

WOMEN'S INFORMATION PANEL		WM
<p><i>This module is to be administered to all women age 15 through 49 (see column HL6 of HH listing). Fill in one form for each eligible woman Fill in the cluster and household number, and the name and line number of the woman in the space below. Fill in your name, number and the date.</i></p>		
WM-A. Province Name & Code: _____	WM-B. County Name & Code: _____	
WM-C. District Name & Code: _____		
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's Name: _____	WM4. Woman's Line Number: _____	
WM5. Interviewer name and number: _____	WM6. Day/Month/Year of interview: ____ / ____ / ____	
<p><i>Repeat greeting if not already read to this woman: WE ARE FROM KENYA NATIONAL BUREAU OF STATISTICS (KNBS). WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THIS. THE INTERVIEW USUALLY TAKES AROUND 30-35 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED. ALSO, YOU ARE NOT OBLIGED TO ANSWER ANY QUESTION YOU DON'T WANT TO, AND YOU MAY WITHDRAW FROM THE INTERVIEW AT ANY TIME. MAY I START NOW?</i></p> <p><i>If permission is given, begin the interview. If the woman does not agree to continue, thank her, complete WM7, and go to the next interview. Discuss this result with your supervisor for a future re-visit.</i></p>		
WM7. Result of women's interview	Completed..... 1 Not at home..... 2 Refused ..... 3 Partly completed ..... 4 Incapacitated..... 5 Other (specify) ..... 6	
<p><i>Interviewer/editor/supervisor notes: Use this space to record notes about the interview with this household, such as call-back times, incomplete individual interview forms, number of attempts to re-visit, etc.</i></p>		
WM71. Supervisor: Name _____	WM72. Field edited by (name and number): Name _____	
WM73. Data Entry: Name and Number Name _____		

## **ENGLISH**

1. The child is reading a book.
2. The rains came late this year.
3. Parents must care for their children.
4. Farming is hard work.

## **KISWAHILI**

1. Mtoto anasoma kitabu.
2. Mvua ilichelewa mwaka huu.
3. Nilazima wazazi watunze watoto wao.
4. Ukulima ni kazi ngumu.

WOMEN'S INFORMATION PANEL		WM
WM7A. <i>Record the time.</i>	Hour and minutes..... __ : __	
WM8. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month ..... __ __ DK month..... 98  Year ..... __ __ __ __ DK year ..... 9998	
WM9. HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?	Age (in completed years)..... __ __	
WM10. HAVE YOU EVER ATTENDED SCHOOL, PRESCHOOL OR ANY NON-FORMAL EDUCATION?	Yes..... 1 No ..... 2	2—►WM14
WM11. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool ..... 0 Primary ..... 1 Post-Primary/Vocational..... 2 Secondary ..... 3 Higher ..... 4  Non-formal education ..... 6	0—►WM14      6—►WM14
WM12. WHAT IS THE HIGHEST GRADE (STANDARD/FORM/CLASS) YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter 00</i>	Grade..... __ __	
WM13. <i>Check WM11:</i>  [ ] <i>Secondary or higher. —► Go to Next Module</i>  [ ] <i>Preschool, primary or non-formal education. —► Continue with WM14</i>		
WM14. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentences to respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?  <i>Example sentences for literacy test:</i> 1. <i>The child is reading a book.</i> 2. <i>The rains came late this year.</i> 3. <i>Parents must care for their children.</i> 4. <i>Farming is hard work.</i>	Cannot read at all..... 1 Able to read only parts of sentence ..... 2 Able to read whole sentence..... 3 No sentence in required language..... 4 (specify language)  Blind/mute, visually/speech impaired ..... 5	

CHILD MORTALITY		CM
<i>All questions refer only to LIVE births.</i>		
CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?  <i>If "No" probe by asking:            I MEAN, TO A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS?</i>	Yes..... 1 No ..... 2	2 → MARRIAGE/ UNION MODULE
CM3. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?	Yes..... 1 No ..... 2	2 → CM5
CM4. HOW MANY SONS LIVE WITH YOU?  HOW MANY DAUGHTERS LIVE WITH YOU?	Sons at home ..... _ _  Daughters at home..... _ _	
CM5. 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	2 → CM7
CM6. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?  HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?	Sons elsewhere ..... _ _  Daughters elsewhere..... _ _	
CM7. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?	Yes..... 1 No ..... 2	2 → CM9
CM8. HOW MANY BOYS HAVE DIED?  HOW MANY GIRLS HAVE DIED?	Boys dead ..... _ _  Girls dead ..... _ _	
CM9. Sum answers to CM4, CM6, and CM8.	Sum ..... _ _	
CM10. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL ( <i>number in CM9</i> ) BIRTHS DURING YOUR LIFE. IS THIS CORRECT?  <input type="checkbox"/> Yes. → Go to BH1  <input type="checkbox"/> No. → Check responses and make corrections before proceeding to BH1		

