

**AFRICAN POPULATION AND HEALTH RESEARCH CENTER
NAIROBI CROSS-SECTIONAL SLUMS SURVEY II (NCSS II)
WOMAN'S QUESTIONNAIRE**

IDENTIFICATION

NCSS CLUSTER NUMBER

STRUCTURE OWNER

DIVISION

LOCATION

EA NAME AND CODE

STRUCTURE NUMBER

HOUSEHOLD NUMBER

NAME OF HOUSEHOLD HEAD

NAME AND LINE NUMBER OF WOMAN

WOMAN'S ID

INTERVIEWER VISITS

| | 1 | 2 | 3 | FINAL VISIT |
|--------------------|--|--|--|---|
| DATE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | DAY <input type="text"/> <input type="text"/> |
| TIME (24 HR) | START <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FINISH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | START <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FINISH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | START <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> FINISH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | MONTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| INTERVIEWER'S CODE | <input type="text"/> | <input type="text"/> | <input type="text"/> | YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| RESULT** | <input type="text"/> | <input type="text"/> | <input type="text"/> | FW CODE <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| NEXT VISIT: DATE | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | FINAL RESULT <input type="text"/> <input type="text"/> |
| TIME | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | | TOTAL NUMBER OF VISITS <input type="text"/> |

****RESULT CODES:**

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

LANGUAGE

WAS A TRANSLATOR USED? (YES=1, NO=2)

SUPERVISOR

CODE

DATE

INTRODUCTION AND CONSENT (PARENTAL CONSENT)

Hello. My name is _____ and I am working with the African Population and Health Research Center. We are conducting a survey that asks women about various health issues. We would very much appreciate your daughter's participation in this survey. This information will help the government to plan services aimed at improving the wellbeing of people living in communities like yours.

Whatever information your daughter will provide will be kept confidential and will not be shared with anyone other than the supervisor and the research team. Participation in this survey is voluntary, and your daughter is free to decline to answer any question she is uncomfortable with or she can stop the interview at any time.

However, we hope that she will participate in this survey since her views are important.
The interview will take between 45 to 60 minutes to complete.

100 Would you like to ask me any question about the survey? Yes=1; No=2

100a Do you permit us to speak with your daughter? Yes=1; No=2

100b Signature of Parent/guardian: _____

100c **CHECK 100a**
PARENT/GUARDIAN AGREES PARENT/GUARDIAN DOES NOT AGREE → END

INTRODUCTION AND CONSENT (INDIVIDUAL CONSENT/ASSENT)

Hello. My name is _____ and I am working with the African Population and Health Research Center. We are conducting a survey that asks women about various health issues. We would very much appreciate your participation in this survey. This information will help the government to plan services aimed at improving the wellbeing of people living in communities like yours.

Whatever information you provide will be kept confidential and will not be shared with anyone other than my supervisor and the research team. Participation in this survey is voluntary, and if we should come to any question you don't want to answer, just let me know and I will go on to the next question; or you can stop the interview at any time. However, we hope that you will participate in this survey since your views are important. The interview will take between 45 to 60 minutes to complete.

100d Would you like to ask me any question about the survey? Yes=1; No=2

100e Do you agree to take part in this survey? Yes=1; No=2

100f Signature of interviewee: _____

100g **CHECK 1.14**
RESPONDENT AGREES TO BE INTERVIEWED RESPONDENT DOES NOT AGREE TO BE INTERVIEWED → END

| SECTION 1. RESPONDENT'S BACKGROUND | | | |
|------------------------------------|---|---|-------|
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
| 101 | RECORD THE TIME. | HOUR <input type="text"/> <input type="text"/> MINUTES <input type="text"/> <input type="text"/> | |
| 102 | First I would like to ask some questions about you and your household. For most of the time until you were 12 years old, did you live in Nairobi, Mombasa, Kisumu, in another city or town, or in the country-side? | NAIROBI 01 MOMBASA 02 KISUMU 03 OTHER TOWN 04 COUNTRY SIDE 05 OUTSIDE KENYA 06 | |
| 103 | How long have you been living in this same area continuously? IF LESS THAN 12 MONTHS, RECORD IN MONTHS | MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> SINCE BIRTH 91 VISITOR 92 | → 106 |
| 104 | Just before you moved into this house/structure, where did you live? | WITHIN SAME SLUM 01 ANOTHER SLUM IN NRB 02 NON SLUM PART OF NRB 03 ANOTHER TOWN/CITY 04 RURAL VILLAGE 05 BOARDING SCHOOL 06 OUTSIDE KENYA 07 OTHER 96 (SPECIFY) | |
| 105 | How long did you live at the last residence? IF LESS THAN 12 MONTHS, RECORD IN MONTHS | MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> | |
| | CHECK HH COL 4 USUAL RESIDENT <input type="checkbox"/> | VISITOR OR IN BOARDING SCHOOL <input type="checkbox"/> | → 106 |
| 105A | At the time you moved here, did you join other household members, did you move with other people to start a household or did you move alone to start your own household? | JOIN EXISTING HH 1 WITH OTHERS TO START HH 2 ALONE TO START HH 3 WITH OTHERS TO RELOCATE HH 4 OTHER 6 (SPECIFY) | |
| 105B | Why did you move from your previous place of residence? Probe: Any other? | YES NO 01 CIVIL CONFLICT 1 2 02 FOR A CHANGE 1 2 03 RENT TOO HIGH 1 2 04 LOST JOB 1 2 05 COMMUNITY UNSAFE 1 2 06 GOT MARRIED 1 2 07 DIVORCED/WIDOWED/ SEPARATED 1 2 08 POOR HOUSING 1 2 09 MOVED WITH FAMILY 1 2 96 OTHER (SPECIFY) | |
| 105C | Which of the above reasons is the most important for your moving from your previous place of residence? GET CODE FROM 105B | IMPORTANT REASON <input type="text"/> <input type="text"/> | |
| 105D | Why did you move to this particular community? Probe: Any other? | YES NO 01 BETTER EMPLOYMENT OPPORTUNITIES 1 2 02 BETTER HOUSING 1 2 03 GOT A JOB 1 2 04 TO JOIN FAMILY 1 2 05 GOT MARRIED 1 2 06 RENT IS CHEAP 1 2 07 COMMUNITY SAFE 1 2 08 BETTER SOCIAL AMENITIES ... 1 2 96 OTHER (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|--|---|--------|-----|----|-----------|---|---|-----------|---|---|-----------------------|---|---|------------|---|---|-----------|---|---|----------|---|---|---------|---|---|-----------------|---|---|--------------------|---|---|-----------|---|---|-----------|---|---|------------|---|---|--------|---|---|--------------------|---|---|----------------|---|---|----------|---|---|--|-----------|--|-------|
| 105E | Which of the above reasons is the most important for your moving to this particular slum community? GET CODE FROM 105D | IMPORTANT REASON <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105F | Who made the decision for you to move to this community? | SELF 01 SPOUSE 02 SELF AND SPOUSE 03 PARENTS 04 CHILD/CHILDREN 05 OTHER RELATIVES 06 WORK UNIT 07 GOVERNMENT RESETTLEMENT 08 OTHER 96 (SPECIFY) DON'T KNOW 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | In what day, month and year were you born? [IF DATE, MONTH AND YEAR ARE NOT KNOWN, RECORD 98, 98, 9998 RESPECTIVELY] | DAY <input type="checkbox"/> <input type="checkbox"/> MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | How old were you at your last birthday? COMPARE AND CORRECT 106 AND/OR 107 IF INCONSISTENT. | AGE IN COMPLETED YEARS <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | Have you ever attended school? | YES 1 NO 2 | → 110G | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108A | In what month and year did you first attend standard one? IF MONTH IS UNKNOWN ENTER '98'; IF YEAR IS UNKNOWN ENTER '9998' | MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | What is the highest level of school you attended? | PRIMARY 01 POST-PRIMARY/VOCATIONAL 02 SECONDARY/A' LEVEL 03 COLLEGE (MIDDLE LEVEL) 04 UNIVERSITY 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | What is the highest (standard/form/year) you completed at that level? IF NOT COMPLETED THE FIRST CLASS AT ANY LEVEL, WRITE '00'. | STANDARD/FORM/YEAR <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110A | CHECK Q107: AGE 24 AND BELOW <input type="checkbox"/> | AGE 25 AND ABOVE <input type="checkbox"/> | → 111 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110B | Are you currently attending school? | YES 1 NO 2 | → 110D | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110C | Who contributes to your school related expenses PROBE: Who else? | <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>01 FATHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>02 MOTHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>03 STEP FATHER/MOTHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>04 BROTHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>05 SISTER</td> <td>1</td> <td>2</td> </tr> <tr> <td>06 UNCLE</td> <td>1</td> <td>2</td> </tr> <tr> <td>07 AUNT</td> <td>1</td> <td>2</td> </tr> <tr> <td>08 GRAND PARENT</td> <td>1</td> <td>2</td> </tr> <tr> <td>09 OTHER RELATIVES</td> <td>1</td> <td>2</td> </tr> <tr> <td>10 FRIEND</td> <td>1</td> <td>2</td> </tr> <tr> <td>11 SCHOOL</td> <td>1</td> <td>2</td> </tr> <tr> <td>12 TEACHER</td> <td>1</td> <td>2</td> </tr> <tr> <td>13 NGO</td> <td>1</td> <td>2</td> </tr> <tr> <td>14 RELIGIOUS GROUP</td> <td>1</td> <td>2</td> </tr> <tr> <td>15 NO ONE/SELF</td> <td>1</td> <td>2</td> </tr> <tr> <td>96 OTHER</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> <td></td> </tr> </table> | | YES | NO | 01 FATHER | 1 | 2 | 02 MOTHER | 1 | 2 | 03 STEP FATHER/MOTHER | 1 | 2 | 04 BROTHER | 1 | 2 | 05 SISTER | 1 | 2 | 06 UNCLE | 1 | 2 | 07 AUNT | 1 | 2 | 08 GRAND PARENT | 1 | 2 | 09 OTHER RELATIVES | 1 | 2 | 10 FRIEND | 1 | 2 | 11 SCHOOL | 1 | 2 | 12 TEACHER | 1 | 2 | 13 NGO | 1 | 2 | 14 RELIGIOUS GROUP | 1 | 2 | 15 NO ONE/SELF | 1 | 2 | 96 OTHER | 1 | 2 | | (SPECIFY) | | } 111 |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 FATHER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 MOTHER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 STEP FATHER/MOTHER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 BROTHER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 SISTER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 UNCLE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 AUNT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 GRAND PARENT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 OTHER RELATIVES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 FRIEND | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 SCHOOL | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 TEACHER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 NGO | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 RELIGIOUS GROUP | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 NO ONE/SELF | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96 OTHER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110D | In what month and year did you stop going to school? IF MONTH IS UNKNOWN ENTER '98'; IF YEAR IS UNKNOWN ENTER '9998' | MONTH <input type="checkbox"/> <input type="checkbox"/> YEAR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|-------|
| 110E | <p>What were the reasons why you stopped attending school?</p> <p>PROBE: Any other?</p> | <p style="text-align: right;">YES NO</p> 01 GOT PREGNANT 1 2 02 GOT MARRIED 1 2 03 TO CARE FOR YOUNGER CHILDREN 1 2 04 FAMILY NEEDED HELP ON FARM/BUSINESS 1 2 05 COULD NOT PAY SCHOOL FEES 1 2 06 NEEDED TO EARN MONEY 1 2 07 COMPLETED/HAD ENOUGH SCHOOL ... 1 2 08 DIDN'T PASS ENTRANCE EXAM 1 2 09 DIDN'T LIKE SCHOOL 1 2 10 SCHOOL TOO FAR/INACCESSIBLE ... 1 2 11 PHYSICALLY/MENTALLY DISABLED ... 1 2 12 POOR SCHOOL QUALITY 1 2 13 EXPELLED 1 2 14 FAMILY SEES NO ECONOMIC BENEFIT 1 2 96 OTHER 1 2 (SPECIFY) 98 DONT KNOW 1 2 | |
| 110F | <p>Which of the above reasons is the most important? [GET CODE FROM 110E]</p> | <p>IMPORTANT REASON <input type="checkbox"/> <input type="checkbox"/> → 111</p> | |
| 110G | <p>What were the reasons you never attended school?</p> | <p style="text-align: right;">YES NO</p> 01 TO CARE FOR YOUNGER CHILDREN 1 2 02 TOO MANY DOMESTIC/FAMILY RESPONSIBILITIES 1 2 03 FAMILY COULD NOT PAY SCHOOL FEES 1 2 04 DIDN'T LIKE SCHOOL 1 2 05 SCHOOL TOO FAR/INACCESSIBLE ... 1 2 06 PHYSICALLY/MENTALLY DISABLED ... 1 2 07 FAMILY SEES NO BENEFIT 1 2 96 OTHER 1 2 (SPECIFY) 98 DONT KNOW 1 2 | |
| 110H | <p>Which of the above reasons is the most important? [GET CODE FROM 110G]</p> | <p>IMPORTANT REASON <input type="checkbox"/> <input type="checkbox"/></p> | |
| 111 | <p>CHECK 109:</p> <p>PRIMARY, <input type="checkbox"/> POST-PRIMARY/VOCATIONAL ↓ SECONDARY OR HIGHER <input type="checkbox"/></p> | | → 113 |
| 112 | <p>Have you ever participated in a literacy program or any other program that involves learning to read or write (not including primary school)?</p> | <p>YES 1 NO 2</p> | |
| 113 | <p>Do you listen to the radio almost every day, at least once a week, less than once a week or not at all?</p> | <p>ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4</p> | |
| 114 | <p>Do you watch television almost every day, at least once a week, less than once a week or not at all?</p> | <p>ALMOST EVERY DAY 1 AT LEAST ONCE A WEEK 2 LESS THAN ONCE A WEEK 3 NOT AT ALL 4</p> | |
| 115 | <p>What is your religion?</p> | <p>CATHOLIC 01 PROTESTANT 02 PENTECOSTAL/CHARISMATIC 03 OTHER CHRISTIAN 04 ISLAM 05 TRADITIONALIST 06 NO RELIGION 07 OTHER 96 (SPECIFY)</p> | |
| 116 | <p>What is your ethnic group?</p> | <p>EMBU 01 KALENJIN 02 KAMBA 03 KIKUYU 04 KISII 05 LUHYA 06 LUO 07 MASAI 08 MERU 09 MIJIKENDA/SWAHILI 10 SOMALI 11 TAITA/TAVETA 12 OTHER 96 (SPECIFY)</p> | |

| SECTION 2. REPRODUCTION | | | | | | | | | | | |
|-------------------------|---|---|-------|--|--|--|--|--|--|--|--|
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | |
| 201 | Now I would like to ask about all the live 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 here? | YES 1 NO 2 | → 204 | | | | | | | | |
| 203 | How many sons live with you here? And how many daughters live with you here? IF NONE, RECORD '00'. | SONS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS AT HOME <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 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 here? And how many daughters are alive but do not live with you here? IF NONE, RECORD '00'. | SONS ELSEWHERE <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAUGHTERS ELSEWHERE ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| 206 | Sometimes it happens that children die. It may be painful to talk about and I am sorry to ask you about such memories, but it is important to get correct information. Have you ever given birth to a son or daughter who was born alive but later died? IF NO, PROBE: Any baby who cried or showed signs of life but did not survive? | YES 1 NO 2 | → 208 | | | | | | | | |
| 207 | How many boys have died? And how many girls have died? IF NONE, RECORD '00'. | BOYS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> GIRLS DEAD <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
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| | | | | | | | | | | | |
| 208 | SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'. | TOTAL <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> | | | | | | | | | |
| | | | | | | | | | | | |
| 209 | CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES <input type="checkbox"/> NO <input type="checkbox"/> → PROBE AND CORRECT 201-208 AS NECESSARY. | | | | | | | | | | |
| 210 | CHECK 208: ONE OR MORE BIRTHS <input type="checkbox"/> NO BIRTHS <input type="checkbox"/> | | → 226 | | | | | | | | |

| 211 Now I would like to record the names of all your births, whether still alive or not, starting with the first one you had. RECORD NAMES OF ALL THE BIRTHS IN 212. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. (IF THERE ARE MORE THAN 12 BIRTHS, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW). | | | | | | | | | | | | |
|--|--|----------------------------|--|---|---------------------------------|---|---|--|--|---|--|--|
| 212 | 213 | 214 | 215 | 215a | 216 | 217 | 218 | 219 | 220 | 220a | 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? | Was the birth registered with the civil authority? YES=1 NO=2 | Is (NAME) still alive? | IF ALIVE: How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS. | IF ALIVE: Is (NAME) living with you? | IF ALIVE: RECORD HOUSEHOLD LINE NUMBER OF CHILD (RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD). | IF DEAD: How old was (NAME) when he/she died? IF '1 YR', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS. | Was the death registered with the civil authority? YES=1 NO=2 | Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME), including any children who died after birth? | |
| 01 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> YEAR <input type="text"/> | <input type="checkbox"/> | YES... 1 NO... 2 ↓ 220 | AGE IN YEARS <input type="text"/> | YES... 1 NO... 2 | LINE NUMBER <input type="text"/> (NEXT BIRTH) | DAYS... 1 MONTHS 2 YEARS . 3 | <input type="checkbox"/> | | |
| 02 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> YEAR <input type="text"/> | <input type="checkbox"/> | YES... 1 NO... 2 ↓ 220 | AGE IN YEARS <input type="text"/> | YES... 1 NO... 2 | LINE NUMBER <input type="text"/> (GO TO 221) | DAYS... 1 MONTHS 2 YEARS . 3 | <input type="checkbox"/> | YES... 1 ADD ↕ BIRTH NO... 2 NEXT ↕ BIRTH | |
| 03 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> YEAR <input type="text"/> | <input type="checkbox"/> | YES... 1 NO... 2 ↓ 220 | AGE IN YEARS <input type="text"/> | YES... 1 NO... 2 | LINE NUMBER <input type="text"/> (GO TO 221) | DAYS... 1 MONTHS 2 YEARS . 3 | <input type="checkbox"/> | YES... 1 ADD ↕ BIRTH NO... 2 NEXT ↕ BIRTH | |
| 04 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> YEAR <input type="text"/> | <input type="checkbox"/> | YES... 1 NO... 2 ↓ 220 | AGE IN YEARS <input type="text"/> | YES... 1 NO... 2 | LINE NUMBER <input type="text"/> (GO TO 221) | DAYS... 1 MONTHS 2 YEARS . 3 | <input type="checkbox"/> | YES... 1 ADD ↕ BIRTH NO... 2 NEXT ↕ BIRTH | |
| 05 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> YEAR <input type="text"/> | <input type="checkbox"/> | YES... 1 NO... 2 ↓ 220 | AGE IN YEARS <input type="text"/> | YES... 1 NO... 2 | LINE NUMBER <input type="text"/> (GO TO 221) | DAYS... 1 MONTHS 2 YEARS . 3 | <input type="checkbox"/> | YES... 1 ADD ↕ BIRTH NO... 2 NEXT ↕ BIRTH | |
| 06 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> YEAR <input type="text"/> | <input type="checkbox"/> | YES... 1 NO... 2 ↓ 220 | AGE IN YEARS <input type="text"/> | YES... 1 NO... 2 | LINE NUMBER <input type="text"/> (GO TO 221) | DAYS... 1 MONTHS 2 YEARS . 3 | <input type="checkbox"/> | YES... 1 ADD ↕ BIRTH NO... 2 NEXT ↕ BIRTH | |
| 07 | SING 1 MULT 2 | BOY 1 GIRL 2 | MONTH <input type="text"/> YEAR <input type="text"/> | <input type="checkbox"/> | YES... 1 NO... 2 ↓ 220 | AGE IN YEARS <input type="text"/> | YES... 1 NO... 2 | LINE NUMBER <input type="text"/> (GO TO 221) | DAYS... 1 MONTHS 2 YEARS . 3 | <input type="checkbox"/> | YES... 1 ADD ↕ BIRTH NO... 2 NEXT ↕ BIRTH | |
| 222 | FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE? | | | | | | YES 1 → 222A NO 2 → 223 | | | | | |
| 222A | Have you had any live births since the birth of (NAME OF LAST BIRTH)? IF YES, RECORD BIRTH(S) IN TABLE. | | | | | | YES 1 NO 2 | | | | | |
| 223 | 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 BIRTH SINCE JANUARY 2007: MONTH AND YEAR OF BIRTH ARE RECORDED FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED FOR AGE AT DEATH 12 MONTHS OR 1 YEAR: PROBE TO DETERMINE EXACT NUMBER OF MONTHS. | | | | | | | | | | | |
| 224 | CHECK 215 AND ENTER THE NUMBER OF BIRTHS IN 2007 OR LATER. IF NONE, RECORD '0' AND SKIP TO 226. | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|---|-------|
| 225 | FOR EACH BIRTH BETWEEN MONTH OF INTERVIEW AND JANUARY 2007, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH BIRTH, ASK THE NUMBER OF MONTHS THE PREGNANCY LASTED AND RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) | | |
| 226 | Now I would like to ask about some current events in your life. Are you pregnant now? | YES 1 NO 2 UNSURE 8 | → 229 |
| 227 | How many months pregnant are you? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 228 | At the time you became pregnant, did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? | THEN 1 LATER 2 NOT AT ALL 3 | |
| 229 | Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth? | YES 1 NO 2 | → 237 |
| 230 | When did the last such pregnancy end? IF MONTH AND YEAR ARE UNKNOWN RECORD 98 & 9998 | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 231 | CHECK 230: LAST PREGNANCY ENDED IN <input type="checkbox"/> JAN. 2007 OR LATER LAST PREGNANCY ENDED BEFORE <input type="checkbox"/> JAN. 2007 | | → 237 |
| 232 | How many months pregnant were you when the last such pregnancy ended? RECORD NUMBER OF COMPLETED MONTHS. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS. | MONTHS <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 233 | Since January 2007, have you had any other pregnancies that did not result in a live birth? | YES 1 NO 2 | → 235 |
| 234 | ASK THE DATE AND THE DURATION OF PREGNANCY FOR EACH EARLIER NON-LIVE BIRTH PREGNANCY BACK TO JANUARY 2007. ENTER 'T' IN THE CALENDAR IN THE MONTH THAT EACH PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS. | | |
| 235 | Did you have any miscarriages, abortions or stillbirths that occurred before 2007? [IF RESPONSE IS NO TO ALL SKIP TO 237] | YES NO Miscarriage 1 2 Abortion 1 2 Stillbirths 1 2 | |
| 236 | Regarding the last such pregnancy that terminated before 2007; what month and year did it end? | MONTH <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> | |
| 237 | When did your last menstrual period start? _____ (DATE, IF GIVEN) | DAYS AGO 1 <input type="text"/> <input type="text"/> WEEKS AGO 2 <input type="text"/> <input type="text"/> MONTHS AGO 3 <input type="text"/> <input type="text"/> YEARS AGO 4 <input type="text"/> <input type="text"/> IN MENOPAUSE/ HAS HAD HYSTERECTOMY ... 992 BEFORE LAST BIRTH 993 NEVER MENSTRUATED 994 | |
| 238 | From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant if she has sexual relations? | YES 1 NO 2 DON'T KNOW 8 | → 301 |
| 239 | Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods? | JUST BEFORE HER PERIOD BEGINS 1 DURING HER PERIOD 2 RIGHT AFTER HER PERIOD HAS ENDED 3 HALFWAY BETWEEN TWO PERIODS 4 OTHER 6 (SPECIFY) DON'T KNOW 8 | |

