

2026-27 TANZANIA DEMOGRAPHIC AND HEALTH SURVEY

WOMAN'S QUESTIONNAIRE

2026-27 TANZANIA DEMOGRAPHIC AND HEALTH SURVEYS
WOMAN'S QUESTIONNAIRE

UNITED REPUBLIC OF TANZANIA
NATIONAL BUREAU OF STATISTICS AND OFFICE OF THE CHIEF GOVERNMENT STATISTICIAN

IDENTIFICATION (1)

REGION . .

DISTRICT . .

WARD . .

URBAN =1 RURAL=2

NAME OF HOUSEHOLD HEAD _____

CLUSTER NUMBER . .

HOUSEHOLD NUMBER . .

NAME AND LINE NUMBER OF WOMAN _____

CHECK HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR MAN SURVEY? (1=YES, 2=NO)

CHECK COVER PAGE OF HOUSEHOLD QUESTIONNAIRE: HOUSEHOLD SELECTED FOR DV MODULE? (1=YES, 2=NO) . .

CHECK HOUSEHOLD QUESTIONNAIRE DVH01: WOMAN SELECTED FOR DV MODULE? (1=YES, 2=NO) . . . . . .

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE				DAY
				MONTH
				YEAR
INTERVIEWER'S NAME				INT. NO.
RESULT*				RESULT*
NEXT VISIT: DATE				TOTAL NUMBER OF VISITS
TIME				

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

LANGUAGE OF QUESTIONNAIRE** 01

LANGUAGE OF INTERVIEW** 01

NATIVE LANGUAGE OF RESPONDENT** ____

TRANSLATOR USED (YES = 1, NO = 2) ____

LANGUAGE OF QUESTIONNAIRE** **ENGLISH**

**LANGUAGE CODES:
01 ENGLISH; 02 KISWAHILI; 03 LANGUAGE 3; 04 LANGUAGE 4; 05 LANGUAGE 5; 06 LANGUAGE 6

TEAM	TEAM SUPERVISOR	
NUMBER	NAME	NUMBER
____	_____	____

INTRODUCTION AND CONSENT

Hello. My name is _____. I am working with National Bureau of Statistics / Office of the Chief Government Statistician. We are conducting a survey about health and other topics all over Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time.

In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household.

Do you have any questions?
May I begin the interview now?

SIGNATURE OF INTERVIEWER _____ DATE _____

RESPONDENT AGREES TO BE INTERVIEWED . . 1 ↓

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED . . 2 → END

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101	RECORD THE TIME.	HOURS . . ☐☐ MINUTES . . ☐☐	
101AA	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? Yes ☐ ↓	No ☐ →	102
101A	During the interview I would like to measure your blood pressure to see if you have high blood pressure. If you agree, we will take a measurement three times during the interview. We will use an automated digital device operated by 6 AA-size batteries. The procedure is harmless, but you may feel discomfort while the measuring cuff squeezes your arm. If high blood pressure is not treated, it may eventually cause serious damage to the heart and blood vessels in the brain. You will receive the results of the blood pressure measurement at the end of our interview, with an explanation of the numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or no to having your blood pressure measured. You can also decide at anytime during the interview not to have your blood pressure measured. Do you agree to take your blood pressure measurement at this time?		
	CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED . . 1 ← _____ (SIGNATURE OF INTERVIEWER) REFUSED . . 2 ← (GO TO 102)	
101B	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes:		

		YES	NO	DK
a) Eaten anything?	a) EATEN . .	1	2	8
b) Had coffee, tea, cola or other drink that has caffeine?	b) CAFFEINE . .	1	2	8
c) Smoked any tobacco product?	c) SMOKED . .	1	2	8
d) Conducted any physical activity or excercises that made you breathe harder than usual?	d) EXCERCISED . .	1	2	8

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
101C	Now we will measure your blood pressure. BEFORE TAKING THE FIRST BLOOD PRESSURE READING, MEASURE THE CIRCUMFERENCE OF THE RESPONDENT'S ARM MIDWAY BETWEEN THE ELBOW AND THE SHOULDER. RECORD THE MEASUREMENT IN CENTIMETERS.	ARM CIRCUMFERENCE (IN CENTIMETERS) ☐☐	
101D	USE THE ARM CIRCUMFERENCE MEASUREMENT TO SELECT THE APPROPRIATE BLOOD PRESSURE MONITOR MODEL AND CUFF SIZE.	**MODEL 767** SMALL: 16 CM – 23 CM . . 1 MEDIUM: 24 CM – 35 CM . . 2 LARGE: 36 CM – 41 CM . . 3 **MODEL 789** EXTRA LARGE: 42 CM – 60 CM . . 4	
101E	TAKE THE FIRST BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . ☐☐☐ DIASTOLIC . . ☐☐☐ TECHNICAL PROBLEMS . . '995 OTHER . . '996	
102	What region were you born in?	DODOMA . . 01 ARUSHA . . 02 KILIMANJARO . . 03 TANGA . . 04 MOROGORO . . 05 PWANI . . 06 DAR ES SALAAM 07 LINDI . . 08 MTWARA . . 09 RUVUMA . . 10 IRINGA . . 11 MBEYA . . 12 SINGIDA . . 13 TABORA . . 14 RUKWA . . 15 KIGOMA . . 16 SHINYANGA . . 17 KAGERA . . 18 MWANZA . . 19 MARA . . 20 MANYARA . . 21 NJOMBE . . 22 KATAVI . . 23 SIMIYU . . 24 GEITA . . 25 SONGWE . . 26 KASKAZIN UNGUJA . . 27 KUSINI UNGUJA . . 28 MJINI MAGHARIBI . . 29 KASKAZINI PEMBA . . 30 KUSINI PEMBA . . 31 OUTSIDE OF TANZANIA . . 96	→104

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
103	What country were you born in?	COUNTRY _____ ☐☐	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)? IF LESS THAN ONE YEAR, RECORD '00' YEARS.	YEARS . . ☐☐ ALWAYS . . 95 VISITOR . . 96	→ 110
105	CHECK 104: 00 - 04 YEARS ☐ ↓ 05 YEARS OR MORE ☐ →		→ 107
106	In what month and year did you move here?	MONTH . . ☐☐ DON'T KNOW MONTH . . 98 YEAR . . ☐☐☐☐ DON'T KNOW YEAR . . 9998	
107	Just before you moved here, which region did you live in?	DODOMA . . 01 ARUSHA . . 02 KILIMANJARO . . 03 TANGA . . 04 MOROGORO . . 05 PWANI . . 06 DAR ES SALAAM 07 LINDI . . 08 MTWARA . . 09 RUVUMA . . 10 IRINGA . . 11 MBEYA . . 12 SINGIDA . . 13 TABORA . . 14 RUKWA . . 15 KIGOMA . . 16 SHINYANGA . . 17 KAGERA . . 18 MWANZA . . 19 MARA . . 20 MANYARA . . 21 NJOMBE . . 22 KATAVI . . 23 SIMIYU . . 24 GEITA . . 25 SONGWE . . 26 KASKAZIN UNGUJA . . 27 KUSINI UNGUJA . . 28 MJINI MAGHARIBI . . 29 KASKAZINI PEMBA . . 30 KUSINI PEMBA . . 31 OUTSIDE OF TANZANIA . . 96	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	CITY . . 1 TOWN . . 2 RURAL AREA . . 3	
109	Why did you move to this place?	EMPLOYMENT . . 01 EDUCATION/TRAINING . . 02 MARRIAGE FORMATION . . 03 FAMILY REUNIFICATION/OTHER FAMILY-RELATED REASON . . 04 FORCED DISPLACEMENT . . 05 BETTER SERVICES/HOUSING ..... 06 REPATRIATION . . . . . 07 POST-CONFLICT RETURN TO PRIOR RESIDENCE 08 ENVIRONMENTAL CRISIS . . . . . 09 NATURAL DISASTER . . . . . 10 NOMADIC/PASTROLIST . . . . . 11 OTHER _____ 96 (SPECIFY)	
110	In what month and year were you born?	MONTH . . ☐☐ DON'T KNOW MONTH . . 98 YEAR . . ☐☐☐☐ DON'T KNOW YEAR . . 9998	
111	How old were you at your last birthday? COMPARE AND CORRECT 110 AND/OR 111 IF INCONSISTENT.	AGE IN COMPLETED YEARS . . ☐☐	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	VERY GOOD . . 1 GOOD . . 2 MODERATE . . 3 BAD . . 4 VERY BAD . . 5	
113	Have you ever attended school?	YES . . 1 NO . . 2	→ 117
114	What is the highest level of school you attended: primary, secondary, or higher?	PRE PRIMARY . . 0 PRIMARY . . 1 POST PRIMARY TRAINING . . 2 SECONDARY 'O' LEVEL . . 3 POST SECONDARY 'O' LEVEL TRAINING 4 SECONDARY 'A' LEVEL . . 5 POST SECONDARY 'A' LEVEL TRAINING 6 UNIVERSITY . . 7 DON'T KNOW . . 8	
115	What is the highest GRADE you completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE . . ☐☐	
116	CHECK 114: CODE '0', '1', '2' , '3', '4' OR '8' CODED ☐ ↓ CODE '5', '6', OR '7' CODED ☐		→ 119
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	CANNOT READ AT ALL . . 1 ABLE TO READ ONLY PART OF THE SENTENCE . . 2 ABLE TO READ WHOLE SENTENCE . . 3 NO CARD WITH REQUIRED LANGUAGE _____ 4 (SPECIFY LANGUAGE) BLIND/VISUALLY IMPAIRED . . 5	

SECTION 1. RESPONDENT'S BACKGROUND

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
118	CHECK 117: CODE '2', '3' OR '4' CIRCLED ↓ CODE '1' OR '5' CIRCLED → 120		
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . 1 LESS THAN ONCE A WEEK . . 2 NOT AT ALL . . 3	
120	Do you listen to the radio at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . 1 LESS THAN ONCE A WEEK . . 2 NOT AT ALL . . 3	
121	Do you watch television at least once a week, less than once a week or not at all?	AT LEAST ONCE A WEEK . . 1 LESS THAN ONCE A WEEK . . 2 NOT AT ALL . . 3	
122	Do you own a mobile phone?	YES . . 1 NO . . 2	→ 124
123	Is your mobile phone a smart phone?	YES . . 1 NO . . 2	
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	YES . . 1 NO . . 2	
125	Do you have an account in a bank or other financial institution that you yourself use?	YES . . 1 NO . . 2	→ 127
125A	Is the account shared with someone else?	YES . . 1 NO . . 2	→ 127
125B	Whom do you share the account with?	HUSBAND/PARTNER . . 1 PARENTS . . 2 RELATIVE . . 3 OTHER _____ 6 (SPECIFY)	
126	Did you yourself put money in or take money out of this account in the last 12 months?	YES . . 1 NO . . 2	
127	Have you ever used the Internet from any location on any device?	YES . . 1 NO . . 2	→ 201
128	In the last 12 months, have you used the Internet? IF NECESSARY, PROBE FOR USE FROM ANY LOCATION, WITH ANY DEVICE.	YES . . 1 NO . . 2	→ 201
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	ALMOST EVERY DAY . . 1 AT LEAST ONCE A WEEK . . 2 LESS THAN ONCE A WEEK . . 3 NOT AT ALL . . 4	

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	a) How many sons live with you? b) And how many daughters live with you? IF NONE, RECORD '00'.	a) SONS AT HOME . . ☐☐ b) 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	a) How many sons are alive but do not live with you? b) And how many daughters are alive but do not live with you? IF NONE, RECORD '00'.	a) SONS ELSEWHERE . . ☐☐ b) DAUGHTERS ELSEWHERE . . ☐☐	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES . . 1 NO . . 2	→ 208
207	a) How many boys have died? b) And how many girls have died? IF NONE, RECORD '00'.	a) BOYS DEAD . . ☐☐ b) GIRLS DEAD . . ☐☐	
208	SUM ANSWERS TO 203, 205, AND 207, AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL LIVE BIRTHS . . ☐☐	
209	CHECK 208: Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct? YES NO → PROBE AND CORRECT 201-208 AS NECESSARY.		
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	YES . . 1 NO . . 2	→ 212
211	How many miscarriages, abortions, and stillbirths have you had?	PREGNANCY LOSSES . . ☐☐	
212	SUM ANSWERS TO 208 AND 211 AND ENTER TOTAL. IF NONE, RECORD '00'.	TOTAL PREGNANCY OUTCOMES . . ☐☐	
213	CHECK 212: ONE OR MORE PAST PREGNANCIES NO PAST PREGNANCIES →		→ 232

214 Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.
RECORD ALL PREGNANCIES IN 215-228. RECORD TWINS AND TRIPLETS ON SEPARATE LINES. IF THERE ARE MORE THAN 4 PREGNANCIES, USE AN ADDITIONAL QUESTIONNAIRE, STARTING WITH THE SECOND ROW.

215	216	217	218	219	220	221	222
Think back to your (first/next) pregnancy. Was that a single or multiple pregnancy? PREG-NANCY HISTORY LINE NUMBER	Was the baby born alive, born dead, or did you have a miscarriage or abortion?	Did the baby cry, move, or breathe ?	What name was given to the baby? RECORD NAME.	Is (NAME) a boy or a girl?	CHECK 216 AND 217: TYPE OF PREGNANCY OUTCOME. NOTE: IF 217=1, THEN PREGNANCY OUTCOME= BORN ALIVE. IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born? IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?	How long did this pregnancy last in weeks or months? RECORD IN COMPLETED WEEKS OR MONTHS.	Were there any other pregnancies between the previous pregnancy and this pregnancy?
01 SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES 1 NO 2 (SKIP TO 220)	_____ NAME	BOY 1 GIRL 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	WEEKS 1 ☐☐ MONTHS 2 ☐☐	
02 SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES 1 NO 2 (SKIP TO 220)	_____ NAME	BOY 1 GIRL 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	WEEKS 1 ☐☐ MONTHS 2 ☐☐	YES 1 (ADD PREGNANCY) NO 2 (NEXT PREGNANCY)
03 SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES 1 NO 2 (SKIP TO 220)	_____ NAME	BOY 1 GIRL 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	WEEKS 1 ☐☐ MONTHS 2 ☐☐	YES 1 (ADD PREGNANCY) NO 2 (NEXT PREGNANCY)
04 SING 1 MULT 2	BORN ALIVE 1 (SKIP TO 218) BORN DEAD 2 MISCARRIAGE 3 (SKIP TO 220) ABORTION 4	YES 1 NO 2 (SKIP TO 220)	_____ NAME	BOY 1 GIRL 2	DAY ☐☐ MONTH ☐☐ ☐☐☐☐ YEAR	WEEKS 1 ☐☐ MONTHS 2 ☐☐	YES 1 (ADD PREGNANCY) NO 2 (NEXT PREGNANCY)

	223	224	225	226	227	228
			IF BORN ALIVE AND STILL LIVING:			IF BORN ALIVE AND NOW DEAD:
	CHECK 216, 217 AND 221: IF 216=1 OR 217=1, THEN PREGNANCY OUTCOME = BORN ALIVE. IF 216=2 OR 3, THEN CHECK 221. IF 221 ≥ 7 MONTHS OR 28 WEEKS, THEN PREGNANCY OUTCOME = BORN DEAD. IF 221 < 7 MONTHS OR 28 WEEKS, FINAL PREGNANCY OUTCOME = MISCARRIAGE. IF 216=4, THEN PREGNANCY OUTCOME = ABORTION.	Is (NAME) still alive?	How old was (NAME) at (NAME)'s last birthday? RECORD AGE IN COMP-LETED YEARS.	Is (NAME) living with you?	RECORD HOUSEHOLD LINE NUMBER OF CHILD. RECORD '00' IF CHILD NOT LISTED IN HOUSEHOLD.	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died? RECORD DAYS IF LESS THAN 1 MONTH; MONTHS IF LESS THAN TWO YEARS; OR YEARS.
01	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 (SKIP TO 228)	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER (SKIP TO 223 IN NEXT ROW)	DAYS 1 MONTHS 2 YEARS 3 (SKIP TO 223 IN NEXT ROW)
02	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 (SKIP TO 228)	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER (SKIP TO 223 IN NEXT ROW)	DAYS 1 MONTHS 2 YEARS 3 (SKIP TO 223 IN NEXT ROW)
03	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 (SKIP TO 228)	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER (SKIP TO 223 IN NEXT ROW)	DAYS 1 MONTHS 2 YEARS 3 (SKIP TO 223 IN NEXT ROW)
04	BORN ALIVE 1 BORN DEAD 2 MISCARRIAGE 3 ABORTION 4	YES 1 NO 2 (SKIP TO 228)	AGE IN YEARS	YES 1 NO 2	HOUSEHOLD LINE NUMBER (SKIP TO 223 IN NEXT ROW)	DAYS 1 MONTHS 2 YEARS 3 (SKIP TO 223 IN NEXT ROW)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
229	Have you had any pregnancies that ended since the last pregnancy mentioned?	YES . . 1 (RECORD PREGNANCY OUTCOMES IN TABLE) NO . . 2	
230	COMPARE 212 WITH NUMBER OF PREGNANCY OUTCOMES IN PREGNANCY HISTORY NUMBER IN PREGNANCY HISTORY IS GREATER THAN OR EQUAL TO 212 ☐ NUMBER IN PREGNANCY HISTORY IS LESS THAN 212 ☐ (PROBE AND RECONCILE)		
231	**C** FOR EACH LIVE BIRTH IN 2021-2026, ENTER 'B' IN THE MONTH OF BIRTH IN THE CALENDAR. WRITE THE NAME OF THE CHILD TO THE LEFT OF THE 'B' CODE. FOR EACH LIVE BIRTH, RECORD 'P' IN EACH OF THE PRECEDING MONTHS ACCORDING TO THE DURATION OF PREGNANCY. (NOTE: THE NUMBER OF 'P's MUST BE ONE LESS THAN THE NUMBER OF MONTHS THAT THE PREGNANCY LASTED.) FOR EACH PREGNANCY THAT DID NOT END IN A LIVE BIRTH IN 2021-2026, ENTER 'T' IN THE CALENDAR IN THE MONTH THAT THE PREGNANCY TERMINATED AND 'P' FOR THE REMAINING NUMBER OF COMPLETED MONTHS OF PREGNANCY. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.		
232	Are you pregnant now?	YES . . 1 NO . . 2 UNSURE . . 8	→ 236
233	How many weeks or months pregnant are you? RECORD NUMBER OF COMPLETED WEEKS OR MONTHS. **C** ENTER 'P's IN THE CALENDAR, BEGINNING WITH THE MONTH OF INTERVIEW AND FOR THE TOTAL NUMBER OF COMPLETED MONTHS. IF DURATION OF PREGNANCY WAS REPORTED IN WEEKS, MULTIPLY THE NUMBER OF WEEKS BY 0.23 TO CONVERT TO THE NUMBER OF MONTHS. ROUND DOWN TO THE NEAREST WHOLE NUMBER TO GET THE NUMBER OF COMPLETED MONTHS.	WEEKS . . 1 ☐☐ MONTHS . . 2 ☐☐	
234	When you got pregnant, did you want to get pregnant at that time?	YES . . 1 NO . . 2	→ 236
235	CHECK 208: TOTAL NUMBER OF LIVE BIRTHS ONE OR MORE ☐ ↓ a) Did you want to have a baby later on or did you not want any more children? NONE ☐ ↓ b) Did you want to have a baby later on or did you not want any children?	LATER . . 1 NO MORE/NONE . . 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
236	When did your last menstrual period start? _____ (DATE, IF GIVEN)	DAYS AGO . . 1 [ ][ ] WEEKS AGO . . 2 [ ][ ] MONTHS AGO . . 3 [ ][ ] YEARS AGO . . 4 [ ][ ] IN MENOPAUSE/ HAS HAD HYSTERECTOMY . . 994 BEFORE LAST BIRTH . . 995 NEVER MENSTRUATED . . 996	994, 995 → 240 996 → 241
237	CHECK 236: WAS THE LAST MENSTRUAL PERIOD WITHIN THE LAST YEAR? YES, WITHIN LAST YEAR ☐ NO, ONE YEAR OR MORE ☐		→ 240
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	REUSABLE SANITARY PADS . . A DISPOSABLE SANITARY PADS . . B TAMPONS . . C MENSTRUAL CUP . . D CLOTH . . E TOILET PAPER . . F COTTON WOOL . . G UNDERWEAR ONLY . . H OTHER _____ (SPECIFY) X NOTHING . . . . Y	
239	During your last menstrual period, were you able to wash and change in privacy ?	YES . . 1 NO . . 2 AWAY FROM HOME DURING LAST MENSTRUAL PERIOD . . 3	
240	How old were you when you had your first menstrual period?	AGE . . [ ][ ] DON'T KNOW . . 98	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	YES . . 1 NO . . 2 DON'T KNOW . . 8	2, 8 → 243
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	JUST BEFORE HER PERIOD BEGINS . . 1 DURING HER PERIOD . . 2 RIGHT AFTER HER PERIOD HAS ENDED . . 3 HALFWAY BETWEEN TWO PERIODS . . 4 OTHER _____ (SPECIFY) 6 DON'T KNOW . . 8	
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	YES . . 1 NO . . 2 DON'T KNOW . . 8	