BIRTH HISTORY											BH	
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 BH1. Record twins and triplets on separate lines.												
#	BH1 WHAT NAME WAS GIVEN TO YOUR (first/ next) BABY?	BH2 WERE ANY OF THESE BIRTHS TWINS?	BH3 IS (name) A BOY OR GIRL?	BH4 IN WHAT MONTH AND YEAR WAS (name) BORN?  Probe: WHAT IS HIS/HER BIRTHDAY?	BH5 IS (name) STILL ALIVE?	BH6 HOW OLD WAS (name) AT HIS/ HER LAST BIRTHDAY?  Record age in completed years	BH7 IS (name) LIVING WITH YOU?	BH8 Record HH line number of child  Record '00' if child not listed in HH	BH9 If dead: HOW OLD WAS (name) WHEN HE/ SHE DIED?  HOW MANY MONTHS OLD WAS (name)?  Record days if less than 1 month; months if less than 2 years; or years	BH10 WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name)?	Y	N
01		SIN 1 2	G 2	MONTH/YEAR ___/___/___	Y 1 2 → BH9		Y 1	Days .....1 Month .....2 Year .....3 → next line	1 Add		2 Next	
02		1 2	2	___/___/___	1 2 → BH9		1	Days .....1 Month .....2 Year .....3 → BH10	1 A dd		2 Next	
03		1 2	2	___/___/___	1 2 → BH9		1	Days .....1 Month .....2 Year .....3 → BH10	1 Add		2 Next	
04		1 2	2	___/___/___	1 2 → BH9		1	Days .....1 Month .....2 Year .....3 → BH10	1 Add		2 Next	
05		1 2	2	___/___/___	1 2 → BH9		1	Days .....1 Month .....2 Year .....3 → BH10	1 Add		2 Next	
06		1 2	2	___/___/___	1 2 → BH9		1	Days .....1 Month .....2 Year .....3 → BH10	1 Add		2 Next	
07		1 2	2	___/___/___	1 2 → BH9		1	Days .....1 Month .....2 Year .....3 → BH10	1 Add		2 Next	

#	BH1 WHAT NAME WAS GIVEN TO YOUR (first/ next) BABY?	BH2 WERE ANY OF THESE BIRTHS TWINS?		BH3 IS (name) A BOY OR GIRL?		BH4 IN WHAT MONTH AND YEAR WAS (name) BORN?  Probe: WHAT IS HIS/HER BIRTHDAY?	BH5 IS (name) STILL ALIVE?		BH6 HOW OLD WAS (name) AT HIS/ HER LAST BIRTHDAY?  Record age in completed years	BH7 IS (name) LIVING WITH YOU?	BH8 Record HH line number of child  Record '00' if child not listed in HH	BH9 If dead: HOW OLD WAS (name) WHEN HE/ SHE DIED?  HOW MANY MONTHS OLD WAS (name)?  Record days if less than 1 month; months if less than 2 years; or years	BH10 WERE THERE ANY OTHER LIVE BIRTHS BETWEEN (name of previous birth) AND (name)?	
		SIN	MUL	B	G		MONTH/YEAR	Y					N	Y
08		1	2	1	2	___/___/___	1	2 → BH9		1	→ BH10	Days .....1 Month .....2 Year .....3	1 Add	2 Next
09		1	2	1	2	___/___/___	1	2 → BH9		1	→ BH10	Days .....1 Month .....2 Year .....3	1 Add 2 3	2 Next
10		1	2	1	2	___/___/___	1	2 → BH9		1	→ BH10	Days .....1 Month .....2 Year .....3	1 Add	2 Next
11		1	2	1	2	___/___/___	1	2 → BH9		1	→ BH10	Days .....1 Month .....2 Year .....3	1 Add	2 Next
12		1	2	1	2	___/___/___	1	2 → BH9		1	→ BH10	Days .....1 Month .....2 Year .....3	1 Add	2 Next
BH11	HAVE YOU HAD ANY LIVE BIRTHS SINCE THE BIRTH OF (name of last birth)? If yes, record birth(s)												Yes.....1 No.....2	
BH12	Compare CM9 with number of births in history above and mark: [ ] Numbers are different → Probe and reconcile [ ] Numbers are same →												Check: For all births: 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 year: Probe to determine exact number of months ..... [ ]	

**BIRTH HISTORY****BH**

BH13. Check BH4: Did the woman's last birth occur within the last 2 years, that is, since (day and month of interview) in 2011?

