

AFRICAN POPULATION AND HEALTH RESEARCH CENTER
URBANIZATION, POVERTY AND HEALTH DYNAMICS
MATERNAL AND CHILD HEALTH - **PANEL SURVEY 3**
UPDATE QUESTIONNAIRE 1

Slum

Consent form

PURPOSE OF STUDY:

Hello, my name is _____ and I work with the Africa Population and Health Research Center. The purpose of this interview is to gain an understanding of the experiences of women in this community on the care given to their children soon after birth, as well as their sexual behaviour at this period and their future intentions regarding child bearing. The African Population and Health Research Center, with funding from the Wellcome Trust, is undertaking this study. All women who have delivered a live birth in Korogocho and Viwandani since September 2006 have been selected.

PROCEDURES:

We last visited you in July to September 2007 when we asked about your family and took your child's height and weight measurements. We are here again today to ask some more questions about how you and your family are getting along. You are among more than 600 women who will be interviewed. If you agree to take part in this study, you will be asked questions about yourself, and the health of your child. This interview will take about thirty minutes of your time. We shall also take height and weight measurements of your child. You will not be paid any money by taking part in this study. We will visit you later in the year to ask some more questions and measure your child.

RISKS/DISCOMFORTS:

This interview is not expected to cause you any harm but if you feel uncomfortable with some of the questions you can choose not to answer any question(s) but can decide to continue with the interview.

BENEFITS:

The results of the study may help the Government of Kenya and other organisations to improve health services in this and other districts. The chiefs and the community will be informed of the findings when the study is completed.

CONFIDENTIALITY:

Your responses will be private and confidential. They will not be made available to other persons in this district. The information you give will be kept under lock for three years at the African Population and Health Research Center after which the forms will be destroyed.

VOLUNTARINESS:

Your participation is voluntary and you have the right to stop the interview at any time without any problem

WHOM TO CONTACT:

If you want to talk to anyone about this research study, or if you think you have been treated unfairly or joining this study has hurt you, contact Dr. Eliya Zulu, Research Director, Africa Population and Health Research Center at telephone number 2720400/1/2. I will leave a copy of this form with you for future reference.

If you agree to participate in this study please sign your name below.

Subject's signature or fingerprint

Witness to Consent Procedure

Signature of Investigator

Date

MODULE 1 - BACKGROUND INFORMATION FOR CHILDREN AND MOTHERS INTERVIEWED IN THE FIRST SURVEY			
1.0	BACKGROUND		
1.1	START TIME	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
1.2	FIELD WORKER'S CODE	1.2a	<div style="border: 1px solid black; padding: 2px;">q</div> <div style="border: 1px solid black; padding: 2px;">2</div>
1.3	DATE OF INTERVIEW (DD/MM/YYYY)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
1.4	HOUSEHOLD HEAD NAME.....	HHHName	
1.5	ID OF ROOM WHERE HOUSEHOLD HEAD SLEEPS	HHHRoomID	
1.6	HOUSEHOLD ID	HHID	
1.7	MOTHER'S NAME.....	MotherName	
1.8	MOTHER'S ID	MotherID	
1.9	CHILD'S NAME.....	ChildName	
1.10	CHILD'S ID	ChildID	
1.11	CHILD'S DATE OF BIRTH (DD/MM/YYYY)	DoB1	
1.11a	CHILD'S SEX (1 = MALE; 2 = FEMALE)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
1.12	RESPONDENT'S NAME.....		
1.13	RESPONDENT'S RELATIONSHIP TO THE HOUSEHOLD HEAD (CODE SHEET A ⁶)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
1.14	Are you (NAME OF CHILD)'s mother? (1=YES; 2=NO) [IF YES, SKIP TO MODULE 2]	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
1.15	REASONS FOR NOT INTERVIEWING THE MOTHER.....		
1.16	What is your relationship to (CHILD'S NAME)? (CODE SHEET A ⁷) (OTHERSpecify_____)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
1.17	Are you (CHILD NAME)'s, guardian? (1=YES; 2=NO)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
1.18	Do you stay in this household? (1=YES; 2=NO)	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
MODULE 2: CHILD HEALTH STATUS, FEEDING PRACTICES AND VACCINATION. FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER OF THE CHILD. IF THE MOTHER IS DEAD OR DOES NOT LIVE IN THE HOUSEHOLD, COMPLETE WITH THE GUARDIAN.			
4.0	CHILD'S VITAL STATUS		
The last time I was here, I asked you questions about you and your child's health and took your weight and height measurements. Now I would like to know:			
4.6a	Where was name in Survey 2	4.6a) Child's presence Svy2	<div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
IF CHILD IS DEAD SINCE SVY2, GO TO CAL, Col. 3 AND FILL BREASTFEEDING INFORMATION THEN SKIP TO 6.0		If 3→Record in CAL, Col. 3 then skip 6.0	
4.6	Where is (NAME)? CIRCLE THE APPROPRIATE RESPONSE	Child at home 1 Child not at home but alive..... 2 Child dead..... 3	<div style="font-size: 2em;">}</div> 5.0
4.7a	When did (NAME) die?	4.7a)	<div style="border: 1px solid black; width: 120px; height: 20px; display: inline-block;"></div>
4.7	FW: IF CHILD IS DEAD OFFER YOUR CONDOLENCES, THEN ASK: When did (NAME) die? (DD/MM/YYYY)	<div style="border: 1px solid black; width: 120px; height: 20px; display: inline-block;"></div>	

4.10	<p>COMPUTE THE AGE OF THE CHILD AT DEATH.</p> <p>FW: CALCULATE THE AGE OF THE CHILD BY SUBTRACTING DATE WHEN CHILD WAS BORN FROM WHEN IT DIED.</p> <p>IF BABY DIED THE SAME DAY IT WAS BORN RECORD "00" DAYS. RECORD ONLY IN ONE UNIT.</p>	<p>Days..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>Weeks..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>Months..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p>													
4.8	<p>Was (NAME) ill before he/she died?</p> <p>CIRCLE THE APPROPRIATE RESPONSE</p>	<p>Yes..... 1</p> <p>No 2</p>													
4.9	<p>What in your opinion caused the death of (NAME)?</p> <p>_____</p> <p>_____</p>														
5.0 BREASTFEEDING AND OTHER FEEDING PRACTICES															
Now I would like to ask you a few questions about (NAME's) feeding patterns and how he/ she is/ was growing.															
Questions and Filters		Coding categories	Skip to												
5.1a	<p>Had (NAME) ever been breastfed in survey 2?</p> <p>CHECK IF CHILD EVER BREASTFED IN PREVIOUS SURVEY</p>	<p>5.1a Survey 2 Breastfed</p>	If 1 → 5.9a												
5.1	<p>FW: CHECK 4.6: IF CHILD IS DEAD GO TO 5.9 ELSE</p> <p>CONFIRM CHILD'S STATUS BY ASKING:</p> <p>Has (NAME) ever been breastfed?</p>	<p>Yes..... 1</p> <p>No 2</p>	<p>→ 5.9</p> <p>→ 5.12a</p>												
5.9a	<p>FW: CHECK 4.6: IF CHILD IS DEAD, GO TO THE CALENDAR AND RECORD B FOR BREASTFEEDING IN Col. 3 FOR ALL MONTHS SINCE PREVIOUS INTERVIEW. FILL IN D FOR THE MONTH IN WHICH THE CHILD DIED. THEN SKIP TO SECTION, 6 ON VACCINATION HISTORY. ELSE CHECK</p>														
	<p>Was (NAME) still breastfeeding at the previous interview?</p>	<p>5.9a Survey 2 StillBF</p>	If 2 → 5.12a												
5.9	<p>IF "1" ASK: Is (NAME) still breastfeeding?</p> <p>IF "1" RECORD B FOR BREASTFEEDING IN THE CALENDAR Col.3. FOR ALL MONTHS SINCE PREVIOUS INTERVIEW, THEN FOLLOW SKIP.</p>	<p>Yes..... 1</p> <p>No 2</p> <p>Don't Know..... 8</p>	<p>→ CAL, 5.12a</p> <p>→ 5.12a</p>												
5.10	<p>For how long did (NAME) breastfeed?</p> <p>IF LESS THAN A MONTH, RECORD IN WEEKS, ELSE RECORD IN MONTHS. IF DON'T KNOW, CIRCLE 98</p> <p>PROBE FOR EVERY MONTH SINCE THE LAST INTERVIEW AND RECORD B FOR BREASTFEEDING IN THE CALENDAR - Col. 3</p>	<p>Weeks..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>Months..... <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table></p> <p>Don't Know..... 98</p>									Record in CAL.				

