none, record '00'. If more than 97, record '97'. If unknown, record '98'.</i></p>	<p>Cattle..... ____ ____ Milk cows or bulls..... ____ ____ Horses, donkeys, or mules..... ____ ____ Goats..... ____ ____ Sheep ____ ____ Chickens..... ____ ____</p>	

INDOOR RESIDUAL SPRAYING		IR
IR1. AT ANY TIME IN THE PAST 12 MONTHS, HAS ANYONE SPRAYED THE INTERIOR WALLS OF YOUR DWELLING AGAINST MOSQUITOES?	Yes 1 No 2	2—▶NEXT MODULE
IR2. HOW MANY MONTHS AGO WAS THE HOUSE SPRAYED? <i>If less than one month, record "00".</i>	Months ago — —	
IR3. WHO SPRAYED THE HOUSE?	Government worker/program 1 Private company 2 Household member 3 Other (<i>specify</i>) 6 DK 8	

ITN		TN
TN1. DOES YOUR HOUSEHOLD HAVE ANY MOSQUITO NETS THAT CAN BE USED WHILE SLEEPING?	Yes 1 No 2	2—▶NEXT MODULE
TN2. HOW MANY MOSQUITO NETS DOES YOUR HOUSEHOLD HAVE?	Months ago _ _	
TN2A. Ask the respondent to show you the nets in the household. If unable to observe the net(s), ask the respondent to determine the brand/type of net.		
If more than 3 nets, use additional questionnaire(s). Tick here if additional questionnaire is used []		

	1 ST NET	2 ND NET	3 RD NET
TN3. Mosquito net observed?	Observed 1 Not observed 2	Observed 1 Not observed 2	Observed 1 Not observed 2
TN4. HOW MANY MONTHS AGO DID YOUR HOUSEHOLD OBTAIN THE MOSQUITO NET? <i>If less than one month, record "00"</i>	Months ago _ _ 37+ months ago 95 Not sure 98	Months ago _ _ 37+ months ago 95 Not sure 98	Months ago _ _ 37+ months ago 95 Not sure 98
TN5. Observe or ask the brand/type of mosquito net	Long-lasting treated nets Perma Net 11 Olyset 12 Supernet 13 Other (specify) 16 DK brand 18 Pre-treated nets Supanet 21 Other (specify) 26 DK brand 28 Other net (specify) 31 DK brand/type 98	Long-lasting treated nets Perma Net 11 Olyset 12 Supernet 13 Other (specify) 16 DK brand 18 Pre-treated nets Supanet 21 Other (specify) 26 DK brand 28 Other net (specify) 31 DK brand/type 98	Long-lasting treated nets Perma Net 11 Olyset 12 Supernet 13 Other (specify) 16 DK brand 18 Pre-treated nets Supanet 21 Other (specify) 26 DK brand 28 Other net (specify) 31 DK brand/type 98
TN5A. WHERE DID YOU GET THE MOSQUITO NET? (Name of place)	Public sector Govt. hospital 11 Govt. health centre ... 12 Govt. health post/ Dispensary 13 Village hlth worker 14 Mobile/outreach clinic 15 Other public (specify) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26 Other source Relative or friend 31 Shop 32 Trad. practitioner 33 Other (specify) 96 DK 98	Public sector Govt. hospital 11 Govt. health centre ... 12 Govt. health post/ Dispensary 13 Village hlth worker 14 Mobile/outreach clinic 15 Other public (specify) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26 Other source Relative or friend 31 Shop 32 Trad. practitioner 33 Other (specify) 96 DK 98	Public sector Govt. hospital 11 Govt. health centre ... 12 Govt. health post/ Dispensary 13 Village hlth worker 14 Mobile/outreach clinic 15 Other public (specify) 16 Private medical sector Private hospital/clinic 21 Private physician 22 Private pharmacy 23 Mobile clinic 24 Other private medical (specify) 26 Other source Relative or friend 31 Shop 32 Trad. practitioner 33 Other (specify) 96 DK 98

TN5B. HOW MUCH DID YOU PAY FOR THE MOSQUITO NET?	Shillings _ _ _ _ Free 9995 DK..... 9998	Shillings _ _ _ _ Free 9995 DK..... 9998	Shillings _ _ _ _ Free 9995 DK..... 9998
TN6. <i>Check TN5 for type of net</i>	[] Long-lasting → TN10 [] Pretreated → TN8 [] Else → Continue	[] Long-lasting → TN10 [] Pretreated → TN8 [] Else → Continue	[] Long-lasting → TN10 [] Pretreated → TN8 [] Else → Continue
TN7. WHEN YOU GOT THE NET, WAS IT TREATED WITH AN INSECTICIDE TO KILL OR REPEL MOSQUITOS?	Yes..... 1 No..... 2 DK/Not sure..... 8	Yes..... 1 No..... 2 DK/Not sure..... 8	Yes..... 1 No..... 2 DK/Not sure..... 8
TN8. SINCE YOU GOT THE MOSQUITO NET, WAS IT EVER SOAKED OR DIPPED IN A LIQUID TO KILL OR REPEL MOSQUITOS?	Yes..... 1 No..... 2 → TN10 DK/Not sure..... 8 → TN10	Yes..... 1 No..... 2 → TN10 DK/Not sure..... 8 → TN10	Yes..... 1 No..... 2 → TN10 DK/Not sure..... 8 → TN10
TN9. HOW MANY MONTHS AGO WAS THE NET LAST SOAKED OR DIPPED? <i>If less than one month, record "00"</i>	Months ago _ _ More than 24 mo. ago . 95 Not sure 98	Months ago _ _ More than 24 mo. ago . 95 Not sure 98	Months ago _ _ More than 24 mo. ago . 95 Not sure 98
TN10. DID ANYONE SLEEP UNDER THIS MOSQUITO NET LAST NIGHT?	Yes..... 1 No..... 2 → TN12 DK/Not sure..... 8 → TN12	Yes..... 1 No..... 2 → TN12 DK/Not sure..... 8 → TN12	Yes..... 1 No..... 2 → TN12 DK/Not sure..... 8 → TN12
TN11. WHO SLEPT UNDER THIS MOSQUITO NET LAST NIGHT? <i>Record the person's line number from the household listing form</i> <i>If someone not in the household list slept under the mosquito net, record "00"</i>	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..... _ _
TN12.	<i>Go back to TN3 for next net. If no more nets, go to next module</i>	<i>Go back to TN3 for next net. If no more nets, go to next module</i>	<i>Go back to TN3 for next net. If no more nets, go to next module</i>

ORPHANED & VULNERABLE CHILDREN		OV																				
<p>OV1. Check HL5: any children 0-17?</p> <p><input type="checkbox"/> Yes → Continue to OV2</p> <p><input type="checkbox"/> No → Child Labour Module</p>																						
<p>OV2. I WOULD LIKE YOU TO THINK BACK OVER THE PAST 12 MONTHS. HAS ANY USUAL MEMBER OF YOUR HOUSEHOLD DIED IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1</p> <p>No 2</p>	2 → OV5																				
<p>OV3. (OF THOSE WHO DIED IN THE PAST 12 MONTHS) WERE ANY OF THESE PEOPLE BETWEEN THE AGES OF 18 AND 59?</p>	<p>Yes..... 1</p> <p>No 2</p>	2 → OV5																				
<p>OV4. (OF THOSE WHO DIED IN THE PAST 12 MONTHS AND WERE BETWEEN THE AGES OF 18 AND 59) WERE ANY OF THESE PEOPLE VERY SICK FOR 3 OF THE 12 MONTHS BEFORE HE/SHE DIED?</p>	<p>Yes..... 1</p> <p>No 2</p>	1 → OV8																				
<p>OV5. Return to the Household Listing and check the following:</p> <p>OV5A. Check HL9 and HL11.</p> <p><input type="checkbox"/> At least one mother or father dead. → Go to OV8</p> <p><input type="checkbox"/> No mother or father dead</p>																						
<p>OV5B. Check HL8A.</p> <p><input type="checkbox"/> At least one adult aged 18-59 very sick 3 of last 12 months → Go to OV8</p> <p><input type="checkbox"/> No adult aged 18-59 very sick 3 of last 12 months</p>																						
<p>OV5C. Check HL10A and HL12A.</p> <p><input type="checkbox"/> At least one mother or father very sick 3 of last 12 months → Go to OV8</p> <p><input type="checkbox"/> No mother or father very sick 3 of last 12 months → Go to Child Labour Module</p>																						
<p>OV8. List all children aged 0-17 below. Record names, line numbers and ages of all children, beginning with the first child and continue in order in which listed in the household listing module. Use an additional questionnaire if there are more than 4 children age 0-17 in the household. Ask all questions for one child before moving to the next child.</p> <p style="text-align: right;"><i>Tick here if additional questionnaire is used</i> <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>1ST CHILD</th> <th>2ND CHILD</th> <th>3RD CHILD</th> <th>4TH CHILD</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Name (from HL2)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">Line number (from HL1)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td style="text-align: center;">Age (from HL5)</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				1 ST CHILD	2 ND CHILD	3 RD CHILD	4 TH CHILD	Name (from HL2)	_____	_____	_____	_____	Line number (from HL1)	_____	_____	_____	_____	Age (from HL5)	_____	_____	_____	_____
	1 ST CHILD	2 ND CHILD	3 RD CHILD	4 TH CHILD																		
Name (from HL2)	_____	_____	_____	_____																		
Line number (from HL1)	_____	_____	_____	_____																		
Age (from HL5)	_____	_____	_____	_____																		
<p>I WOULD LIKE TO ASK YOU ABOUT ANY FORMAL, ORGANIZED HELP OR SUPPORT THAT YOUR HOUSEHOLD MAY HAVE RECEIVED FOR (name) AND FOR WHICH YOU DID NOT HAVE TO PAY. BY FORMAL ORGANIZED SUPPORT I MEAN HELP PROVIDED BY SOMEONE WORKING FOR A PROGRAM. THIS PROGRAM COULD BE GOVERNMENT, PRIVATE, RELIGIOUS, CHARITY, OR COMMUNITY-BASED. REMEMBER THIS SHOULD BE SUPPORT FOR WHICH YOU DID NOT PAY.</p>																						