SECTION 3. CONTRACEPTION

301	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. Have you ever heard of (METHOD)?	
01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	YES . . 1 NO . . 2
02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	YES . . 1 NO . . 2
03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	YES . . 1 NO . . 2
04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	YES . . 1 NO . . 2
05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	YES . . 1 NO . . 2
06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	YES . . 1 NO . . 2
07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	YES . . 1 NO . . 2
08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	YES . . 1 NO . . 2
09	Emergency Contraception. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	YES . . 1 NO . . 2
10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	YES . . 1 NO . . 2
11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	YES . . 1 NO . . 2
12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	YES . . 1 NO . . 2
13	Withdrawal. PROBE: Men can be careful and pull out before climax.	YES . . 1 NO . . 2
14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	YES, MODERN METHOD _____ A (SPECIFY) YES, TRADITIONAL METHOD _____ B (SPECIFY) NO . . Y

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
302	CHECK 232: NOT PREGNANT OR UNSURE ☐↓ PREGNANT ☐ → 317		
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	YES . . 1 NO . . 2	→ 307
304	Are you or your partner sterilized? PROBE: Who is sterilized, you or your partner?	YES, RESPONDENT STERILIZED ONLY . . 1 YES, PARTNER STERILIZED ONLY . . 2 YES, BOTH STERILIZED . . 3 NO, NEITHER STERILIZED . . 4	→ 306
305	CHECK 304: RESPONDENT STERILIZED ONLY ☐↓ PROCEED TO 307. CIRCLE CODE 'A' AND FOLLOW THE SKIP INSTRUCTION. PARTNER STERILIZED ONLY ☐↓ PROCEED TO 307. CIRCLE CODE 'B' AND FOLLOW THE SKIP INSTRUCTION. BOTH STERILIZED ☐↓ PROCEED TO 307. CIRCLE CODE 'A' AND CODE 'B' AND FOLLOW THE SKIP INSTRUCTION.		
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	YES . . 1 NO . . 2	→ 317
307	Which method are you using? RECORD ALL MENTIONED. IF MORE THAN ONE METHOD MENTIONED, FOLLOW SKIP INSTRUCTION FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . A MALE STERILIZATION . . B IUD . . C INJECTABLES . . D IMPLANTS . . E PILL . . F CONDOM . . G FEMALE CONDOM . . H EMERGENCY CONTRACEPTION . . I STANDARD DAYS METHOD . . J LACTATIONAL AMENORRHEA METHOD . . K RHYTHM METHOD . . L WITHDRAWAL . . M OTHER MODERN METHOD . . X OTHER TRADITIONAL METHOD . . Y	A, B → 312 D → 314 F → 310 G → 311 H–Y → 314
310	What is the brand name of the pills you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	MICROGYNON . . 01 LOFEMINAL . . 02 MICROLUT 03 MACROVAL . . 04 FLEXI PILLS . . 05 FAMILIA PILLS . . 06 OTHER _____ (SPECIFY) 96 DON'T KNOW . . 98	→ 314

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
311	What is the brand name of the condoms you are using? IF DON'T KNOW THE BRAND, ASK TO SEE THE PACKAGE.	SALAMA . . 01 MSD . . 02 DUME . . 03 ROUGH RIDER . . 04 FAMILIA . . 05 ZANA . . 06 OTHER _____ 96 (SPECIFY) DON'T KNOW . . 98	→ 314
312	In what facility did the sterilization take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** NATIONAL/ZONAL/SPECIALISED HOSP . . . 11 REGIONAL REFERRAL HOSPITAL 12 REGIONAL HOSPITAL . . 13 DISTRICT HOSPITAL . . 14 HEALTH CENTRE . . 15 DISPENSARY . . 16 CLINIC . . 17 OTHER . . 18 _____ (SPECIFY) **RELIGIOUS / VOLUNTARY** REFERRAL/SPECIALSED HOSPITAL . . 21 DESIGNATED DISTRICT HOSPITAL 22 OTHER HOSPITAL . . 23 HEALTH CENTRE . . 24 DISPENSARY . . 25 CLINIC . . 26 OTHER . . 27 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** SPECIALISED HOSPITAL 31 OTHER HOSPITAL . . 32 HEALTH CENTRE . . 33 DISPENSARY . . 34 CLINIC . . 35 OTHER PRIVATE MEDICAL SECTOR _____ 36 (SPECIFY) OTHER _____ 96 (SPECIFY) DON'T KNOW . . 98	
313	In what month and year was the sterilization performed?	MONTH . . □□ YEAR . . □□□□	→ 315
314	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	MONTH . . □□ YEAR . . □□□□	
315	CHECK 313 AND 314, AND 220: ANY LIVE BIRTH, STILLBIRTH, MISSCARRIAGE OR ABORTION AFTER MONTH AND YEAR OF START OF USE OF CONTRACEPTION IN 313 OR 314? NO □ ↓ YES □ → GO BACK TO 313 OR 314, PROBE AND RECORD MONTH AND YEAR AT START OF CONTINUOUS USE OF CURRENT METHOD (MUST BE AFTER LAST BIRTH OR PREGNANCY TERMINATION).		

SECTION 3. CONTRACEPTION (CAPI OPTION) **(8)**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
316	CHECK 313 AND 314: YEAR IS 2021-2026 **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND IN EACH MONTH BACK TO THE DATE STARTED USING. THEN CONTINUE YEAR IS 2020 OR EARLIER **C** ENTER CODE FOR METHOD USED IN MONTH OF INTERVIEW IN THE CALENDAR AND EACH MONTH BACK TO JANUARY 2021 . THEN (SKIP TO 329)		
317	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years. **C** USE CALENDAR TO PROBE FOR EARLIER PERIODS OF USE AND NONUSE, STARTING WITH MOST RECENT USE, BACK TO JANUARY 2021. USE NAMES OF CHILDREN, DATES OF BIRTH, AND PERIODS OF PREGNANCY AS REFERENCE POINTS.		
317A	MONTH AND YEAR OF START OF INTERVAL OF USE OR NON-USE.	MONTH . . [ ][ ] YEAR . . [ ][ ][ ][ ]	
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	YES . . 1 NO . . 2	→ 317I
317C	Which method was that?	METHOD CODE . . [ ]	
317D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF STARTING TO USE THE METHOD.	IMMEDIATELY . . 00 MONTHS . . [ ][ ] DATE GIVEN . . 95	→ 317F
317E	RECORD MONTH AND YEAR RESPONDENT STARTED USING METHOD.	MONTH . . [ ][ ] YEAR . . [ ][ ][ ][ ]	
317F	For how many months did you use (METHOD)? CIRCLE '95' IF RESPONDENT GIVES THE DATE OF TERMINATION OF USE.	MONTHS . . [ ][ ] DATE GIVEN . . 95	→ 317H
317G	RECORD MONTH AND YEAR RESPONDENT STOPPED USING METHOD.	MONTH . . [ ][ ] YEAR . . [ ][ ][ ][ ]	
317H	Why did you stop using (METHOD)?	REASON STOPPED . . [ ]	
317I	GO BACK TO 317A FOR NEXT GAP; OR, IF NO MORE GAPS, GO TO 318.		

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	YES . . 1 NO . . 2	
319	CHECK THE CALENDAR FOR USE OF ANY CONTRACEPTIVE METHOD IN ANY MONTH NO METHOD USED ☐ ↓ ANY METHOD USED ☐ →		321
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	YES . . 1 NO . . 2	331
321	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	NO CODE CIRCLED . . 00 FEMALE STERILIZATION . . 01 MALE STERILIZATION . . 02 IUD . . 03 INJECTABLES . . 04 IMPLANTS . . 05 PILL . . 06 CONDOM . . 07 FEMALE CONDOM . . 08 EMERGENCY CONTRACEPTION . . 09 STANDARD DAYS METHOD . . 10 LACTATIONAL AMENORRHEA METHOD . . 11 RHYTHM METHOD . . 12 WITHDRAWAL . . 13 OTHER MODERN METHOD . . 95 OTHER TRADITIONAL METHOD . . 96	331 324 332 332 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
322	You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** NATIONAL/ZONAL/SPECIALISED HOSP . . . 11 REGIONAL REFERRAL HOSPITAL 12 REGIONAL HOSPITAL . . 13 DISTRICT HOSPITAL . . 14 HEALTH CENTRE . . 15 DISPENSARY . . 16 CLINIC . . 17 OTHER . . 18 _____ (SPECIFY) **RELIGIOUS / VOLUNTARY** REFERRAL/SPECIALSED HOSPITAL . . 21 DESIGNATED DISTRICT H(. . 22 OTHER HOSPITAL . . 23 HEALTH CENTRE . . 24 DISPENSARY . . 25 CLINIC . . 26 OTHER . . 27 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** SPECIALISED HOSPITAL 31 OTHER HOSPITAL . . 32 HEALTH CENTRE . . 33 DISPENSARY . . 34 CLINIC . . 35 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **OTHER SOURCE** PHARMACY . . 41 ACREDITED DRUG DISPENSING OUTLET (ADDO) . . 42 NGO . . 43 VCT CENTRE . . 44 SHOP/KIOSK . . 45 BAR . . 46 GUEST HOUSE / HOTEL . . 47 FRIEND/RELATIVE/NEIGHBOUR . . 48 CHW/CHV…..... 49 OTHER _____ 96 (SPECIFY)	
323	At that time, were you told about side effects or problems you might have with the method?	YES . . 1 NO . . 2	→ 325
324	When you got sterilized, were you told about side effects or problems you might have with the method?	YES . . 1 NO . . 2	
325	Were you told what to do if you experienced side effects or problems?	YES . . 1 NO . . 2	
326	At that time, were you told about other methods of family planning that you could use?	YES . . 1 NO . . 2	

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
327	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . IUD . . INJECTABLES . . IMPLANTS . . PILL . . CONDOM . . FEMALE CONDOM . . EMERGENCY CONTRACEPTION . . STANDARD DAYS METHOD . . OTHER MODERN METHOD . .	01 03 04 05 06 07 08 09 10 95	→ 332
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	YES . . NO . .	1 2	→ 330
329	CHECK 307: CIRCLE METHOD CODE: IF MORE THAN ONE METHOD CODE CIRCLED IN 307, CIRCLE CODE FOR HIGHEST METHOD IN LIST.	FEMALE STERILIZATION . . MALE STERILIZATION . . IUD . . INJECTABLES . . IMPLANTS . . PILL . . CONDOM . . FEMALE CONDOM . . EMERGENCY CONTRACEPTION . . STANDARD DAYS METHOD . . LACTATIONAL AMENORRHEA METHOD . . RHYTHM METHOD . . WITHDRAWAL . . OTHER MODERN METHOD . . OTHER TRADITIONAL METHOD . .	01 02 03 04 05 06 07 08 09 10 11 12 13 95 96	→ 332 → 332 → 332

SECTION 3. CONTRACEPTION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
330	Where did you obtain (CURRENT METHOD) the last time? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** NATIONAL/ZONAL/SPECIALISED HOSP . . . 11 REGIONAL REFERRAL HOSPITAL 12 REGIONAL HOSPITAL . . . . 13 DISTRICT HOSPITAL . . 14 HEALTH CENTRE . . 15 DISPENSARY . . 16 CLINIC . . 17 OTHER . . 18 _____ (SPECIFY) **RELIGIOUS / VOLUNTARY** REFERRAL/SPECIALSED HOSPITAL . . 21 DESIGNATED DISTRICT H(. . 22 OTHER HOSPITAL . . 23 HEALTH CENTRE . . 24 DISPENSARY . . 25 CLINIC . . 26 OTHER . . 27 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** SPECIALISED HOSPITAL 31 OTHER HOSPITAL . . 32 HEALTH CENTRE . . 33 DISPENSARY . . 34 CLINIC . . 35 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **OTHER SOURCE** PHARMACY . . 41 ACREDITED DRUG DISPENSING OUTLET (ADDO) . . 42 NGO . . 43 VCT CENTRE . . 44 SHOP/KIOSK . . 45 BAR . . 46 GUEST HOUSE / HOTEL . . 47 FRIEND/RELATIVE/NEIGHBOUR . . 48 CHW/CHV…..... 49 OTHER _____ 96 (SPECIFY)	332 →
331	Do you know of a place where you can obtain a method of family planning?	YES . . 1 NO . . 2	
332	In the last 12 months, were you visited by a fieldworker?	YES . . 1 NO . . 2	→ 334
333	Did the fieldworker talk to you about family planning?	YES . . 1 NO . . 2	
334	CHECK 202: CHILDREN LIVING WITH RESPONDENT YES ↓ / NO ↓ a) In the last 12 months, have you visited a health facility for care for yourself or your children? b) In the last 12 months, have you visited a health facility for care for yourself?	YES . . 1 NO . . 2	→ 401
335	Did any staff member at the health facility speak to you about family planning methods?	YES . . 1 NO . . 2	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
401	CHECK 220 AND 225: ONE OR MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ ↓ NO PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐		→ 601
402	CHECK 220. LIST THE PREGNANCY HISTORY NUMBER IN 215 FOR EACH PREGNANCY OUTCOME 0-35 MONTHS BEFORE THE SURVEY, STARTING FROM THE LAST ONE. CLASSIFY EACH PREGNANCY OUTCOME BY TYPE USING 223 AND THE ORDER OF OUTCOMES IN THE PREGNANCY HISTORY. **PREGNANCY OUTCOME TYPE** MOST RECENT LIVE BIRTH 1 PRIOR LIVE BIRTH 2 MOST RECENT STILLBIRTH 3 PRIOR STILLBIRTH 4 ABORTION OR MISCARRIAGE 5 PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . ☐ PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . ☐ PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . ☐ PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . ☐ PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . ☐ PREGNANCY HISTORY NUMBER . . ☐☐ PREGNANCY OUTCOME TYPE . . ☐		
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)		
404	PREGNANCY HISTORY NUMBER FROM 402.	PREGNANCY HISTORY NUMBER . . ☐☐	
405	PREGNANCY OUTCOME TYPE FROM 402.	MOST RECENT LIVE BIRTH . . 1 PRIOR LIVE BIRTH . . 2 MOST RECENT STILLBIRTH . . 3 PRIOR STILLBIRTH . . 4 MISCARRIAGE/ABORTION . . 5	→ 407
406	RECORD DATE PREGNANCY ENDED FROM 220.	DAY . . ☐☐ MONTH . . ☐☐ YEAR . . . . ☐☐☐☐	→ 408
407	RECORD NAME FROM 218. NAME_____		
408	CHECK 405: PREGNANCY OUTCOME 1 OR 2 ☐ ↓ a) When you got pregnant with (NAME), did you want to get pregnant at that time? PREGNANCY OUTCOME 3, 4, OR 5 ☐ ↓ b) When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	YES . . 1 NO . . 2	→ 411

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	
409	CHECK 208: ONLY ONE LIVE BIRTH ☐ ↓ / MORE THAN ONE LIVE BIRTH ☐ ↓ a) Did you want to have a baby later on, or did you not want any children? b) Did you want to have a baby later on, or did you not want any more children?	LATER . . 1 NO MORE/NONE . . 2 → 411	
410	How much longer did you want to wait?	MONTHS . . 1 ☐☐ YEARS . . 2 ☐☐ DON'T KNOW . . 998	
411	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . 1 PRIOR LIVE BIRTH . . 2 → 434 MOST RECENT STILLBIRTH . . 3 PRIOR STILLBIRTH . . 4 → 434 ABORTION/MISCARRIAGE . . 5 → 475	
412	Did you see anyone for antenatal care for this pregnancy?	YES . . 1 → 414 NO . . 2	
413	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH (SKIP TO 420) ←	MOST RECENT STILLBIRTH ☐ → 426	
414	Whom did you see? Anyone else? PROBE TO IDENTIFY EACH TYPE OF PERSON AND RECORD ALL MENTIONED.	**HEALTH PERSONNEL** DOCTOR / AMO . . . . A CLINICAL OFFICER . . B ASS. CLINICAL OFFICER . . C NURSE / MIDWIFE/PHNB . . D ASS. NURSE . . E MCH AIDE . . F **OTHER PERSON** COMMUNITY HEALTH WORKER . G TRAINED TBA / TBA . . H OTHER _____ X (SPECIFY)	

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	

415 Where did you receive antenatal care for this pregnancy?

Anywhere else?

PROBE TO IDENTIFY THE TYPE OF SOURCE.

IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'Y' AND WRITE THE NAME OF THE PLACE(S).

HOME
- HER HOME . . — A
- OTHER HOME . . — B
- TBA PREMISES . . . . — C

PUBLIC SECTOR
- NATIONAL/ZONAL/SPECIALISED HOSP . . . — D
- REGIONAL REFERRAL HOSPITAL — E
- DESIGNATED REGIONAL HOSPI . . — F
- DISTRICT HOSPITAL . . — G
- HEALTH CENTRE . . — H
- DISPENSARY . . — I
- CLINIC . . — J
- CHW . . — K

RELIGIOUS / VOLUNTARY
- REFERRAL/SPECIALSED HOSPITAL . . — L
- DISTRICT HOSPITAL . . — M
- OTHER HOSPITAL . . — N
- HEALTH CENTRE . . — O
- DISPENSARY . . — P
- CLINIC . . — Q
- OTHER . . — R

_____ (SPECIFY)

PRIVATE MEDICAL SECTOR
- SPECIALISED HOSPITAL — S
- OTHER HOSPITAL . . — T
- HEALTH CENTRE . . — U
- DISPENSARY . . — V
- CLINIC . . — W
- OTHER PRIVATE MEDICAL SECTOR — X

_____ (SPECIFY)

OTHER _____ (SPECIFY) — Y

416 How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?

WEEKS . . 1 | MONTHS . . 2 | | |

DON'T KNOW . . 998

417 How many times did you receive antenatal care during this pregnancy?

NUMBER OF TIMES . . . .

DON'T KNOW . . 98

417A During this pregnancy, did your husband/partner do any of the following

		YES	NO
a) Stopped you from receiving ANC?	a) STOP . .	1	2
b) Encourage you to receive ANC?	b) ENCOURAGE . .	1	2
c) Had no interest in you receiving ANC?	c) NO INTEREST . .	1	2
d) Accompany you to receive ANC?	d) ACCOMPANY	1	2

418 As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following at least once:

		YES	NO	DK
a) Measure your blood pressure?	a) BP . .	1	2	8
b) Take a urine sample?	b) URINE . .	1	2	8
c) Take a blood sample?	c) BLOOD . .	1	2	8
d) Listen to the baby's heartbeat?	d) HEARTBEAT . .	1	2	8
e) Talk with you about which foods you should eat?	e) FOODS . .	1	2	8
f) Talk with you about breastfeeding?	f) BREASTFEED	1	2	8
g) Ask you if you had vaginal bleeding?	g) BLEEDING . .	1	2	8
h) Talk abour health education on postpatam family planing	h) POSTPATAM FAMILY PLANING	1	2	8

419 CHECK 405: PREGNANCY OUTCOME TYPE

MOST RECENT LIVE BIRTH ☐ ↓

MOST RECENT STILLBIRTH ☐ → 426

420 During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?

YES . . 1
NO . . 2
DON'T KNOW . . 8 → 423

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	
421	During this pregnancy, how many times did you get a tetanus injection?	TIMES . . ☐☐ DON'T KNOW . . 8	
422	CHECK 421: ONE TIME OR DK ☐ ↓	TWO OR MORE TIMES ☐ →	426
423	At any time before this pregnancy, did you receive any tetanus injection?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 426
424	Before this pregnancy, how many times did you receive a tetanus injection? IF 7 OR MORE TIMES, RECORD '7'.	TIMES . . ☐☐ DON'T KNOW . . 8	
425	CHECK 424: ONLY ONE ☐ ↓ a) How many years ago did you receive that tetanus injection? MORE THAN ONE TIME ☐ ↓ b) How many years ago did you receive the last tetanus injection prior to this pregnancy?	YEARS AGO . . ☐☐	
426	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 429
426A	During this pregnancy, did you take any Multiple Micronutrient Supplements (MMS), which are special SHOW TABLETS/SYRUP/MULTIPLE MICRONUTRIENT SUPPLEMENT.	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 429
426B	For how many days did you take these Multiple Micronutrient Supplements (MMS) during the pregnancy?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 429

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	

427 Where did you get the iron tablets or syrup?

Anywhere else?

PROBE TO IDENTIFY THE TYPE OF SOURCE.

IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'Z' AND WRITE THE NAME OF THE PLACE(S).

PUBLIC SECTOR
- NATIONAL/ZONAL/SPECIALISED HOSP . . . A
- REGIONAL REFERRAL HOSPITAL B
- REGIONAL HOSPITAL . . C
- DISTRICT HOSPITAL . . D
- HEALTH CENTRE . . E
- DISPENSARY . . F
- CLINIC . . G
- OTHER . . H

_____ (SPECIFY)

RELIGIOUS / VOLUNTARY
- REFERRAL/SPECIALSED HOSPITAL . . I
- DESIGNATED DISTRICT HOS . . J
- OTHER HOSPITAL . . K
- HEALTH CENTRE . . L
- DISPENSARY . . M
- CLINIC . . N
- OTHER . . _____ O

(SPECIFY)

PRIVATE MEDICAL SECTOR
- SPECIALISED HOSPITAL . . P
- OTHER HOSPITAL . . Q
- HEALTH CENTRE . . R
- DISPENSARY . . S
- CLINIC . . T
- OTHER PRIVATE MEDICAL SECTOR U

_____ (SPECIFY)

OTHER SOURCE
- PHARMACY . . V
- ACREDITED DRUG DISPENSING OUTLET (ADDO) . . W
- NGO/MASS DISTRIBUTION CAMPAIGN . X
- SHOP/KIOSK/MARKET/GUESTHOUSE/HOTEL . . Y

OTHER _____ Z

(SPECIFY)

428 During the whole pregnancy, for how many days did you take the iron tablets or syrup?

IF ANSWER IS NOT NUMERIC, PROBE FOR APPROXIMATE NUMBER OF DAYS.

