

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	RECORD THE TIME.	HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/>	
102	First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Nairobi or Mombasa, in another city or town or in the countryside?	NAIROBI/MOMBASA.....1 OTHER CITY/TOWN.....2 COUNTRYSIDE.....3	
103	How long have you been living continuously in (NAME OF SUBLOCATION, TOWN OR CITY)?	YEARS..... <input type="text"/> <input type="text"/> ALWAYS.....95 VISITOR.....96	105
104	Just before you moved here, did you live in Nairobi or Mombasa, in another city or town or in the countryside?	NAIROBI/MOMBASA.....1 OTHER CITY/TOWN.....2 COUNTRYSIDE.....3	
105	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR.....98	
106	How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT.	AGE IN COMPLETED YEARS... <input type="text"/> <input type="text"/>	
107	Have you ever attended school?	YES.....1 NO.....2	111
108	What is the highest level of school you attended: primary, secondary, or university?	PRIMARY.....1 SECONDARY.....2 UNIVERSITY.....3	
109	What is the highest (standard/form/year) you completed at that level?	STANDARD/FORM/YEAR..... <input type="text"/> <input type="text"/>	
109A	What is the highest certificate you obtained?	NO CERTIFICATE.....00 CEE (Std. 4).....01 CPE/KPE (Std.7).....02 KAPE/KCPE (Std. 8).....03 KJSE (Form 2).....04 O LEVEL.....05 KCSE.....06 A LEVEL.....07 ANY UNIVERSITY DEGREE.....08 OTHER.....09 (SPECIFY)	
110	CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR ABOVE <input type="checkbox"/>		112
111	Can you read a letter or newspaper in any language easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3	113
112	Do you usually read a newspaper or magazine at least once a week?	YES.....1 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
113	Do you usually listen to a radio at least once a week?	YES.....1 NO.....2	
114	Do you usually watch television at least once a week?	YES.....1 NO.....2	
115	What is your religion?	CATHOLIC.....1 PROTESTANT/OTHER CHRISTIAN.....2 MUSLIM.....3 NO RELIGION.....4 OTHER.....5 (SPECIFY)	
116	What is your ethnic group/tribe?	KALENJIN.....01 KAMBA.....02 KIKUYU.....03 KISII.....04 LUHYA.....05 LUO.....06 MERU/EMBU.....07 MIJIKENDA/SWAHILI.....08 SOMALI.....09 TAITA/TAVETA.....10 OTHER.....11 (SPECIFY)	
116A	Do you belong to any women's organisation or group?	YES.....1 NO.....2	
117	CHECK Q.4 IN THE HOUSEHOLD QUESTIONNAIRE THE WOMAN INTERVIEWED IS NOT A USUAL RESIDENT <input type="checkbox"/>	THE WOMAN INTERVIEWED IS A USUAL RESIDENT <input type="checkbox"/>	→201
118	Now I would like to ask about the place in which you usually live. Do you usually live in Nairobi or Mombasa, in a small city, in a town or in the countryside?	NAIROBI/MOMBASA.....1 SMALL CITY.....2 TOWN.....3 COUNTRYSIDE.....4	
119	In which district is that located? WRITE NAME OF DISTRICT CLEARLY.	DISTRICT <input type="text"/>	
120	Now I would like to ask about the household in which you usually live. What is the source of water your household uses for handwashing and dishwashing for most of the year?	PIPED WATER PIPED INTO HOUSE/COMPOUND/PLOT.....11 →122 PUBLIC TAP.....12 WELL WATER WELL WITH PUMP.....21 WELL WITHOUT PUMP.....22 SURFACE WATER LAKE, POND.....31 RIVER/STREAM.....32 RAINWATER.....41 →122 OTHER.....51	
121	How long does it take to go there, get water, and come back?	MINUTES..... <input type="text"/> <input type="text"/> <input type="text"/> ON PREMISES.....996	
122	Does your household get drinking water from this same source?	YES.....1 →124 NO.....2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO															
123	What is the source of drinking water for members of your household?	PIPED WATER PIPED INTO HOUSE/COMPOUND/PLOT.11 PUBLIC TAP.....12 WELL WATER WELL WITH PUMP.....21 WELL WITHOUT PUMP.....22 SURFACE WATER LAKE, POND.....31 RIVER/STREAM.....32 RAINWATER.....41 OTHER.....51																
124	What kind of toilet facility does your household have?	FLUSH TOILET OWN FLUSH TOILET.....11 SHARED FLUSH TOILET.....12 PIT TOILET/LATRINE TRADITIONAL PIT TOILET.....21 VENTILATED IMPROVED PIT TOILET.22 NO FACILITY/BUSH/FIELD.....31 OTHER.....41																
125	Does your household have: Electricity? A radio? A television? A refrigerator?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>RADIO.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TELEVISION.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	ELECTRICITY.....	1	2	RADIO.....	1	2	TELEVISION.....	1	2	REFRIGERATOR.....	1	2	
	YES	NO																
ELECTRICITY.....	1	2																
RADIO.....	1	2																
TELEVISION.....	1	2																
REFRIGERATOR.....	1	2																
126	How many rooms in your household are used for sleeping?	ROOMS..... <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 15px; border: 1px solid black;" type="text"/>																
127	Could you describe the main material of the floor of your home?	NATURAL FLOOR EARTH/DUNG.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR PARQUET OR POLISHED WOOD.....31 VINYL/LINOLEUM/ASPHALT STRIPS.32 CERAMIC TILES.....33 CEMENT.....34 OTHER.....41																
127A	Could you describe the main material of the walls of your home?	NATURAL WALLS MUD/DUNG.....11 RUDIMENTARY WALLS WOOD/TIMBER.....21 FINISHED WALLS BRICKS.....31 CEMENT/STONE BLOCKS.....32 OTHER.....41																
127B	Could you describe the main material of the roof of your home?	NATURAL ROOF GRASS/THATCH.....11 RUDIMENTARY ROOF CORRUGATED IRON (MABATI).....21 FINISHED ROOF TILES.....31 OTHER.....41																
128	Does any member of your household own: A bicycle? Land? Cattle, goats or sheep? Cash crops such as tea, coffee or cotton?	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>LAND.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CATTLE, GOATS, OR SHEEP.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CASH CROPS.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		YES	NO	BICYCLE.....	1	2	LAND.....	1	2	CATTLE, GOATS, OR SHEEP.....	1	2	CASH CROPS.....	1	2	
	YES	NO																
BICYCLE.....	1	2																
LAND.....	1	2																
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CASH CROPS.....	1	2																

SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO				
201	How I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	→206				
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	→204				
203	How many sons live with you? And how many daughters live with you? IF NONE RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	<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	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>				
206	Sometimes it happens that children die. It may be very painful to talk about and I am sorry to ask you about painful memories, but it is important to get the right information. Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried or showed any sign of life but only survived a few hours or days?	YES.....1 NO.....2	→208				
207	In all, how many boys have died? And how many girls have died? IF NONE RECORD '00'.	BOYS DEAD..... 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.....	<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? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY						
210	CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/>		→223				

211 How I would like to talk to you about all of your births, whether still alive or not, starting with the first one you had.

RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

212	213	214	215	216	217	218	219	220
What name was given to your (first,next) baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you?	IF ALIVE: IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	IF DEAD: How old was he/she when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF UNDER 1 MONTH, MONTHS IF UNDER 2 YEARS, OR YEARS.

01 _____ (NAME)	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES..1 NO..2 v 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH) NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3 <input type="text"/>
02 _____ (NAME)	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES..1 NO..2 v 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH) NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3 <input type="text"/>
03 _____ (NAME)	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES..1 NO..2 v 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH) NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3 <input type="text"/>
04 _____ (NAME)	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES..1 NO..2 v 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH) NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3 <input type="text"/>
05 _____ (NAME)	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES..1 NO..2 v 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH) NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3 <input type="text"/>
06 _____ (NAME)	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES..1 NO..2 v 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH) NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3 <input type="text"/>
07 _____ (NAME)	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES..1 NO..2 v 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH) NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3 <input type="text"/>
08 _____ (NAME)	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES..1 NO..2 v 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH) NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3 <input type="text"/>

212	213	214	215	216	217	218	219	220
What name was given to your (first,next) baby?	RECORD SINGLE OR MULTIPLE BIRTH STATUS.	Is (NAME) a boy or a girl?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	IF LESS THAN 15 YRS. OF AGE: With whom does he/she live? IF 15+: GO TO NEXT BIRTH.	IF DEAD: How old was he/she when he/she died? IF "1 YEAR", PROBE: How many months old was (NAME)? RECORD DAYS IF UNDER 1 MONTH, MONTHS IF UNDER 2 YEARS, OR YEARS.

