

IDENTIFICATION

NCSS CLUSTER NUMBER.....

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STRUCTURE OWNER _____

DIVISION _____

LOCATION _____

SUB-LOCATION _____

EA NAME AND CODE _____

STRUCTURE NUMBER.....

HOUSEHOLD NUMBER.....

NAME AND LINE NUMBER OF WOMAN/Girl _____

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INTERVIEWER VISITS	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR
INTERVIEWER'S NAME				NAME
RESULT *				RESULT
NEXT VISIT: DATE TIME				TOTAL NUMBER OF VISITS

* RESULT CODES: 1 COMPLETED 4 REFUSED 7 OTHER _____
 2 NOT AT HOME 5 PARTLY COMPLETED
 3 POSTPONED 6 INCAPACITATED _____ (SPECIFY)

LANGUAGE OF QUESTIONNAIRE: ENGLISH

1	0

LANGUAGE USED IN INTERVIEW**.....

RESPONDENT'S LOCAL LANGUAGE**.....

TRANSLATOR USED (NOT AT ALL=1; SOMETIMES=2; ALL THE TIME=3).....

** LANGUAGE CODES: 01 KALENJIN 05 LUHYA 09 KISWAHILI
 02 KAMBA 06 LUO 10 ENGLISH
 03 KIKUYU 07 MERU/EMBU 11 MAASAI
 04 KISII 08 MIJIKENDA 12 OTHER

NAME DATE	FIELD EDITED BY _____	OFFICE EDITED BY _____	KEYED BY _____	KEYED BY _____
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SECTION 1. RESPONDENT'S BACKGROUND AND MOBILITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																											
101	RECORD THE TIME.	HOUR..... MINUTES.....	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																											
102	How many years have you been occupying this same house/structure continuously? (IF MORE THAN TWO YEARS RECORD IN YEARS)	MONTHS.....1 YEARS.....2 SINCE BIRTH.....995	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																											
103	Just before you moved to this house/structure, where did you live? _____ (SPECIFY PLACE IF NOT WITHIN SAME SLUM)	WITHIN THE SAME SLUM.....1 ANOTHER SLUM IN NRB.....2 (SPECIFY) PART OF NON SLUM IN NRB.....3 (SPECIFY) ANOTHER TOWN.....4 (SPECIFY) UPCOUNTRY RURAL VILLAGE.....5 (SPECIFY) BOARDING SCHOOL.....6 OTHER.....96 (SPECIFY)	Q108																											
104	How long did you live at last residence? (IF MORE THAN TWO YEARS RECORD IN YEARS)	MONTHS.....1 YEARS.....2	<table border="1"> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>																											
CHECK HH COL 4 & Q102 USUAL RESIDENT <input type="checkbox"/>		VISTOR OR IN BOARDING SCHOOL <input type="checkbox"/>	112																											
105	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 HH.	MOVED TO JOIN EXISTING HH.....1 MOVED WITH OTHERS TO START HH...2 MOVED ALONE TO START HH.....3																												
105B	Why did you move away from your initial place of residence? PROBE: Any other?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>01 CIVIL CONFLICT.....</td><td>1</td><td>2</td></tr> <tr><td>02 FOR A CHANGE.....</td><td>1</td><td>2</td></tr> <tr><td>03 RENT TOO HIGH.....</td><td>1</td><td>2</td></tr> <tr><td>04 LOST JOB.....</td><td>1</td><td>2</td></tr> <tr><td>05 SLUM UNSAFE.....</td><td>1</td><td>2</td></tr> <tr><td>06 GOT MARRIED.....</td><td>1</td><td>2</td></tr> <tr><td>07 DIVORCED/WIDOWED/SEPARATED..</td><td>1</td><td>2</td></tr> <tr><td>96 OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> (SPECIFY)		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 SLUM UNSAFE.....	1	2	06 GOT MARRIED.....	1	2	07 DIVORCED/WIDOWED/SEPARATED..	1	2	96 OTHER.....	1	2	
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105C	Which of the above reasons is the most important for your moving away from your initial place of residence?	IMPORTANT REASON.....	<table border="1"> <tr><td></td><td></td></tr> </table>																											
106	Why did you move to this particular community? PROBE: Any other?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>01 SEEK JOB.....</td><td>1</td><td>2</td></tr> <tr><td>02 GOT A JOB.....</td><td>1</td><td>2</td></tr> <tr><td>03 TO JOIN FAMILY.....</td><td>1</td><td>2</td></tr> <tr><td>04 GOT MARRIED.....</td><td>1</td><td>2</td></tr> <tr><td>05 RENT IS CHEAP.....</td><td>1</td><td>2</td></tr> <tr><td>06 COMMUNITY IS SAFE.....</td><td>1</td><td>2</td></tr> <tr><td>96 OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> (SPECIFY)		YES	NO	01 SEEK JOB.....	1	2	02 GOT A JOB.....	1	2	03 TO JOIN FAMILY.....	1	2	04 GOT MARRIED.....	1	2	05 RENT IS CHEAP.....	1	2	06 COMMUNITY IS SAFE.....	1	2	96 OTHER.....	1	2				
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106B	Which of the above reasons is the most important for your moving to this particular community?	IMPORTANT REASON.....	<table border="1"> <tr><td></td><td></td></tr> </table>																											

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107	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																																								
108	Are you a member of any organization in this community?	YES.....1 NO.....2	→109A																																							
108B	What is the main function/activity of the organization you mostly associate with?	SOCIAL/CULTURAL.....1 ECONOMIC SUPPORT.....2 RELIGIOUS.....3 SPORTS/LEISURE.....4 OTHER _____ 6 (SPECIFY)																																								
109A	Do you plan to move out of this house/structure in the future?	YES, JUST MYSELF.....1 YES, WHOLE HOUSEHOLD.....2 NOT CERTAIN.....3 NO.....4	→112 →111A																																							
109B	Where do you plan to go? (SPECIFY PLACE IF NOT WITHIN THE SAME SLUM)	SAME SLUM.....1 ANOTHER SLUM IN NRB _____ 2 (SPECIFY) NON-SLUM PART OF NRB _____ 3 (SPECIFY) ANOTHER TOWN _____ 4 (SPECIFY) BACK TO UPCOUNTRY/VILLAGE.....5 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8																																								
109C	How soon are you planning to move?	MONTH.....1 <table border="1" data-bbox="1220 1176 1300 1276"><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table> YEAR.....2 OTHERS _____ 96 (SPECIFY) DON'T KNOW/UNSURE.....98																																								
110	Why do you want to move out? PROBE: ANY OTHER? RECORD ALL RESPONSES	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>01 NEW JOB ELSEWHERE.....</td><td>1</td><td>2</td></tr> <tr><td>02 NO WORK AVAILABLE HERE.....</td><td>1</td><td>2</td></tr> <tr><td>03 RENT TOO HIGH.....</td><td>1</td><td>2</td></tr> <tr><td>04 MARRIAGE.....</td><td>1</td><td>2</td></tr> <tr><td>05 WHOLE FAMILY MOVING.....</td><td>1</td><td>2</td></tr> <tr><td>06 FAMILY PROBLEMS.....</td><td>1</td><td>2</td></tr> <tr><td>07 TO ESTABLISH OWN RESIDENCE.....</td><td>1</td><td>2</td></tr> <tr><td>08 WAS HERE TEMPORARY.....</td><td>1</td><td>2</td></tr> <tr><td>09 CAN AFFORD BETTER HOUSE.....</td><td>1</td><td>2</td></tr> <tr><td>10 TOO MUCH CRIME/DRUGS.....</td><td>1</td><td>2</td></tr> <tr><td>11 RETIRED/LOST JOB.....</td><td>1</td><td>2</td></tr> <tr><td>96 OTHER _____</td><td>1</td><td>2</td></tr> </tbody> </table> (SPECIFY)		YES	NO	01 NEW JOB ELSEWHERE.....	1	2	02 NO WORK AVAILABLE HERE.....	1	2	03 RENT TOO HIGH.....	1	2	04 MARRIAGE.....	1	2	05 WHOLE FAMILY MOVING.....	1	2	06 FAMILY PROBLEMS.....	1	2	07 TO ESTABLISH OWN RESIDENCE.....	1	2	08 WAS HERE TEMPORARY.....	1	2	09 CAN AFFORD BETTER HOUSE.....	1	2	10 TOO MUCH CRIME/DRUGS.....	1	2	11 RETIRED/LOST JOB.....	1	2	96 OTHER _____	1	2	
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111A	What are the main reasons for not wanting to move? PROBE: ANY OTHER? RECORD ALL RESPONSES	<table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>1</td> <td>CAN'T AFFORD TO MOVE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>2</td> <td>HAPPY WITH JOB.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>3</td> <td>FAMILY LIVES HERE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>4</td> <td>OWN PROPERTY HERE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>5</td> <td>LIMITED EDUCATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>6</td> <td>HAVE NOWHERE ELSE TO GO....</td> <td>1</td> <td>2</td> </tr> <tr> <td>7</td> <td>TOO OLD TO MOVE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>8</td> <td>RENT IS CHEAPER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>9</td> <td>JOB RELATED REASONS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>10</td> <td>SECURITY IS GOOD.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>96</td> <td>OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> <td></td> <td></td> </tr> </table>			YES	NO	1	CAN'T AFFORD TO MOVE.....	1	2	2	HAPPY WITH JOB.....	1	2	3	FAMILY LIVES HERE.....	1	2	4	OWN PROPERTY HERE.....	1	2	5	LIMITED EDUCATION.....	1	2	6	HAVE NOWHERE ELSE TO GO....	1	2	7	TOO OLD TO MOVE.....	1	2	8	RENT IS CHEAPER.....	1	2	9	JOB RELATED REASONS.....	1	2	10	SECURITY IS GOOD.....	1	2	96	OTHER _____	1	2		(SPECIFY)																							
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112	In what month and year were you born?	MONTH..... <input type="text"/> <input type="text"/> DON'T KNOW MONTH.....98 YEAR..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW YEAR.....9998																																																																									
113	How old were you at your last birthday? COMPARE AND CORRECT 112 AND/OR 113 IF INCONSISTENT.	AGE IN COMPLETED YEARS..... <input type="text"/> <input type="text"/>																																																																									
114	Have you ever attended school?	YES.....1 NO.....2 →121																																																																									
115	What is the highest level of school you attended: primary, secondary, or higher?	PRIMARY.....1 SECONDARY.....2 HIGHER.....3																																																																									
116	What is the highest (standard/form/year) you completed at that level?	STANDARD/FORM/YEAR..... <input type="text"/> <input type="text"/>																																																																									
117	CHECK 113: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		→122																																																																								
118	Are you currently attending school?	YES.....1 NO.....2 →120																																																																									
119	Who contributes to your school-related expenses? PROBE: Who else?	<table border="0"> <tr> <td></td> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td></td> <td>FATHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>MOTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>STEP FATHER/MOTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>BROTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>SISTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>UNCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>AUNT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>GRAND PARENT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>OTHER RELATIVES.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>FRIEND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>SCHOOL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>TEACHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>NON GOVERNMENTAL ORGANIZATION.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>RELIGIOUS GROUP.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>NO ONE/SELF.....</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>OTHER _____</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>(SPECIFY)</td> <td></td> <td></td> </tr> </table>			YES	NO		FATHER.....	1	2		MOTHER.....	1	2		STEP FATHER/MOTHER.....	1	2		BROTHER.....	1	2		SISTER.....	1	2		UNCLE.....	1	2		AUNT.....	1	2		GRAND PARENT.....	1	2		OTHER RELATIVES.....	1	2		FRIEND.....	1	2		SCHOOL.....	1	2		TEACHER.....	1	2		NON GOVERNMENTAL ORGANIZATION.....	1	2		RELIGIOUS GROUP.....	1	2		NO ONE/SELF.....	1	2		OTHER _____	1	2		(SPECIFY)			→122
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120	What were the reasons why you stopped attending school? PROBE: Any other?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>01 GOT PREGNANT.....</td><td>1</td><td>2</td></tr> <tr><td>02 GOT MARRIED.....</td><td>1</td><td>2</td></tr> <tr><td>03 TO CARE FOR YOUNGER CHILDREN.....</td><td>1</td><td>2</td></tr> <tr><td>04 FAMILY NEEDED HELP ON FARM OR IN BUSINESS.....</td><td>1</td><td>2</td></tr> <tr><td>05 COULD NOT PAY SCHOOL FEES...</td><td>1</td><td>2</td></tr> <tr><td>06 NEEDED TO EARN MONEY.....</td><td>1</td><td>2</td></tr> <tr><td>07 COMPLETED/HAD ENOUGH SCHOOL.</td><td>1</td><td>2</td></tr> <tr><td>08 DID NOT PASS ENTRANCE EXAM..</td><td>1</td><td>2</td></tr> <tr><td>09 DID NOT LIKE SCHOOL.....</td><td>1</td><td>2</td></tr> <tr><td>10 SCHOOL NOT ACCESSIBLE/TOO FAR.....</td><td>1</td><td>2</td></tr> <tr><td>11 PHYSICALLY/MENTALLY DISABLED.</td><td>1</td><td>2</td></tr> <tr><td>12 POOR SCHOOL QUALITY.....</td><td>1</td><td>2</td></tr> <tr><td>13 EXPELLED.....</td><td>1</td><td>2</td></tr> <tr><td>14 FAMILY SEES NO ECONOMIC BENEFIT.....</td><td>1</td><td>2</td></tr> <tr><td>96 OTHER _____</td><td>1</td><td>2</td></tr> <tr><td></td><td colspan="2" style="text-align: center;">(SPECIFY)</td></tr> <tr><td>98 DON'T KNOW.....</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	01 GOT PREGNANT.....	1	2	02 GOT MARRIED.....	1	2	03 TO CARE FOR YOUNGER CHILDREN.....	1	2	04 FAMILY NEEDED HELP ON FARM OR IN 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 DID NOT PASS ENTRANCE EXAM..	1	2	09 DID NOT LIKE SCHOOL.....	1	2	10 SCHOOL NOT ACCESSIBLE/TOO FAR.....	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 DON'T KNOW.....	1	2	
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07 FAMILY SEES NO BENEFIT.....	1	2																																																							
96 OTHER _____	1	2																																																							
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98 DON'T KNOW.....	1	2																																																							
121A	Which of the above reasons is the most important? (GET CODE FROM 121)	IMPORTANT REASON..... <input type="checkbox"/> <input type="checkbox"/>																																																							
122	What is your religion?	<table border="0"> <tbody> <tr><td>CATHOLIC.....</td><td>1</td></tr> <tr><td>PROTESTANT/OTHER CHRISTIAN.....</td><td>2</td></tr> <tr><td>MUSLIM.....</td><td>3</td></tr> <tr><td>NO RELIGION.....</td><td>4</td></tr> <tr><td>OTHER _____</td><td>6</td></tr> <tr><td></td><td style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>	CATHOLIC.....	1	PROTESTANT/OTHER CHRISTIAN.....	2	MUSLIM.....	3	NO RELIGION.....	4	OTHER _____	6		(SPECIFY)																																											
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123	What is your ethnic group/tribe?	<table border="0"> <tbody> <tr><td>KALENJIN.....</td><td>01</td></tr> <tr><td>KAMBA.....</td><td>02</td></tr> <tr><td>KIKUYU.....</td><td>03</td></tr> <tr><td>KISII.....</td><td>04</td></tr> <tr><td>LUHYA.....</td><td>05</td></tr> <tr><td>LUO.....</td><td>06</td></tr> <tr><td>MASAI.....</td><td>07</td></tr> <tr><td>MERU/EMBU.....</td><td>08</td></tr> <tr><td>MIJIKENDA/SWAHILI.....</td><td>09</td></tr> <tr><td>SOMALI.....</td><td>10</td></tr> <tr><td>TAITA/TAVETA.....</td><td>11</td></tr> <tr><td>OTHER _____</td><td>96</td></tr> <tr><td></td><td style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>	KALENJIN.....	01	KAMBA.....	02	KIKUYU.....	03	KISII.....	04	LUHYA.....	05	LUO.....	06	MASAI.....	07	MERU/EMBU.....	08	MIJIKENDA/SWAHILI.....	09	SOMALI.....	10	TAITA/TAVETA.....	11	OTHER _____	96		(SPECIFY)																													
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SECTION 2. REPRODUCTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	YES.....1 NO.....2	 →206
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	YES.....1 NO.....2	 →204
203	How many sons live with you? And how many daughters live with you? IF NONE, RECORD '00'.	SONS AT HOME..... DAUGHTERS AT HOME.....	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES.....1 NO.....2	 →206
205	How many sons are alive but do not live with you? And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	SONS ELSEWHERE..... DAUGHTERS ELSEWHERE.....	
206	Sometimes it happens that children die. It may be very painful to talk about and I am sorry to ask you about painful memories, but it is important to get the right information. Have you ever given birth to a boy or girl who was born alive but later died? IF NO: PROBE: Any baby who cried or showed signs of life but survived only a few hours or days?	YES.....1 NO.....2	 →208
207	In all, how many boys have died? And how many girls have died? IF NONE, RECORD '00'.	BOYS DEAD..... GIRLS DEAD.....	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL.....	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL ___ children 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.

