

NATIONAL COUNCIL FOR POPULATION AND DEVELOPMENT
 CENTRAL BUREAU OF STATISTICS
 KENYA DEMOGRAPHIC AND HEALTH SURVEY 3
 WOMAN'S QUESTIONNAIRE

CONFIDENTIAL
 Data used
 for research
 purposes only

| IDENTIFICATION | | | | | | | | | | | | | | | | |
|---|---|------------------|----------|--------------|---|---|--|--|--|--|--|--|--|--|--|--|
| PROVINCE _____ | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <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> | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| DISTRICT _____ | | | | | | | | | | | | | | | | |
| LOCATION/TOWN _____ | | | | | | | | | | | | | | | | |
| SUBLOCATION/WARD _____ | | | | | | | | | | | | | | | | |
| NASSEP CLUSTER NUMBER..... | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><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><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><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | |
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| KDHS CLUSTER NUMBER..... | | | | | | | | | | | | | | | | |
| HOUSEHOLD NUMBER..... | | | | | | | | | | | | | | | | |
| NAIROBI/MOMBASA=1, SMALL CITY=2, TOWN=3, RURAL=4... | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| NAME OF HOUSEHOLD HEAD _____ | | | | | | | | | | | | | | | | |
| NAME AND LINE NUMBER OF WOMAN _____ | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table> | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| INTERVIEWER VISITS | 1 | 2 | 3 | FINAL VISIT | | | | | | | | | | | | |
| DATE | | | | DAY | | | | | | | | | | | | |
| | | | | MONTH | | | | | | | | | | | | |
| | | | | YEAR | | | | | | | | | | | | |
| INTERVIEWER'S NAME | | | | NAME | | | | | | | | | | | | |
| RESULT * | | | | RESULT | | | | | | | | | | | | |
| NEXT VISIT: DATE | | | | TOTAL NUMBER | | | | | | | | | | | | |
| TIME | | | | OF VISITS | | | | | | | | | | | | |
| * RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____ 2 NOT AT HOME 5 PARTLY COMPLETED _____ 3 POSTPONED 6 INCAPACITATED (SPECIFY) | | | | | | | | | | | | | | | | |
| LANGUAGE OF QUESTIONNAIRE: ENGLISH | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr> </table> | | | | 1 | 0 | | | | | | | | | | |
| 1 | 0 | | | | | | | | | | | | | | | |
| LANGUAGE USED IN INTERVIEW**..... | | | | | | | | | | | | | | | | |
| RESPONDENT'S LOCAL LANGUAGE**..... | | | | | | | | | | | | | | | | |
| TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3)..... | | | | | | | | | | | | | | | | |
| ** LANGUAGE CODES: 01 KALENJIN 05 LUHYA 09 KISWAHILI 02 KAMBA 06 LUO 10 ENGLISH 03 KIKUYU 07 MERU/EMBU 11 MASAI 04 KISII 08 MIJIKENDA 12 OTHER | | | | | | | | | | | | | | | | |
| NAME | FIELD EDITED BY | OFFICE EDITED BY | KEYED BY | KEYED BY | | | | | | | | | | | | |
| DATE | _____ | _____ | _____ | _____ | | | | | | | | | | | | |

&dSECTION 1. RESPONDENT'S BACKGROUND &d@

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|------|
| 101 | RECORD THE TIME. | HOUR..... MINUTES..... | |
| 102 | First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you in Nairobi or Mombasa, in another town or city, or in the countryside? | NAIROBI/MOMBASA.....1 OTHER CITY/TOWN.....2 COUNTRYSIDE.....3 | |
| 103 | How long have you been living continuously in (NAME OF CURRENT PLACE OF RESIDENCE)? | YEARS..... 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..... DON'T KNOW MONTH.....98 YEAR..... 1 9 DON'T KNOW YEAR.....9998 | |
| 106 | How old were you at your last birthday? COMPARE AND CORRECT 105 AND/OR 106 IF INCONSISTENT. | AGE IN COMPLETED YEARS..... | |
| 107 | Have you ever attended school? | YES.....1 NO.....2 | 114 |
| 108 | What is the highest level of school you attended: primary, secondary, or higher? | PRIMARY.....1 SECONDARY.....2 HIGHER.....3 | |
| 109 | What is the highest (standard/form/year) you completed at that level? | STANDARD/FORM/YEAR..... | |
| 110 | CHECK 106: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/> | | 113 |
| 111 | Are you currently attending school? | YES.....1 NO.....2 | 113 |
| 112 | What was the main reason you stopped attending school? | GOT PREGNANT.....01 GOT MARRIED.....02 TO CARE FOR YOUNGER CHILDREN...03 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....04 COULD NOT PAY SCHOOL FEES.....05 NEEDED TO EARN MONEY.....06 COMPLETED/HAD ENOUGH SCHOOLING.07 DID NOT PASS ENTRANCE EXAMS...08 DID NOT LIKE SCHOOL.....09 SCHOOL NOT ACCESSIBLE/TOO FAR..10 OTHER.....96 (SPECIFY) DON'T KNOW.....98 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|-------------------|
| 113 | CHECK 108: PRIMARY <input type="checkbox"/> SECONDARY OR HIGHER <input type="checkbox"/> | | 115 |
| 114 | Can you read and understand a letter or newspaper easily, with difficulty, or not at all? | EASILY.....1 WITH DIFFICULTY.....2 NOT AT ALL.....3 | 116 |
| 115 | Do you usually read a newspaper or magazine at least once a week? | YES.....1 NO.....2 | |
| 116 | Do you usually listen to a radio every day? | YES.....1 NO.....2 | |
| 117 | Do you usually watch television at least once a week? | YES.....1 NO.....2 | |
| 118 | What is your religion? | CATHOLIC.....1 PROTESTANT/OTHER CHRISTIAN.....2 MUSLIM.....3 NO RELIGION.....4 OTHER.....6 (SPECIFY) | |
| 119 | What is your ethnic group/tribe? | KALENJIN.....01 KAMBA.....02 KIKUYU.....03 KISII.....04 LUHYA.....05 LUO.....06 MASAI.....07 MERU/EMBU.....08 MIJIKENDA/SWAHILI.....09 SOMALI.....10 TAITA/TAVETA.....11 OTHER.....96 (SPECIFY) | |
| 120 | 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 |
| 121 | Now I would like to ask about the place in which you usually live. Do you usually live in Nairobi or Mombasa, another town or city, or in the countryside? | NAIROBI/MOMBASA.....1 OTHER CITY/TOWN.....2 COUNTRYSIDE.....3 | |
| 122 | In which District is that located? | DISTRICT _____ <input type="text"/> (PRINT DISTRICT NAME) | |
| 123 | Now I would like to ask about the household in which you usually live. What is the main source of drinking water for members of your household? | PIPED WATER PIPED INTO RESIDENCE/COMPOUND/PLOT.....11 PUBLIC TAP.....12 WELL WATER WELL ON RESIDENCE/PLOT.....21 PUBLIC WELL.....22 SURFACE WATER RIVER/STREAM.....31 POND/LAKE.....32 RAINWATER.....41 OTHER.....96 (SPECIFY) | 125 125 125 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | |
|-------------------|---|--|------|-----|----|------------------|---|---|-----------------|---|---|-----------------|---|---|----------------|---|---|-------------------|---|---|--|
| 124 | 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 | | | | | | | | | | | | | | | | | | | |
| 125 | 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 (VIP) LATRINE.....22 NO FACILITY/BUSH/FIELD.....31 OTHER_____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| 126 | Does your household have: Electricity? A radio? A television? A telephone? A refrigerator? | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ELECTRICITY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RADIO.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEVISION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>TELEPHONE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>REFRIGERATOR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | ELECTRICITY..... | 1 | 2 | RADIO..... | 1 | 2 | TELEVISION..... | 1 | 2 | TELEPHONE..... | 1 | 2 | REFRIGERATOR..... | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | |
| ELECTRICITY..... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| RADIO..... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| TELEVISION..... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| TELEPHONE..... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| REFRIGERATOR..... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| 127 | Could you describe the main material of the floor of your home? | NATURAL FLOOR MUD/DUNG/SAND.....11 RUDIMENTARY FLOOR WOOD PLANKS.....21 FINISHED FLOOR POLISHED WOOD/VINYL/TILES...31 CEMENT.....34 OTHER_____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| 127a | Could you describe the main material of the roof of your home? | GRASS/THATCH.....11 CORRUGATED IRON (MABATI).....21 TILES.....31 OTHER_____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | |
| 128 | Does any member of your household own: A bicycle? A motorcycle? A car? | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>BICYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTORCYCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>CAR.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | BICYCLE..... | 1 | 2 | MOTORCYCLE..... | 1 | 2 | CAR..... | 1 | 2 | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | |
| BICYCLE..... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| MOTORCYCLE..... | 1 | 2 | | | | | | | | | | | | | | | | | | | |
| CAR..... | 1 | 2 | | | | | | | | | | | | | | | | | | | |

SECTION 2. REPRODUCTION

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 201 | Now I would like to ask about all the births you have had during your life. Have you ever given birth? | YES.....1 NO.....2 | 206 |
| 202 | Do you have any sons or daughters to whom you have given birth who are now living with you? | YES.....1 NO.....2 | 204 |
| 203 | How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'. | SONS AT HOME..... DAUGHTERS AT HOME..... | |
| 204 | Do you have any sons or daughters to whom you have given birth who are alive but do not live with you? | YES.....1 NO.....2 | 206 |
| 205 | How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'. | SONS ELSEWHERE..... DAUGHTERS ELSEWHERE..... | |
| 206 | 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 signs of life but survived only 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..... | |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL..... | |
| 209 | CHECK 208: Just to make sure that I have this right: you have had in TOTAL ___ births during your life. Is that correct? YES <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"/> | | 227 |

211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had.
RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES.

| 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 |
|--|---------------------------------|----------------------------|---|-------------------------|--|-----------------------------------|---|---|---|
| What name was given to your (first/next) baby? (NAME) | Were any of these births twins? | 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? | How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE? | Were there any other live births between (NAME) OF PREVIOUS BIRTH and (NAME)? |
| 01 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YR | YES..1 NO...2 219 | AGE IN YEARS 219 | YES...1 NO...2 (NEXT BIRTH) | DAYS...1 MONTHS..2 YEARS...3 | | |
| 02 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YR | YES..1 NO...2 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO 220) | DAYS...1 MONTHS..2 YEARS...3 | YES...1 NO...2 (NEXT BIRTH) | YES..1 NO...2 |
| 03 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YR | YES..1 NO...2 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO 220) | DAYS...1 MONTHS..2 YEARS...3 | YES...1 NO...2 (NEXT BIRTH) | YES..1 NO...2 |
| 04 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YR | YES..1 NO...2 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO 220) | DAYS...1 MONTHS..2 YEARS...3 | YES...1 NO...2 (NEXT BIRTH) | YES..1 NO...2 |
| 05 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YR | YES..1 NO...2 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO 220) | DAYS...1 MONTHS..2 YEARS...3 | YES...1 NO...2 (NEXT BIRTH) | YES..1 NO...2 |
| 06 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YR | YES..1 NO...2 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO 220) | DAYS...1 MONTHS..2 YEARS...3 | YES...1 NO...2 (NEXT BIRTH) | YES..1 NO...2 |
| 07 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YR | YES..1 NO...2 219 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO 220) | DAYS...1 MONTHS..2 YEARS...3 | YES...1 NO...2 (NEXT BIRTH) | YES..1 NO...2 |