5.11	What is the most important reason why (NAME) stopped breastfeeding? DO NOT PROMPT; CIRCLE THE (ONE) MOST IMPORTANT REASON. IF MORE THAN ONE REASON IS GIVEN, PROBE FOR THE MOST IMPORTANT AND CIRCLE AS APPROPRIATE.	Baby ill/unable/refused to suckle..... 1 Mother refused to breastfeed..... 2 Spouse refused 3 Mother was very sick..... 4 No/inadequate breast milk..... 5 Mother was away 6 Mother died..... 7 Sore/cracked nipples..... 8 Advice by health professional..... 9 Advice by other person..... 10 Baby was old enough to stop..... 11 Other (Specify) 96 Don't Know..... 98																																																																																																																															
5.12a	Had (NAME) started complementary feeds at previous interview?	5.12a Survey 2	CompFeed If 1 → 5.13																																																																																																																														
5.12	Apart from breast milk, has (NAME) ever been given any liquid or solid food?	Yes..... 1 No 2 Don't Know..... 8	} 6.0																																																																																																																														
5.13	In the last 3 days, did (NAME) receive any of the following?	01 Vitamin/mineral supplements 02 Plain water 03 Sweetened/flavored water 04 Fruit juice 05 Beverages (e.g. tea, etc) 06 Powdered/fresh milk 07 Infant formula 08 Porridge 09 Soup 10 Soft drinks (e.g. soda etc.) 11 Other liquids (specify.....) 12 Solid/semi-solid (mushy) food	<table border="1"> <thead> <tr> <th colspan="3">Q. 5.13</th> <th colspan="6">Q. 5.14 (Age)</th> </tr> <tr> <th>Y</th> <th>N</th> <th>D</th> <th colspan="2">DAYS</th> <th colspan="2">WKS</th> <th colspan="2">MONTHS</th> </tr> </thead> <tbody> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> <tr><td>1</td><td>2</td><td>8</td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Q. 5.13			Q. 5.14 (Age)						Y	N	D	DAYS		WKS		MONTHS		1	2	8							1	2	8							1	2	8							1	2	8							1	2	8							1	2	8							1	2	8							1	2	8							1	2	8							1	2	8							1	2	8							1	2	8						
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5.14	FW: CHECK 5.13, FORCODED 1, ASK: At what age (in days/weeks or/months) was the liquid/solids introduced to (NAME) for the first time? RECORD AGE IN DAYS/WEEKS/MONTHS IN THE BOXES PROVIDED. IF DON'T KNOW OR CAN'T REMEMBER, RECORD '98'																																																																																																																																
5.15	What is used to feed (NAME)? Do you use.... PROMPT FOR EACH CATEGORY AND CIRCLE AS APPROPRIATE, IF RESPONDENT SAYS YES, CIRCLE '1'; IF NO, CIRCLE '2'; AND IF DON'T KNOW, CIRCLE '8'	Bottle with nipple/teat..... 1 2 8 Cup with nipple/teat..... 1 2 8 Cup with holes..... 1 2 8 Cup with no cover and/ or spoon..... 1 2 8 Palm of the hand..... 1 2 8 Other (specify)..... 1 2 8																																																																																																																															

6.0 VACCINATION HISTORY																																																																																	
Now I would like to ask you about (NAME)'s vaccination																																																																																	
6.1a	<div> <div>Did (NAME) have a vaccination card in survey 2?</div> <div>6.1a) Survey 2</div> <div>VaccCard</div> </div>																																																																																
6.1 Does /did (NAME) have a vaccination card that looks like this? FW: SHOW A COPY OF A VACCINATION CARD IF YES ASK: May I see it please? FW: PROBE TO KNOW IF THE RESPONDENT HAS ANY OTHER TYPE OF CARD AND ASK TO SEE IT. CIRCLE THE APPROPRIATE RESPONSE	<table> <tr> <td>Yes, card seen.....</td> <td>1</td> <td>→ 6.3</td> </tr> <tr> <td>Yes, card not seen.....</td> <td>2</td> <td>→ 6.5a</td> </tr> <tr> <td>No card.....</td> <td>3</td> <td></td> </tr> <tr> <td>Don't Know.....</td> <td>8</td> <td></td> </tr> </table>	Yes, card seen.....	1	→ 6.3	Yes, card not seen.....	2	→ 6.5a	No card.....	3		Don't Know.....	8																																																																					
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6.2 Has/had (NAME) ever had a vaccination card? CHECK IF 6.1a is "1", CIRCLE 1; ELSE CIRCLE THE APPROPRIATE RESPONSE	<table> <tr> <td>Yes.....</td> <td>1</td> <td rowspan="3">} 6.5a</td> </tr> <tr> <td>No</td> <td>2</td> </tr> <tr> <td>Don't Know.....</td> <td>8</td> </tr> </table>	Yes.....	1	} 6.5a	No	2	Don't Know.....	8																																																																									
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6.3 FW: COPY VACCINATION DATE FOR EACH VACCINE FROM THE CARD. FILL IN ONLY THOSE DATES WHICH WERE NOT FILLED BEFORE WRITE '44' IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION GIVEN, BUT NO DATE IS RECORDED. WRITE 66 IN 'DAY' COLUMN IF CARD SHOWS A VACCINATION GIVEN, BUT DATE IS NOT LEGIBLE																																																																																	
BCG Pentavalent 1 Pentavalent 2 Pentavalent 3 Oral Polio Vaccine Birth Dose (OPV0) Oral Polio Vaccine 1st Dose (OPV1) Oral Polio Vaccine 2nd Dose (OPV2) Oral Polio Vaccine 3rd Dose (OPV3) Measles	<table> <tr> <th>D</th><th>D</th><th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></tr> <tr> <td>BCG</td><td>BC</td><td>01</td><td>03</td><td>80</td><td>02</td><td></td><td>Date</td></tr> <tr> <td>Pentav.1</td><td>DP</td><td>1</td><td>C</td><td></td><td></td><td></td><td>Date</td></tr> <tr> <td>Pentav.2</td><td>DP</td><td>2</td><td>C</td><td></td><td></td><td></td><td>Date</td></tr> <tr> <td>Pentav.3</td><td>DP</td><td>3</td><td>C</td><td></td><td></td><td></td><td>Date</td></tr> <tr> <td>OPV0</td><td>OP</td><td>0</td><td>C</td><td></td><td></td><td></td><td>Date</td></tr> <tr> <td>OPV1</td><td>OP</td><td>1</td><td>C</td><td></td><td></td><td></td><td>Date</td></tr> <tr> <td>OPV2</td><td>OP</td><td>2</td><td>C</td><td></td><td></td><td></td><td>Date</td></tr> <tr> <td>OPV3</td><td>OP</td><td>3</td><td>C</td><td></td><td></td><td></td><td>Date</td></tr> <tr> <td>Measles</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>	D	D	M	M	Y	Y	Y	Y	BCG	BC	01	03	80	02		Date	Pentav.1	DP	1	C				Date	Pentav.2	DP	2	C				Date	Pentav.3	DP	3	C				Date	OPV0	OP	0	C				Date	OPV1	OP	1	C				Date	OPV2	OP	2	C				Date	OPV3	OP	3	C				Date	Measles							
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6.4 Has/had (NAME) received any vaccinations that are not recorded on this card, including vaccination received in a national immunisation day / immunisation campaign? PROBE FOR THE SPECIFIC VACCINATION. TICK THE BOX FOR THE VACCINATION MENTIONED, THEN ENTER DATE. IN THE FIRST BOX FOR OTHER: INDICATE B =BCG; V =PENTAV; P =POLIO; M =MEASLES; THEN, PROBE FOR DATE WHEN VACCINATION WAS GIVEN AND RECORD MONTH AND YEAR IN THE BOXES PROVIDED. IF NO CAMPAIGN, CIRCLE 99. IF CHILD IS DECEASED SKIP TO MODULE 3; ELSE SKIP TO SECTION 7 FOR THOSE YOU HAVE RECORDED INFORMATION FROM THE CARD	<table> <tr> <th></th> <th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></tr> <tr> <td>BCG</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Pentav.</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Polio</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Measles</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Other 1</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Other 2</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>Other 3</td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> No Campaign.....99		M	M	Y	Y	Y	Y	BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pentav.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																								
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BCG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
Pentav.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
Polio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
Other 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
Other 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											
Other 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																											