*If child has died, take special care when referring to this child by name in the following modules.*

[ ] No live birth in last 2 years. —▶ Go to MARRIAGE/UNION module.

[ ] Yes, live birth in last 2 years. —▶ Record name of last born child and continue with BH14

Name of child \_\_\_\_\_

BH14. AT THE TIME YOU BECAME PREGNANT WITH (name), DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU WANT NO (MORE) CHILDREN AT ALL?	Then.....	1
	Later .....	2
	No more.....	3

TETANUS TOXOID (TT)		TT
<i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i>		
TT1. DO YOU HAVE A CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?  <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3  DK ..... 8	
TT2. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION TO PREVENT HIM OR HER FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?  <i>Probe:</i> AN ANTI-TETANUS SHOT, AN INJECTION AT THE TOP OF THE ARM OR SHOULDER?	Yes ..... 1 No ..... 2  DK ..... 8	2 → TT5  8 → TT5
TT3. HOW MANY TIMES DID YOU RECEIVE THIS ANTI-TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?	No. of times ..... _ _  DK ..... 98	98 → TT5
TT4. How many TT doses during last pregnancy were reported in TT3?  <input type="checkbox"/> At least two TT injections during last pregnancy. → Go to Next Module  <input type="checkbox"/> Fewer than two TT injections during last pregnancy. → Continue with TT5		
TT5. DID YOU RECEIVE ANY TETANUS TOXOID INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2  DK ..... 8	2 → NEXT MODULE 8 → NEXT MODULE
TT6. HOW MANY TIMES DID YOU RECEIVE IT?	No. of times ..... _ _	
TT7. IN WHAT MONTH AND YEAR DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?  <i>Skip to next module only if year of injection is given. Otherwise, continue with TT8.</i>	Month ..... _ _ DK month ..... 98  Year ..... _ _ _ _  DK year ..... 9998	→ NEXT MODULE   TT8 ▼
TT8. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST ANTI-TETANUS INJECTION BEFORE YOUR PREGNANCY WITH (name)?	Years ago ..... _ _	



MATERNAL AND NEWBORN HEALTH		MN															
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview. Check the birth history module BH13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>																	
<p>MN1. IN THE FIRST TWO MONTHS AFTER THE BIRTH OF (name), DID YOU RECEIVE A VITAMIN A DOSE LIKE THIS?</p> <p><i>Show 200,000 IU capsule or dispenser.</i></p>	<p>Yes ..... 1  No ..... 2  DK ..... 8</p>																
<p>MN2. DID YOU SEE ANYONE FOR ANTENATAL CARE FOR THIS PREGNANCY?</p> <p><i>If yes: WHOM DID YOU SEE? ANYONE ELSE?</i></p> <p><i>Probe for the type of person seen and circle all answers given.</i></p>	<p>Health professional  Doctor ..... A  Community nurse ..... B  Clinical officer ..... C  Nurse/Midwife..... D</p> <p>Other person  Traditional birth attendant..... E  Community health worker..... F</p> <p>Relative/friend ..... G</p> <p>Other (specify) ..... X</p> <p>No one..... Y</p>	Y → MN7															
<p>MN2A. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>No. of times ..... _ _  DK ..... 98</p>																
<p>MN3. AS PART OF YOUR ANTENATAL CARE, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE?</p> <p>A. WERE YOU WEIGHED?  B. WAS YOUR BLOOD PRESSURE MEASURED?  C. DID YOU GIVE A URINE SAMPLE?  D. DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Weight .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood pressure .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	Weight .....	1	2	Blood pressure .....	1	2	Urine sample .....	1	2	Blood sample .....	1	2	
	Yes	No															
Weight .....	1	2															
Blood pressure .....	1	2															
Urine sample .....	1	2															
Blood sample .....	1	2															
<p>MN4. DURING ANY OF THE ANTENATAL VISITS FOR THE PREGNANCY, WERE YOU GIVEN ANY INFORMATION OR COUNSELED ABOUT AIDS OR THE AIDS VIRUS?</p>	<p>Yes ..... 1  No ..... 2  DK ..... 8</p>																
<p>MN5. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV/AIDS AS PART OF YOUR ANTENATAL CARE?</p>	<p>Yes ..... 1  No ..... 2  DK ..... 8</p>	<p>2 → MN6A  8 → MN6A</p>															
<p>MN6. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes ..... 1  No ..... 2  DK ..... 8</p>																