09	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.1 NO..2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH)← NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3
(NAME)								
10	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.1 NO..2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH)← NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3
(NAME)								
11	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.1 NO..2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH)← NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3
(NAME)								
12	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.1 NO..2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH)← NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3
(NAME)								
13	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.1 NO..2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH)← NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO NEXT BIRTH)	DAYS...1 MONTHS.2 YEARS..3
(NAME)								
14	SING.1 MULT.2	BOY..1 GIRL.2	MONTH <input type="text"/> YEAR <input type="text"/>	YES.1 NO..2 ↓ 220	AGE IN YEARS <input type="text"/>	YES.....1 (GO NEXT BIRTH)← NO.....2	FATHER.....1 GRANDPARENTS...2 OTHER RELATIVE...3 NON-RELATIVE...4 SCHOOL.....5 (GO TO 221)	DAYS...1 MONTHS.2 YEARS..3
(NAME)								

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

NUMBERS ARE SAME NUMBERS ARE DIFFERENT (PROBE AND RECONCILE)

↓

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

FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED.

FOR EACH BIRTH INTERVAL 4 YEARS OR MORE: WRITE THE REASON.

FOR AGE AT DEATH 12 MONTHS: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.

222 CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1988. IF NONE, RECORD 0.

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
223	Now I would like to ask you about some current events in your life. Are you pregnant?	YES.....1 NO.....2 UNSURE.....8	226
224	For how many months have you been pregnant?	MONTHS..... <input type="text"/>	
225	At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not</u> want to become pregnant at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
226	When did your last menstrual period start?	DAYS AGO.....1 <input type="text"/> WEEKS AGO.....2 <input type="text"/> MONTHS AGO.....3 <input type="text"/> YEARS AGO.....4 <input type="text"/> IN MENOPAUSE.....994 MENSTRUATION NOT YET RESUMED SINCE HER LAST BIRTH.....995 HAS NEVER MENSTRUATED IN HER WHOLE LIFE.....996	
228	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....1 RIGHT AFTER HER PERIOD HAS ENDED.....2 IN THE MIDDLE OF THE CYCLE.....3 JUST BEFORE HER PERIOD BEGINS...4 OTHER.....5 (SPECIFY) DOES NOT KNOW.....6	

SECTION 3. CONTRACEPTION

301 How I would like to talk about family planning - the various ways or methods that a couple can use to delay or avoid a pregnancy. Which ways or methods have you heard about?

CIRCLE CODE 1 IN 302 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN MOVE DOWN THE COLUMN, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNISED, AND CODE 3 IF NOT RECOGNISED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 302, ASK 303-304 BEFORE PROCEEDING TO THE NEXT METHOD.

	302 Have you ever heard of (METHOD)? READ DESCRIPTION OF EACH METHOD.	303 Have you ever used (METHOD)?	304 Do you know where a person could go to get (METHOD)?
01] PILL Women can take a pill every day.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
02] IUD Women can have a loop or coil placed inside them by a doctor or a nurse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
03] INJECTIONS Women can have an injection by a doctor or nurse which stops them from becoming pregnant for several months.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
04] FOAM TABLETS/JELLY/NEO-SAMPOON Women can place foam tablets, a diaphragm, sponge, jelly or cream inside them before intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
05] CONDOM Men can use a rubber sheath during sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
06] FEMALE STERILISATION Women can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	Have you ever had an operation to avoid having any more children? YES.....1 NO.....2	YES.....1 NO.....2
07] MALE STERILISATION Men can have an operation to avoid having any more children.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
08] NORPLANT Women can have some small rods put under their skin in their arm.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	YES.....1 NO.....2
09] RHYTHM, COUNTING DAYS A woman can count the days of her cycle and avoid having sexual intercourse on the days when she is more likely to become pregnant.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use this method? YES.....1 NO.....2
10] NATURAL FAMILY PLANNING A woman can take her temperature every day or check her vaginal mucus to tell which days to avoid having sexual intercourse.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	Do you know where a person can obtain advice on how to use natural family planning? YES.....1 NO.....2
11] WITHDRAWAL Man can be careful and pull out before climax.	YES/SPONT.....1 YES/PROBED.....2 NO.....3	YES.....1 NO.....2	
12] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES/SPONT.....1 NO.....3	YES.....1 NO.....2	
1 _____ (SPECIFY)		YES.....1 NO.....2	
2 _____ (SPECIFY)		YES.....1 NO.....2	
3 _____ (SPECIFY)		YES.....1 NO.....2	