OV10. NOW I WOULD LIKE TO ASK YOU ABOUT THE SUPPORT YOUR HOUSEHOLD RECEIVED FOR <i>(name)</i> . IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MEDICAL SUPPORT FOR <i>(name)</i> , SUCH AS MEDICAL CARE, SUPPLIES OR MEDICINE?	Yes..... 1 No..... 2 DK..... 8			
OV11. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY EMOTIONAL OR PSYCHOLOGICAL SUPPORT FOR <i>(name)</i> , SUCH AS COMPANIONSHIP, COUNSELING FROM A TRAINED COUSELOR, OR SPIRITUAL SUPPORT, WHICH YOU RECEIVED AT HOME?	Yes..... 1 No..... 2 →OV13 DK..... 8			
OV12. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..... 1 No..... 2 DK..... 8			
OV13. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY MATERIAL SUPPORT FOR <i>(name)</i> , SUCH AS CLOTHING, FOOD OR FINANCIAL SUPPORT?	Yes..... 1 No..... 2 →OV15 DK..... 8			
OV14. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..... 1 No..... 2 DK..... 8			
OV15. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SOCIAL SUPPORT FOR <i>(name)</i> , SUCH AS HELP IN HOUSEHOLD WORK, TRAINING FOR A CAREGIVER, OR LEGAL SERVICES?	Yes..... 1 No..... 2 →OV17 DK..... 8			
OV16. DID YOUR HOUSEHOLD RECEIVE ANY OF THIS SUPPORT IN THE PAST 3 MONTHS?	Yes..... 1 No..... 2 DK..... 8			
OV17. <i>Check OV8 for age of child:</i>	<input type="checkbox"/> Age 0-4 →Next child <input type="checkbox"/> Age 5-17 →OV18	<input type="checkbox"/> Age 0-4 →Next child <input type="checkbox"/> Age 5-17 →OV18	<input type="checkbox"/> Age 0-4 →Next child <input type="checkbox"/> Age 5-17 →OV18	<input type="checkbox"/> Age 0-4 →Next child <input type="checkbox"/> Age 5-17 →OV18
OV18. IN THE LAST 12 MONTHS, HAS YOUR HOUSEHOLD RECEIVED ANY SUPPORT FOR <i>(name's)</i> SCHOOLING, SUCH AS ALLOWANCE, FREE ADMISSION, BOOKS OR SUPPLIES?	Yes..... 1 No..... 2 DK..... 8			

CHILD LABOUR

CL

To be administered for children in the household age 5 through 14 years. For household members below age 5 or above age 14, leave rows blank.
 NOW I WOULD LIKE TO ASK ABOUT ANY WORK CHILDREN IN THIS HOUSEHOLD MAY DO.

CL1. Line no.	CL2. Name and age	CL3. DURING THE PAST WEEK, DID (name) DO ANY KIND OF WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If yes: PROBE FOR (PAY IN CASH OR KIND) OR UNPAID? 1 Yes, for pay (cash or kind) 2 Yes, unpaid 3 No → CL5	CL4. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR SOMEONE WHO IS NOT A MEMBER OF THIS HOUSEHOLD? If more than one job, include all hours at all jobs	CL5. DURING THE PAST WEEK, DID (name) FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE? 1 Yes 2 No → To CL7		CL6. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE FETCH WATER OR COLLECT FIREWOOD FOR HOUSEHOLD USE?	CL7. DURING THE PAST WEEK, DID (name) DO ANY PAID OR UNPAID WORK ON A FAMILY FARM OR IN A FAMILY BUSINESS OR SELLING GOODS? Include work for a business run by the child, alone or with one or more partners. 1 Yes 2 No → CL9		CL8. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE DO THIS WORK FOR HIS/HER FAMILY OR HIMSELF/HERSELF?	CL9. DURING THE PAST WEEK, DID (name) HELP WITH HOUSEHOLD CHORES SUCH AS SHOPPING, CLEANING, WASHING CLOTHES, COOKING; OR CARING FOR CHILDREN, OLD OR SICK PEOPLE? 1 Yes 2 No → Next Line		CL10. If yes: SINCE LAST (day of the week), ABOUT HOW MANY HOURS DID HE/SHE SPEND DOING THESE CHORES?
				YES	NO		YES	NO		YES	NO	
LINE	NAME	AGE	NO	YES	NO	NO. HOURS	YES	NO	NO. HOURS	YES	NO	NO. HOURS
01				1 2 3			1 2			1 2		
02				1 2 3			1 2			1 2		
03				1 2 3			1 2			1 2		
04				1 2 3			1 2			1 2		
05				1 2 3			1 2			1 2		
06				1 2 3			1 2			1 2		
07				1 2 3			1 2			1 2		
08				1 2 3			1 2			1 2		
09				1 2 3			1 2			1 2		
10				1 2 3			1 2			1 2		
11				1 2 3			1 2			1 2		
12				1 2 3			1 2			1 2		

CHILD DISCIPLINE

Table 1: children Aged 2-14 YEARS ELIGIBLE for child Discipline questions

Review the household listing and list each of the children aged 2-14 years below in order according to their line number (HL1). Do not include other household members outside of the age range 2-14 years. Record the line number, name, sex, and age for each child. Then record the total number of children aged 2-14 in the box provided (CD7).

CD1. Rank no.	CD2. Line no. from HL1	CD3. Name from HL2.	CD4. Sex from HL4.		CD5. Age from HL5.
RANK	LINE	NAME	M	F	AGE
1			1	2	
2			1	2	
3			1	2	
4			1	2	
5			1	2	
6			1	2	
7			1	2	
8			1	2	

CD7.	TOTAL CHILDREN AGED 2-14 YEARS	_____
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If there is only one child age 2-14 years in the household, then skip table 2 and go to CD9; write down the rank number of the child and continue with CD11

Table 2: selection of random child for child Discipline questions

Use this table to select one child between the ages of 2 and 14 years, if there is more than one child in that age range in the household. Look for the last digit of the household number from the cover page. This is the number of the row you should go to in the table below. Check the total number of eligible children (2-14) in CD7 above. This is the number of the column you should go to. Find the box where the row and the column meet and circle the number that appears in the box. This is the rank number of the child about whom the questions will be asked. Record the rank number in CD9 below. Finally, record the line number and name of the selected child in CD11 on the next page.

CD8.	TOTAL NUMBER OF ELIGIBLE CHILDREN IN THE HOUSEHOLD							
Last digit of the household number	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

CD9. Record the rank number of the selected child	Rank number of child _____
--	-----------------------------------

CHILD DISCIPLINE		CD
Identify eligible child aged 2 to 14 in the household using the tables on the preceding page, according to your instructions.		
CD11. Write name and line no. of the child selected for the module from CD3 and CD2, based on the rank number in CD9.	Name _____ Line _____	
CD12. ALL ADULTS USE CERTAIN WAYS TO TEACH CHILDREN THE RIGHT BEHAVIOUR OR TO ADDRESS A BEHAVIOUR PROBLEM. I WILL READ VARIOUS METHODS THAT ARE USED AND I WANT YOU TO TELL ME IF YOU OR ANYONE ELSE IN YOUR HOUSEHOLD HAS USED THIS METHOD WITH (name) IN THE PAST MONTH.		
CD12A. TOOK AWAY PRIVILEGES, FORBADE SOMETHING (name) LIKED OR DID NOT ALLOW HIM/HER TO LEAVE HOUSE).	Yes 1 No 2	
CD12B. EXPLAINED WHY SOMETHING (THE BEHAVIOR) WAS WRONG.	Yes 1 No 2	
CD12C. SHOOK HIM/HER.	Yes 1 No 2	
CD12D. SHOUTED, YELLED AT OR SCREAMED AT HIM/HER.	Yes 1 No 2	
CD12E. GAVE HIM/HER SOMETHING ELSE TO DO.	Yes 1 No 2	
CD12F. SPANKED, HIT OR SLAPPED HIM/HER ON THE BOTTOM WITH BARE HAND.	Yes 1 No 2	
CD12G. HIT HIM/HER ON THE BOTTOM OR ELSEWHERE ON THE BODY WITH SOMETHING LIKE A BELT, HAIRBRUSH, STICK OR OTHER HARD OBJECT.	Yes 1 No 2	
CD12H. CALLED HIM/HER DUMB, LAZY, OR ANOTHER NAME LIKE THAT.	Yes 1 No 2	
CD12I. HIT OR SLAPPED HIM/HER ON THE FACE, HEAD OR EARS.	Yes 1 No 2	
CD12J. HIT OR SLAPPED HIM/HER ON THE HAND, ARM, OR LEG.	Yes 1 No 2	

CD12K. BEAT HIM/HER UP WITH AN IMPLEMENT (HIT OVER AND OVER AS HARD AS ONE COULD).	Yes 1 No 2	
CD13. DO YOU BELIEVE THAT IN ORDER TO BRING UP (RAISE, EDUCATE) (name) PROPERLY, YOU NEED TO PHYSICALLY PUNISH HIM/HER?	Yes 1 No 2 Don't know/no opinion 8	

DISABILITY **DA**

To be administered for all children 2 through 9 years old living in the household. For household members below age 2 or above age 9, leave rows blank I WOULD LIKE TO ASK YOU IF ANY CHILDREN IN THIS HOUSEHOLD AGED 2 THROUGH 9 HAS ANY OF THE HEALTH CONDITIONS I AM GOING TO MENTION TO YOU.