MN6B. WHICH MEDICINES DID YOU TAKE TO PREVENT MALARIA?	SP/Fansidar ..... A Chloroquine ..... B  Other ( <i>specify</i> ) ..... X DK ..... Z	
MN6C. Check MN6B for medicine taken:  <input type="checkbox"/> SP/Fansidar taken. —► Continue with MN6D <input type="checkbox"/> SP/Fansidar not taken. —► Go to MN7		
MN6D. HOW MANY TIMES DID YOU TAKE SP/FANSIDAR?	Number of times..... _ _	
MN7. WHO ASSISTED WITH THE DELIVERY OF (name)?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person assisting and circle all answers given.</i>	Health professional Doctor ..... A Community nurse ..... B Clinical officer ..... C Nurse/Midwife..... D  Other person Traditional birth attendant..... E Community health worker..... F  Relative/friend ..... G Other ( <i>specify</i> ) ..... X  No one ..... Y	
MN8. WHERE DID YOU GIVE BIRTH TO (name)?  <i>If source is hospital, health center, or clinic, write the name of the place below. Probe to identify the type of source and circle the appropriate code.</i>  _____ (Name of place)	Your home ..... 11 Other home ..... 12  Public Sector Government hospital ..... 21 Government health center ..... 22 Government dispensary..... 23 Other public ( <i>specify</i> ) ..... 26  Private medical sector Mission hospital/clinic ..... 31 Private hospital/clinic..... 32 Nursing/maternity home ..... 33 Other private medical ( <i>specify</i> ) ..... 36  Other ( <i>specify</i> ) ..... 96	98 —► MN8C
MN8A. HOW LONG AFTER (name) WAS DELIVERED DID YOU STAY THERE?  <i>If less than one day, record hours.</i>  <i>If less than one week, record days.</i>	Hours ..... 1 _ _ Days ..... 2 _ _ Weeks ..... 3 _ _ Don't know/remember..... 998	
MN8B. WAS (name) DELIVERED BY CAESERIAN SECTION?	Yes ..... 1 No ..... 2	1—► MN8D 2—► MN8D

<p>MN8C. WHY DIDN'T YOU DELIVER (name) IN A HEALTH FACILITY?</p> <p><i>Probe:</i> ANY OTHER REASON?</p> <p><i>Record all mentioned.</i></p>	<p>Cost too much..... A  Facility not open..... B  Too far..... C  Don't trust facility ..... D  No female provider at facility..... E  Husband/family did not allow..... F  Not necessary ..... G  Not customary..... H  No transportation ..... I  Poor quality service..... J</p> <p>Other (<i>specify</i>) ..... X</p>	
<p>MN8D. AFTER (name) WAS BORN, DID ANY HEALTH CARE PROVIDER OR A TRADITIONAL BIRTH ATTENDANT CHECK ON YOUR HEALTH?</p>	<p>Yes..... 1  No..... 2</p>	2 → MN8I
<p>MN8E. HOW LONG AFTER THE BIRTH OF (name) DID THIS FIRST CHECK TAKE PLACE?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p>	<p>Hours..... 1 __ __  Days ..... 2 __ __  Weeks..... 3 __ __  Don't know/remember..... 998</p>	
<p>MN8F. WHO CHECKED ON YOUR HEALTH AT THAT TIME?</p> <p><i>Probe for most qualified person</i></p>	<p>Health professional  Doctor ..... 11  Community nurse ..... 12  Clinical officer ..... 13  Nurse/Midwife..... 14</p> <p>Other person  Traditional birth attendant..... 21  Community health worker..... 22</p> <p>Other (<i>specify</i>) ..... 96</p>	
<p>MN8G. WHERE DID THIS FIRST CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source and circle the appropriate code.</i></p> <p><i>If unable to determine if a hospital, health centre, or clinic is public or private medical, write the name of the place</i></p> <p>_____</p> <p>(Name of place)</p>	<p>Your home ..... 11  Other home ..... 12</p> <p>Public Sector  Government hospital ..... 21  Government health center..... 22  Government dispensary..... 23  Other public (<i>specify</i>)..... 26</p> <p>Private medical sector  Mission hospital/clinic ..... 31  Private hospital/clinic..... 32  Nursing/maternity home ..... 33  Pharmacy..... 34  Other private medical (<i>specify</i>) ..... 36</p> <p>Other (<i>specify</i>) ..... 96</p> <p>DK ..... 98</p>	
<p>MN8H. WAS THE HEALTH OF (name) ALSO CHECKED AT THIS TIME?</p>	<p>Yes..... 1  No..... 2</p>	2 → MN8I