305 CHECK 303: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED) SKIP TO 307A

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
306	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES..... <input type="checkbox"/> NO..... <input type="checkbox"/>	→324
307	What have you used or done? CORRECT 303-305 (AND 302 IF NECESSARY).		
307A	CHECK 303: EVER USED NATURAL FAMILY PLANNING <input type="checkbox"/>	NEVER USED NATURAL FAMILY PLANNING <input type="checkbox"/>	→308
307B	The last time you used natural family planning, how did you determine on which days to avoid having sexual intercourse?	TOOK BODY TEMPERATURE.....1 CHECKED CERVICAL MUCUS.....2 BODY TEMPERATURE AND MUCUS.....3 COUNTING DAYS.....4 OTHER.....5 (SPECIFY)	
308	Now I would like to ask you about the time when you first did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'.	NUMBER OF CHILDREN..... <input type="text"/> <input type="text"/>	
309	CHECK 223: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→324
310	CHECK 303: WOMAN NOT STERILISED <input type="checkbox"/> WOMAN STERILISED <input type="checkbox"/>		→312A
311	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→324
312	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 FOAM TABLETS, JELLY, DIAPHRAGM...04 CONDOM.....05 FEMALE STERILISATION.....06 MALE STERILISATION.....07 NORPLANT.....08 RHYTHM, COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE.10 WITHDRAWAL.....11 OTHER.....12 (SPECIFY)	→318 →323
312A	CIRCLE '06' FOR FEMALE STERILIZATION.		
313	At the time you first started using the pill, did you have a physical checkup by a doctor or nurse? PROBE: Did you have your blood pressure checked or an internal examination?	YES.....1 NO.....2 DOES NOT KNOW.....8	
317	How much does one (packet/cycle) of pills cost you?	SHILLINGS..... <input type="text"/> <input type="text"/> <input type="text"/> FREE.....996 DOES NOT KNOW.....998	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
318	<p>CHECK 312:</p> <p>SHE/HE STERILISED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p> <p>Where did the sterilisation take place?</p> <p>Where did you obtain (METHOD) the last time?</p> <p>(NAME OF PLACE)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTRE.....12</p> <p>GOVERNMENT DISPENSARY.....13</p> <p>MEDICAL PRIVATE SECTOR</p> <p>MISSION, CHURCH HOSPITAL/CLINIC.....21</p> <p>FPAK HEALTH CENTRE/CLINIC.....22</p> <p>OTHER NON-GOVERNMENTAL SERVICE.....23</p> <p>PRIVATE HOSPITAL OR CLINIC.....24</p> <p>PHARMACY.....25</p> <p>PRIVATE DOCTOR.....26</p> <p>MOBILE CLINIC.....31</p> <p>COMMUNITY BASED DISTRIBUTOR/ COMMUNITY HEALTH WORKER.....41</p> <p>SHOP.....51</p> <p>FRIENDS/RELATIVES.....61</p> <p>OTHER.....71</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....98</p>	321
319	<p>How long does it take to travel from your home to this place?</p> <p>IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.</p>	<p>MINUTES.....1</p> <p>HOURS.....2</p> <p>DOES NOT KNOW.....9998</p>	
320	<p>Do you walk or use some means of transportation to get there?</p>	<p>WALK.....1</p> <p>USE TRANSPORT.....2</p> <p>DOES NOT KNOW.....8</p>	
321	<p>CHECK 312:</p> <p>SHE/HE STERILISED <input type="checkbox"/> USING ANOTHER METHOD <input type="checkbox"/></p>		323
322	<p>In what month and year was the sterilisation operation performed?</p>	<p>MONTH.....</p> <p>YEAR.....</p>	333A
323	<p>For how many months have you been using (CURRENT METHOD) continuously?</p> <p>IF LESS THAN 1 MONTH, RECORD '00'.</p>	<p>MONTHS.....</p> <p>8 YEARS OR LONGER.....96</p>	329
324	<p>Do you intend to use a method to delay or avoid pregnancy at any time in the future?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW/NOT SURE.....8</p>	326
325	<p>What is the main reason you do not intend to use a method?</p> <p>IF SHE SAYS SHE IS TOO YOUNG, ASK WHAT SHE WILL DO WHEN SHE IS OLDER.</p> <p>IF SHE SAYS SHE IS BREASTFEEDING OR HER PERIOD HAS NOT YET RETURNED, ASK WHAT SHE WILL DO WHEN SHE STOPS BREASTFEEDING OR HER PERIODS RESUME.</p> <p>IF ANSWERS TO THESE PROBES REQUIRE CHANGING Q324, DO SO.</p>	<p>WANTS CHILDREN.....01</p> <p>LACK OF KNOWLEDGE.....02</p> <p>HUSBAND OPPOSED TO USING.....03</p> <p>COST TOO MUCH.....04</p> <p>SIDE EFFECTS.....05</p> <p>FEARS IT WILL MAKE HER STERILE.....06</p> <p>OTHER HEALTH CONCERNS.....07</p> <p>HARD TO GET METHODS.....08</p> <p>RELIGION.....09</p> <p>OPPOSED TO FAMILY PLANNING.....10</p> <p>FATALISTIC.....11</p> <p>OTHER PEOPLE OPPOSED.....12</p> <p>INFREQUENT SEX.....13</p> <p>DIFFICULT TO GET PREGNANT.....14</p> <p>MENOPAUSAL/HAD HYSTERECTOMY.....15</p> <p>INCONVENIENT.....16</p> <p>OTHER.....17</p> <p>(SPECIFY)</p> <p>DOES NOT KNOW.....98</p>	330
326	<p>Do you intend to use a method within the next 12 months?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO						
327	When you use a method, which method would you prefer to use?	PILL.....01 IUD.....02 INJECTIONS.....03 FOAM TABLETS, JELLY, DIAPHRAGM...04 CONDOM.....05 FEMALE STERILISATION.....06 MALE STERILISATION.....07 NORPLANT.....08 RHYTHM, COUNTING DAYS.....09 NATURAL FP, MUCUS, TEMPERATURE.10 WITHDRAWAL.....11 OTHER.....12 (SPECIFY) UNSURE.....98	→330						
328	Where can you get (METHOD MENTIONED IN 327)?	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOVERNMENT DISPENSARY.....13 MEDICAL PRIVATE SECTOR MISSION, CHURCH HOSPITAL/CLINIC.21 FPAK HEALTH CENTRE/CLINIC.....22 OTHER NON-GOVERNMENTAL SERVICE.23 PRIVATE HOSPITAL OR CLINIC.....24 PHARMACY.....25 PRIVATE DOCTOR.....26 MOBILE CLINIC.....31 COMMUNITY BASED DISTRIBUTOR/ COMMUNITY HEALTH WORKER.....41 SHOP.....51 FRIENDS/RELATIVES.....61 OTHER.....71 (SPECIFY) DOES NOT KNOW.....98	→332 →333A →333A →333A						
329	CHECK 312: USING RHYTHM, COUNTING DAYS, WITHDRAWAL OR OTHER TRADITIONAL METHOD <input type="checkbox"/>	USING A MODERN METHOD <input type="checkbox"/>	→333A						
330	Do you know of a place where you can obtain a method of family planning?	YES.....1 NO.....2	→333A						
331	Where is that?	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOVERNMENT DISPENSARY.....13 MEDICAL PRIVATE SECTOR MISSION, CHURCH HOSPITAL/CLINIC.21 FPAK HEALTH CENTRE/CLINIC.....22 OTHER NON-GOVERNMENTAL SERVICE.23 PRIVATE HOSPITAL OR CLINIC.....24 PHARMACY.....25 PRIVATE DOCTOR.....26 MOBILE CLINIC.....31 COMMUNITY BASED DISTRIBUTOR/ COMMUNITY HEALTH WORKER.....41 SHOP.....51 FRIENDS/RELATIVES.....61 OTHER.....71 (SPECIFY)	→333A						
332	How long does it take to travel from your home to this place? IF LESS THAN 2 HOURS, RECORD MINUTES. OTHERWISE, RECORD HOURS.	MINUTES.....1 <table border="1" data-bbox="1196 1625 1323 1667"><tr><td> </td><td> </td><td> </td></tr></table> HOURS.....2 <table border="1" data-bbox="1196 1667 1323 1709"><tr><td>0</td><td> </td><td> </td></tr></table> DK.....9998				0			
0									
333	Do you walk or use some means of transportation to get there?	WALK.....1 USE TRANSPORT.....2 DOES NOT KNOW.....8							

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	GO TO
333A	How did you first hear about family planning?	RADIO.....01 TELEVISION.....02 NEWSPAPERS.....03 POSTERS.....04 HUSBAND.....05 FRIENDS/RELATIVES.....06 HEALTH WORKER/CLINIC.....07 COMMUNITY BASED DISTRIBUTOR/ COMMUNITY HEALTH WORKER.....08 OTHER.....09 (SPECIFY) CAN'T REMEMBER/DOES NOT KNOW...98	
333B	From which place or person did you get the most information?	RADIO.....01 TELEVISION.....02 NEWSPAPERS.....03 POSTERS.....04 HUSBAND.....05 FRIENDS/RELATIVES.....06 HEALTH WORKER/CLINIC.....07 COMMUNITY BASED DISTRIBUTOR/ COMMUNITY HEALTH WORKER.....08 OTHER.....09 (SPECIFY) CAN'T REMEMBER/DOES NOT KNOW...98	
334	In the last 6 months, have you heard a radio program about family planning?	YES.....1 NO.....2 DOES NOT KNOW.....8	→ 335
334A	Which program have you heard? Any others? DO NOT READ CODES TO RESPONDENT. CIRCLE ALL MENTIONED.	MWENDA POLE.....A PANGA UZAZI.....B MAISHA YA JAMII YAKO.....C JIFUNZE NA UENDELEA.....D MAISHA BORA.....E AFYA YAKO.....F DAKTARI AKUSHAURI.....G KUELEWANA NI KUZUNGUNZA.....H OTHER.....I (SPECIFY) DOES NOT KNOW/CANNOT REMEMBER...J	
335	Do you think that information about family planning should be available to young people?	YES.....1 NO.....2 OTHER.....3 (SPECIFY) DOES NOT KNOW.....8	
335A	Do you think that family planning services should be available for young people?	YES.....1 NO.....2 OTHER.....3 (SPECIFY) DOES NOT KNOW.....8	
336	In some communities there is a woman or man who is trained to talk to families in that area about family planning. Sometimes they visit each house and talk about family planning and give out supplies. Other times they have supplies in their houses. Is there any woman or man like that in your area?	YES.....1 NO.....2 DOESN'T KNOW.....8	→ 401 → 401
337	How many times has this person visited your home in the last six months?	TIMES.....	<input type="text"/> <input type="text"/>