SECTION 3. CONTRACEPTION

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 301, READING THE NAME AND DESCRIPTION OF EACH METHOD NOT MENTIONED SPONTANEOUSLY. CIRCLE CODE 1 IF METHOD IS RECOGNIZED, AND CODE 2 IF NOT RECOGNIZED. THEN, FOR EACH METHOD WITH CODE 1 CIRCLED IN 301, ASK 302-304.

| | | 301 Which ways or methods have you heard about? | 302 Have you or your partner ever used (METHOD)? | 303 How old were you when you first used (METHOD)? [IF AGE IS NOT KNOWN CODE 98] | CHECK Q201: IF YES, ASK: 304 How many children did you have when you first USED (method)? [IF # IS NOT KNOWN CODE 98] |
|----|---|---|--|--|---|
| 01 | FEMALE STERILIZATION Women can have an operation to avoid having any more children. | YES 1 NO 2 ↘ | Have you ever had an operation to avoid having any more children? YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 02 | MALE STERILIZATION Men can have an operation to avoid having any more children. | YES 1 NO 2 ↘ | Have you ever had a partner who had an operation to avoid having any more children? YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 03 | PILL Women can take a pill every day to avoid becoming pregnant. | YES 1 NO 2 ↘ | YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 04 | IUD Women can have a loop or coil placed inside them by a doctor or a nurse. | YES 1 NO 2 ↘ | YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 05 | INJECTABLES Women can have an injection by a health provider that stops them from becoming pregnant for one or more months. | YES 1 NO 2 ↘ | YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 06 | IMPLANTS Women can have several small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years. | YES 1 NO 2 ↘ | YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 07 | CONDOM Men can put a rubber sheath on their penis before sexual intercourse. | YES 1 NO 2 ↘ | YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 08 | FEMALE CONDOM Women can place a sheath in their vagina before sexual intercourse. | YES 1 NO 2 ↘ | YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 09 | LACTATIONAL AMENORRHEA METHOD (LAM) | YES 1 NO 2 ↘ | YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 10 | RHYTHM METHOD Every month that a woman is sexually active she can avoid pregnancy by not having sexual intercourse on the days of the month she is most likely to get pregnant. | YES 1 NO 2 ↘ | YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 11 | WITHDRAWAL Men can be careful and pull out before climax. | YES 1 NO 2 ↘ | YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 12 | EMERGENCY CONTRACEPTION As an emergency measure after unprotected sexual intercourse, women can take special pills at any time within five days to prevent pregnancy. | YES 1 NO 2 ↘ | YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> |
| 13 | Have you heard of any other ways or methods that women or men can use to avoid pregnancy? | YES 1 _____ (SPECIFY) _____ (SPECIFY) NO 2 | YES 1 NO 2 YES 1 NO 2 | AGE (YEARS) <input type="text"/> <input type="text"/> AGE (YEARS) <input type="text"/> <input type="text"/> | NUMBER <input type="text"/> <input type="text"/> NUMBER <input type="text"/> <input type="text"/> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|---|
| 305 | CHECK 302: NOT A SINGLE "YES" (NEVER USED) <input type="checkbox"/> AT LEAST ONE "YES" (EVER USED) <input type="checkbox"/> | | → 305d |
| 305a | Have you ever used anything or tried in any way to delay or avoid getting pregnant? | YES 1 NO 2 | →305c |
| 305b | ENTER '0' IN THE CALENDAR IN EACH BLANK MONTH. | | → 328 |
| 305c | What have you used or done? CORRECT 302 AND 303 (AND 301 IF NECESSARY). | | |
| 305d | Now I would like to ask you about the first time that you did something or used a method to avoid getting pregnant. How many living children did you have at that time, if any? IF NONE, RECORD '00'. | NUMBER OF CHILDREN <input type="text"/> | |
| 306 | CHECK 302 (01): WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/> | | → 311 |
| 307 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | → 328 |
| 308 | Are you currently doing something or using any method to delay or avoid getting pregnant? | YES 1 NO 2 | → 328 |
| 309 | Which method are you using? CIRCLE ALL MENTIONED. IF MALE STERILIZATION IS REPORTED, STILL PROBE FOR ANY OTHER METHODS IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST. | YES NO A FEMALE STERILIZATION 1 2 B MALE STERILIZATION 1 2 C IUD 1 2 D INJECTABLES 1 2 E IMPLANTS 1 2 F PILL 1 2 G CONDOM 1 2 H FEMALE CONDOM 1 2 I DIAPHRAGM 1 2 J FOAM/JELLY 1 2 K LACTATIONAL AMENORRHEA (LAM) ... 1 2 L RHYTHM METHOD 1 2 M WITHDRAWAL 1 2 X OTHER (SPECIFY) | → 311 → 314A |
| 310 | The last time you obtained (HIGHEST METHOD ON LIST IN 309), how much did you pay in total, including the cost of the method and any consultation you may have had? | COST <input type="text"/> FREE 99994 DONT KNOW 99998 | → 314A |
| 311 | In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. (NAME OF PLACE) | PUBLIC SECTOR GOVERNMENT HOSPITAL 11 GOVT. HEALTH CENTER 12 GOVERNMENT DISPENSARY 13 OTHER PUBLIC 16 (SPECIFY) PRIVATE SECTOR FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC 21 FHOK/FPAK HEALTH CENTER/ CLINIC 22 PRIVATE HOSPITAL/CLINIC 23 NURSING/MATERNITY HOME 25 MOBILE CLINIC 31 OTHER 96 (SPECIFY) DONT KNOW 98 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|------|
| 312 | <p>CHECK 309:</p> <p>CODE 'A' CIRCLED <input type="checkbox"/></p> <p>Before your sterilization operation, were you told that you would not be able to have any (more) children because of the operation?</p> <p>CODE 'B' CIRCLED <input type="checkbox"/></p> <p>Before the sterilization operation was your husband /partner told that he would not be able to have any (more) children because of the operation?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 313 | <p>How much did you/(your husband/partner) pay in total for the sterilization, including any consultation you (he) may have had?</p> | <p>COST <input type="text"/></p> <p>FREE 99994</p> <p>DON'T KNOW 99998</p> | |
| 314 | <p>In what month and year was the sterilization performed? IF MONTH IS NOT KNOWN CODE 98</p> | <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p> | |
| 314A | <p>Since what month and year have you been using (CURRENT METHOD) without stopping?</p> <p>PROBE: For how long have you been using (CURRENT METHOD) now without stopping?</p> | <p>MONTH <input type="text"/></p> <p>YEAR <input type="text"/></p> | |
| 315 | <p>CHECK 314/314A, 215 AND 230:</p> <p>ANY BIRTH OR PREGNANCY TERMINATION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 314/314A</p> <p>GO BACK TO 314/314A, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).</p> | <p>YES <input type="checkbox"/></p> <p>NO <input type="checkbox"/></p> | |
| 316 | <p>CHECK 314/314A: YEAR IS 2007 OR LATER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING.</p> | <p>YEAR IS 2006 OR EARLIER <input type="checkbox"/></p> <p>ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2007</p> <p>THEN SKIP TO → 326</p> | |
| 317 | <p>I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.</p> <p>USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NON-USE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2007.</p> <p>USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.</p> <p>ENTER METHOD USE CODE OR '0' FOR NONUSE IN EACH BLANK MONTH.</p> <p>ILLUSTRATIVE QUESTIONS:</p> <ul style="list-style-type: none"> 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? | | |
| 318 | <p>CHECK 309:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 309, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p> | <p>NO CODE CIRCLED 01 → 328</p> <p>FEMALE STERILIZATION 02 → 321</p> <p>MALE STERILIZATION 03 → 330</p> <p>IUD 04</p> <p>INJECTABLES 05</p> <p>IMPLANTS 06</p> <p>PILL 07</p> <p>CONDOM 08</p> <p>FEMALE CONDOM 09</p> <p>DIAPHRAGM 10</p> <p>FOAM/JELLY 11</p> <p>LACTATIONAL AMENORRHEA (LAM) 12</p> <p>RHYTHM METHOD 13</p> <p>WITHDRAWAL 14</p> <p>OTHER 96</p> <p>(SPECIFY)</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|---|--|---------------------------|
| 319 | <p>Where did you obtain (CURRENT METHOD) when you started using it?</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> <p>IF Q318 IS LAM OR RHYTHM METHOD, ASK:</p> <p>Where did you learn how to use the rhythm/lactational amenorrhoea method?</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE SECTOR</p> <p>FAITH-BASED, CHURCH, MISSION HOSPITAL / CLINIC 21</p> <p>FHOK/FPAK HEALTH CENTER/CLINIC 22</p> <p>PRIVATE HOSPITAL/CLINIC 23</p> <p>PHARMACY/CHEMIST 24</p> <p>NURSING/MATERNITY HOME 25</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC 31</p> <p>COMMUNITY-BASED DISTRIBUTOR 41</p> <p>SHOP 51</p> <p>FRIEND/RELATIVE 61</p> <p>OTHER 96</p> <p>(SPECIFY)</p> | |
| 320 | <p>CHECK 309:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 309, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p> | <p>IUD 03</p> <p>INJECTABLES 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMENORRHEA (LAM) 11</p> <p>RHYTHM METHOD 12</p> | <p>→ 322</p> <p>→ 330</p> |
| 321 | <p>You obtained (CURRENT METHOD FROM 318) from (SOURCE OF METHOD FROM 311 OR 319) in (DATE FROM 314/314A). At that time, were you told about side effects or problems you might have with the method?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 323</p> |
| 322 | <p>Were you ever told by a health or family planning worker about side effects or problems you might have with the method?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 324</p> |
| 323 | <p>Were you told what to do if you experienced side effects or problems?</p> | <p>YES 1</p> <p>NO 2</p> | |
| 324 | <p>CHECK 321:</p> <p>CODE '1' CIRCLED <input type="checkbox"/></p> <p>↓</p> <p>At that time, were you told about other methods of family planning that you could use?</p> <p>CODE '1' NOT CIRCLED <input type="checkbox"/></p> <p>↓</p> <p>When you obtained (CURRENT METHOD FROM 318) from (SOURCE OF METHOD FROM 311 OR 319) were you told about other methods of family planning that you could use?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 326</p> |
| 325 | <p>Were you ever told by a health or family planning worker about other methods of family planning that you could use?</p> | <p>YES 1</p> <p>NO 2</p> | |
| 326 | <p>CHECK 309:</p> <p>CIRCLE METHOD CODE:</p> <p>IF MORE THAN ONE METHOD CODE CIRCLED IN 309, CIRCLE CODE FOR HIGHEST METHOD IN LIST.</p> | <p>FEMALE STERILIZATION 01</p> <p>MALE STERILIZATION 02</p> <p>IUD 03</p> <p>INJE 04</p> <p>IMPLANTS 05</p> <p>PILL 06</p> <p>CONDOM 07</p> <p>FEMALE CONDOM 08</p> <p>DIAPHRAGM 09</p> <p>FOAM/JELLY 10</p> <p>LACTATIONAL AMENORRHEA (LAM) 11</p> <p>RHYTHM METHOD 12</p> <p>WITHDRAWAL 13</p> <p>OTHER 96</p> <p>(SPECIFY)</p> | <p>→ 330</p> <p>→ 330</p> |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|--------------|
| 327 | <p>Where did you obtain (CURRENT METHOD) the last time?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL 11</p> <p>GOVT. HEALTH CENTER 12</p> <p>GOVERNMENT DISPENSARY 13</p> <p>OTHER PUBLIC 16</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>FAITH-BASED, CHURCH, MISSION</p> <p>HOSPITAL / CLINIC 21</p> <p>FHOK/FPAK HEALTH CENTER/CLINIC 22</p> <p>PRIVATE HOSPITAL/CLINIC 23</p> <p>PHARMACY/CHEMIST 24</p> <p>NURSING/MATERNITY HOME 25</p> <p>OTHER PRIV. MEDICAL 26</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC 31</p> <p>COMMUNITY-BASED DISTRIBUTOR. 41</p> <p>SHOP 51</p> <p>FRIEND/RELATIVE 61</p> <p>OTHER 96</p> <p>(SPECIFY)</p> | <p>→ 330</p> |
| 328 | <p>Do you know of a place where you can obtain a method of family planning?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 330</p> |
| 329 | <p>Where is that?</p> <p>Any other place?</p> <p>PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S).</p> <p>IF UNABLE TO DETERMINE IF HOSPITAL, HEALTH CENTER OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE(S))</p> | <p>PUBLIC SECTOR YES NO</p> <p>GOVERNMENT HOSPITAL 1 2</p> <p>GOVT. HEALTH CENTER 1 2</p> <p>GOVERNMENT DISPENSARY 1 2</p> <p>OTHER PUBLIC 1 2</p> <p>(SPECIFY)</p> <p>PRIVATE MEDICAL SECTOR</p> <p>FAITH-BASED, CHURCH, MISSION</p> <p>HOSPITAL / CLINIC 1 2</p> <p>FHOK/FPAK HEALTH CENTER/CLINIC 1 2</p> <p>PRIVATE HOSPITAL/CLINIC 1 2</p> <p>PHARMACY/CHEMIST 1 2</p> <p>NURSING/MATERNITY HOME 1 2</p> <p>OTHER PRIV. MEDICAL 1 2</p> <p>(SPECIFY)</p> <p>OTHER SOURCE</p> <p>MOBILE CLINIC 1 2</p> <p>COMMUNITY-BASED DISTRIBUTOR 1 2</p> <p>SHOP 1 2</p> <p>FRIEND/RELATIVE 1 2</p> <p>OTHER 1 2</p> <p>(SPECIFY)</p> | |
| 330 | <p>In the last 12 months, have you visited a health facility for care for yourself (or your children)?</p> | <p>YES 1</p> <p>NO 2</p> | <p>→ 332</p> |
| 331 | <p>Did any staff member at the health facility speak to you about family planning methods?</p> | <p>YES 1</p> <p>NO 2</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|---|---|------|-----|----|----------------------|---|---|--------------------------|---|---|------------------------------|---|---|---------------------------|--|--|-------------------------|---|---|-------------------------|---|---|----------------------------------|---|---|-----------------------------|---|---|-----------------------------------|---|---|--------------------------------|---|---|--------------------|---|---|-------------------|--|--|-----------------------------|---|---|--------------------------|---|---|-------------------------|---|---|--------------------------------|---|---|-------------------|--|--|--------------------------|---|---|--------------------------|---|---|------------------------|--|--|--------------------------|---|---|-------------------------------|---|---|---------------------------------|---|---|------------------------|---|---|------------------------------|---|---|---------------------------------|---|---|------------------|--|--|-------------------------|---|---|----------------|---|---|-----------|--|--|---------------------|---|---|--|
| 332 | CHECK Q308 CURRENTLY NOT USING A METHOD <input type="checkbox"/> | CURRENTLY USING A METHOD <input type="checkbox"/> | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 333 | What are the reasons why you are not using a method of contraception to avoid pregnancy? | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>01 NOT MARRIED</td><td>1</td><td>2</td></tr> <tr><td>02 INTEND TO MARRY</td><td>1</td><td>2</td></tr> <tr><td>03 NOT INTEND TO MARRY</td><td>1</td><td>2</td></tr> <tr><td colspan="3">FERTILITY RELATED REASONS</td></tr> <tr><td>04 NOT HAVING SEX</td><td>1</td><td>2</td></tr> <tr><td>05 INFREQUENT SEX</td><td>1</td><td>2</td></tr> <tr><td>06 MENOPAUSAL/HYSTERECTOMY</td><td>1</td><td>2</td></tr> <tr><td>07 SUBFECUND/INFECUND</td><td>1</td><td>2</td></tr> <tr><td>08 POSTPARTUM/BREASTFEEDING</td><td>1</td><td>2</td></tr> <tr><td>09 WANTS (MORE) CHILDREN</td><td>1</td><td>2</td></tr> <tr><td>10 PREGNANCY</td><td>1</td><td>2</td></tr> <tr><td colspan="3">OPPOSITION TO USE</td></tr> <tr><td>11 RESPONDENT OPPOSED</td><td>1</td><td>2</td></tr> <tr><td>12 HUSBAND OPPOSED</td><td>1</td><td>2</td></tr> <tr><td>13 OTHERS OPPOSED</td><td>1</td><td>2</td></tr> <tr><td>14 RELIGIOUS PROHIBITION</td><td>1</td><td>2</td></tr> <tr><td colspan="3">LACK OF KNOWLEDGE</td></tr> <tr><td>15 KNOWS NO METHOD</td><td>1</td><td>2</td></tr> <tr><td>16 KNOWS NO SOURCE</td><td>1</td><td>2</td></tr> <tr><td colspan="3">METHOD RELATED REASONS</td></tr> <tr><td>17 HEALTH CONCERNS</td><td>1</td><td>2</td></tr> <tr><td>18 FEAR OF SIDE EFFECTS</td><td>1</td><td>2</td></tr> <tr><td>19 LACK OF ACCESS/TOO FAR</td><td>1</td><td>2</td></tr> <tr><td>20 COST TOO MUCH</td><td>1</td><td>2</td></tr> <tr><td>21 INCONVENIENT TO USE</td><td>1</td><td>2</td></tr> <tr><td>22 INTERFERES WITH BODY'S</td><td>1</td><td>2</td></tr> <tr><td colspan="3">NORMAL PROCESSES</td></tr> <tr><td>23 METHOD FAILURE</td><td>1</td><td>2</td></tr> <tr><td>96 OTHER</td><td>1</td><td>2</td></tr> <tr><td colspan="3">(SPECIFY)</td></tr> <tr><td>98 DON'T KNOW</td><td>1</td><td>2</td></tr> </tbody> </table> | | YES | NO | 01 NOT MARRIED | 1 | 2 | 02 INTEND TO MARRY | 1 | 2 | 03 NOT INTEND TO MARRY | 1 | 2 | FERTILITY RELATED REASONS | | | 04 NOT HAVING SEX | 1 | 2 | 05 INFREQUENT SEX | 1 | 2 | 06 MENOPAUSAL/HYSTERECTOMY | 1 | 2 | 07 SUBFECUND/INFECUND | 1 | 2 | 08 POSTPARTUM/BREASTFEEDING | 1 | 2 | 09 WANTS (MORE) CHILDREN | 1 | 2 | 10 PREGNANCY | 1 | 2 | OPPOSITION TO USE | | | 11 RESPONDENT OPPOSED | 1 | 2 | 12 HUSBAND OPPOSED | 1 | 2 | 13 OTHERS OPPOSED | 1 | 2 | 14 RELIGIOUS PROHIBITION | 1 | 2 | LACK OF KNOWLEDGE | | | 15 KNOWS NO METHOD | 1 | 2 | 16 KNOWS NO SOURCE | 1 | 2 | METHOD RELATED REASONS | | | 17 HEALTH CONCERNS | 1 | 2 | 18 FEAR OF SIDE EFFECTS | 1 | 2 | 19 LACK OF ACCESS/TOO FAR | 1 | 2 | 20 COST TOO MUCH | 1 | 2 | 21 INCONVENIENT TO USE | 1 | 2 | 22 INTERFERES WITH BODY'S | 1 | 2 | NORMAL PROCESSES | | | 23 METHOD FAILURE | 1 | 2 | 96 OTHER | 1 | 2 | (SPECIFY) | | | 98 DON'T KNOW | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 NOT MARRIED | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 INTEND TO MARRY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 NOT INTEND TO MARRY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FERTILITY RELATED REASONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 NOT HAVING SEX | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 INFREQUENT SEX | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 MENOPAUSAL/HYSTERECTOMY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 SUBFECUND/INFECUND | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 POSTPARTUM/BREASTFEEDING | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 WANTS (MORE) CHILDREN | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 PREGNANCY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPPOSITION TO USE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 RESPONDENT OPPOSED | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12 HUSBAND OPPOSED | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 OTHERS OPPOSED | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 14 RELIGIOUS PROHIBITION | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LACK OF KNOWLEDGE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 KNOWS NO METHOD | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16 KNOWS NO SOURCE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| METHOD RELATED REASONS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 HEALTH CONCERNS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 18 FEAR OF SIDE EFFECTS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 LACK OF ACCESS/TOO FAR | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 COST TOO MUCH | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 INCONVENIENT TO USE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 22 INTERFERES WITH BODY'S | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NORMAL PROCESSES | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 METHOD FAILURE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96 OTHER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 98 DON'T KNOW | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 333A | What is the main reason why you are not using a method of contraception to avoid pregnancy? [GET CODE FROM Q333] | MAIN REASON <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 4. PREGNANCY AND POSTNATAL CARE

| | | | | |
|-----|------------|--|---|-------|
| 401 | CHECK 224: | ONE OR MORE BIRTHS IN 2007 OR LATER <input type="checkbox"/> | NO BIRTHS IN 2007 OR LATER <input type="checkbox"/> | → 466 |
|-----|------------|--|---|-------|

402 CHECK 215: ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2007 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH.