| | | | | | | | | | | |
|--|---|----------------------------|---|--|--|----------------------------------|---|---|---|--|
| 212 | 213 | 214 | 215 | 216 | 217 | 218 | 219 | 220 | 221 | |
| What name was given to your next baby? (NAME) | Were any of these births twins? | 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? RECORD AGE IN COMPLETED YEARS. | How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | Is (NAME) living with you? | How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE? | Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)? | |
| 08 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YR | YES..1 NO...2 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO 220) | DAYS...1 MONTHS..2 YEARS...3 | YES...1 NO...2 (NEXT BIRTH) | YES...1 NO...2 | |
| 09 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YR | YES..1 NO...2 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO 220) | DAYS...1 MONTHS..2 YEARS...3 | YES...1 NO...2 (NEXT BIRTH) | YES...1 NO...2 | |
| 10 | SING..1 MULT..2 | BOY...1 GIRL..2 | MONTH... YR | YES..1 NO...2 | AGE IN YEARS 219 | YES...1 NO...2 (GO TO 220) | DAYS...1 MONTHS..2 YEARS...3 | YES...1 NO...2 (NEXT BIRTH) | YES...1 NO...2 | |
| 222 | FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE? | | | | | | | YES.....1 — GO TO 223 NO.....2 — GO TO 224 | | |
| 223 | Have you had any live births since the birth of (NAME OF LAST BIRTH)? | | | | | | | YES.....1 NO.....2 | | |
| 224 | COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. | | | | | | | | | |
| 225 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1995. IF NONE, RECORD '0'. | | | | | | | | <input type="text"/> | |
| 226 | FOR EACH BIRTH SINCE JANUARY 1993 ENTER 'B' IN THE MONTH OF BIRTH IN COLUMN 1 OF THE CALENDAR AND 'P' IN IN EACH OF THE 8 PRECEDING MONTHS. WRITE NAME TO THE LEFT OF THE 'B' CODE. | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 227 | Now I would like to ask you about some current events in your life. Are you pregnant? | YES.....1 NO.....2 UNSURE.....8 | 230 |
| 228 | For how many months have you been pregnant? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P'S IN COLUMN 1 OF CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR TOTAL NUMBER OF COMPLETED MONTHS. | MONTHS..... | |
| 229 | At the time you became pregnant, did you want to become pregnant &Dthen &D, did you want to wait until &Dlater &D, or did you &Dnot want &D to have any more children at all? | THEN.....1 LATER.....2 NOT WANT MORE CHILDREN.....3 | |
| 230 | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? | YES.....1 NO.....2 | 236 |
| 231 | When did the last such pregnancy end? | MONTH..... YEAR..... | |
| 232 | CHECK 231: LAST PREGNANCY ENDED SINCE JAN. 1993 LAST PREGNANCY ENDED BEFORE JAN. 1993 | | 236 |
| 233 | How many months pregnant were you when the last pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS. | MONTHS..... | |
| 234 | Have you ever had any other pregnancies which did not result in a live birth? | YES.....1 NO.....2 | 236 |
| 235 | ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER PREGNANCY BACK TO JANUARY 1993. ENTER 'T' IN COLUMN 1 OF CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS. | | |
| 236 | When did your last menstrual period start? _____ (DATE, IF GIVEN) | DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST PREGNANCY.....995 NEVER MENSTRUATED.....996 | |
| 237 | Between the first day of a woman's period and the first day of her &Dnext &D period, are there certain times when she has a greater chance of becoming pregnant than other times? | YES.....1 NO.....2 DON'T KNOW.....8 | 301 |
| 238 | During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant? | DURING HER PERIOD.....01 RIGHT AFTER HER PERIOD HAS ENDED.....02 IN THE MIDDLE OF THE CYCLE.....03 JUST BEFORE HER PERIOD BEGINS.....04 OTHER.....96 (SPECIFY) DON'T KNOW.....98 | |

&dSECTION 3. CONTRACEPTION &d@

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.

CIRCLE CODE 1 IN 301 FOR EACH METHOD MENTIONED SPONTANEOUSLY. THEN PROCEED DOWN COLUMN 302, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 2 IF METHOD IS RECOGNIZED, AND CODE 3 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 OR 2 CIRCLED IN 301 OR 302, ASK 303.

| 301 Which ways or methods have you heard of? | 302 Have you ever heard of (METHOD)? | | 303 Have you ever used (METHOD)? |
|---|--------------------------------------|---------------|---|
| | SPONTANEOUS YES | PROBED YES NO | |
| 01 PILL Women can take a pill every day. | 1 | 2 | YES.....1 NO.....2 |
| 02 IUD Women can have a loop or coil placed inside them by a doctor or a nurse. | 1 | 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. | 1 | 2 | YES.....1 NO.....2 |
| 04 NORPLANT Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for several years. | 1 | 2 | YES.....1 NO.....2 |
| 05 DIAPHRAGM, FOAM, JELLY Women can place a sponge, suppository, diaphragm, jelly, or cream inside themselves before intercourse. | 1 | 2 | YES.....1 NO.....2 |
| 06 CONDOM Men can use a rubber sheath on their penis during sexual intercourse. | 1 | 2 | YES.....1 NO.....2 |
| 07 FEMALE STERILISATION Women can have an operation to avoid having any more children. | 1 | 2 | Have you ever had an operation to avoid having any more children? YES.....1 NO.....2 |
| 08 MALE STERILISATION Men can have an operation to avoid having any more children. | 1 | 2 | Have you ever had a partner who had an operation to avoid having children? YES.....1 NO.....2 |
| 09 NATURAL METHODS Every month that a woman is sexually active she can avoid having sexual intercourse on the days of the month she is most likely to get pregnant. | 1 | 2 | YES.....1 NO.....2 |
| 10 WITHDRAWAL Men can be careful and pull out before the fluids come out. | 1 | 2 | YES.....1 NO.....2 |
| 11 Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | 1 | 3 | YES.....1 NO.....2 YES.....1 NO.....2 |

304 CHECK 303:
 NOT A SINGLE "YES" AT LEAST ONE "YES" SKIP TO 308
 (NEVER USED) (EVER USED)

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------------------------|
| 305 | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES.....1 NO.....2 | 307 |
| 306 | ENTER "0" IN COLUMN 1 OF CALENDAR IN EACH BLANK MONTH. | | 331 |
| 307 | What have you used or done? CORRECT 303 AND 304 (AND 302 IF NECESSARY). | | |
| 308 | Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. What was the first method you ever used? | PILL.....01 IUD.....02 INJECTIONS.....03 NORPLANT.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NATURAL METHODS.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY) | |
| 309 | How many living children did you have at that time, if any? IF NONE, RECORD '00'. | NUMBER OF CHILDREN..... | |
| 311 | CHECK 303: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/> | | 314A |
| 312 | CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | 325 |
| 313 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES.....1 NO.....2 | 325 |
| 314 | Which method are you using? | PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NATURAL METHODS.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY) | 324 318 323 324 |
| 314A | CIRCLE '07' FOR FEMALE STERILIZATION. | | |
| 315 | How much does one packet (cycle) of pills cost you? | COST..... FREE.....996 DON'T KNOW.....998 | 324 |
| 316 | Would you be willing to pay for your pills? | YES.....1 NO.....2 | 324 |
| 317 | How much would you be willing to pay for a package (cycle) of your pills? Would you pay as much as 75 shillings? IF NO: would you pay as much as 50 shillings? IF NO: would you pay as much as 25 shillings? IF NO: would you pay as much as 10 shillings? IF NO: ENTER < 10 SHILLINGS | 75 SHILLINGS.....1 50 SHILLINGS.....2 25 SHILLINGS.....3 10 SHILLINGS.....4 < 10 SHILLINGS.....5 DON'T KNOW.....8 | 324 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | |
|-----|--|--|------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 318 | Where did the sterilization take place? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) | 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 PRIVATE DOCTOR.....26 MOBILE CLINIC.....31 OTHER_____96 (SPECIFY) DOES NOT KNOW.....98 | | | | | | | | | | | | | | |
| 319 | Do you regret that (you/your husband) had the operation not to have any (more) children? | YES.....1 NO.....2 | 321 | | | | | | | | | | | | | |
| 320 | Why do you regret the operation? | RESPONDENT WANTS ANOTHER CHILD.01 PARTNER WANTS ANOTHER CHILD...02 SIDE EFFECTS.....03 CHILD DIED.....04 OTHER_____96 (SPECIFY) | | | | | | | | | | | | | | |
| 321 | In what month and year was the sterilization performed? | MONTH..... <table border="1" data-bbox="1177 651 1234 693"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> YEAR..... <table border="1" data-bbox="1120 693 1234 724"> <tr><td></td><td></td><td></td><td></td><td></td></tr> </table> | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | |
| 322 | CHECK 321: STERILISED BEFORE <input type="checkbox"/> JANUARY 1993 ENTER CODE FOR STERILISATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND EACH MONTH BACK TO JANUARY 1993. THEN SKIP TO _____ 329A | STERILISED AFTER <input type="checkbox"/> JANUARY 1993 ENTER CODE FOR STERILISATION IN MONTH OF INTERVIEW IN COLUMN 1 OF THE CALENDAR AND IN EACH MONTH BACK TO THE DATE OF THE OPERATION. THEN SKIP TO _____ 325 | | | | | | | | | | | | | | |
| 323 | How do you determine which days of your monthly cycle not to have sexual relations? | BASED ON CALENDAR.....01 BASED ON BODY TEMPERATURE.....02 BASED ON CERVICAL MUCUS (BILLINGS METHOD).....03 BASED ON BODY TEMPERATURE AND CERVICAL MUCUS.....04 NO SPECIFIC SYSTEM.....05 OTHER_____96 (SPECIFY) | | | | | | | | | | | | | | |

324 ENTER METHOD CODE FROM 314 IN CURRENT MONTH IN COLUMN 1 OF CALENDAR. THEN DETERMINE WHEN SHE STARTED USING METHOD THIS TIME. ENTER METHOD CODE IN EACH MONTH OF USE.
 ILLUSTRATIVE QUESTIONS:
 · When did you start using continuously?
 · How long have you been using this method continuously?

325 I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.
 USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 1993.
 USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.
 IN COLUMN 1, ENTER CODE IN EACH MONTH OF METHOD USE OR '0' FOR NONUSE.
 ILLUSTRATIVE QUESTIONS:
 COLUMN 1: · When was the last time you used a method? Which method was that?
 · When did you start using that method? How long after the birth of (NAME)?
 · How long did you use the method then?
 IN COLUMN 2, ENTER CODES FOR DISCONTINUATION NEXT TO LAST MONTH OF USE.
 NUMBER OF CODES IN COL.2 MUST BE SAME AS NUMBER OF INTERRUPTIONS OF METHOD USE IN COLUMN 1.
 ASK WHY SHE STOPPED USING THE METHOD. IF A PREGNANCY FOLLOWED, ASK WHETHER SHE BECAME PREGNANT UNINTENTIONALLY WHILE USING THE METHOD OR DELIBERATELY STOPPED TO GET PREGNANT.
 ILLUSTRATIVE QUESTIONS:
 COLUMN 2: · Why did you stop using the (METHOD)?
 · Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?
 IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK:
 · How many months did it take you to get pregnant after you stopped using (METHOD)?
 AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.

| | | | |
|-----|---------------------------------------|---|--|
| 327 | CHECK 314: CIRCLE METHOD CODE: | NOT ASKED.....00 PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILISATION.....07 MALE STERILISATION.....08 NATURAL METHODS.....09 WITHDRAWAL.....10 OTHER METHOD.....96 | 331 329A 332 |
|-----|---------------------------------------|---|--|

328 Where did you obtain (METHOD) the last time?
 IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.

 (NAME OF PLACE)

| | |
|---|-----------|
| 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.....41 SHOP.....51 FRIENDS/RELATIVES.....61 OTHER.....96 | (SPECIFY) |
|---|-----------|

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|------|
| 329 | Do you know another place where you could have obtained (METHOD) the last time? | YES.....1 NO.....2 | 334 |
| 329A | At the time of the sterilization operation, did you know another place where you could have received the operation? | | |
| 330 | <p>People select the place where they get family planning services for various reasons.</p> <p>What was the main reason you went to (NAME OF PLACE IN Q.328 OR Q.318) instead of the other place you know about?</p> <p>RECORD RESPONSE AND CIRCLE CODE.</p> <p>_____</p> | <p>ACCESS-RELATED REASONS</p> <p>CLOSER TO HOME.....11 CLOSER TO MARKET/WORK.....12 AVAILABILITY OF TRANSPORT.....13</p> <p>SERVICE-RELATED REASONS</p> <p>STAFF MORE COMPETENT/ FRIENDLY.....21 CLEANER FACILITY.....22 OFFERS MORE PRIVACY.....23 SHORTER WAITING TIME.....24 LONGER HRS. OF OPERATION.....25 USE OTHER SERVICES AT THE FACILITY.....26</p> <p>LOWER COST/CHEAPER.....31</p> <p>WANTED ANONYMITY.....41</p> <p>OTHER_____ 96 (SPECIFY)</p> <p>DON'T KNOW.....98</p> | 334 |
| 331 | What is the main reason you are not using a method of contraception to avoid pregnancy? | <p>NOT MARRIED.....11 NOT INTENDING TO MARRY.....12</p> <p>FERTILITY-RELATED REASONS</p> <p>NOT HAVING SEX.....21 INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 POSTPARTUM/BREASTFEEDING.....25 WANTS (MORE) CHILDREN.....26 PREGNANT.....27</p> <p>OPPOSITION TO USE</p> <p>RESPONDENT OPPOSED.....31 HUSBAND OPPOSED.....32 OTHERS OPPOSED.....33 RELIGIOUS PROHIBITION.....34</p> <p>LACK OF KNOWLEDGE</p> <p>KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42</p> <p>METHOD-RELATED REASONS</p> <p>HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56</p> <p>OTHER_____ 96 (SPECIFY)</p> <p>DON'T KNOW.....98</p> | |
| 332 | Do you know of a place where you can obtain a method of family planning? | YES.....1 NO.....2 | 334 |