SECTION 4A. PREGNANCY AND BREASTFEEDING

401	CHECK 222: ONE OR MORE BIRTHS SINCE JAN. 1988 <input type="checkbox"/>	NO BIRTHS SINCE JAN. 1988 <input type="checkbox"/> (SKIP TO 501)	
402	ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1988 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS). Now I would like to ask you some more questions about the health of all your children born in the past 5 years. We will talk about one child at a time.		
	LINE NUMBER FROM Q. 212 <input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>	<input style="width:20px; height:20px;" type="text"/>
	FROM Q. 212 AND Q. 216	LAST BIRTH NAME <input style="width:100px;" type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	NEXT-TO-LAST BIRTH NAME <input style="width:100px;" type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
		SECOND-FROM-LAST BIRTH NAME <input style="width:100px;" type="text"/> ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	
403	At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> or did you want <u>no (more)</u> children at all?	THEN.....1 (SKIP TO 405) ←	THEN.....1 (SKIP TO 405) ←
		LATER.....2	LATER.....2
		NO MORE.....3 (SKIP TO 405) ←	NO MORE.....3 (SKIP TO 405) ←
404	How much longer would you like to have waited?	MONTHS.....1 <input style="width:20px; height:20px;" type="text"/> YEARS.....2 <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....998	MONTHS.....1 <input style="width:20px; height:20px;" type="text"/> YEARS.....2 <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....998
		MONTHS.....1 <input style="width:20px; height:20px;" type="text"/> YEARS.....2 <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....998	MONTHS.....1 <input style="width:20px; height:20px;" type="text"/> YEARS.....2 <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....998
405	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES, whom did you see? Anyone else? RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....C UNTRAINED TRADITIONAL BIRTH ATTENDANT.....D OTHER.....E (SPECIFY) NO ONE.....F (SKIP TO 409) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....C UNTRAINED TRADITIONAL BIRTH ATTENDANT.....D OTHER.....E (SPECIFY) NO ONE.....F (SKIP TO 409) ←
		HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....C UNTRAINED TRADITIONAL BIRTH ATTENDANT.....D OTHER.....E (SPECIFY) NO ONE.....F (SKIP TO 409) ←	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....C UNTRAINED TRADITIONAL BIRTH ATTENDANT.....D OTHER.....E (SPECIFY) NO ONE.....F (SKIP TO 409) ←
406	Were you given an antenatal card for this pregnancy?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
		YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
407	How many months pregnant were you when you first saw someone for an antenatal check on this pregnancy?	MONTHS..... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....98	MONTHS..... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....98
		MONTHS..... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....98	MONTHS..... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....98
408	How many antenatal visits did you have during this pregnancy?	NO. OF VISITS... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....98	NO. OF VISITS... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....98
		NO. OF VISITS... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....98	NO. OF VISITS... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....98
409	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 NO.....2 (SKIP TO 411) ← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 411) ← DOES NOT KNOW.....8
		YES.....1 NO.....2 (SKIP TO 411) ← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 411) ← DOES NOT KNOW.....8
410	During this pregnancy how many times did you get this injection?	TIMES..... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....8	TIMES..... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....8
		TIMES..... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....8	TIMES..... <input style="width:20px; height:20px;" type="text"/> DOES NOT KNOW.....8

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	
	NAME	NAME	NAME	
411	Where did you give birth to (NAME)?	HER HOME, OTHER HOME...11 GOVERNMENT HOSPITAL/ HLTH CENT./MATERNITY.21 PRIVATE SECTOR MISSION HOSP./CLINIC..31 PRIVATE HOSP./CLINIC.32 OTHER.....41 (SPECIFY)	HER HOME, OTHER HOME...11 GOVERNMENT HOSPITAL/ HLTH CENT./MATERNITY.21 PRIVATE SECTOR MISSION HOSP./CLINIC..31 PRIVATE HOSP./CLINIC.32 OTHER.....41 (SPECIFY)	HER HOME, OTHER HOME...11 GOVERNMENT HOSPITAL/ HLTH CENT./MATERNITY.21 PRIVATE SECTOR MISSION HOSP./CLINIC..31 PRIVATE HOSP./CLINIC.32 OTHER.....41 (SPECIFY)
412	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....C UNTRAINED TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER.....F (SPECIFY) NO ONE.....G	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....C UNTRAINED TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER.....F (SPECIFY) NO ONE.....G	HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B OTHER PERSON TRAINED TRADITIONAL BIRTH ATTENDANT.....C UNTRAINED TRADITIONAL BIRTH ATTENDANT.....D RELATIVE/FRIEND.....E OTHER.....F (SPECIFY) NO ONE.....G
413	Was (NAME) born on time or prematurely?	ON TIME.....1 PREMATURELY.....2 DOES NOT KNOW.....8	ON TIME.....1 PREMATURELY.....2 DOES NOT KNOW.....8	ON TIME.....1 PREMATURELY.....2 DOES NOT KNOW.....8
414	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2	YES.....1 NO.....2	YES.....1 NO.....2
415	When (NAME) was born, was he/she: very large, large, average, small, or very small?	VERY LARGE.....1 LARGE.....2 AVERAGE.....3 SMALL.....4 VERY SMALL.....5 DOES NOT KNOW.....8	VERY LARGE.....1 LARGE.....2 AVERAGE.....3 SMALL.....4 VERY SMALL.....5 DOES NOT KNOW.....8	VERY LARGE.....1 LARGE.....2 AVERAGE.....3 SMALL.....4 VERY SMALL.....5 DOES NOT KNOW.....8
416	Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 418)←	YES.....1 NO.....2 (SKIP TO 419)←	YES.....1 NO.....2 (SKIP TO 419)←
417	How much did (NAME) weigh?	KILOGRAMS..... <input type="text"/> . <input type="text"/> DOES NOT KNOW.....98	KILOGRAMS..... <input type="text"/> . <input type="text"/> DOES NOT KNOW.....98	KILOGRAMS..... <input type="text"/> . <input type="text"/> DOES NOT KNOW.....98
418	Has your period returned since the birth of (NAME)?	YES.....1 (SKIP TO 420)← NO.....2 (SKIP TO 421)←		
419	Did your period return between the birth of (NAME) and your next pregnancy?		YES.....1 NO.....2 (SKIP TO 423)←	YES.....1 NO.....2 (SKIP TO 423)←
420	For how many months after the birth of (NAME) did you not have a period?	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98
421	CHECK 223: RESPONDENT PREGNANT?	NOT PREGNANT <input type="checkbox"/> PREGNANT <input type="checkbox"/> FOR UNLAWFUL SEXUAL INTERCOURSE WITH A MINOR (SEE INSTRUCTIONS)		
422	Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 424)←		
423	For how many months after the birth of (NAME) did you not have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	MONTHS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	NAME	NAME	NAME
424	Did you ever breastfeed (NAME)? YES.....1 (SKIP TO 426)← NO.....2	YES.....1 (SKIP TO 433)← NO.....2	YES.....1 (SKIP TO 433)← NO.....2
425	Why did you not breastfeed (NAME)? MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM.04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM.04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435)←	MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM.04 INSUFFICIENT MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 OTHER.....08 (SPECIFY) (SKIP TO 435)←
426	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. IMMEDIATELY.....000 HOURS.....1 DAYS.....2		
427	CHECK 216: CHILD ALIVE? ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 433)		
428	Are you still breast-feeding (NAME)? YES.....1 NO.....2 (SKIP TO 433)←		
429	How many times did you breastfeed last night between sunset and sunrise? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER NUMBER OF NIGHTTIME FEEDINGS		
430	How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER NUMBER OF DAYLIGHT FEEDINGS		
431	At any time yesterday or last night was (NAME) given any of the following?: Plain water? Sugar water? Juice? Baby formula? Fresh milk? Tinned or powdered milk? Other liquids? Porridge, uji? Other solid or mushy food? YES NO PLAIN WATER.....1 2 SUGAR WATER.....1 2 JUICE.....1 2 BABY FORMULA.....1 2 FRESH MILK.....1 2 TINNED/POWDRD.MILK.1 2 OTHER LIQUIDS.....1 2 PORRIDGE, UJI.....1 2 SOLID/MUSHY FOOD...1 2		
432	CHECK 431: FOOD OR LIQUID GIVEN YESTERDAY? "YES" TO ONE OR MORE <input type="checkbox"/> "NO" TO ALL <input type="checkbox"/> (SKIP TO 437)(SKIP TO 436)		

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	NAME	NAME	NAME

433	For how many months did you breastfeed (NAME)?	MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>	MONTHS..... <input type="text"/> <input type="text"/>
		UNTIL DIED.....96 (SKIP TO 436)←	UNTIL DIED.....96 (SKIP TO 436)←	UNTIL DIED.....96 (SKIP TO 436)←

434	Why did you stop breastfeeding (NAME)?	MOTHER ILL/WEAK.....01	MOTHER ILL/WEAK.....01	MOTHER ILL/WEAK.....01
		CHILD ILL/WEAK.....02	CHILD ILL/WEAK.....02	CHILD ILL/WEAK.....02
		CHILD DIED.....03	CHILD DIED.....03	CHILD DIED.....03
		NIPPLE/BREAST PROBLEM.04	NIPPLE/BREAST PROBLEM.04	NIPPLE/BREAST PROBLEM.04
		INSUFFICIENT MILK.....05	INSUFFICIENT MILK.....05	INSUFFICIENT MILK.....05
		MOTHER WORKING.....06	MOTHER WORKING.....06	MOTHER WORKING.....06
		CHILD REFUSED.....07	CHILD REFUSED.....07	CHILD REFUSED.....07
		WEANING AGE.....08	WEANING AGE.....08	WEANING AGE.....08
		BECAME PREGNANT.....09	BECAME PREGNANT.....09	BECAME PREGNANT.....09
		STARTED USING CONTRACEPTION.....10	STARTED USING CONTRACEPTION.....10	STARTED USING CONTRACEPTION.....10
		OTHER.....11	OTHER.....11	OTHER.....11
		(SPECIFY)	(SPECIFY)	(SPECIFY)