Now I would like to ask you some questions about the health of all your children born in the last five years. (We will talk about each separately.)

| | | | | |
|-----|----------------------|---|---|---|
| 403 | LINE NUMBER FROM 212 | LAST BIRTH LINE NO. <input type="text"/> | NEXT-TO-LAST BIRTH LINE NO. <input type="text"/> | SECOND-FROM-LAST BIRTH LINE NO. <input type="text"/> |
|-----|----------------------|---|---|---|

| | | | | |
|-----|------------------|---|---|---|
| 404 | FROM 212 AND 216 | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> |
|-----|------------------|---|---|---|

| | | | | |
|-----|---|---|---|---|
| 405 | At the time you became pregnant with (NAME), did you want to become pregnant <u>then</u> , did you want to wait until <u>later</u> , or did you <u>not want</u> to have any (more) children at all? | THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ← | THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ← | THEN 1 (SKIP TO 407) ← LATER 2 NOT AT ALL 3 (SKIP TO 407) ← |
|-----|---|---|---|---|

| | | | | |
|-----|---|--|--|--|
| 406 | How much longer would you have liked to wait? | MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DONT KNOW ... 998 | MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DONT KNOW ... 998 | MONTHS ..1 <input type="text"/> YEARS ..2 <input type="text"/> DONT KNOW ... 998 |
|-----|---|--|--|--|

| | | | | |
|-----|---|---|---|---|
| 407 | Did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED. | Y N HEALTH PERSONNEL DOCTOR 1 2 NURSE/MIDWIFE 1 2 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 1 2 COMMUNITY HEALTH WORKER 1 2 OTHER 1 2 (SPECIFY) NO ONE 1 2 (SKIP TO 414) ← | Y N HEALTH PERSONNEL DOCTOR 1 2 NURSE/MIDWIFE 1 2 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 1 2 COMMUNITY HEALTH WORKER 1 2 OTHER 1 2 (SPECIFY) NO ONE 1 2 (SKIP TO 414) ← | Y N HEALTH PERSONNEL DOCTOR 1 2 NURSE/MIDWIFE 1 2 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 1 2 COMMUNITY HEALTH WORKER 1 2 OTHER 1 2 (SPECIFY) NO ONE 1 2 (SKIP TO 414) ← |
|-----|---|---|---|---|

| | | | | |
|-----|-----------------------|--------------------------|----------------------------------|--------------------------------------|
| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|-----------------------|--------------------------|----------------------------------|--------------------------------------|

| | | | | |
|-----|--|--|--|--|
| 408 | Where did you receive antenatal care for this pregnancy? Anywhere else? PROBE TO IDENTIFY TYPE(S) OF SOURCE(S) AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | Y N HOME . 1 2 PUBLIC SECTOR GOV. HOSPITAL 1 2 GOV. HEALTH CTR 1 2 GOV. DISPENSARY 1 2 OTHER PUBLIC 1 2 _____ (SPECIFY) PRIVATE SECTOR FAITH-BASED, _____ HOSP./CLINIC . 1 2 PRIVATE HOSP/ CLINIC 1 2 NURSING/MATERNITY HOME . 1 2 OTHER PVT. MED. 1 2 _____ (SPECIFY) OTHER 1 2 (SPECIFY) | Y N HOME . 1 2 PUBLIC SECTOR GOV. HOSPITAL 1 2 GOV. HEALTH CTR 1 2 GOV. DISPENSARY 1 2 OTHER PUBLIC 1 2 _____ (SPECIFY) PRIVATE SECTOR FAITH-BASED, _____ HOSP./CLINIC . 1 2 PRIVATE HOSP/ CLINIC 1 2 NURSING/MATERNITY HOME . 1 2 OTHER PVT. MED. 1 2 _____ (SPECIFY) OTHER 1 2 (SPECIFY) | Y N HOME . 1 2 PUBLIC SECTOR GOV. HOSPITAL 1 2 GOV. HEALTH CTR 1 2 GOV. DISPENSARY 1 2 OTHER PUBLIC 1 2 _____ (SPECIFY) PRIVATE SECTOR FAITH-BASED, _____ HOSP./CLINIC . 1 2 PRIVATE HOSP/ CLINIC 1 2 NURSING/MATERNITY HOME . 1 2 OTHER PVT. MED. 1 2 _____ (SPECIFY) OTHER 1 2 (SPECIFY) |
|-----|--|--|--|--|

| | | | | |
|-----|--|---|---|---|
| 409 | How many months pregnant were you when you first received antenatal care for this pregnancy? | MONTHS ... <input type="text"/> DONT KNOW 98 | MONTHS ... <input type="text"/> DONT KNOW 98 | MONTHS ... <input type="text"/> DONT KNOW 98 |
|-----|--|---|---|---|

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|------|--|---|--------------------|------------------------|
| | | NAME _____ | NAME _____ | NAME _____ |
| 410 | How many times did you receive antenatal care during this pregnancy? | NUMBER OF TIMES <input type="text"/> <input type="text"/> DON'T KNOW 98 | | |
| 411 | As part of your antenatal care during this pregnancy, were any of the following done at least once? a) Were you weighed? b) Was your height measured? c) Was your blood pressure taken? d) Did you give a urine sample? e) Did you give a blood sample? | YES NO WEIGHT ... 1 2 HEIGHT ... 1 2 BP 1 2 URINE 1 2 BLOOD ... 1 2 | | |
| 412 | Were you given any information or counselled about breast-feeding? | YES 1 NO 2 DON'T KNOW 8 | | |
| 413 | During (any of) your antenatal care visit(s), were you told about the signs of pregnancy complications? | YES 1 NO 2 (SKIP TO 414) ← DON'T KNOW 8 | | |
| 413A | Were you told where to go if you had any of these complications? | YES 1 NO 2 DON'T KNOW 8 | | |
| 414 | During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth? | YES 1 NO 2 (SKIP TO 417) ← DON'T KNOW 8 | | |
| 415 | During this pregnancy, how many times did you get this tetanus injection? | TIMES <input type="text"/> DON'T KNOW 8 | | |
| 416 | CHECK 415: | 2 OR MORE TIMES <input type="checkbox"/> OTHER <input type="checkbox"/> (SKIP TO 421) ↓ | | |
| 417 | At any time before this pregnancy, did you receive any tetanus injections, either to protect yourself or another baby? | YES 1 NO 2 (SKIP TO 421) ← DON'T KNOW 8 | | |
| 418 | Before this pregnancy, how many other times did you receive a tetanus injection? IF 7 OR MORE TIMES, WRITE '7'. | TIMES <input type="text"/> DON'T KNOW 8 | | |
| 419 | In what month and year did you receive the last tetanus injection before this pregnancy? | MONTH ... <input type="text"/> <input type="text"/> DK MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SKIP TO 421) ← DK YEAR 9998 | | |
| 420 | How many years ago did you receive that tetanus injection? | YEARS AGO <input type="text"/> <input type="text"/> | | |
| 421 | During this pregnancy, were you given or did you buy any iron tablets or iron syrup? | YES 1 NO 2 (SKIP TO 423) ← DON'T KNOW 8 | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | | NEXT-TO-LAST BIRTH | | SECOND-FROM-LAST BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | NAME _____ | NAME _____ | NAME _____ | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 422 | During the whole pregnancy, for how many days did you take the tablets or syrup? IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS. | DAYS . <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW ... 998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 423 | During this pregnancy, did you take any drug for intestinal worms? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 424 | During this pregnancy, did you have difficulty with your vision during daylight? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 425 | During this pregnancy, did you suffer from night blindness? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 426 | During this pregnancy, did you take any drugs to keep you from getting malaria? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 427 | When (NAME) was born, was he/she very large, larger than average, average, smaller than average, or very small? | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 | | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 | | VERY LARGE 1 LARGER THAN AVERAGE 2 AVERAGE 3 SMALLER THAN AVERAGE 4 VERY SMALL 5 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 428 | Was (NAME) weighed at birth? | YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8 | | YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8 | | YES 1 NO 2 (SKIP TO 430) ← DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 429 | How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE. | KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW . 99.998 | | KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW . 99.998 | | KG FROM CARD 1 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> KG FROM RECALL 2 <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> DON'T KNOW . 99.998 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 430 | Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED. IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO SEE IF ANY ADULTS WERE PRESENT AT THE DELIVERY. | <table border="0"> <tr><td colspan="2"></td><td>Y</td><td>N</td></tr> <tr><td colspan="4">HEALTH PERSONNEL</td></tr> <tr><td>DOCTOR</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>NURSE/MIDWIFE</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td colspan="4">OTHER PERSON</td></tr> <tr><td colspan="4">TRADITIONAL BIRTH</td></tr> <tr><td>ATTENDANT</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>COMMUNITY HLTH</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>WORKER</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>RELATIVE/FRIEND</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td colspan="4">(SPECIFY)</td></tr> <tr><td>NO ONE</td><td>.....</td><td>1</td><td>2</td></tr> </table> | | | | Y | N | HEALTH PERSONNEL | | | | DOCTOR | | 1 | 2 | NURSE/MIDWIFE | | 1 | 2 | OTHER PERSON | | | | TRADITIONAL BIRTH | | | | ATTENDANT | | 1 | 2 | COMMUNITY HLTH | | 1 | 2 | WORKER | | 1 | 2 | RELATIVE/FRIEND | | 1 | 2 | OTHER | | 1 | 2 | (SPECIFY) | | | | NO ONE | | 1 | 2 | <table border="0"> <tr><td colspan="2"></td><td>Y</td><td>N</td></tr> <tr><td colspan="4">HEALTH PERSONNEL</td></tr> <tr><td>DOCTOR</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>NURSE/MIDWIFE</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td colspan="4">OTHER PERSON</td></tr> <tr><td colspan="4">TRADITIONAL BIRTH</td></tr> <tr><td>ATTENDANT</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>COMMUNITY HLTH</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>WORKER</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>RELATIVE/FRIEND</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td colspan="4">(SPECIFY)</td></tr> <tr><td>NO ONE</td><td>.....</td><td>1</td><td>2</td></tr> </table> | | | | Y | N | HEALTH PERSONNEL | | | | DOCTOR | | 1 | 2 | NURSE/MIDWIFE | | 1 | 2 | OTHER PERSON | | | | TRADITIONAL BIRTH | | | | ATTENDANT | | 1 | 2 | COMMUNITY HLTH | | 1 | 2 | WORKER | | 1 | 2 | RELATIVE/FRIEND | | 1 | 2 | OTHER | | 1 | 2 | (SPECIFY) | | | | NO ONE | | 1 | 2 | <table border="0"> <tr><td colspan="2"></td><td>Y</td><td>N</td></tr> <tr><td colspan="4">HEALTH PERSONNEL</td></tr> <tr><td>DOCTOR</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>NURSE/MIDWIFE</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td colspan="4">OTHER PERSON</td></tr> <tr><td colspan="4">TRADITIONAL BIRTH</td></tr> <tr><td>ATTENDANT</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>COMMUNITY HLTH</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>WORKER</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>RELATIVE/FRIEND</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER</td><td>.....</td><td>1</td><td>2</td></tr> <tr><td colspan="4">(SPECIFY)</td></tr> <tr><td>NO ONE</td><td>.....</td><td>1</td><td>2</td></tr> </table> | | | | Y | N | HEALTH PERSONNEL | | | | DOCTOR | | 1 | 2 | NURSE/MIDWIFE | | 1 | 2 | OTHER PERSON | | | | TRADITIONAL BIRTH | | | | ATTENDANT | | 1 | 2 | COMMUNITY HLTH | | 1 | 2 | WORKER | | 1 | 2 | RELATIVE/FRIEND | | 1 | 2 | OTHER | | 1 | 2 | (SPECIFY) | | | | NO ONE | | 1 | 2 |
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| RELATIVE/FRIEND | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO ONE | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| HEALTH PERSONNEL | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DOCTOR | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NURSE/MIDWIFE | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PERSON | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRADITIONAL BIRTH | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ATTENDANT | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMUNITY HLTH | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORKER | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RELATIVE/FRIEND | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO ONE | | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|------|--|--|--|--|
| 431 | <p>Where did you give birth to (NAME)?</p> <p>PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE.</p> <p>_____</p> <p>(NAME OF PLACE)</p> | <p>HOME YOUR HOME ... 11 (SKIP TO 443) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY ... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE SECTOR MISSION HOSPITAL/ CLINIC 31 PVT. HOSPITAL/ CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (SKIP TO 439) ←</p> | <p>HOME YOUR HOME ... 11 (SKIP TO 443) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY ... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE SECTOR MISSION HOSPITAL/ CLINIC 31 PVT. HOSPITAL/ CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (SKIP TO 439) ←</p> | <p>HOME YOUR HOME ... 11 (SKIP TO 443) ←</p> <p>OTHER HOME ... 12</p> <p>PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY ... 23 OTHER PUBLIC _____ 26 (SPECIFY)</p> <p>PRIVATE SECTOR MISSION HOSPITAL/ CLINIC 31 PVT. HOSPITAL/ CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PRIVATE MED. _____ 36 (SPECIFY)</p> <p>OTHER _____ 96 (SPECIFY) ← (SKIP TO 439) ←</p> |
| 432 | <p>Did you pay for delivery services? IF YES: How much in total did you pay for all services connected to the delivery of (NAME)?</p> | <p>KSH... <input type="text"/></p> <p>FREE 99993 DONT KNOW 99998</p> | <p>KSH... <input type="text"/></p> <p>FREE 99993 DONT KNOW ... 99998</p> | <p>KSH... <input type="text"/></p> <p>FREE 99993 DONT KNOW ... 99998</p> |
| 432A | <p>During this pregnancy, were you a beneficiary of the OBA voucher program?</p> | <p>YES 1 NO 2 DONT KNOW OBA 8</p> | <p>YES 1 NO 2 DONT KNOW OBA ... 8</p> | <p>YES 1 NO 2 DONT KNOW OBA ... 8</p> |
| 433 | <p>How long after (NAME) was delivered did you stay there?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1 <input type="text"/></p> <p>DAYS 2 <input type="text"/></p> <p>WEEKS 3 <input type="text"/></p> <p>DONT KNOW . . . 998</p> | <p>HOURS 1 <input type="text"/></p> <p>DAYS 2 <input type="text"/></p> <p>WEEKS 3 <input type="text"/></p> <p>DONT KNOW ... 998</p> | <p>HOURS 1 <input type="text"/></p> <p>DAYS 2 <input type="text"/></p> <p>WEEKS 3 <input type="text"/></p> <p>DONT KNOW ... 998</p> |
| 434 | <p>Was (NAME) delivered by caesarean section?</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> | <p>YES 1 NO 2</p> |
| 435 | <p>Before you were discharged after (NAME) was born, did any health care provider check on your health?</p> | <p>YES 1 NO 2 (SKIP TO 438) ←</p> | <p>YES 1 (SKIP TO 437) ← NO 2</p> | <p>YES 1 (SKIP TO 437) ← NO 2</p> |
| 436 | <p>How long after delivery did the first check take place?</p> <p>IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS.</p> | <p>HOURS 1 <input type="text"/></p> <p>DAYS 2 <input type="text"/></p> <p>WEEKS 3 <input type="text"/></p> <p>DONT KNOW ... 998</p> | | |
| 437 | <p>Who checked on your health at that time?</p> <p>PROBE FOR MOST QUALIFIED PERSON.</p> | <p>HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . . 21 COMMUNITY HLTH WORKER ... 22 OTHER _____ 96 (SPECIFY) (SKIP TO 447) ←</p> | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ | | | | | | | | | | | | |
|------|--|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 438 | After you were discharged, did any health care provider or a traditional birth attendant check on your health? | YES 1 (SKIP TO 444) ← NO 2 (SKIP TO 443) ← | YES 1 (SKIP TO 444) ← NO 2 (SKIP TO 443) ← | YES 1 (SKIP TO 444) ← NO 2 (SKIP TO 443) ← | | | | | | | | | | | | |
| 439 | Why didn't you deliver in a health facility? PROBE: Any other reason? RECORD ALL MENTIONED. | Y N COST TOO MUCH ... 1 2 FACILITY NOT OPEN . 1 2 TOO FAR/ NO TRANS- PORTATION 1 2 DON'T TRUST FACILITY/POOR QUALITY SERVICE 1 2 NO FEMALE PROVID- ER AT FACILITY .. 1 2 HUSBAND/FAMILY DID NOT ALLOW .. 1 2 NOT NECESSARY .. 1 2 NOT CUSTOMARY .. 1 2 OTHER _____ 1 2 (SPECIFY) | Y N COST TOO MUCH ... 1 2 FACILITY NOT OPEN . 1 2 TOO FAR/ NO TRANS- PORTATION 1 2 DON'T TRUST FACILITY/POOR QUALITY SERVICE 1 2 NO FEMALE PROVID- ER AT FACILITY .. 1 2 HUSBAND/FAMILY DID NOT ALLOW .. 1 2 NOT NECESSARY .. 1 2 NOT CUSTOMARY .. 1 2 OTHER _____ 1 2 (SPECIFY) | Y N COST TOO MUCH ... 1 2 FACILITY NOT OPEN . 1 2 TOO FAR/ NO TRANS- PORTATION 1 2 DON'T TRUST FACILITY/POOR QUALITY SERVICE 1 2 NO FEMALE PROVID- ER AT FACILITY .. 1 2 HUSBAND/FAMILY DID NOT ALLOW .. 1 2 NOT NECESSARY .. 1 2 NOT CUSTOMARY .. 1 2 OTHER _____ 1 2 (SPECIFY) | | | | | | | | | | | | |
| 440 | After (NAME) was born, did any health care provider or a traditional birth attendant check on your health? | YES 1 NO 2 (SKIP TO 443) ← | YES 1 NO 2 | YES 1 NO 2 | | | | | | | | | | | | |
| 440A | How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998 | | | | | | | | | | | | | | |
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| 440B | Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY HEALTH WORKER ... 22 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | |
| 441 | Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | HOME YOUR HOME 11 OTHER HOME 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. DIS- PENSARY 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR MISSION HOSPITAL/ CLINIC 31 PVT. HOSPITAL/ CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | |
| 442 | CHECK 438: | YES NOT ASKED (SKIP TO 447) | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH | | | | | | | | | | | | |
|-----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | NAME _____ | NAME _____ | NAME _____ | | | | | | | | | | | | |
| 443 | In the two months after (NAME) was born, did any health care provider or a traditional birth attendant check on his/her health? | YES 1 NO 2 (SKIP TO 447) ← DON'T KNOW 8 | | | | | | | | | | | | | | |
| 444 | How many hours, days or weeks after the birth of (NAME) did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS. IF LESS THAN ONE WEEK, RECORD DAYS. | HOURS 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DAYS 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> WEEKS 3 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> DON'T KNOW ... 998 | | | | | | | | | | | | | | |
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| 445 | Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON. | HEALTH PERSONNEL DOCTOR 11 NURSE/MIDWIFE 12 OTHER PERSON TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY HLTH WORKER ... 22 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | |
| 446 | Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE) | HOME YOUR HOME ... 11 OTHER HOME ... 12 PUBLIC SECTOR GOVT. HOSPITAL 21 GOVT. HEALTH CENTER 22 GOVT. DISPENSARY ... 23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MED. SECTOR FAITH-BASED, CHURCH HOSP/CLINIC . 31 PVT. HOSPITAL/CLINIC 33 NURSING/MATERNITY HOME 35 OTHER PRIVATE MED. _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | |
| 447 | In the first two months after delivery, did you receive a vitamin A dose? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | |
| 448 | Has your menstrual period returned since the birth of (NAME)? | YES 1 (SKIP TO 450) ← NO 2 (SKIP TO 451) ← | | | | | | | | | | | | | | |
| 449 | Did your menstrual period return between the birth of (NAME) and your next pregnancy? | | YES 1 NO 2 (SKIP TO 451) ← | YES 1 NO 2 (SKIP TO 451) ← | | | | | | | | | | | | |
| 450 | For how many months after the birth of (NAME) did you <u>not</u> have a period? | MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98 | | | MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98 | | | MONTHS ... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr></table> DON'T KNOW 98 | | | | | | | | |
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| NO. | QUESTIONS AND FILTERS | LAST BIRTH NAME _____ | NEXT-TO-LAST BIRTH NAME _____ | SECOND-FROM-LAST BIRTH NAME _____ |
|-----|--|--|---|---|
| 451 | CHECK 226: IS RESPONDENT PREGNANT? | NOT PREG- NANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> (SKIP TO 453) ← | | |
| 452 | Have you begun to have sexual intercourse again since the birth of (NAME)? | YES 1 NO 2 (SKIP TO 454) ← | | |
| 453 | For how many months after the birth of (NAME) did you <u>not</u> have sexual intercourse? | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 | MONTHS ... <input type="text"/> <input type="text"/> DON'T KNOW 98 |
| 454 | Did you ever breastfeed (NAME)? | YES 1 NO 2 (SKIP TO 461) ← | YES 1 NO 2 (SKIP TO 461) ← | YES 1 NO 2 (SKIP TO 461) ← |
| 455 | How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS. IF LESS THAN 24 HOURS, RECORD HOURS. OTHERWISE, RECORD DAYS. | IMMEDIATELY ... 900 HOURS 1 <input type="text"/> <input type="text"/> DAYS 2 <input type="text"/> <input type="text"/> DON'T REMEMBER ... 94 | | |
| 456 | In the first three days after delivery, was (NAME) given anything to drink other than breast milk? | YES 1 NO 2 (SKIP TO 458) ← DON'T REMEMBER ... 94 | | |
| 457 | What was (NAME) given to drink? Anything else? RECORD ALL LIQUIDS MENTIONED. | Y N MILK (OTHER THAN BREAST MILK) . . . 1 2 PLAIN WATER . . . 1 2 SUGAR OR GLU- COSE WATER . . . 1 2 GRUPE WATER . . . 1 2 SUGAR-SALT-WATER SOLUTION 1 2 FRUIT JUICE 1 2 INFANT FORMULA . . 1 2 TEA/INFUSIONS . . . 1 2 HONEY 1 2 DON'T REMEMBER ... 1 2 OTHER _____ (SPECIFY) | | |
| 458 | CHECK 404: IS CHILD LIVING? | LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (SKIP TO 460) ← | | |
| 459 | Are you still breastfeeding (NAME)? | YES 1 (SKIP TO 462) ← NO 2 | | |
| 460 | For how many months did you breastfeed (NAME)? | MONTHS ... <input type="text"/> <input type="text"/> STILL BF 91 462 ← DON'T KNOW ... 98 | MONTHS ... <input type="text"/> <input type="text"/> STILL BF 91 464 ← DON'T KNOW ... 98 | MONTHS ... <input type="text"/> <input type="text"/> STILL BF 91 464 ← DON'T KNOW ... 98 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|-----|---|--|--|---|
| | | NAME _____ | NAME _____ | NAME _____ |
| 461 | CHECK 404: IS CHILD LIVING? | LIVING <input type="checkbox"/> ↓ (SKIP TO 464) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 466) | LIVING <input type="checkbox"/> ↓ (SKIP TO 464) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 466) | LIVING <input type="checkbox"/> ↓ (SKIP TO 464) DEAD <input type="checkbox"/> ↓ (GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 466) |
| 462 | 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"/> <input type="text"/> | | |
| 463 | 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"/> <input type="text"/> | | |
| 464 | Did (NAME) drink anything from a bottle with a nipple yesterday or last night? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 465 | | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 466. | GO BACK TO 405 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 466 | GO BACK TO 405 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, GO TO 466 |