DA1. Line no.	DA2. Child's name and age	DA3. COMPARED WITH OTHER CHILDREN, DOES OR DID (name) HAVE ANY SERIOUS DELAY IN SITTING, STANDING, OR WALKING?	DA4. COMPARED WITH OTHER CHILDREN, DOES (name) HAVE DIFFICULTY SEEING, EITHER IN THE DAYTIME OR AT NIGHT?	DA5. DOES (name) APPEAR TO HAVE DIFFICULTY HEARING? (USES HEARING AID, HEARS WITH DIFFICULTY, COMPLETELY DEAF?)	DA6. WHEN YOU TELL (name) TO DO SOMETHING, DOES HE/SHE SEEM TO UNDERSTAND WHAT YOU ARE SAYING?	DA7. DOES (name) HAVE DIFFICULTY WALKING OR MOVING HIS/HER ARMS OR DOES HE/SHE HAVE WEAKNESS AND/OR STIFFNESS IN THE ARMS OR LEGS?	DA8. DOES (name) SOMETIMES HAVE FITS, BECOME RIGID, OR LOSE CONSCIOUSNESS?	DA9. DOES (name) LEARN TO DO THINGS LIKE OTHER CHILDREN HIS/HER AGE?	DA10. DOES (name) SPEAK AT ALL (CAN HE/SHE MAKE HIM OR HERSELF UNDERSTOOD IN WORDS; CAN SAY ANY RECOGNIZABLE WORDS)?	DA11. (For 3-9 year olds): IS (name)'S SPEECH IN ANY WAY DIFFERENT FROM NORMAL (NOT CLEAR ENOUGH TO BE UNDERSTOOD BY PEOPLE OTHER THAN THE IMMEDIATE FAMILY)?	DA12. (For 2-year olds): CAN (name) NAME AT LEAST ONE OBJECT (FOR EXAMPLE, AN ANIMAL, A TOY, A CUP, A SPOON)?	DA13. COMPARED WITH OTHER CHILDREN OF THE SAME AGE, DOES (name) APPEAR IN ANY WAY MENTALLY BACKWARD, DULL OR SLOW?		
													Y	N
LINE	NAME	AGE	Y	N	Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> </td></td></td></td>	N	Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> </td></td></td>	N	Y <td>N</td> <td>Y <td>N</td> <td>Y <td>N</td> </td></td>	N	Y <td>N</td> <td>Y <td>N</td> </td>	N	Y <td>N</td>	N
01			1	2	1	2	1	2	1	2	1	2	1	2
02			1	2	1	2	1	2	1	2	1	2	1	2
03			1	2	1	2	1	2	1	2	1	2	1	2
04			1	2	1	2	1	2	1	2	1	2	1	2
05			1	2	1	2	1	2	1	2	1	2	1	2
06			1	2	1	2	1	2	1	2	1	2	1	2
07			1	2	1	2	1	2	1	2	1	2	1	2
08			1	2	1	2	1	2	1	2	1	2	1	2
09			1	2	1	2	1	2	1	2	1	2	1	2
10			1	2	1	2	1	2	1	2	1	2	1	2
11			1	2	1	2	1	2	1	2	1	2	1	2
12			1	2	1	2	1	2	1	2	1	2	1	2
13			1	2	1	2	1	2	1	2	1	2	1	2
14			1	2	1	2	1	2	1	2	1	2	1	2
15			1	2	1	2	1	2	1	2	1	2	1	2

HANDWASHING FACILITY		HW
HW1. WE WOULD LIKE TO SEE THE PLACE WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS? MAY I SEE THIS PLACE?	Place for hand washing observed 1 No specific place for hand washing 2 No permission to see 3	2—►HW5 3—►HW5
HW1A. Place where household members most often wash their hands? <i>Ask to see and observe. Record only one hand washing place. This is the hand washing place most often used by household members. Estimate the distance of "within 10 paces".</i>	Inside Toilet facility 01 Kitchen/Cooking place 02 Within 10 paces of Both toilet and kitchen..... 03 Toilet facility (but farther from kitchen)..... 04 Kitchen (but farther from toilet facility)..... 05 Elsewhere Elsewhere in home or yard 06 Elsewhere outside the yard..... 07 Other (specify) 96	
HW2. Water available at the place for hand washing? <i>If there is a tap or pump at the specific place for hand washing, open the tap or operate the pump to see if water is coming out. If there is a bucket, basin or other type of water container, examine to see whether water is present in the container. Record observation.</i>	Water available 1 Water not available..... 2	
HW3. Soap or detergent present at the specific place for hand washing? <i>Record observation. Circle all that apply.</i>	Bar soap A Detergent (powder/liquid/paste)..... B Liquid soap..... C None Y	A—►NEXT MODULE B—►NEXT MODULE C—►NEXT MODULE D—►NEXT MODULE
HW5. DO YOU HAVE ANY SOAP OR DETERGENT IN YOUR HOUSEHOLD FOR WASHING HANDS?	Yes 1 No 2	2—►NEXT MODULE
HW6. CAN YOU PLEASE SHOW IT TO ME? <i>Record observation. Circle all that apply</i>	Bar soap A Detergent (powder/liquid/paste)..... B Liquid soap..... C Not able/Does not want to show..... Y	

SALT IODIZATION		SI	
SI1. WE WOULD LIKE TO CHECK WHETHER THE SALT USED IN YOUR HOUSEHOLD IS IODIZED. MAY I SEE A SAMPLE OF THE SALT USED TO COOK THE MAIN MEAL EATEN BY MEMBERS OF YOUR HOUSEHOLD LAST NIGHT? MAY I TEST A SAMPLE OF THIS SALT? <i>Once you have examined the salt, circle number that corresponds to test outcome.</i>	Not iodized 0 PPM	1	
	Less than 15 PPM	2	
	15 PPM or more	3	
	No salt in home	6	
	Salt not tested	7	

SI1A. Record the time.	Hour and minutes	__ : __
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SI2. *Does any eligible woman age 15-49 reside in the household?*
Check household listing, column HL6. You should have a questionnaire with the Information Panel filled in for each eligible woman.

Yes. —▶ *Go to women's Questionnaire to administer the questionnaire to the first eligible woman.. If this woman has a child under age 5, continue to interview her on her under-5 child(ren)*

No. —▶ *Continue.*

SI3. *Does any child under the age of 5 reside in the household?*
Check household listing, column HL8. You should have a questionnaire with the Information Panel filled in for each eligible child.

Yes. —▶ *Go to Under-5 Questionnaire to administer the questionnaire to mother or caretaker of the first eligible child.*

No. —▶ *End the interview by thanking the respondent for his/her cooperation. Gather together all questionnaires for this household and tally the number of interviews completed on the cover page.*

REMARKS AND OBSERVATIONS

SUPERVISOR

FIELD EDITOR

FIELD MONITORS/CO-ORDINATORS

OFFICE EDITOR

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM-A. Province Name & Code: _____	WM-B. County Name & Code: _____	
WM-C. District Name & Code: _____		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: ____ / ____ / _____	
<p><i>Repeat greeting if not already read to this woman: WE ARE FROM KENYA NATIONAL BUREAU OF STATISTICS (KNBS). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW USUALLY TAKES AROUND 30-35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?</i></p> <p><i>If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future re-visit.</i></p>		
WM7. Result of women's interview	Completed..... 1 Not at home..... 2 Refused 3 Partly completed 4 Incapacitated..... 5 Other (specify) 6	
<p><i>Interviewer/editor/supervisor notes: Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i></p>		
WM71. Supervisor: Name _____	WM72. Field edited by (name and number): Name _____	
WM73. Data Entry: Name and Number Name _____		

ENGLISH

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.

KISWAHILI

1. Mtoto anasoma kitabu.
2. Mvua ilichelewa mwaka huu.
3. Nilazima wazazi watunze watoto wao.
4. Ukulima ni kazi ngumu.

WOMEN'S INFORMATION PANEL		WM
WM7A. <i>Record the time.</i>	Hour and minutes..... __ : __	
WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month __ __ DK month..... 98 Year __ __ __ __ DK year 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)..... __ __	
WM10. HAVE YOU EVER ATTENDED SCHOOL, PRESCHOOL OR ANY NON-FORMAL EDUCATION?	Yes..... 1 No 2	2—►WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool 0 Primary 1 Post-Primary/Vocational..... 2 Secondary 3 Higher 4 Non-formal education 6	0—►WM14 6—►WM14
WM12. WHAT IS THE HIGHEST GRADE (STANDARD/FORM/CLASS) YOU COMPLETED AT THAT LEVEL? <i>If less than 1 grade, enter 00</i>	Grade..... __ __	
WM13. <i>Check WM11:</i> [] <i>Secondary or higher. —► Go to Next Module</i> [] <i>Preschool, primary or non-formal education. —► Continue with WM14</i>		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME. <i>Show sentences to respondent. If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME? <i>Example sentences for literacy test:</i> 1. <i>The child is reading a book.</i> 2. <i>The rains came late this year.</i> 3. <i>Parents must care for their children.</i> 4. <i>Farming is hard work.</i>	Cannot read at all..... 1 Able to read only parts of sentence 2 Able to read whole sentence..... 3 No sentence in required language..... 4 (specify language) Blind/mute, visually/speech impaired 5	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH? <i>If "No" probe by asking: I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes..... 1 No 2	2 → MARRIAGE/ UNION MODULE
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes..... 1 No 2	2 → CM5
CM4. HOW MANY SONS LIVE WITH YOU? HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home _ _ Daughters at home..... _ _	
CM5. 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	2 → CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU? HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere _ _ Daughters elsewhere..... _ _	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes..... 1 No 2	2 → CM9
CM8. HOW MANY BOYS HAVE DIED? HOW MANY GIRLS HAVE DIED?	Boys dead _ _ Girls dead _ _	
CM9. Sum answers to CM4, CM6, and CM8.	Sum _ _	
CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (<i>number in CM9</i>) BIRTHS DURING YOUR LIFE. IS THIS CORRECT? <input type="checkbox"/> Yes. → Go to BH1 <input type="checkbox"/> No. → Check responses and make corrections before proceeding to BH1		

BIRTH HISTORY **BH**

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 BH1. Record twins and triplets on separate lines.