	FW NOTE: ASK QUESTION 6.5 TO 6.15 ONLY IF THERE IS NO CARD OR THE CARD WAS NOT SEEN CIRCLE THE APPROPRIATE RESPONSE: IF "YES" CIRCLE 1, IF "NO" CIRCLE 2, IF "DON'T KNOW", CIRCLE 8.		
	PLEASE TELL ME IF (NAME) RECEIVED ANY OF THE FOLLOWING VACCINATIONS:		
6.5a	Was (NAME) given BCG vaccination in survey 2?	6.5a) Survey 2 <input type="checkbox"/> 1	If 1 → 6.6a
	FW: CHECK 6.5a IF BCG VACCINATION WAS GIVEN		
6.5	A BCG vaccination against tuberculosis (TB)-that is, an injection in the left arm that usually causes a scar?	Yes..... 1 No 2 Don't Know..... 8	
6.6a	Does (NAME) have a BCG scar in survey 2?	6.6a) Survey 2 <input type="checkbox"/> 1	If 1/ 98 → 6.7
	FW:CHECK 6.6a IF ANSWER IS "1" or "98": SKIP TO 6.7; ELSE		
6.6	FW: CHECK 4.6, IF CHILD IS DEAD, CIRCLE "98" ELSE ASK: Would you mind if I check (NAME) to see if there is an immunization scar? INSPECT THE CHILD'S LEFT ARM FOR BCG SCAR: IF SCAR IS PRESENT, CIRCLE 1; IF THE SCAR IS ABSENT, CIRCLE 2; IF THE CHILD IS NOT EXAMINED, CIRCLE 9	Scar Present..... 1 Scar absent 2 Child not examined 9 Child deceased..... 98	
6.7	Pentavalent vaccination injections – that is, an injection in the thigh to prevent him or her from getting tetanus, whooping cough, and diphtheria sometimes given at the same time as polio vaccine?	Yes..... 1 No 2 Don't Know..... 8	} 6.9
6.8	How many such injections has/had (NAME) had? RECORD NUMBER OF INJECTIONS IN THE BOX PROVIDED. IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'.	No. <input type="text"/> 6.8a) Survey 2 <input type="checkbox"/> 6.8) Survey 3 <input type="text"/> Don't Know..... 8	
6.9	Has/Had (NAME) received vaccine drops in the mouth to protect him/her from getting polio?	6.9a) Survey 2 <input type="checkbox"/> Yes..... 1 No 2 Don't Know..... 8	} 6.12
6.10	How many times has/had s/he been given these drops? RECORD NUMBER OF TIMES IN THE BOX PROVIDED. IF NUMBER IS UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '8'.	No. <input type="text"/> 6.10a) Survey 2 <input type="checkbox"/> 6.10) Survey 3 <input type="text"/> Don't Know..... 8	
6.12	Has/Had (NAME) ever been given a vaccine injection – that is, a shot in the right upper arm at the age of 9 months or more to prevent him or her from getting measles?	6.12a) Survey 2 <input type="checkbox"/> 1 Yes..... 1 No 2 Don't Know..... 8 Not yet 9 months..... 9	

6.13	FW: IF CHILD WAS GIVEN ANY VACCINES IN Q 6.5 TO 6.12 ASK: Were any of the vaccinations (NAME) received given as part of a national immunisation day/ immunisation campaign?	Yes..... 1 No 2 Don't Know..... 8	} 6.15																								
6.14	Can you recall the date(s) of the campaign(s)? RECORD THE MONTH AND YEAR OF THE CAMPAIGNS. PROBE BY ASKING, ANY OTHER... AND RECORD DATES FOR ALL THE CAMPAIGNS. INDICATE B =BCG; V =PENTAV; P =POLIO; M =MEASLES IN THE FIRST BOX.	<div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> 1st <input type="text"/> 2nd <input type="text"/> 3rd <input type="text"/> </div> <table border="1"> <thead> <tr> <th>M</th><th>M</th><th>Y</th><th>Y</th><th>Y</th><th>Y</th></tr> </thead> <tbody> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> <tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr> </tbody> </table> </div>		M	M	Y	Y	Y	Y	<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"/>
M	M	Y	Y	Y	Y																						
<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"/>																						
6.15a	Had child ever been given any vaccination in Survey 2?	<div style="border: 1px solid black; padding: 2px; display: inline-block;">1</div>																									
6.15	FW: CHECK FROM Q 6.3 to 6.12: HAS THE CHILD BEEN GIVEN ANY VACCINATION SINCE PREVIOUS INTERVIEW?	Yes 1 No 2 Don't Know 8	—→ 7.0 —→ 7.0																								
6.16	FW: CHECK 6.15a AND 6.15: IF ANSWERS IN BOTH ARE "2", ASK: Please tell me the main reason why (NAME) has/had never had any immunisation ?	Child sick/weak..... 1 Not important/ignorance..... 2 Away/No time off work/ business..... 3 Mother/carers forgot..... 4 Mother/ carer sick/ died..... 5 Religious beliefs..... 6 Suspicion towards vaccines..... 7 Hospital/Clinic too far..... 8 Cost of vaccine..... 9 No vaccine/supplies at clinic..... 10 No reason..... 11 Other (specify)..... 12 Don't Know..... 13																									
6.16p	FW: CHECK IF ANSWER IN 6.15a IS "1" AND ANSWER IN 6.15 IS "2" ASK: Please tell me the main reason why (NAME) has/had not had any other immunisations since the last time you were interviewed about your child's immunization?	Child sick/weak..... 1 Not important/ignorance..... 2 Away/No time off work/ business..... 3 Mother/carers forgot..... 4 Mother/ carer sick/ died..... 5 Religious beliefs..... 6 Suspicion towards vaccines..... 7 Hospital/Clinic too far..... 8 Cost of vaccine..... 9 No vaccine/supplies at clinic..... 10 Child not old enough..... 11 No reason..... 12 Other (specify)..... 13 Don't Know..... 14																									
CHECK Q. 4.6: IF CHILD IS DEAD, SKIP TO MODULE 3																											