MN8H2. WAS THIS ALSO THE FIRST TIME ( <i>name's</i> ) HEALTH WAS CHECKED?	Yes..... 1 No..... 2	1—►MN9 2—►MN8J
MN8I. AFTER ( <i>name</i> ) WAS BORN, DID ANY HEALTH CARE PROVIDER OR A TRADITIONAL BIRTH ATTENDANT CHECK ON HIS/HER HEALTH?	Yes..... 1 No..... 2 DK..... 8	2—►MN9 8—►MN9
MN8J. HOW LONG AFTER THE BIRTH OF ( <i>name</i> ) DID THIS FIRST CHECK TAKE PLACE?  <i>If less than one day, record hours.</i>  <i>If less than one week, record days.</i>	Hours..... 1 __ __ Days..... 2 __ __ Weeks..... 3 __ __ Don't know/remember..... 998	
MN8K. WHO CHECKED ON ( <i>name's</i> ) HEALTH AT THAT TIME?  <i>Probe for most qualified person</i>	Health professional Doctor..... 11 Community nurse..... 12 Clinical officer..... 13 Nurse/Midwife..... 14  Other person Traditional birth attendant..... 21 Community health worker..... 22  Other ( <i>specify</i> )..... 96	
MN8L. WHERE DID THIS FIRST CHECK TAKE PLACE?  <i>Probe to identify the type of source and circle the appropriate code.</i>  <i>If unable to determine if a hospital, health centre, or clinic is public or private medical, write the name of the place</i>  _____ (Name of place)	Your home..... 11 Other home..... 12 Public Sector Government hospital..... 21 Government health center..... 22 Government dispensary..... 23 Other public ( <i>specify</i> )..... 26  Private medical sector Mission hospital/clinic..... 31 Private hospital/clinic..... 32 Nursing/maternity home..... 33 Pharmacy..... 34 Other private medical ( <i>specify</i> )..... 36  Other ( <i>specify</i> )..... 96 DK..... 98	
MN8M. WERE YOU PRESENT WHEN THIS FIRST CHECK TOOK PLACE?	Yes..... 1 No..... 2	
MN9. WHEN YOUR LAST CHILD ( <i>name</i> ) 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 DK..... 8	

<p>MN10. WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes..... 1  No..... 2  DK..... 8</p>	<p>2—►MN12  8—►MN12</p>
<p>MN11. HOW MUCH DID (name) WEIGH?   <i>Record weight from health card, if available.</i></p>	<p>From card..... 1 (kilograms) __ . __ __ __  From recall..... 2 (kilograms) __ . __ __ __  DK..... 99998</p>	
<p>MN12. DID YOU EVER BREASTFEED (name)?</p>	<p>Yes..... 1  No..... 2</p>	<p>2—►NEXT MODULE</p>
<p>MN13. HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?   <i>If less than 1 hour, record '00' hours.  If less than 24 hours, record hours.  Otherwise, record days.</i></p>	<p>Immediately..... 000  Hours..... 1 __ __  Days ..... 2 __ __  Don't know/remember..... 998</p>	

MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... 1 Yes, living with a man..... 2 No, not in union..... 3	3—►MA3
MA2. HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?	Age in years..... __ __ DK 98	
MA2A. DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES?	Yes..... 1 No..... 2	2—►MA5
MA2B. BESIDES YOURSELF, HOW MANY OTHER WIVES DOES HE HAVE?	Number..... __ __ DK..... 98	—►MA5 98—►MA5
MA3. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN?	Yes, formerly married..... 1 Yes, formerly lived with a man..... 2 No..... 3	—►NEXT MODULE
MA4. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... 1 Divorced..... 2 Separated..... 3	
MA5. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... 1 More than once..... 2	
MA6. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month..... __ __ DK month..... 98 Year..... __ __ __ __ DK year..... 9998	
MA7. Check MA6:  [ ] Both month and year of marriage/union known? —► Go to Next Module  [ ] Either month or year of marriage/union not known? —► Continue with MA8		
MA8. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years..... __ __	