DAYS . . | | | | | |

DON'T KNOW . . | | | | | | ||| 998

428A During this pregnancy, did you take any Multiple Micronutrient Supplements (MMS), which are special daily vitamins containing 15 different minerals and nutrients?

YES . . 1
NO 2
DON'T KNOW . . 8 → 429

428B For how many days did you take these Multiple Micronutrient Supplements (MMS) during the pregnancy?

DAYS . . | | | | | |

DON'T KNOW . . | | | | | | ||| 998

428C Where did you get the Multiple Micronutrient Supplements (MMS) most of the time?

PROBE TO IDENTIFY THE TYPE OF SOURCE.

IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'Z' AND WRITE THE NAME OF THE PLACE(S).

PUBLIC SECTOR
- NATIONAL/ZONAL/SPECIALISED HOSP . . . A
- REGIONAL REFERRAL HOSPITAL B
- REGIONAL HOSPITAL . . C
- DISTRICT HOSPITAL . . D
- HEALTH CENTRE . . E
- DISPENSARY . . . . F
- CLINIC . . G
- OTHER . . H

_____ (SPECIFY)

RELIGIOUS / VOLUNTARY
- REFERRAL/SPECIALSED HOSPITAL . . I
- DESIGNATED DISTRICT HOS . . J
- OTHER HOSPITAL . . K
- HEALTH CENTRE . . L
- DISPENSARY . . . . M
- CLINIC . . N
- OTHER . . _____ O

(SPECIFY)

PRIVATE MEDICAL SECTOR
- SPECIALISED HOSPITAL . . P
- OTHER HOSPITAL . . Q
- HEALTH CENTRE . . R
- DISPENSARY . . . . S
- CLINIC . . T
- OTHER PRIVATE MEDICAL SECTOR U

_____ (SPECIFY)

OTHER SOURCE

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	
		PHARMACY . . . . V ACREDITED DRUG DISPENSING OUTLET (ADDO) . . W NGO/MASS DISTRIBUTION CAMPAIGN . X SHOP/KIOSK/MARKET/GUESTHOUSE/HOTEL . . Y OTHER _____ Z (SPECIFY)	
429	During this pregnancy, did you take any medicine for intestinal worms?	YES . . 1 NO . . 2 DON'T KNOW . . 8	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	
431	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 434
432	How many times did you take SP/Fansidar during this pregnancy?	TIMES . .	

NO.	NAME _____ PREGNANCY HISTORY NUMBER . .	

433 Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?

IF MORE THAN ONE SOURCE, RECORD THE HIGHEST SOURCE ON THE LIST.

- ANTENATAL VISIT . . 1
- ANOTHER FACILITY VISIT . . 2
- OTHER SOURCE . . 6

434 CHECK 405:

PREGNANCY OUTCOME 1 OR 2	PREGNANCY OUTCOME 3 OR 4
a) Who assisted with the delivery of (NAME)? Anyone else?	b) Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)?

PROBE FOR THE TYPE(S) OF PERSON(S) AND RECORD ALL MENTIONED.

IF RESPONDENT SAYS NO ONE ASSISTED, PROBE TO DETERMINE WHETHER ANY ADULTS WERE PRESENT AT THE DELIVERY.

HEALTH PERSONNEL
- DOCTOR / AMO . . . . A
- CLINICAL OFFICER . . B
- ASS. CLINICAL OFFICER . . C
- NURSE / MIDWIFE . . D
- ASS. NURSE . . E
- MCH AIDE . . F

OTHER PERSON
- COMMUNITY HEALTH WORKER . G
- TRAINED TBA / TBA . . H

OTHER _____ (SPECIFY) X

NO ONE ASSISTED . . . . Y

434A CHECK 405:

PREGNANCY OUTCOME 1 OR 2	PREGNANCY OUTCOME 3 OR 4
a) Did you have a companion during labor and delivery of (NAME)?	b) Did you have a companion during labor and delivery of the stillbirth you had in (DATE FROM 406)?

- YES . . 1
- NO . . 2

435 CHECK 405:

PREGNANCY OUTCOME 1 OR 2	PREGNANCY OUTCOME 3 OR 4
a) Where did you give birth to (NAME)?	b) Where did you deliver this stillbirth?

PROBE TO IDENTIFY THE TYPE OF SOURCE.

IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.

HOME
- HER HOME . . 11
- OTHER HOME . . 12 → 437
- TBA PREMISES 13

PUBLIC SECTOR
- NATIONAL/ZONAL/SPECIALISED HOSP . . . 21
- REGIONAL REFERRAL HOSPITAL 22
- REGIONAL HOSPITAL . . 23
- DISTRICT HOSPITAL . . 24
- HEALTH CENTRE . . 25
- DISPENSARY . . 26
- CLINIC . . 27

RELIGIOUS / VOLUNTARY
- REFERRAL/SPECIALSED HOSPITAL . . 31
- DESIGNATED DISTRICT HOS . . 32
- OTHER HOSPITAL . . 33
- HEALTH CENTRE . . 34
- DISPENSARY . . 35
- CLINIC . . 36
- OTHER . . 37

_____ (SPECIFY)

PRIVATE MEDICAL SECTOR
- SPECIALISED HOSPITAL 41
- OTHER HOSPITAL . . 42
- HEALTH CENTRE . . 43
- DISPENSARY . . 44
- CLINIC . . 45
- OTHER PRIVATE MEDICAL SECTOR 46

_____ (SPECIFY)

OTHER _____ (SPECIFY) 96

NO.	NAME _____ PREGNANCY HISTORY NUMBER . .		
436	CHECK 405: PREGNANCY OUTCOME 1 OR 2 ☐ → a) Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out? PREGNANCY OUTCOME 3 OR 4 ☐ → b) Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?	YES . . 1 NO . . 2	
436A	CHECK 405: PREGNANCY OUTCOME TYPE 1 OR 2 After you delivered, did the health facility give you a birth notification form for (NAME)?	YES . . 1 NO . . 2	→ 437

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	
436B	Did you get a birth notification from any other place?	YES . . 1 NO . . 2	
437	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . 1 PRIOR LIVE BIRTH . . 2 MOST RECENT STILLBIRTH . . 3 PRIOR STILLBIRTH . . 4	→ 441 → 445 → 488
438	After the birth, was (NAME) put on your chest?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 441
439	Was (NAME)'s bare skin touching your bare skin?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 441
440	How long after birth was (NAME) put on the bare skin of your chest? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY . . 000 HOURS . . 1 ☐☐ DAYS . . 2 ☐☐	
441	When (NAME) was born, was (NAME) 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	
442	Was (NAME) weighed at birth?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 444
443	How much did (NAME) weigh? RECORD WEIGHT IN KILOGRAMS FROM HEALTH CARD, IF AVAILABLE.	KG FROM CARD 1 ☐☐.☐☐ KG FROM RECALL 2 ☐☐.☐☐ DON'T KNOW . . 99998	
444	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ☐ ↓	PRIOR LIVE BIRTH ☐	→ 480
445	CHECK 435: PLACE OF DELIVERY FACILITY BIRTH: ANY CODE 21 THROUGH 46 CIRCLED ☐ ↓	CODE 11, 12, 13 OR 96 CIRCLED ☐	→ 464

			ALL THE TIME	SOME TIME	NOT AT ALL
446	Please tell me if the doctors, nurses or other healthcare providers the health facility where you delivered did the following all of the time, some of the time, or not at all:				
	a) Treat you with respect?	a) RESPECT . .	1	2	3
	b) Explain to you why they were doing examinations or procedures on you?	b) EXPLAIN . .	1	2	3
	c) Take the best care of you?	c) BEST CARE . .	1	2	3

			YES	NO	DK
446A	At any time during your stay in the health facility, did you:				
	a) Share a bed with another patient?	a) SHARE BED . .	1	2	8
	b) Rest or sleep on the floor without any mattress?	b) SLEEP ON FLOOR	1	2	8

446B	At any time during your stay in the health facility, were you denied medical services due to a lack of money?	YES . . 1 NO . . 2 DON'T KNOW . . 8
446C	Were you delayed or prevented from leaving the health facility due to lack of payment?	YES . . 1 NO . . 2 DON'T KNOW . . 8

		YES	NO	DK
446D	At any time during your stay in the health facility, did any staff member:			

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	
	a) Slap you? b) Hit or punch you? c) Physically threaten you? d) Physically mistreat or harm you in any other way?	a) SLAP . . 1 2 8 b) HIT OR PUNCH . . 1 2 8 c) PHYSICALLY THREATEN . . 1 2 8 d) OTHER PHYSICAL HARM . . 1 2 8	
446E	At any time during your stay in the health facility, did any staff member: a) Shout at you? b) Say or do something to humiliate you? c) Verbally threaten you? d) Verbally mistreat you in any other way?	YES NO DK a) SHOUT . . 1 2 8 b) HUMILIATE . . 1 2 8 c) VERBALLY THREATEN . . 1 2 8 d) OTHER VERBAL MISTREATMENT . . 1 2 8	
446F	Did the health facility have a toilet or latrine for patients?	YES . . 1 NO . . 2 → 447 DON'T KNOW . . 8	
446G	Was there any time when you wanted to use the toilet or latrine, but it was not working?	YES . . 1 NO . . 2 DON'T KNOW . . 8	

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	

447	CHECK 405: PREGNANCY OUTCOME 1 → a) How long after (NAME) was delivered did you stay in (FACILITY IN 435)? PREGNANCY OUTCOME 3 → b) For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . 1 DAYS . . 2 WEEKS . . 3 DON'T KNOW . . 998	
448	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Before you left the facility, did anyone check on your health?	YES . . 1 NO . . 2 → 451	
449	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . 1 DAYS . . 2 WEEKS . . 3 DON'T KNOW . . 998	
450	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR . . 11 NURSE/MIDWIFE . . . . 12 AUXILIARY MIDWIFE . . 13 **OTHER PERSON** TRADITIONAL BIRTH ATTENDANT . 21 COMMUNITY HEALTH WORKER/ FIELD WORKER . . 22 OTHER _____ (SPECIFY) 96	
451	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH MOST RECENT STILLBIRTH → 455		
452	Now I would like to talk to you about checks on (NAME'S) health – for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). Before (NAME) left the facility, did anyone check on (NAME'S) health?	YES . . 1 NO . . 2 DON'T KNOW . . 8 → 455	
453	How long after delivery was (NAME)'s health first checked? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . 1 DAYS . . 2 WEEKS . . 3 DON'T KNOW . . 998	

NO.	NAME _____	PREGNANCY HISTORY NUMBER ..	
454	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR / AMO .... 11 CLINICAL OFFICER .. 12 ASS. CLINICAL OFFICER .. 13 NURSE / MIDWIFE .. 14 ASS. NURSE .. 15 MCH AIDE .. 16 **OTHER PERSON** COMMUNITY HEALTH WORKER . 21 TRAINED TBA / TBA .. 22 RELATIVE/FRIEND .. 23 OTHER _____ 96 (SPECIFY)	
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?	YES .. 1 NO .. 2 → 459	
456	How long after delivery did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS .. 1 DAYS .. 2 WEEKS .. 3 DON'T KNOW .. 998	
457	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR / AMO .... 11 CLINICAL OFFICER .. 12 ASS. CLINICAL OFFICER .. 13 NURSE / MIDWIFE .. 14 ASS. NURSE .. 15 MCH AIDE .. 16 **OTHER PERSON** COMMUNITY HEALTH WORKER . 21 TRAINED TBA / TBA .. 22 RELATIVE/FRIEND .. 23 OTHER _____ 96 (SPECIFY)	
458	Where did the check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME .. 11 OTHER HOME .. 12 TBA PREMISES .... 13 **PUBLIC SECTOR** NATIONAL/ZONAL/SPECIALISED HOSP ... 21 REGIONAL REFERRAL HOSPITAL 22 DESIGNATED REGIONAL HOSPI .. 23 DISTRICT HOSPITAL .. 24 HEALTH CENTRE .. 25 DISPENSARY .. 26 CLINIC .. 27 **RELIGIOUS / VOLUNTARY** REFERRAL/SPECIALSED HOSPITAL .. 31 DISTRICT HOSPITAL .. 32 OTHER HOSPITAL .. 33 HEALTH CENTRE .. 34 DISPENSARY .. 35 CLINIC .. 36 OTHER .. 37 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** SPECIALISED HOSPITAL 41 OTHER HOSPITAL .. 42 HEALTH CENTRE .. 43 DISPENSARY .. 44 CLINIC .. 45 OTHER PRIVATE MEDICAL SECTOR 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	
459	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ↓ ☐ MOST RECENT STILLBIRTH ☐ → 474		
460	After (NAME) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME)'s health?	YES . . 1 NO . . 2 CHILD DIED AT THE FACILITY . . 3 DON'T KNOW . . 8	→ 473
461	How long after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . 1 ☐☐ DAYS . . 2 ☐☐ WEEKS . . 3 ☐☐ DON'T KNOW . . 998	
462	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR / AMO . . . . 11 CLINICAL OFFICER . . 12 ASS. CLINICAL OFFICER . . 13 NURSE / MIDWIFE . . 14 ASS. NURSE . . 15 MCH AIDE . . 16 **OTHER PERSON** COMMUNITY HEALTH WORKER . 21 TRAINED TBA / TBA . . 22 RELATIVE/FRIEND . . 23 OTHER _____ 96 (SPECIFY)	
463	Where did this check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . 11 OTHER HOME . . 12 TBA PREMISES . . . . 13 **PUBLIC SECTOR** NATIONAL/ZONAL/SPECIALISED HOSP . . . 21 REGIONAL REFERRAL HOSPITAL 22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITAL . . 24 HEALTH CENTRE . . 25 DISPENSARY . . 26 CLINIC . . 27 **RELIGIOUS / VOLUNTARY** REFERRAL/SPECIALSED HOSPITAL . . 31 DESIGNATED DISTRICT HOS . . 32 OTHER HOSPITAL . . 33 HEALTH CENTRE . . 34 DISPENSARY . . 35 CLINIC . . 36 OTHER . . 37 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** SPECIALISED HOSPITAL 41 OTHER HOSPITAL . . 42 HEALTH CENTRE . . 43 DISPENSARY . . 44 CLINIC . . 45 OTHER PRIVATE MEDICAL SECTOR 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	→ 473

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	
464	CHECK 405: PREGNANCY OUTCOME 1 ↓ / PREGNANCY OUTCOME 3 ↓ a) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)? b) I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM 406)?	YES . . 1 NO . . 2 → 468	
465	How long after delivery did the first check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . 1 DAYS . . 2 WEEKS . . 3 DON'T KNOW . . 998	
466	Who checked on your health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR / AMO . . . . 11 CLINICAL OFFICER . . 12 ASS. CLINICAL OFFICER . . 13 NURSE / MIDWIFE . . 14 ASS. NURSE . . 15 MCH AIDE . . 16 **OTHER PERSON** COMMUNITY HEALTH WORKER . 21 TRAINED TBA / TBA . . 22 RELATIVE/FRIEND . . 23 OTHER _____ 96 (SPECIFY)	
467	Where did this first check take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . 11 OTHER HOME . . 12 TBA PREMISES . . . . 13 **PUBLIC SECTOR** NATIONAL/ZONAL/SPECIALISED HOSP . . . 21 REGIONAL REFERRAL HOSPITAL 22 REGIONAL HOSPITAL . . 23 DISTRICT HOSPITAL . . 24 HEALTH CENTRE . . 25 DISPENSARY . . 26 CLINIC . . 27 **RELIGIOUS / VOLUNTARY** REFERRAL/SPECIALSED HOSPITAL . . 31 DESIGNATED DISTRICT HOS . . 32 OTHER HOSPITAL . . 33 HEALTH CENTRE . . 34 DISPENSARY . . 35 CLINIC . . 36 OTHER . . 37 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** SPECIALISED HOSPITAL 41 OTHER HOSPITAL . . 42 HEALTH CENTRE . . 43 DISPENSARY . . 44 CLINIC . . 45 OTHER PRIVATE MEDICAL SECTOR 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)	

NO.	NAME _____ PREGNANCY HISTORY NUMBER . .	
468	CHECK 405: PREGNANCY OUTCOME TYPE MOST RECENT LIVE BIRTH ↓ MOST RECENT STILLBIRTH → 474	
469	I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). After (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?	YES . . 1 NO . . 2 → 473 DON'T KNOW . . 8
470	How long after the birth of (NAME) did that check take place? IF LESS THAN ONE DAY, RECORD HOURS; IF LESS THAN ONE WEEK, RECORD DAYS.	HOURS . . 1 ☐☐ DAYS . . 2 ☐☐ WEEKS . . 3 ☐☐ DON'T KNOW . . 998
471	Who checked on (NAME)'s health at that time? PROBE FOR MOST QUALIFIED PERSON.	**HEALTH PERSONNEL** DOCTOR / AMO . . . . 11 CLINICAL OFFICER . . 12 ASS. CLINICAL OFFICER . . 13 NURSE / MIDWIFE . . 14 ASS. NURSE . . 15 MCH AIDE . . 16 **OTHER PERSON** COMMUNITY HEALTH WORKER . 21 TRAINED TBA / TBA . . 22 RELATIVE/FRIEND . . 23 OTHER _____ 96 (SPECIFY)
472	Where did this first check of (NAME) take place? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**HOME** HER HOME . . 11 OTHER HOME . . 12 TBA PREMISES . . . . 13 **PUBLIC SECTOR** NATIONAL/ZONAL/SPECIALISED HOSP . . . 21 REGIONAL REFERRAL HOSPITAL 22 DESIGNATED REGIONAL HOSPI . . 23 DISTRICT HOSPITAL . . 24 HEALTH CENTRE . . 25 DISPENSARY . . 26 CLINIC . . 27 **RELIGIOUS / VOLUNTARY** REFERRAL/SPECIALSED HOSPITAL . . 31 DISTRICT HOSPITAL . . 32 OTHER HOSPITAL . . 33 HEALTH CENTRE . . 34 DISPENSARY . . 35 CLINIC . . 36 OTHER . . 37 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** SPECIALISED HOSPITAL 41 OTHER HOSPITAL . . 42 HEALTH CENTRE . . 43 DISPENSARY . . 44 CLINIC . . 45 OTHER PRIVATE MEDICAL SECTOR 46 _____ (SPECIFY) OTHER _____ 96 (SPECIFY)

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME _____ PREGNANCY HISTORY NUMBER . .		
473	During the first 2 days after (NAME)'s birth, did any health care provider do the following:	YES NO DK	
	a) Examine the cord?	a) CORD . . 1 2 8	
	b) Measure (NAME)'s temperature?	b) TEMPERATURE . . 1 2 8	
	c) Tell you how to recognize if your baby needs immediate medical attention?	c) MEDICAL ATTENTION . . 1 2 8	
	d) Talk with you about breastfeeding?	d) TALK ABOUT BREASTFEEDING 1 2 8	
	e) Observe (NAME) breastfeeding?	e) OBSERVE BREASTFEEDING . . 1 2 8	
	f) Tell you about child vaccination	f) VACCINATION 1 2 8	
474	During the first 2 days after the birth, did any healthcare provider do the following to you:	YES NO DK	
	a) Measure your blood pressure?	a) BLOOD PRESSURE 1 2 8	
	b) Discuss your vaginal bleeding with you?	b) BLEEDING . . 1 2 8	
	c) Discuss family planning with you?	c) FAMILY PLANNING 1 2 8	
	d) Discuss about nutrition needs	d) NUTRITION NEEDS 1 2 8	
475	CHECK 215: IS THIS PREGNANCY THE WOMAN'S LAST PREGNANCY? YES ☐ NO ☐ → 479		
476	CHECK 405: PREGNANCY OUTCOME 1 ☐ / PREGNANCY OUTCOME 3 OR 5 ☐		
	a) Has your menstrual period returned since the birth of (NAME)? / b) Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?	YES . . 1 NO . . 2	
477	CHECK 232: IS RESPONDENT PREGNANT? NOT PREGNANT ☐ / PREGNANT OR UNSURE ☐ → 479		
478	CHECK 405: PREGNANCY OUTCOME 1 ☐ / PREGNANCY OUTCOME 3 OR 5 ☐		
	a) Have you had sexual intercourse since the birth of (NAME)? / b) Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?	YES . . 1 NO . . 2	
479	CHECK 405: PREGNANCY OUTCOME TYPE	MOST RECENT LIVE BIRTH . . 1 MOST RECENT STILLBIRTH . . 3 MISCARRIAGE/ABORTION . . 5	☐ → 488
480	Did you ever breastfeed (NAME)?	YES . . 1 NO . . 2	→ 482
481	CHECK 224 FOR CHILD:	LIVING ☐ → 486 DEAD ☐ → 487	

SECTION 4. PREGNANCY AND POSTNATAL CARE

NO.	NAME _____	PREGNANCY HISTORY NUMBER . .	
482	How long after birth did you first put (NAME) to the breast? IF LESS THAN 1 HOUR, RECORD '00' HOURS; IF LESS THAN 24 HOURS, RECORD HOURS; OTHERWISE, RECORD DAYS.	IMMEDIATELY . . 000 HOURS . . 1 DAYS . . 2	
483	In the first 2 days after delivery, was (NAME) given anything other than breast milk to eat or drink – water, infant formula, or any other preparation from herbs or honey?	YES . . 1 NO . . 2	
484	CHECK 224 FOR CHILD: LIVING ☐ DEAD ☐ → 488		
485	Are you still breastfeeding (NAME)?	YES . . 1 NO . . 2	
486	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or at night?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
487	CHECK 402: ANY MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY? MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ (GO TO 404 FOR THE NEXT PREGNANCY OUTCOME) NO MORE PREGNANCY OUTCOMES 0-35 MONTHS BEFORE THE SURVEY ☐ → 501		

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
501	CHECK 220, 224 AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐ NO SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐ → 601		
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. (We will talk about each separately, starting with the youngest.)		
503	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF THE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____	PREGNANCY HISTORY NUMBER . . ☐☐	
504	Do you have a card or other document where (NAME)'s vaccinations are written down?	YES, HAS ONLY A CARD . . 1 → 507 YES, HAS ONLY ANOTHER DOCUMENT . . 2 YES, HAS CARD AND OTHER DOCUMENT . . 3 → 507 NO, NO CARD AND NO OTHER DOCUMENT . . 4	
505	Did you ever have a vaccination card for (NAME)?	YES . . 1 NO . . 2	
506	CHECK 504: CODE '2' CIRCLED ☐ CODE '4' CIRCLED ☐ → 513		
507	May I see the card or other document where (NAME)'s vaccinations are written down?	YES, ONLY CARD SEEN . . 1 YES, ONLY OTHER DOCUMENT SEEN . . 2 YES, CARD AND OTHER DOCUMENT SEEN . . 3 NO CARD AND NO OTHER DOCUMENT SEEN . . 4 → 513	
508	RECORD (NAME'S) DATE OF BIRTH FROM THE VACCINATION CARD OR OTHER DOCUMENT.	DAY . . ☐☐ MONTH . . ☐☐ YEAR . . ☐☐☐☐ DATE OF BIRTH NOT ON CARD . . 95	

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . .	