7.0	CHILD MORBIDITY AND HEALTH SEEKING PRACTICES													
<p>Now I am going to ask you about a few illnesses that (NAME) may have now or has had in the last 2 weeks. USE CODES PROVIDED IN CODE SHEET A FOR Q7.1 TO 7.15.</p>														
7.1	<p>Has (NAME) been ill with any of the following illness at any time in the last two weeks? FW: RECORD FOR 1 = YES; 2 = NO; 8 = DON'T KNOW, IN THE BOXES</p> <p>FW: IF CHILD HAD COUGH, ASK IF IT WAS ACCOMPANIED BY RAPID BREATH</p>	<p>a Fever</p> <input type="text"/>	<p>b Diarrhoea</p> <input type="text"/>	<p>c Cough</p> <input type="text"/>	<p>d Cough & rapid breath</p> <input type="text"/>									
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>									
<p>FW: ASK THE FOLLOWING QUESTIONS FOR EACH OF THE ILLNESSES THE CHILD HAD. IF THE CHILD HAD COUGH AND RAPID BREATH, ASK THE QUESTIONS FOR THE COUGH + RAPID BREATH (AS OPPOSED TO COUGH ALONE). IF THE CHILD HAS NOT HAD ANY OF THE ILLNESSES SKIP TO 7.15.</p>														
7.2	<p>For how many days has (NAME) been ill/was ill with (NAME OF ILLNESS)? RECORD NUMBER OF DAYS IN BOXES PROVIDED. IF UNKNOWN, OR RESPONDENT IS UNSURE, CIRCLE '98' RECORD "99" IF THERE WAS NO ILLNESS.</p>	<p>a Fever</p> <p>b Diarrhoea</p> <p>c Cough</p> <p>d Cough + Rapid Breath</p> <p>e Convulsions</p>	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>											<p>98</p> <p>98</p> <p>98</p> <p>98</p> <p>98</p>
7.3	<p>What was done at home about the (ILLNESS)? (CODE SHEET A')</p> <p>FW: FOR OTHER INDICATE INITIAL FOR ILLNESS BEFORE SPECIFYING.</p>	<p>a</p> <input type="text"/>	<p>b</p> <input type="text"/>	<p>c</p> <input type="text"/>	<p>d</p> <input type="text"/>									
		<p>e</p> <input type="text"/>												
		<p>Other (Specify) _____</p>												
7.4	<p>During (NAME)'s illness, did he/she feed more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual</p>	<p>a</p> <input type="text"/>	<p>b</p> <input type="text"/>	<p>c</p> <input type="text"/>	<p>d</p> <input type="text"/>									
		<p>e</p> <input type="text"/>												
7.5	<p>During (NAME)'s illness, did he/she take liquids/ fluids more than usual, about the same, less than usual? 1 = More than usual; 2 = about the same; 3 = Less than usual 4 = None 8 = Don't Know 9 = N/A</p>	<p>a</p> <input type="text"/>	<p>b</p> <input type="text"/>	<p>c</p> <input type="text"/>	<p>d</p> <input type="text"/>									
		<p>e</p> <input type="text"/>												
7.6	<p>What was done next? 1 = NOTHING; 2 = GAVE DIFFERENT MEDICINE AVAILABLE AT HOME; 3 = SOUGHT CARE / TREATMENT AT HEALTH FACILITY; 4 = OTHER FW: IF ANSWER IS "3"; SKIP TO 7.8</p>	<p>a</p> <input type="text"/>	<p>b</p> <input type="text"/>	<p>c</p> <input type="text"/>	<p>d</p> <input type="text"/>									
		<p>e</p> <input type="text"/>												
		<p>Other (Specify) _____</p>												

7.7	Was (NAME) taken to a health facility for treatment? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA IF "1", SKIP TO 7.8 ; IF "8" OR "9", SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD	a Fever	b Diarrhoea	c Cough	d Cough & rapid breath	e Convulsions
		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7.7a	Why was care not sought outside the home for (illness)/ or at a health facility? (CODE SHEET A ⁴) SKIP TO 7.15 ONLY IF THE CHILD HAD NO MORE ILLNESSES; ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS WHICH THE CHILD HAD.	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		RECORD ONLY THE MAIN REASON				
7.8	How long after (NAME)'s illness was discovered was treatment/ care sought? RECORD IN DAYS; IF LESS THAN A DAY RECORD '00'	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.9	Where was treatment sought? RECORD CODE OF FACILITY (CODE SHEET A ²).	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (Specify) _____				
7.10	Was follow-up visit/ referral requested by the health care provider? 1=YES, FOLLOW UP VISIT, 2=NO; 3=YES, REFERRAL TO ANOTHER FACILITY; 8=DON'T KNOW	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.11	Did you take (NAME) for a follow-up visit / referral? 1 = YES; 2 = NO; 8 = DON'T KNOW; 9 = NA; IF "2", SKIP TO 7.14 , IF "8" OR "9" SKIP TO 7.15 ONLY IF CHILD HAS NO MORE ILLNESSES ELSE RETURN TO 7.2 FOR THE NEXT ILLNESS. IF "1", PROCEED TO NEXT QUESTION (7.12)	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
7.12	IF REFERRAL / OR SECOND TREATMENT WAS SOUGHT ; ASK:Where did you seek care next? RECORD CODE OF THE FACILITY (CODE SHEET A ²)	a <input type="text"/>	b <input type="text"/>	c <input type="text"/>	d <input type="text"/>	e <input type="text"/>
		Other (Specify) _____				

7.13	FW: CHECK 7.9 AND 7.12; IF CODES ARE THE SAME, SKIP TO 7.15; ELSE ASK: Why did you seek care elsewhere? (CODE SHEET A ³) FW: IF CHILD HAS MORE ILLNESSES, RETURN TO 7.2 FOR THE NEXT ILLNESS ELSE PROCEED TO 7.15.	a) Fever	b) Diarrhoea	c) Cough	d) Cough & rapid breath	e) Convulsions
		<div style="display: flex; justify-content: space-around;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> Other (Specify) _____ _____				
7.14	FW: CHECK IF 7.10 is "1" OR "3" and 7.11 is "2" ASK: Why was (NAME) not taken for a follow up visit/not taken to another facility where he/she was referred?(CODE SHEET A ⁴) RETURN TO 7.2 FOR THE NEXT ILLNESS CHILD HAD; ELSE PROCEED TO 7.15.	a	b	c	d	e
		<div style="display: flex; justify-content: space-around;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> Other (Specify) _____ _____				
7.15	Apart from the illness I have talked about, does/ did (NAME) have any other illness in the last 14 days? CIRCLE 1 = YES, 2 =NO, 8 =DON'T KNOW; IF "1", RECORD CODE OF ILLNESS IN THE BOX (CODE SHEET A ⁵). IF MORE THAN ONE ILLNESS, PROBE AND RECORD THE MOST SERIOUS ILLNESS.	YES..... 1 NO..... 2 DON'T KNOW..... 8 MOST SERIOUS ILLNESS <div style="border: 1px solid black; width: 80px; height: 20px; margin: 5px auto;"></div>				
7.18a	Had woman heard or known ORS in previous interview? 7.18 FW CHECK 7.1, IF CHILD HAD DIARRHOEA, ASK: During the time that (NAME) had diarrhoea, was ORS (salt and sugar solution) prepared for him/her? 1=YES; 2 = NO; 8 = DON'T KNOW	7.18a) Knowledge of ORS in previous interview <div style="border: 1px solid black; width: 30px; height: 15px; display: inline-block; background-color: red;"></div> Yes..... 1 No 2 Don't Know..... 8 <div style="background-color: red; color: black; padding: 2px;">Does not know/ heard about ORS..... 9</div>				