435	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>
		(SKIP TO 437) ↓	(SKIP TO 437) ↓	(SKIP TO 437) ↓

436	Was (NAME) ever given water or anything else to drink or eat (other than breastmilk)?	YES.....1	YES.....1	YES.....1
		NO.....2 (SKIP TO 440)←	NO.....2 (SKIP TO 440)←	NO.....2 (SKIP TO 440)←

437	How many months old was (NAME) when you started giving the following on a regular basis?	Formula or milk other than breastmilk?	AGE IN MONTHS... <input type="text"/> <input type="text"/>	AGE IN MONTHS... <input type="text"/> <input type="text"/>	AGE IN MONTHS... <input type="text"/> <input type="text"/>
			NOT GIVEN.....96	NOT GIVEN.....96	NOT GIVEN.....96
		Plain water?	AGE IN MONTHS... <input type="text"/> <input type="text"/>	AGE IN MONTHS... <input type="text"/> <input type="text"/>	AGE IN MONTHS... <input type="text"/> <input type="text"/>
			NOT GIVEN.....96	NOT GIVEN.....96	NOT GIVEN.....96
		Other liquids?	AGE IN MONTHS... <input type="text"/> <input type="text"/>	AGE IN MONTHS... <input type="text"/> <input type="text"/>	AGE IN MONTHS... <input type="text"/> <input type="text"/>
			NOT GIVEN.....96	NOT GIVEN.....96	NOT GIVEN.....96
		Porridge or uji?	AGE IN MONTHS... <input type="text"/> <input type="text"/>	AGE IN MONTHS... <input type="text"/> <input type="text"/>	AGE IN MONTHS... <input type="text"/> <input type="text"/>
			NOT GIVEN.....96	NOT GIVEN.....96	NOT GIVEN.....96
		Any solid or mushy food?	AGE IN MONTHS... <input type="text"/> <input type="text"/>	AGE IN MONTHS... <input type="text"/> <input type="text"/>	AGE IN MONTHS... <input type="text"/> <input type="text"/>
			NOT GIVEN.....96	NOT GIVEN.....96	NOT GIVEN.....96
	IF LESS THAN 1 MONTH, WRITE '00'	(SKIP TO 440)	(SKIP TO 440)		

438	CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 440)		
		↓		

439	Did (NAME) drink anything from a bottle with a nipple yesterday or last night?	YES.....1		
		NO.....2		
		DOES NOT KNOW.....8		

440 GO BACK TO 403 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO FIRST COLUMN OF 441

SECTION 4B. IMMUNISATION AND HEALTH

441 ENTER THE LINE NUMBER AND NAME OF EACH BIRTH SINCE JANUARY 1988 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 3 BIRTHS, USE ADDITIONAL FORMS).

LINE NUMBER FROM Q. 212	[] []	[] []	[] []
	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH
	NAME _____	NAME _____	NAME _____
	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/>

442 Do you have a health card where (NAME'S) vaccinations are written down? IF YES: May I see it, please?	YES, SEEN.....1 (SKIP TO 446)← YES, NOT SEEN.....2 (SKIP TO 446)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 446)← YES, NOT SEEN.....2 (SKIP TO 446)← NO CARD.....3	YES, SEEN.....1 (SKIP TO 446)← YES, NOT SEEN.....2 (SKIP TO 446)← NO CARD.....3
--------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------

443 Did you ever have a vaccination card for (NAME)?	YES.....1 (SKIP TO 446)← NO.....2	YES.....1 (SKIP TO 446)← NO.....2	YES.....1 (SKIP TO 446)← NO.....2
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444 (1) COPY VACCINATION DATES FOR EACH VACCINE FROM THE CARD.
(2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINE WAS GIVEN BUT NO DATE WAS RECORDED.

		DAY	MONTH	YEAR	DAY	MONTH	YEAR	DAY	MONTH	YEAR
TUBERCULOSIS (BCG)	BCG	[]	[]	[]	[]	[]	[]	[]	[]	[]
DPT 1st DOSE	D1	[]	[]	[]	[]	[]	[]	[]	[]	[]
DPT 2nd DOSE	D2	[]	[]	[]	[]	[]	[]	[]	[]	[]
DPT 3rd DOSE	D3	[]	[]	[]	[]	[]	[]	[]	[]	[]
POLIO-BIRTH DOSE	P0	[]	[]	[]	[]	[]	[]	[]	[]	[]
POLIO-1st DOSE	P1	[]	[]	[]	[]	[]	[]	[]	[]	[]
POLIO-2nd DOSE	P2	[]	[]	[]	[]	[]	[]	[]	[]	[]
POLIO-3rd DOSE	P3	[]	[]	[]	[]	[]	[]	[]	[]	[]
MEASLES	MEA	[]	[]	[]	[]	[]	[]	[]	[]	[]

445 Has (NAME) received any vaccinations that are not recorded on this card? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, DPT 1-3, POLIO 0-3 AND/OR MEASLES VACCINE(S).	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) NO.....2 DK.....8 (SKIP TO 448)←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) NO.....2 DK.....8 (SKIP TO 448)←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 444) NO.....2 DK.....8 (SKIP TO 448)←
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446 Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 448)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 448)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 448)← DOES NOT KNOW.....8
----------------------------------------------------------------------------------------	----------------------------------------------------------------	----------------------------------------------------------------	----------------------------------------------------------------

447 Please tell me if (NAME) (has) received any of the following vaccinations:			
A BCG vaccination against tuberculosis, that is, an injection in the left forearm that made a scar?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
IF YES: How many times?	NUMBER OF TIMES..... []	NUMBER OF TIMES..... []	NUMBER OF TIMES..... []
An injection against measles, that is, in the top part of the right arm?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8

448 CHECK 216: CHILD ALIVE?	ALIVE <input type="checkbox"/> (SKIP TO 450) DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> (SKIP TO 450) DEAD <input type="checkbox"/>	ALIVE <input type="checkbox"/> (SKIP TO 450) DEAD <input type="checkbox"/>
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449 GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, SKIP TO 480.

	LAST BIRTH	NEXT-TO-LAST BIRTH	SECOND-FROM-LAST BIRTH	
	NAME	NAME	NAME	
460	Has (NAME) had diarrhoea in the last two weeks? YES.....1 (SKIP TO 462)← NO.....2 DOES NOT KNOW.....8	YES.....1 (SKIP TO 462)← NO.....2 DOES NOT KNOW.....8	YES.....1 (SKIP TO 462)← NO.....2 DOES NOT KNOW.....8	
461 GO BACK TO 442 FOR NEXT BIRTH OR, IF NO MORE BIRTHS, SKIP TO 480				
462	Has (NAME) had diarrhoea in the last 24 hours? YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	
463	For how many days (has the diarrhoea lasted/did the diarrhoea last)? DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	DAYS..... <input type="text"/> <input type="text"/>	
463A	How many stools did (NAME) have on the worst day of the diarrhoea? NUMBER OF STOOLS <input type="text"/> <input type="text"/>	NUMBER OF STOOLS <input type="text"/> <input type="text"/>	NUMBER OF STOOLS <input type="text"/> <input type="text"/>	
464	Was there any blood in the stools? YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8 (SKIP TO 468)	YES.....1 NO.....2 DOES NOT KNOW.....8 (SKIP TO 468)	
465	CHECK 424/428: LAST CHILD STILL BREASTFED? YES <input type="checkbox"/> NO <input type="checkbox"/> (SKIP TO 468) v			
466	During (NAME)'s diarrhoea, did you change the frequency of breastfeeding? YES.....1 NO.....2 (SKIP TO 468)←			
467	Did you <u>increase</u> the number of breastfeeds, <u>reduce</u> them or did you <u>stop completely</u> ? INCREASED.....1 REDUCED.....2 STOPPED COMPLETELY.....3			
468	(Aside from breastmilk) Was he/she given the same amount to drink as before the diarrhoea, or more, or less? SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8	SAME.....1 MORE.....2 LESS.....3 DOES NOT KNOW.....8	
469	Was anything given to treat the diarrhoea? YES.....1 NO.....2 (SKIP TO 471)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 471)← DOES NOT KNOW.....8	YES.....1 NO.....2 (SKIP TO 471)← DOES NOT KNOW.....8	
470	What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.	FLUID FROM ORS PACKET..A ANTIBIOTIC PILL, SYRUP..B OTHER PILL OR SYRUP....C INJECTION.....D I.V. (INTRAVENOUS)....E HOME REMEDY OR HERBS...F OTHER.....G (SPECIFY)	FLUID FROM ORS PACKET..A ANTIBIOTIC PILL, SYRUP..B OTHER PILL OR SYRUP....C INJECTION.....D I.V. (INTRAVENOUS)....E HOME REMEDY OR HERBS...F OTHER.....G (SPECIFY)	FLUID FROM ORS PACKET..A ANTIBIOTIC PILL, SYRUP..B OTHER PILL OR SYRUP....C INJECTION.....D I.V. (INTRAVENOUS)....E HOME REMEDY OR HERBS...F OTHER.....G (SPECIFY)
471	Did you seek advice or treatment for the diarrhoea? YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←	YES.....1 NO.....2 (SKIP TO 473)←	
472	Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL...A GOVT.HEALTH CENTRE...B GOVT. DISPENSARY.....C MEDICAL PRIVATE SECTOR MISSION,CHURCH HOSPITAL OR CLINIC..D OTHER NON-GOVT.SERVIC.E PVT. HOSPITAL/CLINIC..F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HLTH WORKER...J OTHER PRIVATE SECTOR SHOP.....K HERBALIST.....L RELATIVE/FRIEND.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL...A GOVT.HEALTH CENTRE...B GOVT. DISPENSARY.....C MEDICAL PRIVATE SECTOR MISSION,CHURCH HOSPITAL OR CLINIC..D OTHER NON-GOVT.SERVIC.E PVT. HOSPITAL/CLINIC..F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HLTH WORKER...J OTHER PRIVATE SECTOR SHOP.....K HERBALIST.....L RELATIVE/FRIEND.....M OTHER.....N (SPECIFY)	PUBLIC SECTOR GOVERNMENT HOSPITAL...A GOVT.HEALTH CENTRE...B GOVT. DISPENSARY.....C MEDICAL PRIVATE SECTOR MISSION,CHURCH HOSPITAL OR CLINIC..D OTHER NON-GOVT.SERVIC.E PVT. HOSPITAL/CLINIC..F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HLTH WORKER...J OTHER PRIVATE SECTOR SHOP.....K HERBALIST.....L RELATIVE/FRIEND.....M OTHER.....N (SPECIFY)