212	213	214	215	216	217	218	219	220	221
What name was given to your (first/next) baby? (NAME)	Was birth of (NAME) a multiple birth?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive? DK...8	Is/Was (NAME) a boy or a girl?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	IF ALIVE: Is (NAME) living with you? (NEXT BIRTH)	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.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME) OF PREVIOUS BIRTH) and (NAME)?
01	YES...1 NO....2	MONTH... YR	YES...1 NO...2 DK...8	BOY...1 GIRL..2	AGE IN YEARS	YES...1 NO...2	DAYS....1 MONTHS..2 YEARS...3		
02	YES...1 NO....2	MONTH... YR	YES...1 NO...2 DK...8	BOY...1 GIRL..2	AGE IN YEARS	YES...1 NO...2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2
03	YES...1 NO....2	MONTH... YR	YES...1 NO...2 DK...8	BOY...1 GIRL..2	AGE IN YEARS	YES...1 NO...2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2
04	YES...1 NO....2	MONTH... YR	YES...1 NO...2 DK...8	BOY...1 GIRL..2	AGE IN YEARS	YES...1 NO...2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2
05	YES...1 NO....2	MONTH... YR	YES...1 NO...2 DK...8	BOY...1 GIRL..2	AGE IN YEARS	YES...1 NO...2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2
06	YES...1 NO....2	MONTH... YR	YES...1 NO...2 DK...8	BOY...1 GIRL..2	AGE IN YEARS	YES...1 NO...2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2
07	YES...1 NO....2	MONTH... YR	YES...1 NO...2 DK...8	BOY...1 GIRL..2	AGE IN YEARS	YES...1 NO...2 (GO TO 220)	DAYS....1 MONTHS..2 YEARS...3	YES....1 NO....2 (NEXT BIRTH)	YES..1 NO...2

212	213	214	215	216	217	218	219	220	221
What name was given to your next baby? (NAME)	Was birth a twin/multiple birth? Was birth of (NAME) a multiple birth?	In what month and year was (NAME) born? PROBE: What is his/her birthday? OR: In what season was he/she born?	Is (NAME) still alive?	Is/Was (NAME) a boy or a girl?	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS.	Is (NAME) living with you?	How old was (NAME) when he/she died? IF '1 YR.', PROBE: How many months old was (NAME)? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.	FROM YEAR OF BIRTH OF (NAME) SUBTRACT YEAR OF PREVIOUS BIRTH. IS THE DIFFERENCE 4 OR MORE?	Were there any other live births between (NAME OF PREVIOUS BIRTH) and (NAME)?

08	YES...1 NO....2	MONTH... <table border="1"><tr><td></td><td></td><td></td><td></td></tr><tr><td>YR</td><td></td><td></td><td></td></tr></table>					YR				YES..1 NO...2 DK...8	BOY...1 GIRL..2	AGE IN YEARS <table border="1"><tr><td></td><td></td></tr></table>			YES...1 NO....2 (GO TO ← 220)	DAYS....1 MONTHS..2 YEARS...3 <table border="1"><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>							YES....1 NO.....2 (NEXT BIRTH)	YES..1 NO...2
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YR																									

222	FROM YEAR OF INTERVIEW SUBTRACT YEAR OF LAST BIRTH. IS THE DIFFERENCE 4 YEARS OR MORE?	YES.....1 → GO TO 223 NO.....2 → GO TO 224
-----	---	---

223	Have you had any live births since the birth of (NAME OF LAST BIRTH)?	YES.....1 NO.....2
-----	---	-----------------------

224	COMPARE 208 WITH NUMBER OF BIRTHS IN HISTORY ABOVE AND MARK: NUMBERS ARE SAME <input type="checkbox"/> NUMBERS ARE DIFFERENT <input type="checkbox"/> (PROBE AND RECONCILE) CHECK: FOR EACH BIRTH: YEAR OF BIRTH IS RECORDED. FOR EACH LIVING CHILD: CURRENT AGE IS RECORDED. FOR EACH DEAD CHILD: AGE AT DEATH IS RECORDED. FOR AGE AT DEATH 12 MONTHS OR 1 YR.: PROBE TO DETERMINE EXACT NUMBER OF MONTHS.	<table border="1"><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr><tr><td></td></tr></table>				

225	CHECK 214 AND ENTER THE NUMBER OF BIRTHS SINCE JANUARY 1997. IF NONE, RECORD '0'.	<input type="checkbox"/>
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NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
226	Now I would like to ask you about some current events in your life. Are you pregnant?	YES.....1 NO.....2 UNSURE.....8	} } } → 229
227	For how many months have you been pregnant?	MONTHS..... <input type="text"/>	
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 WANT MORE CHILDREN.....3 UNCERTAIN.....4	} } } }
229	Have you ever had a pregnancy that miscarried, was aborted, or ended in a stillbirth?	YES.....1 NO.....2	} } → 231
229B	How many times have you had a pregnancy that miscarried, was aborted, or that ended in a still birth?	NUMBER..... <input type="text"/>	
230	When did the last such pregnancy end?	MONTH..... <input type="text"/> YEAR..... <input type="text"/>	
231	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO.....1 WEEKS AGO.....2 MONTHS AGO.....3 YEARS AGO.....4 IN MENOPAUSE.....994 BEFORE LAST PREGNANCY.....995 NEVER MENSTRUATED.....996	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
232	Between the first day of a woman's period and the first day of her <u>next</u> period, are there certain times when she has a greater chance of becoming pregnant than other times?	YES.....1 NO.....2 DON'T KNOW.....8	} } } → 301
233	During which times of the monthly cycle does a woman have the greatest chance of becoming pregnant?	DURING HER PERIOD.....01 RIGHT AFTER HER PERIOD HAS ENDED.....02 IN THE MIDDLE OF THE CYCLE.....03 JUST BEFORE HER PERIOD BEGINS..04 OTHER.....96 (SPECIFY) DON'T KNOW.....98	} } } } } } }

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.
IF NO MORE METHOD IS KNOWN, PROCEED TO Q302 AND ASK WHICH METHODS SHE HAS EVER USED. PROMPT FOR MORE RESPONSES AND CIRCLE ALL MENTIONED.

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

303 | CHECK 302: NOT A SINGLE "YES" (NEVER USED) AT LEAST ONE "YES" (EVER USED) → SKIP TO 306

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
304	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES.....1 NO.....2	→311A
305	What have you used or done? CORRECT 302 AND 301 IF NECESSARY		
306	CHECK 302: WOMAN NOT STERILIZED <input type="checkbox"/> WOMAN STERILIZED <input type="checkbox"/>		→309A
307	CHECK 226: NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/>		→311A
308	Are you currently doing something or using any method to delay or avoid getting pregnant?	YES.....1 NO.....2	→311A
309	Which method are you using?	PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 NATURAL METHODS.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY)	→310A
309A	CIRCLE '07' FOR FEMALE STERILIZATION.		
310	Where did you obtain (METHOD) the last time? WRITE THE NAME OF THE PLACE. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE. _____ (SPECIFY NAME OF PLACE AND AREA)	PUBLIC SECTOR GOVERNMENT HOSPITAL.....11 GOVERNMENT HEALTH CENTRE.....12 GOVERNMENT DISPENSARY.....13 CITY COUNCIL CLINIC.....14 MEDICAL PRIVATE SECTOR MISSION, CHURCH HOSPITAL/CLINIC.....21 FPAK HEALTH CENTRE/CLINIC.....22 OTHER NON-GOVERNMENTAL SERVICE.....23 PRIVATE HOSPITAL OR CLINIC.....24 PHARMACY.....25 PRIVATE DOCTOR.....26 MOBILE CLINIC.....31 COMMUNITY BASED DISTRIBUTOR.....41 SHOP.....51 FRIENDS/RELATIVES.....61 OTHER _____ 96 (SPECIFY)	
310A	Are you using another method? (IF YES, RECORD CODE FROM 309 IN THE BOX)	YES.....1 OTHER METHODS..... <input type="checkbox"/> <input type="checkbox"/> NO.....2	→312

E F- 11

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																																																													
311A	What is the main reason why you are not using a method of contraception to avoid pregnancy? (GET CODE FROM Q311B)	MAIN REASON..... <input type="checkbox"/> <input type="checkbox"/>																																																																																														
311B	What other reasons do you have for not using a method of contraception to avoid pregnancy? PROBE: ANY OTHER RESPONSES? RECORD ALL MENTIONED (RECORD RESPONDENTS STATEMENT FOR OPTIONS: 17,18 & 22) _____ _____ _____	<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 NORMAL PROCESSES.....</td><td>1</td><td>2</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 NORMAL PROCESSES.....	1	2	23 METHOD FAILURE.....	1	2	96 OTHER.....	1	2	(SPECIFY)			98 DON'T KNOW.....	1	2	
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311C	Of all the reasons you have mentioned, which one is the most important to you? (GET CODE FROM Q311B)	MOST IMPORTANT REASON.... <input type="checkbox"/> <input type="checkbox"/>																																																																																														
312	In some communities there is a person who is trained to talk to families in that area about family planning. Sometimes they visit each house and talk about family planning and give out supplies. Other times they have supplies in their houses. Is there any woman or man like that in your area?	YES.....1 NO.....2 DON'T KNOW.....8	} 314																																																																																													
313	How many times has such a person visited your home in the past 6 months?	NUMBER OF VISITS..... <input type="checkbox"/> <input type="checkbox"/>																																																																																														
314	Have you visited a health facility for any reason in the last 12 months?	YES.....1 NO.....2	} 401																																																																																													
315	Did any staff member at the health facility speak to you about family planning methods?	YES.....1 NO.....2																																																																																														

SECTION 4A. PREGNANCY, ANTENATAL, AND POST-NATAL CARE

401	CHECK 225:	ONE OR MORE BIRTHS SINCE JAN. 1997 <input type="checkbox"/>	NO BIRTHS SINCE JAN. 1997 <input type="checkbox"/>	→ (SKIP TO 448)
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402 ENTER THE LINE NUMBER, NAME, AND SURVIVAL STATUS OF THE LAST BIRTH BORN SINCE JANUARY 1997 IN THE TABLE. ASK ALL THE QUESTIONS IN THIS SECTION IN REFERENCE TO THIS BIRTH

Now I would like to ask you some more questions about the health of your last child born in the past three years.

