

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with Kenya National Bureau of Statistics. We are conducting a survey about health and other topics all over Kenya. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 90 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

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

SIGNATURE OF INTERVIEWER _____ DATE _____

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



SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS MINUTES	
102	What county were you born in? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE OUTSIDE OF KENYA 96	→ 104
103	What country were you born in?	COUNTRY _____	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS ALWAYS/NEVER MOVED 95 VISITOR 96	→ 110
105	CHECK 104: 00 - 04 YEARS <input type="checkbox"/> 05 YEARS <input type="checkbox"/> OR MORE		→ 107
106	In what month and year did you move here?	MONTH DON'T KNOW MONTH 98 YEAR DON'T KNOW YEAR 9998	
107	Just before you moved here, which county did you live in? REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL	COUNTY CODE OUTSIDE OF KENYA 96	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY (NAIROBI, KISUMU, MOMBASA, NAKURU) 1 TOWN 2 RURAL AREA 3	
109	Why did you move to this place?	ECONOMIC REASONS/BUSINESS 01 EDUCATION/TRAINING 02 MARRIAGE 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON 04 FORCED DISPLACEMENT 05 OTHER _____ 96 (SPECIFY)	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
110	In what month and year were you born?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD 1 GOOD 2 MODERATE 3 BAD 4 VERY BAD 5	
113	Have you ever attended school?	YES 1 NO 2	→ 117
114	What is the highest level of school you attended: primary, secondary/'A' level, college, university, or vocational?	PRIMARY 1 SECONDARY/'A' LEVEL 2 MIDDLE LEVEL COLLEGE (CERTIFICATE/ DIPLOMA) 3 UNIVERSITY 4 VOCATIONAL TRAINING 5 INFORMAL EDUCATION (MADRASA/ ADULT BASIC) 6	
115	What is the highest (standard/grade/form/year) you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/GRADE/FORM/YEAR ... <input type="text"/> <input type="text"/>	
116	CHECK 114: PRIMARY, SECONDARY, <input type="checkbox"/> VOCATIONAL OR INFORMAL ↓	COLLEGE OR <input type="checkbox"/> UNIVERSITY →	→ 119
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL 1 ABLE TO READ ONLY PART OF THE SENTENCE 2 ABLE TO READ WHOLE SENTENCE 3 NO CARD WITH REQUIRED LANGUAGE 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED 5	
118	CHECK 117: CODE '2', '3' OR '4' CIRCLED ↓	CODE '1' OR '5' CIRCLED <input type="checkbox"/> →	→ 120

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK 1 LESS THAN ONCE A WEEK 2 NOT AT ALL 3	
122	Do you own a mobile phone?	YES 1 NO 2	→ 124
123	Is your mobile phone a smart phone?	YES 1 NO 2	
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES 1 NO 2	
125	Do you have an account in a bank or other financial institution that you yourself use?	YES 1 NO 2	→ 127
126	Did you yourself put money in or take money out of this account in the last 12 months?	YES 1 NO 2	
127	Have you ever used the Internet from any location on any device?	YES 1 NO 2	→ 130
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES 1 NO 2	→ 130
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4	
130	What is your religion?	CATHOLIC 01 PROTESTANT 02 EVANGELICAL CHURCHES 03 AFRICAN INSTITUTED CHURCHES 04 ORTHODOX 05 OTHER CHRISTIAN 06 ISLAM 07 HINDU 08 TRADITIONISTS 09 NO RELIGION/ ATHEISTS 10 OTHER RELIGION _____ 96 (SPECIFY)	
131	What is your ethnic group?	EMBU 01 KALENJIN 02 KAMBA 03 KIKUYU 04 KISII 05 LUHYA 06 LUO 07 MAASAI 08 MERU 09 MIJIKENDA/SWAHILI 10 SOMALI 11 TAITA/TAVETA 12 OTHER _____ 96 (SPECIFY)	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES 1 NO 2	→ 206								
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	→ 204								
203	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	→ 206								
205	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) DAUGHTERS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES 1 NO 2	→ 208								
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> b) GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ____ births during your life. Is that correct? <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>YES</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO</p> <input type="checkbox"/> <p>↓</p> </div> </div> <p style="text-align: center;">PROBE AND CORRECT 201-208 AS</p>										
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES 1 NO 2	→ 212								
211	How many miscarriages, abortions, and stillbirths have you ever had?	PREGNANCY LOSSES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table>									
213	CHECK 212: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>ONE OR MORE PAST PREGNANCIES</p> <input type="checkbox"/> <p>↓</p> </div> <div style="text-align: center;"> <p>NO PAST PREGNANCIES</p> <input type="checkbox"/> <p>→</p> </div> </div>		→ 232								

SECTION 2. REPRODUCTION

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214	Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy. RECORD ALL PREGNANCIES IN 215-228. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 3 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE.																										
215	Think back to your (first/next) pregnancy. Was that a single pregnancy, twins, or triplets? IF MULTIPLE PREG-NANCY: COPY VALUE FOR 215 IN NEXT ROW(S). PREG-NANCY HISTORY LINE NUMBER	216	IF 215=1, ASK: Was the baby born alive, born dead, or did you have a miscarriage or abortion? IF 215 > 1, ASK: Was the (first/next) baby in this pregnancy born alive or born dead?	217	Did the baby cry, move, or breathe?	218	What name was given to the baby?	219	Is (NAME) a boy or a girl?	220	CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME. NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE. IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born? IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?	221	How long did this pregnancy last in weeks or months?	222	FOR ROW 01, ASK: Were there any other pregnancies before this pregnancy? AFTER ROW 01: IF 215=1 OR THIS IS THE FIRST BIRTH OF A MULTIPLE PREGNANCY, ASK: Were there any other pregnancies between the previous pregnancy and this pregnancy? IF 215 > 1 AND THIS IS NOT THE FIRST BIRTH OF THE PREGNANCY, SKIP TO 216 IN NEXT ROW.	223	CHECK 216, 217 AND 221: IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE. IF 216=2 OR 3, THEN CHECK 221. IF 221=7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE. IF 216=4, THEN PREGNANCY OUTCOME = ABORTION.	224	Is (NAME) still alive?	225	How old was (NAME) at (his/her) last birthday?	226	Is (NAME) living with you?	227	RECORD HOUSEHOLD LINE NUMBER OF CHILD. IF CHILD NOT LISTED IN HOUSEHOLD.	228	IF BORN ALIVE AND NOW DEAD: How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 1 YEAR; OR TWO YEARS; OR YEARS.
01 SING TWIN TRIP NO. OF OUT-COMES	BORN ALIVE (SKIP TO 218) BORN DEAD MISCARRIAGE ABORTION	YES 1 NO 2 (SKIP TO 220)	BOY 1 GIRL 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES (ADD PREGNANCY) NO (NEXT PREGNANCY)	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 (SKIP TO 228)	AGE IN YEARS	YES 1 NO 2	RECORD AGE IN COMP-LETED YEARS.	IS (NAME) LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 1 YEAR; OR TWO YEARS; OR YEARS.														
02 SING TWIN TRIP NO. OF OUT-COMES	BORN ALIVE (SKIP TO 218) BORN DEAD MISCARRIAGE ABORTION	YES 1 NO 2 (SKIP TO 220)	BOY 1 GIRL 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES (ADD PREGNANCY) NO (NEXT PREGNANCY)	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 (SKIP TO 228)	AGE IN YEARS	YES 1 NO 2	RECORD AGE IN COMP-LETED YEARS.	IS (NAME) LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 1 YEAR; OR TWO YEARS; OR YEARS.														
03 SING TWIN TRIP NO. OF OUT-COMES	BORN ALIVE (SKIP TO 218) BORN DEAD MISCARRIAGE ABORTION	YES 1 NO 2 (SKIP TO 220)	BOY 1 GIRL 2	DAY MONTH YEAR	WEEKS 1 MONTHS 2	YES (ADD PREGNANCY) NO (NEXT PREGNANCY)	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 (SKIP TO 228)	AGE IN YEARS	YES 1 NO 2	RECORD AGE IN COMP-LETED YEARS.	IS (NAME) LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN 1 YEAR; OR TWO YEARS; OR YEARS.														
222A	Have you had any pregnancies that ended since the last pregnancy mentioned?										YES <input type="checkbox"/> → ADD TO TABLE NO <input type="checkbox"/> → GO TO 223, ROW 1																

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
230	<p align="center">COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY</p> <p align="center">NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 <input type="checkbox"/></p>	<p align="center">NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 <input type="checkbox"/></p> <p align="center">(PROBE AND RECONCILE) ←</p>	
231	<p>C FOR EACH LIVE BIRTH IN 2017-2022, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.)</p> <p>FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2017-2022, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY.</p> <p>IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>		
232	Are you pregnant now?	<p>YES 1</p> <p>NO 2</p> <p>UNSURE 8</p>	→ 236
233	<p>How many weeks or months pregnant are you?</p> <p>RECORD NUMBER OF COMPLETED WEEKS OR MONTHS.</p> <p>C ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.</p>	<p>WEEKS 1 <input type="text"/> <input type="text"/></p> <p>MONTHS 2 <input type="text"/> <input type="text"/></p>	
234	When you got pregnant, did you want to get pregnant at that time?	<p>YES 1</p> <p>NO 2</p>	→ 236
235	<p>CHECK 208: TOTAL NUMBER OF LIVE BIRTHS</p> <p>ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/></p> <p>a) Did you want to have a baby later on or did you not want any more children? b) Did you want to have a baby later on or did you not want any children?</p>	<p>LATER 1</p> <p>NO MORE/NONE 2</p>	

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 IN MENOPAUSE/ HAS HAD HYSTERECTOMY 994 BEFORE LAST PREGNANCY 995 NEVER MENSTRUATED 996									→ 240 → 241
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, WITHIN <input type="checkbox"/> LAST YEAR ↓ NO, <input type="checkbox"/> ONE YEAR OR MORE →		→ 240								
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PADS A DISPOSABLE SANITARY PADS B TAMPONS C MENSTRUAL CUP D CLOTH E TOILET PAPER F COTTON WOOL G UNDERWEAR ONLY H OTHER _____ X (SPECIFY) NOTHING Y									
239	During your last menstrual period, were you able to wash/clean your private parts and change in privacy while at home?	YES 1 NO 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD 3									
240	How old were you when you had your first menstrual period?	AGE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98									
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES 1 NO 2 DON'T KNOW 8	→ 243								
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER _____ 6 (SPECIFY) DON'T KNOW 8									
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES 1 NO 2 DON'T KNOW 8									

SECTION 3. CONTRACEPTION

301	Now I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Have you ever heard of (METHOD)?		
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES	1
		NO	2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES	1
		NO	2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES	1
		NO	2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES	1
		NO	2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES	1
		NO	2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES	1
		NO	2
07	Male Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES	1
		NO	2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES	1
		NO	2
09	Emergency Contraception. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES	1
		NO	2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES	1
		NO	2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES	1
		NO	2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES	1
		NO	2
13	Withdrawal. PROBE: Men can be careful and pull out before climax/ ejaculation.	YES	1
		NO	2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD	
		_____ A	
		(SPECIFY)	
		YES, TRADITIONAL METHOD	
		_____ B	
		(SPECIFY)	
		NO	Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓	PREGNANT <input type="checkbox"/>	→ 317
303	Are you or your partner currently doing something or using any method to delay or avoid getting	YES 1 NO 2	→ 307
304	Are you or your partner sterilized? IF YES: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY .. 1 YES, PARTNER STERILIZED ONLY 2 YES, BOTH STERILIZED 3 NO, NEITHER STERILIZED 4	→ 306
305	CHECK 304: RESPONDENT <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION.	PARTNER <input type="checkbox"/> STERILIZED ONLY ↓ PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.	BOTH <input type="checkbox"/> STERILIZED ↓ PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES 1 NO 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION A MALE STERILIZATION B IUD C INJECTABLES D IMPLANTS E PILL F MALE CONDOM G FEMALE CONDOM H EMERGENCY CONTRACEPTION I STANDARD DAYS METHOD J LACTATIONAL AMENORRHEA METHOD .. K RHYTHM METHOD L WITHDRAWAL M OTHER MODERN METHOD X OTHER TRADITIONAL METHOD Y	→ 312 → 314 → 314 → 310 → 311 → 314
308	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable. SHOW IMAGES OF SAYANA PRESS AND REGULAR SYRINGE.	DMPA-SC/SAYANA PRESS 1 NEEDLE AND SYRINGE 2 DON'T KNOW 8	→ 314
309	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?	SELF-INJECTION 1 INJECTION GIVEN BY HEALTH CARE PROVIDER 2 OTHER (FRIEND/RELATIVE ETC) 3 DON'T KNOW 8	→ 314
310	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	COMBINED ORAL CONTRACEPTIVES (CHAGUO LANGU) 01 PROGESTIN ONLY PILLS (MICROLUT) 02 OTHER 96 (SPECIFY) DON'T KNOW 98	→ 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	<p>What is the brand name of the male condoms you are using?</p> <p>IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.</p>	<p>SURE 01</p> <p>DUREX 02</p> <p>KISS 03</p> <p>TRUST 04</p> <p>POWER PLAY 05</p> <p>ROUGH RIDER 06</p> <p>LIFEGUARD 07</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	<p>→ 314</p>
312	<p>In what facility did the sterilization take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>MOBILE CLINIC 14</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR'S OFFICE 23</p> <p>MOBILE CLINIC 24</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 26 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO MOBILE CLINIC 43</p> <p>OTHER FBO SECTOR</p> <p>_____ 46 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
313	In what month and year was the sterilization performed?	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="checkbox"/> → 315
314	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
315	CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314? NO <input type="checkbox"/> 	YES <input type="checkbox"/>  GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).	