CONTRACEPTION		CP
CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING – AND YOUR REPRODUCTIVE HEALTH.  ARE YOU PREGNANT NOW?	Yes, currently pregnant..... 1 No ..... 2 Unsure or DK..... 8	2 → CP2 8 → CP2
CP1A. AT THE TIME YOU BECAME PREGNANT DID YOU WANT TO BECOME PREGNANT THEN, DID YOU WANT TO WAIT UNTIL LATER, OR DID YOU NOT WANT TO HAVE ANY MORE CHILDREN?	Then..... 1 Later ..... 2 Not want more children ..... 3	1 → CP4B 2 → CP4B 3 → CP4B
CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes..... 1 No ..... 2	2 → CP4A
CP3. WHICH METHOD ARE YOU USING?  <i>Do not prompt. If more than one method is mentioned, circle each one.</i>	Female sterilization..... A Male sterilization..... B Pill C IUD ..... D Injections ..... E Implants..... F Condom..... G Female condom..... H Diaphragm..... I Foam/jelly ..... J Lactational amenorrhea method (LAM)..... K Periodic abstinence..... L Withdrawal..... M  Other ( <i>specify</i> ) ..... X	
CP3B. Check CP3:  [ ] Currently using “Female sterilization”? → Go to Next Module  [ ] Not currently using “Female sterilization” → Continue with CP4A		

<p>CP4A. NOW I WOULD LIKE TO ASK 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>CP4B. <i>If currently pregnant:</i> NOW I WOULD LIKE TO ASK SOME QUESTIONS ABOUT THE FUTURE. AFTER THE CHILD YOU ARE NOW EXPECTING, WOULD YOU LIKE TO HAVE ANOTHER CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?</p>	<p>Have (a/another) child ..... 1</p> <p>No more/none ..... 2</p> <p>Says she cannot get pregnant ..... 3</p> <p>Undecided/don't know ..... 8</p>	<p>2—▶CP4D</p> <p>3—▶CP4F</p> <p>8—▶CP4D</p>
<p>CP4C. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</p>	<p>Months ..... 1 __ __</p> <p>Years..... 2 __ __</p> <p>Soon/now ..... 993</p> <p>Says she cannot get pregnant ..... 994</p> <p>After marriage..... 995</p> <p>Other..... 996</p> <p>Don't know ..... 998</p>	<p>994—▶CP4F</p>
<p>CP4D. <i>Check CP1:</i></p> <p>[ ] <i>Currently pregnant?</i> —▶ <i>Go to Next Module</i></p> <p>[ ] <i>Not currently pregnant or unsure?</i> —▶ <i>Continue with CP4D2</i></p>		
<p>CP4D2. <i>Check CP3.</i></p> <p>[ ] <i>Currently using a method?</i> —▶ <i>Go to Next Module</i></p> <p>[ ] <i>Not using a method (CP3 Blank)?</i> —▶ <i>Continue with CP4E</i></p>		
<p>CP4E. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	<p>1—▶NEXT MODULE</p> <p>8—▶NEXT MODULE</p>
<p>CP4F. WHAT IS THE REASON YOU THINK YOU CANNOT GET PREGNANT?</p>	<p>Infrequent sex/No sex ..... 01</p> <p>Menopausal..... 02</p> <p>Hysterectomy ..... 03</p> <p>Subfecund / Infecund..... 04</p> <p>Postpartum amenorrheic..... 05</p> <p>Breastfeeding ..... 06</p> <p>Too old..... 07</p> <p>Fatalistic ..... 08</p> <p>Other (<i>specify</i>) ..... 96</p> <p>DK 98</p>	



FEMALE GENITAL MUTILATION/CUTTING		FG
FG1. HAVE YOU EVER HEARD OF FEMALE CIRCUMCISION?	Yes ..... 1 No ..... 2	1—►FG3
FG2. IN A NUMBER OF COUNTRIES, THERE IS A PRACTICE IN WHICH A GIRL MAY HAVE PART OF HER GENITALS CUT. HAVE YOU EVER HEARD ABOUT THIS PRACTICE?	Yes ..... 1 No ..... 2	2—►NEXT MODULE
FG3. HAVE YOU YOURSELF EVER BEEN CIRCUMCISED?	Yes ..... 1 No ..... 2	2—►FG8
FG4. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO YOU AT THIS TIME.  WAS ANY FLESH REMOVED FROM THE GENITAL AREA?	Yes ..... 1 No ..... 2  DK ..... 8	1—►FG6
FG5. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?	Yes ..... 1 No ..... 2 DK ..... 8	
FG6. WAS THE GENITAL AREA SEWN CLOSED (OR 'SEALED')?	Yes ..... 1 No ..... 2 DK ..... 8	
FG7. WHO CIRCUMCISED YOU?	Traditional persons Traditional 'circumciser' ..... 11 Traditional birth attendant ..... 12 Other traditional ( <i>specify</i> ) ..... 16  Health professional Doctor ..... 21 Nurse/midwife ..... 22 Other health professional ( <i>specify</i> ) ..... 26  DK ..... 98	
FG8. <i>The following questions apply only to women who have at least one living daughter. Check CM4 and CM6, Child Mortality Module: Woman has living daughter?</i>  [ ] Yes. —► Continue with FG9  [ ] No. —► Go to FG16		
FG9. HAVE (ANY OF) YOUR DAUGHTER(S) BEEN CIRCUMCISED?  IF YES, HOW MANY?	Number of daughters circumcised: ..... __ __  No daughters circumcised ..... 00	00—►FG16
FG10. TO WHICH OF YOUR DAUGHTERS DID THIS HAPPEN MOST RECENTLY?  <i>Record the daughter's name.</i>	Name of daughter: .....	