509 COPY VACCINATION DATES FROM THE CARD FOR (NAME).
RECORD '44' IN 'DAY' COLUMN IF CARD SHOWS THAT A DOSE WAS GIVEN, BUT NO DATE IS RECORDED.
RECORD '00' IN 'DAY' COLUMN IF CARD IS BLANK FOR THE DOSE.

	DAY		MONTH		YEAR			
BCG								
ORAL POLIO VACCINE (OPV) 0 (BIRTH DOSE)								
ORAL POLIO VACCINE (OPV) 1								
ORAL POLIO VACCINE (OPV) 2								
ORAL POLIO VACCINE (OPV) 3								
INACTIVATED POLIO VACCINE (IPV)								
DTP-HEP.B-HIB (PENTAVALENT) 1								
DTP-HEP.B-HIB (PENTAVALENT) 2								
DTP-HEP.B-HIB (PENTAVALENT) 3								
PCV (PNEUMOCOCCAL 1								
PNEUMOCOCCAL 2								
PNEUMOCOCCAL 3								
ROTAVIRUS 1								
ROTAVIRUS 2								
[MEASLES CONTAINING VACCINE] 1								
[MEASLES CONTAINING VACCINE] 2								
VITAMIN A (MOST RECENT)								

510	ASK THE RESPONDENT FOR PERMISSION TO PHOTOGRAPH VACCINATION CARD OR OTHER DOCUMENT WHERE VACCINATIONS ARE WRITTEN. IF PERMISSION IS GRANTED, PHOTOGRAPH CARD.	PHOTOGRAPH TAKEN . . 1 PHOTOGRAPH NOT TAKEN, PERMISSION NOT RECEIVED . . 2 PHOTOGRAPH NOT TAKEN, OTHER REASON _____ 6 (SPECIFY)	
511	CHECK 509: 'BCG' TO '[MEASLES CONTAINING VACCINE] 2' ALL HAVE A DATE RECORDED OR '44' RECORDED IN THE 'DAY' COLUMN? NO ☐ ↓ YES ☐ →		529

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . ☐☐	
512	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days? RECORD 'YES' ONLY IF THE RESPONDENT MENTIONS AT LEAST ONE OF THE VACCINATIONS IN 509 THAT ARE NOT RECORDED AS HAVING BEEN GIVEN.	YES . . 1 (USE THE LIST SHOWN IN CAPI TO SELECT THE OTHER VACCINATIONS GIVEN. NOTE THAT CAPI WILL CHANGE THE ANSWER IN 509 IN THE 'DAY' COLUMN FROM '00' TO '66' FOR THE SELECTED VACCINATIONS.) (THEN SKIP TO 529) NO . . 2 DON'T KNOW . . 8	
512A	CHECK 509: ANY VACCINATIONS RECORDED ON THE CARD? YES ☐ → SKIP TO 529 NO ☐		→ 530
513	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 530
514	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the shoulder that usually causes a scar?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
516	Did (NAME) receive it within 24 hours of birth?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
517	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 521
518	Did (NAME) receive the first oral polio vaccine in the first 2 weeks after birth or later?	FIRST TWO WEEKS . . 1 LATER . . 2	
519	How many times did (NAME) receive the oral polio vaccine?	NUMBER OF TIMES . . ☐	
520	The last time (NAME) received the polio drops, did (NAME) also get an IPV injection in the right thigh to protect against polio?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
521	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the left thigh sometimes at the same time as polio drops?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 523
522	How many times did (NAME) receive the pentavalent vaccine?	NUMBER OF TIMES . . ☐	
523	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 525

SECTION 5. CHILD IMMUNIZATION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . ☐☐	
524	How many times did (NAME) receive the pneumococcal vaccine?	NUMBER OF TIMES . . ☐	
525	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 527
526	How many times did (NAME) receive the rotavirus vaccine?	NUMBER OF TIMES . . ☐	
527	Has (NAME) ever received a measles vaccination, that is, an injection in the right shoulder to prevent measles?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 529
528	How many times did (NAME) receive the measles vaccine?	NUMBER OF TIMES . . ☐	
529	Where did (NAME) receive most of his/her vaccinations? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** NATIONAL/ZONAL/SPECIALISED HOSP . . . 11 REGIONAL REFERRAL HOSPITAL 12 REGIONAL HOSPITAL . . 13 DISTRICT HOSPITAL . . 14 HEALTH CENTRE . . 15 DISPENSARY . . 16 CLINIC . . 17 **RELIGIOUS / VOLUNTARY** REFERRAL/SPECIALSED HOSPITAL . . 21 DISTRICT HOSPITAL . . 22 OTHER HOSPITAL . . 23 HEALTH CENTRE . . 24 DISPENSARY . . 25 CLINIC . . 26 OTHER . . 27 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** SPECIALISED HOSPITAL 31 OTHER HOSPITAL . . 32 HEALTH CENTRE . . 33 DISPENSARY . . 34 CLINIC . . 35 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **OTHER SOURCE** 41 VACCINATION CAMPAIGN OTHER _____ 96 (SPECIFY)	
530	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐ → (GO TO 503 FOR THE NEXT SURVIING CHILD) NO MORE SURVIVING CHILDREN BORN 0-35 MONTHS BEFORE THE SURVEY ☐		→ 601

SECTION 6. CHILD HEALTH AND NUTRITION

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
601	CHECK 220, 224, AND 225 IN THE PREGNANCY HISTORY: ANY SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? ONE OR MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ NO SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ → 643		
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)		
603	RECORD THE NAME FROM 218 AND PREGNANCY HISTORY NUMBER FROM 215 OF THE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY, STARTING WITH THE LAST ONE. NAME OF CHILD _____ PREGNANCY HISTORY NUMBER . . ☐☐		
604	In the last 12 months, was (NAME) given any of the following: b) [LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]? SHOW COMMON TYPES OF MULTIPLE MICRONUTRIENT POWDERS.	YES NO DK b) [MULTIPLE MICRONUTRIENT POWDER] . . 1 2 8	pictures
605	In the last 6 months, was (NAME) given a vitamin A dose like [this/any of these]? SHOW COMMON TYPES OF AMPULES/CAPSULES/SYRUPS.	YES . . 1 NO . . 2 DON'T KNOW . . 8	
606	In the last 6 months, was (NAME) given any medicine for intestinal worms?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
607	In the last 3 months, has any healthcare provider measured: a) (NAME)'s weight? b) (NAME)'s length or height?	YES NO DK a) WEIGHT . . 1 2 8 b) LENGTH/HEIGHT . . 1 2 8	
608	Has (NAME) had diarrhea in the last 2 weeks?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 618

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . .	
609	CHECK 486: CURRENTLY BREASTFEEDING? YES → a) Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less? NO/ NOT ASKED → b) Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?	MUCH LESS . . 1 SOMEWHAT LESS . . 2 ABOUT THE SAME . . 3 MORE . . 4 NOTHING TO DRINK . . 5 DON'T KNOW . . 8	
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?	MUCH LESS . . 1 SOMEWHAT LESS . . 2 ABOUT THE SAME . . 3 MORE . . 4 STOPPED FOOD . . 5 NEVER GAVE FOOD . . 6 DON'T KNOW . . 8	
611	Did you seek advice or treatment for the diarrhea from any source?	YES . . 1 NO . . 2	→ 615

NO. | NAME OF LIVE BIRTH _____ | PREGNANCY HISTORY NUMBER . . [ ][ ]

612 Where did you seek advice or treatment?

Anywhere else?

PROBE TO IDENTIFY THE TYPE OF SOURCE.

IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'Z' AND WRITE THE NAME OF THE PLACE(S).

PUBLIC SECTOR

NATIONAL/ZONAL/SPECIALISED HOSP . . .	A
REGIONAL REFERRAL HOSPITAL	B
REGIONAL HOSPITAL . .	C
DISTRICT HOSPITAL . .	D
HEALTH CENTRE . .	E
DISPENSARY . .	F
CLINIC . .	G
OTHER PU . .	H

_____ (SPECIFY)

RELIGIOUS / VOLUNTARY

REFERRAL/SPECIALSED HOSPITAL . .	I
DESIGNATED DISTRICT HC . .	J
OTHER HOSPITAL . .	K
HEALTH CENTRE . .	L
DISPENSARY . .	M
CLINIC . .	N
OTHER . .	O

_____ (SPECIFY)

PRIVATE MEDICAL SECTOR

SPECIALISED HOSPITAL	P
OTHER HOSPITAL . .	Q
HEALTH CENTRE . .	R
DISPENSARY . .	S
CLINIC . .	T
OTHER PRIVATE MEDICAL SECTOR	U

_____ (SPECIFY)

OTHER SOURCE

PHARMACY . .	V
ACREDITED DRUG DISPENSING OUTLET (ADDO) . .	W
NGO/VCT CENTER . .	X
SHOP/KIOSK/MARKET/ TRADITIONAL PRACTITIONER . . .	Y

OTHER _____ (SPECIFY) Z

613 CHECK 612: TWO OR MORE CODES CIRCLED ☐ ↓ | ONLY ONE CODE CIRCLED ☐ → 615

614 Where did you first seek advice or treatment?

USE LETTER CODE FROM 612.

FIRST PLACE . . [ ]

615 Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:

a) A fluid made from a special packet called MA-ORAL/ORS Co-Pack?
d) Homemade fluid with sugar and salt ?

	YES	NO	DK
a) FLUID FROM ORS PACKET . .	1	2	8
d) HOMEMADE FLUID . .	1	2	8

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . . ☐☐	
616	CHECK 615: ANY 'YES' ☐ → a) Was anything else given to treat the diarrhea? ALL 'NO' OR 'DK' ☐ → b) Was anything given to treat the diarrhea?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 618
617	CHECK 615: ANY 'YES' ☐ → a) What else was given to treat the diarrhea? ALL 'NO' OR 'DK' ☐ → b) What was given to treat the diarrhea? RECORD ALL TREATMENTS GIVEN.	**PILL OR SYRUP** ANTIBIOTIC . . A ANTIMOTILITY . . B OTHER (NOT ANTIBIOTIC OR ANTIMOTILITY) . . C UNKNOWN PILL OR SYRUP . . D **INJECTION** ANTIBIOTIC . . E NON-ANTIBIOTIC . . F UNKNOWN INJECTION . . G (IV) INTRAVENOUS . . H HOME REMEDY/HERBAL MEDICINE . . I OTHER _____ (SPECIFY) X	
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 621
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
620	Were you told by a healthcare provider that (NAME) had malaria?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 624
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?	CHEST ONLY . . 1 NOSE ONLY . . 2 BOTH . . 3 OTHER _____ (SPECIFY) 6 DON'T KNOW . . 8	→ 625
624	CHECK 618: HAD FEVER? YES ☐	NO OR DON'T KNOW ☐	→ 633C
625	Did you seek advice or treatment for the illness from any source?	YES . . 1 NO . . 2	→ 630

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . .	
626	Where did you seek advice or treatment? Anywhere else? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'Z' AND WRITE THE NAME OF THE PLACE(S).	**PUBLIC SECTOR** NATIONAL/ZONAL/SPECIALISED HOSP . . . A REGIONAL REFERRAL HOSPITAL B REGIONAL HOSPITAL . . C DISTRICT HOSPITAL . . D HEALTH CENTRE . . E DISPENSARY . . F CLINIC . . G OTHER . . H _____ (SPECIFY) **RELIGIOUS / VOLUNTARY** REFERRAL/SPECIALSED HOSPITAL . . I DESIGNATED DISTRICT HC. . J OTHER HOSPITAL . . K HEALTH CENTRE . . L DISPENSARY . . M CLINIC . . N OTHER . . O _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** SPECIALISED HOSPITAL P OTHER HOSPITAL . . Q HEALTH CENTRE . . R DISPENSARY . . S CLINIC . . T OTHER PRIVATE MEDICAL SECTOR U _____ (SPECIFY) **OTHER SOURCE** PHARMACY . . V ACREDITED DRUG DISPENSING OUTLET (ADDO) . . W NGO/VCT CENTER . . X SHOP/KIOSK/MARKET/ TRADITIONAL PRACTITIONER . . . Y OTHER _____ Z (SPECIFY)	
627	CHECK 626: TWO OR MORE CODES CIRCLED ☐↓	ONLY ONE CODE CIRCLED ☐ → 629	
628	Where did you first seek advice or treatment? USE LETTER CODE FROM 626.	FIRST PLACE . . ☐	
629	How many days after the illness began did you first seek advice or treatment for (NAME)? IF THE SAME DAY RECORD '00'.	DAYS . . ☐☐	
630	At any time during the illness, did (NAME) take any medicine for the illness?	YES . . 1 NO . . 2 → 634 DON'T KNOW . . 8	

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . .	
631	What medicine did (NAME) take? Any other medicine? RECORD ALL MENTIONED. IF MEDICINE NOT KNOWN, ASK TO SEE THE PACKAGE OR PRESCRIPTION.	**ANTIMALARIAL MEDICINE** ARTEMISININ COMBINATION THERAPY (ACT) . . A SP/FANSIDAR . . B CHLOROQUINE . . C AMODIAQUINE . . D QUININE PILLS . . E INJECTION (IV) . . F ARTESUNATE RECTAL . . G INJECTION (IV /IM) . . H OTHER ANTIMALARIAL _____ (SPECIFY) I **ANTIBIOTIC MEDICINE** AMOXICILLIN(DISPERSIBLE) . . J COTRIMOXAZOLE/ SEPTRINE . . K OTHER PILL/SYRUP . . L OTHER INJECTION (IV) . . M **OTHER MEDICINE** ASPIRIN . . N PARACETAMOL/PANADOL/ ACETAMINOPHEN . . O IBUPROFEN . . P OTHER _____ (SPECIFY) X DON'T KNOW . . Z	

NO.	NAME OF LIVE BIRTH _____	PREGNANCY HISTORY NUMBER . .	

631A Where did you seek advice or treatment?

Anywhere else?

PROBE TO IDENTIFY THE TYPE OF SOURCE.

IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD 'Z' AND WRITE THE NAME OF THE PLACE(S).

PUBLIC SECTOR

NATIONAL/ZONAL/SPECIALISED HOSP . . .	A
REGIONAL REFERRAL HOSPITAL	B
REGIONAL HOSPITAL . .	C
DISTRICT HOSPITAL . .	D
HEALTH CENTRE . .	E
DISPENSARY . .	F
CLINIC . .	G
OTHER . .	H

_____ (SPECIFY)

RELIGIOUS / VOLUNTARY

REFERRAL/SPECIALSED HOSPITAL . .	I
DISTRICT HOSPITAL . .	J
OTHER HOSPITAL . .	K
HEALTH CENTRE . .	L
DISPENSARY . .	M
CLINIC . .	N
OTHER . .	O

_____ (SPECIFY)

PRIVATE MEDICAL SECTOR

SPECIALISED HOSPITAL	P
OTHER HOSPITAL . .	Q
HEALTH CENTRE . .	R
DISPENSARY . .	S
CLINIC . .	T
OTHER PRIVATE MEDICAL SECTOR	U

_____ (SPECIFY)

OTHER SOURCE

PHARMACY . .	V
ACREDITED DRUG DISPENSING OUTLET (ADDO) . .	W
NGO/VCT CENTER . .	X
SHOP/KIOSK/MARKET/ TRADITIONAL PRACTITIONER . . .	Y
OTHER _____ (SPECIFY)	Z

NO.	NAME OF LIVE BIRTH _____ PREGNANCY HISTORY NUMBER . . ☐☐		
632	CHECK 631: ARTEMISININ COMBINATION THERAPY ('A') GIVEN CODE 'A' CIRCLED ☐ ↓ CODE 'A' NOT CIRCLED ☐ → 634		
633	How long after the fever started did (NAME) first take an artemisinin combination therapy?	SAME DAY . . 0 NEXT DAY . . 1 TWO DAYS AFTER FEVER . . 2 THREE OR MORE DAYS AFTER FEVER . . 3 DON'T KNOW . . 8	
633A	CHECK 631: AMOXICILLIN ('J') GIVEN CODE 'J' CIRCLED ☐ ↓ CODE 'J' NOT CIRCLED ☐ → 633C		
633B	How long after the fast, short, rapid breaths or difficulty breathing did (NAME) take Amoxicillin?	SAME DAY . . 0 NEXT DAY . . 1 TWO DAYS AFTER FEVER . . 2 THREE OR MORE DAYS AFTER FEVER . . 3 DON'T KNOW . . 8	
633C	Who usually makes decisions about health care for your child/children: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENTS 1 HUSBAND/PARTNER 2 RESPONDENTS AND HUSBAND/PARTNER 3 SOMEONE ELSE 4 OTHER . . 6	
634	CHECK 220 AND 224 IN PREGNANCY HISTORY: ANY MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY? MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ ↓ (GO TO 603 FOR THE NEXT SURVIVING CHILD) NO MORE SURVIVING CHILDREN BORN 0-59 MONTHS BEFORE THE SURVEY ☐ → 635		