&dSECTION 4A. PREGNANCY AND BREASTFEEDING &d@

| | | | | | |
|--|---|--|--|---------------------------------|---------------------------------|
| 401 | CHECK 225: | ONE OR MORE BIRTHS SINCE JAN. 1995 | NO | BIRTHS SINCE JAN. 1995 | (SKIP TO 465) |
| 402 | ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1995 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS, USE ADDITIONAL QUESTIONNAIRES). | | | | |
| Now I would like to ask you some more questions about the health of all your children born in the past three years. (We will talk about one child at a time.) | | | | | |
| 403 | LINE NUMBER FROM Q212 | LAST BIRTH | NEXT-TO-LAST BIRTH | LINE NUMBER..... | LINE NUMBER..... |
| 404 | FROM Q212 | NAME _____ | NAME _____ | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> |
| | AND Q216 | | | ALIVE <input type="checkbox"/> | DEAD <input type="checkbox"/> |
| 405 | At the time you became pregnant with (NAME), did you want to become pregnant &dthen &d@, did you want to wait until &dlater &d@, or did you want &dno (more) &d@ children at all? | THEN.....1 (SKIP TO 407) _____ LATER.....2 | THEN.....1 (SKIP TO 407) _____ LATER.....2 | NO MORE.....3 | NO |
| | | (SKIP TO 407) _____ | (SKIP TO 407) _____ | | |
| 406 | How much longer would you like to have waited? | MONTHS.....1 | MONTHS.....1 | YEARS.....2 | YEARS.....2 |
| | | DON'T KNOW.....998 | DON'T KNOW.....998 | | |
| 407 | When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN. | HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B BIRTH ATTENDENT TRAINED.....C UNTRAINED.....D OTHER.....X (SPECIFY) _____ NO ONE.....Y (SKIP TO 410) _____ | HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B BIRTH ATTENDENT TRAINED.....C UNTRAINED.....D OTHER.....X (SPECIFY) _____ NO ONE.....Y (SKIP TO 410) _____ | | |
| 408 | How many months pregnant were you when you first received antenatal care? | MONTHS..... | MONTHS..... | DON'T KNOW.....98 | DON'T KNOW.....98 |
| 409 | How many times did you receive antenatal care during this pregnancy? | NO. OF TIMES..... | NO. OF TIMES..... | DON'T KNOW.....98 | DON'T KNOW.....98 |
| 410 | 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 | YES.....1 | NO.....2 (SKIP TO 412) _____ | NO.....2 (SKIP TO 412) _____ |
| | | DON'T KNOW.....8 | DON'T KNOW.....8 | | |
| 411 | During this pregnancy, how many times did you get this injection? | TIMES..... | TIMES..... | DON'T KNOW.....8 | DON'T KNOW.....8 |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|---|---|-----|----|---------------------------------|---|--|-----------------------------|---|--|--|---|--|-------------------|---|--|---|--|-----|----|---------------------------------|---|--|-----------------------------|---|--|--|---|--|-------------------|---|--|
| | | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 412 | Where did you give birth to (NAME)? | HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. MATERNITY CLNC..23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC...31 OTHER PVT. HOSP/CLNC..32 OTHER _____ 96 (SPECIFY) | HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. MATERNITY CLNC..23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC...31 OTHER PRT. HOSP/CLNC..32 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 413 | 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 BIRTH ATTENDENT TRAINED.....D UNTRAINED.....E RELATIVE/FRIEND.....F OTHER _____ X (SPECIFY) NO ONE.....Y | HEALTH PROFESSIONAL DOCTOR.....A NURSE/MIDWIFE.....B BIRTH ATTENDENT TRAINED.....D UNTRAINED.....E RELATIVE/FRIEND.....F OTHER _____ X (SPECIFY) NO ONE.....Y | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 413A | Did you pay for delivery services? IF YES: How much in total did you pay for all services connected to the delivery of (NAME)? | SHILLINGS... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST.....99994 | SHILLINGS... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST.....99994 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 414 | Around the time of the birth of (NAME), did you have any of the following problems: | <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>LABOR MORE THAN 12 HOURS...1</td> <td>2</td> <td></td> </tr> <tr> <td>EXCESSIVE BLEEDING.....1</td> <td>2</td> <td></td> </tr> <tr> <td>FEVER/BAD SMELLING VAG. DISCHARGE.....1</td> <td>2</td> <td></td> </tr> <tr> <td>CONVULSIONS.....1</td> <td>2</td> <td></td> </tr> </table> | | YES | NO | LABOR MORE THAN 12 HOURS...1 | 2 | | EXCESSIVE BLEEDING.....1 | 2 | | FEVER/BAD SMELLING VAG. DISCHARGE.....1 | 2 | | CONVULSIONS.....1 | 2 | | <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>LABOR MORE THAN 12 HOURS...1</td> <td>2</td> <td></td> </tr> <tr> <td>EXCESSIVE BLEEDING.....1</td> <td>2</td> <td></td> </tr> <tr> <td>FEVER/BAD SMELLING VAG. DISCHARGE.....1</td> <td>2</td> <td></td> </tr> <tr> <td>CONVULSIONS.....1</td> <td>2</td> <td></td> </tr> </table> | | YES | NO | LABOR MORE THAN 12 HOURS...1 | 2 | | EXCESSIVE BLEEDING.....1 | 2 | | FEVER/BAD SMELLING VAG. DISCHARGE.....1 | 2 | | CONVULSIONS.....1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LABOR MORE THAN 12 HOURS...1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXCESSIVE BLEEDING.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEVER/BAD SMELLING VAG. DISCHARGE.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONVULSIONS.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LABOR MORE THAN 12 HOURS...1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXCESSIVE BLEEDING.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEVER/BAD SMELLING VAG. DISCHARGE.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONVULSIONS.....1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 415 | Was (NAME) delivered by caesarian section? | YES.....1 NO.....2 | YES.....1 NO.....2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 416 | When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small? | VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DON'T KNOW.....8 | VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE.....4 VERY SMALL.....5 DON'T KNOW.....8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|--|--|--|
| | | NAME _____ | NAME _____ |
| 417 | Was (NAME) weighed at birth? | YES.....1 NO.....2 (SKIP TO 419) _____ | YES.....1 NO.....2 (SKIP TO 420) _____ |
| 418 | How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE. | GRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998 | GRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....99998 |
| 419 | Has your period returned since the birth of (NAME)? | YES.....1 (SKIP TO 421) _____ NO.....2 (SKIP TO 422) _____ | |
| 420 | Did your period return between the birth of (NAME) and your next pregnancy? | | YES.....1 NO.....2 (SKIP TO 424) _____ |
| 421 | For how many months after the birth of (NAME) did you “not“ have a period? | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 |
| 422 | CHECK 227: RESPONDENT PREGNANT? | NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 424) _____ | |
| 423 | Have you resumed sexual relations since the birth of (NAME)? | YES.....1 NO.....2 (SKIP TO 425) _____ | |
| 424 | For how many months after the birth of (NAME) did you “not“ have sexual relations? | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 |
| 425 | Did you ever breastfeed (NAME)? | YES.....1 NO.....2 (SKIP TO 431) _____ | YES.....1 NO.....2 (SKIP TO 431) _____ |
| 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 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/> | IMMEDIATELY.....000 HOURS.....1 <input type="text"/> <input type="text"/> DAYS.....2 <input type="text"/> <input type="text"/> |
| 427 | CHECK 404: CHILD ALIVE? | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 429) _____ | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 429) _____ |
| 428 | Are you still breastfeeding (NAME)? | YES.....1 (SKIP TO 432) _____ NO.....2 | YES.....1 (SKIP TO 432) _____ NO.....2 |
| 429 | For how many months did you breastfeed (NAME)? | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 | MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 |

| | | LAST BIRTH | | NEXT-TO-LAST BIRTH | |
|-----|---|--|--|--------------------|--|
| | | NAME _____ | | NAME _____ | |
| 430 | Why did you stop breastfeeding (NAME)? | MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER_____96 (SPECIFY) | MOTHER ILL/WEAK.....01 CHILD ILL/WEAK.....02 CHILD DIED.....03 NIPPLE/BREAST PROBLEM...04 NOT ENOUGH MILK.....05 MOTHER WORKING.....06 CHILD REFUSED.....07 WEANING AGE/AGE TO STOP.08 BECAME PREGNANT.....09 STARTED USING CONTRACEPTION.....10 OTHER_____96 (SPECIFY) | | |
| 431 | CHECK 404: CHILD ALIVE? | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440) | ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 434) (GO BACK TO 405 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 440) | | |
| 432 | 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..... <input type="text"/> | NUMBER OF NIGHTTIME FEEDINGS..... <input type="text"/> | | |
| 433 | How many times did you breastfeed yesterday during the daylight hours? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER. | NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> | NUMBER OF DAYLIGHT FEEDINGS..... <input type="text"/> | | |
| 434 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 | | |
| 435 | At any time yesterday or last night, was (NAME) given any of the following: | YES NO DK | YES NO DK | | |
| | Plain water? | PLAIN WATER.....1 2 8 | PLAIN WATER.....1 2 8 | | |
| | Sugar water? | SUGAR WATER.....1 2 8 | SUGAR WATER.....1 2 8 | | |
| | Juice? | JUICE.....1 2 8 | JUICE.....1 2 8 | | |
| | Herbal tea? | HERBAL TEA.....1 2 8 | HERBAL TEA.....1 2 8 | | |
| | Baby formula? | BABY FORMULA.....1 2 8 | BABY FORMULA.....1 2 8 | | |
| | Tinned or powdered milk? | TINNED/POWDR'D MLK..1 2 8 | TINNED/POWDR'D MLK..1 2 8 | | |
| | Fresh milk? | FRESH MILK.....1 2 8 | FRESH MILK.....1 2 8 | | |
| | Any other liquids? | OTHER LIQUIDS.....1 2 8 | OTHER LIQUIDS.....1 2 8 | | |
| | Any fruits or vegetables? | FRUITS/VEGETABLES...1 2 8 | FRUITS/VEGETABLES...1 2 8 | | |
| | Any food made from wheat, maize, or rice such as porridge, bread or pasta? | FOOD MADE FROM GRAIN.....1 2 8 | FOOD MADE FROM GRAIN.....1 2 8 | | |
| | Any food made from cassava or plaintain? | FOOD MADE FROM CASSAVA/PLAINTAIN..1 2 8 | FOOD MADE FROM CASSAVA/PLAINTAIN..1 2 8 | | |
| | Eggs, fish, or poultry? | EGGS/FISH/POULTRY..1 2 8 | EGGS/FISH/POULTRY..1 2 8 | | |
| | Meat? | MEAT.....1 2 8 | MEAT.....1 2 8 | | |
| | Any other solid or semi-solid foods? | OTHER SOLID/SEMI-SOLID FOODS..1 2 8 | OTHER SOLID/SEMI-SOLID FOODS..1 2 8 | | |