MODULE 3: POST PARTUM PERIOD AND SEXUAL ACTIVITY FW : PROCEED WITH INTERVIEW ONLY IF RESPONDENT IS CHILD'S MOTHER. ELSE SKIP TO MODULE 4			
8.0	POST PARTUM PERIOD AND SEXUAL ACTIVITY		
	Now I would like to ask you questions to gain a better understanding of some family life issues.		
8.1a	Marital status in Survey 2	8.1a Marital status	MaritalStatus
8.1	What is your marital status now: are you married, living with a man, widowed, separated or divorced?	Currently Married..... 1 Living together..... 2 Separated..... 3 Divorced..... 4 Widowed..... 5 Never married..... 6	
8.1p	FW: CHECK IF ANSWER TO 8.1a AND 8.1 ARE DIFFERENT, ASK: When did your marital status change? (DD/MM/YYYY)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
8.3a	Had menstrual period returned in Survey 2?	8.3a) Survey 2	MPR
	FW: CHECK IF ANSWER IN 8.3a) IS "1" RECORD IN CALENDAR COL 1. THEN SKIP TO 8.5a		If 1 → Record in Calendar then skip to 8.5a
8.3	Has your menstrual period returned since the birth of (NAME)? ENTER THE APPROPRIATE RESPONSE IF "2" IN 8.3: RECORD "A" FOR PPA IN THE CALENDAR - Col.1; SINCE THE LAST TIME INTERVIEWED THEN SKIP TO 8.5a. (PPA - POST PARTUM AMENORRHOEA)	YES..... 1 NO..... 2	→ Record in Calendar then skip to 8.5a
8.4	How many months after the birth of (NAME) did you have your first period? RECORD IN THE CALENDAR (Col 1.) M FOR MENSTRUATION IN THE MONTH RESPONDENT HAD HER FIRST PERIOD.	MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	Record in CAL.
	Now I would like to ask you about some questions related to your sexual relationships. Some may be sensitive questions, but please answer them as truthfully as you can		
8.5a	Had respondent resumed sexual relations in Survey 2?	8.5a) Survey 2	SexF
	FW: CHECK IF ANSWER 8.5a is "1"; THEN SKIP TO 8.6		If 1 → 8.6
8.5	Have you resumed sexual relations since the last time you were interviewed? FW: IF 8.5a is "2" OR 8.5 is "2", RECORD X IN Col.2 IN CALENDAR THEN FOLLOW SKIP TO 8.9.	YES..... 1 NO..... 2	→ Record in CAL, then 8.9
8.6	Since resuming sex; have you had sex in.... (name the months since the previous interview) FW: RE-CONFIRM FOR LAST MONTH OF PREVIOUS INTERVIEW THEN PROBE FOR EVERY MONTH THEREAFTER. RECORD S FOR SEX IN ALL THE MONTHS SHE HAD SEX IN THE CALENDAR - Col. 2.		

8.7a	Was respondent pregnant in Survey 2?	8.7a) Survey 2	
8.7	Are you pregnant now? RECORD IN THE CALENDAR (Col 1.) P FOR PREGNANT IN THE MONTH RESPONDENT BECAME PREGNANT AND PROBE FOR ALL THE MONTHS THEREAFTER.	YES..... 1 NO..... 2 Not sure..... 8	} Record in Calendar then skip to 8.9
8.8	How many months pregnant are you? IF DON'T KNOW RECORD 98	MONTHS <input type="text"/> <input type="text"/>	
8.9	FW: CHECK Q.5.9 AND RECORD B FOR BREASTFEEDING DURATION IN THE CALENDAR - Col.3. SINCE THE PREVIOUS INTERVIEW RECORDING ALL THE MONTHS AFTER THAT.		
9.0	CONTRACEPTION		
	Now I would like to talk to you about family planning; the various methods that a couple can use to delay or avoid a pregnancy.		
9.4a	Had respondent used contraception after birth of (NAME) in Survey 2? FW: CHECK IF ANSWER IN 9.4a) IS "1" RECORD IN CALENDAR COL 4. THEN SKIP TO 9.4p	9.4a) Survey 2	FPSinceB If 1 → Record in CAL, skip 9.4p
9.4	Since the birth of (NAME) have you ever used any method to delay or avoid getting pregnant?	YES..... 1 NO..... 2	→ Record in CAL COLs. 4; 6 & 7 then skip to 9.9
9.4p	Are you currently using any method of contraception?	YES..... 1 NO..... 2	
9.5	Which method(s) have you used since the previous interview carried out in July/ September 2007 up to now? RECORD THE TYPE OF METHOD IN THE CALENDAR (Col 4), PROBING ALL MONTHS SINCE THE PREVIOUS INTERVIEW. MORE THAN ONE ANSWER IS ALLOWED.		Record in CAL.
9.6	What is the reason you chose to use (NAME OF METHOD MENTIONED IN 9.5)? RECORD THE REASON IN THE CALENDAR (Col 6), PROBING ALL MONTHS SINCE THE PREVIOUS INTERVIEW. MORE THAN ONE ANSWER IS ALLOWED.		Record in CAL.
9.7	Since the birth of (NAME) did you use any other method to prevent pregnancy? For each method please tell me When you started using the method When you stopped using the method Why you stopped using the method FOLLOWING RESPONSES OF Col. 4 IN THE CALENDAR; RECORD (IN Col.7) FOR EACH EPISODE WHEN THERE WAS CHANGE IN USE; THE REASONS FOR STOPPING TO USE PREVIOUS METHOD. USE THE CODES PROVIDED.		Record in CAL.

10.0	FERTILITY INTENTIONS														
	Now I would like to ask you some questions on your future intentions about sexual life.														
	FW: CHECK (IF PREGNANT) i.e. Q. 8.5 is "1" and Q 8.7 is "1" SKIP TO 10.6 ELSE ASK:														
10.2	Would you like to have another child, or would you prefer not to have any more children?	Have another child..... 1 No more/ None..... 2 Cannot get pregnant..... 3 Undecided/ Don't Know..... 4	→ 10.3 → 10.3												
10.2p	For how long would you like to wait before you have another child? IF LESS THAN ONE MONTH CIRCLE "993"	Months 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Years 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Soon(Now)..... 993 Cannot get pregnant..... 994 After marriage..... 995 Other _____ _____ 996									} 10.3				
10.3	FW:CHECK IF 8.5a and 8.5 is "2" ASK: ELSE SKIP TO 10.6 Since you have not resumed sexual relations after the birth of (NAME), for how long would you like to wait from now, before engaging in sexual intercourse?	WEEKS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Other _____													
10.4	What is the main reason you want to wait for ____ that period? STATE THE PERIOD MENTIONED IN Q. 10.3. Specify_____	Baby too young..... 1 To gain strength..... 2 Traditional practice..... 3 Husband/ Partner away.... 4 To avoid pregnancy..... 5 Other..... 6	} 10.8												
	FW: CHECK(IF PREGNANT) i.e. 8.5 is "1" and 8.7 is "1": ASK THE FOLLOWING QUESTIONS; ELSE SKIP TO 10.7														
10.6a	Pregnancy intendedness in Survey 2	10.6a) Survey 2	If 1/2/3 → 10.5												
10.6	For this current pregnancy, did you want to become pregnant now, wait until later, or would you have preferred not to have any more children at all?	NOW..... 1 LATER..... 2 NOT AT ALL..... 3													
10.5	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 another child..... 1 No more/ None..... 2 Undecided/ Don't Know..... 3	→ 10.7												
10.5p	After the end of this pregnancy, for how long would you like to wait before having another child? IF LESS THAN ONE MONTH CIRCLE "993"	Months 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Years 2 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> Soon..... 993 Cannot get pregnant..... 994 After marriage..... 995 Other _____ _____ 996													