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
635	CHECK 220 AND 226, ALL ROWS: NUMBER OF CHILDREN BORN 0-23 MONTHS BEFORE THE SURVEY LIVING WITH THE RESPONDENT ONE OR MORE ☐ ↓ (NAME OF YOUNGEST CHILD LIVING WITH HER) ↓	NONE ☐ → 643	
636	Now I would like to ask you about liquids that (NAME FROM 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME) had them at home, or somewhere else. Yesterday during the day or at night, did (NAME) drink:	YES NO DK	
	a) Plain water?	a) . . 1 2 8	
	b) Infant formula such as Lactogen, S-26, Sma-pro, Similac, Enfamil, Nan-pro, Aptamil? IF YES: How many times did (NAME) drink infant formula? IF 7 OR MORE TIMES, RECORD '7'.	b) . . 1 2 8 NUMBER OF TIMES DRANK FORMULA ☐ 8	
	c) Milk, powdered milk, or milk tea? IF YES: How many times did (NAME) drink milk? IF 7 OR MORE TIMES, RECORD '7'. IF YES: Was the milk a sweet or flavored type of milk?	c) . . 1 2 8 NUMBER OF TIMES DRANK MILK ☐ 8 SWEET/ FLAVORED 1 2 8	
	d) Soymilk? IF YES: How many times did (NAME) drink this milk? IF 7 OR MORE TIMES, RECORD '7'. IF YES: Was the milk a sweet or flavored type of milk?	d) . . 1 2 8 NUMBER OF TIMES DRANK SOYMILK ☐ 8 SWEET/ FLAVORED 1 2 8	
	e) Industrially processed yogurt drinks? IF YES: How many times did (NAME) drink yogurt? IF 7 OR MORE TIMES, RECORD '7'. IF YES: Was the yogurt drink a sweet or flavored type of yogurt drink?	e) . . 1 2 8 NUMBER OF TIMES DRANK YOGURT ☐ 8 SWEET/ FLAVORED 1 2 8	
	f) Milo or cocoa?	f) . . 1 2 8	
	g) Fruit juice or fruit drinks?	g) . . 1 2 8	
	h) Soft drinks like Coke, Pepsi, Fanta, Mirinda, or cola?	h) . . 1 2 8	
	i) Tea or coffee? IF YES: Was the drink sweetened?	i) . . 1 2 8 SWEETENED . . . 1 2 8	
	j) Any other liquids? IF YES:	j) . . 1 2 8 OTHER DRINK(S)_____	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	What was the drink? Was the drink sweetened?	(SPECIFY) SWEETENED . . . 1 2 8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
637	Now I would like to ask you some about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient used only in a small amount to add flavor to a dish. Yesterday during the day or at night, did (NAME) eat:		YES	NO	DK	
	a) Mtindi or roshoro? IF YES: How many times did (NAME) eat yogurt? IF 7 OR MORE TIMES, RECORD '7'.	a) . . NUMBER OF TIMES ATE YOGURT	1 [ ]	2	8 8	
	b) Ugali, porridge, rice, pasta, bread, chapati, or kitumbua?	b) . .	1	2	8	
	c) Carrots or orange flesh sweet potato (viaze lishe)?	c) . .	1	2	8	
	d) Cassava, cassava ugali, makopa, yam, green banana, Irish potato, white-flesh sweet potato?	d) . .	1	2	8	
	e1) Collard greens, spinachi, chainizi, mchicha, majani ya kunde, au kisamvu?	e1) . .	1	2	8	
	e2) Nightshade leaves (mnafu), spider flower (mgagani), jute mallow (mlenda), sweet potato leaves (matembele), pumpkin leaves (majani ya maboga), or Malabar spinach (delega)?	e2) . .	1	2	8	
	f) Any other vegetables, such as cabbage, tomato, African eggplant, eggplant, sweet pepper, cucumber, okra, or other vegetables?	f) . .	1	2	8	
	g) Mango, papaya, or passionfruit?	g) . .	1	2	8	
	h) Any other fruits, such as bananas, oranges, watermelon, avocado, baobab, or other fruits?	h) . .	1	2	8	
	i) Liver, kidney, heart, or gizzard?	i) . .	1	2	8	
	j) Sausages/hot dogs, ham, or bologna?	j) . .	1	2	8	
	k) Any other meat, such as beef, mutton, goat, pork, chicken, ducks, guinea fowl, or bush meat?	k) . .	1	2	8	
	l) Eggs?	l) . .	1	2	8	
	m) Fish, dried small fish (dagaa), dried small tilapia, shrimp, prawn, shellfish, or octopus?	m) . .	1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	n) Beans, green peas, cowpeas, green gram, pigeon peas, sesame kashata, groundnuts, or groundnut paste?	n) . . 1 2 8	
	o) Cheese?	o) . . 1 2 8	
	p) Grasshopper, flying termites, or termites?	p) . . 1 2 8	
	q) Sweet foods such as cakes, cookies, vishetti, sweet biscuits, candies, chocolates, or ice cream?	q) . . 1 2 8	
	r) Chips, bagia, mandaazi, fried potatoes, fried cassava, fried sweet potato, or instant noodles?	r) . . 1 2 8	
	s) Red palm oil?	s) . . 1 2 8	
	t) Any other solid, semi-solid, or soft food? IF YES: What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL FOOD BELONGS TO, RECORD THE NAME OF THE FOOD.	t) . . 1 2 8 OTHER FOOD(S) _____ (SPECIFY)	
638	CHECK 637 (CATEGORIES 'a' THROUGH 't'): NOT A SINGLE 'YES' ☐ ↓ AT LEAST ONE 'YES' ☐ →		640
639	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?	YES . . 1 → (GO BACK TO 637 TO RECORD FOOD EATEN YESTERDAY) → (THEN CONTINUE TO 640) NO . . 2	→ 641
640	How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night? IF 7 OR MORE TIMES, RECORD '7'.	NUMBER OF TIMES . . ☐☐ DON'T KNOW . . 8	
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed your child?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
642	The last time (NAME) passed stools, what was done to dispose of the stools?	CHILD USED TOILET OR LATRINE . . 01 PUT/RINSED INTO TOILET OR LATRINE . . 02 PUT/RINSED INTO DRAIN OR DITCH . . 03 THROWN INTO GARBAGE . . 04 BURIED . . 05 LEFT IN THE OPEN . . 06 OTHER _____ 96 (SPECIFY)	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES				SKIP
643	Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods and drinks, and I would like to know whether you ate a food even if it was combined with other foods. . Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did you eat or drink:		YES	NO	DK	
	a) Ugali, porridge, rice, pasta, bread, chapati, kitumbua, or maize?	a) . .	1	2	8	
	b) Orange flesh sweet potato or carrots?	b) . .	1	2	8	
	c) Cassava, cassava ugali, makopa, green banana, Irish potato, white-flesh sweet potato?	c) . .	1	2	8	
	d1) Kale, chard, Chinese cabbage, amaranth leaves, cowpea leaves, or cassava leaves?	d) . .	1	2	8	
	d2) Nightshade leaves, spider flower, jute mallow, sweet potato leaves, or pumpkin leaves?	d) . .	1	2	8	
	e) Any other vegetables such as, Cabbage, tomato, African eggplant, eggplant, sweet pepper, cucumber,	e) . .	1	2	8	
	f) Mango, papaya, or passionfruit?	f) . .	1	2	8	
	g1) Any other fruits such as, Bananas, oranges, tangerines, pineapple, avocado, or grapes?	g) . .	1	2	8	
	g2) Pear, apple, watermelon, baobab, guava, or jackfruit?	g) . .	1	2	8	
	h) Offal?	h) . .	1	2	8	
	i) Sausages, ham, bologna, or hot dogs?	i) . .	1	2	8	
	j) Any other meat, such as beef, mutton, goat, pork,	j) . .	1	2	8	
	k) Eggs?	k) . .	1	2	8	
	l) Fish, dried small fish, dried small tilapia, seafood, shrimp, octopus?	l) . .	1	2	8	
	m) Beans, njegere, cowpeas, green gram, pigeon peas, lentils, bambara nuts, or makande?	m) . .	1	2	8	
	n) Pumpkin seeds, kashata, cashews, groundnuts, or groundnut paste?	n) . .	1	2	8	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	o) Milk, either by itself or in tea, coffee or porridge; cheese, sour milk, or roshoro?	o) . . 1 2 8	
	p) Any sweet foods such as cakes, cookies, vishetti, sweet biscuits, candies, chocolates, or ice cream?	p) . . 1 2 8	
	q) Chips, mandaazi, bagia, French fries, fried cassava, fried sweet potato, or instant noodles?	q) . . 1 2 8	
	r) Fruit juice or fruit drinks?	r) . . 1 2 8	
	s) Soft drinks like Coke, Pepsi, Fanta, Mirinda?	s) . . 1 2 8	
	t) Sweetened tea, sweetened coffee, Milo, cocoa?	t) . . 1 2 8	
	u) Any other liquids? IF YES: What was the drink? IF YES: Was the drink sweetened?	u) . . 1 2 8	
	v) Any other food? IF YES: What was the food? MARK THE APPROPRIATE FOOD GROUP FOR EACH ADDITIONAL DRINK OR FOOD, IF THE GROUP IS NOT YET CODED 'YES'. IF UNABLE TO DETERMINE WHICH GROUP THE ADDITIONAL DRINK OR FOOD BELONGS TO, RECORD THE NAME OF THE DRINK OR FOOD.	v) . . 1 2 8	
655A	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? Yes ☐ ↓ No ☐ → 701		
655	CHECK 101A: AGREED TO MEASUREMENT ☐ ↓ DID NOT AGREE TO MEASUREMENT ☐ → 701		
656	RECORD TIME.	HOUR . . ☐☐ MINUTES . . ☐☐	
657	May I measure your blood pressure now? CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED . . 1 ← (SIGNATURE OF INTERVIEWER) REFUSED . . 2 ← (GO TO 701)	
658	TAKE THE SECOND BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC	**BLOOD PRESSURE READINGS** SYSTOLIC . . ☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	DIASTOLIC . . ☐☐☐ TECHNICAL PROBLEMS . . '995 OTHER . . '996	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES		SKIP
701	Are you currently married or living together with a man as if married?	YES, CURRENTLY MARRIED . . YES, LIVING WITH A MAN . . NO, NOT IN UNION . .	1 2 3	→ 706 → 709
702	Have you ever been married or lived together with a man as if married?	YES, FORMERLY MARRIED . . YES, LIVED WITH A MAN . . NO . .	1 2 3	 → 721
703	What is your marital status now: are you widowed, divorced, or separated?	WIDOWED . . DIVORCED . . SEPARATED . .	1 2 3	
704	CHECK 702: YES, FORMERLY MARRIED ☐ ↓ YES, LIVED WITH A MAN ☐ →			→ 714
705	Did you have a marriage certificate for your last marriage?	YES . . NO . . DON'T KNOW . .	1 2 8	→ 714 → 707
706	Do you have a marriage certificate for this marriage?	YES . . NO . . DON'T KNOW . .	1 2 8	→ 709
707	Was this marriage ever registered with the civil authority?	YES . . NO . . DON'T KNOW . .	1 2 8	
708	CHECK 701: YES, CURRENTLY MARRIED ☐ ↓ NO, NOT IN A UNION ☐ →			→ 714
709	Is your (husband/partner) living with you now or is he staying elsewhere?	LIVING WITH HER . . STAYING ELSEWHERE . .	1 2	
710	RECORD THE HUSBAND'S/PARTNER'S NAME AND LINE NUMBER FROM THE HOUSEHOLD QUESTIONNAIRE. IF HE IS NOT LISTED IN THE HOUSEHOLD, RECORD '00'.	NAME _____ LINE NO. . . ☐☐		
711	Does your (husband/partner) have other wives or does he live with other women as if married?	YES . . NO . . DON'T KNOW . .	1 2 8	 → 714
712	Including yourself, in total, how many wives or live-in partners does he have?	TOTAL NUMBER OF WIVES AND LIVE-IN PARTNERS . . ☐☐ DON'T KNOW . .	98	
713	Are you the first, second, … wife?	RANK . . ☐☐ DON'T KNOW . .	98	
714	Have you been married or lived with a man only once or more than once?	ONLY ONCE . . MORE THAN ONCE . .	1 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
715	CHECK 714: MARRIED/ LIVED WITH A MAN ONLY ONCE → a) In what month and year did you start living with your (husband/partner)? MARRIED/ LIVED WITH A MAN MORE THAN ONCE → b) Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?	MONTH . . [ ][ ] DON'T KNOW MONTH . . 98 YEAR . . [ ][ ][ ][ ] DON'T KNOW YEAR . . 9998	→ 717
716	How old were you when you first started living with him?	AGE . . [ ][ ]	
717	CHECK 714: MARRIED/LIVED WITH A MAN MORE THAN ONCE MARRIED/LIVED WITH A MAN ONLY ONCE	→ 721	
718	CHECK 701: YES, CURRENTLY MARRIED YES, LIVING WITH A MAN NO, NOT IN A UNION	→ 721	
719	Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?	MONTH . . [ ][ ] DON'T KNOW MONTH . . 98 YEAR . . [ ][ ][ ][ ] DON'T KNOW YEAR . . 9998	→ 721
720	How old were you when you first started living with your current (husband/partner)?	AGE . . [ ][ ]	
721	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE**		
722	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?	NEVER HAD SEXUAL INTERCOURSE . . 00 AGE IN YEARS . . [ ][ ]	→ 738
722A	The very first time you had sexual intercourse, would you say that you willingly wanted to have it?	YES . . 1 NO . . 2 DON'T KNOW 3	
723	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? IF LESS THAN 12 MONTHS, ANSWER MUST BE RECORDED IN DAYS, WEEKS OR MONTHS. IF 12 MONTHS (ONE YEAR) OR MORE, ANSWER MUST BE RECORDED IN YEARS.	DAYS AGO . . 1 [ ][ ] WEEKS AGO . . 2 [ ][ ] MONTHS AGO . . 3 [ ][ ] YEARS AGO . . 4 [ ][ ]	→ 737

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
724	CHECK 232: NOT PREGNANT OR UNSURE ☐ PREGNANT ☐		→ 727
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?	YES . . 1 NO . . 2	→ 727
726	Which method did you use? RECORD ALL MENTIONED. IF CODES 'G' OR 'H' ARE CIRCLED, SKIP TO 728 EVEN IF ANOTHER METHOD WAS ALSO USED.	FEMALE STERILIZATION . . A MALE STERILIZATION . . B IUD . . C INJECTABLES . . D IMPLANTS . . E PILL . . F CONDOM . . G FEMALE CONDOM . . H EMERGENCY CONTRACEPTION . . I STANDARD DAYS METHOD . . J LACTATIONAL AMENORRHEA METHOD . . K RHYTHM METHOD . . L WITHDRAWAL . . M OTHER MODERN METHOD . . X OTHER TRADITIONAL METHOD . . Y	→ 728
727	The last time you had sexual intercourse, was a condom used?	YES . . 1 NO . . 2	→ 730
728	What is the brand name of the condom used? IF BRAND NOT KNOWN, ASK TO SEE THE PACKAGE.	SALAMA . . 01 DUME . . 02 ROUGH RIDER . . 03 FAMILIA . . 04 CARE . . 05 LADY PEPETA . . 06 OTHER _____ 96 (SPECIFY) DON'T KNOW . . 98	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
729	From where did you obtain the condom the last time? PROBE TO IDENTIFY TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** NATIONAL/ZONAL/SPECIALISED HOSP . . . 11 REGIONAL REFERRAL HOSPITAL 12 REGIONAL HOSPITAL . . 13 DISTRICT HOSPITAL . . 14 HEALTH CENTRE . . 15 DISPENSARY . . 16 CLINIC . . 17 OTHER . . 18 _____ (SPECIFY) **RELIGIOUS / VOLUNTARY** REFERRAL/SPECIALSED HOSPITAL . . 21 DESIGNATED DISTRICT H(. . 22 OTHER HOSPITAL . . 23 HEALTH CENTRE . . 24 DISPENSARY . . 25 CLINIC . . 26 OTHER . . 27 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** SPECIALISED HOSPITAL 31 OTHER HOSPITAL . . 32 HEALTH CENTRE . . 33 DISPENSARY . . 34 CLINIC . . 35 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **OTHER SOURCE** PHARMACY . . 41 ACREDITED DRUG DISPENSING OUTLET (ADDO) . . 42 NGO/CSO . . 43 SHOP/KIOSK . . 44 MARKET . . 45 GUEST HOUSE . . 46 FRIEND RELATIVES . . . . . 47 OTHER _____ (SPECIFY) 96 DON'T KNOW . . 98	
730	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . 1 LIVE-IN PARTNER . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . 3 CASUAL ACQUAINTANCE . . 4 CLIENT/SEX WORKER . . 5 OTHER _____ (SPECIFY) 6	
731	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES . . 1 NO . . 2	→ 737
732	The last time you had sexual intercourse with this second person, was a condom used?	YES . . 1 NO . . 2	

SECTION 7. MARRIAGE AND SEXUAL ACTIVITY

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
733	What was your relationship to this second person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . 1 LIVE-IN PARTNER . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . 3 CASUAL ACQUAINTANCE . . 4 CLIENT/SEX WORKER . . 5 OTHER _____ 6 (SPECIFY)	
734	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?	YES . . 1 NO . . 2	→ 737
735	The last time you had sexual intercourse with this third person, was a condom used?	YES . . 1 NO . . 2	
736	What was your relationship to this third person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.	HUSBAND . . 1 LIVE-IN PARTNER . . 2 BOYFRIEND NOT LIVING WITH RESPONDENT . . 3 CASUAL ACQUAINTANCE . . 4 CLIENT/SEX WORKER . . 5 OTHER _____ 6 (SPECIFY)	
737	In total, with how many different people have you had sexual intercourse in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF NUMBER OF PARTNERS IS 95 OR MORE, RECORD '95'.	NUMBER OF PARTNERS IN LIFETIME . . [ ][ ] DON'T KNOW . . 98	
738	PRESENCE OF OTHERS DURING THIS SECTION.	YES NO CHILDREN <10 . . 1 2 MALE ADULTS . . 1 2 FEMALE ADULTS . . 1 2	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
801	CHECK 307: NOT ASKED ☐ ↓ NEITHER ARE STERILIZED ☐ ↓ HE OR SHE STERILIZED ☐ →		813
802	CHECK 232: PREGNANT ☐ ↓ NOT PREGNANT OR UNSURE ☐ →		804
803	Now I have some questions about the future. After the child you are expecting now, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD . . 1 NO MORE . . 2 UNDECIDED/DON'T KNOW . . 8	805 812
804	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?	HAVE (A/ANOTHER) CHILD . . 1 NO MORE/NONE . . 2 SAYS SHE CAN'T GET PREGNANT . . 3 UNDECIDED/DON'T KNOW . . 8	807 813 811
805	CHECK 232: NOT PREGNANT OR UNSURE ☐ ↓ a) How long would you like to wait from now before the birth of (a/another) child? PREGNANT ☐ ↓ b) After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?	MONTHS . . 1 ☐☐ YEARS . . 2 ☐☐ SOON/NOW . . 993 SAYS SHE CAN'T GET PREGNANT . . 994 AFTER MARRIAGE . . 995 OTHER _____ (SPECIFY) 996 DON'T KNOW . . 998	811 813 811
806	CHECK 232: NOT PREGNANT OR UNSURE ☐ ↓ PREGNANT ☐ →		812
807	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED ☐ ↓ CURRENTLY USING ☐ →		813
808	CHECK 805: '24' OR MORE MONTHS OR '02' OR MORE YEARS ☐ ↓ NOT ASKED ☐ ↓ '00-23' MONTHS OR '00-01' YEAR ☐ →		812
809	CHECK 723: DAYS, WEEKS OR MONTHS AGO ☐ ↓ YEARS AGO ☐ → NOT ASKED ☐ →		811 811

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
810	CHECK 804: WANTS TO HAVE A/ANOTHER CHILD ↓ / WANTS NO MORE/ NONE ↓ a) You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? b) You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason? RECORD ALL REASONS MENTIONED.	NOT MARRIED . . A **FERTILITY-RELATED REASONS** NOT HAVING SEX . . B INFREQUENT SEX . . C MENOPAUSAL/HYSTERECTOMY . . D CAN'T GET PREGNANT . . E NOT MENSTRUATED SINCE LAST BIRTH . . F BREASTFEEDING . . G UP TO GOD/FATALISTIC . . H **OPPOSITION TO USE** RESPONDENT OPPOSED . . I HUSBAND/PARTNER OPPOSED . . J OTHERS OPPOSED . . K RELIGIOUS PROHIBITION . . L **LACK OF KNOWLEDGE** KNOWS NO METHOD . . M KNOWS NO SOURCE . . N **METHOD-RELATED REASONS** INCONVENIENT TO USE . . O CHANGES IN MENSTRUAL BLEEDING . . P METHODS COULD CAUSE INFERTILITY . . Q INTERFERES WITH BODY'S NORMAL PROCESSES . . R OTHER SIDE EFFECTS . . S **COST/ACCESS/AVAILABILITY** LACK OF ACCESS/TOO FAR . . T COSTS TOO MUCH . . U PREFERRED METHOD NOT AVAILABLE . . V NO METHOD AVAILABLE . . W OTHER _____ X (SPECIFY) DON'T KNOW . . Z	
811	CHECK 307: USING A CONTRACEPTIVE METHOD? NOT ASKED ↓ / YES, CURRENTLY USING →		813
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
813	CHECK 224: HAS LIVING CHILDREN ↓ / NO LIVING CHILDREN ↓ a) 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? b) If you could choose exactly the number of children to have in your whole life, how many would that be? PROBE FOR A NUMERIC RESPONSE.	NONE . . 00 → 815 NUMBER . . ☐☐ OTHER _____ 96 → 815 (SPECIFY)	
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?	BOYS GIRLS EITHER NUMBER . . ☐☐ ☐☐ ☐☐ OTHER _____ 96 (SPECIFY)	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
815	In the last 12 months have you:	YES NO	
	a) Heard about family planning on the radio?	a) RADIO . . 1 2	
	b) Seen anything about family planning on the television?	b) TELEVISION . . 1 2	
	c) Read about family planning in a newspaper or magazine?	c) NEWSPAPER OR MAGAZINE . . 1 2	
	d) Received a voice or text message about family planning on a mobile phone?	d) MOBILE PHONE . . 1 2	
	e) Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?	e) FACEBOOK/TWITTER/ INSTAGRAM . . 1 2	
	f) Seen anything about family planning on a poster, leaflet or brochure?	f) POSTER/LEAFLET/BROCHURE . . 1 2	
	g) Seen anything about family planning on an outdoor sign or billboard?	g) OUTDOOR SIGN/BILLBOARD . . 1 2	
	h) Heard anything about family planning at community meetings or events?	h) COMMUNITY MEETINGS/EVENTS . . 1 2	
817	CHECK 701: YES, CURRENTLY MARRIED ☐ ↓ / YES, LIVING WITH A MAN ☐ ↓ / NO, NOT IN A UNION ☐		→ 901
818	Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT . . 1 HUSBAND/PARTNER . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . 3 SOMEONE ELSE . . 4 OTHER _____ 6 (SPECIFY)	→ 820 → 820
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?	MORE IMPORTANT . . 1 EQUALLY IMPORTANT . . 2 LESS IMPORTANT . . 3	
820	Has your husband/partner or any other family member ever tried to pressure you to become pregnant when you did not want to become pregnant?	YES . . 1 NO . . 2	