#	BH1 WHAT NAME WAS GIVEN TO YOUR (first/ next) BABY?	BH2 WERE ANY OF THESE BIRTHS TWINS?	BH3 IS (name) A BOY OR GIRL?	BH4 IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?	BH5 IS (name) STILL ALIVE?		BH6 HOW OLD WAS (name) AT HIS/ HER LAST BIRTHDAY? Record age in completed years	BH7 IS (name) LIVING WITH YOU?		BH8 Record HH line number of child Record '00' if child not listed in HH	BH9 If dead: HOW OLD WAS (name) WHEN HE/ SHE DIED? HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; months if less than 2 years; or years	BH10 WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name)?	
					Y	N		Y	N			Y	N
01		SIN 1 2	G 2	___/___/___	Y 1	N 2 → BH9		Y 1	N 2	→ next line	Days1 Month2 Year3	Y 1	N 2 Next
02		1 2	2	___/___/___	1	2 → BH9		1	2	→ BH10	Days1 Month2 Year3	1 A dd	2 Next
03		1 2	2	___/___/___	1	2 → BH9		1	2	→ BH10	Days1 Month2 Year3	1 Add	2 Next
04		1 2	2	___/___/___	1	2 → BH9		1	2	→ BH10	Days1 Month2 Year3	1 Add	2 Next
05		1 2	2	___/___/___	1	2 → BH9		1	2	→ BH10	Days1 Month2 Year3	1 Add	2 Next
06		1 2	2	___/___/___	1	2 → BH9		1	2	→ BH10	Days1 Month2 Year3	1 Add	2 Next
07		1 2	2	___/___/___	1	2 → BH9		1	2	→ BH10	Days1 Month2 Year3	1 Add	2 Next

#	BH1 WHAT NAME WAS GIVEN TO YOUR (first/ next) BABY?	BH2 WERE ANY OF THESE BIRTHS TWINS?		BH3 IS (name) A BOY OR GIRL?		BH4 IN WHAT MONTH AND YEAR WAS (name) BORN? Probe: WHAT IS HIS/HER BIRTHDAY?	BH5 IS (name) STILL ALIVE?		BH6 HOW OLD WAS (name) AT HIS/ HER LAST BIRTHDAY? Record age in completed years	BH7 IS (name) LIVING WITH YOU?	BH8 Record HH line number of child Record '00' if child not listed in HH	BH9 If dead: HOW OLD WAS (name) WHEN HE/ SHE DIED? HOW MANY MONTHS OLD WAS (name)? Record days if less than 1 month; months if less than 2 years; or years	BH10 WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name)?	
		SIN	MUL	B	G		Y	N					Y	N
08		1	2	1	2	___/___/___	1	2 → BH9		1	—→BH10	Days1 Month2 Year3	1	2 Next
09		1	2	1	2	___/___/___	1	2 → BH9		1	—→BH10	Days1 Month2 Year3	1 Add	2 Next
10		1	2	1	2	___/___/___	1	2 → BH9		1	—→BH10	Days1 Month2 Year3	1	2 Next
11		1	2	1	2	___/___/___	1	2 → BH9		1	—→BH10	Days1 Month2 Year3	1	2 Next
12		1	2	1	2	___/___/___	1	2 → BH9		1	—→BH10	Days1 Month2 Year3	1	2 Next
BH11	HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth)? If yes, record birth(s)												Yes.....1 No.....2	
BH12	Compare CM9 with number of births in history above and mark: [] Numbers are different → Probe and reconcile [] Numbers are same →												Check: For all births: Year of birth is recorded [] For each living child: Current age is recorded [] For each dead child: Age at death is recorded [] For age at death 12 months or 1 year: Probe to determine exact number of months []	

BIRTH HISTORY**BH**

BH13. Check BH4: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview) in 2011?

If child has died, take special care when referring to this child by name in the following modules.

[] No live birth in last 2 years. —▶ Go to MARRIAGE/UNION module.

[] Yes, live birth in last 2 years. —▶ Record name of last born child and continue with BH14

Name of child _____

BH14. AT THE TIME YOU BECAME PREGNANT WITH (name), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?	Then.....	1
	Later	2
	No more.....	3

TETANUS TOXOID (TT)		TT
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED? <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) 1 Yes (card not seen) 2 No 3 DK 8	
TT2. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH? <i>Probe:</i> AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER?	Yes 1 No 2 DK 8	2 → TT5 8 → TT5
TT3. HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?	No. of times _ _ DK 98	98 → TT5
TT4. How many TT doses during last pregnancy were reported in TT3? <input type="checkbox"/> At least two TT injections during last pregnancy. → Go to Next Module <input type="checkbox"/> Fewer than two TT injections during last pregnancy. → Continue with TT5		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name)?	Yes 1 No 2 DK 8	2 → NEXT MODULE 8 → NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times _ _	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)? <i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>	Month _ _ DK month 98 Year _ _ _ _ DK year 9998	→ NEXT MODULE TT8 ▼
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago _ _	

MATERNAL AND NEWBORN HEALTH		MN															
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check the birth history module BH13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN1. IN THE FIRST TWO MONTHS AFTER THE BIRTH OF (name), DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes 1 No 2 DK 8</p>																
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional Doctor A Community nurse B Clinical officer C Nurse/Midwife..... D</p> <p>Other person Traditional birth attendant..... E Community health worker..... F</p> <p>Relative/friend G</p> <p>Other (specify) X</p> <p>No one..... Y</p>	Y → MN7															
<p>MN2A. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>No. of times _ _ DK 98</p>																
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>A. WERE YOU WEIGHED? B. WAS YOUR BLOOD PRESSURE MEASURED? C. DID YOU GIVE A URINE SAMPLE? D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>Weight</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood pressure</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Yes	No	Weight	1	2	Blood pressure	1	2	Urine sample	1	2	Blood sample	1	2	
	Yes	No															
Weight	1	2															
Blood pressure	1	2															
Urine sample	1	2															
Blood sample	1	2															
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes 1 No 2 DK 8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2 → MN6A 8 → MN6A</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes 1 No 2 DK 8</p>																

MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?	SP/Fansidar A Chloroquine B Other (<i>specify</i>) X DK Z	
MN6C. Check MN6B for medicine taken: <input type="checkbox"/> SP/Fansidar taken. —▶ Continue with MN6D <input type="checkbox"/> SP/Fansidar not taken. —▶ Go to MN7		
MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR?	Number of times..... _ _	
MN7. WHO ASSISTED WITH THE DELIVERY OF (name)? <i>Probe:</i> ANYONE ELSE? <i>Probe for the type of person assisting and circle all answers given.</i>	Health professional Doctor A Community nurse B Clinical officer C Nurse/Midwife..... D Other person Traditional birth attendant..... E Community health worker..... F Relative/friend G Other (<i>specify</i>) X No one Y	
MN8. WHERE DID YOU GIVE BIRTH TO (name)? <i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i> _____ (Name of place)	Your home 11 Other home 12 Public Sector Government hospital 21 Government health center 22 Government dispensary..... 23 Other public (<i>specify</i>) 26 Private medical sector Mission hospital/clinic 31 Private hospital/clinic..... 32 Nursing/maternity home 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96	98 —▶ MN8C
MN8A. HOW LONG AFTER (name) WAS DELIVERED DID YOU STAY THERE? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i>	Hours 1 _ _ Days 2 _ _ Weeks 3 _ _ Don't know/remember..... 998	
MN8B. WAS (name) DELIVERED BY CAESERIAN SECTION?	Yes 1 No 2	1 —▶ MN8D 2 —▶ MN8D

<p>MN8C. WHY DIDN'T YOU DELIVER (name) IN A HEALTH FACILITY?</p> <p><i>Probe:</i> ANY OTHER REASON?</p> <p><i>Record all mentioned.</i></p>	<p>Cost too much..... A Facility not open..... B Too far..... C Don't trust facility D No female provider at facility..... E Husband/family did not allow..... F Not necessary G Not customary..... H No transportation I Poor quality service..... J</p> <p>Other (<i>specify</i>) X</p>	
<p>MN8D. AFTER (name) WAS BORN, DID ANY HEALTH CARE PROVIDER OR A TRADITIONAL BIRTH ATTENDANT CHECK ON YOUR HEALTH?</p>	<p>Yes..... 1 No..... 2</p>	2 → MN8I
<p>MN8E. HOW LONG AFTER THE BIRTH OF (name) DID THIS FIRST CHECK TAKE PLACE?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p>	<p>Hours..... 1 __ __ Days 2 __ __ Weeks..... 3 __ __ Don't know/remember..... 998</p>	
<p>MN8F. WHO CHECKED ON YOUR HEALTH AT THAT TIME?</p> <p><i>Probe for most qualified person</i></p>	<p>Health professional Doctor 11 Community nurse 12 Clinical officer 13 Nurse/Midwife..... 14</p> <p>Other person Traditional birth attendant..... 21 Community health worker..... 22</p> <p>Other (<i>specify</i>) 96</p>	
<p>MN8G. WHERE DID THIS FIRST CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source and circle the appropriate code.</i></p> <p><i>If unable to determine if a hospital, health centre, or clinic is public or private medical, write the name of the place</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Your home 11 Other home 12</p> <p>Public Sector Government hospital 21 Government health center..... 22 Government dispensary..... 23 Other public (<i>specify</i>)..... 26</p> <p>Private medical sector Mission hospital/clinic 31 Private hospital/clinic..... 32 Nursing/maternity home 33 Pharmacy..... 34 Other private medical (<i>specify</i>) 36</p> <p>Other (<i>specify</i>) 96</p> <p>DK 98</p>	
<p>MN8H. WAS THE HEALTH OF (name) ALSO CHECKED AT THIS TIME?</p>	<p>Yes..... 1 No..... 2</p>	2 → MN8I

MN8H2. WAS THIS ALSO THE FIRST TIME (<i>name's</i>) HEALTH WAS CHECKED?	Yes..... 1 No..... 2	1—►MN9 2—►MN8J
MN8I. AFTER (<i>name</i>) WAS BORN, DID ANY HEALTH CARE PROVIDER OR A TRADITIONAL BIRTH ATTENDANT CHECK ON HIS/HER HEALTH?	Yes..... 1 No..... 2 DK..... 8	2—►MN9 8—►MN9
MN8J. HOW LONG AFTER THE BIRTH OF (<i>name</i>) DID THIS FIRST CHECK TAKE PLACE? <i>If less than one day, record hours.</i> <i>If less than one week, record days.</i>	Hours..... 1 __ __ Days..... 2 __ __ Weeks..... 3 __ __ Don't know/remember..... 998	
MN8K. WHO CHECKED ON (<i>name's</i>) HEALTH AT THAT TIME? <i>Probe for most qualified person</i>	Health professional Doctor..... 11 Community nurse..... 12 Clinical officer..... 13 Nurse/Midwife..... 14 Other person Traditional birth attendant..... 21 Community health worker..... 22 Other (<i>specify</i>)..... 96	
MN8L. WHERE DID THIS FIRST CHECK TAKE PLACE? <i>Probe to identify the type of source and circle the appropriate code.</i> <i>If unable to determine if a hospital, health centre, or clinic is public or private medical, write the name of the place</i> _____ (Name of place)	Your home..... 11 Other home..... 12 Public Sector Government hospital..... 21 Government health center..... 22 Government dispensary..... 23 Other public (<i>specify</i>)..... 26 Private medical sector Mission hospital/clinic..... 31 Private hospital/clinic..... 32 Nursing/maternity home..... 33 Pharmacy..... 34 Other private medical (<i>specify</i>)..... 36 Other (<i>specify</i>)..... 96 DK..... 98	
MN8M. WERE YOU PRESENT WHEN THIS FIRST CHECK TOOK PLACE?	Yes..... 1 No..... 2	
MN9. WHEN YOUR LAST CHILD (<i>name</i>) 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 DK..... 8	