SECTION 3. CONTRACEPTION (CAPI OPTION)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	<p>CHECK 313 AND 314:</p> <p align="center">YEAR IS 2017-2022 <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> <p align="center">THEN CONTINUE</p>	<p align="center">YEAR IS 2016 OR EARLIER <input type="checkbox"/></p> <p>C ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2017 .</p> <p align="right">THEN (SKIP TO 329) ←</p>	
317	<p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>C USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2017. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p>		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES 1 NO 2	→ 317I
317C	Which method was that?	METHOD CODE <input type="text"/>	
317D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY 00 MONTHS <input type="text"/> <input type="text"/> DATE GIVEN 95	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS <input type="text"/> <input type="text"/> DATE GIVEN 95	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
317H	Why did you stop using (METHOD)?	REASON STOPPED <input type="text"/>	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	<p>You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36 (SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO MOBILE CLINIC 43</p> <p>OTHER FBO SECTOR</p> <p>_____ 46 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIEND/RELATIVE..... 53</p> <p>OTHER _____ 96 (SPECIFY)</p>	
323	At that time, were you told about side effects or problems you might have with the method?	<p>YES 1</p> <p>NO 2</p>	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the method?	<p>YES 1</p> <p>NO 2</p>	
325	Were you told what to do if you experienced side effects or problems?	<p>YES 1</p> <p>NO 2</p>	
326	At that time, were you told about other methods of family planning that you could use?	<p>YES 1</p> <p>NO 2</p>	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
327	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 OTHER MODERN METHOD 95	→ 332
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	YES 1 NO 2	→ 330
329	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 MALE CONDOM 07 FEMALE CONDOM 08 EMERGENCY CONTRACEPTION 09 STANDARD DAYS METHOD 10 LACTATIONAL AMENORRHEA METHOD 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER MODERN METHOD 95 OTHER TRADITIONAL METHOD 96	→ 332 → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	<p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>COMMUNITY HEALTH WORKER FIELDWORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO MOBILE CLINIC 43</p> <p>OTHER FBO SECTOR _____ 46 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIEND/RELATIVE 53</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 332</p>
331	<p>Do you know of a place where you can obtain a method of family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
332	<p>In the last 12 months, were you visited by a fieldworker?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 334</p>
333	<p>Did the fieldworker talk to you about family planning?</p>	<p>YES 1</p> <p>NO 2</p>	
334	<p>CHECK 202: CHILDREN LIVING WITH</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>a) In the last 12 months, have you visited a health facility for care for yourself or your children?</p> <p>b) In the last 12 months, have you visited a health facility for care for yourself?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 401</p>
335	<p>Did any staff member at the health facility speak to you about family planning methods?</p>	<p>YES 1</p> <p>NO 2</p>	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	601																														
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY. PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5	<table border="0"> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> <tr> <td>PREGNANCY HISTORY NUMBER ..</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>PREGNANCY OUTCOME TYPE</td> <td><input type="text"/></td> </tr> </table>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>	
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PREGNANCY HISTORY NUMBER ..	<input type="text"/>	<input type="text"/>	PREGNANCY OUTCOME TYPE	<input type="text"/>																													
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)																																
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER <input type="text"/>																															
405	PREGNANCY OUTCOME TYPE FROM 402.	<table border="0"> <tr> <td>MOST RECENT LIVE BIRTH</td> <td>1</td> </tr> <tr> <td>PRIOR LIVE BIRTH</td> <td>2</td> </tr> <tr> <td>MOST RECENT STILLBIRTH</td> <td>3</td> </tr> <tr> <td>PRIOR STILLBIRTH</td> <td>4</td> </tr> <tr> <td>MISCARRIAGE/ABORTION</td> <td>5</td> </tr> </table>	MOST RECENT LIVE BIRTH	1	PRIOR LIVE BIRTH	2	MOST RECENT STILLBIRTH	3	PRIOR STILLBIRTH	4	MISCARRIAGE/ABORTION	5	→ 407																				
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MOST RECENT STILLBIRTH	3																																
PRIOR STILLBIRTH	4																																
MISCARRIAGE/ABORTION	5																																
406	RECORD DATE PREGNANCY ENDED FROM 220.	<table border="0"> <tr> <td>DAY</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>MONTH</td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>YEAR</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>	DAY	<input type="text"/>	<input type="text"/>	MONTH	<input type="text"/>	<input type="text"/>	YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	→ 408																			
DAY	<input type="text"/>	<input type="text"/>																															
MONTH	<input type="text"/>	<input type="text"/>																															
YEAR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>																													
407	RECORD NAME FROM 218. NAME _____																																
408	CHECK 405: PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3, 4, OR 5 <input type="checkbox"/> a) When you got pregnant with (NAME), did you want to get pregnant at that time? b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2	→ 411																										
YES	1																																
NO	2																																

409	Did you want to have a baby later on, or not at all?	LATER 1 NOT AT ALL 2	→ 411
410	How much longer did you want to wait?	MONTHS 1 YEARS 2 DON'T KNOW 998	
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION/MISCARRIAGE 5	→ 434 → 434 → 475
412	Did you see anyone for antenatal care for this pregnancy?	YES 1 NO 2	→ 414
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> (SKIP TO 420) ←	MOST RECENT STILLBIRTH <input type="checkbox"/>	→ 426
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	HEALTH PERSONNEL DOCTOR A NURSE/MIDWIFE/CLINICAL OFFICER B OTHER PERSON TRADITIONAL BIRTH ATTENDANT D COMMUNITY HEALTH WORKER/ FIELD WORKER E OTHER _____ X (SPECIFY)	

415	<p>Where did you receive antenatal care for this pregnancy?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>HOME HER HOME A OTHER HOME B</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL C GOVERNMENT HEALTH CENTER D GOVERNMENT DISPENSARY E OTHER PUBLIC SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL G PRIVATE CLINIC H OTHER PRIVATE MEDICAL SECTOR _____ I (SPECIFY)</p> <p>NGO MEDICAL SECTOR NGO HOSPITAL J NGO CLINIC K OTHER NGO MEDICAL SECTOR _____ L (SPECIFY)</p> <p>FBO MEDICAL SECTOR FBO/MISSION HOSPITAL M FBO/MISSION CLINIC N OTHER FBO MEDICAL SECTOR _____ O (SPECIFY)</p> <p>OTHER _____ X (SPECIFY)</p>																																	
416	<p>How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?</p>	<p>WEEKS 1 <table border="1" data-bbox="1173 1064 1300 1120"><tr><td></td><td></td></tr></table></p> <p>MONTHS 2 <table border="1" data-bbox="1173 1120 1300 1176"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>																																	
417	<p>How many times did you receive antenatal care during this pregnancy?</p>	<p>NUMBER OF TIMES <table border="1" data-bbox="1173 1254 1300 1310"><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 98</p>																																	
418	<p>As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following:</p> <p>a) Measure your blood pressure? b) Take a urine sample? c) Take a blood sample? d) Listen to the baby's heartbeat? e) Talk with you about which foods you should eat?</p> <p>f) Talk with you about breastfeeding? g) Ask you if you had vaginal bleeding?</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) BP</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) URINE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) BLOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) HEARTBEAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) FOODS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) BREASTFEED</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) BLEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) BP	1	2	8	b) URINE	1	2	8	c) BLOOD	1	2	8	d) HEARTBEAT	1	2	8	e) FOODS	1	2	8	f) BREASTFEED	1	2	8	g) BLEEDING	1	2	8	
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419	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/> MOST RECENT STILLBIRTH <input type="checkbox"/>	<input type="checkbox"/> → 426
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	YES 1 NO 2 DON'T KNOW 8 <input type="checkbox"/> → 423
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES <input type="checkbox"/> DON'T KNOW 8
422	CHECK 421: ONE TIME OR DK <input type="checkbox"/> TWO OR MORE TIMES <input type="checkbox"/>	<input type="checkbox"/> → 426
423	At any time before this pregnancy, did you receive any tetanus injections?	YES 1 NO 2 DON'T KNOW 8 <input type="checkbox"/> → 426
424	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES <input type="checkbox"/> DON'T KNOW 8
425	CHECK 424: ONLY ONE <input type="checkbox"/> MORE THAN ONE <input type="checkbox"/> a) How many years ago did you receive that tetanus injection? b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO <input type="text"/> <input type="text"/>
426	During this pregnancy, were you given or did you buy any iron tablets/IFAS or iron syrup? SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES 1 NO 2 DON'T KNOW 8 <input type="checkbox"/> → 429

427	<p>Where did you get the iron tablets/IFAS or syrup?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT DISPENSARY C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR _____ F</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>MOBILE CLINIC K</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M</p> <p>(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL N</p> <p>NGO CLINIC O</p> <p>OTHER NGO MEDICAL SECTOR _____ P</p> <p>(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL Q</p> <p>FBO/MISSION CLINIC R</p> <p>FBO MOBILE CLINIC S</p> <p>OTHER FBO MEDICAL SECTOR _____ T</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP U</p> <p>MARKET V</p> <p>MASS DISTRIBUTION CAMPAIGN W</p> <p>OTHER _____ X</p> <p>(SPECIFY)</p>	
428	<p>During the whole pregnancy, for how many days did you take the iron tablets/IFAS or syrup?</p> <p>IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.</p>	<p>DAYS <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW998</p>	
429	<p>During this pregnancy, did you take any medicine for intestinal worms?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	

436	CHECK 405: PREGNANCY TYPE 1 OR 2 <input type="checkbox"/> PREGNANCY TYPE 3 OR 4 <input type="checkbox"/> a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out? b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES 1 NO 2									
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4	→ 441 → 445 → 487								
438	After the birth, was (NAME) put on your chest?	YES 1 NO 2 DON'T KNOW 8	→ 441								
439	Was (NAME)'s bare skin touching your bare skin?	YES 1 NO 2 DON'T KNOW 8	→ 441								
440	How long after birth was (NAME) put on the bare skin of your chest? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY 000 HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>									
441	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?	VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8									
442	Was (NAME) weighed at birth?	YES 1 NO 2 DON'T KNOW 8	→ 444								
443	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW 99998									
444	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH <input type="checkbox"/>	PRIOR LIVE BIRTH <input type="checkbox"/>	→ 480								
445	CHECK 435: PLACE OF DELIVERY FACILITY BIRTH: ANY CODE 21 THROUGH 56 CIRCLED <input type="checkbox"/>	CODE 11, 12, OR 96 CIRCLED <input type="checkbox"/>	→ 464								
446	Did the doctors, nurses, or other staff at the facility treat you with respect all of the time, some of the time, or not at all?	ALL OF THE TIME 1 SOME OF THE TIME 2 NOT AT ALL 3									

447	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 PREGNANCY TYPE <input type="checkbox"/> 3</p> <p>a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)?</p> <p>b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>							
448	<p>I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you.</p> <p>Before you left the facility, did anyone check on your health?</p>	<p>YES 1</p> <p>NO 2</p>	→ 451						
449	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>							
450	<p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							
451	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p>MOST RECENT LIVE BIRTH <input type="checkbox"/></p>	<p>MOST RECENT STILLBIRTH <input type="checkbox"/></p>	→ 455						
452	<p>Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).</p> <p>Before (NAME) left the facility, did anyone check on (NAME'S) health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 454A						
453	<p>How long after delivery was (NAME)'s health first checked?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table></p> <p>DAYS 2</p> <p>WEEKS 3</p> <p>DON'T KNOW998</p>							

454	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE/CLINICAL OFFICER 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER _____ 96 (SPECIFY)							
454A	How long after delivery did (NAME) stay in the (FACILITY IN 435)? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="1174 405 1302 456"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="1174 456 1302 508"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="1174 508 1302 560"><tr><td></td><td></td></tr></table> DON'T KNOW998							
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES 1 NO 2	→ 459						
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS 1 <table border="1" data-bbox="1174 779 1302 831"><tr><td></td><td></td></tr></table> DAYS 2 <table border="1" data-bbox="1174 831 1302 882"><tr><td></td><td></td></tr></table> WEEKS 3 <table border="1" data-bbox="1174 882 1302 934"><tr><td></td><td></td></tr></table> DON'T KNOW998							
457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE/CLINICAL OFFICER 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22 OTHER _____ 96 (SPECIFY)							

458	<p>Where did the check take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT DISPENSARY 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>FBO MEDICAL SECTOR FBO/MISSION HOSPITAL 51 FBO/MISSION CLINIC 52 OTHER FBO MEDICAL SECTOR _____ 56 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>							
459	<p>CHECK 405: PREGNANCY OUTCOME TYPE</p> <p style="text-align: center;"> MOST RECENT <input type="checkbox"/> MOST RECENT <input type="checkbox"/> LIVE BIRTH STILLBIRTH </p>		<p>→ 474</p>						
460	<p>After (NAME) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME)'s health?</p>	<p>YES 1 NO 2 DON'T KNOW 8</p>	<p>→ 473</p>						
461	<p>How long after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>							
462	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE/CLINICAL OFFICER 12</p> <p>OTHER PERSON TRADITIONAL BIRTH ATTENDANT 21 COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>							

<p>463</p>	<p>Where did this check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME HER HOME 11 OTHER HOME 12</p> <p>PUBLIC SECTOR GOVERNMENT HOSPITAL 21 GOVERNMENT HEALTH CENTER 22 GOVERNMENT DISPENSARY 23 OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL 31 PRIVATE CLINIC 32 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>NGO MEDICAL SECTOR NGO HOSPITAL 41 NGO CLINIC 42 OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>FBO MEDICAL SECTOR FBO/MISSION HOSPITAL 51 FBO/MISSION CLINIC 52 OTHER FBO MEDICAL SECTOR _____ 56 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>	<p>→ 473</p>
<p>464</p>	<p>CHECK 405:</p> <p>PREGNANCY TYPE <input type="checkbox"/> 1 ↓ PREGNANCY TYPE <input type="checkbox"/> 3 ↓</p> <p>a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?</p> <p>b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM 406)?</p>	<p>YES 1 NO 2</p>	<p>→ 468</p>

465	<p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" data-bbox="1177 114 1302 165"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DAYS 2 <table border="1" data-bbox="1177 165 1302 217"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>WEEKS 3 <table border="1" data-bbox="1177 217 1302 268"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>DON'T KNOW 998</p>													
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468	CHECK 405: PREGNANCY OUTCOME TYPE	<p style="text-align: center;">MOST RECENT <input type="checkbox"/> LIVE BIRTH ↓</p> <p style="text-align: center;">MOST RECENT <input type="checkbox"/> STILLBIRTH →</p>	→ 474												
469	<p>I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME).</p> <p>After (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	→ 473												
470	<p>How long after the birth of (NAME) did that check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.</p>	<p>HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p> <p>DON'T KNOW 998</p>													
471	<p>Who checked on (NAME)'s health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p>	<p>HEALTH PERSONNEL</p> <p>DOCTOR 11</p> <p>NURSE/MIDWIFE/CLINICAL OFFICER 12</p> <p>OTHER PERSON</p> <p>TRADITIONAL BIRTH ATTENDANT 21</p> <p>COMMUNITY HEALTH WORKER/ FIELD WORKER 22</p> <p>OTHER _____ 96 (SPECIFY)</p>													
472	<p>Where did this first check of (NAME) take place?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>HOME</p> <p>HER HOME 11</p> <p>OTHER HOME 12</p> <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 21</p> <p>GOVERNMENT HEALTH CENTER 22</p> <p>GOVERNMENT DISPENSARY 23</p> <p>OTHER PUBLIC SECTOR _____ 26 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 31</p> <p>PRIVATE CLINIC 32</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 41</p> <p>NGO CLINIC 42</p> <p>OTHER NGO MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 51</p> <p>FBO/MISSION CLINIC 52</p> <p>OTHER FBO MEDICAL SECTOR _____ 56 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY)</p>													