10.7	When you resumed sex after the birth of (NAME); was this..... wanted by yourself, wanted by spouse/ partner, forced by husband/ partner, required by your tradition or other reasons CIRCLE THE MAIN REASON	Wanted by yourself..... 1 Wanted by spouse/partner.. 2 Wanted by both..... 3 Forced by husband/partner. 4 Required by tradition/religio 5 Other reasons..... 6 specify _____													
10.8	How long do you think a couple/ woman should wait before beginning to engage in sexual intercourse after the birth of a child?	DAYS..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW..... 98 Other specify_____													
Q10.10 is asked to women who are not currently pregnant. CHECK Q. 8.7; IF "2" or "8" ASK OTHERWISE SKIP TO 10.11															
10.10	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													
10.11	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES..... 1 NO..... 2 DON'T KNOW..... 8													
11.0 CONDOM USE															
11.8a	<i>Had respondent ever used a condom in survey 2?</i>	11.8a) Survey 2	Condo If 1 → 11.9												
11.8	When having sex, have you or your partner ever used a condom?	Yes..... 1 → 11.9 No..... 2 → Record in CAL; Col.5 then skip to 13.0													
11.9	The last time you had sexual intercourse, did you or your partner use a condom? CHECK RESPONSE IN COL 2. FOR EVERY MONTH WHEN THERE WAS SEX, RECORD CONDOM USE IN THE CALENDAR COL 5. RECORD X WHEN THERE WAS NO SEX.	Yes..... 1 No..... 2	} Record in CAL; Col.5												
13.0 ENDINGS															
13.1	RESULT OF MODULE 1(CODE SHEET A ⁸) [OTHER - SPECIFY]		<table border="1"><tr><td></td></tr></table>												
13.2	RESULT OF MODULE 2 (CODE SHEET A ⁸) [OTHER - SPECIFY]		<table border="1"><tr><td></td></tr></table>												
13.3	RESULT OF MODULE 3(CODE SHEET A ⁸) [OTHER - SPECIFY]		<table border="1"><tr><td></td></tr></table>												
13.4	RESULT OF MODULE 4 (CODE SHEET A ⁸) [OTHER - SPECIFY]		<table border="1"><tr><td></td></tr></table>												
13.5	END TIME		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>												
13.6	RECORD ANY GENERAL COMMENTS														

MODULE 4: ANTHROPOMETRIC MEASUREMENTS	
FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER/CARER OF THE CHILD IF AVAILABLE, OTHERWISE, COMPLETE WITH A CREDIBLE RESPONDENT. IF CHILD IS DECEASED, SKIP TO 13.0	
12.0	ANTHROPOMETRIC MEASUREMENTS
	CHILD'S NAME: <input type="text" value="ChildName2"/> HOUSEHOLD HEAD ID: <input type="text" value="HHHID"/>
	Now I would like to take anthropometric measurements of your baby. First I would like to take weight measurements followed by the height measurements.
12.1	START TIME <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
12.1a	DATE (dd/mm/yyyy) <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
12.2	Is the respondent the mother of the child? Yes..... 1 CIRCLE AS APPROPRIATE No..... 2 Don't Know..... 8
	LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)
12.3a	Length of child measured at previous interview <input type="text" value="12.3a) Survey 2"/> Chi . h
12.3	ENTER THE MEASURED LENGTH (TO THE NEAREST 0.1CM) <input type="text" value="12.3) Survey 3"/> .
	WEIGHT MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)
	WEIGHT OF THE CHILD WILL BE DERIVED BY SUBTRACTING THE WEIGHT OF THE MOTHER/CARER FROM THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD PAIR.
12.4a	Weight of the mother/caretaker measured at previous interview <input type="text" value="12.4a) Survey 2"/> Mot . t
12.4	ENTER THE WEIGHT OF THE MOTHER/CARER IN KG <input type="text" value="12.4) Survey 3"/> .
12.5	ENTER THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD IN KG 12.5) <input type="text" value=""/> .
12.6a	Weight of child measured at previous interview <input type="text" value="12.6a) Survey 2"/> Ch . t
12.6	ENTER THE WEIGHT OF THE CHILD IN KG <input type="text" value="12.6) Survey 3"/> .
	MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)
12.7a	MUAC measured at previous interview <input type="text" value="12.7a) Survey 2"/> MU . C
12.7	ENTER THE MEASURED CIRCUMFERENCE <input type="text" value="12.7) Survey 3"/> .
	(TO THE NEAREST 0.1CM)
12.8a	Was (NAME) referred to a nutritional center in Survey 2? <input type="checkbox"/>
12.8	HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER? Yes..... 1 CIRCLE THE APPROPRIATE RESPONSE No 2
13.0	ENDINGS
13.7	ANTHROPOMETRIC MEASUREMENT : END TIME <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>
13.8	RECORD ANY GENERAL COMMENTS
14.0	OFFICE/FIELD CHECK DETAILS
14.1	FIELD SUPERVISOR'S/TEAM LEADER'S CODE <input type="text" value=""/> <input type="text" value=""/>
14.2	DATA ENTRY CLERK'S CODE <input type="text" value=""/> <input type="text" value=""/>