| | | LAST BIRTH | | NEXT-TO-LAST BIRTH | |
|-----|---|---|--|---|--|
| | | NAME _____ | | NAME _____ | |
| 436 | CHECK 435: FOOD OR LIQUID GIVEN YESTERDAY? | "YES" TO ONE <input type="checkbox"/> OR MORE | "NO/DK" TO ALL <input type="checkbox"/> | "YES" TO ONE <input type="checkbox"/> OR MORE | "NO/DK" TO ALL <input type="checkbox"/> |
| | | (SKIP TO 439) | | (SKIP TO 439) | |
| 437 | (Aside from breastfeeding, how many times did (NAME) eat yesterday, including both meals and snacks? IF 7 OR MORE TIMES, RECORD '7'. | NUMBER OF TIMES..... <input type="checkbox"/> | | NUMBER OF TIMES..... <input type="checkbox"/> | |
| | | DON'T KNOW.....8 | | DON'T KNOW.....8 | |
| 439 | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440. | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 440. | |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|------|---|--|--|
| | | NAME _____ | NAME _____ |
| 447 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases? | YES.....1 NO.....2 (SKIP TO 449) _____ DON'T KNOW.....8 | YES.....1 NO.....2 (SKIP TO 449) _____ DON'T KNOW.....8 |
| 448 | Please tell me if (NAME) received any of the following vaccinations:* | | |
| 448A | A BCG vaccination against tuberculosis, that is, an injection in the left arm that caused a scar? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |
| 448B | Polio vaccine, that is, drops in the mouth? | YES.....1 NO.....2 (SKIP TO 448E) _____ DON'T KNOW.....8 | YES.....1 NO.....2 (SKIP TO 448E) _____ DON'T KNOW.....8 |
| 448C | How many times? | NUMBER OF TIMES..... <input type="text"/> | NUMBER OF TIMES..... <input type="text"/> |
| 448D | When was the first polio vaccine given, just after birth or later? | JUST AFTER BIRTH.....1 LATER.....2 | JUST AFTER BIRTH.....1 LATER.....2 |
| 448E | DPT vaccination, that is, an injection usually given at the same time as polio drops? | YES.....1 NO.....2 (SKIP TO 448G) _____ DON'T KNOW.....8 | YES.....1 NO.....2 (SKIP TO 448G) _____ DON'T KNOW.....8 |
| 448F | How many times? | NUMBER OF TIMES..... <input type="text"/> | NUMBER OF TIMES..... <input type="text"/> |
| 448G | An injection to prevent measles? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |
| 449 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | YES.....1 NO.....2 (SKIP TO 450) _____ DON'T KNOW.....8 | YES.....1 NO.....2 (SKIP TO 450) _____ DON'T KNOW.....8 |
| 449a | Did you seek advice or treatment for the fever? | YES.....1 NO.....2 (SKIP TO 450) _____ | YES.....1 NO.....2 (SKIP TO 450) _____ |
| 449b | Where did you seek advice or treatment? Anywhere else? Anywhere else? RECORD ALL MENTIONED | PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC....D OTHER PVT.HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER....I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER_____ X (SPECIFY) | PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC....D OTHER PVT.HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER....I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER_____ X (SPECIFY) |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|------|--|---|---|
| | | NAME _____ | NAME _____ |
| 449c | Were any medicines given to (NAME) to treat the fever? | YES.....1 NO.....2 (SKIP TO 450) _____ | YES.....1 NO.....2 (SKIP TO 450) _____ |
| 449d | Which medicines were given to (NAME)? Any other? Any other? RECORD ALL MENTIONED | ANTIPYRETICS.....A (ASPRO, CALPOL, BRUFEN, ETC. CHLOROQUINE.....B (MALAROQUINE, ETC.) SULFA COMBINATIONS.....C (FANCIDAR, METAKELFIN, ETC. HALOFANTRINE.....D (HANFAN) AMODIAQUINE.....E (CAMOQUINE) COTRIMOXAZOLE.....F (BACTRIM, SEPTIN, ETC. ARTIMISININ.....G (ARTENAM, ARTOMOTHOR, ETC. HERBAL/TRADITIONAL REMEDIES.....H OTHER ANTIBIOTICS (SPECIFY).....I OTHER_____X (SPECIFY) | ANTIPYRETICS.....A (ASPRO, CALPOL, BRUFEN, ETC. CHLOROQUINE.....B (MALAROQUINE, ETC.) SULFA COMBINATIONS.....C (FANCIDAR, METAKELFIN, ETC. HALOFANTRINE.....D (HANFAN) AMODIAQUINE.....E (CAMOQUINE) COTRIMOXAZOLE.....F (BACTRIM, SEPTIN, ETC. ARTIMISININ.....G (ARTENAM, ARTOMOTHOR, ETC. HERBAL/TRADITIONAL REMEDIES.....H OTHER ANTIBIOTICS (SPECIFY).....I OTHER_____X (SPECIFY) |
| 450 | Has (NAME) been ill with a cough at any time in the last 2 weeks? | YES.....1 NO.....2 (SKIP TO 454) _____ DON'T KNOW.....8 | YES.....1 NO.....2 (SKIP TO 454) _____ DON'T KNOW.....8 |
| 451 | When (NAME) was ill with a cough, did he/she breathe faster than usual with short, fast breaths? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |
| 452 | Did you seek advice or treatment for the cough? | YES.....1 NO.....2 (SKIP TO 454) _____ | YES.....1 NO.....2 (SKIP TO 454) _____ |
| 453 | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC....D OTHER PVT. HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER.....I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER_____X (SPECIFY) | PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC....D OTHER PVT. HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER.....I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER_____X (SPECIFY) |
| 454 | Has (NAME) had diarrhoea in the last two weeks? | YES.....1 NO.....2 (SKIP TO 463A) _____ DON'T KNOW.....8 | YES.....1 NO.....2 (SKIP TO 463A) _____ DON'T KNOW.....8 |
| 455 | Was there any blood in the stools? | YES.....1 NO.....2 DON'T KNOW.....8 | YES.....1 NO.....2 DON'T KNOW.....8 |
| 456 | On the worst day of the diarrhoea, how many bowel movements did (NAME) have? | NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 | NUMBER OF BOWEL MOVEMENTS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98 |

| | | LAST BIRTH | NEXT-TO-LAST BIRTH |
|-----|---|--|--|
| | | NAME _____ | NAME _____ |
| 457 | Was he/she given the same amount to drink as before the diarrhoea, or more, or less? | SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8 | SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8 |
| 458 | Was he/she given the same amount of food to eat as before the diarrhoea or more, or less? | SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8 | SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8 |
| 459 | When (NAME) had diarrhoea, was he/she given any of the following to drink: A fluid made from a special packet called ORALITE or ORS? Thin watery porridge made from maize, rice or wheat? (Ugi) Soup? Home-made sugar-salt-water solution? Milk or infant formula? Yoghurt-based drink? Water? Any other liquids? | YES NO DK FLUID FROM ORS PKT...1 2 8 THIN WATERY GRUEL...1 2 8 SOUP.....1 2 8 SUG.-SALT-WAT. SOL...1 2 8 MILK/INFANT FORMULA...1 2 8 YOGHURT-BASED DR...1 2 8 WATER.....1 2 8 OTHER LIQUID.....1 2 8 | YES NO DK FLUID FROM ORS PKT...1 2 8 THIN WATERY GRUEL...1 2 8 SOUP.....1 2 8 SUG.-SALT-WAT. SOL...1 2 8 MILK/INFANT FORMULA...1 2 8 YOGHURT-BASED DR...1 2 8 WATER.....1 2 8 OTHER LIQUID.....1 2 8 |
| 460 | Was anything (else) given to treat the diarrhoea? | YES.....1 NO.....2 (SKIP TO 462) _____ DON'T KNOW.....8 | YES.....1 NO.....2 (SKIP TO 462) _____ DON'T KNOW.....8 |
| 461 | What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED. | PILL OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER_____X (SPECIFY) | PILL OR SYRUP.....A INJECTION.....B (I.V.) INTRAVENOUS.....C HOME REMEDIES/ HERBAL MEDICINES.....D OTHER_____X (SPECIFY) |
| 462 | Did you seek advice or treatment for the diarrhoea? | YES.....1 NO.....2 (SKIP TO 463A) _____ | YES.....1 NO.....2 (SKIP TO 463A) _____ |
| 463 | Where did you seek advice or treatment? Anywhere else? RECORD ALL MENTIONED. | PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC...D OTHER PVT.HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER...I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER_____X (SPECIFY) | PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER...B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC...D OTHER PVT.HOSP/CLINIC. E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMM. HEALTH WORKER...I OTHER SOURCE SHOP.....J HERBALIST./TRAD.PRACT..K RELATIVE/FRIEND.....L OTHER_____X (SPECIFY) |

| | | | | | |
|------|--|--|--|---|---|
| 463A | CHECK 449: FEVER IN LAST TWO WEEKS? | "YES" FEVER <input type="checkbox"/> | "NO" FEVER <input type="checkbox"/> (SKIP TO 464) | "YES" FEVER <input type="checkbox"/> | "NO" FEVER <input type="checkbox"/> (SKIP TO 464) |
| 463B | <p>You said that (NAME) had a fever in the last two weeks. Could you please tell me whether, at the time of that fever, (NAME) experienced any other symptoms or diseases?</p> <p>IF YES, Which symptoms or diseases did (NAME) experience?</p> <p>Any others?</p> <p>RECORD ALL MENTIONED</p> | COUGH.....A DIARRHOEA.....B "MALARIA".....C CONVULSIONS/FITS.....D LOSS OF WEIGHT.....E RASH.....F ANEMIA.....G VOMITING.....H DIFFICULT BREATHING.....I UNCONCIOUS.....J UNABLE TO DRINK.....K STIFF NECK.....L OTHER _____ X (SPECIFY) NO OTHER SYMPTOMS.....Y | COUGH.....A DIARRHOEA.....B "MALARIA".....C CONVULSIONS/FITS.....D LOSS OF WEIGHT.....E RASH.....F ANEMIA.....G VOMITING.....H DIFFICULT BREATHING.....I UNCONCIOUS.....J UNABLE TO DRINK.....K STIFF NECK.....L OTHER _____ X (SPECIFY) NO OTHER SYMPTOMS.....Y | | |
| 464 | | GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465. | GO BACK TO 442 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 465. | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|------|
| 465 | When a child has diarrhoea, should he/she be given less to drink than usual, about the same amount, or more than usual? | LESS TO DRINK.....1 ABOUT SAME AMOUNT TO DRINK.....2 MORE TO DRINK.....3 DON'T KNOW.....8 | |
| 466 | When a child has diarrhoea, should he/she be given less to eat than usual, about the same amount, or more than usual? | LESS TO EAT.....1 ABOUT SAME AMOUNT TO EAT.....2 MORE TO EAT.....3 DON'T KNOW.....8 | |
| 467 | When a child is sick with diarrhoea, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED. | REPEATED WATERY STOOLS.....A ANY WATERY STOOLS.....B REPEATED VOMITING.....C ANY VOMITING.....D BLOOD IN STOOLS.....E FEVER.....F MARKED THIRST.....G NOT EATING/NOT DRINKING WELL...H GETTING SICKER/VERY SICK.....I NOT GETTING BETTER.....J OTHER_____ X (SPECIFY) DON'T KNOW.....Z | |
| 468 | When a child is sick with a cough, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED. | FAST BREATHING.....A DIFFICULT BREATHING.....B NOISY BREATHING.....C FEVER.....D UNABLE TO DRINK.....E NOT EATING/NOT DRINKING WELL...F GETTING SICKER/VERY SICK.....G NOT GETTING BETTER.....H OTHER_____ X (SPECIFY) DON'T KNOW.....Z | |
| 468a | When a child is sick with a fever, what signs of illness would tell you that he or she should be taken to a health facility or health worker? RECORD ALL MENTIONED. | FEVER INCREASING/VERY HIGH.....A FEVER RECURRENT.....B DIFFICULT BREATHING.....C NOISY BREATHING.....D CONVULSIONS.....E SHIVERING.....F UNABLE TO DRINK.....G NOT EATING/NOT DRINKING WELL...H NOT GETTING BETTER.....I OTHER_____ X (SPECIFY) DON'T KNOW.....Z | |
| 469 | CHECK 459, ALL COLUMNS: NO CHILD RECEIVED ORS <input type="checkbox"/> ANY CHILD RECEIVED ORS <input type="checkbox"/> | | 501 |
| 470 | Have you ever heard of a special product called ORALITE or ORS you can get for the treatment of diarrhoea? | YES.....1 NO.....2 | |