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 601	
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. (We will talk about each separately, starting with the youngest.)		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>		
504	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD 1 YES, HAS ONLY ANOTHER DOCUMENT 2 YES, HAS CARD AND OTHER DOCUMENT .. 3 NO, NO CARD AND NO OTHER DOCUMENT .. 4	→ 507 → 507
505	Did you ever have a vaccination card for (NAME)?	YES 1 NO 2	
506	CHECK 504: CODE '2' CIRCLED <input type="checkbox"/> CODE '4' CIRCLED <input type="checkbox"/> → 513		
507	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN 1 YES, ONLY OTHER DOCUMENT SEEN 2 YES, CARD AND OTHER DOCUMENT SEEN .. 3 NO CARD AND NO OTHER DOCUMENT SEEN .. 4	→ 513
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	DAY <input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DATE OF BIRTH NOT ON CARD 95	

SECTION 5. CHILD IMMUNIZATION

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	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER _____	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>																																																																																																																																													
509	<p>COPY VACCINATION DATES FROM THE CARD FOR (NAME). RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED. RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.</p> <table border="1" style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 40%;"></th> <th style="width: 10%;">DAY</th> <th style="width: 10%;">MONTH</th> <th style="width: 10%;">YEAR</th> <th style="width: 10%;">YEAR</th> <th style="width: 10%;">YEAR</th> <th style="width: 10%;">YEAR</th> </tr> </thead> <tbody> <tr><td>BCG</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ORAL POLIO VACCINE (OPV) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>INACTIVATED POLIO VACCINE (IPV)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DPT-HEP.B-HIB (PENTAVALENT) 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>PNEUMOCOCCAL 3</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 1</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>ROTAVIRUS 2</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES RUBELLA (MR) (9 MONTHS)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>MEASLES RUBELLA (MR) 2 (18 MONTHS)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>YELLOW FEVER</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>VITAMIN A (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>DEWORMER (ALBENDAZOLE) (MOST RECENT)</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		DAY	MONTH	YEAR	YEAR	YEAR	YEAR	BCG							ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)							ORAL POLIO VACCINE (OPV) 1							ORAL POLIO VACCINE (OPV) 2							ORAL POLIO VACCINE (OPV) 3							INACTIVATED POLIO VACCINE (IPV)							DPT-HEP.B-HIB (PENTAVALENT) 1							DPT-HEP.B-HIB (PENTAVALENT) 2							DPT-HEP.B-HIB (PENTAVALENT) 3							PNEUMOCOCCAL 1							PNEUMOCOCCAL 2							PNEUMOCOCCAL 3							ROTAVIRUS 1							ROTAVIRUS 2							MEASLES RUBELLA (MR) (9 MONTHS)							MEASLES RUBELLA (MR) 2 (18 MONTHS)							YELLOW FEVER							VITAMIN A (MOST RECENT)							DEWORMER (ALBENDAZOLE) (MOST RECENT)								
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510	<p>ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.</p>	<p>PHOTOGRAPH TAKEN 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED 2 PHOTOGRAPH NOT TAKEN, OTHER REASON _____ 6 (SPECIFY)</p>																																																																																																																																													
511	<p>CHECK 509: 'BCG' TO 'YELLOW FEVER' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN?</p> <p align="center">NO <input type="checkbox"/></p> <p align="center">YES <input type="checkbox"/></p>		<p>→ 529</p>																																																																																																																																												

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
524	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES <input type="text"/>	
525	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES 1 NO 2 DON'T KNOW 8	→ 527
526	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES <input type="text"/>	
527	Has (NAME) ever received a measles rubella vaccination, that is, an injection in the arm to prevent measles?	YES 1 NO 2 DON'T KNOW 8	→ 528A
528	How many times did (NAME) receive the measles rubella vaccine?	NUMBER OF TIMES <input type="text"/>	
528A	Has (NAME) ever received a yellow fever vaccination, that is, an injection in the left arm to prevent yellow fever?	YES 1 NO 2 DON'T KNOW 8	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>	
529	<p>Where did (NAME) receive most of his/her vaccinations?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>MOBILE CLINIC 14</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 15</p> <p>OTHER PUBLIC SECTOR _____ 16 (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO MOBILE CLINIC 43</p> <p>OTHER FBO MEDICAL SECTOR _____ 46 (SPECIFY)</p> <p>OTHER SOURCE</p> <p>VACCINATION CAMPAIGN 51</p> <p>OTHER _____ 96 (SPECIFY)</p>	
530	<p>CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 503 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY <input type="checkbox"/> →</p>	601

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/>	NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/> → 643																	
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)																		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>																		
604	In the last 12 months, was (NAME) given any of the following: a) Iron tablets or syrup? b) Micronutrient powder like this? SHOW COMMON TYPES OF MULTIPLE MICRONUTRIENT POWDERS.	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>a) TABLETS/SYRUP</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) MULTIPLE MICRONUTRIENT POWDERS</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	a) TABLETS/SYRUP	1	2	8	b) MULTIPLE MICRONUTRIENT POWDERS	1	2	8					
	YES	NO	DK																
a) TABLETS/SYRUP	1	2	8																
b) MULTIPLE MICRONUTRIENT POWDERS	1	2	8																
605	In the last 6 months, was (NAME) given a vitamin A dose like (this/any of these)? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
606	In the last 6 months, was (NAME) given any medicine for intestinal worms?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
607	In the last 3 months, has any healthcare provider or community health worker measured: a) (NAME)'s weight? b) (NAME)'s length or height? c) Around (NAME)'s upper arm? SHOW PICTURE OF MUAC TAPE	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> <td align="right">DK</td> </tr> <tr> <td>a) WEIGHT</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>b) LENGTH/HEIGHT</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> <tr> <td>c) UPPER ARM</td> <td align="right">1</td> <td align="right">2</td> <td align="right">8</td> </tr> </table>		YES	NO	DK	a) WEIGHT	1	2	8	b) LENGTH/HEIGHT	1	2	8	c) UPPER ARM	1	2	8	
	YES	NO	DK																
a) WEIGHT	1	2	8																
b) LENGTH/HEIGHT	1	2	8																
c) UPPER ARM	1	2	8																
607A	Is (NAME) able to move like children of the same age?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
607B	Is (NAME) able to make sounds or talk like children of the same age?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8											
YES	1																		
NO	2																		
DON'T KNOW	8																		
608	Has (NAME) had diarrhea in the last 2 weeks?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	YES	1	NO	2	DON'T KNOW	8	<input type="checkbox"/> → 618										
YES	1																		
NO	2																		
DON'T KNOW	8																		

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP														
NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/>															
609	<p align="center">CHECK 485: CURRENTLY BREASTFEEDING?</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> <p align="center">YES ↓ <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </td> <td style="width: 50%; padding-left: 10px;"> <p align="center">NO/ NOT ASKED ↓ <input type="checkbox"/></p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p> </td> </tr> </table>	<p align="center">YES ↓ <input type="checkbox"/></p> <p>a) Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<p align="center">NO/ NOT ASKED ↓ <input type="checkbox"/></p> <p>b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?</p>	<table border="0" style="width: 100%;"> <tr><td>MUCH LESS</td><td align="right">1</td></tr> <tr><td>SOMEWHAT LESS</td><td align="right">2</td></tr> <tr><td>ABOUT THE SAME</td><td align="right">3</td></tr> <tr><td>MORE</td><td align="right">4</td></tr> <tr><td>NOTHING TO DRINK</td><td align="right">5</td></tr> <tr><td>DON'T KNOW</td><td align="right">8</td></tr> </table>	MUCH LESS	1	SOMEWHAT LESS	2	ABOUT THE SAME	3	MORE	4	NOTHING TO DRINK	5	DON'T KNOW	8	
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MUCH LESS	1																
SOMEWHAT LESS	2																
ABOUT THE SAME	3																
MORE	4																
NOTHING TO DRINK	5																
DON'T KNOW	8																
610	<p>When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat?</p> <p>IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?</p>	<table border="0" style="width: 100%;"> <tr><td>MUCH LESS</td><td align="right">1</td></tr> <tr><td>SOMEWHAT LESS</td><td align="right">2</td></tr> <tr><td>ABOUT THE SAME</td><td align="right">3</td></tr> <tr><td>MORE</td><td align="right">4</td></tr> <tr><td>STOPPED FOOD</td><td align="right">5</td></tr> <tr><td>NEVER GAVE FOOD</td><td align="right">6</td></tr> <tr><td>DON'T KNOW</td><td align="right">8</td></tr> </table>	MUCH LESS	1	SOMEWHAT LESS	2	ABOUT THE SAME	3	MORE	4	STOPPED FOOD	5	NEVER GAVE FOOD	6	DON'T KNOW	8	
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STOPPED FOOD	5																
NEVER GAVE FOOD	6																
DON'T KNOW	8																
611	Did you seek advice or treatment for the diarrhea from any source?	<table border="0" style="width: 100%;"> <tr><td>YES</td><td align="right">1</td></tr> <tr><td>NO</td><td align="right">2</td></tr> </table>	YES	1	NO	2	→ 615										
YES	1																
NO	2																

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																				
612	<p>Where did you seek advice or treatment?</p> <p>Anywhere else?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL A</p> <p>GOVERNMENT HEALTH CENTER B</p> <p>GOVERNMENT DISPENSARY C</p> <p>MOBILE CLINIC D</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER E</p> <p>OTHER PUBLIC SECTOR SECTOR _____ F (SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL G</p> <p>PRIVATE CLINIC H</p> <p>PHARMACY I</p> <p>PRIVATE DOCTOR J</p> <p>MOBILE CLINIC K</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER L</p> <p>OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL N</p> <p>NGO CLINIC O</p> <p>OTHER NGO MEDICAL SECTOR _____ P</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL Q</p> <p>FBO/MISSION CLINIC R</p> <p>FBO MOBILE CLINIC S</p> <p>OTHER FBO MEDICAL SECTOR _____ T (SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP U</p> <p>TRADITIONAL PRACTITIONER V</p> <p>MARKET W</p> <p>ITINERANT DRUG SELLER X</p> <p>OTHER _____ Y (SPECIFY)</p>																					
613	<p>CHECK 612: TWO OR MORE CODES CIRCLED <input type="checkbox"/></p> <p>ONLY ONE CODE CIRCLED <input type="checkbox"/> → 615</p>																						
614	<p>Where did you first seek advice or treatment?</p> <p>USE LETTER CODE FROM 612.</p>	<p>FIRST PLACE <input type="checkbox"/></p>																					
615	<p>Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:</p> <p>a) A fluid made from a packet called ORS?</p> <p>c) Zinc tablets or syrup?</p> <p>d) A homemade sugar-salt solution?</p> <p>e) Other homemade fluids such as pridge, soup, yoghurt, coconut water, fresh fruit juice, tea, milk or rice water?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) FLUID FROM ORS PACKET</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) ZINC</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) SUGAR-SALT SOLUTION</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) HOMEMADE FLUID</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) FLUID FROM ORS PACKET	1	2	8	c) ZINC	1	2	8	d) SUGAR-SALT SOLUTION	1	2	8	e) HOMEMADE FLUID	1	2	8	
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SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
616	<p>CHECK 615:</p> <p align="center"> <input type="checkbox"/> ANY 'YES' ↓ a) Was anything else given to treat the diarrhea? </p> <p align="center"> ALL 'NO' OR 'DK' <input type="checkbox"/> ↓ b) Was anything given to treat the diarrhea? </p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 618</p>
617	<p>CHECK 615:</p> <p align="center"> <input type="checkbox"/> ANY 'YES' ↓ a) What else was given to treat the diarrhea? Anything else? RECORD ALL TREATMENTS GIVEN. </p> <p align="center"> ALL 'NO' OR 'DK' <input type="checkbox"/> ↓ b) What was given to treat the diarrhea? Anything else? </p>	<p>PILL OR SYRUP</p> <p>ANTIBIOTIC A</p> <p>ANTIMOTILITY B</p> <p>OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) C</p> <p>UNKNOWN PILL OR SYRUP D</p> <p>THERAPEUTIC VITAMIN A E</p> <p>INJECTION</p> <p>ANTIBIOTIC F</p> <p>NON-ANTIBIOTIC G</p> <p>UNKNOWN INJECTION H</p> <p>(IV) INTRAVENOUS FLUIDS I</p> <p>HOME REMEDY/HERBAL MEDICINE J</p> <p>OTHER _____ X (SPECIFY)</p>	
618	<p>Has (NAME) been ill with a fever at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 621</p>
619	<p>At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
620	<p>Were you told by a healthcare provider that (NAME) had malaria?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
621	<p>Has (NAME) had an illness with a cough at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
621A	<p>Has (NAME) been in contact with a person with persistent cough or TB in the last 12 months?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 622</p>
621B	<p>Was (NAME) tested for TB?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
622	<p>Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	<p>→ 624</p>
623	<p>Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?</p>	<p>CHEST ONLY 1</p> <p>NOSE ONLY 2</p> <p>BOTH 3</p> <p>OTHER _____ 6 (SPECIFY)</p> <p>DON'T KNOW 8</p>	<p>→ 625</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
624	CHECK 618: HAD FEVER? YES <input type="checkbox"/>	NO OR DON'T KNOW <input type="checkbox"/>	634
625	Did you seek advice or treatment for the illness from any source?	YES 1 NO 2	→ 630
626	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'X' AND WRITE THE NAME OF THE PLACE(S).	PUBLIC SECTOR GOVERNMENT HOSPITAL A GOVERNMENT HEALTH CENTER B GOVERNMENT DISPENSARY C MOBILE CLINIC D COMMUNITY HEALTH WORKER/ FIELDWORKER E OTHER PUBLIC SECTOR SECTOR _____ F (SPECIFY) PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL G PRIVATE CLINIC H PHARMACY I PRIVATE DOCTOR J MOBILE CLINIC K COMMUNITY HEALTH WORKER/ FIELDWORKER L OTHER PRIVATE MEDICAL SECTOR _____ M (SPECIFY) NGO MEDICAL SECTOR NGO HOSPITAL N NGO CLINIC O OTHER NGO MEDICAL SECTOR _____ P (SPECIFY) FBO MEDICAL SECTOR FBO/MISSION HOSPITAL Q FBO/MISSION CLINIC R FBO MOBILE CLINIC S OTHER FBO MEDICAL SECTOR _____ T (SPECIFY) OTHER SOURCE SHOP U TRADITIONAL PRACTITIONER V MARKET W ITINERANT DRUG SELLER X OTHER _____ Y (SPECIFY)	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
627	CHECK 626: TWO OR MORE CODES CIRCLED <input type="checkbox"/>	ONLY ONE CODE CIRCLED <input type="checkbox"/>	→ 629
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE <input type="checkbox"/>	
629	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS <input type="text"/> <input type="text"/>	
630	At any time during the illness, did (NAME) take any medicine for the illness?	YES 1 NO 2 DON'T KNOW 8	→ 634
631	What medicine did (NAME) take? Any other medicine? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	ACT ANTIMALARIAL MEDICINE AL A DHAP B OTHER ACT (NOT AL OR DHAP) C NON-ACT ANTIMALARIAL SP/FANSIDAR D CHLOROQUINE E AMODIAQUINE F QUININE PILLS G INJECTION/IV H ARTESUNATE RECTAL I INJECTION/IV J OTHER ANTIMALARIAL _____ K (SPECIFY) ANTIBIOTIC MEDICINE AMOXICILLIN DT TABLETS L AMOXICILLIN SYRUP M COTRIMOXAZOLE N OTHER PILL/SYRUP O OTHER INJECTION/IV P OTHER MEDICINE ASPIRIN Q PARACETAMOL/PANADOL/ ACETAMINOPHEN R IBUPROFEN S OXYGEN T OTHER _____ X (SPECIFY) DON'T KNOW Z	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
632	<p>CHECK 631: ARTEMISININ COMBINATION THERAPY ('A' OR 'B' OR 'C') GIVEN</p> <p align="center">CODE 'A', 'B', OR 'C' <input type="checkbox"/> CIRCLED</p>	<p>CODE 'A', 'B', OR 'C' <input type="checkbox"/> NOT CIRCLED</p>	<p align="right">→ 634</p>
633	<p>How long after the fever started did (NAME) first take an artemisinin combination therapy?</p>	<p>SAME DAY 0 NEXT DAY 1 TWO DAYS AFTER FEVER 2 THREE OR MORE DAYS AFTER FEVER 3 DON'T KNOW 8</p>	
634	<p>CHECK 220, 224, AND 225 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY?</p> <p>MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p> <p>(GO TO 603 FOR THE NEXT SURVIVING CHILD) ←</p>	<p>NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY <input type="checkbox"/></p>	<p align="right">→ 635</p>