403	LINE NUMBER FROM Q212	LAST BIRTH LINE NUMBER..... <input type="text"/>
-----	-----------------------	---

404	FROM Q212	NAME _____
	AND Q215	ALIVE <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 want <u>no (more)</u> children at all?	THEN.....1 (SKIP TO 407) ← LATER.....2 NO MORE.....3 (SKIP TO 407) ←
-----	--	--

406	How much longer would you like to have waited?	MONTHS.....1 <input type="text"/> YEARS.....2 <input type="text"/> DON'T KNOW.....998
-----	--	---

407	When you were pregnant with (NAME), did you see anyone for antenatal care for this pregnancy? IF YES: Whom did you see? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS SEEN.	HEALTH PROFESSIONAL YES NO DOCTOR.....1 2 NURSE/MIDWIFE.....1 2 BIRTH ATTENDANT TRAINED.....1 2 UNTRAINED.....1 2 OTHER.....1 2 (SPECIFY) NO ONE.....1 2 (SKIP TO 410A) ←
-----	---	---

408	How many months pregnant were you when you first received antenatal care?	MONTHS..... <input type="text"/> DON'T KNOW.....98
-----	---	---

409	How many times did you receive antenatal care during this pregnancy?	NO. OF TIMES..... <input type="text"/> DON'T KNOW.....98
-----	--	---

410a	When you were pregnant with (NAME) were you given an injection in the arm to prevent the baby from getting tetanus, that is, convulsions after birth?	YES.....1 → 411 NO.....2 DON'T KNOW.....8
------	---	---

410b	Have you received such injection in the past 5 years?	YES.....1 NO.....2 DON'T KNOW.....8 → 412
------	---	---

411	How many times did you get this injection during the past five years?	TIMES..... <input type="text"/> DON'T KNOW.....8
-----	---	---

	LAST BIRTH
	NAME _____

412	Where did you give birth to (NAME)?	HOME YOUR HOME.....11 OTHER HOME.....12 PUBLIC SECTOR GOVT. HOSPITAL.....21 GOVT. HEALTH CENTER...22 GOVT. MATERNITY CLNC..23 OTHER PUBLIC _____ 26 (SPECIFY) PRIVATE MEDICAL SECTOR MISSION HOSP/CLINIC...31 OTHER PVT. HOSP/CLNC..32 OTHER _____ 96 (SPECIFY)
-----	-------------------------------------	---

413	Who assisted with the delivery of (NAME)? Anyone else? PROBE FOR THE TYPE OF PERSON AND RECORD ALL PERSONS ASSISTING.	HEALTH PROFESSIONAL YES NO DOCTOR.....1 2 NURSE/MIDWIFE.....1 2 BIRTH ATTENDANT TRAINED.....1 2 UNTRAINED.....1 2 RELATIVE/FRIEND.....1 2 OTHER _____ 1 2 (SPECIFY) NO ONE.....1 2
-----	--	---

413A	Did you pay for delivery services? IF YES: How much in total did you pay for all services connected to the delivery of (NAME)?	SHILLINGS... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> NO COST.....99994
------	---	---

414	Around the time of the birth of (NAME), did you have any of the following problems: Long labor, that is, did your regular contractions last more than 12 hours? Excessive bleeding that was so much that you feared it was life threatening? Convulsions not caused by fever? Sometimes women can have high fever with smelling vaginal discharge. Did this happen to you? Any other? _____ _____ (SPECIFY)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td></td> <td style="text-align: right;">YES NO</td> </tr> <tr> <td>LABOR MORE THAN 12 HOURS...1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>EXCESSIVE BLEEDING.....1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>CONVULSIONS.....1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>FEVER/BAD SMELLING VAG. DISCHARGE.....1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>OTHER.....1</td> <td style="text-align: right;">2</td> </tr> </table>		YES NO	LABOR MORE THAN 12 HOURS...1	2	EXCESSIVE BLEEDING.....1	2	CONVULSIONS.....1	2	FEVER/BAD SMELLING VAG. DISCHARGE.....1	2	OTHER.....1	2
	YES NO													
LABOR MORE THAN 12 HOURS...1	2													
EXCESSIVE BLEEDING.....1	2													
CONVULSIONS.....1	2													
FEVER/BAD SMELLING VAG. DISCHARGE.....1	2													
OTHER.....1	2													

415	Was (NAME) delivered by caesarian section?	YES.....1 NO.....2
-----	---	-----------------------

416	When (NAME) was born, was he/she: very large, larger than average, average, smaller than average, or very small?	VERY LARGE.....1 LARGER THAN AVERAGE.....2 AVERAGE.....3 SMALLER THAN AVERAGE....4 VERY SMALL.....5 DON'T KNOW.....8
-----	---	---

	LAST BIRTH
	NAME _____

417 Was (NAME) weighed at birth?	YES.....1 NO.....2 (SKIP TO 419)←
----------------------------------	---

418 How much did (NAME) weigh? RECORD WEIGHT FROM HEALTH CARD, IF AVAILABLE.	GRAMS FROM CARD.....1 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> GRAMS FROM RECALL.....2 <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DON'T KNOW.....9998
--	---

419 Has your period returned since the birth of (NAME)?	YES.....1 NO.....2 (SKIP TO 421)←
---	---

420 For how many months after the birth of (NAME) did you not have a period	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
---	--

421 CHECK 215 AND 404 CHILD ALIVE?	ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ ↓ (SKIP TO 423)
---------------------------------------	--

422 Are you still breastfeeding (NAME)?	YES.....1 NO.....2
---	-----------------------

423 CHECK 226: RESPONDENT PREGNANT	NOT PREGNANT <input type="checkbox"/> PREGNANT OR UNSURE <input type="checkbox"/> ↓ ↓ (SKIP TO 425)
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424 Have you resumed sexual relations since the birth of (NAME)?	YES.....1 NO.....2 →426
--	----------------------------

425 How many months after the birth of (NAME) did you not have sexual relations?	MONTHS..... <input type="text"/> <input type="text"/> DON'T KNOW.....98
--	--

SECTION 4B. IMMUNIZATION AND HEALTH

426 ENTER LINE NUMBER, NAME, AND SURVIVAL STATUS OF EACH BIRTH SINCE JANUARY 1997 IN THE TABLE. ASK THE QUESTIONS ABOUT ALL OF THESE BIRTHS. BEGIN WITH THE LAST BIRTH. (IF THERE ARE MORE THAN 2 BIRTHS USE ADDITIONAL QUESTIONNAIRES).

427

FROM Q212 AND 216	LAST BIRTH	NEXT-TO-LAST BIRTH
	LINE..... <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>	LINE..... <input style="width:20px; height:20px; border: 1px solid black;" type="text"/> <input style="width:20px; height:20px; border: 1px solid black;" type="text"/>
	NAME _____	NAME _____

428 Do you have a card where (NAME'S) vaccinations were/are written down?
IF YES: May I see it please?

YES, SEEN.....1 (SKIP TO 430)←	YES, SEEN.....1 (SKIP TO 430)←
YES, NOT SEEN.....2 (SKIP TO 432)←	YES, NOT SEEN.....2 (SKIP TO 432)←
NO CARD.....3	NO CARD.....3

429 Did you ever have a vaccination card for (NAME)?

YES.....1 (SKIP TO 432)←	YES.....1 (SKIP TO 432)←
NO.....2	NO.....2

430 (1) COPY VACCINATION DATES 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.

	DAY	MO	YR		DAY	MO	YR
BCG....	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio 0 (at birth)	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio 1	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio 2	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Polio 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT 1	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT 2	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
DPT 3	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>
Measles	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

431 Has (NAME) received any vaccinations that are not recorded on this card?
RECORD 'YES' ONLY IF RESPONDENT MENTIONS BCG, POLIO 0-3, DPT 1-3, AND/OR MEASLES VACCINE(S).

YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 430)←	YES.....1 (PROBE FOR VACCINATIONS AND WRITE '66' IN THE CORRESPONDING DAY COLUMN IN 430)←
NO.....2	NO.....2
DON'T KNOW.....8 (SKIP TO 435A)←	DON'T KNOW.....8 (SKIP TO 435A)←

		LAST BIRTH	NEXT-TO-LAST BIRTH
		NAME _____	NAME _____

432	Did (NAME) ever receive any vaccinations to prevent him/her from getting diseases?	YES.....1 NO.....2 (SKIP TO 435A)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 435A)← DON'T KNOW.....8
-----	--	--	--

433	Please tell me if (NAME) received any of the following vaccinations:		
434A	A BCG vaccination against tuberculosis, that is, an injection in the left arm that caused a scar?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8
434B	Polio vaccine, that is, drops in the mouth?	YES.....1 NO.....2 (SKIP TO 434E)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 434E)← DON'T KNOW.....8
434C	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
434D	When was the first polio vaccine given, just after birth or later?	JUST AFTER BIRTH.....1 LATER.....2	JUST AFTER BIRTH.....1 LATER.....2
434E	DPT vaccination, that is, an injection usually given at the same time as polio drops?	YES.....1 NO.....2 (SKIP TO 434G)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 434G)← DON'T KNOW.....8
434F	How many times?	NUMBER OF TIMES..... <input type="text"/>	NUMBER OF TIMES..... <input type="text"/>
434G	An injection to prevent measles?	YES.....1 NO.....2 DON'T KNOW.....8	YES.....1 NO.....2 DON'T KNOW.....8

435A	FROM Q212 AND 215	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 427 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 447.)	NAME _____ ALIVE <input type="checkbox"/> DEAD <input type="checkbox"/> ↓ (GO TO 427 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 447.)
------	----------------------	--	--

435B	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES.....1 NO.....2 (SKIP TO 436)← DON'T KNOW.....8	YES.....1 NO.....2 (SKIP TO 436)← DON'T KNOW.....8
------	---	---	---

435C	Did you seek medical advice or treatment for the fever?	YES.....1 NO.....2	YES.....1 NO.....2
------	---	-----------------------	-----------------------

		LAST BIRTH NAME _____	NEXT-TO-LAST BIRTH NAME _____
--	--	--------------------------	----------------------------------

436 Has (NAME) been ill with a cough at any time in the last 2 weeks? YES.....1 NO.....2 (SKIP TO 438)← DON'T KNOW.....8

437 Did you seek medical advice or treatment for the cough? YES.....1 NO.....2

438 Has (NAME) had diarrhoea in the last two weeks? YES.....1 NO.....2 (SKIP TO 448)← DON'T KNOW.....8

439 Was there any blood in the stools? YES.....1 NO.....2 DON'T KNOW.....8

440 On the worst day of the diarrhoea, how many bowel movements did (NAME) have? NUMBER OF BOWEL MOVEMENTS..... DON'T KNOW.....98

441 Was (NAME) given the same amount to drink as before the diarrhoea, or more, or less? SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8

442 Was (NAME) given the same amount of food to eat as before the diarrhoea or more, or less? SAME.....1 MORE.....2 LESS.....3 DON'T KNOW.....8

443 When (NAME) had diarrhoea, was he/she given any of the following to drink:

	YES	NO	DK		YES	NO	DK	
A fluid made from a special packet called ORALITE or ORS?	FLUID FROM ORS PKT..	1	2	8	FLUID FROM ORS PKT..	1	2	8
Thin watery porridge made from maize, rice or wheat? (Uji)	THIN WATERY GRUEL...	1	2	8	THIN WATERY GRUEL...	1	2	8
Soup?	SOUP.....	1	2	8	SOUP.....	1	2	8
Home-made sugar-salt-water solution?	SUG.-SALT-WAT. SOL..	1	2	8	SUG.-SALT-WAT. SOL..	1	2	8
Milk or infant formula?	MILK/INFANT FORMULA.	1	2	8	MILK/INFANT FORMULA.	1	2	8
Yoghurt-based drink?	YOGHURT-BASED DR....	1	2	8	YOGHURT-BASED DR....	1	2	8
Water?	WATER.....	1	2	8	WATER.....	1	2	8
Any other liquids?	OTHER LIQUID.....	1	2	8	OTHER LIQUID.....	1	2	8

444 Was anything (else) given to treat the diarrhoea? YES.....1 NO.....2 (SKIP TO 446)← DON'T KNOW.....8

445 What was given to treat the diarrhoea? Anything else? RECORD ALL MENTIONED.

	YES	NO	DK		YES	NO	DK
PILL OR SYRUP.....	1	2	8	PILL OR SYRUP.....	1	2	8
INJECTION.....	1	2	8	INJECTION.....	1	2	8
(I.V.) INTRAVENOUS.	1	2	8	(I.V.) INTRAVENOUS.	1	2	8
HOME REMEDIES/ HERBAL MEDICINES..	1	2	8	HOME REMEDIES/ HERBAL MEDICINES..	1	3	8
OTHER _____ (SPECIFY)	1	2	8	OTHER _____ (SPECIFY)	1	3	8

446 Did you seek medical advice or treatment for the diarrhoea? YES.....1 NO.....2

	GO BACK TO 427 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 447.	GO BACK TO 427 IN NEXT COLUMN; OR, IF NO MORE BIRTHS, GO TO 447.
--	--	--

447 CHECK 443, ALL COLUMNS:
NO CHILD RECEIVED ORS ANY CHILD RECEIVED ORS →501

448 Have you ever heard of a special product called ORALITE or ORS you can get for the treatment of diarrhoea? YES.....1 NO.....2