| SECTION 4A: EXPOSURE TO INDOOR AIR POLLUTANTS DURING PREGNANCY | | | |
|---|--|---|------|
| The following questions shall be asked of all women who have a baby born in 2011 and those who had a pregnancy in the last one year even if it did not result in a livebirth or the child has since died. | | | |
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
| 466 | CHECK Q215: NOT A SINGLE BIRTH IN 2011 OR LATER <input type="checkbox"/> | AT LEAST ONE BIRTH IN 2011 <input type="checkbox"/> | 466B |
| 466A | CHECK Q230: YEAR IS 2011 OR LATER <input type="checkbox"/> | YEAR IS BEFORE 2011 <input type="checkbox"/> | 501 |
| 466B | CHECK 411: MEASUREMENTS TAKEN AND CARD SEEN <input type="checkbox"/> | MEASUREMENTS NOT TAKEN OR CARD NOT SEEN <input type="checkbox"/> | 469 |
| 467 | RECORD THE WEIGHT INDICATED ON CARD/BOOK FOR BOTH THE FIRST AND LAST VISITS [IF WEIGHT IS NOT ENTERED, RECORD 999.9] IF DATE IS NOT KNOWN RECORD 99/99/9999 | DATE (DD/MM/YYYY) <input type="text"/> WEIGHT (KG) <input type="text"/> ----- DATE (DD/MM/YYYY) <input type="text"/> WEIGHT (KG) <input type="text"/> | |
| 468 | RECORD THE HAEMOGLOBIN LEVELS INDICATED ON THE CARD/BOOK FOR BOTH THE FIRST AND LAST VISITS [IF NO READING IS ENTERED, RECORD 99.9] IF DATE IS NOT KNOWN RECORD 99/99/9999 | DATE (DD/MM/YYYY) <input type="text"/> HB LEVEL <input type="text"/> ----- DATE (DD/MM/YYYY) <input type="text"/> HB LEVEL <input type="text"/> | |
| 469 | RECORD THE BLOOD PRESSURE AS INDICATED ON THE CARD/BOOK FOR BOTH THE FIRST AND LAST VISITS [IF NO READING IS ENTERED RECORD 999] IF DATE IS NOT KNOWN RECORD 99/99/9999 | DATE (DD/MM/YYYY) <input type="text"/> BLOOD PRESSURE SYSTOLIC <input type="text"/> DIASTOLIC <input type="text"/> ----- DATE (DD/MM/YYYY) <input type="text"/> BLOOD PRESSURE SYSTOLIC <input type="text"/> DIASTOLIC <input type="text"/> | |
| 470 | RECORD UPPER ARM CIRCUMFERENCE FROM CARD/BOOK [IF NO READING IS ENTERED, RECORD 999] | CIRCUMFERENCE IN CM <input type="text"/> | |
| 471 | Were you employed/did you run a business at the time you were last pregnant? | YES 1 NO 2 | 476 |
| 472 | Did your work involve heavy work like lifting or carrying heavy loads or did it involve standing or walking for long hours? | YES LIFTED HEAVY LOADS 01 YES CARRIED HEAVY LOADS 02 YES STOOD LONG HOURS 03 YES WALKED LONG HOURS 04 NO 05 | |
| 473 | At any point during this pregnancy, did you make any changes to your work? | YES 1 NO 2 | 476 |
| 474 | What changes did you make? | REDUCED NUMBER OF HOURS 1 REDUCED NUMBER OF WORK DAYS 2 TOOK LEAVE 3 MOVED TO LESS HEAVY WORK 4 OTHER 6 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------------|--|---|----------------------|----------------------|----------------------|----------------------|---------------|----------------------|-------------------------|----------------------|----------------|-----------------------------------|----------------------|----------------------|-----------------------|---|---|-----------------------|---|---|-------------------------|---|---|-----------------------|--|--|--|
| 475 | How many months pregnant were you when these changes were made? | NUMBER OF COMPLETE MONTHS <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 476 | During this pregnancy, who did most of the cooking and other household chores? | SELF 1 OTHER FEMALE 2 SPOUSE/PARTNER 3 OTHER MALE 4 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 476A | What fuels did you mostly use for cooking? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>KEROSENE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHARCOAL</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>GAS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ELECTRICITY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BRIQUETTES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WOOD/CROP RESIDUE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td></td> <td></td> </tr> </tbody> </table> | | YES | NO | KEROSENE | 1 | 2 | CHARCOAL | 1 | 2 | GAS | 1 | 2 | ELECTRICITY | 1 | 2 | BRIQUETTES | 1 | 2 | WOOD/CROP RESIDUE | 1 | 2 | OTHER (SPECIFY) | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| KEROSENE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHARCOAL | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| GAS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| ELECTRICITY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| BRIQUETTES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| WOOD/CROP RESIDUE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 476B | What types of cooking stove did you use? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>KEROSENE STOVE</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>TIN JIKO</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>CLAY JIKO</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>MEKO/GAS COOKER</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>ELECTRIC COOKER</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>OPEN FIRE</td> <td style="text-align: center;">2</td> <td></td> </tr> <tr> <td>OTHER (SPECIFY)</td> <td></td> <td></td> </tr> </tbody> </table> | | YES | NO | KEROSENE STOVE | 2 | | TIN JIKO | 2 | | CLAY JIKO | 2 | | MEKO/GAS COOKER | 2 | | ELECTRIC COOKER | 2 | | OPEN FIRE | 2 | | OTHER (SPECIFY) | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| KEROSENE STOVE | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TIN JIKO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CLAY JIKO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEKO/GAS COOKER | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ELECTRIC COOKER | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OPEN FIRE | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 476C | Where did most of the cooking take place? | SEPARATE KITCHEN 1 SAME ROOM USED FOR SLEEPING 2 DIFFERENT ROOM 3 OPEN AIR 4 OTHER 6 (SPECIFY) | → 477 | | | | | | | | | | | | | | | | | | | | | | | | |
| 476D | Did the cooking room have the following: | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>WINDOWS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>VENTILATION HOLES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SPACE BETWEEN WALL AND ROOF</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>CHIMNEY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table> | | YES | NO | WINDOWS | 1 | 2 | VENTILATION HOLES | 1 | 2 | SPACE BETWEEN WALL AND ROOF | 1 | 2 | CHIMNEY | 1 | 2 | | | | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| WINDOWS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| VENTILATION HOLES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPACE BETWEEN WALL AND ROOF | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| CHIMNEY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 476E | CHECK Q 476 CODE 1 SELECTED <input type="checkbox"/> (WOMAN COOKS) | OTHER CODE SELECTED <input type="checkbox"/> (OTHER PERSON COOKS) | → 480 | | | | | | | | | | | | | | | | | | | | | | | | |
| 477 | On average how many times do you cook in a day? | NUMBER OF TIMES <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 478 | On average, how long do you take to cook per day? | NUMBER OF HOURS <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 479 | On average, how long does it take to prepare a meal? (In minutes) [IF SHE DOES NOT COOK ANY MEAL WRITE '00'] | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1 BREAKFAST</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>2 LUNCH</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> <tr> <td>3 DINNER</td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> <td style="text-align: center;"><input type="text"/></td> </tr> </tbody> </table> | 1 BREAKFAST | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2 LUNCH | <input type="text"/> | <input type="text"/> | <input type="text"/> | 3 DINNER | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | |
| 1 BREAKFAST | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 LUNCH | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 DINNER | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | |
| 480 | Have you ever smoked cigarettes in your lifetime? | YES 1 NO 2 | → 482 | | | | | | | | | | | | | | | | | | | | | | | | |
| 481 | During the last pregnancy did you ever smoke cigarettes? | YES 1 NO 2 | → 482 | | | | | | | | | | | | | | | | | | | | | | | | |
| 481A | For how long did you smoke cigarettes during the last pregnancy? IF LESS THAN A MONTH, RECORD IN WEEKS | WEEKS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 482 | During the last pregnancy, did any member of your household smoke cigarettes? | YES 1 NO 2 | → 484 | | | | | | | | | | | | | | | | | | | | | | | | |
| 483 | Did he/she smoke within the house? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 484 | During the last pregnancy, did you drink wine, beer, kumi kumi, chang'aa, busaa or any other alcoholic drink more than two or three times and not just a sip or taste of someone else's drink? | YES 1 NO 2 REFUSED TO ANSWER 7 | → 500 | | | | | | | | | | | | | | | | | | | | | | | | |
| 485 | How many months pregnant were you when you first drank alcohol? | NUMBER OF COMPLETED MONTHS <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |
| 486 | For how long did you drink alcohol during the last pregnancy? | WEEKS <input type="text"/> <input type="text"/> MONTHS <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 5. IMMUNIZATION, HEALTH AND NUTRITION

| | | | | | | | |
|------|--|--|--|---|--------------------------------|---|--------------------------------|
| 500 | CHECK 224: | ONE OR MORE BIRTHS IN 2007 OR LATER <input type="checkbox"/> | NO BIRTHS IN 2007 OR LATER <input type="checkbox"/> → 600 | | | | |
| 501 | ENTER IN THE TABLE THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH IN 2007 OR LATER. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. | | | | | | |
| 502 | LINE NUMBER FROM 212 | LAST BIRTH LINE NUMBER <input type="text"/> | NEXT-TO-LAST BIRTH LINE NUMBER <input type="text"/> | SECOND-FROM-LAST BIRTH LINE NUMBER <input type="text"/> | | | |
| 503 | FROM 212 AND 216 | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 601) | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT COLUMN OR, IF NO MORE BIRTHS, GO TO 601) | NAME _____ LIVING <input type="checkbox"/> DEAD <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE, OR IF NO MORE BIRTHS, GO TO 601) | | | |
| 504 | Do you have a child welfare card with (NAME)'s vaccinations? IF YES: May I see it please? | YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3 | YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3 | YES, SEEN 1 (SKIP TO 506) ← YES, NOT SEEN 2 (SKIP TO 508) ← NO CARD 3 | | | |
| 505 | Did you ever have a vaccination card for (NAME)? | YES 1 (SKIP TO 508) ← NO 2 | YES 1 (SKIP TO 508) ← NO 2 | YES 1 (SKIP TO 508) ← NO 2 | | | |
| 506 | (1) COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. (2) WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A VACCINATION WAS GIVEN, BUT NO DATE IS RECORDED. (3) IF MORE THAN TWO VITAMIN 'A' DOSES, RECORD DATES FOR MOST RECENT AND SECOND MOST RECENT DOSES. | | | | | | |
| | | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH | | | |
| | | DAY MONTH YEAR | DAY MONTH YEAR | DAY MONTH YEAR | | | |
| | BCG | <input type="text"/> | BCG | <input type="text"/> | BCG | <input type="text"/> | |
| | DPT, HEPATITIS, HIB, 1st DOSE | <input type="text"/> | D1 | <input type="text"/> | D1 | <input type="text"/> | |
| | DPT, HEPATITIS, HIB, 2nd DOSE | <input type="text"/> | D2 | <input type="text"/> | D2 | <input type="text"/> | |
| | DPT, HEPATITIS, HIB, 3rd DOSE | <input type="text"/> | D3 | <input type="text"/> | D3 | <input type="text"/> | |
| | POLIO 0 (POLIO GIVEN AT BIRTH) | <input type="text"/> | P0 | <input type="text"/> | P0 | <input type="text"/> | |
| | OPV 1 | <input type="text"/> | P1 | <input type="text"/> | P1 | <input type="text"/> | |
| | OPV 2 | <input type="text"/> | P2 | <input type="text"/> | P2 | <input type="text"/> | |
| | OPV 3 | <input type="text"/> | P3 | <input type="text"/> | P3 | <input type="text"/> | |
| | MEASLES | <input type="text"/> | MEA | <input type="text"/> | MEA | <input type="text"/> | |
| | VITAMIN A (MOST RECENT) | <input type="text"/> | VIT A | <input type="text"/> | VIT A | <input type="text"/> | |
| | VITAMIN A (2nd MOST RECENT) | <input type="text"/> | VIT A | <input type="text"/> | VIT A | <input type="text"/> | |
| | YELLOW FEVER | <input type="text"/> | | | | | |
| 506A | CHECK 506: | BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510) | OTHER <input type="checkbox"/> | BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510) | OTHER <input type="checkbox"/> | BCG TO MEASLES ALL RECORDED <input type="checkbox"/> (GO TO 510) | OTHER <input type="checkbox"/> |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|------|---|---|---|---|
| | | NAME _____ | NAME _____ | NAME _____ |
| 507 | Has (NAME) received any vaccinations that are not recorded on this card, including vaccinations received in a national immunization day campaign? RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINES. | YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8 | YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8 | YES 1 (PROBE FOR ← VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 506) (SKIP TO 510) ← NO 2 (SKIP TO 510) ← DON'T KNOW 8 |
| 508 | Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases, including vaccinations received in a national immunization campaign? | YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 512) ← DON'T KNOW 8 |
| 509A | Please tell me if (NAME) received any of the following vaccinations: A BCG vaccination against tuberculosis, that is, an injection in the arm or shoulder that usually causes a scar? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 509B | Polio vaccine, that is, drops in the mouth? | YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509E) ← DON'T KNOW 8 |
| 509C | Was the first polio vaccine received in the first two weeks after birth or later? | FIRST 2 WEEKS ... 1 LATER 2 | FIRST 2 WEEKS ... 1 LATER 2 | FIRST 2 WEEKS ... 1 LATER 2 |
| 509D | How many times was the polio vaccine received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 509E | A Pentavalent vaccination, that is an injection given in the thigh, sometimes at the same time as polio drops? | YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 509G) ← DON'T KNOW 8 |
| 509F | How many times was a Penta valent vaccination received? | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> | NUMBER OF TIMES <input type="text"/> |
| 509G | A measles injection- that is , a shot in the right upper arm at the age of 9 months or older - to prevent him/her from getting measles? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 510 | Were any of the vaccinations (NAME) received during the last two years given as part of a national immunization day campaign? | YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 | YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 | YES 1 NO 2 NO VACCINATION IN THE LAST 2 YRS. 3 DON'T KNOW ... 8 |
| 511 | CHECK 506: DATE SHOWN FOR VITAMIN A DOSE | DATE FOR MOST RECENT VITAMIN A DOSE <input type="text"/> (SKIP TO 513) ← | DATE FOR MOST RECENT VITAMIN A DOSE <input type="text"/> (SKIP TO 513) ← | DATE FOR MOST RECENT VITAMIN A DOSE <input type="text"/> (SKIP TO 513) ← |
| 512 | According to (NAME)'s health card, he/she received a vitamin A dose (like this/any of these) in (MONTH AND YEAR OF MOST RECENT DOSE FROM CARD). Has (NAME) received another vitamin A dose since then? | YES 1 (SKIP TO 514) ← NO 2 (SKIP TO 515) ← DON'T KNOW 8 | YES 1 (SKIP TO 514) ← NO 2 (SKIP TO 515) ← DON'T KNOW 8 | YES 1 (SKIP TO 514) ← NO 2 (SKIP TO 515) ← DON'T KNOW 8 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|-----|--|--|--|--|
| | | NAME _____ | NAME _____ | NAME _____ |
| 513 | HAS (NAME) ever received a vitamin A dose? | YES 1 NO 2 (SKIP TO 515) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 515) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 515) ← DONT KNOW 8 |
| 514 | Did (NAME) receive a vitamin A dose within the last six months? | YES 1 NO 2 DONT KNOW 8 | YES 1 NO 2 DONT KNOW 8 | YES 1 NO 2 DONT KNOW 8 |
| 515 | In the last seven days, did (NAME) take iron pills, sprinkles with iron, or iron syrup | YES 1 NO 2 DONT KNOW 8 | YES 1 NO 2 DONT KNOW 8 | YES 1 NO 2 DONT KNOW 8 |
| 516 | Has (NAME) taken any drug for intestinal worms in the last six months? | YES 1 NO 2 DONT KNOW 8 | YES 1 NO 2 DONT KNOW 8 | YES 1 NO 2 DONT KNOW 8 |
| 517 | Has (NAME) had diarrhoea in the last 2 weeks? | YES 1 NO 2 (SKIP TO 529) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 529) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 529) ← DONT KNOW 8 |
| 518 | Was there any blood in the stools? | YES 1 NO 2 DONT KNOW 8 | YES 1 NO 2 DONT KNOW 8 | YES 1 NO 2 DONT KNOW 8 |
| 519 | Now I would like to know how much fluid (NAME) was given to drink during the diarrhoea (including breastmilk). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DONT KNOW 8 |
| 520 | When (NAME) had diarrhoea, was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DONT KNOW 8 |
| 521 | Did you/anyone else seek advice or treatment for the diarrhoea from any source? | YES 1 NO 2 (SKIP TO 526) ← | YES 1 NO 2 (SKIP TO 526) ← | YES 1 NO 2 (SKIP TO 526) ← |
| 522 | Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | Y N PUBLIC SECTOR A GOVT HOSPITAL 1 2 B GOVT HEALTH CENTER 1 2 C GOVT DISPENS-ARY 1 2 D OTHER PUBLIC 1 2 (SPECIFY) PRIVATE SECTOR E MISSION HOSP./CLINIC 1 2 F PVT. HOSPITAL/CLINIC 1 2 G PHARMACY 1 2 H OTHER PRIVATE MED. 1 2 (SPECIFY) I MOBILE CLINIC ... 1 2 J COMMUNITY HEALTH WORKER 1 2 OTHER SOURCE K SHOP 1 2 L TRADITIONAL PRACTITIONER 1 2 M RELATIVE/FRIEND 1 2 N OTHER 1 2 (SPECIFY) | Y N PUBLIC SECTOR A GOVT HOSPITAL 1 2 B GOVT HEALTH CENTER 1 2 C GOVT DISPENS-ARY 1 2 D OTHER PUBLIC 1 2 (SPECIFY) PRIVATE SECTOR E MISSION HOSP./CLINIC 1 2 F PVT. HOSPITAL/CLINIC 1 2 G PHARMACY 1 2 H OTHER PRIVATE MED. 1 2 (SPECIFY) I MOBILE CLINIC ... 1 2 J COMMUNITY HEALTH WORKER 1 2 OTHER SOURCE K SHOP 1 2 L TRADITIONAL PRACTITIONER 1 2 M RELATIVE/FRIEND 1 2 N OTHER 1 2 (SPECIFY) | Y N PUBLIC SECTOR A GOVT HOSPITAL 1 2 B GOVT HEALTH CENTER 1 2 C GOVT DISPENS-ARY 1 2 D OTHER PUBLIC 1 2 (SPECIFY) PRIVATE SECTOR E MISSION HOSP./CLINIC 1 2 F PVT. HOSPITAL/CLINIC 1 2 G PHARMACY 1 2 H OTHER PRIVATE MED. 1 2 (SPECIFY) I MOBILE CLINIC ... 1 2 J COMMUNITY HEALTH WORKER 1 2 OTHER SOURCE K SHOP 1 2 L TRADITIONAL PRACTITIONER 1 2 M RELATIVE/FRIEND 1 2 N OTHER 1 2 (SPECIFY) |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|-----|---|---|---|--|
| | | NAME _____ | NAME _____ | NAME _____ |
| 523 | CHECK 522: | TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 525) ← | TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 525) ← | TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 525) ← |
| 524 | Where did you first seek advice or treatment? USE LETTER CODE FROM 522. | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> |
| 525 | How many days after the diarrhoea began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'. | DAYS <input type="text"/> | DAYS <input type="text"/> | DAYS <input type="text"/> |
| 526 | Does (NAME) still have diarrhoea? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 527 | Was he/she given any of the following to drink at any time since he/she started having the diarrhoea: a) A fluid made from a special packet called Oralite or ORS? b) A home-made sugar-salt solution? | YES NO DK FLUID FROM ORS PKT .. 1 2 8 HOMEMADE FLUID ... 1 2 8 | YES NO DK FLUID FROM ORS PKT .. 1 2 8 HOMEMADE FLUID ... 1 2 8 | YES NO DK FLUID FROM ORS PKT .. 1 2 8 HOMEMADE FLUID ... 1 2 8 |
| 528 | Was anything (else) given to treat the diarrhea? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 529 | Has (NAME) been ill with a fever at any time in the last 2 weeks? | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 | YES 1 NO 2 DON'T KNOW 8 |
| 530 | Has (NAME) had an illness with a cough at any time in the last 2 weeks? | YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 533) ← DON'T KNOW 8 |
| 531 | When (NAME) had an illness with a cough, did he/she breathe faster than usual with short, rapid breaths or have difficulty breathing? | YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8 | YES 1 NO 2 (SKIP TO 534) ← DON'T KNOW 8 |
| 532 | Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose? | CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH ... 3 OTHER ... 6 (SPECIFY) DON'T KNOW ... 8 (SKIP TO 534) ← | CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH ... 3 OTHER ... 6 (SPECIFY) DON'T KNOW ... 8 (SKIP TO 534) ← | CHEST ONLY ... 1 NOSE ONLY ... 2 BOTH ... 3 OTHER ... 6 (SPECIFY) DON'T KNOW ... 8 (SKIP TO 534) ← |
| 533 | CHECK 529: HAD FEVER? | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) | YES <input type="checkbox"/> NO OR DK <input type="checkbox"/> (GO TO 503 IN NEXT-TO-LAST COLUMN OF NEW QUESTIONNAIRE; OR, IF NO MORE BIRTHS, TO 546) |
| 534 | Now I would like to know how much fluid (NAME) was given to drink (including breastmilk) during the illness with a (fever/cough). Was he/she given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was he/she given much less than usual to drink or somewhat less? | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 NOTHING TO DRINK 5 DON'T KNOW 8 |
| 535 | When (NAME) had a (fever/cough), was he/she given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was he/she given much less than usual to eat or somewhat less? | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8 | MUCH LESS 1 SOMEWHAT LESS . 2 ABOUT THE SAME . 3 MORE 4 STOPPED FOOD . 5 NEVER GAVE FOOD 6 DON'T KNOW 8 |