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
637	<p>Now I would like to ask you about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did (NAME) eat:</p>														
	<p>a) Yogurt or mala?</p> <p>IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.</p>	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a)</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>NUMBER OF TIMES ATE YOGURT <input type="text"/></td> <td></td> <td></td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a)	1	2	8	NUMBER OF TIMES ATE YOGURT <input type="text"/>			8	
	YES	NO	DK												
a)	1	2	8												
NUMBER OF TIMES ATE YOGURT <input type="text"/>			8												
	b) Ugali, porridge, rice, bread, chapati, pasta, or green maize?	b) 1 2 8													
	c) Carrots, pumpkin, butternut, or sweet potato that is orange inside?	c) 1 2 8													
	d) Irish potato, white sweet potato, green banana, nduma (arrowroot), yam, or cassava?	d) 1 2 8													
	e) Sukuma wiki, spinach, managu (nightshade), terere (amaranth), saget, or kunde (cowpea leaves)?	e) 1 2 8													
	e1) Khandira (Ethiopian kale), mrenda (jute mallow), pumpkin leaves, nderema (Malabar spinach), mitoo, broccoli, or mchungu?	e1) 1 2 8													
	f) Any other vegetables, such as tomatoes, cabbage, green capsicum, mushrooms, cucumber or other vegetables?	f) 1 2 8													
	g) Ripe pawpaw, ripe mango, passionfruit, or matunda ya damu?	g) 1 2 8													
	h) Any other fruits, such as banana, pineapple, avocado, watermelon, orange or other fruits?	h) 1 2 8													
	i) Liver, blood, kidney, lung, gizzard, or heart?	i) 1 2 8													
	j) Sausages, Smokies, hot dogs, salami, or ham?	j) 1 2 8													
	k) Any other meat, such as goat, beef, minced beef, mutton, pork, wild game, or chicken?	k) 1 2 8													
	l) Eggs?	l) 1 2 8													
	m) Fish, dagaa, canned tuna, or seafood?	m) 1 2 8													
	n) Beans, githeri, ndengu (green gram), njahi (black gram), kamande (lentils), pigeon peas, or chickpeas?	n) 1 2 8													

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	o) Groundnuts, cashews, pumpkin seeds, simsim (sesame seeds), or peanut butter?	o) 1	2	8	
	p) Cheese?	p) 1	2	8	
	q) Termites, locusts, or grasshoppers?	q) 1	2	8	
	r) Any sweet foods such as cakes, sweet biscuits, candy, chocolates, ice cream, or ice lollies?	r) 1	2	8	
	s) Crisps, chips, ngumu, mandaazi, samosa, bhajias, or Indomie?	s) 1	2	8	
	u) Any other solid, semi-solid, or soft food? IF YES: What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	u) 1	2	8	
		OTHER FOOD(S) _____ (SPECIFY)			
638	CHECK 637 (CATEGORIES 'a' THROUGH 'u'): NOT A SINGLE 'YES' <input type="checkbox"/> AT LEAST ONE 'YES' <input type="checkbox"/>				→ 640
639	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES 1 (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) (THEN CONTINUE TO 640)			→ 641
		NO 2			
640	How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES <input type="text"/>			
		DON'T KNOW 8			
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed (NAME)?	YES 1 NO 2 DON'T KNOW 8			
642	The last time (NAME) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY)			

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
643	<p>Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals.</p> <p>I will ask you about different foods and drinks, and I would like to know whether you ate the food even if it was combined with other foods.</p> <p>Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish.</p> <p>Yesterday during the day or at night, did you eat or drink:</p>	YES	NO	DK	
	a) Ugali, porridge, rice, bread, chapati, pasta, or green maize?	a) 1	2	8	
	b) Carrots, pumpkin, butternut, or sweet potato that is orange inside?	b) 1	2	8	
	c) Irish potato, white sweet potato, green banana, nduma (arrowroot), yam, or cassava?	c) 1	2	8	
	d) Sukuma wiki, spinach, managu (nightshade), terere (amaranth), saget, or kunde (cowpea leaves)?	d) 1	2	8	
	d1) Khandira (Ethiopian kale), mrenda (jute mallow), pumpkin leaves, nderema (Malabar spinach), mitoo, broccoli, or mchungu?	d1) 1	2	8	
	e) Any other vegetables, such as tomatoes, cabbage, green capsicum, mushrooms, cucumber or other vegetables?	e) 1	2	8	
	f) Ripe pawpaw, ripe mango, passionfruit, or matunda ya damu?	f) 1	2	8	
	g) Any other fruits, such as banana, pineapple, avocado, watermelon, orange or other fruits?	g) 1	2	8	
	h) Liver, blood, kidney, lung, gizzard, or heart?	h) 1	2	8	
	i) Sausages, Smokies, hot dogs, salami, or ham?	i) 1	2	8	
	j) Any other meat, such as goat, beef, minced beef, mutton, pork, wild game, or chicken?	j) 1	2	8	
	k) Eggs?	k) 1	2	8	

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
		YES	NO	DK	
	l) Fish, dagaa, canned tuna, or seafood?	l) 1	2	8	
	m) Beans, githeri, ndengu (green gram), njahi (black gram), kamande (lentils), pigeon peas, or chickpeas?	m) 1	2	8	
	n) Groundnuts, cashews, pumpkin seeds, simsim (sesame seeds), or peanut butter?	n) 1	2	8	
	o) Milk, milk tea, powdered milk, yogurt, mala, or cheese?	o) 1	2	8	
	p) Termites, locusts, or grasshoppers?	p) 1	2	8	
	q) Any sweet foods such as cakes, sweet biscuits, candy, chocolates, ice cream, or ice lollies?	q) 1	2	8	
	r) Crisps, chips, ngumu, mandaazi, samosa, bhajias, or Indomie?	r) 1	2	8	
	s) Fruit juice or fruit drinks?	s) 1	2	8	
	t) Soft drinks such as Coca-Cola, Fanta, Sprite, or energy drinks such as Red Bull?	t) 1	2	8	
	u) Tea with sugar, coffee with sugar, Milo, or cocoa?	u) 1	2	8	
	w) Any other liquids? IF YES: What was the drink? IF YES: Was the drink sweetened?	w) 1 OTHER DRINK(S) _____ (SPECIFY) SWEETENED . 1	2	8	
	x) Any other food? IF YES: What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONALFOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	x) 1 OTHER FOOD(S) _____ (SPECIFY)	2	8	

SECTION 6B. EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECDA	<p>CHECK 220, 224, 225 AND 226 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY WHO LIVE WITH THE RESPONDENT?</p> <p>ONE OR MORE SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE MOTHER <input type="checkbox"/></p>	<p>NO SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE MOTHER <input type="checkbox"/></p>	701
ECDB	<p>Now I would like to ask you some questions about your children age 2-4 years who live with you, starting with the youngest. These questions are about certain things they are currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.</p>		
ECDC	<p>RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT, STARTING WITH THE YOUNGEST.</p> <p>NAME OF CHILD _____ PREGNANCY HISTORY NUMBER .. <input type="text"/> <input type="text"/></p>		
ECD01	Can (NAME) walk on an uneven surface, for example, a bumpy or steep road, without falling?	YES 1 NO 2 DON'T KNOW 8	
ECD02	Can (NAME) jump up with both feet leaving the ground?	YES 1 NO 2 DON'T KNOW 8	
ECD03	Can (NAME) dress (him/herself), that is, put on pants and a shirt, without help?	YES 1 NO 2 DON'T KNOW 8	
ECD04	Can (NAME) fasten and unfasten buttons without help?	YES 1 NO 2 DON'T KNOW 8	
ECD05	Can (NAME) say 10 or more words, like 'mama' or 'ball'?	YES 1 NO 2 DON'T KNOW 8	
ECD06	Can (NAME) speak using sentences of 3 or more words that go together, for example, "I want water" or "The house is big"?	YES 1 NO 2 DON'T KNOW 8	ECD08
ECD07	Can (NAME) speak using sentences of 5 or more words that go together, for example, "The house is very big"?	YES 1 NO 2 DON'T KNOW 8	
ECD08	Can (NAME) correctly use any of the words 'I', 'you', 'she', or 'he', for example, "I want water" or "He eats rice"?	YES 1 NO 2 DON'T KNOW 8	
ECD09	<p>If you show (NAME) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it?</p> <p>By consistently, we mean that (he/she) uses the same word to refer to the same object, even if the word used is not fully correct.</p>	YES 1 NO 2 DON'T KNOW 8	

SECTION 6B. EARLY CHILDHOOD DEVELOPMENT INDEX MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
ECD10	Can (NAME) recognize at least 5 letters of the alphabet?	YES 1 NO 2 DON'T KNOW 8	
ECD11	Can (NAME) write (his/her) name?	YES 1 NO 2 DON'T KNOW 8	
ECD12	Can (NAME) recognize all numbers from 1 to 5?	YES 1 NO 2 DON'T KNOW 8	
ECD13	If you ask (NAME) to give you 3 objects, such as 3 stones or 3 beans, does (he/she) give you the correct amount?	YES 1 NO 2 DON'T KNOW 8	
ECD14	Can (NAME) count 10 objects, for example, 10 fingers or 10 blocks, without mistakes?	YES 1 NO 2 DON'T KNOW 8	
ECD15	Can (NAME) do an activity, such as coloring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES 1 NO 2 DON'T KNOW 8	
ECD16	Does (NAME) ask about familiar people other than parents when they are not there, for example, "Where is Grandma?"?	YES 1 NO 2 DON'T KNOW 8	
ECD17	Does (NAME) offer to help someone who seems to need help?	YES 1 NO 2 DON'T KNOW 8	
ECD18	Does (NAME) get along well with other children?	YES 1 NO 2 DON'T KNOW 8	
ECD19	How often does (NAME) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY 1 WEEKLY 2 MONTHLY 3 A FEW TIMES A YEAR 4 NEVER 5 DON'T KNOW 8	
ECD20	Compared with other children of the same age, how much does (NAME) kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?	NOT AT ALL 1 THE SAME OR LESS 2 MORE 3 A LOT MORE 4 DON'T KNOW 8	
ECD21	<p>CHECK 220, 224, 225, AND 226 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE MOTHER?</p> <p>MORE SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE MOTHER <input type="checkbox"/> (GO TO ECD01 FOR THE NEXT SURVIVING CHILD) ←</p> <p>NO MORE SURVIVING CHILDREN BORN 24-59 MONTHS BEFORE THE SURVEY LIVING WITH THE MOTHER <input type="checkbox"/> → 701</p>		

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	Now I would like to talk about marriage. 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	→ 706 → 709
702	Have you ever been married or lived together with a man as if married?	YES, PREVIOUSLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3	→ 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED 1 DIVORCED 2 SEPARATED 3	
704	CHECK 702: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES, <input type="checkbox"/> PREVIOUSLY MARRIED ↓ </div> <div style="text-align: center;"> YES, <input type="checkbox"/> LIVED WITH A MAN → </div> </div>		→ 714
705	Did you have a marriage certificate for your last marriage?	YES 1 NO 2 DON'T KNOW 8	→ 714 → 707
706	Do you have a marriage certificate for this marriage?	YES 1 NO 2 DON'T KNOW 8	→ 709
707	Was this marriage ever registered with the civil authority?	YES 1 NO 2 DON'T KNOW 8	
708	CHECK 701: <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> YES, <input type="checkbox"/> CURRENTLY MARRIED ↓ </div> <div style="text-align: center;"> NO, <input type="checkbox"/> NOT IN A UNION → </div> </div>		→ 714
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER 1 STAYING ELSEWHERE 2	
710	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO..... <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	
711	Does your (husband/partner) have other wives or does he live with other women as if married?	YES 1 NO 2 DON'T KNOW 8	→ 714
712	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW 98	
713	Are you the first, second, ... wife?	RANK <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> DON'T KNOW 98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE 1 MORE THAN ONCE 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	<p>CHECK 714:</p> <p>MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>a) In what month and year did you start living with your (husband/partner)?</p> <p>MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?</p>	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 717
716	How old were you when you first started living with him?	AGE <input type="text"/> <input type="text"/>	
717	<p>CHECK 714:</p> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p>	→ 721	→ 721
718	<p>CHECK 701:</p> <p>YES, <input type="checkbox"/> CURRENTLY MARRIED</p> <p>YES, <input type="checkbox"/> LIVING WITH A MAN</p> <p>NO, <input type="checkbox"/> NOT IN A UNION</p>	→ 721	→ 721
719	Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p>	→ 721
720	How old were you when you first started living with your current (husband/partner)?	AGE <input type="text"/> <input type="text"/>	
721	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE		
722	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	<p>NEVER HAD SEXUAL INTERCOURSE 00</p> <p>AGE IN YEARS <input type="text"/> <input type="text"/></p>	→ 738