SECTION 5. MARRIAGE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP															
501	PRESENCE OF OTHERS AT THIS POINT.	<table border="0"> <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																
502	Are you currently married or living with a man?	<table border="0"> <tr> <td>YES, CURRENTLY MARRIED.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>YES, LIVING WITH A MAN.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO, NOT IN UNION.....</td> <td style="text-align: right;">3</td> </tr> </table>	YES, CURRENTLY MARRIED.....	1	YES, LIVING WITH A MAN.....	2	NO, NOT IN UNION.....	3	→506									
YES, CURRENTLY MARRIED.....	1																	
YES, LIVING WITH A MAN.....	2																	
NO, NOT IN UNION.....	3																	
503	Do you currently have a regular sexual partner, an occasional sexual partner, or no sexual partner at all?	<table border="0"> <tr> <td>REGULAR SEXUAL PARTNER.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>OCCASIONAL SEXUAL PARTNER.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO SEXUAL PARTNER.....</td> <td style="text-align: right;">3</td> </tr> </table>	REGULAR SEXUAL PARTNER.....	1	OCCASIONAL SEXUAL PARTNER.....	2	NO SEXUAL PARTNER.....	3										
REGULAR SEXUAL PARTNER.....	1																	
OCCASIONAL SEXUAL PARTNER.....	2																	
NO SEXUAL PARTNER.....	3																	
504	Have you ever been married or lived with a man?	<table border="0"> <tr> <td>YES, FORMERLY MARRIED.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>YES, LIVED WITH A MAN.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">3</td> </tr> </table>	YES, FORMERLY MARRIED.....	1	YES, LIVED WITH A MAN.....	2	NO.....	3	→509 →512									
YES, FORMERLY MARRIED.....	1																	
YES, LIVED WITH A MAN.....	2																	
NO.....	3																	
505	What is your marital status now: are you widowed, divorced, or separated?	<table border="0"> <tr> <td>WIDOWED.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>DIVORCED.....</td> <td style="text-align: right;">2</td> </tr> <tr> <td>SEPARATED.....</td> <td style="text-align: right;">3</td> </tr> </table>	WIDOWED.....	1	DIVORCED.....	2	SEPARATED.....	3	→509									
WIDOWED.....	1																	
DIVORCED.....	2																	
SEPARATED.....	3																	
506	Is your husband/partner living with you now or is he staying elsewhere?	<table border="0"> <tr> <td>LIVES WITH HER.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>STAYING ELSEWHERE.....</td> <td style="text-align: right;">2</td> </tr> </table>	LIVES WITH HER.....	1	STAYING ELSEWHERE.....	2												
LIVES WITH HER.....	1																	
STAYING ELSEWHERE.....	2																	
507	Does your husband/partner have any wives besides yourself?	<table border="0"> <tr> <td>YES.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>NO.....</td> <td style="text-align: right;">2</td> </tr> </table>	YES.....	1	NO.....	2	→509											
YES.....	1																	
NO.....	2																	
508	How many other wives does he have?	<table border="0"> <tr> <td>NUMBER.....</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>DON'T KNOW.....</td> <td style="text-align: right;">98</td> </tr> </table>	NUMBER.....	<input type="text"/>	DON'T KNOW.....	98												
NUMBER.....	<input type="text"/>																	
DON'T KNOW.....	98																	
509	Have you been married or lived with a man only once, or more than once?	<table border="0"> <tr> <td>ONCE.....</td> <td style="text-align: right;">1</td> </tr> <tr> <td>MORE THAN ONCE.....</td> <td style="text-align: right;">2</td> </tr> </table>	ONCE.....	1	MORE THAN ONCE.....	2												
ONCE.....	1																	
MORE THAN ONCE.....	2																	
510	<p>CHECK 509:</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p> </td> <td style="width: 50%; vertical-align: top;"> <p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p> </td> </tr> </table>	<p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p>	<p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p>	<table border="0"> <tr> <td>MONTH.....</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>DON'T KNOW MONTH.....</td> <td style="text-align: right;">98</td> </tr> <tr> <td>YEAR.....</td> <td style="text-align: right;"><input type="text"/></td> </tr> <tr> <td>DON'T KNOW YEAR.....</td> <td style="text-align: right;">9998</td> </tr> </table>	MONTH.....	<input type="text"/>	DON'T KNOW MONTH.....	98	YEAR.....	<input type="text"/>	DON'T KNOW YEAR.....	9998						
<p>MARRIED/LIVED WITH A MAN ONLY ONCE <input type="checkbox"/></p> <p>↓</p> <p>In what month and year did you start living with your husband/partner?</p>	<p>MARRIED/LIVED WITH A MAN MORE THAN ONCE <input type="checkbox"/></p> <p>↓</p> <p>Now we will talk about your first husband/partner. In what month and year did you start living with him?</p>																	
MONTH.....	<input type="text"/>																	
DON'T KNOW MONTH.....	98																	
YEAR.....	<input type="text"/>																	
DON'T KNOW YEAR.....	9998																	
511	How old were you when you started living with him?	<table border="0"> <tr> <td>AGE.....</td> <td style="text-align: right;"><input type="text"/></td> </tr> </table>	AGE.....	<input type="text"/>														
AGE.....	<input type="text"/>																	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP		
512	CHECK 502: CURRENTLY MARRIED <input type="checkbox"/> OR LIVING WITH A MAN <input type="checkbox"/>	NOT IN UNION <input type="checkbox"/>	513F		
513	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse with (your husband/the man you are living with)?	DAYS AGO.....1 <input type="checkbox"/> <input type="checkbox"/> WEEKS AGO.....2 <input type="checkbox"/> <input type="checkbox"/> MONTHS AGO.....3 <input type="checkbox"/> <input type="checkbox"/> YEARS AGO.....4 <input type="checkbox"/> <input type="checkbox"/> BEFORE LAST BIRTH.....996			
513A	<table border="0"> <tr> <td data-bbox="239 622 540 705"> CHECK 301 MENTIONED CONDOM <input type="checkbox"/> ↓ The last time you had sex with (your husband/ the man you are living with), was a condom used? </td> <td data-bbox="580 622 870 974"> DID NOT MENTION CONDOM <input type="checkbox"/> ↓ Some men use a condom, which means that they use a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your husband/ the man you are living with), was a condom used? </td> </tr> </table>	CHECK 301 MENTIONED CONDOM <input type="checkbox"/> ↓ The last time you had sex with (your husband/ the man you are living with), was a condom used?	DID NOT MENTION CONDOM <input type="checkbox"/> ↓ Some men use a condom, which means that they use a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your husband/ the man you are living with), was a condom used?	YES.....1 NO.....2 DOES NOT KNOW.....8	
CHECK 301 MENTIONED CONDOM <input type="checkbox"/> ↓ The last time you had sex with (your husband/ the man you are living with), was a condom used?	DID NOT MENTION CONDOM <input type="checkbox"/> ↓ Some men use a condom, which means that they use a rubber sheath on their penis during sexual intercourse. The last time you had sex with (your husband/ the man you are living with), was a condom used?				
513B	Sometimes a woman may have sex with another man because circumstances force her to do so, or simply because she likes the other man. Have you had sex with anyone other than (your husband/ the man you are living with) in the last 12 months?	YES.....1 NO.....2	514		
513C	When was the last time you had sexual intercourse with someone other than (your husband/ the man you are living with)?	DAYS AGO.....1 <input type="checkbox"/> <input type="checkbox"/> WEEKS AGO.....2 <input type="checkbox"/> <input type="checkbox"/> MONTHS AGO.....3 <input type="checkbox"/> <input type="checkbox"/>			
513D	Was a condom used that time?	YES.....1 NO.....2 DOES NOT KNOW.....8			
513E	In the last 12 months, how many different persons other than (your husband/the man you are living with) have you had sex with?	NUMBER OF PERSONS..... <input type="checkbox"/> <input type="checkbox"/> DOES NOT KNOW.....98	513J		
513F	Now I need to ask you some questions about sexual activity in order to gain a better understanding of some family planning issues. When was the last time you had sexual intercourse (if ever)?	NEVER.....000 DAYS AGO.....1 <input type="checkbox"/> <input type="checkbox"/> WEEKS AGO.....2 <input type="checkbox"/> <input type="checkbox"/> MONTHS AGO.....3 <input type="checkbox"/> <input type="checkbox"/> YEARS AGO.....4 <input type="checkbox"/> <input type="checkbox"/> BEFORE LAST BIRTH.....996	601		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
513G	<p>CHECK 301 MENTIONED CONDOM <input type="checkbox"/></p> <p>The last time you had sex, was a condom used?</p> <p>DID NOT MENTION CONDOM <input type="checkbox"/></p> <p>Some men use a condom, which means that they use a rubber sheath on their penis during sexual intercourse. The last time you had sex, was a condom used?</p>	<p>YES.....1</p> <p>NO.....2</p> <p>DOES NOT KNOW.....8</p>	
513H	<p>CHECK 513F:</p> <p>LESS THAN 12 MONTHS SINCE LAST SEX <input type="checkbox"/></p> <p>12 MONTHS OR LONGER SINCE LAST SEX <input type="checkbox"/></p>		513J
513I	<p>In the last 12 months, how many different persons have you had sex with?</p>	<p>NUMBER OF PERSONS..... <input type="text"/></p> <p>DOES NOT KNOW.....98</p>	
513J	<p>CHECK 502:</p> <p>CURRENTLY MARRIED OR LIVING WITH A MAN <input type="checkbox"/></p> <p>The last time you had sex, was it with your (husband/man you live with), a regular or steady partner, a casual acquaintance or someone else?</p> <p>NOT IN UNION <input type="checkbox"/></p> <p>The last time you had sex, was it with a regular or steady partner, a casual acquaintance or someone else?</p>	<p>HUSBAND/MAN LIVES WITH.....1</p> <p>REGULAR/STEADY PARTNER.....2</p> <p>ACQUAINTANCE.....3</p> <p>SOMEONE ELSE.....4</p>	
514	<p>Do you know of a place where you can get condoms?</p>	<p>YES.....1</p> <p>NO.....2</p>	516A
515	<p>Where is that?</p> <p>WRITE THE NAME OF PLACE AND AREA. PROBE TO IDENTIFY THE TYPE OF SOURCE AND CIRCLE THE APPROPRIATE CODE.</p> <p>_____</p> <p>(SPECIFY NAME OF PLACE AND AREA)</p>	<p>PUBLIC SECTOR</p> <p>GOVERNMENT HOSPITAL.....11</p> <p>GOVERNMENT HEALTH CENTRE.....12</p> <p>GOVERNMENT DISPENSARY.....13</p> <p>MEDICAL PRIVATE SECTOR</p> <p>MISSION, CHURCH HOSPITAL/CLINIC.....21</p> <p>FPAK HEALTH CENTRE/CLINIC.....22</p> <p>OTHER NON-GOVERNMENTAL SERVICE.....23</p> <p>PRIVATE HOSPITAL OR CLINIC.....24</p> <p>PHARMACY.....25</p> <p>PRIVATE DOCTOR.....26</p> <p>MOBILE CLINIC.....31</p> <p>COMMUNITY BASED DISTRIBUTOR.....41</p> <p>SHOP.....51</p> <p>FRIENDS/RELATIVES.....61</p> <p>OTHER.....96</p> <p>(SPECIFY)</p>	
516A	<p>Would you be willing to pay for condoms?</p>	<p>YES.....1</p> <p>NO.....2</p>	517
516B	<p>How much would you be willing to pay for a package of 3 condoms?</p>	<p>SHILLINGS..... <input type="text"/></p>	
517	<p>How old were you when you first had sexual intercourse?</p>	<p>AGE..... <input type="text"/></p> <p>FIRST TIME WHEN MARRIED.....96</p>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES			SKIP
518	<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) If I ask my partner to use a condom, he would get angry or violent.</p> <p>B) If I ask my partner to use a condom, he would think I'm having sex with other people.</p> <p>C) My partner has more say than I do about important decisions that affect both of us.</p> <p>D) When my partner and I disagree, he gets his way most of the time.</p> <p>E) My partner might be having sex with someone else.</p>	AGREE	DIS- AGREE	NO OPINION	
		A)...1	2	3	
		B)...1	2	3	
		C)...1	2	3	
		D)...1	2	3	
		E)...1	2	3	
519	<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>(NOT APPLICABLE ONLY APPLIES TO RESPONDENTS WHO DO NOT HAVE PARTNERS/SPOUSE. FOR DIVORCED/WIDOWED RESPONDENTS ASK ABOUT THEIR LAST PARTNERS/SPOUSES.)</p> <p>A) Who usually has more say about whether you have sex?</p> <p>B) Who usually has more say about when you talk about serious things?</p> <p>C) In general, who do you think has, more power in your relationship?</p> <p>D) Who usually has more say about whether you use condoms?</p> <p>E) Who usually has more say when you talk about using family planing?</p> <p>F) Who usually has more say when you talk about the number of children you should have?</p>	YOUR PARTNER	BOTH EQUALLY	YOU	NOT APPLIC-
		A)...1	2	3	4
		B)...1	2	3	4
		C)...1	2	3	4
		D)...1	2	3	4
		E)...1	2	3	4
		F)...1	2	3	4

E F-22

SECTION 6. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	<p>CHECK 309:</p> <p>NEITHER SPOUSE STERILIZED <input type="checkbox"/> NOT ASKED <input type="checkbox"/> HE OR SHE STERILIZED <input type="checkbox"/></p>		611
602	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>Now I have some questions about the future. Would you like to have (a/another) child or would you prefer not to have any (more) children?</p> <p>Now I have some questions about the future. After the child you are expecting now, would you like to have another child or would you prefer not to have any more children?</p>	<p>HAVE (A/ANOTHER) CHILD.....1 NO MORE/NONE.....2 SAYS SHE CAN'T GET PREGNANT.....3 UNDECIDED/DON'T KNOW.....8</p>	606 604
603	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p> <p>How long would you like to wait from now before the birth of (a/another) child?</p> <p>After the child you are expecting now, how long would you like to wait before the birth of another child?</p>	<p>MONTHS.....1 <input type="text"/><input type="text"/> YEARS.....2 <input type="text"/><input type="text"/> SOON/NOW.....993 SAYS SHE CAN'T GET PREGNANT...994 AFTER MARRIAGE.....995 OTHER _____ 996 (SPECIFY) DON'T KNOW.....998</p>	606
604	<p>CHECK 226:</p> <p>NOT PREGNANT OR UNSURE <input type="checkbox"/> PREGNANT <input type="checkbox"/></p>		607
605	<p>If you became pregnant in the next few weeks, would you be <u>happy</u>, <u>unhappy</u>, or would it <u>not matter</u> very much?</p>	<p>HAPPY.....1 UNHAPPY.....2 WOULD NOT MATTER.....3</p>	
606	<p>CHECK 308: USING A METHOD?</p> <p>NOT ASKED <input type="checkbox"/> NOT CURRENTLY USING <input type="checkbox"/> CURRENTLY USING <input type="checkbox"/></p>		611
607	<p>Do you think you will use a method to delay or avoid pregnancy within the next 12 months?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>	609
608	<p>Do you think you will use a method at any time in the future?</p>	<p>YES.....1 NO.....2 DON'T KNOW.....8</p>	610A
609	<p>Which method would you prefer to use?</p>	<p>PILL.....01 IUD.....02 INJECTIONS.....03 IMPLANTS.....04 DIAPHRAGM/FOAM/JELLY.....05 CONDOM.....06 FEMALE STERILIZATION.....07 MALE STERILIZATION.....08 PERIODIC ABSTINENCE.....09 WITHDRAWAL.....10 OTHER _____ 96 (SPECIFY) UNSURE.....98</p>	611