&dSECTION 5. MARRIAGE &d@*

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | |
|--|---|---|--|--|--|--|------------------------|---|-----------------------|----|-----------|------------------|----------------------|------|--------------------|---|---|--|
| 501 | PRESENCE OF OTHERS AT THIS POINT. | <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>CHILDREN UNDER 10.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HUSBAND/PARTNER.....</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/PARTNER..... | 1 | 2 | OTHER MALES..... | 1 | 2 | OTHER FEMALES..... | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | |
| CHILDREN UNDER 10..... | 1 | 2 | | | | | | | | | | | | | | | | |
| HUSBAND/PARTNER..... | 1 | 2 | | | | | | | | | | | | | | | | |
| OTHER MALES..... | 1 | 2 | | | | | | | | | | | | | | | | |
| OTHER FEMALES..... | 1 | 2 | | | | | | | | | | | | | | | | |
| 502 | Are you currently married or living with a man? | <table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td>1</td> </tr> <tr> <td>YES, LIVING WITH A MAN.....</td> <td>2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td>3</td> </tr> </table> | YES, CURRENTLY MARRIED..... | 1 | YES, LIVING WITH A MAN..... | 2 | NO, NOT IN UNION..... | 3 | 507 | | | | | | | | | |
| YES, CURRENTLY MARRIED..... | 1 | | | | | | | | | | | | | | | | | |
| YES, LIVING WITH A MAN..... | 2 | | | | | | | | | | | | | | | | | |
| NO, NOT IN UNION..... | 3 | | | | | | | | | | | | | | | | | |
| 503 | Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all? | <table border="0"> <tr> <td>REGULAR SEXUAL PARTNER.....</td> <td>1</td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER.....</td> <td>2</td> </tr> <tr> <td>NO SEXUAL PARTNER.....</td> <td>3</td> </tr> </table> | REGULAR SEXUAL PARTNER..... | 1 | OCCASIONAL SEXUAL PARTNER..... | 2 | NO SEXUAL PARTNER..... | 3 | | | | | | | | | | |
| REGULAR SEXUAL PARTNER..... | 1 | | | | | | | | | | | | | | | | | |
| OCCASIONAL SEXUAL PARTNER..... | 2 | | | | | | | | | | | | | | | | | |
| NO SEXUAL PARTNER..... | 3 | | | | | | | | | | | | | | | | | |
| 504 | Have you ever been married or lived with a man? | <table border="0"> <tr> <td>YES, FORMERLY MARRIED.....</td> <td>1</td> </tr> <tr> <td>YES, LIVED WITH A MAN.....</td> <td>2</td> </tr> <tr> <td>NO.....</td> <td>3</td> </tr> </table> | YES, FORMERLY MARRIED..... | 1 | YES, LIVED WITH A MAN..... | 2 | NO..... | 3 | 506 511 | | | | | | | | | |
| YES, FORMERLY MARRIED..... | 1 | | | | | | | | | | | | | | | | | |
| YES, LIVED WITH A MAN..... | 2 | | | | | | | | | | | | | | | | | |
| NO..... | 3 | | | | | | | | | | | | | | | | | |
| 505 | ENTER '0' IN COLUMN 3 OF CALENDAR IN THE MONTH OF INTERVIEW, AND IN EACH MONTH BACK TO JANUARY 1993. | | 515F | | | | | | | | | | | | | | | |
| 506 | What is your marital status now: are you widowed, divorced, or separated? | <table border="0"> <tr> <td>WIDOWED.....</td> <td>1</td> </tr> <tr> <td>DIVORCED.....</td> <td>2</td> </tr> <tr> <td>SEPARATED.....</td> <td>3</td> </tr> </table> | WIDOWED..... | 1 | DIVORCED..... | 2 | SEPARATED..... | 3 | 511 | | | | | | | | | |
| WIDOWED..... | 1 | | | | | | | | | | | | | | | | | |
| DIVORCED..... | 2 | | | | | | | | | | | | | | | | | |
| SEPARATED..... | 3 | | | | | | | | | | | | | | | | | |
| 507 | Is your husband/partner living with you now or is he staying elsewhere? | <table border="0"> <tr> <td>LIVES WITH HER.....</td> <td>1</td> </tr> <tr> <td>STAYING ELSEWHERE.....</td> <td>2</td> </tr> </table> | LIVES WITH HER..... | 1 | STAYING ELSEWHERE..... | 2 | | | | | | | | | | | | |
| LIVES WITH HER..... | 1 | | | | | | | | | | | | | | | | | |
| STAYING ELSEWHERE..... | 2 | | | | | | | | | | | | | | | | | |
| 507A | WRITE THE LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE FOR HER HUSBAND. IF HE IS NOT LISTED IN THE HOUSEHOLD, WRITE '00'. | | | | | | | | | | | | | | | | | |
| 508 | Does your husband/partner have any other wives besides yourself? | <table border="0"> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> </table> | YES..... | 1 | NO..... | 2 | 511 | | | | | | | | | | | |
| YES..... | 1 | | | | | | | | | | | | | | | | | |
| NO..... | 2 | | | | | | | | | | | | | | | | | |
| 509 | How many other wives does he have? | <table border="0"> <tr> <td>NUMBER.....</td> <td></td> </tr> <tr> <td>DON'T KNOW.....</td> <td>98</td> </tr> </table> | NUMBER..... | | DON'T KNOW..... | 98 | | | | | | | | | | | | |
| NUMBER..... | | | | | | | | | | | | | | | | | | |
| DON'T KNOW..... | 98 | | | | | | | | | | | | | | | | | |
| 511 | Have you been married or lived with a man only once, or more than once? | <table border="0"> <tr> <td>ONCE.....</td> <td>1</td> </tr> <tr> <td>MORE THAN ONCE.....</td> <td>2</td> </tr> </table> | ONCE..... | 1 | MORE THAN ONCE..... | 2 | | | | | | | | | | | | |
| ONCE..... | 1 | | | | | | | | | | | | | | | | | |
| MORE THAN ONCE..... | 2 | | | | | | | | | | | | | | | | | |
| 512 | CHECK 511: <table border="0"> <tr> <td>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></td> <td>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></td> </tr> </table> <table border="0"> <tr> <td>In what month and year did you start living with your husband/partner?</td> <td>Now we will talk about your first husband/partner. In what month and year did you start living with him?</td> </tr> </table> | MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> | MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> | In what month and year did you start living with your husband/partner? | Now we will talk about your first husband/partner. In what month and year did you start living with him? | <table border="0"> <tr> <td>MONTH.....</td> <td></td> </tr> <tr> <td>DON'T KNOW MONTH.....</td> <td>98</td> </tr> <tr> <td>YEAR.....</td> <td>1 9 </td> </tr> <tr> <td>DON'T KNOW YEAR.....</td> <td>9998</td> </tr> </table> | MONTH..... | | DON'T KNOW MONTH..... | 98 | YEAR..... | 1 9 | DON'T KNOW YEAR..... | 9998 | 514 | | | |
| MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> | MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> | | | | | | | | | | | | | | | | | |
| In what month and year did you start living with your husband/partner? | Now we will talk about your first husband/partner. In what month and year did you start living with him? | | | | | | | | | | | | | | | | | |
| MONTH..... | | | | | | | | | | | | | | | | | | |
| DON'T KNOW MONTH..... | 98 | | | | | | | | | | | | | | | | | |
| YEAR..... | 1 9 | | | | | | | | | | | | | | | | | |
| DON'T KNOW YEAR..... | 9998 | | | | | | | | | | | | | | | | | |
| 513 | How old were you when you started living with him? | <table border="0"> <tr> <td>AGE.....</td> <td></td> </tr> </table> | AGE..... | | | | | | | | | | | | | | | |
| AGE..... | | | | | | | | | | | | | | | | | | |
| 514 | DETERMINE MONTHS MARRIED OR IN UNION SINCE JANUARY 1993. ENTER 'X' IN COLUMN 3 OF CALENDAR FOR EACH MONTH MARRIED OR IN UNION, AND ENTER '0' FOR EACH MONTH NOT MARRIED/NOT IN UNION, SINCE JANUARY 1993. FOR WOMEN WITH MORE THAN ONE UNION: PROBE FOR DATE WHEN CURRENT UNION STARTED AND, IF APPROPRIATE, FOR STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. FOR WOMEN NOT CURRENTLY IN UNION: PROBE FOR DATE WHEN LAST UNION STARTED AND FOR TERMINATION DATE AND, IF APPROPRIATE, FOR THE STARTING AND TERMINATION DATES OF ANY PREVIOUS UNIONS. | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|------|
| 514A | CHECK 502: CURRENTLY MARRIED <input type="checkbox"/> OR LIVING WITH A MAN <input type="checkbox"/> | NOT IN UNION <input type="checkbox"/> | 515F |
| 515 | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with (your husband/the man you are living with)? | DAYS AGO.....1 <input type="checkbox"/> <input type="checkbox"/> WEEKS AGO.....2 <input type="checkbox"/> <input type="checkbox"/> MONTHS AGO.....3 <input type="checkbox"/> <input type="checkbox"/> YEARS AGO.....4 <input type="checkbox"/> <input type="checkbox"/> BEFORE LAST BIRTH.....996 | |
| 515A | CHECK 301 AND 302: KNOWS CONDOM <input type="checkbox"/> DOES NOT KNOW CONDOM <input type="checkbox"/> The last time you had sex with (your husband/ the man you are living with), was a condom used? Some men use a condom, which means that they use a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your husband/ the man you are living with), was a condom used? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 515B | Have you had sex with anyone other than (your husband/ the man you are living with) in the last 12 months? | YES.....1 NO.....2 | 517 |
| 515C | When was the last time you had sexual intercourse with someone other than (your husband/ the man you are living with)? | DAYS AGO.....1 <input type="checkbox"/> <input type="checkbox"/> WEEKS AGO.....2 <input type="checkbox"/> <input type="checkbox"/> MONTHS AGO.....3 <input type="checkbox"/> <input type="checkbox"/> YEARS AGO.....4 <input type="checkbox"/> <input type="checkbox"/> BEFORE LAST BIRTH.....996 | |
| 515D | Was a condom used that time? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 515E | In the last 12 months, how many different persons other than (your husband/the man you are living with) have you had sex with? | NUMBER OF PERSONS..... <input type="checkbox"/> <input type="checkbox"/> DOES NOT KNOW.....98 | 515J |
| 515F | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse (if ever)? | NEVER.....000 DAYS AGO.....1 <input type="checkbox"/> <input type="checkbox"/> WEEKS AGO.....2 <input type="checkbox"/> <input type="checkbox"/> MONTHS AGO.....3 <input type="checkbox"/> <input type="checkbox"/> YEARS AGO.....4 <input type="checkbox"/> <input type="checkbox"/> BEFORE LAST BIRTH.....996 | 608 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|------|
| 515G | CHECK 301 AND 302: KNOWS CONDOM <input type="checkbox"/> DOES NOT KNOW CONDOM <input type="checkbox"/> The last time you had sex, was a condom used? Some men use a condom, which means that they use a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 515H | CHECK 515F: LESS THAN 12 MONTHS SINCE LAST SEX <input type="checkbox"/> 12 MONTHS OR LONGER SINCE LAST SEX <input type="checkbox"/> | | 515J |
| 515I | In the last 12 months, how many different persons have you had sex with? | NUMBER OF PERSONS..... <input type="text"/> DOES NOT KNOW.....98 | |
| 515J | CHECK 501: CURRENTLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/> NOT CURRENTLY MARRIED AND NOT LIVING WITH A MAN <input type="checkbox"/> The last time you had sex, was it with your (husband/man you live with), a regular partner, a casual acquaintance, or someone else? The last time you had sex, was it with a regular partner, a casual acquaintance, or someone else? | HUSBAND/MAN LIVES WITH.....1 REGULAR PARTNER.....2 ACQUAINTANCE.....3 SOMEONE ELSE.....4 | |
| 517 | Do you know of a place where you can get condoms? | YES.....1 NO.....2 | 519 |
| 518 | Where is that? IF SOURCE IS HOSPITAL, HEALTH CENTER, OR CLINIC, WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (NAME OF PLACE) | 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.....41 SHOP.....51 FRIENDS/RELATIVES.....61 OTHER.....96 (SPECIFY) | |
| 519 | Have you ever heard of a condom called "Trust"? | YES.....1 NO.....2 | |
| 519a | Would you be willing to pay for condoms? | YES.....1 NO.....2 | 520 |
| 519b | How much would you be willing to pay for a package of 3 condoms? Would you pay as much as 50 shillings? IF NO: would you pay as much as 25 shillings? IF NO: would you pay as much as 10 shillings? IF NO: would you pay as much as 5 shillings? IF NO: ENTER < 5 SHILLINGS | 50 SHILLINGS.....1 25 SHILLINGS.....2 10 SHILLINGS.....3 5 SHILLINGS.....4 < 5 SHILLINGS.....5 DON'T KNOW.....8 | |
| 520 | How old were you when you first had sexual intercourse? | AGE..... <input type="text"/> FIRST TIME WHEN MARRIED.....96 | |