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP								
723	<p>I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p>	<p>DAYS AGO 1</p> <p>WEEKS AGO 2</p> <p>MONTHS AGO 3</p> <p>YEARS AGO 4</p> <table border="1" data-bbox="1173 181 1300 394"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>									<p>→ 737</p>
724	<p>CHECK 232:</p> <p align="center">NOT PREGNANT <input type="checkbox"/> OR UNSURE ↓</p> <p align="center">PREGNANT <input type="checkbox"/> →</p>		<p>→ 727</p>								
725	<p>The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 727</p>								
726	<p>Which method did you use?</p> <p>RECORD ALL MENTIONED.</p> <p>IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.</p>	<p>FEMALE STERILIZATION A</p> <p>MALE STERILIZATION B</p> <p>IUD C</p> <p>INJECTABLES D</p> <p>IMPLANTS E</p> <p>PILL F</p> <p>MALE CONDOM G</p> <p>FEMALE CONDOM H</p> <p>EMERGENCY CONTRACEPTION I</p> <p>STANDARD DAYS METHOD J</p> <p>LACTATIONAL AMENORRHEA METHOD K</p> <p>RHYTHM METHOD L</p> <p>WITHDRAWAL M</p> <p>OTHER MODERN METHOD X</p> <p>OTHER TRADITIONAL METHOD Y</p>	<p>→ 728</p>								
727	<p>The last time you had sexual intercourse, was a male or female condom used?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ 730</p>								
728	<p>What is the brand name of the condom used?</p> <p>IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.</p>	<p>SURE 01</p> <p>DUREX 02</p> <p>KISS 03</p> <p>TRUST 04</p> <p>POWER PLAY 05</p> <p>ROUGH RIDER 06</p> <p>LIFEGUARD 07</p> <p>FC2 FEMALE CONDOM 08</p> <p>OTHER 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>									

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	<p>From where did you obtain the condom the last time?</p> <p>PROBE TO IDENTIFY TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>FAMILY PLANNING CLINIC 14</p> <p>MOBILE CLINIC 15</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 16</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 17</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PHARMACY 23</p> <p>PRIVATE DOCTOR 24</p> <p>MOBILE CLINIC 25</p> <p>COMMUNITY HEALTH WORKER/ FIELDWORKER 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO MOBILE CLINIC 43</p> <p>OTHER FBO MEDICAL SECTOR _____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>SHOP 51</p> <p>CHURCH 52</p> <p>FRIEND/RELATIVE 53</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW 98</p>	
730	<p>What was your relationship to this person with whom you had sexual intercourse?</p> <p>IF BOYFRIEND: Were you living together as if married?</p> <p>IF YES, RECORD '2'. IF NO, RECORD '3'.</p>	<p>HUSBAND 1</p> <p>LIVE-IN PARTNER 2</p> <p>BOYFRIEND NOT LIVING WITH RESPONDENT 3</p> <p>CASUAL ACQUAINTANCE 4</p> <p>CLIENT/SEX WORKER 5</p> <p>OTHER _____ 6</p> <p align="center">(SPECIFY)</p>	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
731	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES 1 NO 2	→ 737
732	The last time you had sexual intercourse with this second person, was a condom used?	YES 1 NO 2	
733	What was your relationship to this second person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 OTHER _____ 6 (SPECIFY)	
734	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES 1 NO 2	→ 737
735	The last time you had sexual intercourse with this third person, was a condom used?	YES 1 NO 2	
736	What was your relationship to this third person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND 1 LIVE-IN PARTNER 2 BOYFRIEND NOT LIVING WITH RESPONDENT 3 CASUAL ACQUAINTANCE 4 CLIENT/SEX WORKER 5 OTHER _____ 6 (SPECIFY)	
737	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME <input type="text"/> <input type="text"/> DON'T KNOW 98	
738	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 1 2 MALE ADULTS 1 2 FEMALE ADULTS 1 2	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	<p>CHECK 804:</p> <p>WANTS TO HAVE <input type="checkbox"/> A/ANOTHER CHILD ↓ WANTS NO MORE/ <input type="checkbox"/> NONE ↓</p> <p>a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy?</p> <p>Any other reason? Any other reason?</p> <p>RECORD ALL REASONS MENTIONED.</p>	<p>NOT MARRIED A</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX B</p> <p>INFREQUENT SEX C</p> <p>MENOPAUSAL/HYSTERECTOMY D</p> <p>CAN'T GET PREGNANT E</p> <p>NOT MENSTRUATED SINCE LAST BIRTH F</p> <p>BREASTFEEDING G</p> <p>UP TO GOD/FATALISTIC H</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED I</p> <p>HUSBAND/PARTNER OPPOSED J</p> <p>OTHERS OPPOSED K</p> <p>RELIGIOUS PROHIBITION L</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD M</p> <p>KNOWS NO SOURCE N</p> <p>METHOD-RELATED REASONS</p> <p>INCONVENIENT TO USE O</p> <p>CHANGES IN MENSTRUAL BLEEDING P</p> <p>METHODS COULD CAUSE INFERTILITY Q</p> <p>INTERFERES WITH BODY'S NORMAL PROCESSES R</p> <p>OTHER SIDE EFFECTS S</p> <p>COST/ACCESS/AVAILABILITY</p> <p>LACK OF ACCESS/TOO FAR T</p> <p>COSTS TOO MUCH U</p> <p>PREFERRED METHOD NOT AVAILABLE V</p> <p>NO METHOD AVAILABLE W</p> <p>OTHER _____ X (SPECIFY)</p> <p>DON'T KNOW Z</p>	
811	<p>CHECK 307: USING A CONTRACEPTIVE</p> <p>NOT <input type="checkbox"/> ASKED ↓ YES, <input type="checkbox"/> CURRENTLY USING →</p>		813
812	<p>Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?</p>	<p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p>	
813	<p>CHECK 224:</p> <p>HAS LIVING <input type="checkbox"/> CHILDREN ↓ NO LIVING <input type="checkbox"/> CHILDREN ↓</p> <p>a) If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>b) If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p>	<p>NONE 00 → 815</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 → 815 (SPECIFY)</p>	
814	<p>How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?</p>	<p>BOYS GIRLS EITHER</p> <p>NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>OTHER _____ 96 (SPECIFY)</p>	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																	
815	In the last 12 months have you: a) Heard about family planning on the radio? b) Seen anything about family planning on the television? c) Read about family planning in a newspaper or magazine? d) Received a voice or text message about family planning on a mobile phone? e) Seen anything about family planning on social media such as Facebook, Twitter, Instagram, Tiktok, or WhatsApp? f) Seen anything about family planning on a poster, leaflet or brochure? g) Seen anything about family planning on an outdoor sign or billboard? h) Heard anything about family planning at community meetings or events? i) Heard anything about family planning from friends/peers? j) Seen anything on family planning on the internet?	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>a) RADIO</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>b) TELEVISION</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>c) NEWSPAPER OR MAGAZINE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>d) MOBILE PHONE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>e) FACEBOOK/TWITTER/ INSTAGRAM/TIKTOK/WHATSAPP</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>f) POSTER/LEAFLET/BROCHURE</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>g) OUTDOOR SIGN/BILLBOARD ...</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) COMMUNITY MEETINGS/EVENTS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>i) FRIENDS/PEERS</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>h) INTERNET</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	a) RADIO	1	2	b) TELEVISION	1	2	c) NEWSPAPER OR MAGAZINE	1	2	d) MOBILE PHONE	1	2	e) FACEBOOK/TWITTER/ INSTAGRAM/TIKTOK/WHATSAPP	1	2	f) POSTER/LEAFLET/BROCHURE	1	2	g) OUTDOOR SIGN/BILLBOARD ...	1	2	h) COMMUNITY MEETINGS/EVENTS	1	2	i) FRIENDS/PEERS	1	2	h) INTERNET	1	2	
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i) FRIENDS/PEERS	1	2																																		
h) INTERNET	1	2																																		
817	CHECK 701: YES, <input type="checkbox"/> CURRENTLY MARRIED YES, <input type="checkbox"/> LIVING WITH A MAN NO, <input type="checkbox"/> NOT IN A UNION		→ 901																																	
818	Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	<table border="0"> <tr> <td>RESPONDENT</td> <td align="right">1</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td align="right">2</td> </tr> <tr> <td>RESPONDENT AND HUSBAND/PARTNER JOINTLY</td> <td align="right">3</td> </tr> <tr> <td>SOMEONE ELSE</td> <td align="right">4</td> </tr> <tr> <td>OTHER _____</td> <td align="right">6</td> </tr> <tr> <td align="center" colspan="2">(SPECIFY)</td> </tr> </table>	RESPONDENT	1	HUSBAND/PARTNER	2	RESPONDENT AND HUSBAND/PARTNER JOINTLY	3	SOMEONE ELSE	4	OTHER _____	6	(SPECIFY)		→ 820 → 820																					
RESPONDENT	1																																			
HUSBAND/PARTNER	2																																			
RESPONDENT AND HUSBAND/PARTNER JOINTLY	3																																			
SOMEONE ELSE	4																																			
OTHER _____	6																																			
(SPECIFY)																																				
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	<table border="0"> <tr> <td>MORE IMPORTANT</td> <td align="right">1</td> </tr> <tr> <td>EQUALLY IMPORTANT</td> <td align="right">2</td> </tr> <tr> <td>LESS IMPORTANT</td> <td align="right">3</td> </tr> </table>	MORE IMPORTANT	1	EQUALLY IMPORTANT	2	LESS IMPORTANT	3																												
MORE IMPORTANT	1																																			
EQUALLY IMPORTANT	2																																			
LESS IMPORTANT	3																																			
820	Has your (husband/partner) or any other family member ever tried to pressure you to become pregnant when you did not want to become pregnant?	<table border="0"> <tr> <td>YES</td> <td align="right">1</td> </tr> <tr> <td>NO</td> <td align="right">2</td> </tr> </table>	YES	1	NO	2																														
YES	1																																			
NO	2																																			
821	CHECK 307: NOT ASKED <input type="checkbox"/> NEITHER ARE <input type="checkbox"/> STERILIZED HE OR SHE ARE <input type="checkbox"/> STERILIZED		→ 901																																	
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?	<table border="0"> <tr> <td>SAME NUMBER</td> <td align="right">1</td> </tr> <tr> <td>MORE CHILDREN</td> <td align="right">2</td> </tr> <tr> <td>FEWER CHILDREN</td> <td align="right">3</td> </tr> <tr> <td>DON'T KNOW</td> <td align="right">8</td> </tr> </table>	SAME NUMBER	1	MORE CHILDREN	2	FEWER CHILDREN	3	DON'T KNOW	8																										
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DON'T KNOW	8																																			

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	→ 909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/>	
903	Did your (husband/partner) ever attend school?	YES 1 NO 2	→ 906
904	What was the highest level of school he attended: primary, secondary/'A' level, college, university, or vocational?	PRIMARY 1 SECONDARY/ 'A' LEVEL 2 MIDDLE LEVEL COLLEGE (CERTIFICATE/ DIPLOMA) 3 UNIVERSITY 4 VOCATIONAL TRAINING 5 INFORMAL EDUCATION (MADRASA/ ADULT BASIC) 6	
905	What was the highest (standard/grade/form/year) he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	STANDARD/GRADE/FORM/YEAR ... <input type="text"/> <input type="text"/> DON'T KNOW 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES 1 NO 2 DON'T KNOW 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES 1 NO 2 DON'T KNOW 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ _____	<input type="text"/> <input type="text"/>
909	Aside from your own housework, have you done any work in the last 7 days?	YES 1 NO 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last 7 days, have you done any of these things or any other work?	YES 1 NO 2	→ 913
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES 1 NO 2	→ 913

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
912	Have you done any work in the last 12 months?	YES 1 NO 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ _____	
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER 1 FOR SOMEONE ELSE 2 SELF-EMPLOYED 3	
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR 1 SEASONALLY/PART OF THE YEAR 2 ONCE IN A WHILE 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4	→ 917
916A	How much did you receive in cash or kind for this work last month?	VALUE (KSH): [][][][][][][][] DID NOT WORK IN LAST MONTH 9999995 DON'T KNOW9999998	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 925
918	CHECK 916: CODE '1' OR '2' CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/>		→ 921
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 OTHER _____ 6 (SPECIFY)	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER HAS NO EARNINGS 4 DON'T KNOW 8	→ 922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 HUSBAND/PARTNER HAS NO EARNINGS 4 OTHER _____ 6 (SPECIFY)	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT 1 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY 3 SOMEONE ELSE 4 OTHER 6	
925	Do you own this or any other house either alone or jointly with someone else?	OWN ONE HOUSE ALONE 01 OWN MORE THAN ONE HOUSE ALONE 02 JOINTLY WITH HUSBAND/PARTNER ONLY .. 03 JOINTLY WITH SOMEONE ELSE ONLY 04 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 05 BOTH ALONE AND JOINTLY 06 DOES NOT OWN 07	→ 928
926	Do you have a title deed or other government recognized document for any house you own?	YES 1 NO 2 DON'T KNOW 8	→ 928
927	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
928	Do you own any agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY .. 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 930A
929	Do you have a title deed or other legally recognized document by the government for the agricultural land you own?	YES 1 NO 2 DON'T KNOW 8	→ 930A
930	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	
930A	Do you own any non-agricultural land either alone or jointly with someone else?	ALONE ONLY 01 JOINTLY WITH HUSBAND/PARTNER ONLY .. 02 JOINTLY WITH SOMEONE ELSE ONLY 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE 04 BOTH ALONE AND JOINTLY 05 DOES NOT OWN 06	→ 931
930B	Do you have a title deed or other legally recognized document by the government for the non-agricultural land you own?	YES 1 NO 2 DON'T KNOW 8	→ 931
930C	Is your name on this document?	YES 1 NO 2 DON'T KNOW 8	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP												
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	<table border="0"> <tr> <td></td> <td align="center" colspan="3">PRES./</td> </tr> <tr> <td></td> <td align="center">PRES./</td> <td align="center">NOT</td> <td align="center">NOT</td> </tr> <tr> <td></td> <td align="center">LISTEN.</td> <td align="center">LISTEN.</td> <td align="center">PRES.</td> </tr> </table> CHILDREN < 10 1 2 3 HUSBAND/PARTNER 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES 1 2 3				PRES./				PRES./	NOT	NOT		LISTEN.	LISTEN.	PRES.	
	PRES./																
	PRES./	NOT	NOT														
	LISTEN.	LISTEN.	PRES.														
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> </table> a) If she goes out without telling him? a) GOES OUT 1 2 8 b) If she neglects the children? b) NEGLECTS CHILDREN 1 2 8 c) If she argues with him? c) ARGUES 1 2 8 d) If she refuses to have sex with him? d) REFUSES SEX 1 2 8 e) If she burns the food? e) BURNS FOOD 1 2 8 f) If she refuses to cook? f) REFUSAL TO COOK .. 1 2 8 g) If she comes home late? g) COMING HOME LATE .. 1 2 8 h) If she is unfaithful to him? h) UNFAITHFUL 1 2 8				YES	NO	DK									
	YES	NO	DK														