610A	What is the main reason that you think you will never use a method?	MAIN REASON..... <input style="width:20px; height:20px;" type="text"/>	
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610B	What other reasons do you have for thinking you will never use a method? PROBE: WHAT ELSE? RECORD ALL RESPONSES (RECORD RESPONDENTS STATEMENT FOR OPTIONS: 17,18 & 22) _____ _____ _____ _____	<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>01 NOT MARRIED.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>02 INTEND TO MARRY.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>03 NOT INTEND TO MARRY.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">FERTILITY RELATED REASONS</td></tr> <tr><td>04 NOT HAVING SEX.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>05 INFREQUENT SEX.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>06 MENOPAUSAL/HYSTERECTOMY...</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>07 SUBFECUND/INFECUND.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>08 POSTPARTUM/BREASTFEEDING..</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>09 WANTS (MORE) CHILDREN.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>10 PREGNANCY.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">OPPOSITION TO USE</td></tr> <tr><td>11 RESPONDENT OPPOSED.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>12 HUSBAND OPPOSED.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>13 OTHERS OPPOSED.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>14 RELIGIOUS PROHIBITION.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">LACK OF KNOWLEDGE</td></tr> <tr><td>15 KNOWS NO METHOD.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>16 KNOWS NO SOURCE.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">METHOD RELATED REASONS</td></tr> <tr><td>17 HEALTH CONCERNS.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>18 FEAR OF SIDE EFFECTS.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>19 LACK OF ACCESS/TOO FAR....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>20 COST TOO MUCH.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>21 INCONVENIENT TO USE.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>22 INTERFERES WITH BODY'S NORMAL PROCESSES.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>23 METHOD FAILURE.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>96 OTHER.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> <tr><td>98 DON'T KNOW.....</td><td style="text-align: center;">1</td><td style="text-align: center;">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 NORMAL PROCESSES.....	1	2	23 METHOD FAILURE.....	1	2	96 OTHER.....	1	2	(SPECIFY)			98 DON'T KNOW.....	1	2	
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610C	Of all the reasons you have mentioned, which one is the most important?	MOST IMPORTANT REASON..... <input style="width:20px; height:20px;" type="text"/>	
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611	CHECK 215: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; vertical-align: top;"> HAS LIVING CHILDREN <input style="width:20px; height:20px;" type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE. </td> <td style="width:50%; vertical-align: top;"> NO LIVING CHILDREN <input style="width:20px; height:20px;" type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be? </td> </tr> </table>	HAS LIVING CHILDREN <input style="width:20px; height:20px;" type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NO LIVING CHILDREN <input style="width:20px; height:20px;" type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be?	NUMBER..... <input style="width:20px; height:20px;" type="text"/> OTHER _____ 96 (SPECIFY)	
HAS LIVING CHILDREN <input style="width:20px; height:20px;" type="checkbox"/> ↓ If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NO LIVING CHILDREN <input style="width:20px; height:20px;" type="checkbox"/> ↓ If you could choose exactly the number of children to have in your whole life, how many would that be?				

612	Would you say that you approve or disapprove of couples using a method to avoid getting pregnant?	APPROVE.....1 DISAPPROVE.....2 NO OPINION.....3	
-----	---	---	--

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
613	CHECK 502:		
	YES, CURRENTLY MARRIED	YES, LIVING WITH A MAN	NO, NOT IN UNION
			701
614	Spouses/partners do not always agree on everything. Now I want to ask you about your husband's/partner's views on family planning.		
	Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?	APPROVES.....1 DISAPPROVES.....2 DON'T KNOW.....8	
615	How often have you talked to your husband/partner about family planning in the past year?	NEVER.....1 ONCE OR TWICE.....2 MORE OFTEN.....3	
616	Do you think your husband/partner wants the same number of children that you want, or does he want more or fewer than you want?	SAME NUMBER.....1 MORE CHILDREN.....2 FEWER CHILDREN.....3 DON'T KNOW.....8	

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

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
701	CHECK 502 AND 504:	<p>CURRENTLY MARRIED/ LIVING WITH A MAN <input type="checkbox"/></p> <p>FORMERLY MARRIED/ LIVED WITH A MAN <input type="checkbox"/></p> <p>NEVER MARRIED AND NEVER IN UNION <input type="checkbox"/></p>	<p>→703</p> <p>→707</p>
702	How old was your husband/partner on his last birthday?	AGE..... <input type="text"/>	
703	Did your (last) husband/partner ever attend school?	<p>YES.....1</p> <p>NO.....2 →706</p> <p>DON'T KNOW.....8 →706</p>	
704	What was the highest level of school he attended: primary, secondary, or higher?	<p>PRIMARY1</p> <p>SECONDARY.....2</p> <p>HIGHER.....3</p> <p>DON'T KNOW.....8 →706</p>	
705	What was the highest (standard/form/year) he completed at that level?	<p>STANDARD/FORM/YEARS..... <input type="text"/></p> <p>DON'T KNOW.....98</p>	
706	What is (was) your (last) husband/partner's occupation? That is, what kind of work does (did) he mainly do?	<p><input type="text"/></p> <p>_____</p> <p>_____</p> <p>_____</p>	
707	Aside from your own housework, are you currently working?	<p>YES.....1 →710</p> <p>NO.....2</p>	
708	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business, work on the family farm or in the family business, others are in school. Are you currently doing any of these things or any other work?	<p>YES.....1 →710</p> <p>NO.....2</p>	
709	Have you done any work in the last 12 months?	<p>YES.....1</p> <p>NO.....2 →726</p>	
710	What is your occupation, that is, what kind of work do you mainly do?	<p><input type="text"/></p> <p>_____</p> <p>_____</p> <p>STUDENT.....94 →726</p>	
711	Do you do this work for a member of your family, for someone else, or are you self-employed?	<p>FOR FAMILY MEMBER.....1</p> <p>FOR SOMEONE ELSE.....2</p> <p>SELF-EMPLOYED.....3</p>	
712	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	<p>THROUGHOUT THE YEAR.....1 →716</p> <p>SEASONALLY/PART OF THE YEAR.....2</p> <p>ONCE IN A WHILE.....3 →715</p>	
713	During the last 12 months, how many months did you work?	NUMBER OF MONTHS..... <input type="text"/>	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
714	(In the months you worked,) How many days a week did you usually work?	NUMBER OF DAYS..... <input type="text"/>	→716
715	During the last 12 months, approximately how many days did you work?	NUMBER OF DAYS..... <input type="text"/>	
716	Do you earn cash for your work? PROBE: Do you make money for working?	YES.....1 NO.....2	→719
717	How much do you earn for this work per month? Is it less than 1,000 shillings? 1,000-3,000 shillings? 3,001-4,000 shillings? 4,001-5,000 shillings? 5,001-10,000 shillings? or more than 10,000 shillings?	LESS THAN 1,000.....1 1,000-3,000.....2 3,001-4,000.....3 4,001-5,000.....4 5,001-10,000.....5 MORE THAN 10,000.....6	
718	CHECK 502: YES, CURRENTLY MARRIED <input type="checkbox"/> YES, LIVING WITH A MAN <input type="checkbox"/> NO, NOT IN UNION <input type="checkbox"/> Who mainly decides how the money you earn will be used: you, your husband/partner, you and your husband/partner jointly, or someone else? Who mainly decides how the money you earn will be used: you, someone else, or you and someone else jointly?	RESPONDENT DECIDES.....1 HUSBAND/PARTNER DECIDES.....2 JOINTLY WITH HUSBAND/PARTNER....3 SOMEONE ELSE DECIDES.....4 JOINTLY WITH SOMEONE ELSE.....5	
719	Do you usually work at home or away from home?	HOME.....1 AWAY.....2	
720	How long did you do/have you been doing this particular work?	MONTH.....1 <input type="text"/> YEAR.....2 <input type="text"/>	
721A	On average, how many hours do/did you spend on this work each day?	NUMBER OF HOURS..... <input type="text"/>	
721B	How many days do/did you spend on this work each week?	NUMBER OF DAYS..... <input type="text"/>	
722	How many paid employees do you have?	NONE.....00 NUMBER OF EMPLOYEES..... <input type="text"/>	
723	Does your current employment require you to work at night?	ALWAYS.....1 SOMETIMES.....2 NEVER.....3 NOT WORKING.....4	
724	How many work days were you away from work in the past month due to your own illness or injury, or that of other family members?	NUMBER OF DAYS..... <input type="text"/> NOT WORKED IN PAST MONTH.....95	→726
725	Do you think the work you are doing now fits your skill/qualification?	YES.....1 NO.....2 HAVE NO SKILLS.....3	→727
726	Which occupation best fits your skill/qualification?	<input type="text"/> <input type="text"/> <input type="text"/> HAVE NO SKILLS.....94	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP												
727	About how much money (IN SHILLINGS) do you/your household spend each month on the following: Food? Health/Medical? Rent/Housing? Other? (RECORD 99998 IF RESPONSE IS DON'T KNOW)	FOOD..... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HEALTH/MEDICAL.. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> RENT/HOUSING.... <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OTHER _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (SPECIFY)													
728	In your opinion, is what you spend adequate for your needs in each of the areas?	<table border="0"> <tr> <td></td> <td style="text-align: right;">YES</td> <td style="text-align: right;">NO</td> </tr> <tr> <td>FOOD.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>HEALTH/MEDICAL.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> <tr> <td>HOUSING.....</td> <td style="text-align: right;">1</td> <td style="text-align: right;">2</td> </tr> </table>		YES	NO	FOOD.....	1	2	HEALTH/MEDICAL.....	1	2	HOUSING.....	1	2	
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HEALTH/MEDICAL.....	1	2													
HOUSING.....	1	2													
729	If something could be done to improve the lives of the people in this community, what would you suggest as first priority? Second priority? What is the third priority?	FIRST _____ <input type="text"/> <input type="text"/> _____ _____ SECOND _____ <input type="text"/> <input type="text"/> _____ _____ THIRD _____ <input type="text"/> <input type="text"/> _____													
730	Sometimes, some children go to the street to get money for themselves or their family. Do you know of your neighbors' children who do this?	YES.....1 NO.....2													
731	Have any of your children/siblings been involved into this type of activity?	YES.....1 NO.....2 → 736													
732	How many of your children/siblings are currently in the street?	NUMBER OF BOYS..... <input type="text"/> <input type="text"/> NUMBER OF GIRLS..... <input type="text"/> <input type="text"/>													
733A	CHECK 732: AT LEAST ONE CHILD IS ON THE STREET <input type="checkbox"/> NO CHILD IS ON THE STREET <input type="checkbox"/> → 736														
733B	How many days do they come home in a week?	NUMBER OF DAYS..... <input type="text"/>													
734	Do these children contribute more than half, about half, less than half or nothing at all to your household budget?	MORE THAN HALF.....1 ABOUT HALF.....2 LESS THAN HALF.....3 NOTHING AT ALL.....4													
735	What is the main cause for your children going to beg in the streets?	POVERTY/NO FOOD.....1 FAMILY/MARITAL PROBLEMS.....2 PEER PRESSURE/BAD COMPANY.....3 LACK OF SELF DISCIPLINE.....4 DON'T KNOW.....5 OTHER _____ 6 (SPECIFY)													
736	Now let us talk about street children in general. Out of every ten children in your community, how many do you think are in the streets?	NUMBER..... <input type="text"/> <input type="text"/> DON'T KNOW.....98													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
737A	In general, how do you feel about street children? IF OK (2): ASK WHY? AND RECORD THE RESPONSE BELOW	SHOULD BE DISCOURAGED/STOPPED...1 IT IS OK.....2 NO OPINION.....3 DON'T KNOW.....8	
737B	Do you think that enough is done in this community to prevent children from here to join the Nairobi streets?	YES.....1 NO.....2 DON'T KNOW.....8	
738	What do you think would best help reduce the number of children from this community who are in Nairobi streets?	FREE EDUCATION.....01 INCOME GENERATING ACTIVITIES...02 SKILLS TRAINING.....03 EDUCATION CAMPAIGNS.....04 BUILD REHABILITATION CENTERS...05 REDUCE FAMILY POVERTY.....06 IMPROVE HOUSING CONDITION.....07 PROVIDE FP SERVICES.....08 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
739	Who should mainly be held responsible for the fact that some children from your community are in Nairobi street?	NOBODY.....00 FATHER.....01 MOTHER.....02 BOTH MOTHER/FATHER.....03 CHILDREN THEMSELVES.....04 WHOLE COMMUNITY.....05 THE GOVERNMENT.....06 OTHER _____ 96 (SPECIFY) DON'T KNOW.....98	
740	Is there any benefit that is gained by families from their children being in the street?	YES _____ 1 _____ _____ NO.....2 DON'T KNOW.....8	
741	Sometimes, some girls have sex in order to get money for their family or for themselves. Do you know of your neighbors' daughters who do this?	YES.....1 NO.....2	
742	Have any of your daughters/sisters ever been involved in this type of activity?	YES.....1 NO.....2 →747	
743	How many of your daughters/sisters are doing this? (IF "00" SKIP TO 747)	NUMBER OF GIRLS..... <input type="text"/>	
744	How many days do they come home in a week?	NUMBER OF DAYS..... <input type="text"/>	
745	Do these daughters/sisters contribute more than half, about half, less than half or nothing at all to your household budget?	MORE THAN HALF.....1 ABOUT HALF.....2 LESS THAN HALF.....3 NOTHING AT ALL.....4	
746	What is the main cause for your daughter(s)/sisters having sex in exchange for money?	POVERTY/NO FOOD.....1 FAMILY/MARITAL PROBLEMS.....2 PEER PRESSURE/BAD COMPANY.....3 LACK OF SELF DISCIPLINE.....4 OTHER _____ 6 (SPECIFY) DON'T KNOW.....8	
747	How let us talk about sex amongst teenager girls in this community. Out of every ten teenage girls in your community, how many would you say exchange sex for money?	NUMBER..... <input type="text"/>	
748	In general, how do you feel about girls exchanging sex for money? IF OK (2): ASK WHY? AND RECORD THE RESPONSE BELOW	SHOULD BE DISCOURAGED/STOPPED...1 IT IS OK.....2 NO OPINION.....3	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
749	Do you think that enough is done in this community to prevent young girls from exchanging sex for money?	YES.....1 NO.....2 DON'T KNOW.....8	
750	What do you think is the best way to discourage young girls from this community from exchanging sex for money?	FREE EDUCATION.....1 INCOME GENERATING ACTIVITIES...2 SKILLS TRAINING.....3 EDUCATION CAMPAIGNS.....4 REDUCE FAMILY POVERTY.....5 OTHER.....6 (SPECIFY) DON'T KNOW.....8	
751	Who should be mainly held responsible for the fact that some young girls from your community get into this practice?	NOBODY.....0 FATHER.....1 MOTHER.....2 BOTH MOTHER/FATHER.....3 THE GIRLS THEMSELVES.....4 WHOLE COMMUNITY.....5 THE GOVERNMENT.....6 MEN WHO PAY THEM FOR SEX.....7 OTHER.....96 (SPECIFY) DON'T KNOW.....98	