MODULE 3: POST PARTUM PERIOD AND SEXUAL ACTIVITY			
FW : PROCEED WITH INTERVIEW ONLY IF RESPONDENT IS CHILD'S MOTHER. ELSE SKIP TO MODULE 4			
8.0	POST PARTUM PERIOD AND SEXUAL ACTIVITY		
	Now I would like to ask you questions to gain a better understanding of some family life issues.		
8.1a	<i>Marital status in Survey 1</i>	8.1a Marital status	1
8.1	What is your marital status now: are you married, living with a man, widowed, separated or divorced?	Currently Married..... 1 Living together..... 2 Separated..... 3 Divorced..... 4 Widowed..... 5 Never married..... 6	
8.1b	FW: CHECK IF ANSWER TO 8.1a AND 8.1 ARE DIFFERENT, ASK: When did your marital status change?(DD/MM/YY)	<div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div>	
8.3a	<i>Had menstrual period returned in Survey 1?</i> FW: CHECK IF ANSWER IN 8.3a) IS "1" RECORD IN CALENDAR COL 1. THEN SKIP TO 8.5a	8.3a) Survey 1	1 If 1 → 8.5a
8.3	Has your menstrual period returned since the birth of (NAME)? ENTER THE APPROPRIATE RESPONSE IF "2" IN 8.3: RECORD "A" FOR PPA IN THE CALENDAR - Col.1; SINCE THE LAST TIME INTERVIEWED THEN SKIP TO 8.5a. (PPA - POST PARTUM AMENORRHOEA)	YES..... 1 NO..... 2	→ Record in Calendar then skip to 8.5a
8.4	How many months after the birth of (NAME) did you have your first period? RECORD IN THE CALENDAR(- Col 1.) M FOR MENSTRUATION IN THE MONTH RESPONDENT HAD HER FIRST PERIOD.	MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>	
Now I would like to ask you about some questions related to your sexual relationships. I know these are sensitive questions, but please answer them as truthfully as you can			
8.5a	<i>Had respondent resumed sexual relations in Survey 1?</i> FW: CHECK IF ANSWER 8.5a IS "1"; RECORD IN CALENDAR THEN SKIP TO 8.6	8.5a) Survey 1	1 If 1 → 8.6
8.5	Have you resumed sexual relations since the last time you were interviewed? FW: IF 8.5a IS "2" OR 8.5 IS "2", RECORD RESPONSE IN CALENDAR THEN FOLLOW SKIP PATTERN	YES..... 1 NO..... 2	→ 8.9
8.6	Since resuming sex; have you had sex in.... (name the months since the previous interview) FW: PROBE FOR EVERY MONTH SINCE THE PREVIOUS INTERVIEW. RECORD S FOR SEX IN ALL THE MONTHS SHE HAD SEX IN THE CALENDAR - Col. 2.		
8.7	<i>Was respondent pregnant in Survey 1?</i> Are you pregnant now? RECORD IN THE CALENDAR(- Col 1.) P FOR PREGNANT IN THE MONTH RESPONDENT BECAME PREGNANT AND PROBE FOR ALL THE MONTHS THEREAFTER.	8.7a) Survey 1	2
		YES..... 1 NO..... 2 Not sure..... 8	} Record in Calendar then skip to 8.9

9.10	Which of the hospitals/ health centers/ clinics you have mentioned is closest to you?	HF code <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td><td> </td></tr></table> Location _____																			
9.11	How much time does it take to get there when walking?	MINUTES <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> HOURS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> IF LESS THAN 1 HOUR WRITE IN MINUTES									DON'T KNOW..... 98										
9.12	Do you pay any money at this facility to get family planning method?	YES..... 1 NO..... 2 DON'T KNOW..... 8																			
10.0 FERTILITY INTENTIONS																					
Now I would like to ask you some questions on your future intentions about sexual life.																					
These questions are asked to women who have not began sexual relations since the birth of the last child. CHECK IF ANSWER FOR 8.5a and 8.5 IS "2". IF "1" SKIP TO 10.5																					
10.2	Would you like to have another child, or would you prefer not to have any more children?	Have another child..... 1 No more/ None..... 2 Cannot get pregnant..... 3 Undecided/ Don't Know..... 4																			
10.3	Since you have not resumed sexual relations after the birth of (NAME), for how many months would you like to wait from now, before engaging in sexual intercourse?	WEEKS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> MONTHS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table> YEARS <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></table>																			
10.4	What is the main reason you want to wait for ____ that period? STATE THE PERIOD MENTIONED IN Q. 10.3.	Baby too young..... 1 To gain strength..... 2 Traditional practice..... 3 Husband/ Partner away.... 4 To avoid pregnancy..... 5 Other..... 6	} 10.8																		
Specify _____																					
The following questions are asked to women who have resumed sexual relations since the birth of the last child.																					
10.5	CHECK 8.7: IF PREGNANT ASK 10.5; OTHERWISE SKIP TO 10.7 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 another child..... 1 No more/ None..... 2 Undecided/ Don't Know..... 3																			
10.6	For this current pregnancy, did you want to become pregnant now, wait until later, or would you prefer not to have any more children at all?	NOW..... 1 LATER..... 2 NOT AT ALL..... 3																			

10.7	When you resumed sex after the birth of (NAME); was this..... wanted by yourself, wanted by spouse/ partner, forced by husband/ partner, required by your tradition or other reasons Other reasons, specify _____	Wanted by yourself..... 1 Wanted by spouse/partner.. 2 Wanted by both..... 3 Forced by husband/partner. 4 Required by your tradition... 5 Other reasons, _____ 6																			
10.8	How long do you think a couple/ woman should wait before beginning to engage in sexual intercourse after the birth of a child?	DAYS..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> MONTHS..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEARS..... <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> DON'T KNOW..... 98 Other specify _____																			
These questions are asked to women who are not currently pregnant. CHECK Q. 8.7 IF PREGNANT SKIP TO 10.11																					
10.10	In the next few weeks, if you discovered that you were pregnant, would that be a big problem, asmall 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																			
10.11	Do you think you will use a method to delay or avoid pregnancy at any time in the future?	YES..... 1 NO..... 2 DON'T KNOW..... 8																			
CONDOM USE																					
11.8a	<i>Had respondent ever used a condom in previous survey?</i>	11.8a) Survey 1	2																		
11.9	The last time you had sexual intercourse, did you or your partner use a condom? CHECK RESPONSE IN COL 2. FOR EVERY MONTH WHEN THERE WAS SEX, RECORD CONDOM USE IN THE CALENDAR COL 5. RECORD X WHEN THERE WAS NO SEX.																				
13.0	ENDINGS																				
13.1	RESULT OF MODULE 1(CODE SHEET A ⁸) [OTHER - SPECIFY		<table border="1"><tr><td></td></tr></table>																		
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13.5	END TIME		<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>																		
13.6	RECORD ANY GENERAL COMMENTS																				

MODULE 4: ANTHROPOMETRIC MEASUREMENTS	
FW: THIS MODULE SHOULD BE COMPLETED WITH THE MOTHER/CARER OF THE CHILD IF AVAILABLE, OTHERWISE, COMPLETE WITH A CREDIBLE RESPONDENT. IF CHILD IS DECEASED, SKIP TO 13.0	
12.0	ANTHROPOMETRIC MEASUREMENTS JOSHUA MUENDO HouseholdID V0170140050201
Now I would like to take anthropometric measurements of your baby. First I would like to take weight measurements followed by the height measurements.	
12.1	START TIME
12.1a	DATE (dd/mm/yyyy)
12.2	Is the respondent the mother of the child? Yes..... 1 CIRCLE AS APPROPRIATE No..... 2 Don't Know..... 8
LENGTH MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)	
12.3a	Length of child measured at previous interview 12.3a) Survey 1 48. . 9
12.3	ENTER THE MEASURED LENGTH (TO THE NEAREST 0.1CM) 12.3) Survey 2
WEIGHT MEASUREMENT (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)	
WEIGHT OF THE CHILD WILL BE DERIVED BY SUBTRACTING THE WEIGHT OF THE MOTHER/CARER FROM THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD PAIR.	
12.4a	Weight of the mother/caretaker measured at previous interview 12.4a) Survey 1 56. . 2
12.4	ENTER THE WEIGHT OF THE MOTHER/CARER IN KG 12.4) Survey 2
12.5	ENTER THE COMBINED WEIGHT OF THE MOTHER/CARER AND CHILD IN KG 12.5)
12.6a	Weight of child measured at previous interview 12.6a) Survey 1 7. . 2
12.6	ENTER THE WEIGHT OF THE CHILD IN KG 12.6) Survey 2
MID- UPPER ARM CIRCUMFERENCE (REFER TO INSTRUCTIONS AND ILLUSTRATION IN YOUR MANUAL)	
12.7a	MUAC measured at previous interview 12.7a) Survey 1 13 . 2
12.7	ENTER THE MEASURED CIRCUMFERENCE (TO THE NEAREST 0.1CM) 12.7) Survey 2
12.8	HAS (NAME) BEEN REFERRED TO A NUTRITIONAL CENTER? Yes..... 1 CIRCLE THE APPROPRIATE RESPONSE No 2
13.0 ENDINGS	
13.7	ANTHROPOMETRIC MEASUREMENT : END TIME
13.8	RECORD ANY GENERAL COMMENTS
14.0 OFFICE/FIELD CHECK DETAILS	
14.1	FIELD SUPERVISOR'S/TEAM LEADER'S CODE
14.2	DATA ENTRY CLERK'S CODE