<p>FG11. NOW I WOULD LIKE TO ASK YOU WHAT WAS DONE TO <i>(name)</i> AT THAT TIME.</p> <p>WAS ANY FLESH REMOVED FROM THE GENITAL AREA?</p>	<p>Yes ..... 1  No ..... 2</p> <p>DK ..... 8</p>	<p>1—►FG13</p>
<p>FG12. WAS THE GENITAL AREA JUST NICKED WITHOUT REMOVING ANY FLESH?</p>	<p>Yes ..... 1  No ..... 2  DK ..... 8</p>	
<p>FG13. WAS THE GENITAL AREA SEWN CLOSED?</p> <p><i>If necessary, Probe:</i>  WAS IT SEALED?</p>	<p>Yes ..... 1  No ..... 2</p> <p>DK ..... 8</p>	
<p>FG14. HOW OLD WAS <i>(name)</i> WHEN THIS OCCURRED?</p> <p><i>If the respondent does not know the age, probe to get an estimate.</i></p>	<p>Daughter's age at circumcision ..... _ _</p> <p>DK ..... 98</p>	
<p>FG15. WHO DID THE CIRCUMCISION?</p>	<p>Traditional persons  Traditional 'circumciser' ..... 11  Traditional birth attendant ..... 12  Other traditional (<i>specify</i>) ..... 16</p> <p>Health professional  Doctor ..... 21  Nurse/midwife ..... 22  Other health professional (<i>specify</i>) ..... 26</p> <p>DK ..... 98</p>	
<p>FG16. DO YOU THINK THIS PRACTICE SHOULD BE CONTINUED OR SHOULD IT BE DISCONTINUED?</p>	<p>Continued ..... 1  Discontinued ..... 2  Depends ..... 3</p> <p>DK ..... 8</p>	

**ATTITUDES TOWARD DOMESTIC VIOLENCE** **FG**

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:				
		Yes	No	DK
A. IF SHE LEAVES THE HOUSE WITHOUT TELLING HIM?	Leaves without telling.....	1	2	8
B. IF SHE NEGLECTS THE CHILDREN?	Neglects children.....	1	2	8
C. IF SHE ARGUES WITH HIM?	Argues .....	1	2	8
D. IF SHE REFUSES SEX WITH HIM?	Refuses sex.....	1	2	8
E. IF SHE BURNS THE FOOD?	Burns food.....	1	2	8

SEXUAL BEHAVIOUR		SB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
SB1. NOW I NEED TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME FAMILY LIFE ISSUES.  THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL.  HOW OLD WERE YOU WHEN YOU FIRST HAD SEXUAL INTERCOURSE (IF EVER)?	Never had intercourse ..... 00  Age in years..... _ _  First time when started living with (first) husband/partner..... 95	00—►NEXT MODULE
SB2. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE?  <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago ..... 1 _ _  Weeks ago..... 2 _ _  Months ago ..... 3 _ _  Years ago..... 4 _ _	4—►NEXT MODULE
SB3. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WAS A CONDOM USED?	Yes ..... 1 No ..... 2	
SB4. WHAT IS YOUR RELATIONSHIP TO THE MAN WITH WHOM YOU LAST HAD SEXUAL INTERCOURSE?  <i>If man is 'boyfriend' or 'fiancée', ask:            WAS YOUR BOYFRIEND/ FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX?            If 'yes', circle 1.            If 'no', circle 2.</i>	Spouse / cohabiting partner..... 1 Man is boyfriend / fiancée ..... 2 Other friend ..... 3 Casual acquaintance..... 4  Other (specify) ..... 6	1—►SB6
SB5. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:            ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner ..... _ _  DK ..... 98	
SB6. HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?	Yes ..... 1 No ..... 2	2—►NEXT MODULE
SB7. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER MAN, WAS A CONDOM USED?	Yes ..... 1 No ..... 2	