| NO. | QUESTIONS AND FILTERS | LAST BIRTH | NEXT-TO-LAST BIRTH | SECOND-FROM-LAST BIRTH |
|-----|--|--|--|--|
| | | NAME _____ | NAME _____ | NAME _____ |
| 536 | Did you/someone else seek advice or treatment for the illness from any source? | YES 1 NO 2 (SKIP TO 546) ← | YES 1 NO 2 (SKIP TO 546) ← | YES 1 NO 2 (SKIP TO 546) ← |
| 537 | Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY EACH TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE(S). IF UNABLE TO DETERMINE IF A HOSPITAL, HEALTH CENTER, OR CLINIC IS PUBLIC OR PRIVATE MEDICAL, WRITE THE NAME OF THE PLACE. _____ (NAME OF PLACE(S)) | Y N PUBLIC SECTOR A GOVT HOSPITAL 1 2 B GOVT HEALTH CENTER 1 2 C GOVT DISPENS-ARY 1 2 D OTHER PUBLIC 1 2 (SPECIFY) PRIVATE SECTOR E MISSION HOSP./CLINIC 1 2 F PVT. HOSPITAL/CLINIC 1 2 G PHARMACY 1 2 H OTHER PRIVATE MED. 1 2 (SPECIFY) I MOBILE CLINIC 1 2 J COMMUNITY HEALTH WORKER 1 2 OTHER SOURCE K SHOP 1 2 L TRADITIONAL PRACTITIONER 1 2 M RELATIVE/FRIEND 1 2 N OTHER 1 2 (SPECIFY) | Y N PUBLIC SECTOR A GOVT HOSPITAL 1 2 B GOVT HEALTH CENTER 1 2 C GOVT DISPENS-ARY 1 2 D OTHER PUBLIC 1 2 (SPECIFY) PRIVATE SECTOR E MISSION HOSP./CLINIC 1 2 F PVT. HOSPITAL/CLINIC 1 2 G PHARMACY 1 2 H OTHER PRIVATE MED. 1 2 (SPECIFY) I MOBILE CLINIC 1 2 J COMMUNITY HEALTH WORKER 1 2 OTHER SOURCE K SHOP 1 2 L TRADITIONAL PRACTITIONER 1 2 M RELATIVE/FRIEND 1 2 N OTHER 1 2 (SPECIFY) | Y N PUBLIC SECTOR A GOVT HOSPITAL 1 2 B GOVT HEALTH CENTER 1 2 C GOVT DISPENS-ARY 1 2 D OTHER PUBLIC 1 2 (SPECIFY) PRIVATE SECTOR E MISSION HOSP./CLINIC 1 2 F PVT. HOSPITAL/CLINIC 1 2 G PHARMACY 1 2 H OTHER PRIVATE MED. 1 2 (SPECIFY) I MOBILE CLINIC 1 2 J COMMUNITY HEALTH WORKER 1 2 OTHER SOURCE K SHOP 1 2 L TRADITIONAL PRACTITIONER 1 2 M RELATIVE/FRIEND 1 2 N OTHER 1 2 (SPECIFY) |
| 538 | CHECK 537: | TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 541) ← | TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 541) ← | TWO OR ONLY MORE ONE CODES CODE CIRCLED CIRCLED (SKIP TO 541) ← |
| 539 | Where did you first seek advice or treatment? USE LETTER CODE FROM 537 | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> | FIRST PLACE ... <input type="checkbox"/> |
| 540 | How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY, RECORD '00'. | DAYS <input type="text"/> | DAYS <input type="text"/> | DAYS <input type="text"/> |
| 541 | Is (NAME) still sick with a (fever/cough)? | FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8 | FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8 | FEVER ONLY 1 COUGH ONLY 2 BOTH FEVER AND COUGH 3 NO, NEITHER 4 DON'T KNOW 8 |
| 542 | At any time during the illness, did (NAME) take any drugs for the illness? | YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) DON'T KNOW 8 | YES 1 NO 2 (GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546) DON'T KNOW 8 | YES 1 NO 2 (GO TO 503 IN NEXT COLUMN OR OR, IF NO MORE BIRTHS, GO TO 546) DON'T KNOW 8 |
| 543 | Was anything else done about (NAME)'s fever? | YES 1 NO 2 (SKIP TO 546) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 546) ← DONT KNOW 8 | YES 1 NO 2 (SKIP TO 546) ← DONT KNOW 8 |
| 544 | What was done about (NAME)'s fever? | Y N CONSULTED TRAD'L HEALER . 1 2 GAVE WARM SPONGING 1 2 GAVE HERBS ... 1 2 OTHER 1 2 | Y N CONSULTED TRAD'L HEALER . 1 2 GAVE WARM SPONGING 1 2 GAVE HERBS ... 1 2 OTHER 1 2 | Y N CONSULTED TRAD'L HEALER . 1 2 GAVE WARM SPONGING 1 2 GAVE HERBS ... 1 2 OTHER 1 2 |
| 545 | | GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546. | GO BACK TO 503 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 546. | GO TO 503 IN NEXT COLUMN OR IF NO MORE BIRTHS, GO TO 546. |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|------------------------------|---|--|------|---|---|------------------------------|---|---|------------------|---|---|-------------------|---|---|-----------|---|---|-----------------|---|---|----------------|---|---|-------------|---|---|----------|---|---|----------------|---|---|-------------|---|---|--|-----------|--|--|
| 546 | CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2007 OR LATER AND LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 547) _____ (NAME) | | 549 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 547 | The last time (NAME FROM 546) passed stools, what was done to dispose of the stools? | CHILD USED TOILET OR LATRINE ... 01 PUT/RINSED INTO TOILET OR LATRINE 02 PUT/RINSED INTO DRAIN OR DITCH 03 THROWN INTO GARBAGE 04 BURIED 05 LEFT IN THE OPEN 06 OTHER _____ 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 548 | CHECK 527(a) AND 527(b), ALL COLUMNS: NO CHILD <input type="checkbox"/> ANY CHILD <input type="checkbox"/> RECEIVED FLUID RECEIVED FLUID FROM ORS PACKET FROM ORS PACKET | | 550 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 549 | Have you ever heard of a special product called Oralite or ORS (Okoa) that you can get for the treatment of diarrhoea? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 550 | CHECK 215 & 218, ALL ROWS: ANY CHILD BORN IN 2007 OR LATER AND LIVING WITH RESPONDENT? YES, ONE OR MORE <input type="checkbox"/> NO CHILDREN <input type="checkbox"/> CHILDREN LIVING WITH HER LIVING WITH HER | | 601 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 551 | When a child is ill, what signs of illness would tell you that he or she should be taken to health facility or health worker? CIRCLE ALL MENTIONED. | <table border="0"> <tr><td></td><td>Y</td><td>N</td></tr> <tr><td>NOT ABLE TO DRINK/BREASTFEED</td><td>1</td><td>2</td></tr> <tr><td>FEVER, SHIVERING</td><td>1</td><td>2</td></tr> <tr><td>REPEATED VOMITING</td><td>1</td><td>2</td></tr> <tr><td>DIARRHOEA</td><td>1</td><td>2</td></tr> <tr><td>BLOOD IN STOOLS</td><td>1</td><td>2</td></tr> <tr><td>FAST BREATHING</td><td>1</td><td>2</td></tr> <tr><td>CONVULSIONS</td><td>1</td><td>2</td></tr> <tr><td>WEAKNESS</td><td>1</td><td>2</td></tr> <tr><td>GETTING SICKER</td><td>1</td><td>2</td></tr> <tr><td>OTHER _____</td><td>1</td><td>2</td></tr> <tr><td></td><td colspan="2">(SPECIFY)</td></tr> </table> | | Y | N | NOT ABLE TO DRINK/BREASTFEED | 1 | 2 | FEVER, SHIVERING | 1 | 2 | REPEATED VOMITING | 1 | 2 | DIARRHOEA | 1 | 2 | BLOOD IN STOOLS | 1 | 2 | FAST BREATHING | 1 | 2 | CONVULSIONS | 1 | 2 | WEAKNESS | 1 | 2 | GETTING SICKER | 1 | 2 | OTHER _____ | 1 | 2 | | (SPECIFY) | | |
| | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOT ABLE TO DRINK/BREASTFEED | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FEVER, SHIVERING | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REPEATED VOMITING | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIARRHOEA | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLOOD IN STOOLS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FAST BREATHING | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONVULSIONS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WEAKNESS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GETTING SICKER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 552 | CHECK 215 AND 218, ALL ROWS: NUMBER OF CHILDREN BORN IN 2009 OR LATER AND LIVING WITH THE RESPONDENT ONE OR MORE <input type="checkbox"/> NONE <input type="checkbox"/> ↓ RECORD NAME OF YOUNGEST CHILD LIVING WITH HER (AND CONTINUE WITH 553) _____ (NAME) | | 601 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------|---|---|------|-----|----|----|-------------------|---|---|---|-----------------------|---|---|---|---------------------|---|---|---|------------------------|---|---|---|----------------------|---|---|---|--------------------|---|---|---|---------------------------|---|---|---|---------------------|---|---|---|-------------------|---|---|---|-----------------------|---|---|---|--|
| 553 | <p>Now I would like to ask you about liquids or foods (NAME FROM 552) had yesterday during the day or at night.</p> <p>Did (NAME FROM 552) (drink/eat):</p> <p>a Plain water?</p> <p>b Commercially produced infant formula?</p> <p>c Milk, such as tinned, powdered, or fresh animal milk?</p> <p>d Tea or coffee?</p> <p>e Any other liquids?</p> <p>f Any fortified baby food like Cerelac?</p> <p>g Any (other) porridge or gruel?</p> | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>PLAIN WATER</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FORMULA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MILK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TEA OR COFFEE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER LIQUIDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BABY CEREAL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER PORRIDGE/GRUEL .</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | PLAIN WATER | 1 | 2 | 8 | FORMULA | 1 | 2 | 8 | MILK | 1 | 2 | 8 | TEA OR COFFEE | 1 | 2 | 8 | OTHER LIQUIDS | 1 | 2 | 8 | BABY CEREAL | 1 | 2 | 8 | OTHER PORRIDGE/GRUEL . | 1 | 2 | 8 | | | | | | | | | | | | | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PLAIN WATER | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FORMULA | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MILK | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TEA OR COFFEE | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER LIQUIDS | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BABY CEREAL | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER PORRIDGE/GRUEL . | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 554 | <p>Now I would like to ask you about other foods (NAME FROM 552) ate over the last 24 hours. I am interested in whether (NAME) had the item even if it was combined with other foods.</p> <p>Yesterday, did (NAME) eat:</p> <p>a) Any foods made from grains, like maize, rice, wheat, porridge, sorghum or other local grains?</p> <p>b) Pumpkin, red or yellow yams or squash, carrots or yellow sweet potatoes?</p> <p>c) Any other food made from roots or tubers, like white potatoes, arrowroot, cassava, or other roots or tubers?</p> <p>d) Any green leafy vegetables?</p> <p>e) Mango, papaya, guava?</p> <p>f) Any other fruits and vegetables like bananas, apples, green beans, avocados, tomatoes, oranges, pineapples, passion fruit?</p> <p>g) Meat, chicken, fish, liver, kidney, blood, termites, sea food or eggs?</p> <p>h) Any food made from legumes, e.g. lentils, beans, soybeans, pulses or pea nuts?</p> <p>i) Sour milk, cheese, or yoghurt?</p> <p>j) Any solid or semi-solid food?</p> | <table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>GRAINS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>RED-YELLOW VEGETABLES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ROOTS, TUBERS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>GREEN LEAFY VEGETABLES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MANGO, PAPAYA, GUAVA</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER FRUITS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>MEAT, CHICKEN, FISH, EGGS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BEANS, PULSES</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SOUR MILK, CHEESE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>ANY SOLID, MUSHY FOOD</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table> | | YES | NO | DK | GRAINS | 1 | 2 | 8 | RED-YELLOW VEGETABLES | 1 | 2 | 8 | ROOTS, TUBERS | 1 | 2 | 8 | GREEN LEAFY VEGETABLES | 1 | 2 | 8 | MANGO, PAPAYA, GUAVA | 1 | 2 | 8 | OTHER FRUITS | 1 | 2 | 8 | MEAT, CHICKEN, FISH, EGGS | 1 | 2 | 8 | BEANS, PULSES | 1 | 2 | 8 | SOUR MILK, CHEESE | 1 | 2 | 8 | ANY SOLID, MUSHY FOOD | 1 | 2 | 8 | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GRAINS | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RED-YELLOW VEGETABLES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ROOTS, TUBERS | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GREEN LEAFY VEGETABLES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MANGO, PAPAYA, GUAVA | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER FRUITS | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MEAT, CHICKEN, FISH, EGGS | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BEANS, PULSES | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SOUR MILK, CHEESE | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ANY SOLID, MUSHY FOOD | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 555 | <p>CHECK 553 (LAST 2 CATEGORIES: BABY CEREAL OR OTHER PORRIDGE/GRUEL) AND 554:</p> <p>AT LEAST ONE "YES" <input type="checkbox"/></p> | <p>NOT A SINGLE "YES" <input type="checkbox"/></p> | 601 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 556 | <p>How many times did (NAME FROM 552) eat solid, semisolid, or soft foods yesterday during the day or at night?</p> <p>IF 7 OR MORE TIMES, RECORD '7'.</p> | <p>NUMBER OF TIMES</p> <p>DON'T KNOW 8</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SECTION 6. MARRIAGE AND SEXUAL ACTIVITY | | | | | | | | | | | | | | | | | | |
|--|--|--|--------------------------------|---|--|-------------------------|---|--|-----------------------|---|---|-------------------|---|---|---------------------|---|---|--|
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | |
| 600 | PRESENCE OF OTHERS AT THIS POINT | <table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>CHILDREN UNDER 10</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>HUSBAND/PARTNER</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER MALES</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER FEMALES</td> <td style="text-align: right;">1</td> <td style="text-align: right;">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 | | | | | | | | | | | | | | | | |
| 601 | Are you currently married or living together with a man as if married? | YES, CURRENTLY MARRIED 1 YES, LIVING WITH A MAN 2 NO, NOT IN UNION 3 | <input type="checkbox"/> → 604 | | | | | | | | | | | | | | | |
| 602 | Do you currently have a regular sexual partner, an occasional sexual partner or no sexual partner? | REGULAR SEXUAL PARTNER 1 OCCASIONAL SEXUAL PARTNER ... 2 NO SEXUAL PARTNER 3 | | | | | | | | | | | | | | | | |
| 602A | Have you ever been married or lived together with a man as if married? | YES, FORMERLY MARRIED 1 YES, LIVED WITH A MAN 2 NO 3 | → 616 | | | | | | | | | | | | | | | |
| 603 | What is your marital status now: are you widowed, divorced, or separated? | WIDOWED 11 DIVORCED 22 SEPARATED 33 | <input type="checkbox"/> → 609 | | | | | | | | | | | | | | | |
| 604 | Is your husband/partner living with you now or is he staying elsewhere? | LIVING WITH HER 1 STAYING ELSEWHERE 2 | | | | | | | | | | | | | | | | |
| 605 | RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'. | NAME _____ LINE NO. <input type="text"/> <input type="text"/> | | | | | | | | | | | | | | | | |
| 606 | Does your husband/partner have other wives or does he live with other women as if married? | YES 1 NO 2 DON'T KNOW 8 | <input type="checkbox"/> → 609 | | | | | | | | | | | | | | | |
| 607 | Including yourself, in total, how many wives or partners does your husband live with now as if married? | TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS <input type="text"/> <input type="text"/> DON'T KNOW 98 | | | | | | | | | | | | | | | | |
| 608 | Are you the first, second, ... wife? | RANK <input type="text"/> <input type="text"/> DON'T KNOW 98 | | | | | | | | | | | | | | | | |
| 609 | Have you been married or lived with a man only once or more than once? | ONLY ONCE 1 MORE THAN ONCE 2 | | | | | | | | | | | | | | | | |
| 610 | CHECK 609: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;"> MARRIED/ LIVED WITH A MAN ONLY ONCE <input type="checkbox"/> </td> <td style="width: 5%; border-left: 1px dashed black;"></td> <td style="width: 45%; text-align: center;"> MARRIED/ LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/> </td> </tr> <tr> <td style="text-align: center;"> In what month and year did you start living with your husband/partner? </td> <td></td> <td style="text-align: center;"> Now I would like to ask about when you started living with your first husband/partner. In what month and year was that? </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 I would like to ask about when you started living with your first husband/partner. In what month and year was that? | MONTH <input type="text"/> <input type="text"/> DON'T KNOW MONTH 98 YEAR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR 9998 | → 612 | | | | | | | | | |
| 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 I would like to ask about when you started living with your first husband/partner. In what month and year was that? | | | | | | | | | | | | | | | | |
| 611 | How old were you when you first started living with him? | AGE <input type="text"/> <input type="text"/> DON'T KNOW AGE 98 | | | | | | | | | | | | | | | | |
| 612 | When you got married or lived with a man, was it your choice or it was arranged? | OWN CHOICE 1 ARRANGED 2 | | | | | | | | | | | | | | | | |
| 613 | When you first got married or lived with a man, was the man older than you, younger than you or the same age as you? | OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8 | <input type="checkbox"/> → 616 | | | | | | | | | | | | | | | |
| 614 | Would you say this person was ten or more years older /younger than you or less than ten years older/younger than you? IF 1 IN Q613, CIRCLE ANY CODE FROM 01-03; IF 2 IN Q613, CIRCLE ANY CODE FROM 04-06 | TEN OR MORE YEARS OLDER 01 LESS THAN TEN YEARS OLDER ... 02 OLDER, UNSURE HOW MUCH 03 TEN OR MORE YEARS YOUNGER 04 LESS THAN TEN YEARS YOUNGER ... 05 YOUNGER, UNSURE HOW MUCH ... 06 | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|---------------------------------|
| 615 | CHECK FOR THE PRESENCE OF OTHER PEOPLE BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY. | | |
| 616 | Now I need to ask you some questions about sexual activity in order to gain a better understanding of some important life issues. How old were you when you had sexual intercourse for the very first time? | NEVER HAD SEXUAL INTERCOURSE 01 AGE IN YEARS <input type="text"/> <input type="text"/> FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND/PARTNER 94 DON'T KNOW 98 | → 617 → 619 → 626 |
| 617 | CHECK 107: AGE <input type="text"/> 12-24 AGE <input type="text"/> 25-49 | | → 626 |
| 618 | Do you intend to wait until you get married to have sexual intercourse for the first time? | YES 1 NO 2 DON'T KNOW/UNSURE 8 | → 701 |
| 619 | CHECK 107: AGE <input type="text"/> 12-24 AGE <input type="text"/> 25-49 | | → 626 |
| 620 | The <u>first</u> time you had sexual intercourse, was a condom used? | YES 1 NO 2 DON'T KNOW/DON'T REMEMBER ... 8 | |
| 621 | How old was the person you first had sexual intercourse with? | AGE OF PARTNER <input type="text"/> <input type="text"/> DON'T KNOW 98 | → 624 |
| 622 | Was this person older than you, younger than you, or about the same age as you? | OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DON'T KNOW/DON'T REMEMBER ... 8 | → 624 |
| 623 | Would you say this person was ten or more years older than you or less than ten years older than you? | TEN OR MORE YEARS OLDER 01 LESS THAN TEN YEARS OLDER ... 02 OLDER, UNSURE HOW MUCH 03 TEN OR MORE YEARS YOUNGER ... 04 LESS THAN TEN YEARS YOUNGER ... 05 YOUNGER, UNSURE HOW MUCH ... 06 | |
| 624 | How was this person related to you at the time you first had sex with him? | HUSBAND 01 FATHER 02 TOTAL STRANGER 03 BOYFRIEND 04 UNCLE 05 COUSIN 06 OTHER RELATIVE 07 HOUSE BOY 08 NEIGHBOUR 09 CLASSMATE 10 TEACHER 11 RELIGIOUS LEADER 12 OTHER 96 (SPECIFY) | |
| 625 | What were the circumstances of your first sexual intercourse? | WAS FORCED INTO IT 01 TO SHOW LOVE 02 WAS TRICKED INTO IT 03 WANTED TO KNOW HOW IT FEELS ... 04 WANTED TO BE LIKE SOME OF MY FRIENDS 05 NEEDED MONEY 06 NEEDED MATERIAL BENEFITS 07 OTHER 96 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------|
| 626 | <p>Now I would like us to talk about the last time you had sexual intercourse.</p> <p>The last time you had sexual intercourse, how was the person you had sex with related to you?</p> <p>IF RESPONDENT SAYS 'BOYFRIEND', ASK: Were you living together as if married? [IF ANSWER IS YES CIRCLE CODE 03]</p> | ONLY HAD SEX ONCE 01 HUSBAND 02 LIVE-IN PARTNER 03 FATHER 04 TOTAL STRANGER 05 BOYFRIEND NOT LIVING WITH 06 RESPONDENT 06 UNCLE 07 COUSIN 08 OTHER RELATIVE 09 HOUSE BOY 10 NEIGHBOUR 11 CLASSMATE 12 TEACHER 13 RELIGIOUS LEADER 14 OTHER 96 (SPECIFY) | → 626F |
| 626A | <p>When was the <u>last</u> time you had sexual intercourse?</p> <p>IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.</p> | DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4 | |
| 626B | <p>How old was the person you last had sexual intercourse with?</p> | AGE OF PARTNER DONT KNOW 998 | → 626E |
| 626C | <p>Was this person older than you, younger than you, or about the same age as you?</p> | OLDER 1 YOUNGER 2 ABOUT THE SAME AGE 3 DONT KNOW/DONT REMEMBER ... 8 | → 626E |
| 626D | <p>Would you say this person was ten or more years older than you or less than ten years older than you?</p> <p>IF 1 IN Q626C, CIRCLE ANY CODE FROM 01-03; IF 2, CIRCLE ANY CODE FROM 04-06</p> | TEN OR MORE YEARS OLDER 1 LESS THAN TEN YEARS OLDER ... 2 OLDER, UNSURE HOW MUCH 3 TEN OR MORE YEARS YOUNGER ... 4 LESS THAN TEN YEARS YOUNGER ... 5 YOUNGER, UNSURE HOW MUCH ... 6 | |
| 626E | <p>CHECK 301: MENTIONED <input type="checkbox"/> DID NOT MENTION <input type="checkbox"/> CONDOM</p> <p>The last time you had sex was a condom used? Some men use a condom i.e. a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p> | YES 1 NO 2 DONT KNOW 8 | |
| 626F | <p>CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> NOT IN UNION <input type="checkbox"/></p> | | → 626H |
| 626G | <p>Sometimes a woman may have sex with another man because circumstances force her to do so, or simply because she likes the other man.</p> <p>Have you had sex with anyone other than (your husband/the man you are living with) in the last 12 months?</p> | YES 1 NO 2 | → 626I |
| 626H | <p>In the last 12 months, how many different persons have you had sex with?</p> | NUMBER OF PERSONS DONT KNOW 98 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|-----------------|---------------|-----|----|---|---|-----|---|-----|---|------|---|---|------|-----|---|---|---|-----|---|---|---|---|----|---|---|---|---|--|
| 626I | <p>In your lifetime, how many different persons have you had sex with?</p> <p>IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE.</p> <p>IF NUMBER OF PARTNERS IS GREATER THAN 95, WRITE '95'.</p> | NUMBER OF LIFETIME <input type="text"/> <input type="text"/> PARTNERS REFUSED TO ANSWER 97 DONT KNOW 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 626J | <p>CHECK 601:</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px dashed black; padding: 5px;"> CURRENTLY MARRIED <input type="checkbox"/> /LIVING WITH A MAN ↓ The last time you had sex, was it with your husband/man you live with, a regular/steady partner, a casual acquaintance or someone else? </td> <td style="width: 50%; padding: 5px;"> NOT IN UNION <input type="checkbox"/> ↓ The last time you had sex, was it with a regular/steady partner, a casual acquaintance or someone else? </td> </tr> </table> | CURRENTLY MARRIED <input type="checkbox"/> /LIVING WITH A MAN ↓ The last time you had sex, was it with your husband/man you live with, a regular/steady partner, a casual acquaintance or someone else? | NOT IN UNION <input type="checkbox"/> ↓ The last time you had sex, was it with a regular/steady partner, a casual acquaintance or someone else? | HUSBAND/MAN LIVES WITH 1 REGULAR/STEADY PARTNER 2 ACQUAINTANCE 3 SOMEONE ELSE 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURRENTLY MARRIED <input type="checkbox"/> /LIVING WITH A MAN ↓ The last time you had sex, was it with your husband/man you live with, a regular/steady partner, a casual acquaintance or someone else? | NOT IN UNION <input type="checkbox"/> ↓ The last time you had sex, was it with a regular/steady partner, a casual acquaintance or someone else? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 626K | <p>Now I am going to read you a series of statements. After I read each statement, please tell me whether you agree with the statement, disagree with it or have no opinion one way or the other.</p> <p>i) If you ask your partner to use a condom, he would get angry or violent.</p> <p>ii) If you ask your partner to use a condom, he would think you are having sex with other people.</p> <p>iii) Using a condom is a sign of not trusting your partner</p> <p>iv) Your partner might be having sex with someone else.</p> <p>v) When you and your partner disagree, he gets his way most of the time</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">AGREE</th> <th style="text-align: center;">DISAGREE</th> <th style="text-align: center;">NO OPINION</th> </tr> </thead> <tbody> <tr> <td>i)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>ii)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>iii)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>iv)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> <tr> <td>v)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> </tr> </tbody> </table> | | AGREE | DISAGREE | NO OPINION | i) | 1 | 2 | 3 | ii) | 1 | 2 | 3 | iii) | 1 | 2 | 3 | iv) | 1 | 2 | 3 | v) | 1 | 2 | 3 | | | | | | | |
| | AGREE | DISAGREE | NO OPINION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii) | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii) | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv) | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v) | 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 626L | <p>Now, I am going to ask you a series of questions. After I ask each question please tell me whether it is your partner, whether it is both of you equally or whether it is just you.</p> <p>i) Who usually has more say about whether you have sex?</p> <p>ii) In general, who do you think has more power in your relationship?</p> <p>iii) Who usually has more say about whether you use condoms?</p> <p>iv) Who usually has more say when you talk about using family planning?</p> <p>v) Who usually has more say when you talk about the number of children you should have?</p> | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YOUR PARTNER</th> <th style="text-align: center;">BOTH EQUALLY</th> <th style="text-align: center;">YOU</th> <th style="text-align: center;">N/A</th> </tr> </thead> <tbody> <tr> <td>i)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>ii)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>iii)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>iv)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> <tr> <td>v)</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </tbody> </table> | | YOUR PARTNER | BOTH EQUALLY | YOU | N/A | i) | 1 | 2 | 3 | 4 | ii) | 1 | 2 | 3 | 4 | iii) | 1 | 2 | 3 | 4 | iv) | 1 | 2 | 3 | 4 | v) | 1 | 2 | 3 | 4 | |
| | YOUR PARTNER | BOTH EQUALLY | YOU | N/A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| i) | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ii) | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iii) | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| iv) | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| v) | 1 | 2 | 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 627 | <p>In the past 12 months, have you ever paid or received money or gifts in exchange for sex?</p> | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| SECTION 7. FERTILITY PREFERENCES | | | |
|----------------------------------|---|--|--------------------------|
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
| 701 | CHECK 309: NEITHER STERILIZED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/> | | 713 |
| 702 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> 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? Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children? | HAVE (A/ANOTHER) CHILD 01 NO MORE/NONE 02 SAYS SHE CAN'T GET PREGNANT . . . 03 UNDECIDED/DON'T KNOW AND PREGNANT 04 UNDECIDED/DON'T KNOW AND NOT PREGNANT OR UNSURE 05 | 704 713 709 708 |
| 703 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> How long would you like to wait from now before the birth of (a/another) child? After the birth of the child you are expecting now, how long would you like to wait before the birth of another child? | MONTHS 1 YEARS 2 SOON/NOW 992 SAYS SHE CAN'T GET PREGNANT 993 AFTER MARRIAGE 994 OTHER 996 (SPECIFY) DON'T KNOW 998 | 708 713 708 |
| 704 | CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/> | | 709 |
| 705 | CHECK 308: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/> | | 713 |
| 706 | CHECK 703: HOW LONG SHE WOULD LIKE TO WAIT BEFORE GETTING A/ANOTHER CHILD NOT ASKED <input type="checkbox"/> 24 OR MORE MONTHS OR 02 OR MORE YEARS <input type="checkbox"/> 00-23 MONTHS OR 00-01 YEAR <input type="checkbox"/> | | 709 |
| 707 | CHECK 702: WANTS TO HAVE A/ANOTHER CHILD <input type="checkbox"/> WANTS NO MORE/NONE <input type="checkbox"/> You have said that you want (a/another) child but you are not using any method to avoid pregnancy. Can you tell me why you are not using a method? Any other reason? CIRCLE ALL REASONS MENTIONED. | NOT MARRIED Y N 1 2 FERTILITY-RELATED REASONS NOT HAVING SEX 1 2 INFREQUENT SEX 1 2 MENOPAUSAL/HYSTERECTOMY 1 2 SUBFECUND/INFECUND . . . 1 2 POSTPARTUM AMENORRHEIC . 1 2 BREASTFEEDING 1 2 FATALISTIC 1 2 OPPOSITION TO USE RESPONDENT OPPOSED . . . 1 2 HUSBAND/PARTNER OPPOSED 1 2 OTHERS OPPOSED 1 2 RELIGIOUS PROHIBITION . . . 1 2 LACK OF KNOWLEDGE KNOWS NO METHOD 1 2 KNOWS NO SOURCE 1 2 METHOD-RELATED REASONS HEALTH CONCERNS 1 2 FEAR OF SIDE EFFECTS . . . 1 2 LACK OF ACCESS/TOO FAR . . 1 2 COSTS TOO MUCH 1 2 INCONVENIENT TO USE . . . 1 2 INTERFERES WITH BODY'S NORMAL PROCESSES . . . 1 2 OTHER (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|----------------|
| 707A | In the next few weeks, if you discovered that you were pregnant, would that be a big problem, a small problem, or no problem for you? | BIG PROBLEM..... 1 SMALL PROBLEM..... 2 NO PROBLEM..... 3 SAYS SHE CAN'T GET PREGNANT/ NOT HAVING SEX..... 4 | |
| 708 | CHECK 308: USING A CONTRACEPTIVE METHOD? NOT ASKED <input type="checkbox"/> NO, NOT CURRENTLY USING <input type="checkbox"/> YES, CURRENTLY USING <input type="checkbox"/> | | → 713 |
| 709 | Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future? | YES 1 NO 2 DONT KNOW 8 | → 711 → 713 |
| 710 | Which contraceptive method would you prefer to use? | FEMALE STERILIZATION 01 MALE STERILIZATION 02 IUD 03 INJECTABLES 04 IMPLANTS 05 PILL 06 CONDOM 07 FEMALE CONDOM 08 DIAPHRAGM 09 FOAM/JELLY 10 LACTATIONAL AMENORRHEA (LAM) 11 RHYTHM METHOD 12 WITHDRAWAL 13 OTHER 96 (SPECIFY) UNSURE 98 | → 713 |
| 711 | What is the main reason that you think you will not use a contraceptive method at any time in the future? | NOT MARRIED 11 FERTILITY-RELATED REASONS INFREQUENT SEX/NO SEX ... 22 MENOPAUSAL/HYSTERECTOMY 23 SUBFECUND/INFECUND 24 WANTS AS MANY CHILDREN AS POSSIBLE 26 OPPOSITION TO USE RESPONDENT OPPOSED 31 HUSBAND/PARTNER OPPOSED 32 OTHERS OPPOSED 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 COSTS TOO MUCH 54 INCONVENIENT TO USE 55 INTERFERES WITH BODY'S NORMAL PROCESSES 56 OTHER 96 (SPECIFY) DONT KNOW 98 | → 713 |
| 712 | Would you ever use a contraceptive method if you were married? | YES 1 NO 2 DONT KNOW 8 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|--|--|---------------------------|
| 713 | <p>CHECK 216:</p> <p>HAS LIVING CHILDREN <input type="checkbox"/> NO LIVING CHILDREN <input type="checkbox"/></p> <p>If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>If you could choose exactly the number of children to have in your whole life, how many would that be?</p> <p>PROBE FOR A NUMERIC RESPONSE.</p> | <p>NONE 91</p> <p>NUMBER <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p> | <p>→ 715</p> <p>→ 715</p> |
| 714 | <p>How many of these children would you like to be boys, how many would you like to be girls and for how many would the sex not matter?</p> | <p>NUMBER: BOYS <input type="text"/> <input type="text"/></p> <p>GIRLS <input type="text"/> <input type="text"/></p> <p>EITHER <input type="text"/> <input type="text"/></p> <p>OTHER 96 (SPECIFY)</p> | |
| 715 | <p>In the last one month have you:</p> <p>Heard about family planning on the radio?</p> <p>Seen about family planning on the television?</p> <p>Read about family planning in a newspaper, poster or magazine?</p> | <p>YES NO</p> <p>RADIO 1 2</p> <p>TELEVISION 1 2</p> <p>NEWSPAPER, POSTER OR MAGAZINE 1 2</p> | |
| 716 | <p>CHECK 601:</p> <p>YES, CURRENTLY MARRIED <input type="checkbox"/></p> <p>YES, LIVING WITH A MAN <input type="checkbox"/></p> <p>NO, NOT IN UNION <input type="checkbox"/></p> | | <p>→ 801</p> |
| 717 | <p>CHECK 309:</p> <p>CODE B, G, OR M CIRCLED <input type="checkbox"/></p> <p>NO CODE CIRCLED <input type="checkbox"/></p> <p>OTHER <input type="checkbox"/></p> | | <p>→ 720</p> <p>→ 720</p> |
| 718 | <p>Does your husband/partner know that you are using a method of family planning?</p> | <p>YES 1</p> <p>NO 2</p> <p>DON'T KNOW 8</p> | |
| 719 | <p>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?</p> | <p>APPROVES 1</p> <p>DISAPPROVES 2</p> <p>DOES NOT KNOW 8</p> | |
| 719A | <p>How often have you talked to your husband/partner about family planning in the past year?</p> | <p>NEVER 1</p> <p>ONCE OR TWICE 2</p> <p>MORE OFTEN 3</p> | |
| 720 | <p>CHECK 309:</p> <p>NEITHER STERILIZED <input type="checkbox"/></p> <p>HE OR SHE STERILIZED <input type="checkbox"/></p> | | <p>→ 801</p> |
| 721 | <p>Does your husband/partner want the same number of children that you want, or does he want more or fewer than you want?</p> | <p>SAME NUMBER 1</p> <p>MORE CHILDREN 2</p> <p>FEWER CHILDREN 3</p> <p>DON'T KNOW 8</p> | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|------------------|
| 814 | Are you self-employed or do you do this work for a member of your family, for someone else? | SELF-EMPLOYED 1 FOR FAMILY MEMBER 2 FOR SOMEONE ELSE 3 | |
| 815 | Do you usually work at home or away from home? | HOME 1 AWAY 2 | |
| 815A | How long did you do/have you been doing this particular work? IF LESS THAN 12 MONTHS RECORD IN MONTHS, OTHERWISE RECORD IN YEARS. | MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> | |
| 816 | 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 | → 816D → 816C |
| 816A | During the last 12 months, how many months did you work? IF NUMBER NOT KNOWN RECORD 98 | NUMBER OF MONTHS <input type="text"/> <input type="text"/> | |
| 816B | In the months you worked, how many days a week did you usually work? IF NUMBER NOT KNOWN RECORD 98 | NUMBER OF DAYS <input type="text"/> <input type="text"/> | |
| 816C | During the last 12 months, approximately how many days did you work? IF NUMBER NOT KNOWN RECORD 98 | NUMBER OF DAYS ... <input type="text"/> <input type="text"/> <input type="text"/> | |
| 816D | On average, how many hours do you/did you spend on this work each day? | NUMBER OF HOURS <input type="text"/> <input type="text"/> | |
| 817 | Are you paid in cash or kind for this work or are you not paid at all? IF NUMBER NOT KNOWN RECORD 98 | CASH ONLY 1 CASH AND KIND 2 IN KIND ONLY 3 NOT PAID 4 | → 819 |
| 818 | How much do you earn for this work per month? Is it: 01 Less than 1000 shillings? 98 DON'T KNOW 02 1000-3000 shillings? 03 3001-4000 shillings? 04 4001-5000 shillings? 05 5001-10000 shillings? 06 More than 10000 shillings? | TOTAL EARNINGS <input type="text"/> <input type="text"/> | |
| 819 | CHECK 817: CODE 1 OR 2 CIRCLED <input type="checkbox"/> OTHER <input type="checkbox"/> | | → 822 |
| 820 | CHECK 601: CURRENTLY MARRIED/LIVING WITH A MAN <input type="checkbox"/> Who usually decides how the money you earn will be used: mainly you, mainly your husband/partner, or you and your husband/partner jointly or someone else or you and someone else jointly? NOT IN UNION <input type="checkbox"/> Who usually decides how the money you earn will be used: mainly you, mainly someone else or you and someone else jointly? [SKIP TO 828] | RESPONDENT 01 HUSBAND/PARTNER 02 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 03 SOMEONE ELSE 04 RESPONDENT AND SOMEONE ELSE ... 05 OTHER 96 (SPECIFY) | |
| 821 | Would you say that the money that you earn is more than what your husband/partner earns, less than what he earns, or about the same? | MORE THAN HIM 1 LESS THAN HIM 2 ABOUT THE SAME 3 HUSBAND/PARTNER DOESN'T BRING IN ANY MONEY 4 DON'T KNOW 8 | → 823 |
| 822 | Who usually decides how your husband's/partner's earnings will be used: you, your husband/partner, or you and your husband/partner jointly? | RESPONDENT 01 HUSBAND/PARTNER 02 RESPONDENT AND HUSBAND/PARTNER JOINTLY ... 03 JOINTLY WITH SOMEONE ELSE 04 HUSBAND/PARTNER HAS NO EARNINGS 05 OTHER 96 (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|--|------|
| 823 | Who usually makes decisions about health care for yourself: you, your husband/partner, you and your husband/partner jointly, or someone else? | RESPONDENT 01 HUSBAND/PARTNER 2 RESPONDENT AND HUSBAND/ PARTNER JOINTLY 03 SOMEONE ELSE 04 JOINTLY WITH SOMEONE ELSE 05 OTHER 96 (SPECIFY) | |
| 824 | Who usually makes decisions about making major household purchases? | RESPONDENT 01 HUSBAND/PARTNER 02 RESPONDENT AND HUSBAND/ PARTNER JOINTLY 03 SOMEONE ELSE 04 JOINTLY WITH SOMEONE ELSE 05 OTHER 96 (SPECIFY) | |
| 825 | Who usually makes decisions about making purchases for daily household needs? | RESPONDENT 01 HUSBAND/PARTNER 02 RESPONDENT AND HUSBAND/ PARTNER JOINTLY 03 SOMEONE ELSE 04 JOINTLY WITH SOMEONE ELSE 05 OTHER 96 (SPECIFY) | |
| 826 | Who usually makes decisions about visits to your family or relatives? | RESPONDENT 01 HUSBAND/PARTNER 02 RESPONDENT AND HUSBAND/ PARTNER JOINTLY 03 SOMEONE ELSE 04 JOINTLY WITH SOMEONE ELSE 05 OTHER 96 (SPECIFY) | |
| 827 | Who usually makes decisions about what food should be cooked each day? | RESPONDENT 01 HUSBAND/PARTNER 02 RESPONDENT AND HUSBAND/ PARTNER JOINTLY 03 SOMEONE ELSE 04 JOINTLY WITH SOMEONE ELSE 05 OTHER 96 (SPECIFY) | |
| 828 | PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT) | PRES./ PRES./ NOT LISTEN. NOT PRES. LISTEN. CHILDREN < 10 1 2 3 HUSBAND 1 2 3 OTHER MALES 1 2 3 OTHER FEMALES ... 1 2 3 | |
| 829 | Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations: i) If she goes out without telling him? ii) If she neglects the children? iii) If she argues with him? iv) If she refuses to have sex with him? v) If she burns the food? | YES NO DK GOES OUT 1 2 8 NEGL. CHILDREN ... 1 2 8 ARGUES 1 2 8 REFUSES SEX 1 2 8 BURNS FOOD 1 2 8 | |
| 830 | If a wife refuses to have sex with her husband when he wants to; do you think the husband is justified to: i) Get angry and reprimand her? ii) Refuse to give her money or other support? iii) Force her to have sex even though she doesn't want? iv) Have sex with another woman? | YES NO DK i) GET ANGRY 1 2 8 ii) REFUSE MONEY 1 2 8 iii) USE FORCE 1 2 8 iv) HAVE SEX WITH 1 2 8 ANOTHER WOMAN | |