<p>MN10. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes..... 1 No..... 2 DK..... 8</p>	<p>2—►MN12 8—►MN12</p>
<p>MN11. HOW MUCH DID (name) WEIGH? <i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kilograms) __ . __ __ __ From recall..... 2 (kilograms) __ . __ __ __ DK..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes..... 1 No..... 2</p>	<p>2—►NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i></p>	<p>Immediately..... 000 Hours..... 1 __ __ Days 2 __ __ Don't know/remember..... 998</p>	

MARRIAGE/UNION		MA
MA1. 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	3—►MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years..... __ __ DK 98	
MA2A. DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES?	Yes..... 1 No..... 2	2—►MA5
MA2B. BESIDES YOURSELF, HOW MANY OTHER WIVES DOES HE HAVE?	Number..... __ __ DK..... 98	—►MA5 98—►MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married..... 1 Yes, formerly lived with a man..... 2 No..... 3	—►NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced..... 2 Separated..... 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once..... 2	
MA6. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month..... __ __ DK month..... 98 Year..... __ __ __ __ DK year..... 9998	
MA7. Check MA6: [] Both month and year of marriage/union known? —► Go to Next Module [] Either month or year of marriage/union not known? —► Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years..... __ __	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH. ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No 2 Unsure or DK..... 8	2 → CP2 8 → CP2
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU NOT WANT TO HAVE ANY MORE CHILDREN?	Then..... 1 Later 2 Not want more children 3	1 → CP4B 2 → CP4B 3 → CP4B
CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes..... 1 No 2	2 → CP4A
CP3. WHICH METHOD ARE YOU USING? <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization..... A Male sterilization..... B Pill C IUD D Injections E Implants..... F Condom..... G Female condom..... H Diaphragm..... I Foam/jelly J Lactational amenorrhea method (LAM)..... K Periodic abstinence..... L Withdrawal..... M Other (<i>specify</i>) X	
CP3B. Check CP3: [] Currently using “Female sterilization”? → Go to Next Module [] Not currently using “Female sterilization” → Continue with CP4A		

<p>CP4A. NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (A/ANOTHER) CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p> <p>CP4B. <i>If currently pregnant:</i> NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Have (a/another) child 1</p> <p>No more/none 2</p> <p>Says she cannot get pregnant 3</p> <p>Undecided/don't know 8</p>	<p>2—▶CP4D</p> <p>3—▶CP4F</p> <p>8—▶CP4D</p>
<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months 1 ___</p> <p>Years..... 2 ___</p> <p>Soon/now 993</p> <p>Says she cannot get pregnant 994</p> <p>After marriage..... 995</p> <p>Other..... 996</p> <p>Don't know 998</p>	<p>994—▶CP4F</p>
<p>CP4D. <i>Check CP1:</i></p> <p>[] <i>Currently pregnant?</i> —▶ <i>Go to Next Module</i></p> <p>[] <i>Not currently pregnant or unsure?</i> —▶ <i>Continue with CP4D2</i></p>		
<p>CP4D2. <i>Check CP3.</i></p> <p>[] <i>Currently using a method?</i> —▶ <i>Go to Next Module</i></p> <p>[] <i>Not using a method (CP3 Blank)?</i> —▶ <i>Continue with CP4E</i></p>		
<p>CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK 8</p>	<p>1—▶NEXT MODULE</p> <p>8—▶NEXT MODULE</p>
<p>CP4F. WHAT IS THE REASON YOU THINK YOU CANNOT GET PREGNANT?</p>	<p>Infrequent sex/No sex 01</p> <p>Menopausal..... 02</p> <p>Hysterectomy 03</p> <p>Subfecund / Infecund..... 04</p> <p>Postpartum amenorrheic..... 05</p> <p>Breastfeeding 06</p> <p>Too old..... 07</p> <p>Fatalistic 08</p> <p>Other (<i>specify</i>) 96</p> <p>DK 98</p>	

FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes 1 No 2	1—►FG3
FG2. IN A NUMBER OF 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	2—►NEXT MODULE
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes 1 No 2	2—►FG8
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THIS TIME. WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes 1 No 2 DK 8	1—►FG6
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes 1 No 2 DK 8	
FG6. WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?	Yes 1 No 2 DK 8	
FG7. WHO CIRCUMCISED YOU?	Traditional persons Traditional 'circumciser' 11 Traditional birth attendant 12 Other traditional (<i>specify</i>) 16 Health professional Doctor 21 Nurse/midwife 22 Other health professional (<i>specify</i>) 26 DK 98	
FG8. <i>The following questions apply only to women who have at least one living daughter. Check CM4 and CM6, Child Mortality Module: Woman has living daughter?</i> [] Yes. —► Continue with FG9 [] No. —► Go to FG16		
FG9. HAVE (ANY OF) YOUR DAUGHTER(S) BEEN CIRCUMCISED? IF YES, HOW MANY?	Number of daughters circumcised: __ __ No daughters circumcised 00	00—►FG16
FG10. TO WHICH OF YOUR DAUGHTERS DID THIS HAPPEN MOST RECENTLY? <i>Record the daughter's name.</i>	Name of daughter:	

<p>FG11. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO <i>(name)</i> AT THAT TIME.</p> <p>WAS ANY FLESH REMOVED FROM THE GENITAL AREA?</p>	<p>Yes 1 No 2</p> <p>DK 8</p>	<p>1—►FG13</p>
<p>FG12. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>FG13. WAS THE GENITAL AREA SEWN CLOSED?</p> <p><i>If necessary, Probe:</i> WAS IT SEALED?</p>	<p>Yes 1 No 2</p> <p>DK 8</p>	
<p>FG14. HOW OLD WAS <i>(name)</i> WHEN THIS OCCURRED?</p> <p><i>If the respondent does not know the age, probe to get an estimate.</i></p>	<p>Daughter's age at circumcision _ _</p> <p>DK 98</p>	
<p>FG15. WHO DID THE CIRCUMCISION?</p>	<p>Traditional persons Traditional 'circumciser' 11 Traditional birth attendant 12 Other traditional (<i>specify</i>) 16</p> <p>Health professional Doctor 21 Nurse/midwife 22 Other health professional (<i>specify</i>) 26</p> <p>DK 98</p>	
<p>FG16. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?</p>	<p>Continued 1 Discontinued 2 Depends 3</p> <p>DK 8</p>	

ATTITUDES TOWARD DOMESTIC VIOLENCE **FG**

	Yes	No	DK
DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:			
A. IF SHE LEAVES THE HOUSE WITHOUT TELLING HIM?			
Leaves without telling.....	1	2	8
B. IF SHE NEGLECTS THE CHILDREN?			
Neglects children.....	1	2	8
C. IF SHE ARGUES WITH HIM?			
Argues	1	2	8
D. IF SHE REFUSES SEX WITH HIM?			
Refuses sex.....	1	2	8
E. IF SHE BURNS THE FOOD?			
Burns food.....	1	2	8

SEXUAL BEHAVIOUR		SB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	Never had intercourse 00 Age in years..... _ _ First time when started living with (first) husband/partner..... 95	00—►NEXT MODULE
SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago 1 _ _ Weeks ago..... 2 _ _ Months ago 3 _ _ Years ago..... 4 _ _	4—►NEXT MODULE
SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes 1 No 2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE? <i>If man is 'boyfriend' or 'fiancée', ask: WAS YOUR BOYFRIEND/ FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? If 'yes', circle 1. If 'no', circle 2.</i>	Spouse / cohabiting partner..... 1 Man is boyfriend / fiancée 2 Other friend 3 Casual acquaintance..... 4 Other (specify) 6	1—►SB6
SB5. HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner _ _ DK 98	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes 1 No 2	2—►NEXT MODULE
SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?	Yes 1 No 2	

<p>SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN?</p> <p><i>If man is 'boyfriend' or 'fiancée', ask:</i> WAS YOUR BOYFRIEND/ FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX? <i>If 'yes', circle 1.</i> <i>If 'no', circle 2.</i></p>	<p>Spouse / cohabiting partner..... 1 Man is boyfriend / fiancée..... 2 Other friend 3 Casual acquaintance..... 4 Other (<i>specify</i>) 6</p>	<p>1—►SB10</p>
<p>SB9. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner _ _ DK 98</p>	
<p>SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1 No 2</p>	<p>2—►NEXT MODULE</p>
<p>SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?</p>	<p>No. of partners _ _</p>	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes 1 No 2	2—▶NEXT MODULE
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?		
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes 1 No 2 DK 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes 1 No 2 DK 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes 1 No 2 DK 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes 1 No 2 DK 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes 1 No 2 DK 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes 1 No 2 DK 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes 1 No 2 DK 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes 1 No 2 DK 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
A. DURING PREGNANCY?	Yes No DK During pregnancy 1 2 8	
B. DURING DELIVERY?	During delivery 1 2 8	
C. BY BREASTFEEDING?	By breastfeeding 1 2 8	

HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No 2 DK /not sure/depends 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No 2 DK /not sure/depends 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes, keep secret 1 No 2 DK /not sure/depends 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes..... 1 No 2 DK /not sure/depends 8	
HA14. <i>Check MN5: Tested for HIV during antenatal care?</i> [] Yes. → Go to HA18A [] No. → Continue with HA15		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No 2	2→HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes..... 1 No 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test 1 Offered and accepted 2 Required 3	1→NEXT MODULE 2→NEXT MODULE 3→NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS? HA18A. If tested for HIV during antenatal care: OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No 2	

WT2. Record the time.	Hour and minutes ___ : ___
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REMARKS AND OBSERVATIONS