<p>SB8. WHAT IS YOUR RELATIONSHIP TO THIS MAN?</p> <p><i>If man is 'boyfriend' or 'fiancée', ask:</i>  WAS YOUR BOYFRIEND/ FIANCÉE LIVING WITH YOU WHEN YOU LAST HAD SEX?  <i>If 'yes', circle 1.</i>  <i>If 'no', circle 2.</i></p>	<p>Spouse / cohabiting partner..... 1  Man is boyfriend / fiancée..... 2  Other friend ..... 3  Casual acquaintance..... 4    Other (<i>specify</i>) ..... 6</p>	<p>1—►SB10</p>
<p>SB9. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i>  ABOUT HOW OLD IS THIS PERSON?</p>	<p>Age of sexual partner ..... _ _  DK ..... 98</p>	
<p>SB10. OTHER THAN THESE TWO MEN, HAVE YOU HAD SEX WITH ANY OTHER MAN IN THE LAST 12 MONTHS?</p>	<p>Yes..... 1  No ..... 2</p>	<p>2—►NEXT MODULE</p>
<p>SB11. IN TOTAL, WITH HOW MANY DIFFERENT MEN HAVE YOU HAD SEX IN THE LAST 12 MONTHS?</p>	<p>No. of partners ..... _ _</p>	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes ..... 1 No ..... 2	2—▶NEXT MODULE
HAVE YOU EVER HEARD OF THE VIRUS HIV OR AN ILLNESS CALLED AIDS?		
HA2. CAN PEOPLE PROTECT THEMSELVES FROM GETTING INFECTED WITH THE AIDS VIRUS BY HAVING ONE SEX PARTNER WHO IS NOT INFECTED AND ALSO HAS NO OTHER PARTNERS?	Yes ..... 1 No ..... 2 DK ..... 8	
HA3. CAN PEOPLE GET INFECTED WITH THE AIDS VIRUS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes ..... 1 No ..... 2 DK ..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes ..... 1 No ..... 2 DK ..... 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes ..... 1 No ..... 2 DK ..... 8	
HA6. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING INFECTED WITH THE AIDS VIRUS BY NOT HAVING SEX AT ALL?	Yes ..... 1 No ..... 2 DK ..... 8	
HA7. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes ..... 1 No ..... 2 DK ..... 8	
HA7A. CAN PEOPLE GET THE AIDS VIRUS BY GETTING INJECTIONS WITH A NEEDLE THAT WAS ALREADY USED BY SOMEONE ELSE?	Yes ..... 1 No ..... 2 DK ..... 8	
HA8. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes ..... 1 No ..... 2 DK ..... 8	
HA9. CAN THE AIDS VIRUS BE TRANSMITTED FROM A MOTHER TO A BABY?		
A. DURING PREGNANCY?	Yes No DK During pregnancy ..... 1 2 8	
B. DURING DELIVERY?	During delivery ..... 1 2 8	
C. BY BREASTFEEDING?	By breastfeeding ..... 1 2 8	

HA10. IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No ..... 2 DK /not sure/depends ..... 8	
HA11. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK /not sure/depends ..... 8	
HA12. IF A MEMBER OF YOUR FAMILY BECAME INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes, keep secret ..... 1 No ..... 2 DK /not sure/depends ..... 8	
HA13. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH THE AIDS VIRUS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR HOUSEHOLD?	Yes..... 1 No ..... 2 DK /not sure/depends ..... 8	
HA14. <i>Check MN5: Tested for HIV during antenatal care?</i>  [ ] Yes. → Go to HA18A  [ ] No. → Continue with HA15		
HA15. I DO NOT WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV, THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No ..... 2	2→HA18
HA16. I DO NOT WANT YOU TO TELL ME THE RESULTS OF THE TEST, BUT HAVE YOU BEEN TOLD THE RESULTS?	Yes..... 1 No ..... 2	
HA17. DID YOU, YOURSELF, ASK FOR THE TEST, WAS IT OFFERED TO YOU AND YOU ACCEPTED, OR WAS IT REQUIRED?	Asked for the test ..... 1 Offered and accepted ..... 2 Required ..... 3	1→NEXT MODULE 2→NEXT MODULE 3→NEXT MODULE
HA18. AT THIS TIME, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET SUCH A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?  HA18A. If tested for HIV during antenatal care: OTHER THAN AT THE ANTENATAL CLINIC, DO YOU KNOW OF A PLACE WHERE YOU CAN GO TO GET A TEST TO SEE IF YOU HAVE THE AIDS VIRUS?	Yes..... 1 No ..... 2	

WT2. Record the time.	Hour and minutes ___ : ___
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## REMARKS AND OBSERVATIONS

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