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1001	Have you ever heard of HIV or AIDS?	YES 1 NO 2	→ 1040
1002	CHECK 111: AGE 15-34 YEARS <input type="checkbox"/> ↓ 35 YEARS OR OLDER <input type="checkbox"/>		→ 1008
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES 1 NO 2 DON'T KNOW 8	
1004	Can people get HIV from mosquito bites?	YES 1 NO 2 DON'T KNOW 8	
1005	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES 1 NO 2 DON'T KNOW 8	
1006	Can people get HIV by sharing food with a person who has HIV?	YES 1 NO 2 DON'T KNOW 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES 1 NO 2 DON'T KNOW 8	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES 1 NO 2	
1009	Are there any special medicines that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES 1 NO 2 DON'T KNOW 8	
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES 1 NO 2	→ 1012
1011	Do you approve of people who take a pill every day to prevent getting HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1012	CHECK 220 AND 223: LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY <input type="checkbox"/> ↓ NO LIVE BIRTHS <input type="checkbox"/> LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY <input type="checkbox"/>		→ 1024 → 1024
1013	CHECK 412 FOR LAST LIVE BIRTH ("TYPE 1"): HAD ANTENATAL CARE <input type="checkbox"/> ↓ NO ANTENATAL CARE <input type="checkbox"/>		→ 1018
1014	CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with (NAME)?	YES 1 NO 2	→ 1018

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>STAND-ALONE HTC/VCT CENTER 13</p> <p>GOVERNMENT DISPENSARY 14</p> <p>MOBILE HTC SERVICES 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>STAND-ALONE HTC/VCT CENTER 24</p> <p>PHARMACY 25</p> <p>MOBILE HTC SERVICES 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>OTHER FBO MEDICAL SECTOR</p> <p>_____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 51</p> <p>WORKPLACE 52</p> <p>CORRECTIONAL FACILITY 53</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
1017	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	
1018	<p>CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'):</p> <p align="center">ANY CODE <input type="checkbox"/> '21-56' CIRCLED ↓</p>	<p>OTHER <input type="checkbox"/> _____ → 1021</p>	
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	<p>YES 1</p> <p>NO 2</p>	→ 1021
1020	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1022

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1021	CHECK 1015: YES <input type="checkbox"/> ↓	NO OR <input type="checkbox"/> NOT ASKED →	1024
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES 1 NO 2	→ 1025
1023	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	→ 1028
1024	Have you ever been tested for HIV?	YES 1 NO 2	→ 1032
1025	In what month and year was your most recent HIV test?	MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998	

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1026	<p>Where was the test done?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE.</p> <p>IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVERNMENT HEALTH CENTER 12</p> <p>STAND-ALONE HTC/VCT CENTER 13</p> <p>GOVERNMENT DISPENSARY 14</p> <p>MOBILE HTC SERVICES 15</p> <p>OTHER PUBLIC SECTOR</p> <p>_____ 16</p> <p align="center">(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL 21</p> <p>PRIVATE CLINIC 22</p> <p>PRIVATE DOCTOR 23</p> <p>STAND-ALONE HTC/VCT CENTER 24</p> <p>PHARMACY 25</p> <p>MOBILE HTC SERVICES 26</p> <p>OTHER PRIVATE MEDICAL SECTOR</p> <p>_____ 27</p> <p align="center">(SPECIFY)</p> <p>NGO MEDICAL SECTOR</p> <p>NGO HOSPITAL 31</p> <p>NGO CLINIC 32</p> <p>NGO STAND-ALONE HTC/VCT CENTER .. 33</p> <p>OTHER NGO MEDICAL SECTOR</p> <p>_____ 36</p> <p align="center">(SPECIFY)</p> <p>FBO MEDICAL SECTOR</p> <p>FBO/MISSION HOSPITAL 41</p> <p>FBO/MISSION CLINIC 42</p> <p>FBO STAND-ALONE HTC/VCT CENTER .. 43</p> <p>OTHER FBO MEDICAL SECTOR</p> <p>_____ 46</p> <p align="center">(SPECIFY)</p> <p>OTHER SOURCE</p> <p>HOME 51</p> <p>WORKPLACE 52</p> <p>CORRECTIONAL FACILITY 53</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
1027	Did you get the results of the test?	<p>YES 1</p> <p>NO 2</p>	→ 1031
1028	What was the result of the test?	<p>POSITIVE 1</p> <p>NEGATIVE 2</p> <p>INDETERMINATE 3</p> <p>DECLINED TO ANSWER 4</p> <p>DID NOT RECEIVE TEST RESULT 5</p>	→ 1031
1029	In what month and year did you receive your first HIV-positive test result?	<p>MONTH <input type="text"/> <input type="text"/></p> <p>DON'T KNOW MONTH 98</p> <p>YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>DON'T KNOW YEAR 9998</p> <p>SAME DATE AS LAST HIV TEST 95</p>	

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES 1 NO 2 DON'T KNOW 8	
1031	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS <input type="text"/> <input type="text"/>	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES 1 NO 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES 1 NO 2	
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS 8	
1036	CHECK 1028: CODE '1' <input type="checkbox"/> CIRCLED ↓	OTHER <input type="checkbox"/>	→ 1040
1037	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES 1 NO 2	
1038	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE 1 DISAGREE 2	
1039	Please tell me if the following things have happened to you, or if you think they have happened to you, because of your HIV status in the last 12 months:		
		YES NO	
	a) People have talked badly about you because of your HIV status.	a) PEOPLE TALK BADLY 1 2	
	b) Someone else disclosed your HIV status without your permission.	b) DISCLOSED STATUS 1 2	
	c) You have been verbally insulted, harassed, or threatened because of your HIV status.	c) VERBALLY INSULTED 1 2	
	d) Healthcare workers talked badly about you because of your HIV status.	d) HEALTHCARE WORKERS TALKED BADLY 1 2	
	e) Healthcare workers yelled at you, scolded you, called you names, or verbally abused you in another way because of your HIV status.	e) HEALTHCARE WORKERS VERBALLY ABUSED 1 2	

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1040	CHECK 1001: HEARD ABOUT HIV OR AIDS <input type="checkbox"/> NOT HEARD ABOUT HIV OR AIDS <input type="checkbox"/> a) Apart from HIV, have you heard about other infections that can be transmitted through sexual contact? b) Have you heard about infections that can be transmitted through sexual contact?	YES 1 NO 2	
1041	CHECK 722: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→ 1046
1042	CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES <input type="checkbox"/> NO <input type="checkbox"/>		→ 1044
1043	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES 1 NO 2 DON'T KNOW 8	
1044	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES 1 NO 2 DON'T KNOW 8	
1045	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES 1 NO 2 DON'T KNOW 8	
1046	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES 1 NO 2 DON'T KNOW 8	
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES 1 NO 2 DON'T KNOW 8	
1048	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/>		→ 1050A
1049	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES 1 NO 2 DEPENDS/NOT SURE 8	
1050	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES 1 NO 2 DEPENDS/NOT SURE 8	

SECTION 10. HIV/AIDS & TB

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP						
1050A	Have you ever heard about an illness called tuberculosis or TB?	YES 1 NO 2	→ 1101						
1050B	Do all people with TB have HIV?	YES 1 NO 2 DON'T KNOW 8							
1050C	In the last 12 months, have you been diagnosed with TB?	YES 1 NO 2 DON'T KNOW 8	→ 1101						
1050D	How long did it take you to be diagnosed with TB after visiting a facility?	DAYS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 2 MONTHS 3 DON'T KNOW998							
1050E	After you were diagnosed with TB, were other members of your household screened for TB?	YES 1 NO 2 LIVES ALONE/NO OTHER HOUSEHOLD MEMBERS 3 DON'T KNOW 8							
1050F	After you were diagnosed with TB, were any children under age 5 years in your household initiated on treatment to prevent them from developing TB?	YES 1 NO 2 NO CHILDREN UNDER 5 IN HOUSEHOLD .. 3 DON'T KNOW 8							

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP			
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a medical clinic, a health center, a dispensary, or a medical doctor?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>				
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, CIRCLE THE ONE HIGHEST ON THE LIST.	MOTORIZED CAR/TRUCK 01 PUBLIC BUS 02 MOTORCYCLE/SCOOTER/TUK TUK 03 BOAT WITH MOTOR 04 NOT MOTORIZED ANIMAL-DRAWN CART 05 BICYCLE 06 BOAT WITHOUT MOTOR 07 WALKING 08 OTHER _____ 96 (SPECIFY)				
1102A	In the last 3 months, have you been visited by a community health worker?	YES 1 NO 2	→ 1102C			
1102B	During the visit, what services or health talks did the community health worker provide? Anything else? RECORD ALL MENTIONED.	WATER/SANITATION/HANDWASHING A ANTENATAL/POSTNATAL CARI B FAMILY PLANNING C CHILD IMMUNIZATION D CHILD ILLNESS E CHILD GROWTH/NUTRITION F NONCOMMUNICABLE DISEASES (HYPERTENSION/DIABETES) G SOCIAL/CHILD PROTECTION PROGRAM .. H SPECIAL DEVICES/DISABILITY I FOLLOW UP ON DEFAULT MEDICAL ISSUE .. J OTHER _____ X (SPECIFY)				
1102C	Are you aware you can examine your breast for lumps and breast cancer?	YES 1 NO 2				
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES 1 NO 2 DON'T KNOW 8				
1103A	Have you ever been told by a doctor or other healthcare worker that you have breast cancer?	YES 1 NO 2	→ 1104			
1103B	Are you receiving any treatment for breast cancer?	YES 1 NO 2				
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from the cervix through the vagina. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.					
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES 1 NO 2 DON'T KNOW 8				
1105A	Have you ever been told by a doctor or other healthcare worker that you have cervical cancer?	YES 1 NO 2	→ 1106			

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																		
1105B	Are you receiving any treatment for cervical cancer?	YES 1 NO 2																			
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1108																		
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES <input type="text"/> <input type="text"/>																			
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY 1 SOME DAYS 2 NOT AT ALL 3	→ 1110																		
1109	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	ROLLED UNFILTERED CIGARETTES A PIPES FULL OF TOBACCO B CIGARS, CHEROOTS, OR CIGARILLOS C WATER PIPE/SHISHA D SNUFF BY MOUTH E SNUFF BY NOSE F CHEWING TOBACCO G BETEL QUID WITH TOBACCO/KUBER H OTHER _____ X (SPECIFY)																			
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, changáa, busaa, muratina, mnazi, or Keg?	YES 1 NO 2	→ 1113																		
1111	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of changáa, busaa, muratina, mnazi, or Keg. During the last one month, on how many days did you have at least one drink of alcohol? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE '95'.	DID NOT HAVE EVEN ONE DRINK 00 NUMBER OF DAYS <input type="text"/> <input type="text"/> EVERY DAY/ALMOST EVERY DAY 95	→ 1113																		
1112	In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS <input type="text"/> <input type="text"/>																			
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem: a) Getting permission to go to the doctor? b) Getting money needed for advice or treatment? c) The distance to the health facility? d) Not wanting to go alone?	<table border="0"> <tr> <td></td> <td align="center">BIG</td> <td align="center">NOT A BIG</td> </tr> <tr> <td></td> <td align="center">PROBLEM</td> <td align="center">PROBLEM</td> </tr> <tr> <td>a) PERMISSION TO GO</td> <td align="center">..... 1</td> <td align="center">..... 2</td> </tr> <tr> <td>b) GETTING MONEY</td> <td align="center">..... 1</td> <td align="center">..... 2</td> </tr> <tr> <td>c) DISTANCE</td> <td align="center">..... 1</td> <td align="center">..... 2</td> </tr> <tr> <td>d) GO ALONE</td> <td align="center">..... 1</td> <td align="center">..... 2</td> </tr> </table>		BIG	NOT A BIG		PROBLEM	PROBLEM	a) PERMISSION TO GO 1 2	b) GETTING MONEY 1 2	c) DISTANCE 1 2	d) GO ALONE 1 2	
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a) PERMISSION TO GO 1 2																			
b) GETTING MONEY 1 2																			
c) DISTANCE 1 2																			
d) GO ALONE 1 2																			
1115A	In a typical week, how many days do you do moderate to vigorous intensity activity? USE SHOW CARD TO EXPLAIN MODERATE AND VIGOROUS INTENSITY ACTIVITIES	NUMBER OF DAYS <input type="text"/> NONE 0	→ 1115C																		
1115B	In a typical week, how many minutes do you do moderate to vigorous intensity activity? USE SHOW CARD TO EXPLAIN MODERATE AND VIGOROUS INTENSITY ACTIVITIES	MINUTES <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>																			
1115C	In a typical day, how many hours do you spend seated?	HOURS <input type="text"/> <input type="text"/>																			

SECTION 12. CHRONIC DISEASE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP									
CD02	Have you ever been told by a doctor or other healthcare worker that you have high blood pressure or hypertension?	YES 1 NO 2	→ CD07									
CD05	Are you taking medication to control your blood pressure?	YES 1 NO 2										
CD07	Have you ever been told by a doctor or other healthcare worker that you have high blood sugar or diabetes?	YES 1 NO 2	→ CD11									
CD10	Are you taking medication to control your high blood sugar or diabetes?	YES 1 NO 2										
CD11	Have you ever been told by a doctor or other healthcare worker that you have heart disease or a chronic heart condition?	YES 1 NO 2	→ CD13									
CD12	Are you receiving any treatment for your heart disease or chronic heart condition?	YES 1 NO 2										
CD13	Have you ever been told by a doctor or other healthcare worker that you have lung disease or a chronic lung condition?	YES 1 NO 2	→ CD17									
CD14	Are you receiving any treatment for your lung disease or chronic lung condition?	YES 1 NO 2										
CD17	Have you ever been told by a doctor or other healthcare worker that you have: a) Depression? b) Anxiety?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>a) DEPRESSION</td> <td>..... 1</td> <td>..... 2</td> </tr> <tr> <td>b) ANXIETY</td> <td>..... 1</td> <td>..... 2</td> </tr> </table>		YES	NO	a) DEPRESSION 1 2	b) ANXIETY 1 2	
	YES	NO										
a) DEPRESSION 1 2										
b) ANXIETY 1 2										
CD18	CHECK CD17 (a-b): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> AT LEAST ONE 'YES' <input type="checkbox"/> ↓ </div> <div style="text-align: center;"> NOT A SINGLE 'YES' <input type="checkbox"/> </div> </div>		→ CD20									
CD19	Are you receiving any treatment for depression or anxiety?	YES 1 NO 2										
CD20	Have you ever been told by a doctor or other healthcare worker that you have arthritis?	YES 1 NO 2	→ GC1									
CD21	Are you receiving any treatment for arthritis?	YES 1 NO 2										