| SECTION 9. HIV/AIDS AND OTHER STIs | | | |
|------------------------------------|---|---|-------|
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
| 901 | Now I would like to talk about something else. Have you heard about diseases that can be transmitted through sex? | YES 1 NO 2 | → 913 |
| 902 | Which diseases have you heard of? PROBE: Any other? | YES NO a SYPHILIS 1 2 b GONORRHEA 1 2 c HIV/AIDS 1 2 d GENITAL WARTS 1 2 e OTHER _____ (SPECIFY) f OTHER _____ (SPECIFY) | |
| 903 | CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> | | → 912 |
| 904 | During the last 12 months, did you have any of these diseases? | YES 1 NO 2 | → 912 |
| 905 | Which of the diseases did you have? PROBE: ANY OTHER? CIRCLE ALL RESPONSES | YES NO a SYPHILIS 1 2 b GONORRHEA 1 2 c HIV/AIDS 1 2 d GENITAL WARTS 1 2 e OTHER _____ (SPECIFY) f OTHER _____ (SPECIFY) | |
| 906 | The last time you had (DISEASE(S) FROM 905) did you seek advice or treatment? | YES 1 NO 2 | → 908 |
| 907 | Where did you last seek advice or treatment? | PUBLIC SECTOR GOVT. HOSPITAL 01 GOVT. HEALTH CENTER 02 GOVT. DISPENSARY 03 PRIVATE SECTOR MISSION HOSP/CLINIC 04 OTHER PRIVATE HOS/CLINIC 05 PHARMACY 06 PRIVATE DOCTOR 07 MOBILE CLINIC 08 COMM. BASED DISTRIBUTOR 09 COMM. HEALTH WORKER 10 OTHER SOURCE SHOP 11 HERBALIST/TRAD. PRACT. 12 RELATIVE/FRIEND 13 OTHER _____ 96 (SPECIFY) | → 909 |
| 908 | Why did you not seek treatment? | HAD NO MONEY 01 DIDN'T KNOW WHERE TO GO 02 DIDN'T WANT ANYONE TO KNOW ... 03 SELF MEDICATION/KNEW WHAT TO DO ... 04 EMBARASSED 05 OTHER _____ 96 (SPECIFY) | |
| 909 | When you had (DISEASE(S) FROM 905) did you inform your partners? | YES 1 NO 2 | |
| 910 | When you had (DISEASE(S) FROM 905) did you do something not to infect your partner(s)? | YES 1 NO 2 PARTNER ALREADY INFECTED 3 | → 912 |
| 911 | What did you do? ANY OTHER? | YES NO NO SEXUAL INTERCOURSE 1 2 USED CONDOMS 1 2 TOOK MEDICINES 1 2 OTHER _____ (SPECIFY) | |
| 912 | CHECK 902: DID NOT MENTION HIV/AIDS <input type="checkbox"/> MENTIONED HIV/AIDS <input type="checkbox"/> | | → 916 |
| 913 | Have you ever heard of an illness called HIV/AIDS? | YES 1 NO 2 | → 924 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|--|----------------------------|-----|-----------------------------|---------------------------------|---------------------------|---|---------------------------------|---|---------------------|----------------------------|---|---|----------------------------------|---|---|----------------------------------|---|---|----------------------------|---|---|--------------------------|---|---|-------------------------------|---|---|---------------------------------|---|---|--------------------------------|---|---|-------------------------|---|---|-------------------------------|---|---|---------------------|-----------|---|----------------------|-----------|--|--------------------------|-------------|-----------|-------------|--|--|--|-----------|--|--|
| 914 | From which sources of information have you learned about HIV/AIDS? PROBE: ANY OTHER SOURCES? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> </tr> </thead> <tbody> <tr> <td>RADIO</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>TV</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NEWSPAPERS/MAGAZINES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>PAMPHLETS/POSTERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HEALTH WORKERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOSQUES/CHURCHES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SCHOOLS/TEACHERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>COMMUNITY MEETINGS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>FRIENDS/RELATIVES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>WORK PLACE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DRAMA/PERFORMANCE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table> | | YES | NO | RADIO | 1 | 2 | TV | 1 | 2 | NEWSPAPERS/MAGAZINES | 1 | 2 | PAMPHLETS/POSTERS | 1 | 2 | HEALTH WORKERS | 1 | 2 | MOSQUES/CHURCHES | 1 | 2 | SCHOOLS/TEACHERS | 1 | 2 | COMMUNITY MEETINGS | 1 | 2 | FRIENDS/RELATIVES | 1 | 2 | WORK PLACE | 1 | 2 | DRAMA/PERFORMANCE | 1 | 2 | OTHER _____ | | | | (SPECIFY) | | | | | | | | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RADIO | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TV | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NEWSPAPERS/MAGAZINES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PAMPHLETS/POSTERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HEALTH WORKERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOSQUES/CHURCHES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SCHOOLS/TEACHERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| COMMUNITY MEETINGS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRIENDS/RELATIVES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WORK PLACE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DRAMA/PERFORMANCE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 915 | How can a person get HIV/AIDS? Probe: Any other ways? RECORD ALL MENTIONED | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Yes</th> <th style="text-align: center;">No</th> </tr> </thead> <tbody> <tr> <td>SEXUAL INTERCOURSE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEX WITH MULTIPLE PARTNERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEX WITH PROSTITUTES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEX WITH INFECTED PERSON</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>NOT USING CONDOMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>HOMOSEXUAL CONTACT</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOTHER TO CHILD</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>BLOOD TRANSFUSION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SHARING RAZOR BLADES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>INJECTIONS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>KISSING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>MOSQUITO BITES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td></td> <td>OTHER _____</td> <td style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table> | | Yes | No | SEXUAL INTERCOURSE | 1 | 2 | SEX WITH MULTIPLE PARTNERS | 1 | 2 | SEX WITH PROSTITUTES | 1 | 2 | SEX WITH INFECTED PERSON | 1 | 2 | NOT USING CONDOMS | 1 | 2 | HOMOSEXUAL CONTACT | 1 | 2 | MOTHER TO CHILD | 1 | 2 | BLOOD TRANSFUSION | 1 | 2 | SHARING RAZOR BLADES | 1 | 2 | INJECTIONS | 1 | 2 | KISSING | 1 | 2 | MOSQUITO BITES | 1 | 2 | OTHER _____ | | | | (SPECIFY) | | | OTHER _____ | (SPECIFY) | | | | | | | |
| | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEXUAL INTERCOURSE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEX WITH MULTIPLE PARTNERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEX WITH PROSTITUTES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEX WITH INFECTED PERSON | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NOT USING CONDOMS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOMOSEXUAL CONTACT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTHER TO CHILD | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BLOOD TRANSFUSION | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHARING RAZOR BLADES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INJECTIONS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| KISSING | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOSQUITO BITES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | OTHER _____ | (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 916 | Is there anything a person can do to avoid getting HIV/AIDS or the virus? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DONT KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | DONT KNOW | 8 | 918 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DONT KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 917 | What can a person do? Probe: Anything else? CIRCLE ALL MENTIONED | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>LIMIT NUMBER OF SEX PARTNERS ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>USE CONDOMS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>ABSTAIN FROM SEX</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>REMAIN FAITHFUL TO PARTNER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AVOID SEX WITH PROSTITUTES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AVOID SEX WITH PERSONS WHO</td> <td></td> <td></td> </tr> <tr> <td> HAVE MANY PARTNERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AVOID SEX WITH HOMOSEXUALS ..</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AVOID SEX WITH DRUG USERS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AVOID BLOOD TRANSFUSIONS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AVOID INJECTIONS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AVOID SHARING RAZORS/BLADES .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>AVOID KISSING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>SEEK PROTECTION FROM</td> <td></td> <td></td> </tr> <tr> <td> TRADITIONAL HEALER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>OTHER _____</td> <td></td> <td></td> </tr> <tr> <td></td> <td colspan="2" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table> | | Y | N | LIMIT NUMBER OF SEX PARTNERS .. | 1 | 2 | USE CONDOMS | 1 | 2 | ABSTAIN FROM SEX | 1 | 2 | REMAIN FAITHFUL TO PARTNER | 1 | 2 | AVOID SEX WITH PROSTITUTES | 1 | 2 | AVOID SEX WITH PERSONS WHO | | | HAVE MANY PARTNERS | 1 | 2 | AVOID SEX WITH HOMOSEXUALS .. | 1 | 2 | AVOID SEX WITH DRUG USERS | 1 | 2 | AVOID BLOOD TRANSFUSIONS | 1 | 2 | AVOID INJECTIONS | 1 | 2 | AVOID SHARING RAZORS/BLADES . | 1 | 2 | AVOID KISSING | 1 | 2 | SEEK PROTECTION FROM | | | TRADITIONAL HEALER | 1 | 2 | OTHER _____ | | | | (SPECIFY) | | |
| | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIMIT NUMBER OF SEX PARTNERS .. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USE CONDOMS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABSTAIN FROM SEX | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REMAIN FAITHFUL TO PARTNER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVOID SEX WITH PROSTITUTES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVOID SEX WITH PERSONS WHO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE MANY PARTNERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVOID SEX WITH HOMOSEXUALS .. | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVOID SEX WITH DRUG USERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVOID BLOOD TRANSFUSIONS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVOID INJECTIONS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVOID SHARING RAZORS/BLADES . | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AVOID KISSING | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SEEK PROTECTION FROM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRADITIONAL HEALER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 918 | Is it possible for a healthy-looking person to have the HIV/AIDS virus? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DONT KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | DONT KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DONT KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 919 | Can the virus that causes AIDS be transmitted from a mother to her baby: a) During pregnancy? b) During delivery? c) By breastfeeding? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">DK</th> </tr> </thead> <tbody> <tr> <td>DURING PREG.</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>DURING DELIVERY ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> <tr> <td>BREASTFEEDING ...</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | | YES | NO | DK | DURING PREG. | 1 | 2 | 8 | DURING DELIVERY ... | 1 | 2 | 8 | BREASTFEEDING ... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | YES | NO | DK | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DURING PREG. | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DURING DELIVERY ... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| BREASTFEEDING ... | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 920 | Would you buy fresh vegetables from a shopkeeper or vendor if you knew that he/she had the AIDS virus? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DONT KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | DONT KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DONT KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 921 | If a member of your family got infected with the AIDS virus, would you want it to remain a secret or not? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES, REMAIN A SECRET</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DK/NOT SURE/DEPENDS</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | YES, REMAIN A SECRET | 1 | NO | 2 | DK/NOT SURE/DEPENDS | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES, REMAIN A SECRET | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DK/NOT SURE/DEPENDS | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 922 | If a member of your family became sick with AIDS, would you be willing to care for her or him in your own household? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DK/NOT SURE/DEPENDS</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | DK/NOT SURE/DEPENDS | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| YES | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DK/NOT SURE/DEPENDS | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 923 | In your opinion, if a teacher has the AIDS virus but is not sick, should he/she be allowed to continue teaching in the school? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>SHOULD BE ALLOWED</td> <td style="text-align: center;">1</td> </tr> <tr> <td>SHOULD NOT BE ALLOWED</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DK/NOT SURE/DEPENDS</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | SHOULD BE ALLOWED | 1 | SHOULD NOT BE ALLOWED | 2 | DK/NOT SURE/DEPENDS | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHOULD BE ALLOWED | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SHOULD NOT BE ALLOWED | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DK/NOT SURE/DEPENDS | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 924 | Husbands and wives do not always agree on everything. If a husband knows his wife has a disease that he can get during sexual intercourse, is he justified in refusing to have sex with her? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>YES</td> <td style="text-align: center;">1</td> </tr> <tr> <td>NO</td> <td style="text-align: center;">2</td> </tr> <tr> <td>DONT KNOW</td> <td style="text-align: center;">8</td> </tr> </tbody> </table> | YES | 1 | NO | 2 | DONT KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| DONT KNOW | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------------------------|---|--|----------------|-----|----|--------------------------|---|---|-----------------------------|---|---|--------------------------------|---|---|---------------------------------|---|---|-----------------------------|---|---|-----------------------------|---|---|--------------------------------|---|---|-----------------------------|---|---|----------------|---|---|--------------------------|---|---|-------------|---|---|-----------|--|--|-------------|---|---|-----------|--|--|---------------------------|---|---|--|
| 925 | If a husband knows his wife has a disease that he can get during sexual intercourse, is he justified in asking that they use a condom when they have sex? | YES 1 NO 2 DONT KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 926 | Is a wife justified in refusing to have sex with her husband when she is tired or not in the mood? | YES 1 NO 2 DONT KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 927 | Is a wife justified in refusing to have sex with her husband when she knows her husband has sex with women other than his wife/wives? | YES 1 NO 2 DONT KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 928 | Can HIV/AIDS be cured? | YES 1 NO 2 DONT KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 929 | Do you personally know someone who has HIV/AIDS or has died of AIDS? | YES 1 NO 2 DONT KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 930 | Do you think your chances of getting HIV/AIDS are small, moderate, great or you have no risk at all? | SMALL 1 MODERATE 2 GREAT 3 NO RISK AT ALL 4 DONT KNOW 8 | → 932 → 933 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 931 | Why do you think you have NO RISK/A SMALL CHANCE of getting AIDS? Any other reasons? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>ABSTAIN FROM SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>USE CONDOMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAVE ONLY ONE SEX PARTNER</td> <td>1</td> <td>2</td> </tr> <tr> <td>LIMITED # OF SEX PARTNERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>SPOUSE HAS NO OTHER PARTNER</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO HOMOSEXUAL CONTACT</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO BLOOD TRANSFUSIONS</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO INJECTIONS</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table> | | YES | NO | ABSTAIN FROM SEX | 1 | 2 | USE CONDOMS | 1 | 2 | HAVE ONLY ONE SEX PARTNER | 1 | 2 | LIMITED # OF SEX PARTNERS | 1 | 2 | SPOUSE HAS NO OTHER PARTNER | 1 | 2 | NO HOMOSEXUAL CONTACT | 1 | 2 | NO BLOOD TRANSFUSIONS | 1 | 2 | NO INJECTIONS | 1 | 2 | OTHER _____ | 1 | 2 | (SPECIFY) | | | → 933 | | | | | | | | | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ABSTAIN FROM SEX | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| USE CONDOMS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE ONLY ONE SEX PARTNER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIMITED # OF SEX PARTNERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPOUSE HAS NO OTHER PARTNER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO HOMOSEXUAL CONTACT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO BLOOD TRANSFUSIONS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO INJECTIONS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 932 | Why do you think you have a MODERATE/GREAT chance of getting AIDS? Any other reasons? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>DO NOT USE CONDOMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>MORE THAN ONE PARTNER</td> <td>1</td> <td>2</td> </tr> <tr> <td>MANY SEX PARTNERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>SPOUSE HAS OTHER PARTNERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>HOMOSEXUAL CONTACT</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD BLOOD TRANSFUSION</td> <td>1</td> <td>2</td> </tr> <tr> <td>HAD INJECTIONS</td> <td>1</td> <td>2</td> </tr> <tr> <td>SUSPECT SPOUSE HAS APARTNER</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table> | | YES | NO | DO NOT USE CONDOMS | 1 | 2 | MORE THAN ONE PARTNER | 1 | 2 | MANY SEX PARTNERS | 1 | 2 | SPOUSE HAS OTHER PARTNERS | 1 | 2 | HOMOSEXUAL CONTACT | 1 | 2 | HAD BLOOD TRANSFUSION | 1 | 2 | HAD INJECTIONS | 1 | 2 | SUSPECT SPOUSE HAS APARTNER | 1 | 2 | OTHER _____ | 1 | 2 | (SPECIFY) | | | | | | | | | | | | | | | | | | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO NOT USE CONDOMS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MORE THAN ONE PARTNER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MANY SEX PARTNERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPOUSE HAS OTHER PARTNERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HOMOSEXUAL CONTACT | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAD BLOOD TRANSFUSION | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAD INJECTIONS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUSPECT SPOUSE HAS APARTNER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 933 | Since you heard of HIV/AIDS, have you changed your behaviour to avoid getting HIV/AIDS? IF YES: What did you do? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>DIDN'T START SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOPPED ALL SEX</td> <td>1</td> <td>2</td> </tr> <tr> <td>STARTED USING CONDOMS</td> <td>1</td> <td>2</td> </tr> <tr> <td>RESTRICTED SEX TO ONE _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>PARTNER</td> <td>1</td> <td>2</td> </tr> <tr> <td>REDUCED NUMBER OF PARTNERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>ASK SPOUSE TO BE FAITHFUL</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO MORE HOMOSEXUAL _____</td> <td>1</td> <td>2</td> </tr> <tr> <td>CONTACTS</td> <td>1</td> <td>2</td> </tr> <tr> <td>STOPPED INJECTIONS</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td>OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> <tr> <td>NO BEHAVIOUR CHANGE</td> <td>1</td> <td>2</td> </tr> </tbody> </table> | | YES | NO | DIDN'T START SEX | 1 | 2 | STOPPED ALL SEX | 1 | 2 | STARTED USING CONDOMS | 1 | 2 | RESTRICTED SEX TO ONE _____ | 1 | 2 | PARTNER | 1 | 2 | REDUCED NUMBER OF PARTNERS | 1 | 2 | ASK SPOUSE TO BE FAITHFUL | 1 | 2 | NO MORE HOMOSEXUAL _____ | 1 | 2 | CONTACTS | 1 | 2 | STOPPED INJECTIONS | 1 | 2 | OTHER _____ | 1 | 2 | (SPECIFY) | | | OTHER _____ | 1 | 2 | (SPECIFY) | | | NO BEHAVIOUR CHANGE | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIDN'T START SEX | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOPPED ALL SEX | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STARTED USING CONDOMS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESTRICTED SEX TO ONE _____ | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PARTNER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| REDUCED NUMBER OF PARTNERS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASK SPOUSE TO BE FAITHFUL | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO MORE HOMOSEXUAL _____ | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CONTACTS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STOPPED INJECTIONS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OTHER _____ | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NO BEHAVIOUR CHANGE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-----|--|---|--------------|
| 934 | CHECK 902 AND 913: KNOWS HIV/AIDS <input type="checkbox"/> DOES NOT KNOW HIV/AIDS <input type="checkbox"/> | | 1001 |
| 935 | Have you ever been tested to see if you have the HIV/AIDS virus? | YES 1 NO 2 DON'T KNOW/UNSURE 8 | 942 |
| 936 | The last time you had the test, did you yourself ask for the test, was it offered to you and you accepted or was it required? | RESPONDENT ASKED FOR THE TEST . 1 OFFERED AND ACCEPTED 2 REQUIRED 3 | |
| 937 | What was the main reason you got tested the last time? | TO KNOW STATUS 01 PREGNANT/ PRENATAL 02 I'M SEXUALLY ACTIVE 03 ENCOURAGED BY COUNSELOR 04 ENCOURAGED BY PEER EDUCATOR ... 05 ENCOURAGED BY PARENTS 06 OR FAMILY 06 ENCOURAGED BY PEERS 07 TO GET MARRIED 08 PARTNER TOLD ME TO DO SO 09 CONCERN ABOUT A PARTNER 10 REQUIRED TO GET A JOB 11 OTHER 96 (SPECIFY) | |
| 938 | Where did you go for the test the last time? | GOVERNMENT CLINIC/HOSPITAL 01 PRIVATE CLINIC/HOSPITAL/DOCTOR ... 02 NGO CLINIC 03 DRUG SHOP/PHARMACY 04 MOBILE CLINIC 05 VCT CENTER 06 PART OF A RESEARCH STUDY 07 OTHER 96 (SPECIFY) | |
| 939 | At any time during that last test, did you get any counseling about ways of protecting yourself or your partner from HIV/AIDS? | YES 1 NO 2 | |
| 940 | I don't want to know the results, but did you get the results of that test? | YES 1 NO 2 REFUSED TO ANSWER 7 | 1001 1001 |
| 941 | What is the main reason you did not get the results? | I'M NOT AT RISK 1 SCARED TO KNOW STATUS 2 SOMEONE MIGHT SEE ME 3 JUST DON'T WANT TO KNOW 4 INDIFFERENT/DON'T CARE 5 OTHER 6 (SPECIFY) | 1001 |
| 942 | What is the main reason you have not been tested yet? | NEVER HAD SEX 00 NOT SEXUALLY ACTIVE 01 NOT AT RISK FOR OTHER REASONS . 02 DO NOT KNOW WHERE TO GO 03 COSTS TOO MUCH 04 CAN GET INFECTION FROM TEST 05 DON'T WANT TO KNOW STATUS 06 SOMEONE MIGHT SEE ME 07 TRUST MYSELF 08 AFRAID TO KNOW STATUS 09 OTHER 96 (SPECIFY) | |
| 943 | Would you want to be tested for the AIDS virus? | YES 1 NO 2 DON'T KNOW 8 | |