E F-30

SECTION 8. AIDS AND OTHER SEXUALLY TRANSMITTED DISEASES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																																																												
801A	Have you heard about diseases that can be transmitted through sex?	YES.....1 NO.....2	→801L																																																												
801B	Which diseases have you heard of? PROBE: ANY OTHER? RECORD ALL RESPONSES	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>SYPHILIS.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>GONORRHEA.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>HIV/AIDS.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>GENITAL WARTS.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>UGONJWA WA ZINAA.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>OTHER.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	SYPHILIS.....	1	2	GONORRHEA.....	1	2	HIV/AIDS.....	1	2	GENITAL WARTS.....	1	2	UGONJWA WA ZINAA.....	1	2	OTHER.....	1	2	(SPECIFY)			OTHER.....	1	2	(SPECIFY)			DOES NOT KNOW.....	1	2																												
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801C	CHECK 513 AND 513F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/> HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>		→801L																																																												
801D	During the last twelve months, did you have any of these diseases?	YES.....1 NO.....2 DOES NOT KNOW.....8	→801L																																																												
801E	Which of the diseases did you have? PROBE: ANY OTHER? RECORD ALL RESPONSES	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>SYPHILIS.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>GONORRHEA.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>HIV/AIDS.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>GENITAL WARTS.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>UGONGWA ZINAA.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>OTHER.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DON'T KNOW.....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	SYPHILIS.....	1	2	GONORRHEA.....	1	2	HIV/AIDS.....	1	2	GENITAL WARTS.....	1	2	UGONGWA ZINAA.....	1	2	OTHER.....	1	2	(SPECIFY)			OTHER.....	1	2	(SPECIFY)			DON'T KNOW.....	1	2																												
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801F	The last time you had (DISEASE(S) FROM 801E) did you seek advice or treatment?	YES.....1 NO.....2	→801H																																																												
801G	Where did you seek advice or treatment? Any other place or person? PROBE: ANY OTHER? RECORD ALL RESPONSES	<table border="0"> <tr> <td></td> <td align="right">YES</td> <td align="right">NO</td> </tr> <tr> <td>PUBLIC SECTOR</td> <td></td> <td></td> </tr> <tr> <td>GOVT. HOSPITAL.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>GOVT. HEALTH CENTER.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>GOVT. DISPENSARY.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>PRIVATE MEDICAL SECTOR</td> <td></td> <td></td> </tr> <tr> <td>MISSION HOSP/CLINIC.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER PVT.HOSP/CLINIC.</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>PHARMACY.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>PRIVATE DOCTOR.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>MOBILE CLINIC.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>COMMUNITY BASED DISTRIBUTOR..</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>COMM. HEALTH WORKER.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER SOURCE</td> <td></td> <td></td> </tr> <tr> <td>SHOP.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>HERBALIST./TRAD.PRACT.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>RELATIVE/FRIEND.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td>OTHER.....</td> <td align="right">1</td> <td align="right">2</td> </tr> <tr> <td align="center">(SPECIFY)</td> <td></td> <td></td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td align="right">1</td> <td align="right">2</td> </tr> </table>		YES	NO	PUBLIC SECTOR			GOVT. HOSPITAL.....	1	2	GOVT. HEALTH CENTER.....	1	2	GOVT. DISPENSARY.....	1	2	PRIVATE MEDICAL SECTOR			MISSION HOSP/CLINIC.....	1	2	OTHER PVT.HOSP/CLINIC.	1	2	PHARMACY.....	1	2	PRIVATE DOCTOR.....	1	2	MOBILE CLINIC.....	1	2	COMMUNITY BASED DISTRIBUTOR..	1	2	COMM. HEALTH WORKER.....	1	2	OTHER SOURCE			SHOP.....	1	2	HERBALIST./TRAD.PRACT.....	1	2	RELATIVE/FRIEND.....	1	2	OTHER.....	1	2	(SPECIFY)			DOES NOT KNOW.....	1	2	→8011
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801H	Why did you not seek treatment?	HAD NO MONEY.....1 DID NOT KNOW WHERE TO GO.....2 WAS SHY/DID NO WANT ANYONE TO KNOW.....3 KNEW WHAT TO DO/SELF MEDICATION..4 OTHER.....6																																																													
801I	When you had (DISEASE(S) FROM 801E) did you inform your partner(s)?	YES.....1 NO.....2																																																													

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801J	When you had (DISEASE(S) FROM 801E) did you do something not to infect your partner(s)?	YES.....1 NO.....2 PARTNER ALREADY INFECTED.....3	1 2 3 → 801L
801K	What did you do? ANY OTHER?	YES NO NO SEXUAL INTERCOURSE.....1 2 USED CONDOMS.....1 2 TOOK MEDICINES.....1 2 OTHER.....1 2 (SPECIFY)	
801L	CHECK 801B DID NOT MENTION 'AIDS' <input type="checkbox"/> MENTIONED 'AIDS' <input type="checkbox"/>		→ 802
801M	Have you ever heard of an illness called AIDS?	YES.....1 NO.....2	1 2 → 808C
802	From which sources of information have you learned most about AIDS? Any other sources? PROBE: ANY OTHER?	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.....1 1 (SPECIFY)	
802B	How can a person get AIDS? Any other ways? RECORD ALL MENTIONED	YES NO SEXUAL INTERCOURSE.....1 2 SEXUAL INTERCOURSE WITH MULTIPLE PARTNERS.....1 2 SEX WITH PROSTITUTES.....1 2 SEX WITH AN INFECTED PERSON..1 2 NOT USING CONDOM.....1 2 HOMOSEXUAL CONTACT.....1 1 MOTHER TO CHILD.....1 2 BLOOD TRANSFUSION.....1 2 SHARING RAZORS BLADES.....1 2 INJECTIONS.....1 2 KISSING.....1 2 MOSQUITO BITES.....1 2 OTHER.....1 2 (SPECIFY) OTHER.....1 2 (SPECIFY) DOES NOT KNOW.....1 2	
803	Is there anything a person can do to avoid getting AIDS or the virus that causes AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8	1 2 8 → 805
804	What can a person do? Any other ways? PROBE: ANY OTHER?	YES NO ABSTAIN FROM SEX.....1 2 USE CONDOMS.....1 2 AVOID MULTIPLE SEX PARTNERS..1 2 AVOID SEX WITH PROSTITUTES...1 2 AVOID SEX WITH HOMOSEXUALS..1 2 BE FAITHFUL TO PARTNER.....1 2 AVOID BLOOD TRANSFUSIONS....1 2 AVOID INJECTIONS.....1 2 AVOID KISSING.....1 2 AVOID MOSQUITO BITES.....1 2 SEEK PROTECTION FROM A TRADITIONAL HEALER.....1 2 OTHER.....1 2 (SPECIFY) OTHER.....1 2 (SPECIFY) DOES NOT KNOW.....1 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP																														
805	Is it possible for a healthy-looking person to have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW.....8																															
806	Do you think that persons with AIDS almost never die from the disease, sometimes die or almost always die from the disease?	ALMOST NEVER.....1 SOMETIMES.....2 ALMOST ALWAYS.....3 DOES NOT KNOW.....8																															
806A	Can AIDS be cured?	YES.....1 NO.....2 DOES NOT KNOW.....8																															
806B	Can AIDS be transmitted from mother to child?	YES.....1 NO.....2 DOES NOT KNOW.....8																															
806C	Do you personally know someone who has AIDS or has died of AIDS?	YES.....1 NO.....2 DOES NOT KNOW.....8																															
807	Do you think your chances of getting AIDS are small, moderate, great, or no risk at all?	SMALL.....1 MODERATE.....2 GREAT.....3 NO RISK AT ALL.....4 HAS AIDS.....5	→807C →808B																														
807B	Why do you think that you have (NO RISK/A SMALL CHANCE) of getting AIDS? Any other reasons? PROBE: ANY OTHER?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <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 NUMBER 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> </table> <p>(SPECIFY)</p>		YES	NO	ABSTAIN FROM SEX.....	1	2	USE CONDOMS.....	1	2	HAVE ONLY ONE SEX PARTNER.....	1	2	LIMITED NUMBER 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	→808A
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OTHER.....	1	2																															
807C	Why do you think that you have a (MODERATE/GREAT) chance of getting AIDS? Any other reasons?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>DO NOT USE CONDOMS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MORE THAN ONE SEX 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 PARTNER(S).....</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 A PARTNER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> </table> <p>(SPECIFY)</p>		YES	NO	DO NOT USE CONDOMS.....	1	2	MORE THAN ONE SEX PARTNER.....	1	2	MANY SEX PARTNERS.....	1	2	SPOUSE HAS OTHER PARTNER(S).....	1	2	HOMOSEXUAL CONTACT.....	1	2	HAD BLOOD TRANSFUSION.....	1	2	HAD INJECTIONS.....	1	2	SUSPECT SPOUSE HAS A PARTNER.....	1	2	OTHER.....	1	2	
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808A	Since you heard of AIDS, have you changed your behavior to prevent getting AIDS? IF YES, what did you do? RECORD ALL MENTIONED	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <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 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 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> </table> <p>(SPECIFY)</p> <p>OTHER..... 1 2</p> <p>(SPECIFY)</p> <p>NO BEHAVIOR CHANGE..... 1 2</p>		YES	NO	DIDN'T START SEX.....	1	2	STOPPED ALL SEX.....	1	2	STARTED USING CONDOMS.....	1	2	RESTRICTED SEX TO ONE PARTNER.....	1	2	REDUCED NUMBER OF PARTNERS.....	1	2	ASK SPOUSE TO BE FAITHFUL.....	1	2	NO MORE HOMOSEXUAL CONTACTS.....	1	2	STOPPED INJECTIONS.....	1	2	OTHER.....	1	2	→808C
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808B	Has your knowledge of AIDS influenced or changed your decisions about having sex or your sexual behavior? IF YES, In what way? RECORD ALL MENTIONED	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <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 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>NO MORE HOMOSEXUAL CONTACTS.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> </table> <p>(SPECIFY)</p> <p>NO CHANGE IN SEXUAL BEHAVIOR..... 1 2</p> <p>DOES NOT KNOW..... 1 2</p>		YES	NO	DIDN'T START SEX.....	1	2	STOPPED ALL SEX.....	1	2	STARTED USING CONDOMS.....	1	2	RESTRICTED SEX TO ONE PARTNER.....	1	2	REDUCED NUMBER OF PARTNERS.....	1	2	NO MORE HOMOSEXUAL CONTACTS.....	1	2	OTHER.....	1	2							
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	CHECK 807 HAS NO AIDS <input type="checkbox"/>	HAS AIDS <input type="checkbox"/>	808D																																																												
808C	Some people use a condom during sexual intercourse to avoid getting AIDS or other sexually transmitted diseases. Have you ever heard of this?	YES.....1 NO.....2	808F																																																												
	CHECK 513 AND 513F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	809																																																												
808E	We may already have talked about this. Have you ever used a condom during sex to avoid getting or transmitting diseases, such as AIDS?	YES.....1 NO.....2	808G																																																												
	CHECK 513 AND 513F: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	809																																																												
808G	Have you given or received money, gifts or favours in return for sex at any time in the last 12 months?	YES.....1 NO.....2																																																													
	CHECK 801B and 801M KNOWS 'AIDS' <input type="checkbox"/>	DOES NOT KNOW 'AIDS' <input type="checkbox"/>	901																																																												
810	Have you ever been tested to see if you have the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	810D																																																												
810A	Would you like to be tested for the AIDS virus?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8																																																													
810B	Do you know a place where you could go to get an AIDS test?	YES.....1 NO.....2 DOES NOT KNOW/NOT SURE.....8	811																																																												
810C	Where could you go? PROBE: Any other place?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td colspan="3">PUBLIC SECTOR</td> </tr> <tr> <td>GOVT. HOSPITAL.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GOVT. HEALTH CENTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GOVT. DISPENSARY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">PRIVATE MEDICAL SECTOR</td> </tr> <tr> <td>MISSION HOSP/CLINIC.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER PVT.HOSP/CLINIC.</td> <td>1</td> <td>2</td> </tr> <tr> <td>PHARMACY.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>PRIVATE DOCTOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOBILE CLINIC.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMMUNITY BASED DISTRIBUTOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COMM. HEALTH WORKER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">OTHER SOURCE</td> </tr> <tr> <td>SHOP.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>HERBALIST./TRAD.PRACT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RELATIVE/FRIEND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td colspan="3">(SPECIFY)</td> </tr> <tr> <td>DOES NOT KNOW.....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	PUBLIC SECTOR			GOVT. HOSPITAL.....	1	2	GOVT. HEALTH CENTER.....	1	2	GOVT. DISPENSARY.....	1	2	PRIVATE MEDICAL SECTOR			MISSION HOSP/CLINIC.....	1	2	OTHER PVT.HOSP/CLINIC.	1	2	PHARMACY.....	1	2	PRIVATE DOCTOR.....	1	2	MOBILE CLINIC.....	1	2	COMMUNITY BASED DISTRIBUTOR.....	1	2	COMM. HEALTH WORKER.....	1	2	OTHER SOURCE			SHOP.....	1	2	HERBALIST./TRAD.PRACT.....	1	2	RELATIVE/FRIEND.....	1	2	OTHER.....	1	2	(SPECIFY)			DOES NOT KNOW.....	1	2	
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811	What do you suggest is the most important thing the government should do for people who have AIDS?	<table border="0"> <tbody> <tr> <td>PROVIDE MEDICAL TREATMENT.....</td> <td>1</td> </tr> <tr> <td>HELP RELATIVES PROVIDE CARE.....</td> <td>2</td> </tr> <tr> <td>ISOLATE/QUARANTINE/JAIL PEOPLE.....</td> <td>3</td> </tr> <tr> <td>NOT BE INVOLVED.....</td> <td>4</td> </tr> <tr> <td>COUSELLING SERVICES.....</td> <td>5</td> </tr> <tr> <td>OTHER.....</td> <td>6</td> </tr> <tr> <td colspan="2">(SPECIFY)</td> </tr> </tbody> </table>	PROVIDE MEDICAL TREATMENT.....	1	HELP RELATIVES PROVIDE CARE.....	2	ISOLATE/QUARANTINE/JAIL PEOPLE.....	3	NOT BE INVOLVED.....	4	COUSELLING SERVICES.....	5	OTHER.....	6	(SPECIFY)																																																
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812	If a member of your family is suffering from AIDS would you be willing to care for him or her at home?	<table border="0"> <tbody> <tr> <td>YES.....</td> <td>1</td> </tr> <tr> <td>NO.....</td> <td>2</td> </tr> <tr> <td>DEPENDS.....</td> <td>3</td> </tr> <tr> <td>NOT SURE/DO NOT KNOW.....</td> <td>8</td> </tr> </tbody> </table>	YES.....	1	NO.....	2	DEPENDS.....	3	NOT SURE/DO NOT KNOW.....	8																																																					
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SECTION 9. GENERAL AND HEALTH MATTERS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	What is the major general/basic need of people in this community? (ONLY ONE RESPONSE)	HOUSING.....1 JOBS.....2 EDUCATION.....3 WATER.....4 HEALTH SERVICES.....5 FOOD.....6 ROADS.....7 TOILETS.....8 OTHER.....96 (SPECIFY) DON'T KNOW.....98	→905
902	How best do you think this need should be addressed?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
903	What role do you think this community should play in addressing the need?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
904	What role do you think the government should play in addressing the need?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
905	What is the major health problem/concern of people in this community? (ONLY ONE RESPONSE)	TOILETS.....1 DRAINAGE.....2 HOSPITALS.....3 CHOLERA.....4 WATER.....5 AIDS.....6 STDS.....7 OTHERS.....96 (SPECIFY) DON'T KNOW.....98	→909
906	How best do you think these concern/problem should be addressed?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
907	What role do you think this community should play in addressing the problem?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
908	What role do you think the government should play in addressing the problem?	_____ <input type="checkbox"/> <input type="checkbox"/> _____ _____	
909	What is the major reproductive health problem/need of people in this community? (ONLY ONE RESPONSE) (PROBE BY MENTIONING REPRODUCTIVE HEALTH PROBLEMS IN THE OPTIONS)	AIDS.....1 STDS.....2 UNWANTED PREGNANCY.....3 ABORTION.....4 FAMILY PLANNING.....5 ANTENATAL CARE.....6 OTHERS.....96 (SPECIFY) DON'T KNOW.....98	→913