SECTION 13. FEMALE GENITAL MUTILATION/CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC1	Now I would like to ask some questions about a practice known as female circumcision. Have you ever heard of female circumcision?	YES 1 NO 2	→ GC3
GC2	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?	YES 1 NO 2	→ DV00
GC3	Have you yourself ever been circumcised?	YES 1 NO 2	→ GC9
GC4	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES 1 NO 2 DON'T KNOW 8	→ GC6
GC5	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
GC6	Was your genital area sewn?	YES 1 NO 2 DON'T KNOW 8	
GC7	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> AS A BABY/DURING INFANCY 95 DON'T KNOW 98	
GC8	Who performed the circumcision?	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRADITIONAL BIRTH ATTENDANT 12 OTHER TRADITIONAL PROVIDER _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE/CLINICAL OFFICER .. 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
GC8A	Where were you circumcised?	AT HOME 1 AT RELATIVES HOME 2 AT HOSPITAL/CLINIC/HEALTH FACILITY 3 FOREST/RIVER BANK/CAVE 4 OTHER _____ 6 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC8B	<p>In which county were you circumcised?</p> <p>IF OUTSIDE KENYA, PROBE: In what country was the circumcision done?</p> <p>REFER TO COUNTY CODE LIST IN INTERVIEWER'S MANUAL</p>	<p>COUNTY CODE <input type="text"/> <input type="text"/></p> <p>BURUNDI 48 ERITREA 49 ETHIOPIA 50 RWANDA 51 SOMALIA 52 SOUTH SUDAN 53 TANZANIA 54 UGANDA 55 OTHER COUNTRY _____ 96 (SPECIFY)</p> <p>DON'T KNOW 98</p>	
GC8C	<p>What effects did you experience as a result of undergoing circumcision?</p> <p>Anything else?</p>	<p>HEAVY BLEEDING A SEVERE PAIN B INFECTION C URINE RETENTION D ANAEMIA E FEVER F COMPLICATIONS WITH MENSTRUAL PERIODS G COMPLICATIONS DURING SEXUAL INTERCOURSE H COMPLICATIONS DURING CHILDBIRTH I FISTULA J STIGMA K DEPRESSION/STRESS/MENTAL HEALTH L</p> <p>OTHER _____ X (SPECIFY)</p> <p>NONE Y DON'T KNOW Z</p>	<p>→ GC9</p>
GC8D	<p>Did you seek help for these effects?</p>	<p>YES 1 NO 2</p>	<p>→ GC9</p>
GC8E	<p>From whom or where did you seek help?</p>	<p>DOCTOR/MEDICAL PERSONNEL A TRADITIONAL CIRCUMCISER B TRADITIONAL HEALER/HERBALIS C FAMILY MEMBER(S) D CURRENT/FORMER HUSBAND/PARTNE E FRIEND F NEIGHBOR G RELIGIOUS LEADER H CHIEF, OTHER NGAOs I POLICE J LAWYER K SOCIAL SERVICE ORGANIZATION L THROUGH HELPLINES M SAFE SPACES/RESCUE CENTERS N</p> <p>OTHER _____ X (SPECIFY)</p>	
GC9	<p>CHECK 219, 220, AND 224 IN THE PREGNANCY HISTORY:</p> <p>HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2007 OR LATER <input type="checkbox"/></p>	<p>HAS NO LIVING DAUGHTERS BORN IN 2007 OR LATER <input type="checkbox"/></p>	<p>→ GC17</p>

SECTION 13. FEMALE GENITAL MUTILATION/CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
GC10	Now I would like to ask you some questions about your (daughter/daughters).		
GC11	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF EACH LIVING DAUGHTER BORN IN 2007 OR LATER, STARTING WITH THE YOUNGEST. NAME _____ PREGNANCY HISTORY NUMBER <input type="text"/> <input type="text"/>		
GC12	Is (NAME OF DAUGHTER) circumcised?	YES 1 NO 2	→ GC16
GC13	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
GC13A	Now, lets talk about how the circumcision was performed. Was any flesh removed from (NAME OF DAUGHTER)'s genital area?	YES 1 NO 2 DON'T KNOW 8	→ GC14
GC13B	Was the genital area just nicked without removing any flesh?	YES 1 NO 2 DON'T KNOW 8	
GC14	Was her genital area sewn?	YES 1 NO 2 DON'T KNOW 8	
GC15	Who performed the circumcision?	TRADITIONAL TRADITIONAL CIRCUMCISER 11 TRADITIONAL BIRTH ATTENDANT 12 OTHER TRADITIONAL PROVIDER _____ 16 (SPECIFY) HEALTH PROFESSIONAL DOCTOR 21 NURSE/MIDWIFE/CLINICAL OFFICER .. 22 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW 98	
GC16	CHECK 219, 220, AND 224 IN THE PREGNANCY HISTORY: ANY MORE DAUGHTERS BORN IN 2007 OR LATER? YES <input type="checkbox"/> NO <input type="checkbox"/> (GO TO GC11 FOR THE NEXT YOUNGEST DAUGHTER) ←		→ GC17

SECTION 13. FEMALE GENITAL MUTILATION/CUTTING

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
GC17	Do you believe that female circumcision is required by your: a) Culture? b) Society? c) Religion?	YES a) CULTURE 1 b) SOCIETY 1 c) RELIGION 1	NO 2 2 2	DK 8 8 8	
GC18	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED 1 STOPPED 2 DEPENDS 3 DON'T KNOW 8			

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																					
DV00	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED FOR THIS SECTION <input type="checkbox"/>	WOMAN <input type="checkbox"/> → 1500 NOT SELECTED																																						
DV01	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED 1 ↓	PRIVACY NOT POSSIBLE 2 → DV37																																						
DV02	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in Kenya. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.																																							
DV03	CHECK 701 AND 702: NEVER MARRIED/ NEVER LIVED WITH A MAN <input type="checkbox"/>	CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> → DV06 FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') <input type="checkbox"/> → DV06																																						
DV04	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even though you are not living with him?	YES 1 → DV06 NO 2																																						
DV05	Have you ever been in an intimate relationship with a man even though you did not ever live with him?	YES 1 → DV19 NO 2																																						
DV06	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner). A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner). B. How often did this happen during the last 12 months: often, only sometimes, or not at all?																																							
		<table border="1"> <thead> <tr> <th></th> <th>EVER</th> <th></th> <th>OFTEN</th> <th>SOME-TIMES</th> <th>NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td>a) He (is/was) jealous or angry if you (talk/talked) to other men.</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) He wrongly (accuses/accused) you of being unfaithful.</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) He (does/did) not permit you to meet your female friends.</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) He (tries/tried) to limit your contact with your family.</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) He (insists/insisted) on knowing where you (are/were) at all times.</td> <td>YES 1 NO 2</td> <td>→</td> <td>1</td> <td>2</td> <td>3</td> </tr> </tbody> </table>		EVER		OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	a) He (is/was) jealous or angry if you (talk/talked) to other men.	YES 1 NO 2	→	1	2	3	b) He wrongly (accuses/accused) you of being unfaithful.	YES 1 NO 2	→	1	2	3	c) He (does/did) not permit you to meet your female friends.	YES 1 NO 2	→	1	2	3	d) He (tries/tried) to limit your contact with your family.	YES 1 NO 2	→	1	2	3	e) He (insists/insisted) on knowing where you (are/were) at all times.	YES 1 NO 2	→	1	2	3		
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SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																								
DV07	<p>Now I need to ask some more questions about your relationship with your (last) (husband/male partner).</p> <p>A. Did your (last) (husband/male partner) ever:</p> <p>a) say or do something to humiliate you in front of others?</p> <p>b) threaten to hurt or harm you or someone you care about?</p> <p>c) insult you or make you feel bad about yourself?</p> <p>d) restrict or exploit or sabotage your ability to acquire or access or maintain economic resources?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th data-bbox="691 338 855 398">EVER</th> <th data-bbox="855 338 1011 398">OFTEN</th> <th data-bbox="1011 338 1134 398">SOME-TIMES</th> <th data-bbox="1134 338 1294 398">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="691 398 855 479">YES 1 NO 2 ↓</td> <td data-bbox="855 398 1011 479">→ 1</td> <td data-bbox="1011 398 1134 479">2</td> <td data-bbox="1134 398 1294 479">3</td> </tr> <tr> <td data-bbox="691 479 855 560">YES 1 NO 2 ↓</td> <td data-bbox="855 479 1011 560">→ 1</td> <td data-bbox="1011 479 1134 560">2</td> <td data-bbox="1134 479 1294 560">3</td> </tr> <tr> <td data-bbox="691 560 855 640">YES 1 NO 2 ↓</td> <td data-bbox="855 560 1011 640">→ 1</td> <td data-bbox="1011 560 1134 640">2</td> <td data-bbox="1134 560 1294 640">3</td> </tr> <tr> <td data-bbox="691 640 855 719">YES 1 NO 2 ↓</td> <td data-bbox="855 640 1011 719">→ 1</td> <td data-bbox="1011 640 1134 719">2</td> <td data-bbox="1134 640 1294 719">3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3																					
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YES 1 NO 2 ↓	→ 1	2	3																																								
DV08	<p>A. Did your (last) (husband/male partner) ever do any of the following things to you:</p> <p>a) push you, shake you, or throw something at you?</p> <p>b) slap you?</p> <p>c) twist your arm or pull your hair?</p> <p>d) punch you with his fist or with something that could hurt you?</p> <p>e) kick you, drag you, or beat you up?</p> <p>f) try to choke you or burn you on purpose?</p> <p>g) attack you with a knife, gun, or other weapon?</p> <p>h) physically force you to have sexual intercourse with him when you did not want to?</p> <p>i) physically force you to perform any other sexual acts you did not want to?</p> <p>j) force you with threats or in any other way to perform sexual acts you did not want to?</p>	<p>B. How often did this happen during the last 12 months: often, only sometimes, or not at all?</p> <table border="1"> <thead> <tr> <th data-bbox="691 819 855 880">EVER</th> <th data-bbox="855 819 1011 880">OFTEN</th> <th data-bbox="1011 819 1134 880">SOME-TIMES</th> <th data-bbox="1134 819 1294 880">NOT IN LAST 12 MONTHS</th> </tr> </thead> <tbody> <tr> <td data-bbox="691 880 855 960">YES 1 NO 2 ↓</td> <td data-bbox="855 880 1011 960">→ 1</td> <td data-bbox="1011 880 1134 960">2</td> <td data-bbox="1134 880 1294 960">3</td> </tr> <tr> <td data-bbox="691 960 855 1041">YES 1 NO 2 ↓</td> <td data-bbox="855 960 1011 1041">→ 1</td> <td data-bbox="1011 960 1134 1041">2</td> <td data-bbox="1134 960 1294 1041">3</td> </tr> <tr> <td data-bbox="691 1041 855 1122">YES 1 NO 2 ↓</td> <td data-bbox="855 1041 1011 1122">→ 1</td> <td data-bbox="1011 1041 1134 1122">2</td> <td data-bbox="1134 1041 1294 1122">3</td> </tr> <tr> <td data-bbox="691 1122 855 1202">YES 1 NO 2 ↓</td> <td data-bbox="855 1122 1011 1202">→ 1</td> <td data-bbox="1011 1122 1134 1202">2</td> <td data-bbox="1134 1122 1294 1202">3</td> </tr> <tr> <td data-bbox="691 1202 855 1283">YES 1 NO 2 ↓</td> <td data-bbox="855 1202 1011 1283">→ 1</td> <td data-bbox="1011 1202 1134 1283">2</td> <td data-bbox="1134 1202 1294 1283">3</td> </tr> <tr> <td data-bbox="691 1283 855 1364">YES 1 NO 2 ↓</td> <td data-bbox="855 1283 1011 1364">→ 1</td> <td data-bbox="1011 1283 1134 1364">2</td> <td data-bbox="1134 1283 1294 1364">3</td> </tr> <tr> <td data-bbox="691 1364 855 1444">YES 1 NO 2 ↓</td> <td data-bbox="855 1364 1011 1444">→ 1</td> <td data-bbox="1011 1364 1134 1444">2</td> <td data-bbox="1134 1364 1294 1444">3</td> </tr> <tr> <td data-bbox="691 1444 855 1525">YES 1 NO 2 ↓</td> <td data-bbox="855 1444 1011 1525">→ 1</td> <td data-bbox="1011 1444 1134 1525">2</td> <td data-bbox="1134 1444 1294 1525">3</td> </tr> <tr> <td data-bbox="691 1525 855 1606">YES 1 NO 2 ↓</td> <td data-bbox="855 1525 1011 1606">→ 1</td> <td data-bbox="1011 1525 1134 1606">2</td> <td data-bbox="1134 1525 1294 1606">3</td> </tr> </tbody> </table>	EVER	OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	YES 1 NO 2 ↓	→ 1	2	3	
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SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																						
DV09	CHECK DV08A (a-j): AT LEAST ONE <input type="checkbox"/> 'YES' ↓	NOT A SINGLE <input type="checkbox"/> 'YES'	→ DV11																						
DV10	Did the following ever happen as a result of what your (last) (husband/male partner) did to you: a) You had cuts, bruises, or aches? b) You had eye injuries, sprains, dislocations, or burns? c) You had deep wounds, broken bones, broken teeth, or any other serious injury? d) You felt humiliated, stressed, isolated, lonely, anxious or any other form of emotional harm?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> <tr> <td colspan="2"> </td> </tr> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2			YES	1	NO	2			YES	1	NO	2			YES	1	NO	2	
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NO	2																								
YES	1																								
NO	2																								
YES	1																								
NO	2																								
YES	1																								
NO	2																								
DV11	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2	→ DV13																		
YES	1																								
NO	2																								
DV12	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	<table border="0"> <tr> <td>OFTEN</td> <td>1</td> </tr> <tr> <td>SOMETIMES</td> <td>2</td> </tr> <tr> <td>NOT AT ALL</td> <td>3</td> </tr> </table>	OFTEN	1	SOMETIMES	2	NOT AT ALL	3																	
OFTEN	1																								
SOMETIMES	2																								
NOT AT ALL	3																								
DV13	Does (did) your (last) (husband/male partner) drink alcohol?	<table border="0"> <tr> <td>YES</td> <td>1</td> </tr> <tr> <td>NO</td> <td>2</td> </tr> </table>	YES	1	NO	2	→ DV15																		
YES	1																								
NO	2																								
DV14	How frequently does (did) he get drunk: often, only sometimes, or never?	<table border="0"> <tr> <td>OFTEN</td> <td>1</td> </tr> <tr> <td>SOMETIMES</td> <td>2</td> </tr> <tr> <td>NEVER</td> <td>3</td> </tr> </table>	OFTEN	1	SOMETIMES	2	NEVER	3																	
OFTEN	1																								
SOMETIMES	2																								
NEVER	3																								
DV15	Are (Were) you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	<table border="0"> <tr> <td>MOST OF THE TIME AFRAID</td> <td>1</td> </tr> <tr> <td>SOMETIMES AFRAID</td> <td>2</td> </tr> <tr> <td>NEVER AFRAID</td> <td>3</td> </tr> </table>	MOST OF THE TIME AFRAID	1	SOMETIMES AFRAID	2	NEVER AFRAID	3																	
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SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																
DV16	<p>A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.</p> <p>a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?</p> <p>b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?</p> <p>c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?</p> <p>d) Did any previous husband or any other current or previous male partner restrict or exploit or sabotage your ability to acquire or access or maintain economic resources?</p>	<p>B. How long ago did this last happen?</p> <table border="1"> <thead> <tr> <th data-bbox="692 309 855 398">EVER</th> <th data-bbox="855 309 1023 398">0 - 11 MONTHS AGO</th> <th data-bbox="1023 309 1190 398">12+ MONTHS AGO</th> <th data-bbox="1190 309 1294 398">DON'T REMEMBER</th> </tr> </thead> <tbody> <tr> <td colspan="4" data-bbox="692 398 1294 465">HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6</td> </tr> <tr> <td data-bbox="692 465 855 555">YES 1</td> <td data-bbox="855 465 1023 555">1</td> <td data-bbox="1023 465 1190 555">2</td> <td data-bbox="1190 465 1294 555">3</td> </tr> <tr> <td data-bbox="692 555 855 645">NO 2</td> <td colspan="3"></td> </tr> <tr> <td data-bbox="692 645 855 734">YES 1</td> <td data-bbox="855 645 1023 734">1</td> <td data-bbox="1023 645 1190 734">2</td> <td data-bbox="1190 645 1294 734">3</td> </tr> <tr> <td data-bbox="692 734 855 824">NO 2</td> <td colspan="3"></td> </tr> <tr> <td data-bbox="692 824 855 913">YES 1</td> <td data-bbox="855 824 1023 913">1</td> <td data-bbox="1023 824 1190 913">2</td> <td data-bbox="1190 824 1294 913">3</td> </tr> <tr> <td data-bbox="692 913 855 1003">NO 2</td> <td colspan="3"></td> </tr> </tbody> </table>	EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER 6				YES 1	1	2	3	NO 2				YES 1	1	2	3	NO 2				YES 1	1	2	3	NO 2				<p>→ DV17</p>
EVER	0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER																																
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DV17	<p>CHECK DV08A (h-j) AND DV16A (b):</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE YES <input type="checkbox"/></p>		<p>→ DV19</p>																																
DV18	<p>How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?</p>	<p>AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/></p> <p>DON'T KNOW 98</p>																																	
DV19	<p>CHECK 212 AND 232:</p> <p>CURRENTLY PREGNANT 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 <input type="checkbox"/></p> <p>NOT PREGNANT 232=2 AND NO PAST PREGNANCIES 212=0 <input type="checkbox"/></p>		<p>→ DV22</p>																																
DV20	<p>Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?</p>	<p>YES 1</p> <p>NO 2</p>	<p>→ DV22</p>																																