&dSECTION 6. FERTILITY PREFERENCES &d@

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------------|
| 601 | CHECK 314: NEITHER STERILIZED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> | | 612 |
| 602 | CHECK 227: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NOT PREGNANT OR UNSURE <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> </div> <div style="width: 45%;"> <p>PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?</p> </div> </div> | HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DON'T KNOW.....8 | 606 604 |
| 603 | CHECK 227: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> </div> <div style="width: 45%;"> <p>PREGNANT <input type="checkbox"/></p> <p>After the child you are expecting now, how long would you like to wait before the birth of another child?</p> </div> </div> | MONTHS.....1 YEARS.....2 SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT...994 AFTER MARRIAGE.....995 OTHER.....996 (SPECIFY) DON'T KNOW.....998 | 606 |
| 604 | CHECK 227: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | 607 |
| 605 | If you became pregnant in the next few weeks, would you be &dHappy &d@, &dUnhappy &d@, or would it &dnot matter &d@ very much? | HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3 | 2 |
| 606 | CHECK 313: USING A METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> | | 612 |
| 607 | Do you think you will use a method to delay or avoid pregnancy within the next 12 months? | YES.....1 NO.....2 DON'T KNOW.....8 | 609 |
| 608 | Do you think you will use a method at any time in the future? | YES.....1 NO.....2 DON'T KNOW.....8 | 610 |
| 609 | Which method would you prefer to use? | PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER.....96 (SPECIFY) UNSURE.....98 | 612 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 610 | What is the main reason that you think you will never use a method? | NOT MARRIED.....11 NOT INTENDING TO MARRY.....12 FERTILITY-RELATED REASONS INFREQUENT SEX.....22 MENOPAUSAL/HYSTERECTOMY.....23 SUBFECUND/INFECUND.....24 WANTS MORE CHILDREN.....26 OPPOSITION TO USE RESPONDENT OPOSED.....31 HUSBAND OPOSED.....32 OTHERS OPOSED.....33 RELIGIOUS PROHIBITION.....34 LACK OF KNOWLEDGE KNOWS NO METHOD.....41 KNOWS NO SOURCE.....42 METHOD-RELATED REASONS HEALTH CONCERNS.....51 FEAR OF SIDE EFFECTS.....52 LACK OF ACCESS/TOO FAR.....53 COST TOO MUCH.....54 INCONVENIENT TO USE.....55 INTERFERES WITH BODY'S NORMAL PROCESSES.....56 OTHER_____ 96 (SPECIFY) DON'T KNOW.....98 | 612 |
| 611 | Would you ever use a method if you were married? | YES.....1 NO.....2 DON'T KNOW.....8 | |
| 612 | CHECK 216: HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <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? If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE. | NUMBER..... <input type="text"/> OTHER_____ 96 (SPECIFY) | 614 |
| 613 | 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? | BOYS NUMBER..... <input type="text"/> GIRLS NUMBER..... <input type="text"/> EITHER NUMBER..... <input type="text"/> OTHER_____ 999996 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|------|
| 614 | Would you say that you approve or disapprove of couples using a method to avoid getting pregnant? | APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3 | |
| 615 | Is it acceptable or not acceptable to you for information on family planning to be provided: On the radio? On the television? | ACCEPT- NOT ACCEPT- ABLE ACCEPT- RADIO.....1 2 DK 8 TELEVISION.....1 2 8 | |
| 616 | In the last six months have you heard about family planning: On the radio? On the television? In a newspaper or magazine? From a billboard? At a live drama? At a community event? | YES NO RADIO.....1 2 TELEVISION.....1 2 NEWSPAPER OR MAGAZINE.....1 2 BILLBOARD.....1 2 LIVE DRAMA.....1 2 COMMUNITY EVENT.....1 2 | |
| 616a | CHECK 616: FAMILY PLANNING ON RADIO? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 616c |
| 616b | Which programs have you heard? Any others? DO NOT READ CODES TO RESPONDENT. CIRCLE ALL MENTIONED. | UGUA POLE.....A MTU NI AFYA.....B DAKTARI WA RADIO.....C KINGA YASHINDA TIBA.....D TEMBEA NA MAJIRA.....E USIPOZIBA UFA UTAJENGA UKUTA...F HEALTH WATCH.....G HEALTH IS LIFE.....H MAN AND MEDICINE.....I AQUAFRESH HEALTH.....J OTHER.....X (SPECIFY) DOES NOT KNOW/CANNOT REMEMBER...Z | |
| 616c | Do you think that information about family planning should be available for persons under 18 years of age? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 616d | Do you think that family planning services should be available for persons under 18 years of age? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 618 | In the last six months have you discussed the practice of family planning with your friends, neighbors, or relatives? | YES.....1 NO.....2 | 620 |
| 619 | With whom? Anyone else? RECORD ALL MENTIONED. | HUSBAND/PARTNER.....A MOTHER.....B FATHER.....C SISTER(S).....D BROTHER(S).....E DAUGHTER.....F MOTHER-IN-LAW.....G FRIENDS/NEIGHBORS.....H OTHER.....X (SPECIFY) | |

| | | | | | | | | |
|-----|------------|------------------------------|--------------------------|------------------------------|--------------------------|------------------------|--------------------------|-----|
| 620 | CHECK 502: | YES, CURRENTLY MARRIED | <input type="checkbox"/> | YES, LIVING WITH A MAN | <input type="checkbox"/> | NO, NOT IN UNION | <input type="checkbox"/> | 701 |
|-----|------------|------------------------------|--------------------------|------------------------------|--------------------------|------------------------|--------------------------|-----|

| | | |
|-----|---|--|
| 621 | Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy? | APPROVES.....1 DISAPPROVES.....2 DON'T KNOW.....8 |
| 622 | 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 |
| 623 | Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want? | SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8 |

&dSECTION 7. HUSBAND'S BACKGROUND, WOMAN'S WORK AND RESIDENCE &d@

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|--------------------|
| 701 | CHECK 502 AND 504: | CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/> FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/> NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/> | 703 709 |
| 702 | How old was your husband/partner on his last birthday? | AGE..... <input type="text"/> | |
| 703 | Did your (last) husband/partner ever attend school? | YES.....1 NO.....2 | 706 |
| 704 | What was the highest level of school he attended: primary, secondary, or higher? | PRIMARY1 SECONDARY.....2 HIGHER.....3 DON'T KNOW.....8 | 706 |
| 705 | What was the highest (standard/form/year) he completed at that level? | STANDARD/FORM/YEARS..... <input type="text"/> DON'T KNOW.....98 | |
| 706 | What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do? | <input type="text"/> | |
| 707 | CHECK 706: | WORKS (WORKED) IN AGRICULTURE <input type="checkbox"/> DOES (DID) NOT WORK IN AGRICULTURE <input type="checkbox"/> | 709 |
| 708 | (Does/did) your husband/partner work mainly on his own land or on family land, or (does/did) he rent land, or (does/did) he work on someone else's land? | HIS LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 | |
| 709 | Aside from your own housework, are you currently working? | YES.....1 NO.....2 | 712 |
| 710 | 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 | 712 |
| 711 | Have you done any work in the last 12 months? | YES.....1 NO.....2 | 726 |
| 712 | What is your occupation, that is, what kind of work do you mainly do? | <input type="text"/> | |
| 713 | CHECK 712: | WORKS IN AGRICULTURE <input type="checkbox"/> DOES NOT WORK IN AGRICULTURE <input type="checkbox"/> | 715 |
| 714 | Do you work mainly on your own land or on family land, or do you rent land, or work on someone else's land? | OWN LAND.....1 FAMILY LAND.....2 RENTED LAND.....3 SOMEONE ELSE'S LAND.....4 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|--------------------------|
| 715 | 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 | |
| 716 | 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 | 718 719 |
| 717 | During the last 12 months, how many months did you work? | NUMBER OF MONTHS..... | <input type="text"/> |
| 718 | (In the months you worked,) How many days a week did you usually work? | NUMBER OF DAYS..... | <input type="text"/> 720 |
| 719 | During the last 12 months, approximately how many days did you work? | NUMBER OF DAYS..... | <input type="text"/> |
| 720 | Do you earn cash for your work? PROBE: Do you make money for working? | YES.....1 NO.....2 | 723 |
| 721 | How much do you earn for this work per month? Is it less than 1,000 shillings? 1,000-5,000 shillings? 5,000-10,000 shillings? or more than 10,000 shillings? | LESS THAN 1,000.....1 1,000-5,000.....2 5,000-10,000.....3 MORE THAN 10,000.....4 | |
| 722 | CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly? | RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER.....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5 | |
| 723 | Do you usually work at home or away from home? | HOME.....1 AWAY.....2 | |
| 724 | CHECK 217 AND 218: IS A CHILD LIVING AT HOME WHO IS AGE 5 OR LESS? YES <input type="checkbox"/> NO <input type="checkbox"/> | | 726 |
| 725 | Who usually takes care of (NAME OF YOUNGEST CHILD AT HOME) while you are working? | RESPONDENT.....01 HUSBAND/PARTNER.....02 OLDER FEMALE CHILD.....03 OLDER MALE CHILD.....04 OTHER RELATIVES.....05 NEIGHBORS.....06 FRIENDS.....07 SERVANTS/HIRED HELP.....08 CHILD IS IN SCHOOL.....09 INSTITUTIONAL CHILDCARE.....10 HAS NOT WORKED SINCE LAST BIRTH.....95 OTHER.....96 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 726 | Have you lived in only one community or in more than one community since January 1993? | ONE COMMUNITY.....1 MORE THAN ONE COMMUNITY.....2 | 728 |
| 727 | IN COLUMN 4 OF CALENDAR, ENTER THE APPROPRIATE CODE FOR CURRENT COMMUNITY, ('1' CITY, '2' TOWN, '3' COUNTRYSIDE). BEGIN IN THE MONTH OF INTERVIEW AND CONTINUE WITH ALL PRECEDING MONTHS BACK TO JAN. 1993. THEN SKIP TO _____ | | 801A |
| 728 | In what month and year did you move to (NAME OF COMMUNITY OF INTERVIEW)? IN COLUMN 4 OF CALENDAR, ENTER 'X' IN THE MONTH AND YEAR OF THE MOVE. IN SUBSEQUENT MONTHS ENTER THE APPROPRIATE CODE FOR TYPE OF COMMUNITY, ('1' CITY, '2' TOWN, '3' COUNTRYSIDE). CONTINUE PROBING FOR PREVIOUS COMMUNITIES, AND RECORD MOVES AND TYPES OF COMMUNITIES ACCORDINGLY. ILLUSTRATIVE QUESTIONS: · Where did you live before.....? · In what month and year did you arrive there? · Is that place in a city, a town, or in the countryside? | | |