SUPERVISOR

FIELD EDITOR

FIELD MONITORS/CO-ORDINATORS

OFFICE EDITOR

QUESTIONNAIRE FOR CHILDREN UNDER FIVE

UNDER-FIVE CHILD INFORMATION PANEL		UF
<p><i>This questionnaire is to be administered to all mothers or caretakers (see household listing, column HL8) who care for a child that lives with them and is under the age of 5 years (see household listing, column HL5). A separate questionnaire should be used for each eligible child. Fill in the cluster and household number, and names and line numbers of the child and the mother/caretaker in the space below. Insert your own name and number, and the date.</i></p>		
UF-A. Province Name & Code: _____	UF-B. County Name & Code: _____	
UF-C. District Name & Code: _____		
UF1. Cluster number: ___ ___ ___	UF2. Household number: ___ ___ ___	
UF3. Child's Name: _____	UF4. Child's Line Number: _____	
UF5. Mother's/Caretaker's Name: _____	UF6. Mother's/Caretaker's Line Number: _____	
UF7. Interviewer name and number: _____	UF8. Day/Month/Year of interview: ___ / ___ / _____	
<p><i>Repeat greeting if not already read to this respondent:</i></p> <p>WE ARE FROM KENYA NATIONAL BUREAU OF STATISTICS (KNBS). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW USUALLY TAKES AROUND 20-25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?</p> <p><i>If permission is given, begin the interview. If the respondent does not agree to continue, thank him/her and go to the next interview. Discuss this result with your supervisor for a future revisit.</i></p>		
UF9. Result of interview for children under 5 (Codes refer to mother/caretaker.)	Completed.....1 Not at home.....2 Refused3 Partly completed4 Incapacitated.....5 Other (specify)6	
<p><i>Interviewer/editor/supervisor notes: Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i></p>		
UF91. Supervisor (name and number): Name _____	UF92. Field edited by (name and number): Name _____	
UUF93. Data Entry (name and number): Name _____		

UF9A. <i>Record the time.</i>	Hour and minutes..... __ __ : __ __	
<p>UF10. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH OF EACH CHILD UNDER THE AGE OF 5 IN YOUR CARE, WHO LIVES WITH YOU NOW.</p> <p>NOW I WANT TO ASK YOU ABOUT <i>(name)</i>. IN WHAT MONTH AND YEAR WAS <i>(name)</i> BORN?</p> <p><i>Probe:</i> WHAT IS HIS/HER BIRTHDAY?</p> <p><i>If the mother/caretaker knows the exact birth date, also enter the day; otherwise, circle 98 for day</i></p> <p>MONTH AND YEAR MUST BE RECORDED.</p>	<p>Date of birth:</p> <p>Day __ __</p> <p>DK day 98</p> <p>Month..... __ __</p> <p>Year __ __ __ __</p>	
<p>UF11. HOW OLD WAS <i>(name)</i> AT HIS/HER LAST BIRTHDAY?</p> <p><i>Record age in completed years.</i></p>	Age in completed years.....__	

BIRTH REGISTRATION AND EARLY LEARNING		BR
BR1. DOES (<i>name</i>) HAVE A BIRTH CERTIFICATE? MAY I SEE IT?	Yes, seen 1 Yes, not seen 2 No 3 DK 8	1 → BR5
BR2. HAS (<i>name's</i>) BIRTH BEEN NOTIFIED OR REGISTERED WITH THE CIVIL AUTHORITIES?	Yes 1 No 2 DK 8	1 → BR5 8 → BR4
BR3. WHY IS (<i>name's</i>) BIRTH NOT REGISTERED?	Costs too much 1 Must travel too far 2 Did not know it should be registered 3 Did not want to pay fine 4 Does not know where to register 5 Other (<i>specify</i>) 6 DK 8	
BR4. DO YOU KNOW HOW TO REGISTER YOUR CHILD'S BIRTH?	Yes 1 No 2	
BR5. Check age of child in UF11: Child is 3 or 4 years old? [] Yes. → Continue with BR6 [] No. → Go to BR8		
BR6. DOES (<i>name</i>) ATTEND ANY ORGANIZED LEARNING OR EARLY CHILDHOOD EDUCATION PROGRAMME, SUCH AS A PRIVATE OR GOVERNMENT FACILITY, INCLUDING KINDERGARTEN OR COMMUNITY CHILD CARE?	Yes 1 No 2 DK 8	2 → BR8 8 → BR8
BR7. SINCE (<i>day of the week</i>), EXCLUDING TODAY, ABOUT HOW MANY HOURS DID (<i>name</i>) ATTEND?	No. of hours..... _ _	

<p>BR8. IN THE PAST 3 DAYS, DID YOU OR ANY HOUSEHOLD MEMBER OVER 15 YEARS OF AGE ENGAGE IN ANY OF THE FOLLOWING ACTIVITIES WITH <i>(name)</i>:</p> <p><i>For each item:</i> <i>If yes, ask: WHO ENGAGED IN THIS ACTIVITY WITH (name) - THE MOTHER, THE CHILD'S FATHER OR ANOTHER ADULT MEMBER OF THE HOUSEHOLD (INCLUDING THE CARETAKER/ RESPONDENT)?</i> <i>Circle all that apply.</i></p> <p>BR8A. READ BOOKS, LOOK AT PICTURE BOOKS, OR TELL STORIES TO/WITH <i>(name)</i>? BR8D. TAKE <i>(name)</i> OUTSIDE THE HOME, COMPOUND, YARD OR ENCLOSURE? BR8E. PLAY WITH <i>(name)</i>? BR8F. NAME, COUNT, OR DRAW THINGS TO/WITH <i>(name)</i>?</p>	<table border="1"> <thead> <tr> <th></th> <th>Mother</th> <th>Father</th> <th>Other</th> <th>No one</th> </tr> </thead> <tbody> <tr> <td>Books/Stories</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Take outside</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Play with</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> <tr> <td>Name/count</td> <td>A</td> <td>B</td> <td>X</td> <td>Y</td> </tr> </tbody> </table>		Mother	Father	Other	No one	Books/Stories	A	B	X	Y	Take outside	A	B	X	Y	Play with	A	B	X	Y	Name/count	A	B	X	Y	
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Play with	A	B	X	Y																							
Name/count	A	B	X	Y																							

CHILD DEVELOPMENT		CE																
<p>CE2. HOW MANY CHILDREN'S BOOKS OR PICTURE BOOKS DO YOU HAVE FOR (name)?</p> <p>If 'none' enter 0</p>	<p>Number of children's books0 __</p> <p>Ten or more books 10</p>	1 → BR5																
<p>CE3. I AM INTERESTED IN LEARNING ABOUT THE THINGS THAT (name) PLAYS WITH WHEN HE/SHE IS AT HOME.</p> <p>WHAT DOES (name) PLAY WITH?</p> <p>DOES HE/SHE PLAY WITH?</p> <p>HOUSEHOLD OBJECTS OR OBJECTS FOUND OUTSIDE (SUCH AS BOWLS OR POTS, STICKS, ROCKS, ANIMAL SHELLS OR LEAVES)?</p> <p>HOMEMADE TOYS (SUCH AS DOLLS, CARS, OR OTHER TOYS MADE AT HOME)?</p> <p>TOYS THAT CAME FROM A SHOP?</p> <p><i>If the respondent says "YES" to the categories above, then probe to learn specifically what the child plays with to ascertain the response</i></p>	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Household objects or outside objects</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Homemade toys</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Toys that came from a shop</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Household objects or outside objects	1	2	8	Homemade toys	1	2	8	Toys that came from a shop	1	2	8	
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<p>CE4. SOMETIMES ADULTS TAKING CARE OF CHILDREN HAVE TO LEAVE THE HOUSE TO GO SHOPPING, WASH CLOTHES, OR FOR OTHER REASONS AND HAVE TO LEAVE YOUNG CHILDREN.</p> <p>ON HOW MANY DAYS IN THE PAST WEEK WAS (name):</p> <p>LEFT ALONE?</p> <p>LEFT IN THE CARE OF ANOTHER CHILD (THAT IS, SOMEONE LESS THAN 10 YEARS OLD)?</p> <p><i>If 'none' enter 0</i></p>	<p>Number of days left alone</p> <p>Number of days left with other child</p>																	
<p>CE5. Check UF11: Age of child 3 or 4?</p> <p><input type="checkbox"/> Age 0, 1 or 2 → Go to Next Module</p> <p><input type="checkbox"/> Age 3 or 4 → Continue with CE6</p>																		

<p>CE6. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE HEALTH AND DEVELOPMENT OF YOUR CHILD. CHILDREN DO NOT ALL DEVELOP AND LEARN AT THE SAME RATE. FOR EXAMPLE, SOME WALK EARLIER THAN OTHERS. THESE QUESTIONS ARE RELATED TO SEVERAL ASPECTS OF YOUR CHILD'S DEVELOPMENT.</p> <p>CAN (<i>name</i>) IDENTIFY/NAME AT LEAST TEN LETTERS OF THE ALPHABET?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>CE7. CAN (<i>name</i>) ATTACH SOUNDS TO MOST OR MORE THAN HALF OF THE LETTERS?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>CE8. CAN (<i>name</i>) READ AT LEAST FOUR SIMPLE, ONE-SYLLABLE, POPULAR WORDS?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>CE9. IS (<i>name</i>) INTERESTED IN NUMBERS, COUNTING, SORTING OR ADDING?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>CE10. DOES (<i>name</i>) KNOW THE NAME AND RECOGNIZE THE SYMBOL OF ALL NUMBERS FROM 1 TO 10 MOST OF THE TIME?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>CE11. WHEN YOU COMPARE TWO NUMBERS UP TO 10, DOES (<i>name</i>) KNOW WHICH ONE IS BIGGER MOST OF THE TIME?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>CE12. IS (<i>name</i>) ABLE TO USE AND MANIPULATE SMALL OBJECTS AND TOYS?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>CE13. IS (<i>name</i>) SOMETIMES TOO TIRED, SLEEPY OR SICK TO PLAY?</p>	<p>Yes 1 No 2 DK 8</p>	
<p>CE14. IS (<i>name</i>) SOMETIMES TOO HUNGRY TO PLAY?</p>	<p>Yes 1 No 2 DK 8</p>	