SECTION 8. FERTILITY PREFERENCES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
821	CHECK 307: NOT ASKED ☐ ↓ NEITHER ARE STERILIZED ☐ ↓ HE OR SHE ARE STERILIZED ☐ →		901
822	Does your (husband/partner) want 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	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
901	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ NOT IN UNION ☐ →		909
902	How old was your (husband/partner) on his last birthday?	AGE IN COMPLETED YEARS . . ☐☐	
903	Did your (husband/partner) ever attend school?	YES . . 1 NO . . 2	→ 906
904	What was the highest level of school he attended: primary, secondary, or higher?	PRE PRIMARY . . 0 PRIMARY . . 1 POST PRIMARY TRAINING . . 2 SECONDARY 'O' LEVEL . . 3 POST SECONDARY 'O' LEVEL TRAINING 4 SECONDARY 'A' LEVEL . . 5 POST SECONDARY 'A' LEVEL TRAINING 6 UNIVERSITY . . 7 DON'T KNOW . . 8	→ 906
905	What was the highest grade he completed at that level? IF COMPLETED LESS THAN ONE YEAR AT THAT LEVEL, RECORD '00'.	GRADE . . ☐☐ DON'T KNOW . . 98	
906	Has your (husband/partner) done any work in the last 7 days?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 908
907	Has your (husband/partner) done any work in the last 12 months?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 909
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?	_____ _____ ☐☐ _____	
909	Aside from your own housework, have you done any work in the last 7 days?	YES . . 1 NO . . 2	→ 913
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last 7 days, have you done any of these things or any other work?	YES . . 1 NO . . 2	→ 913
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?	YES . . 1 NO . . 2	→ 913
912	Have you done any work in the last 12 months?	YES . . 1 NO . . 2	→ 917
913	What is your occupation? That is, what kind of work do you mainly do?	_____ _____ ☐☐ _____	
914	Do you do this work for a member of your family, for someone else, or are you self-employed?	FOR FAMILY MEMBER . . 1 FOR SOMEONE ELSE . . 2	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
		SELF-EMPLOYED . . 3	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?	THROUGHOUT THE YEAR . . 1 SEASONALLY/PART OF THE YEAR . . 2 ONCE IN A WHILE . . 3	
916	Are you paid in cash or kind for this work or are you not paid at all?	CASH ONLY . . 1 CASH AND KIND . . 2 IN KIND ONLY . . 3 NOT PAID . . 4	
917	CHECK 701: CURRENTLY MARRIED/LIVING WITH A MAN ☐ ↓ NOT IN UNION ☐ →		925
918	CHECK 916: CODE '1' OR '2' CIRCLED ☐ ↓ OTHER ☐ →		921
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . 1 HUSBAND/PARTNER . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . 3 OTHER _____ (SPECIFY) 6	
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?	MORE THAN HIM . . 1 LESS THAN HIM . . 2 ABOUT THE SAME . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . 4 DON'T KNOW . . 8	→ 922
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?	RESPONDENT . . 1 HUSBAND/PARTNER . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . 3 HUSBAND/PARTNER HAS NO EARNINGS . . 4 OTHER _____ (SPECIFY) 6	
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	RESPONDENT . . 1 HUSBAND/PARTNER . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . 3 SOMEONE ELSE . . 4 OTHER . . 6	
923	Who usually makes decisions about making major household purchases?	RESPONDENT . . 1 HUSBAND/PARTNER . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . 3 SOMEONE ELSE . . 4 OTHER . . 6	
924	Who usually makes decisions about visits to your family or relatives?	RESPONDENT . . 1 HUSBAND/PARTNER . . 2 RESPONDENT AND HUSBAND/PARTNER JOINTLY . . 3 SOMEONE ELSE . . 4 OTHER . . 6	

SECTION 9. HUSBAND'S BACKGROUND AND WOMAN'S WORK

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
925	Do you own this or any other house either alone or jointly with someone else?	ALONE ONLY . . 01 JOINTLY WITH HUSBAND/PARTNER ONLY . . 02 JOINTLY WITH SOMEONE ELSE ONLY . . 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE . . 04 BOTH ALONE AND JOINTLY . . 05 DOES NOT OWN . . 06	→ 928
926	Do you have a title deed or other government recognized document for any house you own?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 928
927	Is your name on this document?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?	ALONE ONLY . . 01 JOINTLY WITH HUSBAND/PARTNER ONLY . . 02 JOINTLY WITH SOMEONE ELSE ONLY . . 03 JOINTLY WITH HUSBAND/PARTNER AND SOMEONE ELSE . . 04 BOTH ALONE AND JOINTLY . . 05 DOES NOT OWN . . 06	→ 931
929	Do you have a title deed or other government recognized document for any land you own?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 931
930	Is your name on this document?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
931	PRESENCE OF OTHERS AT THIS POINT (PRESENT AND LISTENING, PRESENT BUT NOT LISTENING, OR NOT PRESENT)	PRES./ LISTEN. / PRES./ NOT LISTEN. / NOT PRES. CHILDREN < 10 . . 1 2 3 HUSBAND . . 1 2 3 OTHER MALES . . 1 2 3 OTHER FEMALES . . 1 2 3	
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations: a) If she goes out without telling him? b) If she neglects the children? c) If she argues with him? d) If she refuses to have sex with him? e) If she burns the food? h) If she refuses to cook i) If she comes home late	YES / NO / DK a) GOES OUT . . 1 2 8 b) NEGLECTS CHILDREN . . 1 2 8 c) ARGUES . . 1 2 8 d) REFUSES SEX . . 1 2 8 e) BURNS FOOD . . 1 2 8 f) REFUSE TO COOK 1 2 8 g) COMES HOME LATA 1 2 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1000	Now I would like to talk about HIV and AIDS.		
1002	CHECK 111: AGE 15-24 YEARS ☐ ↓ 25 YEARS OR OLDER ☐ → 1008		
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1004	Can people get HIV from mosquito bites?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1005	Can people reduce their chance of getting HIV by using a condom every time they have sex?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1006	Can people get HIV by sharing food with a person who has HIV?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1007	Is it possible for a healthy-looking person to have HIV?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?	YES . . 1 NO . . 2	
1009	Are there any special medicines that a doctor or a nurse can give to a pregnant woman infected with HIV to reduce the risk of transmission to the baby?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?	YES . . 1 NO . . 2	→ 1011A
1011	Do you agree of people who take a PrEP every day to prevent getting HIV?	YES . . 1 NO . . 2 DON'T KNOW/NOT SURE/DEPENDS . . 8	
1011A	Have you ever heard about medicines that can prevent HIV infection (PEP) if they are taken within 72 hours after a person has been exposed to the risk of HIV infection?	YES . . 1 NO . . 2	
1011B	Do you agree of people who take a PEP to prevent HIV?	YES . . 1 NO . . 2 DON'T KNOW/NOT SURE/DEPENDS . . 8	
1012	CHECK 220 AND 223: NO LIVE BIRTHS ☐ → 1024 LAST LIVE BIRTH 0-23 MONTHS BEFORE THE SURVEY ☐ ↓ LAST LIVE BIRTH 24 MONTHS OR MORE BEFORE THE SURVEY ☐ → 1024		
1013	CHECK 412 FOR LAST LIVE BIRTH ('TYPE 1'): HAD ANTENATAL CARE ☐ ↓ NO ANTENATAL CARE ☐ → 1018		
1014	**CHECK FOR PRESENCE OF OTHERS. BEFORE CONTINUING, MAKE EVERY EFFORT TO ENSURE PRIVACY.**		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with (NAME)?	YES . . 1 NO . . 2	→ 1018

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1016	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** GOVERNMENT HOSPITAL . . 11 GOVERNMENT HEALTH CENTER . . 12 STAND-ALONE HTC CENTER . . 13 FAMILY PLANNING CLINIC . . 14 MOBILE HTC SERVICES . . 15 OTHER PUBLIC SECTOR _____ 16 (SPECIFY) **PRIVATE MEDICAL SECTOR** PRIVATE HOSPITAL . . 21 PRIVATE CLINIC . . 22 PRIVATE DOCTOR . . 23 STAND-ALONE HTC CENTER . . 24 PHARMACY . . 25 MOBILE HTC SERVICES . . 26 OTHER PRIVATE MEDICAL SECTOR _____ 27 (SPECIFY) **NGO MEDICAL SECTOR** NGO HOSPITAL . . 31 NGO CLINIC . . 32 OTHER NGO MEDICAL SECTOR _____ 36 (SPECIFY) **OTHER SOURCE** HOME . . 41 WORKPLACE . . 42 CORRECTIONAL FACILITY . . 43 OTHER _____ 96 (SPECIFY)	
1017	Did you get the results of the test?	YES . . 1 NO . . 2	
1018	CHECK 435 FOR LAST LIVE BIRTH ('TYPE 1'): ANY CODE '21-46' CIRCLED ☐ ↓ OTHER ☐ →		1021
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?	YES . . 1 NO . . 2	→ 1021
1020	Did you get the results of the test?	YES . . 1 NO . . 2	→ 1022
1021	CHECK 1015: YES ☐ ↓ NO OR NOT ASKED ☐ →		1024
1022	Have you been tested for HIV since that time you were tested during your pregnancy?	YES . . 1 NO . . 2	→ 1025

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1023	In what month and year was your most recent HIV test?	MONTH . . ☐☐ DON'T KNOW MONTH . . 98 YEAR . . ☐☐☐☐ DON'T KNOW YEAR . . 9998	→ 1028
1024	Have you ever been tested for HIV?	YES . . 1 NO . . 2	→ 1032
1025	In what month and year was your most recent HIV test?	MONTH . . ☐☐ DON'T KNOW MONTH . . 98 YEAR . . ☐☐☐☐ DON'T KNOW YEAR . . 9998	
1026	Where was the test done? PROBE TO IDENTIFY THE TYPE OF SOURCE. IF UNABLE TO DETERMINE IF PUBLIC, PRIVATE, OR NGO SECTOR, RECORD '96' AND WRITE THE NAME OF THE PLACE.	**PUBLIC SECTOR** NATIONAL/ZONAL/SPECIALISED HOSP . . . 11 REGIONAL REFERRAL HOSPITAL 12 REGIONAL HOSPITAL . . 13 DISTRICT HOSPITAL . . 14 HEALTH CENTRE . . 15 DISPENSARY . . 16 CLINIC . . 17 OTHER PUBLIC SECTOR 18 _____ (SPECIFY) **RELIGIOUS / VOLUNTARY** REFERRAL/SPECIALSE . . 21 DESIGNATED DISTR . . 22 OTHER HOSPITAL . . 23 HEALTH CENTRE . . 24 DISPENSARY . . 25 CLINIC . . 26 OTHER RELIGIOUS/VOLUNTARY SECTOR 27 _____ (SPECIFY) **PRIVATE MEDICAL SECTOR** SPECIALISED HOSPITAL 31 OTHER HOSPITAL . . 32 HEALTH CENTRE . . 33 DISPENSARY . . 34 CLINIC . . 35 OTHER PRIVATE MEDICAL SECTOR 36 _____ (SPECIFY) **OTHER SOURCE** PHARMACY . . 41 ACREDITED DRUG DISPENSING OUTLET (ADDO) . . 42 OTHER _____ 96 (SPECIFY)	
1027	Did you get the results of the test?	YES . . 1 NO . . 2	→ 1031

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1028	What was the result of the test?	POSITIVE . . 1 NEGATIVE . . 2 INDETERMINATE . . 3 DECLINED TO ANSWER . . 4 DID NOT RECEIVE TEST RESULT . . 5	→ 1031
1029	In what month and year did you receive your first HIV-positive test result?	MONTH . . [ ][ ] DON'T KNOW MONTH . . 98 YEAR . . [ ][ ][ ][ ] DON'T KNOW YEAR . . 9998 SAME DATE AS LAST HIV TEST . . 95	
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1031	How many times have you been tested for HIV in your lifetime? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE, IF NUMBER OF TESTS IS 95 OR MORE, RECORD '95'.	NUMBER OF HIV TESTS . . [ ][ ]	
1032	Have you heard of test kits people can use to test themselves for HIV?	YES . . 1 NO . . 2	→ 1034
1033	Have you ever tested yourself for HIV using a self-test kit?	YES . . 1 NO . . 2	
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES . . 1 NO . . 2 DON'T KNOW/NOT SURE/DEPENDS . . 8	
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES . . 1 NO . . 2 DON'T KNOW/NOT SURE/DEPENDS . . 8	
1036	CHECK 1028: CODE '1' CIRCLED ☐ ↓ OTHER ☐		→ 1040
1037	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?	YES . . 1 NO . . 2	
1038	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.	AGREE . . 1 DISAGREE . . 2	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1039	Please tell me if the following things have happened to you, of if you think they have happened to you, because of your HIV status in the last 12 months: a) People have talked badly about me because of my HIV status. b) Someone else disclosed my HIV status without my permission. c) I have been verbally insulted, harassed, or threatened because of my HIV status. d) Healthcare workers talked badly about me because of my HIV status. e) Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.	YES NO a) PEOPLE TALK BADLY . . 1 2 b) DISCLOSED STATUS . . 1 2 c) VERBALLY INSULTED . . 1 2 d) HEALTHCARE WORKERS TALKED BADLY . . 1 2 e) HEALTHCARE WORKERS VERBALLY ABUSED . . 1 2	
1040	Have you heard about infections that can be transmitted through sexual contact?	YES . . 1 NO . . 2	
1041	CHECK 722: HAS HAD SEXUAL INTERCOURSE ☐ ↓ NEVER HAD SEXUAL INTERCOURSE ☐ → 1046		
1042	CHECK 1040: HEARD ABOUT OTHER SEXUALLY TRANSMITTED INFECTIONS? YES ☐ ↓ NO ☐ → 1044		
1043	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1044	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1045	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1046	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1048	CHECK 701: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ ↓ NOT IN UNION ☐ → 1101		
1049	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?	YES . . 1 NO . . 2 DEPENDS/NOT SURE . . 8	

SECTION 10. HIV/AIDS

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1050	Could you ask your (husband/partner) to use a condom if you wanted him to?	YES . . 1 NO . . 2 DEPENDS/NOT SURE . . 8	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health centre, a dispensary, or a clinic ?	MINUTES . . [ ][ ][ ]	
1102	How do you travel to this healthcare facility from your home? IF MORE THAN ONE WAY OF TRAVEL IS MENTIONED, CIRCLE THE ONE HIGHEST ON THE LIST.	**MOTORIZED** CAR/TRUCK . . 01 PUBLIC BUS . . 02 MOTORCYCLE/SCOOTER . . 03 BOAT WITH MOTOR . . 04 **NOT MOTORIZED** ANIMAL-DRAWN CART . . 05 BICYCLE . . 06 BOAT WITHOUT MOTOR . . 07 WALKING . . 08 OTHER _____ 96 (SPECIFY)	
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.		
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?	EVERY DAY . . 1 SOME DAYS . . 2 NOT AT ALL . . 3	→ 1108
1107	On average, how many cigarettes do you currently smoke each day?	NUMBER OF CIGARETTES . . [ ][ ]	
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?	EVERY DAY . . 1 SOME DAYS . . 2 NOT AT ALL . . 3	→ 1110
1109	What other type of tobacco do you currently smoke or use? RECORD ALL MENTIONED.	KRETEKS . . A PIPES FULL OF TOBACCO . . B CIGARS, CHEROOTS, OR CIGARILLOS . . C WATER PIPE . . D SNUFF BY MOUTH . . E SNUFF BY NOSE . . F CHEWING TOBACCO . . G BETEL QUID WITH TOBACCO . . H OTHER _____ X (SPECIFY)	
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or bege, ulanzi, gongo, chang'aa?	YES . . 1 NO . . 2	→ 1113

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1111	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of mbege, ulanzi, gongo, chang'aa etc. During the last one month, on how many days did you have at least one drink of alcohol? IF NON-NUMERIC ANSWER, PROBE TO GET AN ESTIMATE. IF RESPONDENT ANSWERS 'EVERY DAY' OR 'ALMOST EVERY DAY,' CODE'95'.	DID NOT HAVE EVEN ONE DRINK . . 00 NUMBER OF DAYS . . ☐☐ EVERY DAY/ALMOST EVERY DAY . . 95	→ 1113
1112	In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?	NUMBER OF DRINKS . . ☐☐	
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:	BIG PROBLEM / NOT A BIG PROBLEM	
	a) Getting permission to go to the doctor?	a) PERMISSION TO GO . . 1 2	
	b) Getting money needed for advice or treatment?	b) GETTING MONEY . . 1 2	
	c) The distance to the health facility?	c) DISTANCE . . 1 2	
	d) Not wanting to go alone?	d) GO ALONE . . 1 2	
1114	Are you covered by any health insurance?	YES . . 1 NO . . 2	→ 1116
1115	What type of health insurance are you covered by? RECORD ALL MENTIONED.	MUTUAL HEALTH ORGANIZATION/ COMMUNITY-BASED HEALTH INSURANCE . . A HEALTH INSURANCE THROUGH EMPLOYER . . B SOCIAL SECURITY . . C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE . . D OTHER _____ X (SPECIFY)	
1116	Now I would like to talk to you about TB. Have you ever heard or read information/messages of an illness called Tuberculosis (TB) from radio, television, friends and relatives, magazines and posters?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1117	Do you know that TB spread from one person to another through air when infected person coughs, laughs, talks or sneezes?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1118	There are 5 main signs of TB. Can you mention atleast one of them?	COUGHING . . . . . A COUGHING BLOOD SPORT . . . . . B REDUCE WEIGHT . . . . . C FEVER . . . . . D SWEATING AT NIGHT . . . . . E DON'T KNOW . . Z	
1119	Can TB be treated and cured?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
	If a member of your family get TB, would you be in position to disclose his/her illness for the purpose of	YES . . 1 NO . . 2	

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1120	helping him/her?	DON'T KNOW . . 8	
1121	Do you know which illnesses can facilitate a person to contract TB?	HIV/ AIDS . . A CANCER . . B DIABETES . . C MALNUTRITION . . D OTHERS _____ X SPECIFY DON'T KNOW . . E	
1122	If happen you feel signs of TB where will you go first to seek treatment?	HEALTH FACILITY . . 1 PHARMACY . . 2 OTC/ DUKA LA DAWA . . 3 TRADITIONAL HEALER . . 4 OTHERS _____ 5 SPECIFY DON'T KNOW . . 9	
1123	Heard anything on television or radio about anti-inflamatory medicine doesn't cure TB?	YES . . 1 NO . . 2	
1123A	Has a doctor, nurse or health worker told you that you have or you have had diabtes or blood sugar?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1123B	I there any family member have been disgnosed with Diabetes or blood sugar	YES FUTHER ….. 1 YES MOTHER ….. 2 YES CHILD 3 YES OTHER RELATIVE ….. 4 NO ….. 5 DON'T KNOW . . 8	
1124	These next questions are about blood pressure. Before today, have you ever had your blood pressure measured by a doctor or other health worker?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1125	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . 1 NO . . 2	→ 1129
1126	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?	YES . . 1 NO . . 2	
1127	Has a doctor or other health worker prescribed medication to control your blood pressure?	YES . . 1 NO . . 2	
1128	Are you taking medication to control your blood pressure?	YES . . 1 NO . . 2	
1128A	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? Yes ☐ ↓ No ☐ →		1300A

SECTION 11. OTHER HEALTH ISSUES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1129	CHECK 101A: AGREED TO MEASUREMENT ☐ ↓ DID NOT AGREE TO MEASUREMENT ☐ →		1300A
1130	RECORD TIME.	HOUR . . MINUTES . . ☐☐ ☐☐	
1131	May I measure your blood pressure now? CIRCLE THE CODE AND SIGN YOUR NAME	GRANTED . . 1 _____ (SIGNATURE OF INTERVIEWER) REFUSED . . 2 (GO TO 1201)	
1132	TAKE THE THIRD BLOOD PRESSURE READING. RECORD THE SYSTOLIC AND THE DIASTOLIC BLOOD PRESSURE. IF YOU ARE UNABLE TO MEASURE THE RESPONDENT'S BLOOD PRESSURE, RECORD THE REASON.	**BLOOD PRESSURE READINGS** SYSTOLIC . . ☐☐☐ DIASTOLIC . . ☐☐☐ TECHNICAL PROBLEMS . . '995 OTHER . . '996	

SECTION 12. AVERAGING BLOOD PRESSURE MEASURES

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1201	CHECK 658 AND 1132: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN BOTH 658 AND 1132 ☐ ↓ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN BOTH 658 AND 1132 ☐ →		1207
1202	RECORD AND CALCULATE THE AVERAGE OF THE SYSTOLIC AND THE AVERAGE OF THE DIASTOLIC BLOOD PRESSURE FROM 658 AND 1132:		
1203	BLOOD PRESSURE FROM 658:	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
1204	BLOOD PRESSURE FROM 1132:	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	
1205	RECORD THE SUM OF SYSTOLIC AND DIASTOLIC MEASURES.	**SUM** SYSTOLIC ☐☐☐ **SUM** DIASTOLIC ☐☐☐	
1206	CALCULATE THE AVERAGE SYSTOLIC AND AVERAGE DIASTOLIC BLOOD PRESSURE BY DIVIDING EACH OF THE SUMS IN 1205 BY 2.	**AVERAGE** SYSTOLIC ☐☐☐ **AVERAGE** DIASTOLIC ☐☐☐	1211
1207	CHECK 1132: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN 1132 ☐ ↓ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN 1132 ☐ →		1210
1208	CHECK 658: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE NOT RECORDED IN 658 ☐ ↓ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH RECORDED IN 658 ☐ →		1210
1209	CHECK 101E: SYSTOLIC AND DIASTOLIC BLOOD PRESSURE RECORDED IN 101E ☐ ↓ SYSTOLIC AND DIASTOLIC BLOOD PRESSURE BOTH NOT RECORDED IN 101E ☐ →		1301A
1210	RECORD SYSTOLIC AND DIASTOLIC BLOOD PRESSURE.	SYSTOLIC ☐☐☐ DIASTOLIC ☐☐☐	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP

1211 USE THE TABLE TO DETERMINE THE CORRECT VALUE TO RECORD ON THE BLOOD PRESSURE REPORT AND REFERRAL FORM:

CIRCLE THE ROW WHICH INCLUDES THE VALUE OF THE SYSTOLIC BLOOD PRESSURE RECORDED IN 1206 OR 1210.

THEN CIRCLE THE COLUMN WHICH INCLUDES THE VALUE OF THE DIASTOLIC BLOOD PRESSURE RECORDED IN 1206 OR 1210.

THE VALUE IN THE CELL WHERE THE ROW AND THE COLUMN MEET WILL BE USED IN COMPLETING 1212.