| SECTION 10. OTHER HEALTH ISSUES | | | |
|---------------------------------|---|--|--------|
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
| 1001 | Have you ever heard of an illness called tuberculosis or TB? | YES 1 NO 2 | → 1005 |
| 1002 | How does tuberculosis spread from one person to another? PROBE: Any other ways? RECORD ALL MENTIONED. | THROUGH THE AIR WHEN <input type="checkbox"/> Y <input type="checkbox"/> N COUGHING OR SNEEZING ... 1 2 THROUGH SHARING UTENSILS . 1 2 THROUGH TOUCHING A <input type="checkbox"/> PERSON WITH TB 1 2 THROUGH FOOD 1 2 THROUGH SEXUAL CONTACT . 1 2 THROUGH MOSQUITO BITES ... 1 2 OTHER _____ (SPECIFY) | |
| 1003 | Can tuberculosis be cured? | YES 1 NO 2 DON'T KNOW 8 | |
| 1004 | If a member of your family got tuberculosis, would you want it to remain a secret or not? | YES, REMAIN A SECRET 1 NO 2 DON'T KNOW/NOT SURE/DEPENDS ... 8 | |
| 1005 | Have you ever smoked cigarettes? | YES 1 NO 2 | → 1007 |
| 1005a | Do you currently smoke cigarettes? FW: IF RESPONSE IS NO, ASK 1005b THEN SKIP TO 1007 | YES 1 NO 2 | |
| 1005b | For how long have/did you smoke cigarettes? IF LESS THAN 12 MONTHS RECORD MONTHS OTHERWISE RECORD IN YEARS | MONTHS 1 <input type="text"/> <input type="text"/> YEARS 2 <input type="text"/> <input type="text"/> | |
| 1006 | In the last 24 hours, how many cigarettes did you smoke? | CIGARETTES <input type="text"/> <input type="text"/> | |
| 1007 | Do you currently smoke or use any other type of tobacco? | YES 1 NO 2 | → 1009 |
| 1008 | What (other) type of tobacco do you currently smoke or use? RECORD ALL MENTIONED. | PIPE TOBACCO 1 2 CHEWING TOBACCO 1 2 SNUFF 1 2 OTHER _____ (SPECIFY) | |
| 1009 | Are you covered by any health insurance? | YES 1 NO 2 | → 1011 |
| 1010 | What type of health insurance? RECORD ALL MENTIONED. | MUTUAL HEALTH ORGANIZ/ <input type="checkbox"/> Yes <input type="checkbox"/> No COMMUNITY-BASED HEALTH <input type="checkbox"/> INSURANCE 1 2 HEALTH INSURANCE THROUGH <input type="checkbox"/> EMPLOYER 1 2 NHIF 1 2 OTHER PRIVATELY PURCHASED <input type="checkbox"/> COMMERCIAL HEALTH <input type="checkbox"/> INSURANCE 1 2 JAMII BORA HEALTH INSURANCE 1 2 OTHER _____ (SPECIFY) | |
| 1011 | Sometimes a woman can have a problem such that she experiences a constant leakage of urine or stool from her vagina during the day and night. This problem usually occurs after a difficult childbirth, but may also occur after a sexual assault or after a pelvic surgery. Have you ever experienced this problem? | YES 1 NO 2 | → 1017 |
| 1012 | When did this problem occur? | AFTER DELIVERY 1 AFTER SEXUAL ASSAULT 2 AFTER PELVIC SURGERY 3 OTHER EVENT 6 (SPECIFY) | → 1015 |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------------------------------------|---|--|--------|
| 1013 | Did this problem occur after an uncomplicated delivery, after a difficult delivery where the child was born alive, or after a difficult delivery where the child was stillborn? | UNCOMPLICATED DELIVERY 1 DIFF DELIVERY, LIVEBORN 2 DIFF DELIVERY, STILLBORN 3 | |
| 1014 | After which delivery did this occur? | DELIVERY NUMBER: <input type="text"/> | |
| 1015 | How many days after (ANSWER TO 1014) did the leakage start? IF MORE THAN 99 DAYS, WRITE '99'; WRITE 98 IF DON'T KNOW | NUMBER OF DAYS AFTER PRECIPITATING EVENT <input type="text"/> | |
| 1016 | Have you sought treatment for this condition? | YES 1 NO 2 | |
| 1017 | In some cultures, girls are circumcised. Have you ever been circumcised? | YES 1 NO 2 REFUSED 7 | → 1019 |
| 1018 | How old were you when you got circumcised? IF AGE IS LESS THAN 1 YEAR, ENTER 00 | AGE AT CIRCUMCISION <input type="text"/> REFUSED TO ANSWER 97 DON'T KNOW 98 | |
| 1019 | CHECK Q203 & 205: HAS AT LEAST ONE LIVING DAUGHTER <input type="checkbox"/> HAS NO LIVING DAUGHTER <input type="checkbox"/> | | → 1021 |
| 1020 | Do you intend to have your daughter(s) circumcised? | YES 1 NO 2 DAUGHTER(S) ALREADY CIRCUMCISED 3 DON'T KNOW 8 | |
| 1021 | Do you approve of the circumcision of girls? | YES 1 NO 2 | |
| 1022 | What benefits do girls themselves get if they are circumcised? PROBE: Any other? | YES NO CLEANLINESS/HYGIENE 1 2 SOCIAL ACCEPTANCE 1 2 BETTER MARRIAGE PROSPECTS 1 2 PRESERVE VIRGINITY/PREVENT PREMARITAL SEX 1 2 MORE SEXUAL PLEASURE FOR THE MAN 1 2 RELIGIOUS APPROVAL 1 2 OTHER _____ (SPECIFY) NO BENEFITS 1 2 | |
| SECTION 11. GENERAL MATTERS | | | |
| 1101 | What are the general/basic needs of people in this community? PROBE: Any other? | Y N 01 HOUSING 1 2 02 JOBS 1 2 03 EDUCATION 1 2 04 WATER 1 2 05 HEALTH SERVICES 1 2 06 FOOD 1 2 07 ROADS 1 2 08 TOILETS 1 2 09 SECURITY 1 2 10 GARBAGE/SEWAGE DISPOSAL 1 2 11 OTHER _____ (SPECIFY) | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------------|---|--|-----------------|----|------------|-------------------|------------|----|----------------------|----|-----------------|-----------------------------|------------------|----|-------------------|---|---|--------------------------|---|---|-------------------------|---|---|--------------------------|---|---|-------------------|---|---|------------------|---|---|----------------|--|--|-----------|--|--|--|
| 1101a | What is the major general/basic need of people in this community? GET CODE FROM 1101 | MOST IMPORTANT NEED <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1102 | What are the general health problems/concerns of people in this community? PROBE: Any other? | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>01 TOILETS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>02 HEALTH CARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>03 HEALTH FACILITIES</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>04 CHOLERA</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>05 WATER</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>06 HIV/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>07 STIs</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>08 DRAINAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>09 GARBAGE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>10 OTHER _____</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table> | | Y | N | 01 TOILETS | 1 | 2 | 02 HEALTH CARE | 1 | 2 | 03 HEALTH FACILITIES | 1 | 2 | 04 CHOLERA | 1 | 2 | 05 WATER | 1 | 2 | 06 HIV/AIDS | 1 | 2 | 07 STIs | 1 | 2 | 08 DRAINAGE | 1 | 2 | 09 GARBAGE | 1 | 2 | 10 OTHER _____ | | | (SPECIFY) | | | |
| | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 TOILETS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 HEALTH CARE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 HEALTH FACILITIES | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 CHOLERA | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 WATER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 HIV/AIDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 STIs | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 DRAINAGE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 09 GARBAGE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1102a | What is the major health problem/concern of people in this community? GET CODE FROM 1102 | MOST IMPORTANT NEED <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1103 | What are the reproductive health problems/needs of people in this community? PROBE: Any other? (PROBE BY MENTIONING RH PROBLEMS IN OPTIONS) | <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>01 HIV/AIDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>02 STDS</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>03 UNWANTED PREGNANCY</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>04 ABORTION</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>05 FAMILY PLANNING</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>06 ANTENATAL CARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>07 POST NATAL CARE</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>08 OTHER _____</td> <td></td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">(SPECIFY)</td> </tr> </tbody> </table> | | Y | N | 01 HIV/AIDS | 1 | 2 | 02 STDS | 1 | 2 | 03 UNWANTED PREGNANCY | 1 | 2 | 04 ABORTION | 1 | 2 | 05 FAMILY PLANNING | 1 | 2 | 06 ANTENATAL CARE | 1 | 2 | 07 POST NATAL CARE | 1 | 2 | 08 OTHER _____ | | | (SPECIFY) | | | | | | | | | |
| | Y | N | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 HIV/AIDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 STDS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 UNWANTED PREGNANCY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 ABORTION | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 FAMILY PLANNING | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 ANTENATAL CARE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 POST NATAL CARE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 OTHER _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1103a | What is the major health problem/concern of people in this community? GET LETTER CODE FROM 1103 | MOST IMPORTANT NEED <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1104 | How would you rate your health in general? | <table style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>VERY GOOD</td> <td style="text-align: right;">01</td> </tr> <tr> <td>GOOD</td> <td style="text-align: right;">02</td> </tr> <tr> <td>FAIR</td> <td style="text-align: right;">03</td> </tr> <tr> <td>POOR</td> <td style="text-align: right;">04</td> </tr> <tr> <td>VERY POOR</td> <td style="text-align: right;">05</td> </tr> <tr> <td>DON'T KNOW</td> <td style="text-align: right;">98</td> </tr> </tbody> </table> | VERY GOOD | 01 | GOOD | 02 | FAIR | 03 | POOR | 04 | VERY POOR | 05 | DON'T KNOW | 98 | | | | | | | | | | | | | | | | | | | | | | | | | |
| VERY GOOD | 01 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GOOD | 02 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FAIR | 03 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POOR | 04 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VERY POOR | 05 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DON'T KNOW | 98 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