EXPOSURE CALENDAR - Information from previous round should be pre-filled

EXPOSURE CALENDAR - Information from previous round should be pre-filled													
		MOTHER'S NAME:	SUSAN MUGURE MURAI			HOUSEHOLD ID:	Y010012001				2		
		YEAR	MONTH	ORDER	COL. 1 Q. 8.3	COL.2 Q8.6	COL.3 Q5.9	COL.4 Q9.5	COL.5 Q11.9	COL.6 Q9.6	COL.7 Q9.7	MONTH	YEAR
INSTRUCTIONS													
COL.1	Q.8.3: Since the previous interview, how many months after birth of (name) did you have your first period?	2 0 0 6	10 SEP	01	P							01 SEP	2
			11 OCT	02	P							02 OCT	0
	A POST PARTUM AMENORRHOEA		12 NOV	03	B	P	B					03 NOV	6
	B WHEN CHILD WAS BORN		01 DEC	04	A	X	B					04 DEC	
	P WHEN WOMAN IS/ WAS PREGNANT		02 JAN	05	A	X	B					05 JAN	
	M MENSTRUATION		03 FEB	06	A	S	B					06 FEB	
	X NO MENSTRUATION EXPERIENCED THOUGH EXPECTED		04 MAR	07	A	S	B					07 MAR	
	MX MENSTRUATION EXPECTED IN THAT MONTH		05 APR	08								08 APR	
		2	06 MAY	09								09 MAY	2
		0	07 JUN	10								10 JUN	0
COL.2	Q.8.6: Since resuming sex, have you had sex in.... (FW: name month since the previous interview)	0 0 7	08 JUL	11								11 JUL	0
	S RECORD S ON THE MONTH SHE HAD SEX		09 AUG	12								AUG	7
	X RECORD X IN MONTHS WHEN SHE DID NOT HAVE SEX												
COL.3	Q.5.9 & 5.10: FW CHECK Q8.9 For how many months since previous interview did you breastfeed (NAME)?		10 SEP	01								01 SEP	
	B RECORD B FOR BREASTFEEDING IN MONTHS SHE BREASTFED CHILD		11 OCT	02								02 OCT	
	D RECORD D IN MONTH WHEN CHILD DIED		12 NOV	03								03 NOV	
	X IN MONTHS WHEN BREASTFEEDING STOPPED		01 DEC	04								04 DEC	
	BN IN MONTHS WHEN CHILD WAS NEVER BREASTFED		02 JAN	05								05 JAN	
			03 FEB	06								06 FEB	
			04 MAR	07								07 MAR	
			05 APR	08								08 APR	
		2	06 MAY	09								09 MAY	2
		0	07 JUN	10								10 JUN	0
COL.4	Q.9.5: Which method of FP have you used since the previous interview? PROBE FOR ALL MONTHS	0 0 8	08 JUL	11								11 JUL	0
	A FEMALE STERILISATION		09 AUG	12								12 AUG	8
	B MALE STERILISATION												
	C PILL		10 SEP	01								01 SEP	
	D IUD		11 OCT	02								02 OCT	
	E INJECTABLES		12 NOV	03								03 NOV	
	F CONDOM		01 DEC	04								04 DEC	
	G FEMALE CONDOM		02 JAN	05								05 JAN	
	H DIAPHRAGM		03 FEB	06								06 FEB	
	I FOAM/JELLY		04 MAR	07								07 MAR	2
	J LACTATIONAL AMENORRHOEA METHOD		05 APR	08								08 APR	0
	K RHYTHM METHOD	2	06 MAY	09								09 MAY	9
	L WITHDRAWAL	0	07 JUN	10								10 JUN	
	M IMPLANTS	0	08 JUL	11								11 JUL	
	N EMERGENCY CONTRACEPTION	9	09 AUG	12								12 AUG	
	X WHEN NO METHOD WAS USED												
COL.5	Q.11.9: Since the previous interview, did you or your partner use a condom when you engaged in sex?		10 SEP	01								01 SEP	
	C RECORD C FOR ON EVERY MONTH THAT RESPONDENT HAD SEX USING A CONDOM		11 OCT	02								02 OCT	
	Add A-ALWAYS; S-SOMETIMES; N-NEVER		12 NOV	03								03 NOV	
	Check Q.8.6 (Col. 2) when she had sex.		01 DEC	04								04 DEC	
	X WHEN THERE WAS NO SEX		02 JAN	05								05 JAN	2
			03 FEB	06								06 FEB	0
			04 MAR	07								07 MAR	1
			05 APR	08								08 APR	0
		2	06 MAY	09								09 MAY	
		0	07 JUN	10								10 JUN	
COL.6	Q.9.6: What is the reason you choose to use (NAME of method mentioned in Q.9.5)	0 1 0	08 JUL	11								11 JUL	
	FW NB: MORE THAN 1 RESPONSE ALLOWED.		09 AUG	12								12 AUG	
	A DOCTOR ADVISED THIS METHOD												
	B HAS LITTLE SIDE EFFECTS		10 SEP	01								01 SEP	
	C PARTNER IS NOT AWARE OF IT		11 OCT	02								02 OCT	
	D BECAUSE RESPONDENT LIKES IT		12 NOV	03								03 NOV	
	E CONVENIENT TO USE		01 DEC	04								04 DEC	
	F KNOWS NO OTHER METHOD		02 JAN	05								05 JAN	2
	G KNOWS NO SOURCE OF WHERE TO GET OTHERS		03 FEB	06								06 FEB	0
	H COST IS/ IS NOT TOO MUCH		04 MAR	07								07 MAR	1
	I PARTNER REQUESTED OR INSISTED	2	05 APR	08								08 APR	1
	J HEALTH CONCERNS	0	06 MAY	09								09 MAY	
	K OTHER REASONS	1	07 JUN	10								10 JUN	
	X WHEN NO CONTRACEPTION WAS USED		08 JUL	11								11 JUL	
			09 AUG	12								12 AUG	
COL.7	Q.9.7: Why did you stop using the previous method? (i.e. change from the one you were using before)												
	A INFREQUENT SEX/ HUSBAND OR PARTNER AWAY												
	B BECAME PREGNANT WHILE USING												
	C HAD SIDE EFFECTS												
	D WANTED TO BECOME PREGNANT												
	E HUSBAND/ PARTNER DISAPPROVED												
	F WANTED MORE EFFECTIVE METHOD												
	G HEALTH CONCERNS												
	H LACK OF ACCESS/ TOO FAR												
	I COSTS WERE TOO MUCH												
	J INCONVENIENT TO USE												
	K FATALISTIC												
	L DIFFICULT TO GET PREGNANT/ MENOPAUSAL												
	M MARITAL DISSOLUTION/ SEPARATION												
	N DON'T KNOW												
	O OTHER REASONS												