AVERAGE **SYSTOLIC** PRESSURE	AVERAGE **DIASTOLIC** PRESSURE					
	< 84	85 - 89	90 - 99	100 - 109	110 - 119	> = 120
< =129	1	2	3	4	5	6
130 - 139	2	2	3	4	5	6
140 - 159	3	3	3	4	5	6
160 - 179	4	4	4	4	5	6
180 - 209	5	5	5	5	5	6
> = 210	6	6	6	6	6	6

1212 CIRCLE THE VALUE FROM 1211 IN THE TABLE BELOW. CIRCLE THE SAME VALUE IN THE BLOOD PRESSURE REPORTING FORM. READ ALOUD TO THE RESPONDENT THE REPORTING FORM INSTRUCTIONS TO THE RIGHT OF THAT NUMBER, THEN GIVE THE FORM TO THE RESPONDENT AND ANSWER ANY QUESTIONS THE RESPONDENT MAY HAVE.

VALUE FROM 1211:	**RESPONDENT'S BLOOD PRESSURE CATEGORY:**	**CONSULT HEALTH PROVIDER TO CHECK BLOOD PRESSURE WITHIN:**
1	**ACCEPTABLE RANGE**	**24 MONTHS**
2	**AT THE HIGH END OF THE ACCEPTABLE RANGE**	**12 MONTHS**
3	**ABOVE ACCEPTABLE RANGE**	**2 MONTHS**
4	**MODERATELY HIGH**	**1 MONTH**
5	**HIGH**	**7 DAYS**
6	**VERY HIGH**	**TODAY**

1213 CHECK IF THE RESPONDENT RECEIVED THE BLOOD PRESSURE REPORTING FORM WITH WRITTEN RESULTS

REPORTING FORM RECEIVED . . 1
NOT RECEIVED . . 2

1300A	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? YES ☐ ↓ NO ☐ → 1501		
1300	In your opinion, what is the most serious health problem in your community?	HIV/AIDS . . 01 TUBERCULOSIS . . 02 MALARIA . . 03 MALNUTRITION . . 04 DIABETES . . 05 CANCER . . 06 FLU . . 07 ROAD TRAFFIC ACCIDENTS . . 08 DIARRHEA . . 09 HEART DISEASE . . 10 OTHER _____ (SPECIFY) 96 DON'T KNOW 98	
1301	In the last six months, have you seen or heard any messages about malaria?	YES . . 1 NO . . 2 → 1303	
1302	Where did you see or hear these messages? PROBE: Anywhere else? RECORD ALL MENTIONED.	RADIO . . A TELEVISION . . B POSTER/BILLBOARD . . C NEWSPAPER/MAGAZINE . . D LEAFLET/BROCHURE . . E HEALTHCARE PROVIDER . . F COMMUNITY HEALTH WORKER . . G SOCIAL MEDIA . . H OTHER _____ (SPECIFY) X DON'T REMEMBER . . Z	
1303	Are there ways to avoid getting malaria?	YES . . 1 NO . . 2 → 1305	
1304	What are the things that people can do to prevent themselves from getting malaria? RECORD ALL MENTIONED.	SLEEP UNDER A MOSQUITO NET . . A SLEEP UNDER AN INSECTICIDE-TREATED MOSQUITO NET . . B USE MOSQUITO REPELLENT . . C TAKE PREVENTATIVE MEDICATIONS . . D SPRAY HOUSE WITH INSECTICIDE . . E FILL IN STAGNANT WATERS (PUDDLES) . . F KEEP SURROUNDINGS CLEAN . . G PUT MOSQUITO SCREEN ON WINDOWS . . H PUT MOSQUITO SCREEN ON DOORS . . . I CUT THE GRASS . . J OTHER _____ (SPECIFY) X DON'T KNOW . . Z	
1304A	Can ACTs be obtained at your nearest health facility or pharmacy (duka la dawa muhimu)?	YES . . 1 NO . . 2 DON'T KNOW . . 88	
1304B	In the past six months, were you visited by a health worker or volunteer who talked to you about malaria?	YES . . 1 NO . . 2	
1305	Now I am going to read some statements and I would like you to tell me whether you agree or disagree with each statement. If you don't know, say, don't know.	AGREE . . 1 DISAGREE . . 2 DON'T KNOW/UNCERTAIN . . 8	

	People in this community only get malaria during the rainy season. Do you agree or disagree?		
1306	When a child has a fever, you almost always worry it might be malaria. Do you agree or disagree?	AGREE . . 1 DISAGREE . . 2 DON'T KNOW/UNCERTAIN . . 8	
1307	Getting malaria is not a problem because it can be easily treated. Do you agree or disagree?	AGREE . . 1 DISAGREE . . 2 DON'T KNOW/UNCERTAIN . . 8	

1308	Only weak children can die from malaria. Do you agree or disagree?	AGREE . . DISAGREE . . DON'T KNOW/UNCERTAIN . .	1 2 8
1309	You can sleep under a mosquito net for the entire night when there are lots of mosquitoes. Do you agree or disagree?	AGREE . . DISAGREE . . DON'T KNOW/UNCERTAIN . .	1 2 8
1310	You can sleep under a mosquito net for the entire night when there are few mosquitoes Do you agree or disagree?	AGREE . . DISAGREE . . DON'T KNOW/UNCERTAIN . .	1 2 8
1311	You do not like sleeping under a mosquito net when the weather is too warm. Do you agree or disagree?	AGREE . . DISAGREE . . DON'T KNOW/UNCERTAIN . .	1 2 8
1312	When a child has a fever, it is best to start by giving them any medicine you have at home. Do you agree or disagree?	AGREE . . DISAGREE . . DON'T KNOW/UNCERTAIN . .	1 2 8
1312A	You can easily protect yorself and your children from malaria Do you agree or disagree?	AGREE . . DISAGREE . . DON'T KNOW/UNCERTAIN . .	1 2 8
1312B	It is important to sleep under a net every single night Do you agree or disagree?	AGREE . . DISAGREE . . DON'T KNOW/UNCERTAIN . .	1 2 8
1312C	Pregnant women are at high risk of getting malaria. Do you agree or disagree?	AGREE . . DISAGREE . . DON'T KNOW/UNCERTAIN . .	1 2 8
1312D	You can easily get treatment if your child gets malaria. Do you agree or disagree?	AGREE . . DISAGREE . . DON'T KNOW/UNCERTAIN . .	1 2 8
1312E	The only way to be sure someone has malaria is to test their blood. Do you agree or disagree?	AGREE . . DISAGREE . . DON'T KNOW/UNCERTAIN . .	1 2 8
1312F	It is important to take the entire course of malaria medicine to make sure the disease will be fully cured. Do you agree or disagree?	AGREE . . DISAGREE . . DON'T KNOW/UNCERTAIN . .	1 2 8
1313	People in your community usually take their children to a health care provider on the same day or day after they develop a fever. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does	AGREE/MORE THAN HALF . . DISAGREE/LESS THAN HALF . . DON'T KNOW/UNCERTAIN . .	1 2 8

1314	People in your community who have a mosquito net usually sleep under a mosquito net every night. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?	AGREE/MORE THAN HALF . . 1 DISAGREE/LESS THAN HALF . . 2 DON'T KNOW/UNCERTAIN . . 8	

FEMALE GENITAL CUTTING FOR WOMAN'S QUESTIONNAIRE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1400	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? YES ☐ (↓) NO ☐ → 1501		
1401	Now I would like to ask some questions about a practice known as female genital cutting. Have you ever heard of female genital cutting?	YES . . 1 NO . . 2	→ 1403
1402	In some 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	→ 1501
1403	Have you yourself ever been circumcised?	YES . . 1 NO . . 2	→ 1409
1404	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 1406
1405	Was the genital area just nicked without removing any flesh?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1406	Was your genital area narrowed?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1407	How old were you when you were circumcised? IF THE RESPONDENT DOES NOT KNOW THE EXACT AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS . . ☐☐ AS A BABY/DURING INFANCY . . 95 DON'T KNOW . . 98	
1408	Who performed the circumcision?	**TRADITIONAL** TRADITIONAL CIRCUMCISER . . 11 TRADITIONAL BIRTH ATTENDANT . . 12 OTHER TRADITIONAL PROVIDER _____ (SPECIFY) 16 **HEALTH PROFESSIONAL** DOCTOR . . 21 TRAINED NURSE/MIDWIFE . . 22 AUXILIARY MIDWIFE . . 23 OTHER HEALTH PROFESSIONAL _____ (SPECIFY) 26 DON'T KNOW . . 98	
1409	CHECK 219, 220, AND 224 IN THE PREGNANCY HISTORY: HAS ONE OR MORE LIVING DAUGHTERS BORN IN 2005 OR LATER ☐ (↓) HAS NO LIVING DAUGHTERS BORN IN 2005 OR LATER ☐ → 1417		



NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1410	Now I would like to ask you some questions about your (daughter/daughters).		
1411	RECORD THE NAME AND PREGNANCY HISTORY NUMBER FROM 215 AND 218 OF EACH LIVING DAUGHTER BORN IN 2005 OR LATER, STARTING WITH THE YOUNGEST. 5 NAME _____	PREGNANCY HISTORY NUMBER . . ☐☐	
1412	Is (NAME OF DAUGHTER) circumcised?	YES . . 1 NO . . 2	→ 1416
1413	How old was (NAME OF DAUGHTER) when she was circumcised? IF THE RESPONDENT DOES NOT KNOW THE AGE, PROBE TO GET AN ESTIMATE.	AGE IN COMPLETED YEARS . . ☐☐ DON'T KNOW . . 98	
1414	Was her genital area sewn closed?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1415	Who performed the circumcision?	**TRADITIONAL** TRADITIONAL CIRCUMCISER . . 11 TRADITIONAL BIRTH ATTENDANT . . 12 OTHER TRADITIONAL PROVIDER _____ 16 (SPECIFY) **HEALTH PROFESSIONAL** DOCTOR . . 21 TRAINED NURSE/MIDWIFE . . 22 AUXILIARY MIDWIFE . . 23 OTHER HEALTH PROFESSIONAL _____ 26 (SPECIFY) DON'T KNOW . . 98	
1416	CHECK CG10: ANY MORE DAUGHTERS BORN IN 2005 OR LATER? YES ☐ → (GO TO GC11 FOR THE NEXT YOUNGEST DAUTHER) NO ☐		→ 1417
1417	Do you believe that female circumcision is required by your religion?	YES . . 1 NO . . 2 NO RELIGION . . 3 DON'T KNOW . . 8	
1418	Do you think that female circumcision should be continued, or should it be stopped?	CONTINUED . . 1 STOPPED . . 2 DEPENDS . . 3 DON'T KNOW . . 8	
1418A	What were the reasons you underwent FGM?	COMMUNITY PRESSURE …..... A TO REDUCE SEXUAL ARGUE …..... B TO BECOME MATURED …..... C MARRIAGE REQUIREMENT …..... D TO MAINTAIN HYGIEN …..... E RELIGIOUS BELIEVES …..... F I DON'T KNOW …..... G OTHER SPECIFY …..... H	

SECTION 15. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1501	Now I would like to ask you some questions about your brothers and sisters born to your natural mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your natural mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your natural mother. DO NOT FILL IN THE ORDER NUMBER YET.		
1502	CHECK 1501: ONE OR MORE BROTHERS OR SISTERS LISTED ☐ NO BROTHERS OR SISTERS LISTED ☐ → 1504		
1503	READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK: Are there any other brothers and sisters from the same mother that you have not mentioned? NO ☐ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.		
1504	Sometimes people forget to mention children born to their natural mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned? NO ☐ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.		
1505	Sometimes people forget to mention children born to their natural mother because they have died. Are there any brothers or sisters who died that you have not mentioned? NO ☐ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.		
1506	Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned? NO ☐ YES ☐ → LIST ADDITIONAL BROTHERS AND SISTERS IN 1501.		
1507	COUNT THE NUMBER OF BROTHERS AND SISTERS RECORDED IN 1501.	TOTAL BROTHERS AND SISTERS . . ☐☐	

NAME	ORDER NUMBER	NAME	ORDER NUMBER
a	☐☐	k	☐☐
b	☐☐	l	☐☐
c	☐☐	m	☐☐
d	☐☐	n	☐☐
e	☐☐	o	☐☐
f	☐☐	p	☐☐
g	☐☐	q	☐☐
h	☐☐	r	☐☐
i	☐☐	s	☐☐
j	☐☐	t	☐☐

SECTION 15. ADULT AND MATERNAL MORTALITY MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1508	CHECK 1507: Just to make sure that I have this right: Your mother had in TOTAL _____ births, excluding you, during her lifetime. Is that correct? YES ☐ NO ☐ → PROBE AND CORRECT 1501 AND/OR 1507.		
1509	CHECK 1507: ONE OR MORE BROTHERS/SISTERS ☐ NO BROTHER OR SISTER ☐ → NEXT SECT		
1510	Please tell me, which brother or sister was born first? And which was born next? RECORD '01' FOR THE ORDER NUMBER IN 1501 FOR THE FIRST BROTHER OR SISTER, '02' FOR THE SECOND, AND SO ON UNTIL YOU HAVE RECORDED THE ORDER NUMBER FOR ALL BROTHERS AND SISTERS.		
1511	How many births did your mother have before you were born?	NUMBER OF PRECEDING BIRTHS . . ☐☐	



1512	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1501. ASK 1513 TO 1524 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
1513	NAME OF BROTHER OR SISTER.	(01) _____	(02) _____	(03) _____	(04) _____	(05) _____	(06) _____
1514	Is (NAME) male or female?	MALE . . 1 FEMALE . . 2	MALE . . 1 FEMALE . . 2	MALE . . 1 FEMALE . . 2	MALE . . 1 FEMALE . . 2	MALE . . 1 FEMALE . . 2	MALE . . 1 FEMALE . . 2
1515	Is (NAME) still alive?	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (02)	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (03)	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (04)	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (05)	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (06)	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (07)
1516	How old is (NAME)?	GO TO (02)	GO TO (03)	GO TO (04)	GO TO (05)	GO TO (06)	GO TO (07)
1517	How many years ago did (NAME) die?						
1518	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523
1519	Was (NAME) pregnant when she died?	YES . . 1 → GO TO 1523 NO . . 2	YES . . 1 → GO TO 1523 NO . . 2	YES . . 1 → GO TO 1523 NO . . 2	YES . . 1 → GO TO 1523 NO . . 2	YES . . 1 → GO TO 1523 NO . . 2	YES . . 1 → GO TO 1523 NO . . 2
1520	Did (NAME) die during childbirth?	YES . . 1 → GO TO (02) NO . . 2	YES . . 1 → GO TO (03) NO . . 2	YES . . 1 → GO TO (04) NO . . 2	YES . . 1 → GO TO (05) NO . . 2	YES . . 1 → GO TO (06) NO . . 2	YES . . 1 → GO TO (07) NO . . 2
1521	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . 1 NO . . 2 → GO TO 1523	YES . . 1 NO . . 2 → GO TO 1523	YES . . 1 NO . . 2 → GO TO 1523	YES . . 1 NO . . 2 → GO TO 1523	YES . . 1 NO . . 2 → GO TO 1523	YES . . 1 NO . . 2 → GO TO 1523
1522	How many days after the end of the pregnancy or childbirth did (NAME) die?						
1523	Was (NAME)'s death due to an act of violence?	YES . . 1 → GO TO (02) NO . . 2	YES . . 1 → GO TO (03) NO . . 2	YES . . 1 → GO TO (04) NO . . 2	YES . . 1 → GO TO (05) NO . . 2	YES . . 1 → GO TO (06) NO . . 2	YES . . 1 → GO TO (07) NO . . 2
1524	Was (NAME)'s death due to an accident?	YES . . 1 NO . . 2 GO TO (02)	YES . . 1 NO . . 2 GO TO (03)	YES . . 1 NO . . 2 GO TO (04)	YES . . 1 NO . . 2 GO TO (05)	YES . . 1 NO . . 2 GO TO (06)	YES . . 1 NO . . 2 GO TO (07)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.							

1512	LIST THE BROTHERS AND SISTERS ACCORDING TO THE ORDER NUMBER IN 1501. ASK 1513 TO 1524 FOR ONE BROTHER OR SISTER BEFORE ASKING ABOUT THE NEXT BROTHER OR SISTER. IF THERE ARE MORE THAN 12 BROTHERS AND SISTERS, USE AN ADDITIONAL QUESTIONNAIRE.						
1513	NAME OF BROTHER OR SISTER.	(07)	(08)	(09)	(10)	(11)	(12)
1514	Is (NAME) male or female?	MALE . . 1 FEMALE . . 2	MALE . . 1 FEMALE . . 2	MALE . . 1 FEMALE . . 2	MALE . . 1 FEMALE . . 2	MALE . . 1 FEMALE . . 2	MALE . . 1 FEMALE . . 2
1515	Is (NAME) still alive?	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (08)	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (09)	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (10)	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (11)	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (12)	YES . . 1 NO . . 2 → GO TO 1517 DK . . 8 → GO TO (13)
1516	How old is (NAME)?	GO TO (08)	GO TO (09)	GO TO (10)	GO TO (11)	GO TO (12)	GO TO (13)
1517	How many years ago did (NAME) die?						
1518	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523	IF MALE OR DIED BEFORE 12 YEARS OF AGE, GO TO 1523
1519	Was (NAME) pregnant when she died?	YES . . 1 → GO TO 1523 NO . . 2	YES . . 1 → GO TO 1523 NO . . 2	YES . . 1 → GO TO 1523 NO . . 2	YES . . 1 → GO TO 1523 NO . . 2	YES . . 1 → GO TO 1523 NO . . 2	YES . . 1 → GO TO 1523 NO . . 2
1520	Did (NAME) die during childbirth?	YES . . 1 → GO TO (08) NO . . 2	YES . . 1 → GO TO (09) NO . . 2	YES . . 1 → GO TO (10) NO . . 2	YES . . 1 → GO TO (11) NO . . 2	YES . . 1 → GO TO (12) NO . . 2	YES . . 1 → GO TO (13) NO . . 2
1521	Did (NAME) die within two months after the end of a pregnancy or childbirth?	YES . . 1 NO . . 2 → GO TO 1523	YES . . 1 NO . . 2 → GO TO 1523	YES . . 1 NO . . 2 → GO TO 1523	YES . . 1 NO . . 2 → GO TO 1523	YES . . 1 NO . . 2 → GO TO 1523	YES . . 1 NO . . 2 → GO TO 1523
1522	How many days after the end of the pregnancy or childbirth did (NAME) die?						
1523	Was (NAME)'s death due to an act of violence?	YES . . 1 → GO TO (08) NO . . 2	YES . . 1 → GO TO (09) NO . . 2	YES . . 1 → GO TO (10) NO . . 2	YES . . 1 → GO TO (11) NO . . 2	YES . . 1 → GO TO (12) NO . . 2	YES . . 1 → GO TO (13) NO . . 2
1524	Was (NAME)'s death due to an accident?	YES . . 1 NO . . 2 GO TO (08)	YES . . 1 NO . . 2 GO TO (09)	YES . . 1 NO . . 2 GO TO (10)	YES . . 1 NO . . 2 GO TO (11)	YES . . 1 NO . . 2 GO TO (12)	YES . . 1 NO . . 2 GO TO (13)
IF NO MORE BROTHERS OR SISTERS, GO TO NEXT SECTION.							

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1600A	CHECK THE COVER PAGE: HOUSEHOLD SELECTED FOR THE MEN'S SURVEY? YES ☐ ↓ NO ☐ → 1701		
1600	CHECK COVER PAGE: WOMAN SELECTED FOR DV MODULE? WOMAN SELECTED FOR THIS SECTION ☐ ↓ WOMAN NOT SELECTED ☐ → 170		
1601	CHECK FOR PRESENCE OF OTHERS: DO NOT CONTINUE UNTIL PRIVACY IS ENSURED. PRIVACY OBTAINED . . 1 ↓ PRIVACY NOT POSSIBLE . . 2 → 1637		
1602	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in TANZANIA. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
1603	CHECK 701 AND 702: CURRENTLY MARRIED/ LIVING WITH A MAN ☐ → 1606 NEVER MARRIED/ NEVER LIVED WITH A MAN ☐ ↓ FORMERLY MARRIED/ LIVED WITH A MAN (READ IN PAST TENSE AND USE 'LAST' WITH 'HUSBAND/ MALE PARTNER') ☐ → 1606		
1604	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even if you are not living with him?	YES . . 1 NO . . 2	→ 1606
1605	Have you ever been in an intimate relationship with a man even if you did not ever live with him?	YES . . 1 NO . . 2	→ 1619
1606	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner).		