		LAST BIRTH		NEXT-TO-LAST BIRTH		SECOND-FROM-LAST BIRTH	
		NAME		NAME		NAME	
473	CHECK 470: ORS FLUID FROM PACKET MENTIONED?	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/>	YES, ORS FLUID MENTIONED <input type="checkbox"/>	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/>	YES, ORS FLUID MENTIONED <input type="checkbox"/>	NO, ORS FLUID NOT MENTIONED <input type="checkbox"/>	YES, ORS FLUID MENTIONED <input type="checkbox"/>
		(SKIP TO 475)		(SKIP TO 475)		(SKIP TO 475)	
474	Was (NAME) given water mixed with Oralite or ORS sachet when he/she had the diarrhoea?	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8	YES.....1 NO.....2 DOES NOT KNOW.....8
475	For how many days was (NAME) given the Oralite/ ORS? IF LESS THAN 1 DAY, WRITE 00	DAYS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	DAYS..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98
479	GO BACK TO 442 FOR NEXT BIRTH; OR, IF NO MORE BIRTHS, GO TO 480						

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
480	CHECK 470 AND 474 (ALL COLUMNS): ORS FLUID FROM SACHET <input type="checkbox"/> GIVEN TO ANY CHILD	ORS FLUID FROM SACHET NOT GIVEN TO ANY CHILD OR 470 AND 474 NOT ASKED <input type="checkbox"/>	484
481	Have you ever heard of a special product called ORS or Oralite you can get for the treatment of diarrhoea?	YES.....1 NO.....2	483
482	Have you ever seen a sachet like this before? SHOW SACHETS.	YES.....1 NO.....2	501
483	Have you ever prepared a solution with one of these sachets to treat diarrhoea in yourself or someone else? SHOW SACHETS.	YES.....1 NO.....2	486
484	The last time you prepared Oralite (ORS), did you prepare the whole sachet at once or only part of the sachet?	WHOLE SACHET AT ONCE.....1 PART OF SACHET.....2	486
485	What container did you use to measure the water the last time you made Oralite (ORS)?	SMALL KIMBO (1/2 KG).....01 LARGE KIMBO (1 KG).....02 BEER BOTTLE (TUSKER).....03 BEER BOTTLE (PREMIUM).....04 TREETOP BOTTLE (750 ML).....05 SODA BOTTLE (250 ML).....06 TEACUP.....07 GLASS.....08 OTHER.....09 (SPECIFY)	
485A	How many of these containers did you mix with the contents of the ORS sachet?	NUMBER OF CONTAINERS..... <input type="text"/>	
486	Where can you get Oralite/ORS sachets? PROBE: Anywhere else? RECORD ALL PLACES MENTIONED.	PUBLIC SECTOR GOVERNMENT HOSPITAL.....A GOVERNMENT HEALTH CENTRE.....B GOVERNMENT DISPENSARY.....C MEDICAL PRIVATE SECTOR MISSION, CHURCH HOSPITAL, CLINIC.....D OTHER NON-GOVERNMENTAL SERVICE.....E PRIVATE HOSPITAL/CLINIC.....F PHARMACY.....G PRIVATE DOCTOR.....H MOBILE CLINIC.....I COMMUNITY HLTH WORKER.....J OTHER PRIVATE SECTOR SHOP.....K HERBALIST.....L RELATIVE/FRIEND.....M OTHER.....N (SPECIFY)	