SECTION 12. ADDITIONAL MODULE FOR YOUNG WOMEN

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|-------|--|--|------------------|
| 1201 | CHECK 107: AGED 12-24 <input type="checkbox"/> | AGED 25 AND ABOVE <input type="checkbox"/> | 1301 |
| 1202 | Is your mother alive? | YES 1 NO 2 DON'T KNOW 8 | → 1205 → 1206 |
| 1203 | Does your mother live here? | ALWAYS 1 SOMETIMES 2 NEVER 3 | → 1206 |
| 1204 | ENTER MOTHER'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE; IF NOT IN HOUSEHOLD ENTER "00" | MOTHER'S LINE NUMBER <input type="text"/> | → 1206 |
| 1205 | How old were you when your mother died? RECORD 98 IF AGE UNKNOWN | AGE IN COMPLETED YEARS <input type="text"/> | |
| 1206 | Is your father alive? | YES 1 NO 2 DON'T KNOW 8 | → 1208 → 1209 |
| 1207 | Does your father live here? | ALWAYS 1 SOMETIMES 2 NEVER 3 | → 1209 |
| 1207A | ENTER FATHER'S LINE NUMBER FROM THE HOUSEHOLD SCHEDULE; IF NOT IN HOUSEHOLD ENTER "00" | FATHER'S LINE NUMBER <input type="text"/> | → 1209 |
| 1208 | How old were you when your father died? RECORD 98 IF AGE UNKNOWN | AGE IN COMPLETED YEARS <input type="text"/> | |
| 1209 | What is (was) the highest level of education your mother completed? | NO EDUCATION 1 PRIMARY INCOMPLETE 2 PRIMARY COMPLETE 3 SECONDARY 4 COLLEGE/UNIVERSITY 5 DON'T KNOW 8 | |
| 1210 | What is (was) the highest level of education your father completed? | NO EDUCATION 1 PRIMARY INCOMPLETE 2 PRIMARY COMPLETE 3 SECONDARY 4 COLLEGE/UNIVERSITY 5 DON'T KNOW 8 | |
| 1211 | Until you were 12, whom did you live with ? | MOTHER ALONE 01 FATHER ALONE 02 BOTH PARENTS 03 RELATED GUARDIAN 04 UNRELATED GUARDIAN 05 FRIEND 06 ALONE 07 | |
| 1212 | Who are you currently living with? | MOTHER ALONE 01 FATHER ALONE 02 BOTH PARENTS 03 RELATED GUARDIAN 04 UNRELATED GUARDIAN 05 FRIEND 06 ALONE 07 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | |
|-------|---|---|-------|----------|------------|------|---|---|------|---|---|------|---|---|------|---|---|------|---|---|------|---|---|------|---|---|--|
| 1213 | <p>Now I am going to read you a series of statements. After I read each statement please tell me whether you agree with the statement, disagree with it or have no opinion one way or the other.</p> <p>a) A woman has to get her husband's permission for everything.</p> <p>b) If a woman differs with her husband's opinion, she must accept his opinion.</p> <p>c) If a girl has not gone to school, the best thing for her is an early marriage.</p> <p>d) If a boy asks for a girl's hand in marriage and her parents agree, she has to accept him.</p> <p>e) If a man wants children, his wife has to comply even if she doesn't want children.</p> <p>f) If a woman does not have a boy, she has to keep trying even if she is satisfied with the number of children she has.</p> <p>g) If a woman does not have a girl, she has to keep trying even if she is satisfied with the number of children she has.</p> | <table> <thead> <tr> <th>AGREE</th> <th>DISAGREE</th> <th>NO OPINION</th> </tr> </thead> <tbody> <tr> <td>a) 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>b) 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>c) 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>d) 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>e) 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>f) 1</td> <td>2</td> <td>3</td> </tr> <tr> <td>g) 1</td> <td>2</td> <td>3</td> </tr> </tbody> </table> | AGREE | DISAGREE | NO OPINION | a) 1 | 2 | 3 | b) 1 | 2 | 3 | c) 1 | 2 | 3 | d) 1 | 2 | 3 | e) 1 | 2 | 3 | f) 1 | 2 | 3 | g) 1 | 2 | 3 | |
| AGREE | DISAGREE | NO OPINION | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| f) 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| g) 1 | 2 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1214 | What do you think of sex among young unmarried people? | APPROVE 1 DISAPPROVE 2 NO OPINION 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1215 | For young unmarried people your age who engage in sex, do you approve of their using methods to delay or prevent pregnancy? | YES 1 NO 2 NO OPINION 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1216 | For young unmarried people your age who engage in sex, do you approve of their using condoms to prevent sexually transmitted diseases? | YES 1 NO 2 NO OPINION 3 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1217 | Would your partner/parents refuse your using contraceptives if you wanted to? | YES 1 NO 2 DON'T KNOW 8 | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1218 | What would you do if he/they refuse while you think you need it? | I WOULD STILL USE IT 1 I WOULD NOT USE IT 2 DON'T KNOW WHAT I WOULD DO 3 OTHER 6 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1219 | Who would you talk to if you have problems about sex or sexual concerns? PROBE: Any other person? | FATHER 01 MOTHER 02 BROTHER 03 SISTER 04 UNCLE 05 AUNT 06 GRAND PARENT 07 STEP FATHER/MOTHER 08 OTHER RELATIVE 09 FRIEND 10 SCHOOL TEACHER 11 RELIGIOUS LEADER 12 COUNSELLOR 13 MEDICAL PERSON 14 NO ONE 15 OTHER 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1220 | Who would you talk to if you got a sexually transmitted infection? PROBE: Any other person? | FATHER 01 MOTHER 02 BROTHER 03 SISTER 04 UNCLE 05 AUNT 06 GRAND PARENT 07 STEP FATHER/MOTHER 08 OTHER RELATIVE 09 FRIEND 10 SCHOOL TEACHER 11 RELIGIOUS LEADER 12 COUNSELLOR 13 MEDICAL PERSON 14 NO ONE 15 OTHER 96 | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------------------|------|-------|-----------------------------|----|---|--------------------------------|---|----|--------------------------------------|---|---|--|---|---|----------------------------------|----|---|----------------------------------|---|----|--------------------------------|---|---|-------------------------|---|---|----------------|---|---|--|
| 1221 | I am now going to read some statements to you about HIV/AIDS and other diseases that are transmitted through sex. As I read each statement, please tell me if you think it is true, false or you don't know. a) One can always tell when a person has a sexually transmitted infection. b) I can tell if a person is HIV+ c) If signs of sexually transmitted disease disappear, it means the person no longer has the disease. d) A healthy-looking person can be infected with the AIDS virus. e) A woman who has the AIDS virus will always give birth to a child with the AIDS virus. | <table border="0"> <tr> <td></td> <td>TRUE</td> <td>FALSE</td> <td>DON'T KNOW</td> </tr> <tr> <td>a)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d)</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e)</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table> | | TRUE | FALSE | DON'T KNOW | a) | 1 | 2 | 8 | b) | 1 | 2 | 8 | c) | 1 | 2 | 8 | d) | 1 | 2 | 8 | e) | 1 | 2 | 8 | | | | | | | |
| | TRUE | FALSE | DON'T KNOW | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| c) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| e) | 1 | 2 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1222 | CHECK 618: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> | HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/> | → 1232 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1223 | Sometimes a girl becomes pregnant when she does not want to be. Have you ever been pregnant when you did not want to become pregnant? | YES 1 NO 2 NEVER HAD SEX 3 NEVER BEEN PREGNANT 4 | → 1230 → 1232 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1224 | How many times has this occurred? RECORD 98 IF NUMBER IS UNKNOWN | NUMBER <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1225 | The last time this happened, how did it end? | TERMINATED THE PREGNANCY 01 NOTHING/CONTINUED WITH PREGNANCY 02 TRIED ABORTION WITHOUT SUCCESS AND GAVE BIRTH 03 MISCARRIED 04 STILL PREGNANT 05 OTHER 96 (SPECIFY) | → 1229 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1226 | The last time you had an abortion, who initiated/performed it? | QUALIFIED DOCTOR 01 QUALIFIED NURSE/MIDWIFE 02 MEDICAL PERSON WITH UNCLEAR QUALIFICATIONS 03 TRADITIONAL HEALER/HERBALIST 04 NON-MEDICAL PERSON 05 FAMILY MEMBER 06 MYSELF 07 OTHER 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1227 | What were your main reasons for deciding to have an abortion the last time? PROBE: Any other reason? | <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>01 TO CONTINUE SCHOOL</td> <td>1</td> <td>2</td> </tr> <tr> <td>02 DIDN'T WANT PREGNANCY</td> <td>1</td> <td>2</td> </tr> <tr> <td>03 DIDN'T WANT PARENTS TO KNOW</td> <td>1</td> <td>2</td> </tr> <tr> <td>04 WILL BE UNABLE TO SUPPORT BABY</td> <td>1</td> <td>2</td> </tr> <tr> <td>05 PARENT(S) PRESSURED HER</td> <td>1</td> <td>2</td> </tr> <tr> <td>06 BOYFRIEND PRESSURED HER</td> <td>1</td> <td>2</td> </tr> <tr> <td>07 HEALTH CONSIDERATIONS</td> <td>1</td> <td>2</td> </tr> <tr> <td>08 PEER INFLUENCE</td> <td>1</td> <td>2</td> </tr> <tr> <td>96 OTHER</td> <td>1</td> <td>2</td> </tr> </table> | | YES | NO | 01 TO CONTINUE SCHOOL | 1 | 2 | 02 DIDN'T WANT PREGNANCY | 1 | 2 | 03 DIDN'T WANT PARENTS TO KNOW | 1 | 2 | 04 WILL BE UNABLE TO SUPPORT BABY | 1 | 2 | 05 PARENT(S) PRESSURED HER | 1 | 2 | 06 BOYFRIEND PRESSURED HER | 1 | 2 | 07 HEALTH CONSIDERATIONS | 1 | 2 | 08 PEER INFLUENCE | 1 | 2 | 96 OTHER | 1 | 2 | |
| | YES | NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 01 TO CONTINUE SCHOOL | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 02 DIDN'T WANT PREGNANCY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 03 DIDN'T WANT PARENTS TO KNOW | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 04 WILL BE UNABLE TO SUPPORT BABY | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 05 PARENT(S) PRESSURED HER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 06 BOYFRIEND PRESSURED HER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 07 HEALTH CONSIDERATIONS | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 08 PEER INFLUENCE | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 96 OTHER | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1227A | Of all the reasons you mentioned about your decision to have an abortion, which one was the most important? [GET CODE FROM 1227] | MOST IMPORTANT REASON <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1228 | Did your boyfriend/partner support the decision to have an abortion? | YES 1 NO 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1229 | What was your relationship with the person who made you pregnant? | HUSBAND 01 FIANCE 02 BOYFRIEND 03 TEACHER 04 STRANGER 05 PASTOR/RELIGIOUS LEADER 06 OTHER 96 (SPECIFY) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1230 | CHECK 1225: IF CODE 01 IS CIRCLED SKIP TO 1231. Have you ever had an abortion? | YES 1 NO 2 | → 1232 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1231 | How many times have you had an abortion? RECORD 98 IF NUMBER IS UNKNOWN | NUMBER <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1232 | Have you ever had a drink of beer, wine, changaa, kumi kumi, muratina, busaa etc, more than two or three times in your life? not just a sip or taste of someone else's drink? | YES 1 NO 2 | → 1235 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|---|--------|
| 1233 | How old were you when you first drank alcohol? RECORD 98 IF AGE IS UNKNOWN | AGE <input type="text"/> <input type="text"/> | |
| 1234 | How often in the past month have had so much alcohol that you were really drunk? | NEVER 01 WASN'T DRUNK IN THE PAST MONTH 02 ONCE 03 2-3 TIMES 04 4-10 TIMES 05 OTHER 96 (SPECIFY) | |
| 1235 | Do any of your friends in your age group take any kind of drug (or sniff anything)? | YES 1 NO 2 DON'T KNOW 8 | → 1240 |
| 1236 | What exactly do they take? PROBE: what else? | PILLS 01 BHANG 02 MIRAA 03 COCAINE 04 PETROL SNIFFING 05 GLUE SNIFFING 06 PAINT SNIFFING 07 OTHER 96 (SPECIFY) DON'T KNOW 98 | |
| 1237 | Have you ever tried any of these things? | YES 1 NO 2 | → 1240 |
| 1238 | What have you tried? PROBE: what else? | PILLS 01 BHANG 02 MIRAA 03 COCAINE 04 PETROL SNIFFING 05 GLUE SNIFFING 06 PAINT SNIFFING 07 OTHER 96 (SPECIFY) DON'T KNOW 98 | |
| 1239 | How old were you when you first tried one of these things? | AGE <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 1240 | In the last 12 months, has any of the following people hit, slapped, kicked or physically hurt you on purpose? READ OUT ALL OPTIONS | YES NO HUSBAND 1 2 OTHER SEXUAL PARTNER 1 2 FATHER 1 2 MOTHER 1 2 OTHER MALE RELATIVES 1 2 OTHER FEMALE RELATIVES 1 2 TEACHER 1 2 STRANGER 1 2 LAW ENFORCEMENT OFFICER 1 2 OTHER 1 2 (SPECIFY) | |
| 1241 | In the last 12 months, have you hit, slapped, kicked or physically hurt any of the following people on purpose? READ OUT ALL OPTIONS | YES NO HUSBAND 1 2 OTHER SEXUAL PARTNER 1 2 FATHER 1 2 MOTHER 1 2 OTHER MALE RELATIVES 1 2 OTHER FEMALE RELATIVES 1 2 TEACHER 1 2 STRANGER 1 2 LAW ENFORCEMENT OFFICER 1 2 OTHER 1 2 (SPECIFY) | |
| 1242 | Have you ever been forced to have sexual intercourse when you did not want sex? | YES 1 NO 2 NEVER HAD SEX 3 | → 1244 |
| 1243 | Have you ever had sexual intercourse with someone when he did not want sex? | YES 1 NO 2 | |

| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | SKIP |
|------|---|--|--------|
| 1244 | Sometimes young people go to the street to beg. Have you ever done this? | YES 1 NO 2 | → 1247 |
| 1245 | What was the main reason that made you do it? | NO FOOD IN THE HOUSE 01 PARENT(S) FORCED/ASKED ME 02 HAD NO HOME/PARENTS 03 TO JOIN MY FRIEND 04 HAD NO JOB 05 OTHER 96 (SPECIFY) | |
| 1246 | How old were you when you first did it? | AGE <input type="text"/> <input type="text"/> DON'T KNOW 98 | |
| 1247 | Sometimes some girls and boys have sex in order to get money for their family or for themselves. Do you know of your neighbours' sons or daughters who do this? | YES 1 NO 2 | |
| 1248 | Have you ever been involved in this type of activity? | YES 1 NO 2 REFUSED TO ANSWER 7 | |
| 1249 | What is the main cause for girls and boys having sex in exchange for money? | POVERTY/NO FOOD 01 FAMILY/MARITAL PROBLEMS 02 PEER PRESSURE/BAD COMPANY 03 LACK OF SELF DISCIPLINE 04 MATERIAL BENEFITS 05 OTHER 96 (SPECIFY) DON'T KNOW 98 | |

| SECTION 13. MATERNAL MORTALITY | | | | | | | |
|--|---|---|---|---|---|---|---|
| NO. | QUESTIONS AND FILTERS | CODING CATEGORIES | | | | SKIP | |
| 1301 | 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 type="text"/> | |
| 1302 | CHECK 1301: TWO OR MORE BIRTHS <input type="checkbox"/> | ONLY ONE BIRTH (RESPONDENT ONLY) <input type="checkbox"/> | | | | → 1314 | |
| 1303 | How many of these births did your mother have before you were born? | NUMBER OF PRECEDING BIRTHS | | | | <input type="text"/> | |
| 1304 | What was the name given to your oldest (next oldest) brother or sister? | (1) | (2) | (3) | (4) | (5) | (6) |
| 1305 | 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 |
| 1306 | Is (NAME) still alive? | YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (2) | YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (3) | YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (4) | YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (5) | YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (6) | YES ... 1 NO ... 2 GO TO 1308 DK ... 8 GO TO (7) |
| 1307 | How old is (NAME)? | <input type="text"/> GO TO (2) | <input type="text"/> GO TO (3) | <input type="text"/> GO TO (4) | <input type="text"/> GO TO (5) | <input type="text"/> GO TO (6) | <input type="text"/> GO TO (7) |
| 1308 | 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"/> |
| 1309 | How old was (NAME) when he/she died? | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (2) | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (3) | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (4) | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (5) | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (6) | <input type="text"/> IF MALE OR DIED BEFORE 12 YEARS OF AGE GO TO (7) |
| 1310 | Was (NAME) pregnant when she died? | YES ... 1 GO TO 1313 NO ... 2 | YES ... 1 GO TO 1313 NO ... 2 | YES ... 1 GO TO 1313 NO ... 2 | YES ... 1 GO TO 1313 NO ... 2 | YES ... 1 GO TO 1313 NO ... 2 | YES ... 1 GO TO 1313 NO ... 2 |
| 1311 | Did (NAME) die during childbirth? | YES ... 1 GO TO 1313 NO ... 2 | YES ... 1 GO TO 1313 NO ... 2 | YES ... 1 GO TO 1313 NO ... 2 | YES ... 1 GO TO 1313 NO ... 2 | YES ... 1 GO TO 1313 NO ... 2 | YES ... 1 GO TO 1313 NO ... 2 |
| 1312 | 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 |
| 1313 | How many live born children did (NAME) give birth to during her lifetime (before this pregnancy)? | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| IF NO MORE BROTHERS OR SISTERS, GO TO 1314 | | | | | | | |
| 1314 | END TIME | | | | | <input type="text"/> | <input type="text"/> |

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.
ALL MONTHS SHOULD BE FILLED IN.

INFORMATION TO BE CODED FOR EACH COLUMN

BIRTHS, PREGNANCIES, CONTRACEPTIVE USE

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

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

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 01 INFREQUENT SEX/HUSBAND AWAY
- 02 BECAME PREGNANT WHILE USING
- 03 WANTED TO BECOME PREGNANT
- 04 HUSBAND/PARTNER DISAPPROVED
- 05 WANTED MORE EFFECTIVE METHOD
- 06 SIDE EFFECTS/HEALTH CONCERNS
- 07 LACK OF ACCESS/TOO FAR
- 08 COSTS TOO MUCH
- 09 INCONVENIENT TO USE
- 10 UP TO GOD/FATALISTIC
- 11 DIFFICULT TO GET PREGNANT/MENOPAUSAL
- 12 MARITAL DISSOLUTION/SEPARATION
- 96 OTHER _____
(SPECIFY)
- 98 DON'T KNOW

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