<p>CE15. DOES (<i>name</i>) DO EVERYDAY ROUTINE ACTIVITIES WITHOUT BEING REMINDED? ACTIVITIES SUCH AS BRUSHING TEETH, TIDYING UP AFTER PLAY OR A MEAL, OR HELPING WITH CHORES?</p> <p><i>If yes:</i> WOULD YOU SAY OFTEN OR SOMETIMES?</p>	<p>Often/Most of the time 1 Sometimes 2 Rarely or never 3 DK 8</p>	
<p>CE16. DOES (<i>name</i>) FOLLOW SIMPLE DIRECTIONS ON HOW TO DO SOMETHING CORRECTLY?</p> <p><i>If yes:</i> WOULD YOU SAY OFTEN OR SOMETIMES?</p>	<p>Often/Most of the time 1 Sometimes 2 Rarely or never 3 DK 8</p>	
<p>CE17. IS (<i>name</i>) ABLE TO WORK ON A TASK, INCLUDING PLAY TASKS, BY HIMSELF/HERSELF?</p> <p><i>If yes:</i> WOULD YOU SAY OFTEN OR SOMETIMES?</p>	<p>Often/Most of the time 1 Sometimes 2 Rarely or never 3 DK 8</p>	
<p>CE18. DOES (<i>name</i>) PLAY WITH SIBLINGS OR OTHER CHILDREN FOR A CONSIDERABLE TIME WITHOUT GETTING INTO TROUBLE?</p> <p><i>If yes:</i> WOULD YOU SAY OFTEN OR SOMETIMES?</p>	<p>Often/Most of the time 1 Sometimes 2 Rarely or never 3 DK 8</p>	
<p>CE19. DOES (<i>name</i>) SHOW RESPECT FOR OTHER CHILDREN?</p> <p><i>Probe:</i> DOES (<i>name</i>) LISTEN TO WHAT ANOTHER CHILD HAS TO SAY AND RECOGNIZE THAT HE OR SHE MAY BE DIFFERENT OR WANT DIFFERENT THINGS?</p> <p><i>If yes:</i> WOULD YOU SAY OFTEN OR SOMETIMES?</p>	<p>Often/Most of the time 1 Sometimes 2 Rarely or never 3 DK 8</p>	
<p>CE20. WHAT IS (<i>name</i>)'S ABILITY TO GET ALONG WITH OTHER CHILDREN? WOULD YOU SAY IT IS VERY GOOD, AVERAGE, OR POOR/BAD?</p>	<p>Very good 1 Average 2 Poor/Bad 3 DK 8</p>	

<p>CE21. HOW OFTEN DOES <i>(name)</i> BULLY OTHER CHILDREN OR IS MEAN TO OTHER CHILDREN?</p> <p><i>Probe:</i> DOES <i>(name)</i> OFTEN MAKE OTHER CHILDREN AFRAID OF HIM/HER, OR SAY MEAN/BAD WORDS TO OTHER CHILDREN?</p> <p><i>If yes:</i> WOULD YOU SAY OFTEN OR SOMETIMES?</p>	<p>Often/Most of the time 1 Sometimes 2 Rarely or never 3</p> <p>DK 8</p>	
<p>CE22. HOW OFTEN DOES <i>(name)</i> KICK, BITE, OR HIT OTHER CHILDREN OR ADULTS?</p> <p><i>If yes:</i> WOULD YOU SAY OFTEN OR SOMETIMES?</p>	<p>Often/Most of the time 1 Sometimes 2 Rarely or never 3</p> <p>DK 8</p>	
<p>CE23. DOES <i>(name)</i> OFTEN GET VERY EASILY/QUICKLY DISTRACTED?</p> <p><i>If yes:</i> WOULD YOU SAY OFTEN OR SOMETIMES?</p>	<p>Often/Most of the time 1 Sometimes 2 Rarely or never 3</p> <p>DK 8</p>	

VITAMIN A		VA
VA1. HAS (<i>name</i>) EVER RECEIVED A VITAMIN A CAPSULE (SUPPLEMENT) LIKE THIS ONE? <i>Show capsule or dispenser for different doses – 100,000 IU for those 6-11 months old (Blue), 200,000 IU for those 12-59 months old.(Red)</i>	Yes..... 1 No 2 DK 8	2—►NEXT MODULE 8—►NEXT MODULE
VA2. HOW MANY MONTHS AGO DID (<i>name</i>) TAKE THE LAST DOSE?	Months ago __ __ DK 98	
VA3. WHERE DID (<i>name</i>) GET THIS LAST DOSE?	On routine visit to health facility 1 Sick child visit to health facility 2 National Immunization Day campaign..... 3 Other (<i>specify</i>) 6 DK 8	

BREASTFEEDING		BF																																																																															
BF1. HAS (<i>name</i>) EVER BEEN BREASTFED?	Yes1 No2 DK8	2 → BF3 8 → BF3																																																																															
BF2. IS HE/SHE STILL BEING BREASTFED?	Yes1 No2 DK8																																																																																
<p>BF3. I WOULD LIKE TO ASK YOU ABOUT LIQUIDS THAT (<i>name</i>) MAY HAVE HAD YESTERDAY DURING THE DAY OR THE NIGHT. I AM INTERESTED IN WHETHER (<i>name</i>) HAD THE ITEM EVEN IF IT WAS COMBINED WITH OTHER FOODS.</p> <p>DID (<i>name</i>) DRINK OR EAT ANY (<i>item from list</i>): YESTERDAY, DURING THE DAY OR NIGHT?</p> <p><i>Read each item aloud and record response before proceeding to the next item. Ask the number of times the child had infant formula, milk, yogurt and solid, semi-solid foods.</i></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Y</th> <th style="width: 10%; text-align: center;">N</th> <th style="width: 10%; text-align: center;">DK</th> <th></th> </tr> </thead> <tbody> <tr> <td>BF3A. VITAMIN OR MINERAL SUPPLEMENTS?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>BF3B. ORS (ORAL REHYDRATION SOLUTION)?</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> <td></td> </tr> <tr> <td>BF3C. PLAIN WATER?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>BF3D. INFANT FORMULA?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td>2 OR 8 → BF3E</td> </tr> <tr> <td>BF3D1. HOW MANY TIMES DID (<i>name</i>) HAVE INFANT FORMULA?</td> <td colspan="3" style="text-align: center;">Number of times..... _ _</td> <td></td> </tr> <tr> <td>BF3E. MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td>2 OR 8 → BF3F</td> </tr> <tr> <td>BF3E1. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?</td> <td colspan="3" style="text-align: center;">Number of times..... _ _</td> <td></td> </tr> <tr> <td>BF3F. JUICE OR JUICE DRINKS?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>BF3G. SOUP?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>BF3H. ANY OTHER LIQUIDS?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>BF3I. YOGURT?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td>2 OR 8 → BF3J</td> </tr> <tr> <td>BF3I1. HOW MANY TIMES DID (<i>name</i>) HAVE YOGURT?</td> <td colspan="3" style="text-align: center;">Number of times..... _ _</td> <td></td> </tr> <tr> <td>BF3J. THIN PORRIDGE?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td></td> </tr> <tr> <td>BF3K. SOLID OR SEMI-SOLID (MUSHY) FOOD?</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> <td>2 OR 8 → BF3L</td> </tr> <tr> <td>BF3K1. HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMI-SOLID (MUSHY) FOODS?</td> <td colspan="3" style="text-align: center;">Number of times..... _ _</td> <td></td> </tr> </tbody> </table>		Y	N	DK		BF3A. VITAMIN OR MINERAL SUPPLEMENTS?	1	2	8		BF3B. ORS (ORAL REHYDRATION SOLUTION)?	2	8			BF3C. PLAIN WATER?	1	2	8		BF3D. INFANT FORMULA?	1	2	8	2 OR 8 → BF3E	BF3D1. HOW MANY TIMES DID (<i>name</i>) HAVE INFANT FORMULA?	Number of times..... _ _				BF3E. MILK SUCH AS TINNED, POWDERED, OR FRESH ANIMAL MILK?	1	2	8	2 OR 8 → BF3F	BF3E1. HOW MANY TIMES DID (<i>name</i>) DRINK TINNED, POWDERED OR FRESH ANIMAL MILK?	Number of times..... _ _				BF3F. JUICE OR JUICE DRINKS?	1	2	8		BF3G. SOUP?	1	2	8		BF3H. ANY OTHER LIQUIDS?	1	2	8		BF3I. YOGURT?	1	2	8	2 OR 8 → BF3J	BF3I1. HOW MANY TIMES DID (<i>name</i>) HAVE YOGURT?	Number of times..... _ _				BF3J. THIN PORRIDGE?	1	2	8		BF3K. SOLID OR SEMI-SOLID (MUSHY) FOOD?	1	2	8	2 OR 8 → BF3L	BF3K1. HOW MANY TIMES DID (<i>name</i>) EAT SOLID, SEMI-SOLID (MUSHY) FOODS?	Number of times..... _ _				
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BF3L. DID (<i>name</i>) DRINK ANYTHING FROM A BOTTLE WITH A NIPPLE YESTERDAY DURING THE DAY OR NIGHT?	Yes1 No2 DK8																																																																																

CARE OF ILLNESS		CA																
<p>CA1. HAS (<i>name</i>) HAD DIARRHOEA IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?</p> <p><i>Diarrhoea is determined as perceived by mother or caretaker, or as three or more loose or watery stools per day, or blood in stool.</i></p>	Yes 1 No 2 DK 8	2 → CA5 8 → CA5																
<p>CA1A. WAS THERE BLOOD IN THE STOOLS?</p>	Yes 1 No 2 DK 8																	
<p>CA2. DURING THIS LAST EPISODE OF DIARRHOEA, DID (<i>name</i>) DRINK ANY OF THE FOLLOWING:</p> <p><i>Read each item aloud and record response before proceeding to the next item.</i></p> <p>CA2A. A FLUID MADE FROM A SPECIAL PACKET CALLED ORS? CA2B. HOMEMADE SUGAR AND SALT SOLUTION? CA2C. A PRE-PACKAGED ORS FLUID FOR DIARRHOEA?</p>	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Yes</th> <th style="width: 10%; text-align: center;">No</th> <th style="width: 10%; text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>A. Fluid from ORS packet.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>B. Sugar and salt solution</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>C. Pre-packaged ORS fluid</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table>		Yes	No	DK	A. Fluid from ORS packet.....	1	2	8	B. Sugar and salt solution	1	2	8	C. Pre-packaged ORS fluid	1	2	8	
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<p>CA2D. WAS ANYTHING (ELSE) GIVEN TO TREAT THE DIARRHOEA?</p>	Yes 1 No 2 DK 8	2 → CA3 8 → CA3																
<p>CA2E. WHAT (ELSE) WAS GIVEN TO TREAT THE DIARRHOEA?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Record all treatments given</i></p>	Pill or Syrup Antibiotic A Antimotility B Zinc C Other (Not antibiotic, antimotility or zinc) D Unknown pill or syrup E Injection Antibiotic F Non-antibiotic G Unknown injection H Intravenous I Home remedy/herbal medicine J Other (<i>specify</i>) X																	