&dSECTION 8. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES &d@

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|------|
| 801A | Have you heard about diseases that can be transmitted through sex? | YES.....1 NO.....2 | 801L |
| 801B | Which diseases do you know? RECORD ALL RESPONSES | SYPHILIS.....A GONORRHEA.....B HIV/AIDS.....C GENITAL WARTS.....D UGONGWA ZINAA.....E OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DOES NOT KNOW.....Z | |
| 801C | CHECK 515 AND 515F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> | | 801K |
| 801D | During the last twelve months, did you have any of these diseases? | YES.....1 NO.....2 DOES NOT KNOW.....8 | 801K |
| 801E | Which of the diseases did you have? RECORD ALL RESPONSES | SYPHILIS.....A GONORRHEA.....B HIV/AIDS.....C GENITAL WARTS.....D UGONGWA ZINAA.....E OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) DON'T KNOW.....Z | |
| 801F | The last time you had (DISEASE(S) FROM 801E) did you seek advice or treatment? | YES.....1 NO.....2 | 801H |
| 801G | Where did you seek advice or treatment? Any other place or person? RECORD ALL MENTIONED | PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC.....D OTHER PVT.HOSP/CLINIC.....E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMMUNITY BASED DISTRIBUTOR.....I COMM. HEALTH WORKER.....J OTHER SOURCE SHOP.....K HERBALIST./TRAD.PRACT.....L RELATIVE/FRIEND.....M OTHER_____X (SPECIFY) DOES NOT KNOW.....Z | |
| 801H | When you had (DISEASE(S) FROM 801E) did you inform your partner(s)? | YES.....1 NO.....2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|------|
| 801I | When you had (DISEASE(S) FROM 801E) did you do something not to infect your partner(s)? | YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3 | 801K |
| 801J | What did you do? RECORD ALL MENTIONED | NO SEXUAL INTERCOURSE.....A USED CONDOMS.....B TOOK MEDICINES.....C OTHER.....X (SPECIFY) | |
| 801K | CHECK 801B DID NOT MENTION 'AIDS' <input type="checkbox"/> MENTIONED 'AIDS' <input type="checkbox"/> | | 802 |
| 801L | Have you ever heard of an illness called AIDS? | YES.....1 NO.....2 | 811C |
| 802 | From which sources of information have you learned most about AIDS? Any other sources? RECORD ALL MENTIONED | RADIO.....A TV.....B NEWSPAPERS/MAGAZINES.....C PAMPLETS/POSTERS.....D HEALTH WORKERS.....E MOSQUES/CHURCHES.....F SCHOOLS/TEACHERS.....G COMMUNITY MEETINGS.....H FRIENDS/RELATIVES.....I WORK PLACE.....J DRAMA/PERFORMANCE.....K OTHER.....X (SPECIFY) | |
| 802B | How can a person get AIDS? Any other ways? RECORD ALL MENTIONED | SEXUAL INTERCOURSE.....A SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....B SEX WITH PROSTITUTES.....C NOT USING CONDOM.....D HOMOSEXUAL CONTACT.....E MOTHER TO CHILD.....F BLOOD TRANSFUSION.....G SHARING RAZORS BLADES.....H INJECTIONS.....I KISSING.....J MOSQUITO BITES.....K OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DOES NOT KNOW.....Z | |
| 803 | Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS? | YES.....1 NO.....2 DOES NOT KNOW.....8 | 807 |
| 804 | What can a person do? Any other ways? RECORD ALL MENTIONED | ABSTAIN FROM SEX.....B USE CONDOMS.....C AVOID MULTIPLE SEX PARTNERS.....D AVOID SEX WITH PROSTITUTES.....E AVOID SEX WITH HOMOSEXUALS.....F BE FAITHFUL TO PARTNER.....G AVOID BLOOD TRANSFUSIONS.....H AVOID INJECTIONS.....I AVOID KISSING.....J AVOID MOSQUITO BITES.....K SEEK PROTECTION FROM FROM TRADITIONAL HEALER.....L OTHER.....W (SPECIFY) OTHER.....X (SPECIFY) DOES NOT KNOW.....Z | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|--------------|
| 807 | Is it possible for a healthy-looking person to have the AIDS virus? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 808 | Do you think that persons with AIDS almost never die from the disease, sometimes die or almost always die from the disease? | ALMOST NEVER.....1 SOMETIMES.....2 ALMOST ALWAYS.....3 DOES NOT KNOW.....8 | |
| 808A | Can AIDS be cured? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 808B | Can AIDS be transmitted from mother to child? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 808C | Do you personally know someone who has AIDS or has died of AIDS? | YES.....1 NO.....2 DOES NOT KNOW.....8 | |
| 809 | Do you think your chances of getting AIDS are small, moderate, great, or no risk at all? | SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 HAS AIDS.....5 | 809C 811A |
| 809B | Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? RECORD ALL MENTIONED | ABSTAIN FROM SEX.....B USE CONDOMS.....C HAVE ONLY ONE SEX PARTNER.....D LIMITED NUMBER OF SEX PARTNERS.....E SPOUSE HAS NO OTHER PARTNER.....G NO HOMOSEXUAL CONTACT.....H NO BLOOD TRANSFUSIONS.....I NO INJECTIONS.....J OTHER.....X (SPECIFY) | 811A |
| 809C | Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons? RECORD ALL MENTIONED | DO NOT USE CONDOMS.....C MORE THAN ONE SEX PARTNER.....D MANY SEX PARTNERS.....E SPOUSE HAS OTHER PARTNER(S).....G HOMOSEXUAL CONTACT.....H HAD BLOOD TRANSFUSION.....I HAD INJECTIONS.....J OTHER.....X (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODES | SKIP |
|------|--|---|------|
| 811A | Since you heard of AIDS, have you changed your behavior to prevent getting AIDS? IF YES, what did you do? Anything else? RECORD ALL MENTIONED | DIDN'T START SEX.....A STOPPED ALL SEX.....B STARTED USING CONDOMS.....C RESTRICTED SEX TO ONE PARTNER...D REDUCED NUMBER OF PARTNERS.....E ASK SPOUSE TO BE FAITHFUL.....G NO MORE HOMOSEXUAL CONTACTS.....H STOPPED INJECTIONS.....J OTHER_____W (SPECIFY) OTHER_____X (SPECIFY) NO BEHAVIOR CHANGE.....Y | 811C |
| 811B | Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior? IF YES, In what way? RECORD ALL MENTIONED | DIDN'T START SEX.....A STOPPED ALL SEX.....B STARTED USING CONDOMS.....C RESTRICTED SEX TO ONE PARTNER...D REDUCED NUMBER OF PARTNERS.....E NO MORE HOMOSEXUAL CONTACTS.....H OTHER_____X (SPECIFY) NO CHANGE IN SEXUAL BEHAVIOR...Y DOES NOT KNOW.....Z | |
| 811C | Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases? Have you ever heard of this? | YES.....1 NO.....2 | 811F |
| 811D | CHECK 515 AND 515F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> | HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> | 812 |
| 811E | We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS? | YES.....1 NO.....2 | 811G |
| 811F | CHECK 515 AND 515F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> | HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> | 812 |
| 811G | Have you given or received money, gifts or favours in return for sex at any time in the last 12 months? | YES.....1 NO.....2 | |

| | | | | | | |
|------|--|---|--------------------------|----------------------|--------------------------|-----|
| 812 | CHECK 801B and 801L | KNOWS 'AIDS' | <input type="checkbox"/> | DOES NOT KNOW 'AIDS' | <input type="checkbox"/> | 901 |
| 813 | Have you ever been tested to see if you have the AIDS virus? | YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8 | 813D | | | |
| 813A | Would you like to be tested for the AIDS virus? | YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8 | | | | |
| 813B | Do you know a place where you could go to get an AIDS test? | YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8 | 814 | | | |
| 813C | Where could you go? | PUBLIC SECTOR GOVT. HOSPITAL.....A GOVT. HEALTH CENTER.....B GOVT. DISPENSARY.....C PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC.....D OTHER PVT.HOSP/CLINIC.....E PHARMACY.....F PRIVATE DOCTOR.....G MOBILE CLINIC.....H COMMUNITY BASED DISTRIBUTOR.....I COMM. HEALTH WORKER.....J OTHER SOURCE SHOP.....K HERBALIST./TRAD.PRACT.....L RELATIVE/FRIEND.....M | | | | |
| 813D | Where did you go? | OTHER.....X (SPECIFY) DOES NOT KNOW.....Z | | | | |
| 814 | What do you suggest is the most important thing the government should do for people who have AIDS? | PROVIDE MEDICAL TREATMENT.....1 HELP RELATIVES PROVIDE CARE.....2 ISOLATE/QUARANTINE/JAIL PEOPLE.....3 NOT BE INVOLVED.....4 OTHER.....6 (SPECIFY) | | | | |
| 815 | If a member of your family is suffering from AIDS would you be willing to care for him or her at home? | YES.....1 NO.....2 DEPENDS.....3 NOT SURE/DO NOT KNOW.....8 | | | | |

SECTION 9. MATERNAL MORTALITY

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|------|
| 901 | Now I would like to ask you some questions about your brothers and sisters, that is, all of the children born to your natural mother, including those who are living with you, those living elsewhere and those who have died. How many children did your mother give birth to, including you? | NUMBER OF BIRTHS TO NATURAL MOTHER..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | |

| | | | |
|-----|--|---|-----|
| 902 | CHECK 901: <input type="checkbox"/> TWO OR MORE BIRTHS | ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> | 916 |
|-----|--|---|-----|

| | | | |
|-----|---|---|--|
| 903 | How many of these births did your mother have before you were born? | NUMBER OF PRECEDING BIRTHS..... <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | |
|-----|---|---|--|

| | | | | | | |
|--|--|--|--|--|--|--|
| 904 What was the name given to your oldest(next oldest) brother or sister? | [1] | [2] | [3] | [4] | [5] | [6] |
| 905 Is (NAME) male or female? | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 |
| 906 Is (NAME) still alive? | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [2] | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [3] | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [4] | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [5] | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [6] | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [7] |
| 907 How old is (NAME)? | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [2] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [3] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [4] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [5] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [6] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [7] |
| 909 How many years ago did (NAME) die? | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> |
| 910 How old was (NAME) when she/he died? | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [2] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [3] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [4] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [5] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [6] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [7] |
| 911 Was (NAME) pregnant when she died? | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 |
| 912 Did (NAME) die during childbirth? | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 |
| 913 Did (NAME) die within two months after the end of a pregnancy or childbirth? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 914 Where did the death of (NAME) take place? | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 |
| 915 How many children did (NAME) give birth to during her lifetime? | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [2] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [3] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [4] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [5] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [6] | <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> GO TO [7] |

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

| | [7] | [8] | [9] | [10] | [11] | [12] |
|--|---|---|--|--|--|--|
| 904 What was the name given to your oldest (next oldest) brother or sister? | ----- | ----- | ----- | ----- | ----- | ----- |
| 905 Is (NAME) male or female? | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 | MALE.....1 FEMALE.....2 |
| 906 Is (NAME) still alive? | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [8] | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [9] | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [10] | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [11] | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [12] | YES.....1 NO.....2 GO TO 909 DK.....8 GO TO [13] |
| 907 How old is (NAME)? | <input type="text"/> GO TO [8] | <input type="text"/> GO TO [9] | <input type="text"/> GO TO [10] | <input type="text"/> GO TO [11] | <input type="text"/> GO TO [12] | <input type="text"/> GO TO [13] |
| 909 How many years ago did (NAME) die? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 910 How old was (NAME) when she/he died? | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [8] | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [9] | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [10] | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [11] | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [12] | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO [13] |
| 911 Was (NAME) pregnant when she died? | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 |
| 912 Did (NAME) die during childbirth? | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 | YES.....1 GO TO 914 NO.....2 |
| 913 Did (NAME) die within two months after the end of a pregnancy or childbirth? | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 | YES.....1 NO.....2 |
| 914 Where did the death of (NAME) take place? | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 | HOME.....1 ON WAY TO HOSP/CLIN..2 HOSP/CLIN..3 ELSE.....4 |
| 915 How many children did (NAME) give birth to during her lifetime? | <input type="text"/> GO TO [8] | <input type="text"/> GO TO [9] | <input type="text"/> GO TO [10] | <input type="text"/> GO TO [11] | <input type="text"/> GO TO [12] | <input type="text"/> GO TO [13] |
| 916 IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION | | | | | | |

&dSECTION 10. FEMALE CIRCUMCISION &d@

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-------|--|--|------|
| 1001 | In many communities, girls are introduced to womanhood by participating in some ceremonies and undergoing specific procedures. Now, I want to discuss with you the circumcision of girls. In this community, is female circumcision practiced? | YES.....1 NO.....2 | |
| 1002 | Are you circumcised? | YES.....1 NO.....2 | 1004 |
| 1003 | How old were you when you were circumcised? | AGE IN COMPLETED YEARS.... <input type="text"/> DOES NOT KNOW.....98 | |
| 1004 | CHECK 214 AND 217: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/> | | 1012 |
| 1005 | Is (NAME OF ELDEST DAUGHTER) circumcised? | YES.....1 NO.....2 | 1007 |
| 1006 | Do you plan to have (NAME OF ELDEST DAUGHTER) circumcised? | YES.....1 NO.....2 | 1012 |
| 1007 | How old was she when she was circumcised? | AGE IN COMPLETED YEARS.... <input type="text"/> DOES NOT KNOW.....98 | |
| 1008 | Who performed the circumcision? | DOCTOR.....01 TRAINED NURSE/MIDWIFE.....02 TRADITIONAL MIDWIFE.....03 TRADITIONAL CIRCUMCISER.....04 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98 | |
| 1009 | Where was the circumcision performed? | OWN HOME.....01 ANOTHER'S HOME.....02 HOME OF CIRCUMCISION PRACTITIONER.....03 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98 | |
| 1009a | Which instruments were used to perform the circumcision? | OWN BLADE/RAZOR.....01 SHARED BLADE/RAZOR.....02 SCALPEL.....03 KNIFE.....04 OTHER _____ 96 (SPECIFY) DOES NOT KNOW.....98 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------------|
| 1010 | During the circumcision of (NAME OF ELDEST DAUGHTER), which parts of the body were removed? RECORD PARTS AS REPORTED ON LINES PROVIDED. LEAVE THE BOX BLANK. | 1. _____ <input type="checkbox"/> 2. _____ 3. _____ DOES NOT KNOW.....8 | |
| 1011 | Before (NAME OF ELDEST DAUGHTER) circumcised, was she informed about the details of the circumcision procedures? | YES.....1 NO.....2 | |
| 1012 | Do you think female circumcision should be continued, or should it be discontinued? | CONTINUED.....1 DISCONTINUED.....2 DOES NOT KNOW.....8 | 1014 1015 |
| 1013 | Why do you think female circumcision should be continued? Any other reasons? RECORD ALL REASONS MENTIONED. | GOOD TRADITION.....A CUSTOM AND TRADITION.....B RELIGIOUS DEMAND.....C CLEANLINESS.....D BETTER MARRIAGE PROSPECTS.....E BETTER MARRIAGE LIFE.....F GREATER PLEASURE OF HUSBAND.....G PRESERVATION OF VIRGINITY.....H PREVENTION OF IMMORALITY.....I OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z | 1015 |
| 1014 | Why do you think female circumcision should be discontinued? Any other reasons? RECORD ALL REASONS MENTIONED. | BAD TRADITION.....A AGAINST RELIGION.....B MEDICAL COMPLICATIONS.....C PAINFUL PERSONAL EXPERIENCE.....D AGAINST DIGNITY OF WOMEN.....E PREVENTS SEXUAL SATISFACTION...F FALSE STATUS/LIMITS EDUCATION...G OTHER _____ X (SPECIFY) DOES NOT KNOW.....Z | |
| 1015 | In the last 12 months, have you discussed the practice of female circumcision with anyone? IF YES: with whom? RECORD ALL PERSONS MENTIONED. | NO ONE.....A RESPONDENT'S HUSBAND.....B RESPONDENT'S MOTHER.....C RESPONDENT'S MOTHER-IN-LAW.....D OTHER RELATIVE OF RESPONDENT...E OTHER RELATIVE OF HUSBAND.....F OTHER _____ X (SPECIFY) | |
| 1016 | RECORD THE TIME | HOUR..... <input type="text"/> <input type="text"/> MINUTES..... <input type="text"/> <input type="text"/> | |

&dSECTION 11. HEIGHT AND WEIGHT &d@

| | | | |
|------|---|--|-----|
| 1101 | CHECK 215: ONE OR MORE BIRTHS SINCE JAN. 1993 <input type="checkbox"/> | NO BIRTHS SINCE JAN. 1993 <input type="checkbox"/> | END |
|------|---|--|-----|

IN 1102 (COLUMNS 2 AND 3) RECORD THE LINE NUMBER FOR EACH CHILD BORN SINCE JANUARY 1993 AND STILL ALIVE. IN 1103 AND 1104 RECORD THE NAME AND BIRTH DATE FOR THE RESPONDENT AND FOR ALL LIVING CHILDREN BORN SINCE JANUARY 1993. IN 1106 AND 1108 RECORD HEIGHT AND WEIGHT OF THE RESPONDENT AND THE LIVING CHILDREN. (NOTE: ALL RESPONDENTS WITH ONE OR MORE BIRTHS SINCE JANUARY 1993 SHOULD BE WEIGHED AND MEASURED EVEN IF ALL OF THE CHILDREN HAVE DIED. IF THERE ARE MORE THAN 2 LIVING CHILDREN BORN SINCE JANUARY 1993, USE ADDITIONAL QUESTIONNAIRES).

| | 1 RESPONDENT | 2 YOUNGEST LIVING CHILD | 3 NEXT-TO-YOUNGEST LIVING CHILD |
|------|--|--|---|
| 1102 | LINE NO. FROM Q.212 | | |
| 1103 | NAME FROM Q.212 FOR CHILDREN | (NAME) | (NAME) |
| 1104 | DATE OF BIRTH FROM Q.215, AND ASK FOR DAY OF BIRTH | DAY..... MONTH..... YEAR.. | DAY..... MONTH..... YEAR.. |
| 1105 | BCG SCAR ON LEFT FOREARM | SCAR SEEN.....1 NO SCAR.....2 | SCAR SEEN.....1 NO SCAR.....2 |
| 1106 | HEIGHT (in centimeters) | | |
| 1107 | WAS LENGTH/HEIGHT OF CHILD MEASURED LYING DOWN OR STANDING UP? | LYING.....1 STANDING.....2 | LYING.....1 STANDING.....2 |
| 1108 | WEIGHT (in kilograms) | | |
| 1109 | DATE WEIGHED AND MEASURED | DAY..... MONTH..... YEAR.. 1 9 | DAY..... MONTH..... YEAR.. 1 9 |
| 1110 | 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) |
| 1111 | NAME OF MEASURER: | NAME OF ASSISTANT: | |

&dINTERVIEWER'S OBSERVATIONS &d@
To be filled in after completing interview

Comments
about Respondent: _____

Comments on
Specific Questions: _____

Any Other Comments: _____

&dSUPERVISOR'S OBSERVATIONS &d@

Name of Supervisor: _____ Date: _____

&dEDITOR'S OBSERVATIONS &d@

Name of Editor: _____ Date: _____

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
FOR COLUMNS 1, 3, AND 4, ALL MONTHS
SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

COL.1: Births, Pregnancies, Contraceptive Use

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

| | 1 | 2 | 3 | 4 |
|-------------|---|---|---|----------|
| 12 DEC 01 | | | | 01 DEC |
| 11 NOV 02 | | | | 02 NOV |
| 10 OCT 03 | | | | 03 OCT |
| 09 SEP 04 | | | | 04 SEP |
| 1 08 AUG 05 | | | | 05 AUG 1 |
| 9 07 JUL 06 | | | | 06 JUL 9 |
| 9 06 JUN 07 | | | | 07 JUN 9 |
| 8 05 MAY 08 | | | | 08 MAY 8 |
| 04 APR 09 | | | | 09 APR |
| 03 MAR 10 | | | | 10 MAR |
| 02 FEB 11 | | | | 11 FEB |
| 01 JAN 12 | | | | 12 JAN |

- 0 NO METHOD
- 1 PILL
- 2 IUD
- 3 INJECTIONS
- 4 IMPLANTS
- 5 DIAPHRAGM/FOAM/JELLY
- 6 CONDOM
- 7 FEMALE STERILISATION
- 8 MALE STERILISATION
- 9 NATURAL METHODS
- A WITHDRAWAL
- X OTHER _____

(SPECIFY)

| | | | | |
|-------------|--|--|--|----------|
| 12 DEC 13 | | | | 13 DEC |
| 11 NOV 14 | | | | 14 NOV |
| 10 OCT 15 | | | | 15 OCT |
| 09 SEP 16 | | | | 16 SEP |
| 1 08 AUG 05 | | | | 05 AUG 1 |
| 9 07 JUL 06 | | | | 06 JUL 9 |
| 9 06 JUN 07 | | | | 07 JUN 9 |
| 7 05 MAY 08 | | | | 08 MAY 7 |
| 04 APR 21 | | | | 21 APR |
| 03 MAR 22 | | | | 22 MAR |
| 02 FEB 23 | | | | 23 FEB |
| 01 JAN 24 | | | | 24 JAN |

COL.2: Discontinuation of Contraceptive Use

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

| | | | | |
|-------------|--|--|--|----------|
| 12 DEC 25 | | | | 25 DEC |
| 11 NOV 26 | | | | 26 NOV |
| 10 OCT 27 | | | | 27 OCT |
| 09 SEP 28 | | | | 28 SEP |
| 1 08 AUG 29 | | | | 29 AUG 1 |
| 9 07 JUL 30 | | | | 30 JUL 9 |
| 9 06 JUN 31 | | | | 31 JUN 9 |
| 6 05 MAY 32 | | | | 32 MAY 6 |
| 04 APR 33 | | | | 33 APR |
| 03 MAR 34 | | | | 34 MAR |
| 02 FEB 35 | | | | 35 FEB |
| 01 JAN 36 | | | | 36 JAN |

COL.3: Marriage/Union

| | | | | |
|-------------|--|--|--|----------|
| 12 DEC 37 | | | | 37 DEC |
| 11 NOV 38 | | | | 38 NOV |
| 10 OCT 39 | | | | 39 OCT |
| 09 SEP 40 | | | | 40 SEP |
| 1 08 AUG 41 | | | | 41 AUG 1 |
| 9 07 JUL 42 | | | | 42 JUL 9 |
| 9 06 JUN 43 | | | | 43 JUN 9 |
| 5 05 MAY 44 | | | | 44 MAY 5 |
| 04 APR 45 | | | | 45 APR |
| 03 MAR 46 | | | | 46 MAR |
| 02 FEB 47 | | | | 47 FEB |

X IN UNION (MARRIED OR LIVING TOGETHER)

01 JAN 48 48 JAN

0 NOT IN UNION

COL.4: Moves and Types of Communities

X CHANGE OF COMMUNITY

1 CITY

2 TOWN

3 COUNTRYSIDE

| | | | | | | | | | |
|---|----|-----|----|--|--|--|--|----|-------|
| | 12 | DEC | 49 | | | | | 49 | DEC |
| | 11 | NOV | 50 | | | | | 50 | NOV |
| | 10 | OCT | 51 | | | | | 51 | OCT |
| | 09 | SEP | 52 | | | | | 52 | SEP |
| 1 | 08 | AUG | 53 | | | | | 53 | AUG 1 |
| 9 | 07 | JUL | 54 | | | | | 54 | JUL 9 |
| 9 | 06 | JUN | 55 | | | | | 55 | JUN 9 |
| 4 | 05 | MAY | 56 | | | | | 56 | MAY 4 |
| | 04 | APR | 57 | | | | | 57 | APR |
| | 03 | MAR | 58 | | | | | 58 | MAR |
| | 02 | FEB | 59 | | | | | 59 | FEB |
| | 01 | JAN | 60 | | | | | 60 | JAN |

| | | | | | | | | | |
|---|----|-----|----|--|--|--|--|----|-------|
| | 12 | DEC | 61 | | | | | 61 | DEC |
| | 11 | NOV | 62 | | | | | 62 | NOV |
| | 10 | OCT | 63 | | | | | 63 | OCT |
| | 09 | SEP | 64 | | | | | 64 | SEP |
| 1 | 08 | AUG | 65 | | | | | 65 | AUG 1 |
| 9 | 07 | JUL | 66 | | | | | 66 | JUL 9 |
| 9 | 06 | JUN | 67 | | | | | 67 | JUN 9 |
| 3 | 05 | MAY | 68 | | | | | 68 | MAY 3 |
| | 04 | APR | 69 | | | | | 69 | APR |
| | 03 | MAR | 70 | | | | | 70 | MAR |
| | 02 | FEB | 71 | | | | | 71 | FEB |
| | 01 | JAN | 72 | | | | | 72 | JAN |