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
910	How best do you think this problem should be addressed?	<hr/> <hr/> <hr/>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>

E F-36

SECTION 10. ADDITIONAL MODULE FOR YOUNG WOMEN

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1001	CHECK 113: AGE 24 OR BELOW <input type="checkbox"/> AGE 25 OR ABOVE <input type="checkbox"/>		1067
1002	Is your mother alive?	YES.....1 NO.....2 DON'T KNOW.....8	1004 1005
1003	Does your mother live here?	ALWAYS.....1 SOMETIMES.....2 NEVER.....3	1005
1003B	ENTER MOTHER'S LINE NUMBER FROM THE HOUSEHOLD IF NOT IN HOUSEHOLD ENTER "00"	MOTHER'S LINE NUMBER..... <input type="text"/>	1005
1004	How old were you when your mother died?	AGE IN COMPLETED YEARS.... <input type="text"/>	
1005	Is your father alive?	YES.....1 NO.....2 DON'T KNOW.....8	1007 1008
1006	Does your father live here?	ALWAYS.....1 SOMETIMES.....2 NEVER.....3	1008
1006B	ENTER FATHER'S LINE NUMBER FROM THE HOUSEHOLD IF NOT IN HOUSEHOLD ENTER "00"	FATHER'S LINE NUMBER..... <input type="text"/>	1008
1007	How old were you when your father died?	AGE IN COMPLETED YEARS.... <input type="text"/>	
1008	CHECK 901 AND 904: BOTH PARENTS ARE ALIVE <input type="checkbox"/> ONE OR BOTH PARENTS ARE DEAD <input type="checkbox"/>		1010
1009	Are your mother and father currently married to each other?	YES, CURRENTLY MARRIED.....1 NO, NOT CURRENTLY MARRIED.....2 NEVER MARRIED TO EACH OTHER.....3 DON'T KNOW.....8	1011 1011
1010	Were they ever married to each other?	YES.....1 NO.....2 DON'T KNOW.....8	
1011	What is (was) the highest level of education your mother completed?	NO EDUCATION.....1 PRIMARY INCOMPLETE.....2 PRIMARY COMPLETE.....3 SECONDARY.....4 HIGHER (A-LEVELS).....5 COLLEGE/UNIVERSITY.....6 DON'T KNOW.....8	
1012	What is (was) the highest level of education your father completed?	NO EDUCATION.....1 PRIMARY INCOMPLETE.....2 PRIMARY COMPLETE.....3 SECONDARY.....4 HIGHER (A-LEVELS).....5 COLLEGE/UNIVERSITY.....6 DON'T KNOW.....8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1013	<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 take her husbands 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 does not 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>	<p>AGREE DISAGREE NO OPINION</p> <p>A) 1 2 3</p> <p>B) 1 2 3</p> <p>C) 1 2 3</p> <p>D) 1 2 3</p> <p>E) 1 2 3</p> <p>F) 1 2 3</p> <p>G) 1 2 3</p>	
1014	For young unmarried people your age who engage in sex, do you approve of their using methods to delay or prevent pregnancy?	<p>YES.....1</p> <p>NO.....2</p> <p>NO OPINION.....3</p>	
1015	For young unmarried people your age, who engage in sex, do you approve their use of condoms to prevent sexually transmitted diseases?	<p>YES.....1</p> <p>NO.....2</p> <p>NO OPINION.....3</p>	
1016	Would your parents/partner refuse your using contraceptives if you wanted to?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	
1017	What would you do if he/they refuse while you think you need it?	<p>I WOULD STILL USE IT.....1</p> <p>I WOULD NOT USE IT.....2</p> <p>I DON'T KNOW WHAT I WOULD DO....3</p> <p>OTHER.....6</p> <p>(SPECIFY)</p>	
1018	Now I want to ask you about your best friend who is of the same sex as you. Has she ever had sex?	<p>YES.....1</p> <p>NO.....2</p> <p>DON'T KNOW.....8</p>	
1019	Do you have a boyfriend with whom you may have sex with?	<p>YES.....1</p> <p>NO.....2</p>	→1023
1020	How important is sex in that relationship?	<p>VERY IMPORTANT.....1</p> <p>FAIRLY IMPORTANT.....2</p> <p>NOT IMPORTANT.....3</p> <p>DON'T KNOW.....8</p>	
1021	Have you ever had sex with this person?	<p>YES.....1</p> <p>NO.....2</p>	→1023
1022	How often do you use condoms with this person/partner?	<p>NEVER.....1</p> <p>SOMETIMES.....2</p> <p>ALWAYS.....3</p> <p>DON'T KNOW.....8</p>	
1023	We may already have talked about this. Have you ever had sex with any other person besides your partner/spouse?	<p>YES.....1</p> <p>NO.....2</p>	→1024
1023A	During the past 12 months, did you use condoms with all the people you had sex with?	<p>WITH ALL OF THEM.....1</p> <p>WITH SOME OF THEM.....2</p> <p>WITH NONE OF THEM.....3</p> <p>DID NOT HAVE SEX IN PAST 12 MONTHS.....4</p> <p>HAVE NEVER HAD SEX.....5</p>	→1029
1024	The last time you had sexual intercourse, did you use a condom?	<p>YES.....1</p> <p>NO.....2</p>	