CA2F. Check CA2E: Zinc given?		
[] Yes. —► Continue with CA2G		
[] No. —► Go to CA3		
CA2G. HOW MANY TIMES WAS (name) GIVEN ZINC?	Number of times..... _ _	
CA3. DURING (name's) ILLNESS, DID HE/SHE DRINK MUCH LESS, ABOUT THE SAME, OR MORE THAN USUAL?	Much less or none 1 About the same (or somewhat less) 2 More 3 DK 8	
CA4. DURING (name's) ILLNESS, DID HE/SHE EAT LESS, ABOUT THE SAME, OR MORE FOOD THAN USUAL? If "less", probe: MUCH LESS OR A LITTLE LESS?	None 1 Much less 2 Somewhat less 3 About the same 4 More 5 DK 8	
CA4B. WHERE DID YOU GET THE ORS PACKET FROM? _____ (Name of place)	Public Sector Government hospital 21 Government health center 22 Government dispensary 23 Other public (specify) 26 Private medical sector Mission hospital/clinic 31 Private hospital/clinic 32 Nursing/maternity home 33 Pharmacy 34 Other private medical (specify) 36 Mobile clinic 41 Community health worker 42 Other source Shop 51 Traditional practitioner 52 Relative/friend 53 Other (specify) 96 DK 98	
CA4C. HOW MUCH DID YOU PAY FOR THE (local name for ORS packet from CA2A)?	Shillings _ _ _ _ Free 9995 DK 9998	
CA5. HAS (name) HAD AN ILLNESS WITH A COUGH AT ANY TIME IN THE LAST TWO WEEKS, THAT IS, SINCE (day of the week) OF THE WEEK BEFORE LAST?	Yes 1 No 2 DK 8	2—►CA12 8—►CA12

<p>CA6. WHEN (<i>name</i>) HAD AN ILLNESS WITH A COUGH, DID HE/SHE BREATHE FASTER THAN USUAL WITH SHORT, QUICK BREATHS OR HAVE DIFFICULTY BREATHING?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2—►CA12 8—►CA12</p>
<p>CA7. WERE THE SYMPTOMS DUE TO A PROBLEM IN THE CHEST OR A BLOCKED NOSE?</p>	<p>Problem in chest 1 Blocked nose..... 2 Both 3 Other (<i>specify</i>) 6 DK 8</p>	<p>2—►CA12 6—►CA12</p>
<p>CA8. DID YOU SEEK ADVICE OR TREATMENT FOR THE ILLNESS OUTSIDE THE HOME?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2—►CA12 8—►CA12</p>
<p>CA9. FROM WHERE DID YOU SEEK CARE?</p> <p><i>Probe:</i> ANYWHERE ELSE?</p> <p><i>Circle all providers mentioned, but do NOT prompt with any suggestions.</i></p> <p><i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Public Sector Government hospitalC Government health centerD Government dispensary.....E Other public (<i>specify</i>)F</p> <p>Private medical sector Mission hospital/clinicG Private hospital/clinic.....H Nursing/maternity homeI Pharmacy.....J Other private medical (<i>specify</i>)K</p> <p>Mobile clinicL Community health workerM</p> <p>Other source ShopO Traditional practitionerP Relative/friend.....Q</p> <p>Other (<i>specify</i>)X</p>	
<p>CA10. WAS (<i>name</i>) GIVEN MEDICINE TO TREAT THIS ILLNESS?</p>	<p>Yes 1 No 2 DK 8</p>	<p>2—►CA12 8—►CA12</p>
<p>CA11. WHAT MEDICINE WAS (<i>name</i>) GIVEN?</p> <p><i>Probe:</i> ANYTHING ELSE?</p> <p><i>Circle all medicines given.</i></p>	<p>AntibioticA Paracetamol/Panadol/AcetaminophenP AspirinQ Ibuprofen.....R Other (<i>specify</i>)X DKZ</p>	

CA11A. Check CA11: Antibiotic given?		
[] Yes. —▶ Continue with CA11B		
[] No. —▶ Go to CA12		
CA11B. WHERE DID YOU GET THE ANTIBIOTIC?	Public Sector	
	Government hospital	21
	Government health center	22
	Government dispensary.....	23
	Other public (<i>specify</i>)	26
	Private medical sector	
	Mission hospital/clinic	31
	Private hospital/clinic.....	32
	Nursing/maternity home	33
	Pharmacy.....	34
	Other private medical (<i>specify</i>)	36
	Mobile clinic	41
	Community health worker	42
	Other source	
	Shop	51
	Traditional practitioner	52
	Relative/friend.....	53
	Other (<i>specify</i>)	96
	DK	98
CA11C. HOW MUCH DID YOU PAY FOR THE ANTIBIOTIC?	Shillings	— — — —
	Free	9995
	DK	9998
CA12. Check UF11: Child aged under 3?		
[] Yes. —▶ Continue with CA13		
[] No. —▶ Go to Next Module		
CA13. THE LAST TIME (<i>name</i>) PASSED STOOLS, WHAT WAS DONE TO DISPOSE OF THE STOOLS?	Child used toilet/latrine.....	01
	Put/rinsed into toilet or latrine	02
	Put/rinsed into drain or ditch.....	03
	Thrown into garbage (solid waste)	04
	Buried	05
	Left in the open	06
	Other (<i>specify</i>)	96
	DK	98

MALARIA		ML
ML1. IN THE LAST TWO WEEKS, THAT IS, SINCE (<i>day of the week</i>) OF THE WEEK BEFORE LAST, HAS (<i>name</i>) BEEN ILL WITH A FEVER?	Yes 1 No 2 DK 8	2 → NEXT MODULE 8 → NEXT MODULE
ML2. WAS (<i>name</i>) SEEN AT A HEALTH FACILITY DURING THIS ILLNESS?	Yes 1 No 2 DK 8	2 → ML6 8 → ML6
ML3. DID (<i>name</i>) TAKE MEDICINE FOR FEVER OR MALARIA THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY?	Yes 1 No 2 DK 8	2 → ML5 8 → ML5
ML4. WHAT MEDICINE DID (<i>name</i>) TAKE THAT WAS PROVIDED OR PRESCRIBED AT THE HEALTH FACILITY? <i>Probe:</i> ANYTHING ELSE? <i>Circle all medicines mentioned.</i>	Anti-malarials: SP/Fansidar A Chloroquine B Amodiaquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications: Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	
ML5. WAS (<i>name</i>) GIVEN MEDICINE FOR THE FEVER OR MALARIA BEFORE BEING TAKEN TO THE HEALTH FACILITY?	Yes 1 No 2 DK 8	1 → ML7 2 → ML8 8 → ML8
ML6. WAS (<i>name</i>) GIVEN MEDICINE FOR FEVER OR MALARIA DURING THIS ILLNESS?	Yes 1 No 2 DK 8	2 → ML8 8 → ML8
ML7. WHAT MEDICINE WAS (<i>name</i>) GIVEN? <i>Circle all medicines given. Ask to see the medication if type is not known. If type of medication is still not determined, show typical anti-malarials to respondent.</i>	Anti-malarials: SP/Fansidar A Chloroquine B Amodiaquine C Quinine D Artemisinin-based combinations E Other anti-malarial (<i>specify</i>) H Other medications: Paracetamol/Panadol/Acetaminophen P Aspirin Q Ibuprofen R Other (<i>specify</i>) X DK Z	

<p>ML8. Check ML4 and ML7: Anti-malarial mentioned (codes A - H)?</p> <p>[] Yes. → Continue with ML9</p> <p>[] No. → Go to Next Module</p>		
<p>ML9. HOW LONG AFTER THE FEVER STARTED DID (name) FIRST TAKE (name of anti-malarial from ML4 or ML7)?</p> <p>If multiple anti-malarials mentioned in ML4 or ML7, name all anti-malarial medicines mentioned.</p> <p>Record the code for the day on which the first anti-malarial was given.</p>	<p>Same day 0</p> <p>Next day 1</p> <p>2 days after the fever..... 2</p> <p>3 days after the fever..... 3</p> <p>4 or more days after the fever 4</p> <p>DK 8</p>	
<p>ML9A. WHERE DID YOU GET THE (name of anti-malarial from ML4 or ML7)?</p> <p>If more than one anti-malarial is mentioned in ML4 or ML7, refer to the first anti-malarial given for the fever (the anti-malarial given on the day recorded in ML9).</p> <p>_____</p> <p>(Name of place)</p>	<p>Public Sector</p> <p>Government hospital 21</p> <p>Government health center 22</p> <p>Government dispensary..... 23</p> <p>Other public (specify) 26</p> <p>Private medical sector</p> <p>Mission hospital/clinic 31</p> <p>Private hospital/clinic..... 32</p> <p>Nursing/maternity home 33</p> <p>Pharmacy..... 34</p> <p>Other private medical (specify) 36</p> <p>Mobile clinic 41</p> <p>Community health worker 42</p> <p>Other source</p> <p>Shop 51</p> <p>Traditional practitioner 52</p> <p>Relative/friend..... 53</p> <p>Other (specify) 96</p> <p>DK 98</p>	
<p>ML9B. HOW MUCH DID YOU PAY FOR THE (name of anti-malarial from ML4 or ML7)?</p> <p>Refer to the same anti-malarial as in ML9A above</p>	<p>Shillings _ _ _ _</p> <p>Free 9996</p> <p>DK 9998</p>	