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
DV21	<p>Who has done any of these things to physically hurt you while you were pregnant?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>CURRENT HUSBAND/PARTNER . . . A</p> <p>MOTHER/STEP-MOTHEF B</p> <p>FATHER/STEP-FATHER C</p> <p>SISTER/BROTHER D</p> <p>DAUGHTER/SON E</p> <p>OTHER RELATIVE F</p> <p>FORMER HUSBAND/PARTNER . . . G</p> <p>CURRENT BOYFRIEND H</p> <p>FORMER BOYFRIEND I</p> <p>MOTHER-IN-LAW J</p> <p>FATHER-IN-LAW K</p> <p>OTHER IN-LAW L</p> <p>TEACHER M</p> <p>SCHOOLMATE/CLASSMATE N</p> <p>EMPLOYER/SOMEONE AT WORK . . O</p> <p>POLICE/SOLDIER P</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>			
DV22	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding-right: 10px;"> <p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p> </td> <td style="width: 50%; padding-left: 10px;"> <p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p> </td> </tr> </table>	<p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p>	<p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED TO ANSWER/ NO ANSWER 3</p>	<p align="center">} → DV25</p>
<p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.</p>	<p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p style="text-align: center;">↓</p> <p>b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?</p>				
DV23	<p>Who has hurt you in this way?</p> <p>Anyone else?</p> <p>RECORD ALL MENTIONED.</p>	<p>MOTHER/STEP-MOTHER A</p> <p>FATHER/STEP-FATHER B</p> <p>SISTER/BROTHER C</p> <p>DAUGHTER/SON D</p> <p>OTHER RELATIVE E</p> <p>CURRENT BOYFRIEND F</p> <p>FORMER BOYFRIEND G</p> <p>MOTHER-IN-LAW H</p> <p>FATHER-IN-LAW I</p> <p>OTHER IN-LAW J</p> <p>TEACHER K</p> <p>SCHOOLMATE/CLASSMATE L</p> <p>EMPLOYER/SOMEONE AT WORK . . M</p> <p>POLICE/SOLDIER N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p>			
DV24	<p>In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?</p>	<p>OFTEN 1</p> <p>SOMETIMES 2</p> <p>NOT AT ALL 3</p>			

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV25	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/>	NEVER MARRIED/ NEVER HAD <input type="checkbox"/> A MALE PARTNER	→ DV27
DV26	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV28 → DV30B
DV27	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES 1 NO 2 REFUSED TO ANSWER/ NO ANSWER 3	→ DV30B
DV28	CHECK 701 AND 702 AND DV04 AND DV05: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER <input type="checkbox"/>	NEVER MARRIED/ NEVER HAD A MALE PARTNER <input type="checkbox"/> AGE IN COMPLETED YEARS <input type="text"/> <input type="text"/> DON'T KNOW 98	
DV29	Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to? Anyone else? RECORD ALL MENTIONED.	FATHER/STEP-FATHER A BROTHER/STEP-BROTHER B OTHER RELATIVE C CURRENT BOYFRIEND D FORMER BOYFRIEND E IN-LAW F OWN FRIEND/ACQUAINTANCE G FAMILY FRIEND H TEACHER I SCHOOLMATE/CLASSMATE J EMPLOYER/SOMEONE AT WORK K POLICE/SOLDIER L RELIGIOUS LEADER M STRANGER N OTHER _____ X (SPECIFY)	

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
DV30	<p>CHECK 701 AND 702 AND DV04 AND DV05:</p> <p>EVER MARRIED/EVER LIVED WITH A MAN/EVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>NEVER MARRIED/NEVER HAD A MALE PARTNER <input type="checkbox"/></p> <p>a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p> <p>b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?</p>	<p>YES 1</p> <p>NO 2</p>	→ DV30B
DV30A	At what place did these incidence(s) mostly happen?	<p>IN MY OWN HOME 01</p> <p>SOME OTHER HOUSE OR APARTMENT 02</p> <p>ELSEWHERE IN A RESIDENTIAL BUILDING 03</p> <p>AT SCHOOL OR WORKPLACE 04</p> <p>CAFÉ/RESTAURANT/PUB/CLUB/DISCO 05</p> <p>IN A SHOP 06</p> <p>ELSEWHERE INDOORS 07</p> <p>IN THE STREET/SQUARE/PARKING LOT/OTHER PUBLIC PLACE .. 08</p> <p>IN PUBLIC TRANSPORT 09</p> <p>OTHER _____ 96</p> <p align="center">(SPECIFY)</p>	
DV30B	If you ever experience any form of violence, where or from whom could you seek help?	<p>OWN FAMILY A</p> <p>HUSBAND'S/PARTNER'S FAMILY .. B</p> <p>CURRENT/FORMER HUSBAND/PARTNER C</p> <p>CURRENT/FORMER BOYFRIEND .. D</p> <p>FRIEND E</p> <p>NEIGHBOR F</p> <p>RELIGIOUS LEADER G</p> <p>DOCTOR/MEDICAL PERSONNEL .. H</p> <p>POLICE I</p> <p>LAWYER J</p> <p>SOCIAL SERVICE ORGANIZATION .. K</p> <p>THROUGH HELPLINES L</p> <p>SAFE SPACES/RESCUE CENTERS .. M</p> <p>CHIEF/OTHER NGAOS N</p> <p>OTHER _____ X</p> <p align="center">(SPECIFY)</p> <p>DON'T KNOW Z</p>	
DV31	<p>CHECK DV08A (a-j), DV16A (a,b), DV20, DV22, DV26, AND DV27:</p> <p>AT LEAST ONE 'YES' <input type="checkbox"/></p> <p>NOT A SINGLE 'YES' <input type="checkbox"/></p>		→ DV35
DV32	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	<p>YES 1</p> <p>NO 2</p>	→ DV34

SECTION 14. DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																
DV33	From whom or where have you sought help? RECORD ALL MENTIONED.	OWN FAMILY A HUSBAND'S/PARTNER'S FAMILY .. B CURRENT/FORMER HUSBAND/PARTNER C CURRENT/FORMER BOYFRIEND .. D FRIEND E NEIGHBOR F RELIGIOUS LEADER G DOCTOR/MEDICAL PERSONNEL .. H POLICE I LAWYER J SOCIAL SERVICE ORGANIZATION .. K THROUGH HELPLINES L SAFE SPACES/RESCUE CENTERS . . M CHIEF/OTHER NGAOS N OTHER _____ X (SPECIFY)	→ DV35																
DV34	Have you ever told any one about this?	YES 1 NO 2																	
DV35	As far as you know, did your father ever beat or hit your mother?	YES 1 NO 2 DON'T KNOW 8																	
DV35A	As far as you know, did your mother ever beat or hit your father?	YES 1 NO 2 DON'T KNOW 8																	
VERBALLY SHARE THE HOTLINE NUMBER 1195 SHOULD THE RESPONDENT EVER WISH TO SEEK HELP OR REPORT DOMESTIC VIOLENCE. THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.																			
DV36	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	<table border="0"> <tr> <td></td> <td align="center">YES, ONCE</td> <td align="center">YES, MORE THAN ONCE</td> <td align="center">NO</td> </tr> <tr> <td>HUSBAND</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>OTHER MALE ADULT ..</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> <tr> <td>FEMALE ADULT</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> </tr> </table>		YES, ONCE	YES, MORE THAN ONCE	NO	HUSBAND	1	2	3	OTHER MALE ADULT ..	1	2	3	FEMALE ADULT	1	2	3	
	YES, ONCE	YES, MORE THAN ONCE	NO																
HUSBAND	1	2	3																
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FEMALE ADULT	1	2	3																
DV37	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE _____ _____ _____																		

FOLLOW-ON STUDY CONSENT

1500 In the coming days, another team from Kenya National Bureau of Statistics would like to visit you to ask you additional questions about health and health care services. The information will be used by the Government of Kenya to plan strategies and programs aimed at improving the health and health services in your community. Your permission is completely voluntary and you can withdraw this permission at any time. However, we hope you will agree.

Do you have any questions?

Do you agree to another visit by a Kenya National Bureau of Statistics team?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES
TO BE REVISITED .. 1

RESPONDENT DOES NOT AGREE
TO BE REVISITED .. 2

1501	RECORD THE TIME.	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">HOURS</td> <td style="width: 30%; text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> </td> </tr> <tr> <td>MINUTES</td> <td style="text-align: center;"> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> </td> </tr> </table>	HOURS	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>					MINUTES	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>				
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INSTRUCTIONS:

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

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

- 0 NO METHOD
- 1 FEMALE STERILIZATION
- 2 MALE STERILIZATION
- 3 IUD
- 4 INJECTABLES
- 5 IMPLANTS
- 6 PILL
- 7 MALE CONDOM
- 8 FEMALE CONDOM
- 9 EMERGENCY CONTRACEPTION
- J STANDARD DAYS METHOD
- K LACTATIONAL AMENORRHEA METHOD
- L RHYTHM METHOD

- M WITHDRAWAL
- X OTHER MODERN METHOD
- Y OTHER TRADITIONAL METHOD

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
 - 1 BECAME PREGNANT WHILE USING
 - 2 WANTED TO BECOME PREGNANT
 - 3 HUSBAND/PARTNER DISAPPROVED
 - 4 WANTED MORE EFFECTIVE METHOD
 - 5 CHANGES IN MENSTRUAL BLEEDING

 - 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
 - 7 LACK OF ACCESS/TOO FAR
 - 8 COSTS TOO MUCH
 - N INCONVENIENT TO USE
 - F UP TO GOD/FATALISTIC
 - A DIFFICULT TO GET PREGNANT/MENOPAUSAL
 - D MARITAL DISSOLUTION/SEPARATION
 - X OTHER
- _____ (SPECIFY)
- Z DON'T KNOW

			COL. 1	COL. 2	
	12	DEC	01		
	11	NOV	02		
	10	OCT	03		
2	09	SEP	04		2
	08	AUG	05		
0	07	JUL	06		0
2	06	JUN	07		2
2	05	MAY	08		2
	04	APR	09		2
	03	MAR	10		
	02	FEB	11		
	01	JAN	12		
<hr/>					
	12	DEC	13		
	11	NOV	14		
	10	OCT	15		
2	09	SEP	16		2
	08	AUG	17		
0	07	JUL	18		0
2	06	JUN	19		2
1	05	MAY	20		1
	04	APR	21		
	03	MAR	22		
	02	FEB	23		
	01	JAN	24		
<hr/>					
	12	DEC	25		
	11	NOV	26		
	10	OCT	27		
2	09	SEP	28		2
0	08	AUG	29		0
2	07	JUL	30		2
0	06	JUN	31		0
	05	MAY	32		0
	04	APR	33		
	03	MAR	34		
	02	FEB	35		
	01	JAN	36		
<hr/>					
	12	DEC	37		
	11	NOV	38		
	10	OCT	39		
2	09	SEP	40		2
0	08	AUG	41		0
1	07	JUL	42		1
9	06	JUN	43		9
	05	MAY	44		
	04	APR	45		
	03	MAR	46		
	02	FEB	47		
	01	JAN	48		
<hr/>					
	12	DEC	49		
	11	NOV	50		
	10	OCT	51		
2	09	SEP	52		2
0	08	AUG	53		0
1	07	JUL	54		1
8	06	JUN	55		8
	05	MAY	56		
	04	APR	57		
	03	MAR	58		
	02	FEB	59		
	01	JAN	60		
<hr/>					
	12	DEC	61		
	11	NOV	62		
	10	OCT	63		
2	09	SEP	64		2
0	08	AUG	65		0
1	07	JUL	66		1
7	06	JUN	67		7
	05	MAY	68		
	04	APR	69		
	03	MAR	70		
	02	FEB	71		
	01	JAN	72		

INTERVIEWER'S OBSERVATIONS
TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS