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
501	Now we come to matters of marriage. Have you ever been married or lived with a man?	YES.....1 NO.....2	512
502	Are you now married or living with a man, or are you now widowed, divorced, or no longer living together?	MARRIED.....1 LIVING TOGETHER.....2 WIDOWED.....3 DIVORCED.....4 NO LONGER LIVING TOGETHER.....5	507
503	Does your husband/partner usually live with you or does he usually stay somewhere else?	LIVES WITH HER.....1 STAYS SOMEWHERE ELSE.....2	504
503A	Where does he usually stay?	WITHIN SAME DISTRICT.....1 NAIROBI.....2 MOMBASA.....3 OUTSIDE DISTRICT.....4 DOES NOT KNOW.....8	
504	Does your husband/partner have any other wives besides yourself?	YES.....1 NO.....2	507
505	How many other wives/partners does he have?	NUMBER..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
507	Have you been married or lived with a man only once, or more than once?	ONCE.....1 MORE THAN ONCE.....2	
508	In what month and year did you start living with your (first) husband/partner?	MONTH..... <input type="text"/> <input type="text"/> DOES NOT KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> DOES NOT KNOW YEAR.....98	
509	How old were you when you started living with him?	AGE..... <input type="text"/> <input type="text"/> DOES NOT KNOW AGE.....98	
510	CHECK 508 AND 509: YEAR AND AGE GIVEN? YES <input type="checkbox"/> NO <input type="checkbox"/>		513
511	CHECK CONSISTENCY OF 508 AND 509: YEAR OF BIRTH (105) <input type="text"/> <input type="text"/> PLUS + AGE AT MARRIAGE (509) <input type="text"/> <input type="text"/> = CALCULATED YEAR OF MARRIAGE <input type="text"/> <input type="text"/> IF NECESSARY, CALCULATE YEAR OF BIRTH CURRENT YEAR <input type="text"/> 9 <input type="text"/> 3 MINUS - CURRENT AGE (106) <input type="text"/> <input type="text"/> = CALCULATED YEAR OF BIRTH <input type="text"/> <input type="text"/> IS THE CALCULATED YEAR OF MARRIAGE WITHIN ONE YEAR OF THE REPORTED YEAR OF MARRIAGE (508) ? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 508 AND 509. (SKIP TO 513)		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
512	IF NEVER MARRIED OR LIVED WITH A MAN: Have you ever had sexual intercourse?	YES.....1 NO.....2	520
513	Now we need some details about your sexual activity in order to get a better understanding of family planning and fertility. How old were you when you first had sexual intercourse?	AGE..... <input type="text"/> <input type="text"/> FIRST TIME WHEN MARRIED.....96	
514	In the last four weeks, on how many days did you have sexual intercourse? IF NONE, WRITE '00'.	DAYS..... <input type="text"/> <input type="text"/>	
516	How many different men have you had sexual intercourse within the last 6 months? IF 00, SKIP TO 518.	NUMBER OF MEN..... <input type="text"/> <input type="text"/>	
517	Did you use a condom with any of these men?	YES.....1 NO.....2	
518	How many different men have you had sexual intercourse with in your whole life?	NUMBER OF MEN..... <input type="text"/> <input type="text"/>	
519	When was the last time you had sexual intercourse?	DAYS AGO.....1 <input type="text"/> <input type="text"/> WEEKS AGO.....2 <input type="text"/> <input type="text"/> MONTHS AGO.....3 <input type="text"/> <input type="text"/> YEARS AGO.....4 <input type="text"/> <input type="text"/> BEFORE LAST BIRTH.....996	
520	Now I have a few questions about a very important topic. Have you heard of a disease called AIDS?	YES.....1 NO.....2	531
521	From which sources of information or persons have you heard about AIDS in the last month? Any others? CIRCLE ALL MENTIONED.	RADIO.....A TV.....B NEWSPAPERS.....C HEALTH WORKERS.....D PRIESTS/PREACHERS/KADHIS.....E HUSBAND.....F FRIENDS/RELATIVES.....G SCHOOLS.....H BOOKLETS/PAMPHLETS/POSTERS.....I BARAZAS.....J OTHER.....K (SPECIFY) NONE.....L	
522	How is AIDS transmitted? Any other ways? DO NOT READ CODES. CIRCLE ALL MENTIONED.	SEXUAL INTERCOURSE.....A SHAVING/AZORS.....B INJECTIONS.....C CIRCUMCISION, TATTOOS.....D MOTHER TO CHILD.....E TRANSFUSION OF INFECTED BLOOD...F OTHER.....G (SPECIFY) DOES NOT KNOW.....N	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO																												
523	Do you think that you can get AIDS from shaking hands with someone who has AIDS? kissing someone who has AIDS? wearing the clothes of someone who has AIDS? sharing eating utensils with someone who has AIDS? touching someone who has died from AIDS? mosquito, flea or bedbug bites?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: center;">NO</td> <td style="text-align: center;">DK</td> </tr> <tr> <td>HANDSHAKING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>KISSING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SHARING CLOTHES.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SHARING EATING UTENSILS....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TOUCHING SOMEONE WHO DIED..</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MOSQUITO/FLEA/BEDBUG BITES..</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK	HANDSHAKING.....	1	2	8	KISSING.....	1	2	8	SHARING CLOTHES.....	1	2	8	SHARING EATING UTENSILS....	1	2	8	TOUCHING SOMEONE WHO DIED..	1	2	8	MOSQUITO/FLEA/BEDBUG BITES..	1	2	8	
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MOSQUITO/FLEA/BEDBUG BITES..	1	2	8																												
524	Is it possible for a healthy looking person to be infected with the AIDS virus?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td>8</td> </tr> </table>	YES.....	1	NO.....	2	DOES NOT KNOW.....	8																							
YES.....	1																														
NO.....	2																														
DOES NOT KNOW.....	8																														
525	Is it possible for a woman who has the AIDS virus to give birth to a child with the AIDS virus?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td>8</td> </tr> </table>	YES.....	1	NO.....	2	DOES NOT KNOW.....	8																							
YES.....	1																														
NO.....	2																														
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526	Can people protect themselves from getting AIDS or is there nothing that people can do?	<table border="0"> <tr> <td>CAN PROTECT THEMSELVES.....</td> <td>1</td> <td></td> </tr> <tr> <td>NOTHING THEY CAN DO.....</td> <td>2</td> <td>→ 528</td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td>8</td> <td>→ 528</td> </tr> </table>	CAN PROTECT THEMSELVES.....	1		NOTHING THEY CAN DO.....	2	→ 528	DOES NOT KNOW.....	8	→ 528																				
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DOES NOT KNOW.....	8	→ 528																													
527	How can people protect themselves from getting AIDS? DO NOT READ CODES TO RESPONDENT. Any other ways? CIRCLE ALL MENTIONED.	<table border="0"> <tr> <td>DO NOT HAVE SEX AT ALL.....</td> <td>A</td> </tr> <tr> <td>LIMIT NUMBER OF SEXUAL PARTNERS..</td> <td>B</td> </tr> <tr> <td>USE CONDOMS DURING SEX.....</td> <td>C</td> </tr> <tr> <td>STERILIZE SYRINGES/NEEDLES.....</td> <td>D</td> </tr> <tr> <td>AVOID PROSTITUTES.....</td> <td>E</td> </tr> <tr> <td>OTHER.....</td> <td>F</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> </tr> </table>	DO NOT HAVE SEX AT ALL.....	A	LIMIT NUMBER OF SEXUAL PARTNERS..	B	USE CONDOMS DURING SEX.....	C	STERILIZE SYRINGES/NEEDLES.....	D	AVOID PROSTITUTES.....	E	OTHER.....	F		(SPECIFY)															
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AVOID PROSTITUTES.....	E																														
OTHER.....	F																														
	(SPECIFY)																														
528	Do you know anyone who has AIDS or anyone who has died from AIDS?	<table border="0"> <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																														
529	Do you think that you yourself can catch AIDS?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> <td></td> </tr> <tr> <td>NO.....</td> <td>2</td> <td>→ 531</td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td>8</td> <td>→ 531</td> </tr> </table>	YES.....	1		NO.....	2	→ 531	DOES NOT KNOW.....	8	→ 531																				
YES.....	1																														
NO.....	2	→ 531																													
DOES NOT KNOW.....	8	→ 531																													
530	How do you think you might catch AIDS?	<table border="0"> <tr> <td>FROM HUSBAND/PARTNER.....</td> <td>1</td> </tr> <tr> <td>FROM NEEDLES/INJECTIONS.....</td> <td>2</td> </tr> <tr> <td>FROM BLOOD TRANSFUSIONS.....</td> <td>3</td> </tr> <tr> <td>OTHER.....</td> <td>4</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> </tr> <tr> <td>NOT SURE/DOES NOT KNOW.....</td> <td>8</td> </tr> </table>	FROM HUSBAND/PARTNER.....	1	FROM NEEDLES/INJECTIONS.....	2	FROM BLOOD TRANSFUSIONS.....	3	OTHER.....	4		(SPECIFY)	NOT SURE/DOES NOT KNOW.....	8																	
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	(SPECIFY)																														
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531	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER MALES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER FEMALES.....</td> <td>1</td> <td>2</td> </tr> </table>		YES	NO	CHILDREN UNDER 10.....	1	2	HUSBAND.....	1	2	OTHER MALES.....	1	2	OTHER FEMALES.....	1	2														
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SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
601	<p>CHECK 312:</p> <p>NEITHER STERILISED <input type="checkbox"/> HE OR SHE STERILISED <input type="checkbox"/></p>		607
602	<p>CHECK 502:</p> <p>CURRENTLY MARRIED OR LIVING TOGETHER <input type="checkbox"/> NOT MARRIED/NOT LIVING TOGETHER <input type="checkbox"/></p>		614
603	<p>CHECK 223:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?</p>	<p>HAVE A (ANOTHER) CHILD.....1</p> <p>NO MORE/NONE.....2</p> <p>SAYS SHE CAN'T GET PREGNANT.....3</p> <p>UNDECIDED, DOES NOT KNOW.....8</p>	610
604	<p>CHECK 223:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p>	<p>MONTHS.....1</p> <p>YEARS.....2</p> <p>SOON/NOW.....994</p> <p>SAYS SHE CAN'T GET PREGNANT...995</p> <p>OTHER.....996 (SPECIFY)</p> <p>DOES NOT KNOW.....998</p>	610
605	<p>CHECK 216 AND 223:</p> <p>HAS LIVING CHILD(REN) OR PREGNANT? YES <input type="checkbox"/> NO <input type="checkbox"/></p>		610
606	<p>CHECK 223:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How old would you like your youngest child to be when your next child is born?</p>	<p>AGE OF CHILD YEARS.....</p> <p>DOES NOT KNOW.....98</p>	610
607	<p>Would you recommend to a friend or relative in your circumstances to have an operation not to have any more children?</p>	<p>YES.....1</p> <p>NO.....2</p>	610
608	<p>Why not?</p>	<p>_____</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
610	Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DOES NOT KNOW.....8	
610A	Have you ever talked to your husband/partner about household finances and economic matters such as the costs of children?	YES.....1 NO.....2	
611	Have you ever talked to your husband/partner about family planning?	YES.....1 NO.....2	612
611A	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
612	Have you and your husband/partner ever discussed the number of children you would like to have?	YES.....1 NO.....2	
613	Do you think your husband/partner wants the <u>same</u> number of children that you want, or does he want <u>more</u> or <u>fewer</u> than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DOES NOT KNOW.....8	
614	How long should a couple wait before starting sexual intercourse after the birth of a baby?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> OTHER _____ 996 (SPECIFY)	
615	Should a mother wait until she has completely stopped breastfeeding before starting to have sexual relations again, or doesn't it matter?	WAIT.....1 DOESN'T MATTER.....2	
616	In general, do you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2	
617	CHECK 216: HAS LIVING CHILD(REN) <input type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? NO LIVING CHILDREN <input type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be? RECORD SINGLE NUMBER OR OTHER ANSWER.	NUMBER..... <input type="text"/> <input type="text"/> OTHER ANSWER _____ 96 (SPECIFY)	618
617A	How many boys? How many girls?	NUMBER OF BOYS..... <input type="text"/> <input type="text"/> NUMBER OF GIRLS..... <input type="text"/> <input type="text"/> OTHER _____ 96 (SPECIFY)	
618	What do you think is the best number of months or years between the birth of one child and the birth of the next child?	MONTHS.....1 <input type="text"/> <input type="text"/> YEARS.....2 <input type="text"/> <input type="text"/> OTHER _____ 996 (SPECIFY)	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
701	<p>CHECK 501:</p> <p>EVER MARRIED OR LIVED TOGETHER <input type="checkbox"/></p> <p>NEVER MARRIED/ NEVER LIVED TOGETHER <input type="checkbox"/></p> <p>ASK QUESTIONS ABOUT CURRENT OR MOST RECENT HUSBAND/PARTNER.</p>		708
702	Did your (last) husband/partner ever attend school?	YES.....1 NO.....2	704B
703	What was the highest level of school he attended: primary, secondary, or university?	PRIMARY1 SECONDARY.....2 UNIVERSITY.....3 DOES NOT KNOW.....8	704B
704	What was the highest (standard/form/year) he completed at that level?	STANDARD/FORM/YEAR..... <input type="text"/> <input type="text"/> DOES NOT KNOW.....98	
704A	<p>CHECK 703:</p> <p>PRIMARY <input type="checkbox"/></p> <p>SECONDARY OR ABOVE <input type="checkbox"/></p>		705
704B	Can (Could) he read a letter or newspaper in any language easily, with difficulty, or not at all?	EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3 DOES NOT KNOW.....8	
705	<p>What kind of work does (did) your (last) husband/partner mainly do?</p> <p>LEAVE BOXES BLANK</p>	<input type="text"/> <input type="text"/> <hr/> <hr/>	
706	<p>CHECK 705:</p> <p>WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/></p> <p>DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/></p>		708
707	(Does/did) your husband/partner work mainly on his own land or family land, or (does/did) he rent land, or (does/did) he work on someone else's land?	HIS/FAMILY LAND.....1 RENTED LAND.....2 SOMEONE ELSE'S LAND.....3	
707A	(Does/did) he earn a regular wage or salary?	YES.....1 NO.....2 DOES NOT KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
708	Aside from your own housework, are you currently working?	YES.....1 NO.....2	710
709	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. Are you currently doing any of these things or any other work?	YES.....1 NO.....2	717
710	What is your occupation, that is, what kind of work do you do? LEAVE BOXES BLANK.	_____ _____ _____	<input type="checkbox"/> <input type="checkbox"/>
711	In your current work, do you 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	
712	Do you earn cash for this work? PROBE: Do you make money for working?	YES.....1 NO.....2	
713	Do you do this work at home or away from home?	HOME.....1 AWAY.....2	
714	CHECK 215/216/218: HAS CHILD BORN SINCE JAN. 1988 AND LIVING AT HOME?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
715	While you are working, do you <u>usually</u> have (NAME OF YOUNGEST CHILD AT HOME) with you, <u>sometimes</u> have him/her with you, or <u>never</u> have him/her with you?	USUALLY.....1 SOMETIMES.....2 NEVER.....3	717
716	Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working?	HUSBAND/PARTNER.....01 OLDER CHILD(REN).....02 OTHER RELATIVES.....03 NEIGHBORS.....04 FRIENDS.....05 SERVANTS/HIRED HELP.....06 CHILD IS IN SCHOOL.....07 INSTITUTIONAL CHILDCARE.....08 OTHER.....09 (SPECIFY)	
717	RECORD THE TIME	HOUR..... MINUTES.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

SECTION B. HEIGHT AND WEIGHT

801	CHECK 222:			
	ONE OR MORE BIRTHS SINCE JAN. 1988	<input type="checkbox"/>	NO BIRTHS SINCE JAN. 1988	<input type="checkbox"/> → END

INTERVIEWER: IN 802 (COLUMNS 2-4) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1988 AND STILL ALIVE. IN 803 AND 804 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1988. IN 806 AND 808 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1988 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 3 LIVING CHILDREN BORN SINCE JANUARY 1988, USE ADDITIONAL FORMS).

	1 RESPONDENT	2 YOUNGEST LIVING CHILD	3 NEXT-TO-YOUNGEST LIVING CHILD	4 SECOND-TO-YOUNGEST LIVING CHILD
802 LINE NO. FROM Q.212		<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
803 NAME FROM Q.212 FOR CHILDREN	(NAME) _____	(NAME) _____	(NAME) _____	(NAME) _____
804 DATE OF BIRTH FROM Q.105 FOR RESPONDENT FROM Q.215 FOR CHILDREN, AND ASK FOR DAY OF BIRTH	MONTH.... <input style="width: 20px; height: 20px;" type="text"/> YEAR.... <input style="width: 20px; height: 20px;" type="text"/>	DAY..... <input style="width: 20px; height: 20px;" type="text"/> MONTH.... <input style="width: 20px; height: 20px;" type="text"/> YEAR.... <input style="width: 20px; height: 20px;" type="text"/>	DAY..... <input style="width: 20px; height: 20px;" type="text"/> MONTH.... <input style="width: 20px; height: 20px;" type="text"/> YEAR.... <input style="width: 20px; height: 20px;" type="text"/>	DAY..... <input style="width: 20px; height: 20px;" type="text"/> MONTH.... <input style="width: 20px; height: 20px;" type="text"/> YEAR.... <input style="width: 20px; height: 20px;" type="text"/>
805 BCG SCAR ON LOWER LEFT ARM		SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2	SCAR SEEN.....1 NO SCAR.....2
806 HEIGHT (in centimeters)	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
807 WAS HEIGHT/LENGTH OF CHILD MEASURED LYING DOWN OR STANDING UP?		LYING.....1 STANDING.....2	LYING.....1 STANDING.....2	LYING.....1 STANDING.....2
808 WEIGHT (in kilograms)	<input style="width: 30px; height: 20px;" type="text"/>	0 <input style="width: 30px; height: 20px;" type="text"/>	0 <input style="width: 30px; height: 20px;" type="text"/>	0 <input style="width: 30px; height: 20px;" type="text"/>
809 MID-UPPER ARM CIRCUMFERENCE (in millimeters)	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>	<input style="width: 30px; height: 20px;" type="text"/>
810 DATE WEIGHED AND MEASURED	DAY..... <input style="width: 20px; height: 20px;" type="text"/> MONTH.... <input style="width: 20px; height: 20px;" type="text"/> YEAR.... <input style="width: 20px; height: 20px;" type="text"/>	DAY..... <input style="width: 20px; height: 20px;" type="text"/> MONTH.... <input style="width: 20px; height: 20px;" type="text"/> YEAR.... <input style="width: 20px; height: 20px;" type="text"/>	DAY..... <input style="width: 20px; height: 20px;" type="text"/> MONTH.... <input style="width: 20px; height: 20px;" type="text"/> YEAR.... <input style="width: 20px; height: 20px;" type="text"/>	DAY..... <input style="width: 20px; height: 20px;" type="text"/> MONTH.... <input style="width: 20px; height: 20px;" type="text"/> YEAR.... <input style="width: 20px; height: 20px;" type="text"/>
811 RESULT	MEASURED.....1 NOT PRESENT....3 REFUSED.....4 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)	CHILD MEASURED.1 CHILD SICK.....2 CHILD NOT PRESENT.....3 CHILD REFUSED..4 MOTHER REFUSED.5 OTHER.....6 (SPECIFY)

812 NAME OF MEASURER: _____	<input style="width: 30px; height: 20px;" type="text"/>	NAME OF ASSISTANT: _____	<input style="width: 30px; height: 20px;" type="text"/>
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** Adapt question locally after determining the most common injection site (usually the left arm or shoulder). ENG WOM 29

INTERVIEWER'S OBSERVATIONS
(To be filled in after completing interview)

Comments About Respondent:

Comments on Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor:

Date:

EDITOR'S OBSERVATIONS

ENG WOM 30