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1025	In what setting did you have your first sexual intercourse?	PARENTS' HOUSE.....01 PARTNER'S HOUSE.....02 FRIEND'S HOUSE.....03 HOTEL.....04 IN A CAR.....05 IN THE BUSH.....06 IN SCHOOL CLASSROOM.....07 IN SCHOOL DORMITORY.....08 IN A TOILET.....09 AT A BACKYARD.....10 ON THE STREET.....11 IN AN ABANDONED BUILDING.....12 OTHER.....96 (SPECIFY)																																																				
1026	What were the circumstances of your first sexual intercourse?	WAS FORCED INTO IT.....1 TO SHOW LOVE TO MY LOVER.....2 WAS TRICKED INTO HAVING SEX.....3 WANTED TO KNOW HOW IT FEELS.....4 WANTED TO BE LIKE SOME OF MY FRIENDS.....5 NEEDED MONEY.....6 OTHER.....96 (SPECIFY)																																																				
1027	Was the person you had your first sexual intercourse with someone about your age or younger, someone older than you or an adult man?	BOY MUCH YOUNGER THAN MYSELF....1 BOY ABOUT MY AGE.....2 BOY OLDER THAN MYSELF.....3 ADULT MAN.....4 MY HUSBAND.....5 OTHER.....96 (SPECIFY)																																																				
1028	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 NEIGHBOR.....09 CLASSMATE.....10 TEACHER.....11 RELIGIOUS LEADER.....12 OTHER.....96 (SPECIFY)																																																				
1029	Who would you talk to if you have problems about sex or sexual concerns? PROBE: Any other person?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>FATHER.....</td><td>1</td><td>2</td></tr> <tr><td>MOTHER.....</td><td>1</td><td>2</td></tr> <tr><td>BROTHER.....</td><td>1</td><td>2</td></tr> <tr><td>SISTER.....</td><td>1</td><td>2</td></tr> <tr><td>UNCLE.....</td><td>1</td><td>2</td></tr> <tr><td>AUNT.....</td><td>1</td><td>2</td></tr> <tr><td>GRAND PARENT.....</td><td>1</td><td>2</td></tr> <tr><td>STEP FATHER/MOTHER.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER RELATIVE.....</td><td>1</td><td>2</td></tr> <tr><td>FRIEND.....</td><td>1</td><td>2</td></tr> <tr><td>SCHOOL TEACHER.....</td><td>1</td><td>2</td></tr> <tr><td>RELIGIOUS LEADER.....</td><td>1</td><td>2</td></tr> <tr><td>COUNSELLOR.....</td><td>1</td><td>2</td></tr> <tr><td>MEDICAL PERSON.....</td><td>1</td><td>2</td></tr> <tr><td>NO ONE.....</td><td>1</td><td>2</td></tr> <tr><td>OTHER.....</td><td>1</td><td>2</td></tr> </tbody> </table> (SPECIFY)		YES	NO	FATHER.....	1	2	MOTHER.....	1	2	BROTHER.....	1	2	SISTER.....	1	2	UNCLE.....	1	2	AUNT.....	1	2	GRAND PARENT.....	1	2	STEP FATHER/MOTHER.....	1	2	OTHER RELATIVE.....	1	2	FRIEND.....	1	2	SCHOOL TEACHER.....	1	2	RELIGIOUS LEADER.....	1	2	COUNSELLOR.....	1	2	MEDICAL PERSON.....	1	2	NO ONE.....	1	2	OTHER.....	1	2	
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1030	Who would you talk to if you got a sexually transmitted infection?	<table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> </tr> <tr> <td>FATHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MOTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>BROTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SISTER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>UNCLE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>AUNT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>GRAND PARENT.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>STEP FATHER/MOTHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>OTHER RELATIVE.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>FRIEND.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>SCHOOL TEACHER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>RELIGIOUS LEADER.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>COUNSELLOR.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>MEDICAL PERSON.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>NO ONE.....</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> </table>		YES	NO	FATHER.....	1	2	MOTHER.....	1	2	BROTHER.....	1	2	SISTER.....	1	2	UNCLE.....	1	2	AUNT.....	1	2	GRAND PARENT.....	1	2	STEP FATHER/MOTHER.....	1	2	OTHER RELATIVE.....	1	2	FRIEND.....	1	2	SCHOOL TEACHER.....	1	2	RELIGIOUS LEADER.....	1	2	COUNSELLOR.....	1	2	MEDICAL PERSON.....	1	2	NO ONE.....	1	2	OTHER.....	1	2	(SPECIFY)			
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1031	Is there a difference between being HIV+ and having AIDS?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> <td> </td> </tr> <tr> <td>NO.....</td> <td>2</td> <td>→ 1033</td> </tr> <tr> <td>DON'T KNOW.....</td> <td>8</td> <td>→ 1033</td> </tr> </table>	YES.....	1		NO.....	2	→ 1033	DON'T KNOW.....	8	→ 1033																																														
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1032	What is/are the difference(s)?	<table border="0"> <tr> <td>_____</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> <tr> <td>_____</td> <td></td> <td></td> </tr> </table>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____			_____			_____																																													
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1033	I am now going to read some statements to you about HIV/AIDS and other diseases that are transmitted by playing sex. As I read each statement, please tell me if you think it is true, false or you do not know.	<table border="0"> <tr> <td></td> <td>TRUE</td> <td>FALSE</td> <td>DK</td> </tr> <tr> <td>A) One can always tell when a person has a sexually transmitted infection</td> <td>A).....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>B) I can tell if a person is HIV+</td> <td>B).....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>C) If signs of sexually transmitted disease disappear it means the person no longer has the disease</td> <td>C).....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>D) A healthy-looking person can be infected with the AIDS virus</td> <td>D).....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>E) A woman who has the AIDS virus will always give birth to a child with the AIDS virus</td> <td>E).....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>You can get AIDS from:-</td> <td></td> <td></td> <td></td> </tr> <tr> <td>F) Shaking hands with someone who has AIDS</td> <td>F).....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>G) Hugging someone who has AIDS</td> <td>G).....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>H) Wearing the clothes of someone who has AIDS</td> <td>H).....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>I) Sharing eating utensils with someone who has AIDS</td> <td>I).....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>J) Mosquito, flea, or bedbug bites</td> <td>J).....1</td> <td>2</td> <td>8</td> </tr> <tr> <td>K) Using a condom can prevent one from getting AIDS</td> <td>K).....1</td> <td>2</td> <td>8</td> </tr> </table>		TRUE	FALSE	DK	A) One can always tell when a person has a sexually transmitted infection	A).....1	2	8	B) I can tell if a person is HIV+	B).....1	2	8	C) If signs of sexually transmitted disease disappear it means the person no longer has the disease	C).....1	2	8	D) A healthy-looking person can be infected with the AIDS virus	D).....1	2	8	E) A woman who has the AIDS virus will always give birth to a child with the AIDS virus	E).....1	2	8	You can get AIDS from:-				F) Shaking hands with someone who has AIDS	F).....1	2	8	G) Hugging someone who has AIDS	G).....1	2	8	H) Wearing the clothes of someone who has AIDS	H).....1	2	8	I) Sharing eating utensils with someone who has AIDS	I).....1	2	8	J) Mosquito, flea, or bedbug bites	J).....1	2	8	K) Using a condom can prevent one from getting AIDS	K).....1	2	8			
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1034	CHECK 513F and 513: HAS HAD SEXUAL INTERCOURSE <input type="checkbox"/>	HAS NEVER HAD SEXUAL INTERCOURSE <input type="checkbox"/>	→ 1046																																																						
1035	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?	<table border="0"> <tr> <td>YES.....</td> <td>1</td> <td> </td> </tr> <tr> <td>NO.....</td> <td>2</td> <td>→ 1039</td> </tr> <tr> <td>NEVER HAD SEX.....</td> <td>3</td> <td>→ 1046</td> </tr> <tr> <td>NEVER BEEN PREGNANT.....</td> <td>4</td> <td>→ 1046</td> </tr> </table>	YES.....	1		NO.....	2	→ 1039	NEVER HAD SEX.....	3	→ 1046	NEVER BEEN PREGNANT.....	4	→ 1046																																											
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1036	How many times has this occurred?	NUMBER..... <input type="checkbox"/>																																																							

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1037	The last time this happened, how did it end?	NOTHING/CONTINUED WITH PREG.....1 TRIED ABORTION WITH NO SUCCESS GAVE BIRTH.....2 REMOVED THE PREGNANCY.....3 MISCARRIED.....4 OTHER.....6 (SPECIFY)	
1038	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)	
1039	The last time you were pregnant, did you want it then, later or not at all?	THEN.....1 LATER.....2 NOT AT ALL.....3	
1040	Have you ever had an abortion?	YES.....1 NO.....2	→1046
1041	How many times have you had an abortion?	NUMBER..... <input type="text"/>	
1042	The last time you had an abortion, who initiated/performed it?	QUALIFIED DOCTOR.....01 QUALIFIED NURSE/MIDWIFE.....02 MEDICAL PERSON WITH UNCLEAR QUALIFICATION.....03 TRADITIONAL HEALER/HERBALIST...04 NON-MEDICAL PERSON.....05 FAMILY MEMBER.....06 MYSELF.....07 OTHER.....96 (SPECIFY)	
1043	What were your main reasons for deciding to have an abortion the last time? PROBE: Any other reason?	YES NO 01 TO CONTINUE SCHOOL.....1 2 02 DID NOT WANT THE PREGNANCY..1 2 03 DIDN'T WANT PARENTS TO KNOW.1 2 04 WILL NOT BE ABLE TO SUPPORT.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 (SPECIFY)	
1044	Of all the reasons you mentioned, about your decision to have an abortion which one was the most important? (GET CODE FROM 1043)	<input type="text"/>	
1045	Did your boyfriend/partner support your decision to have an abortion?	YES.....1 NO.....2	
1046	Which of the following illness have you suffered from in the past one year? a) Fever b) Malaria c) Typhoid d) Cholera e) Diarrhoea f) Cold/Flu/Throat infection g) Stomach ache h) Cough i) Other 1 j) Other 2	YES NO FEVER.....1 2 MALARIA.....1 2 TYPHOID.....1 2 CHOLERA.....1 2 DIARRHOEA.....1 2 COLD/FLU/THROAT INFECTION...1 2 STOMACH ACHE.....1 2 COUGH.....1 2 OTHER.....1 2 (SPECIFY) OTHER.....1 2 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1047	During the past year did you always receive medical care when you thought you needed it?	YES, ALL THE TIME.....1 YES, SOMETIMES.....2 NO, NOT AT ALL.....3 NEVER NEEDED MEDICAL CARE.....4	→1049 →1049
1048	Why did you not receive medical care when you thought you needed it?	DID NOT HAVE MONEY.....1 HOSPITAL/CLINIC TOO FAR.....2 PARENTS/PARTNER REFUSED.....3 USED HOME REMEDY.....4 OTHER.....6 (SPECIFY)	
1049	How many main meals did you have yesterday?	NONE.....1 ONE.....2 TWO.....3 THREE.....4 MORE THAN THREE.....5	
1050	Apart from main meals, did you eat any of the following as a snack yesterday? a) Roasted/boiled corn b) Popcorn c) Peanuts/other nuts d) Mandazi e) Samosa f) Soda g) Banana/fruits h) Other 1 i) Other 2	YES NO ROASTED/BOILED CORN.....1 2 POPCORN.....1 2 PEANUTS.....1 2 MANDAZI.....1 2 SAMOSA.....1 2 SODA.....1 2 BANANA/FRUITS.....1 2 OTHER.....1 2 (SPECIFY) OTHER.....1 2 (SPECIFY)	
1051	Have you ever drunk alcohol?	YES.....1 NO.....2	 →1054
1052	How old were you when you first drunk alcohol?	AGE..... <input type="text"/> <input type="text"/> DON'T KNOW.....98	
1053	How often in the past month have you had so much alcohol that you were really drunk?	NO, NEVER.....1 NO, WAS NOT DRUNK IN THE PAST MONTH.....2 YES, ONCE.....3 YES, 2 TO 3 TIMES.....4 YES, 4 TO 10 TIMES.....5 YES, MORE THAN 10 TIMES.....6 OTHER.....96 (SPECIFY)	
1054	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	 →1056
1055	What exactly do they take? PROBE: What else?	YES NO PILLS.....1 2 BHANG.....1 2 MIRAA.....1 2 COCAINE.....1 2 PETROL SNIFFING.....1 2 GLUE SNIFFING.....1 2 PAINT SNIFFING.....1 2 OTHER.....1 2 (SPECIFY) DON'T KNOW.....1 2	
1056	Have you ever tried any of these things?	YES.....1 NO.....2	 →1058
1056B	What have you tried? PROBE: What else?	YES NO PILLS.....1 2 BHANG.....1 2 MIRAA.....1 2 COCAINE.....1 2 PETROL SNIFFING.....1 2 GLUE SNIFFING.....1 2 PAINT SNIFFING.....1 2 OTHER.....1 2 (SPECIFY) DON'T KNOW.....1 2	

1057	How old were you when you first tried one of these things?	AGE..... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	
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1058	During the past year, has any of the following people hit, slap, or physically hurt you on purpose? a) Husband b) Other sexual partner c) Father d) Mother e) Other male relatives f) Other female relatives g) Teacher h) Stranger i) Other	<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>HUSBAND.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER SEXUAL PARTNER.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>FATHER.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>MOTHER.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER MALE RELATIVES.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER FEMALE RELATIVES.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>TEACHER.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>STRANGER.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td>OTHER.....</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td></tr> <tr><td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> </tbody> </table>		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	OTHER.....	1	2	(SPECIFY)			
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1060	Have you ever been forced to have sexual intercourse when you did not want to at first?	<table style="width:100%; border-collapse: collapse;"> <tr><td>YES.....</td><td style="text-align: center;">1</td><td style="width:10%;"></td></tr> <tr><td>NO.....</td><td style="text-align: center;">2</td><td style="text-align: right;">→1062</td></tr> <tr><td>NEVER HAD SEX.....</td><td style="text-align: center;">3</td><td style="text-align: right;">→1064</td></tr> </table>	YES.....	1		NO.....	2	→1062	NEVER HAD SEX.....	3	→1064
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1061	Has this happened in the past 30 days?	<table style="width:100%; border-collapse: collapse;"> <tr><td>YES.....</td><td style="text-align: center;">1</td><td style="width:10%;"></td></tr> <tr><td>NO.....</td><td style="text-align: center;">2</td><td style="width:10%;"></td></tr> </table>	YES.....	1		NO.....	2	
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1062	Have you ever had sexual intercourse with someone when at first he did not want sex?	<table style="width:100%; border-collapse: collapse;"> <tr><td>YES.....</td><td style="text-align: center;">1</td><td style="width:10%;"></td></tr> <tr><td>NO.....</td><td style="text-align: center;">2</td><td style="text-align: right;">→1064</td></tr> </table>	YES.....	1		NO.....	2	→1064
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YES.....	1							
NO.....	2							

1064	Sometimes young people/children go to the street to beg. Have you ever done this	<table style="width:100%; border-collapse: collapse;"> <tr><td>YES.....</td><td style="text-align: center;">1</td><td style="width:10%;"></td></tr> <tr><td>NO.....</td><td style="text-align: center;">2</td><td style="text-align: right;">→1067</td></tr> </table>	YES.....	1		NO.....	2	→1067
YES.....	1							
NO.....	2	→1067						

1065	What made you do it?	<table style="width:100%; border-collapse: collapse;"> <tr><td>NO FOOD IN THE HOUSE.....</td><td style="text-align: center;">1</td><td style="width:10%;"></td></tr> <tr><td>MY PARENT(S) ASKED/FORCED ME....</td><td style="text-align: center;">2</td><td style="width:10%;"></td></tr> <tr><td>HAD NO HOME/PARENTS.....</td><td style="text-align: center;">3</td><td style="width:10%;"></td></tr> <tr><td>TO JOIN MY FRIEND.....</td><td style="text-align: center;">4</td><td style="width:10%;"></td></tr> <tr><td>HAD NO JOB.....</td><td style="text-align: center;">5</td><td style="width:10%;"></td></tr> <tr><td>OTHER.....</td><td style="text-align: center;">6</td><td style="width:10%;"></td></tr> <tr><td colspan="3" style="text-align: center;">(SPECIFY)</td></tr> </table>	NO FOOD IN THE HOUSE.....	1		MY PARENT(S) ASKED/FORCED ME....	2		HAD NO HOME/PARENTS.....	3		TO JOIN MY FRIEND.....	4		HAD NO JOB.....	5		OTHER.....	6		(SPECIFY)		
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1066	How old were you when you first did it?	AGE IN COMPLETED YEARS... <input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
		DON'T KNOW.....98

1067	RECORD THE TIME INTERVIEW ENDED.	<table style="width:100%; border-collapse: collapse;"> <tr><td>HOUR.....</td><td style="text-align: center;"><input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/></td></tr> <tr><td>MINUTES.....</td><td style="text-align: center;"><input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/></td></tr> </table>	HOUR.....	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>	MINUTES.....	<input style="width:20px; height:20px;" type="text"/> <input style="width:20px; height:20px;" type="text"/>
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INTERVIEWER'S OBSERVATIONS
To be filled in after completing interview

Comments
about Respondent:

Comments on
Specific Questions:

Any Other Comments:

SUPERVISOR'S OBSERVATIONS

Name of Supervisor: _____

Date: _____

EDITOR'S OBSERVATIONS

Name of Editor: _____

Date: _____