	A. Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner). EVER		B. How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	He (is/was) jealous or angry if you (talk/talked) to other men?	YES 1 → / NO 2 ↓	1	2	3
b)	He wrongly (accuses/accused) you of being unfaithful?	YES 1 → / NO 2 ↓	1	2	3
c)	He (does/did) not permit you to meet your female friends?	YES 1 → / NO 2 ↓	1	2	3
d)	He (tries/tried) to limit your contact with your family?	YES 1 → / NO 2 ↓	1	2	3
e)	He (insists/insisted) on knowing where you (are/were) at all times?	YES 1 → / NO 2 ↓	1	2	3

DOMESTIC VIOLENCE MODULE

1607 Now I need to ask some more questions about your relationship with your (last) (husband/male partner).

	A. Did your (last) (husband/male partner) ever:	EVER		B. How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	say or do something to humiliate you in front of others?	YES NO	1 2	1	2	3
b)	threaten to hurt or harm you or someone you care about?	YES NO	1 2	1	2	3
c)	insult you or make you feel bad about yourself?	YES NO	1 2	1	2	3

1608

	A. Did your (last) (husband/male partner) ever do any of the following things to you:	EVER		B. How often did this happen during the last 12 months: often, only sometimes, or not at all? OFTEN	SOME-TIMES	NOT IN LAST 12 MONTHS
a)	push you, shake you, or throw something at you?	YES NO	1 2	1	2	3
b)	slap you?	YES NO	1 2	1	2	3
c)	twist your arm or pull your hair?	YES NO	1 2	1	2	3
d)	punch you with his fist or with something that could hurt you?	YES NO	1 2	1	2	3
e)	kick you, drag you, or beat you up?	YES NO	1 2	1	2	3
f)	try to choke you or burn you on purpose?	YES NO	1 2	1	2	3
g)	attack you with a knife, gun, or other weapon?	YES NO	1 2	1	2	3
h)	physically force you to have sexual intercourse with him when you did not want to?	YES NO	1 2	1	2	3
i)	physically force you to perform any other sexual acts you did not want to?	YES NO	1 2	1	2	3
j)	force you with threats or in any other way to perform sexual acts you did not want to?	YES NO	1 2	1	2	3

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1609	CHECK 1608A (a-j): AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		1611
1610	Did the following ever happen as a result of what your (last) (husband/male partner) did to you:		
	a) You had cuts, bruises, or aches?	YES . . 1 NO . . 2	
	b) You had eye injuries, sprains, dislocations, or burns?	YES . . 1 NO . . 2	
	c) You had deep wounds, broken bones, broken teeth, or any other serious injury?	YES . . 1 NO . . 2	
1611	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?	YES . . 1 NO . . 2	→ 1613
1612	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?	OFTEN . . 1 SOMETIMES . . 2 NOT AT ALL . . 3	
1613	Does (did) your (last) (husband/male partner) drink alcohol?	YES . . 1 NO . . 2	→ 1615
1614	How often does (did) he get drunk: often, only sometimes, or never?	OFTEN . . 1 SOMETIMES . . 2 NEVER . . 3	
1615	Are (Were) you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?	MOST OF THE TIME AFRAID . . 1 SOMETIMES AFRAID . . 2 NEVER AFRAID . . 3	
1616	A. So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.	B. How long ago did this last happen?	

	EVER		0 - 11 MONTHS AGO	12+ MONTHS AGO	DON'T REMEMBER	SKIP
	HAS NEVER HAD ANOTHER HUSBAND/ MALE PARTNER . . 6					→ 1617
a) Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?	YES 1 NO 2 ↓	→	1	2	3	
b) Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?	YES 1 NO 2 ↓	→	1	2	3	
c) Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?	YES 1 NO 2 ↓	→	1	2	3	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1617	CHECK 1608A (h-j) AND 1616A (b): AT LEAST ONE 'YES' ↓ NOT A SINGLE YES → 1619		
1618	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?	AGE IN COMPLETED YEARS . . [ ][ ] DON'T KNOW . . 98	
1619	CHECK 212 AND 232: CURRENTLY PREGNANT 232=1 OR HAD ONE OR MORE PAST PREGNANCIES 212>0 ↓ NOT PREGNANT 232=2 AND NO PAST PREGNANCIES 212=0 → 1622		
1620	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?	YES . . 1 NO . . 2 → 1622	
1621	Who has done any of these things to physically hurt you while you were pregnant? Anyone else? RECORD ALL MENTIONED.	CURRENT HUSBAND/PARTNER . . A MOTHER/STEP-MOTHER . . B FATHER/STEP-FATHER . . C SISTER/BROTHER . . D DAUGHTER/SON . . E OTHER RELATIVE . . F FORMER HUSBAND/PARTNER . . G CURRENT BOYFRIEND . . H FORMER BOYFRIEND . . I MOTHER-IN-LAW . . J FATHER-IN-LAW . . K OTHER IN-LAW . . L TEACHER . . M SCHOOLMATE/CLASSMATE . . N EMPLOYER/SOMEONE AT WORK . . O POLICE/SOLDIER . . P OTHER _____ X (SPECIFY)	
1622	CHECK 701 AND 702 AND 1604 AND 1605: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ↓ a) From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner. NEVER MARRIED/ NEVER HAD A MALE PARTNER ↓ b) From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?	YES . . 1 NO . . 2 REFUSED TO ANSWER/ NO ANSWER . . 3 → 1625	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1623	Who has hurt you in this way? Anyone else? RECORD ALL MENTIONED.	MOTHER/STEP-MOTHER . . A FATHER/STEP-FATHER . . B SISTER/BROTHER . . C DAUGHTER/SON . . D OTHER RELATIVE . . E CURRENT BOYFRIEND . . F FORMER BOYFRIEND . . G MOTHER-IN-LAW . . H FATHER-IN-LAW . . I OTHER IN-LAW . . J TEACHER . . K SCHOOLMATE/CLASSMATE . . L EMPLOYER/SOMEONE AT WORK . . M POLICE/SOLDIER . . N OTHER _____ X (SPECIFY)	
1624	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?	OFTEN . . 1 SOMETIMES . . 2 NOT AT ALL . . 3	
1625	CHECK 701 AND 702 AND 1604 AND 1605: EVER MARRIED/ EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ☐ ↓ NEVER MARRIED/ NEVER HAD A MALE PARTNER ☐ →		1627
1626	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.	YES . . 1 → 1628 NO . . 2 REFUSED TO ANSWER/ NO ANSWER . . 3 → 1631	
1627	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?	YES . . 1 NO . . 2 REFUSED TO ANSWER/ NO ANSWER . . 3 → 1631	
1628	CHECK 701 AND 702 AND 1604 AND 1605: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ☐ ↓ NEVER MARRIED/ NEVER HAD A MALE PARTNER ☐ ↓ a) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner? b) How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?	AGE IN COMPLETED YEARS . . ☐☐ DON'T KNOW . . 98	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1629	Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to? Anyone else? RECORD ALL MENTIONED.	FATHER/STEP-FATHER . . A BROTHER/STEP-BROTHER . . B OTHER RELATIVE . . C CURRENT BOYFRIEND . . D FORMER BOYFRIEND . . E IN-LAW . . F OWN FRIEND/ACQUAINTANCE . . G FAMILY FRIEND . . H TEACHER . . I SCHOOLMATE/CLASSMATE . . J EMPLOYER/SOMEONE AT WORK . . K POLICE/SOLDIER . . L PRIEST/RELIGIOUS LEADER . . M STRANGER . . N OTHER _____ X (SPECIFY)	
1630	CHECK 701 AND 702 AND 1604 AND 1605: EVER MARRIED/EVER LIVED WITH A MAN/ EVER HAD A MALE PARTNER ☐ ↓ a) In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to? NEVER MARRIED/ NEVER HAD A MALE PARTNER ☐ ↓ b) In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?	YES . . 1 NO . . 2	
1631	CHECK 1608A (a-j), 1616A (a,b), 1620, 1622, 1626, AND 1627: AT LEAST ONE 'YES' ☐ ↓ NOT A SINGLE 'YES' ☐ →		1635
1632	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?	YES . . 1 NO . . 2	→ 1634
1633	From whom have you sought help? Anyone else? RECORD ALL MENTIONED.	OWN FAMILY . . A HUSBAND'S/PARTNER'S FAMILY . . B CURRENT/FORMER HUSBAND/PARTNER . . C CURRENT/FORMER BOYFRIEND . . D FRIEND . . E NEIGHBOR . . F RELIGIOUS LEADER . . G DOCTOR/MEDICAL PERSONNEL . . H POLICE . . I LAWYER . . J SOCIAL SERVICE ORGANIZATION (NGOs/CSOs) . . K OTHER _____ X (SPECIFY)	→ 1635
1634	Have you ever told any one about this?	YES . . 1 NO . . 2	
1635	As far as you know, did your father ever beat your mother?	YES . . 1 NO . . 2 DON'T KNOW . . 8	

DOMESTIC VIOLENCE MODULE

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
	THANK THE RESPONDENT FOR HER COOPERATION AND REASSURE HER ABOUT THE CONFIDENTIALITY OF HER ANSWERS. FILL OUT THE QUESTIONS BELOW WITH REFERENCE TO THE DOMESTIC VIOLENCE MODULE ONLY.		
1636	DID YOU HAVE TO INTERRUPT THE INTERVIEW BECAUSE SOME ADULT WAS TRYING TO LISTEN, OR CAME INTO THE ROOM, OR INTERFERED IN ANY OTHER WAY?	YES, ONCE / YES, MORE THAN ONCE / NO HUSBAND . 1 / 2 / 3 OTHER MALE ADULT . . 1 / 2 / 3 FEMALE ADULT . . 1 / 2 / 3	
1637	INTERVIEWER'S COMMENTS/EXPLANATION FOR NOT COMPLETING THE DOMESTIC VIOLENCE MODULE.		













NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP
1701	CHECK 225 AND 226: ANY CHILDREN AGED 24-59 MONTHS LIVING WITH THEIR MOTHERS? YES ☐ ↓ NO ☐ → 1724		
1702	CHECK 225 AND 226: SELECT THE YOUNGEST CHILD OF 24-59 MONTHS LIVING WITH HIS OR HER MOTHER AND WRITE THE NAME AND LINE NUMBER. NAME OF THE YOUNGEST CHILD FROM Q. 218 _____ LINE NUMBER OF THE YOUNGEST CHILD Q.215 ☐☐		
1703	I would like to ask you about certain things (NAME) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.		
1704	Can (NAME) walk on an uneven surface, for example, a bumpy or steep road, without falling?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1705	Can (NAME) jump up with both feet leaving the ground?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1706	Can (NAME) dress (him/herself), that is, put on pants and a shirt, without help?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1707	Can (NAME) fasten and unfasten buttons without help?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1708	Can (NAME) say 10 or more words, like 'mama' or 'ball'?	YES . . 1 NO . . 2 DON'T KNOW . . 8	
1709	Can (NAME) speak using sentences of 3 or more words that go together, for example, "I want water" or "The house is big"?	YES . . 1 NO . . 2 DON'T KNOW . . 8	→ 1711

1710	Can (NAME) speak using sentences of 5 or more words that go together, for example, “The house is very big”?	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1711	Can (NAME) correctly use any of the words ‘I,’ ‘you,’ ‘she,’ or ‘he,’ for example, “I want water” or “He eats rice”?	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1712	If you show (NAME) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it? By consistently we mean that (he/she) uses the same word to refer to the same object, even if the word used is not fully correct.	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1713	Can (NAME) recognize at least 5 letters of the alphabet?	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1714	Can (NAME) write (his/her) name?	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1715	Can (NAME) recognize all numbers from 1 to 5?	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1716	If you ask (NAME) to give you 3 objects, such as 3 stones or 3 beans, does (he/she) give you the correct amount?	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1717	Can (NAME) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1718	Can (NAME) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly?	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1719	Does (NAME) ask about familiar people other than parents when they are not there, for example, “Where is Grandma?”?	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1720	Does (NAME) offer to help someone who seems to need help?	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1721	Does (NAME) get along well with other children?	YES . . 1 NO . . 2 DON’T KNOW . . 8	
1722	How often does (NAME) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?	DAILY . . 1 WEEKLY . . 2 MONTHLY . . 3 A FEW TIMES A YEAR . . 4 NEVER . . 5 DON’T KNOW . . 8	
1723	Compared with children of the same age, how much does (NAME) kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?	NOT AT ALL . . 1 THE SAME OR LESS . . 2 MORE . . 3 A LOT MORE . . 4 DON’T KNOW . . 8	
1723A	How many children’s books or picture books do you have for (name)?	NONE.....00 NUMBER OF CHILDREN'S BOOK .....0 TEN OR MORE BOOKS 10	
1723B	I am interested in learning about the things that (name) plays with when (he/she) is at home. Does (he/she) play with:	Y N DK	

	a)Homemade toys, such as dolls, cars, or other toys b)Toys from a shop or manufactured toys? c)Household objects, such as bowls or pots, or objects found outside, such as sticks, rocks, animal shells or leaves?	HOMEMADE TOYS.....1 2 .....8 TOYS FROM A SHOP.....1.....2.....8 HOUSEHOLD OBJECTS OR OUTSIDE OBJECTS .....1.....2.....8	
1723C	Sometimes adults taking care of children have to leave the house to go shopping, wash clothes, or for other reasons and have to leave young children. On how many days in the past week, that is, since last (day of the week) was (name): a) Left alone for more than an hour? b)Left in the care of another child, that is, someone less than 10 years old, for more than an hour? If 'None' record '0'. If 'Don't know' record '8'.	NUMBER OF DAYS LEFT ALONE FOR MORE THAN AN HOUR.....1 NUMBER OF DAYS LEFT WITH ANOTHER CHILD FOR MORE….....2	
1724	RECORD THE TIME. How many children's books or picture books do you have for (name)?	HOURS . . MINUTES . .	

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ABOUT INTERVIEW:

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'S OBSERVATIONS

INSTRUCTIONS:

ONLY ONE CODE SHOULD APPEAR IN ANY BOX.

COLUMN 1 REQUIRES A CODE IN EVERY MONTH.

CODES FOR EACH COLUMN:

COLUMN 1: BIRTHS, PREGNANCIES, CONTRACEPTIVE USE (2)

- B BIRTHS
- P PREGNANCIES
- T TERMINATIONS

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

COLUMN 2: DISCONTINUATION OF CONTRACEPTIVE USE

- 0 INFREQUENT SEX/HUSBAND AWAY
- 1 BECAME PREGNANT WHILE USING
- 2 WANTED TO BECOME PREGNANT
- 3 HUSBAND/PARTNER DISAPPROVED
- 4 WANTED MORE EFFECTIVE METHOD
- 5 CHANGES IN MENSTRUAL BLEEDING
- 6 OTHER SIDE EFFECTS/HEALTH CONCERNS
- 7 LACK OF ACCESS/TOO FAR
- 8 COSTS TOO MUCH
- N INCONVENIENT TO USE
- F UP TO GOD/FATALISTIC
- A DIFFICULT TO GET PREGNANT/MENOPAUSAL
- D MARITAL DISSOLUTION/SEPARATION
- X OTHER

_____ (SPECIFY)

- Z DON'T KNOW

(1) Year of fieldwork is assumed to be 2026. For fieldwork beginning in 2027, all references to calendar years should be increased by one; for example, 2021 should be changed to 2022, 2022 should be changed to 2023, and similarly for all years throughout the questionnaire.

(2) Response categories may be added for other methods, including fertility awareness methods.

				COL. 1	COL. 2	
	12	DEC	01			
	11	NOV	02			
	10	OCT	03			
	09	SEP	04			
2	08	AUG	05			2
0	07	JUL	06			0
2	06	JUN	07			2
6	05	MAY	08			6
	04	APR	09			
(1)	03	MAR	10			
	02	FEB	11			
	01	JAN	12			
	12	DEC	13			
	11	NOV	14			
	10	OCT	15			
	09	SEP	16			
2	08	AUG	17			2
0	07	JUL	18			0
2	06	JUN	19			2
5	05	MAY	20			5
	04	APR	21			
	03	MAR	22			
	02	FEB	23			
	01	JAN	24			
	12	DEC	25			
	11	NOV	26			
	10	OCT	27			
	09	SEP	28			
2	08	AUG	29			2
0	07	JUL	30			0
2	06	JUN	31			2
4	05	MAY	32			4
	04	APR	33			
	03	MAR	34			
	02	FEB	35			
	01	JAN	36			
	12	DEC	37			
	11	NOV	38			
	10	OCT	39			
	09	SEP	40			
2	08	AUG	41			2
0	07	JUL	42			0
2	06	JUN	43			2
3	05	MAY	44			3
	04	APR	45			
	03	MAR	46			
	02	FEB	47			
	01	JAN	48			
	12	DEC	49			
	11	NOV	50			
	10	OCT	51			
	09	SEP	52			
2	08	AUG	53			2
0	07	JUL	54			0
2	06	JUN	55			2
2	05	MAY	56			2
	04	APR	57			
	03	MAR	58			
	02	FEB	59			
	01	JAN	60			
	12	DEC	61			
	11	NOV	62			
	10	OCT	63			
	09	SEP	64			
2	08	AUG	65			2
0	07	JUL	66			0
2	06	JUN	67			2
1	05	MAY	68			1
	04	APR	69			
	03	MAR	70			
	02	FEB	71			
	01	JAN	72			

YEAR OF FIELDWORK:	2026
FIVE YEARS BEFORE SURVEY:	2021
CHILD OLDER THAN 5:	2020
CHILD UNDER 4:	2023
CHILD UNDER 3:	2024
CHILD UNDER 16:	2011

	ENGLISH	KISWAHILI	LANGUAGE 3
Translation Date	14 July 2020		
Language Code	01	02	03
INTRODUCTION AND CONSENT	Hello. My name is _____. I am working with National Bureau of Statistics / Office of the Chief Government Statistician. We are conducting a survey about health and other topics all over Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household. Do you have any questions? May I begin the interview now?		
101A	During the interview I would like to measure your blood pressure to see if you have high blood pressure. If you agree, we will take a measurement three times during the interview. We will use an automated digital device operated by 6 AA-size batteries. The procedure is harmless, but you may feel discomfort while the measuring cuff squeezes your arm. If high blood pressure is not treated, it may eventually cause serious damage to the heart and blood vessels in the brain. You will receive the results of the blood pressure measurement at the end of our interview, with an explanation of the numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or no to having your blood pressure measured. You can also decide at anytime during the interview not to have your blood pressure measured. Do you agree to take your blood pressure measurement at this time?		

	ENGLISH	KISWAHILI	LANGUAGE 3
101B	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes:		
101Ba)	Eaten anything?		
101Bb)	Had coffee, tea, cola or other drink that has caffeine?		
101Bc)	Smoked any tobacco product?		
101Bd)	Conducted any physical activity or excercises that made you breathe harder than usual?		
101C	Now we will measure your blood pressure.		
102	What region were you born in?		
103	What country were you born in?		
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?		
106	In what month and year did you move here?		
107	Just before you moved here, which region did you live in?		
108	Just before you moved here, did you live in a city, in a town, or in a rural area?		
109	Why did you move to this place?		
110	In what month and year were you born?		
111	How old were you at your last birthday?		
112	In general, would you say your health is very good, good, moderate, bad, or very bad?		
113	Have you ever attended school?		
114	What is the highest level of school you attended: primary, secondary, or higher?		
115	What is the highest GRADE you completed at that level?		
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?		
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?		
120	Do you listen to the radio at least once a week, less than once a week or not at all?		
121	Do you watch television at least once a week, less than once a week or not at all?		
122	Do you own a mobile phone?		
123	Is your mobile phone a smart phone?		

	ENGLISH	KISWAHILI	LANGUAGE 3
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?		
125	Do you have an account in a bank or other financial institution that you yourself use?		
125A	Is the account shared with someone else?		
125B	Whom do you share the account with?		
126	Did you yourself put money in or take money out of this account in the last 12 months?		
127	Have you ever used the Internet from any location on any device?		
128	In the last 12 months, have you used the Internet?		
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?		
130	What is your religion?		
131	What is your ethnic group?		
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?		
202	Do you have any sons or daughters to whom you have given birth who are now living with you?		
203a)	How many sons live with you?		
203b)	And how many daughters live with you?		
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?		
205a)	How many sons are alive but do not live with you?		
205b)	And how many daughters are alive but do not live with you?		
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?		
207a)	How many boys have died?		
207b)	And how many girls have died?		
209	Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?		
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?		
211	How many miscarriages, abortions, and stillbirths have you had?		
214	Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.		

	ENGLISH	KISWAHILI	LANGUAGE 3
215	Think back to your (first/next) pregnancy. Was that a single or multiple pregnancy?		
216	Was the baby born alive, born dead, or did you have a miscarriage or abortion?		
217	Did the baby cry, move, or breathe?		
218	What name was given to the baby?		
219	Is (NAME) a boy or a girl?		
220	IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born? IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?		
221	How long did this pregnancy last in weeks or months?		
222	Were there any other pregnancies between the previous pregnancy and this pregnancy?		
224	Is (NAME) still alive?		
225	How old was (NAME) at (NAME)'s last birthday?		
226	Is (NAME) living with you?		
228	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died?		
229	Have you had any pregnancies that ended since the last pregnancy mentioned?		
232	Are you pregnant now?		
233	How many weeks or months pregnant are you?		
234	When you got pregnant, did you want to get pregnant at that time?		
235a)	Did you want to have a baby later on or did you not want any more children?		
235b)	Did you want to have a baby later on or did you not want any children?		
236	When did your last menstrual period start?		
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?		
239	During your last menstrual period, were you able to wash and change in privacy ?		
240	How old were you when you had your first menstrual period?		
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?		
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?		

	ENGLISH	KISWAHILI	LANGUAGE 3
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?		
301	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. Have you ever heard of (METHOD)?		
301-01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.		
301-02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.		
301-03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.		
301-04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.		
301-05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.		
301-06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.		
301-07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.		
301-08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.		
301-09	Emergency Contraception. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.		
301-10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.		
301-11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.		
301-12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.		
301-13	Withdrawal. PROBE: Men can be careful and pull out before climax.		
301-14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?		

	ENGLISH	KISWAHILI	LANGUAGE 3
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?		
304	Are you or your partner sterilized? PROBE: Who is sterilized, you or your partner?		
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?		
307	Which method are you using?		
308	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable.		
309	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?		
310	What is the brand name of the pills you are using?		
311	What is the brand name of the condoms you are using?		
312	In what facility did the sterilization take place?		
313	In what month and year was the sterilization performed?		
314	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?		
317	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.		
317a)	When was the last time you used a method? Which method was that?		
317b)	When did you start using that method? How long after the birth of (NAME)?		
317c)	How long did you use the method then?		
317d)	Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?		
317e)	IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?		
317C	Which method was that?		
317D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?		
317F	For how many months did you use (METHOD)?		
317H	Why did you stop using (METHOD)?		

	ENGLISH	KISWAHILI	LANGUAGE 3
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?		
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?		
322	You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time?		
323	At that time, were you told about side effects or problems you might have with the method?		
324	When you got sterilized, were you told about side effects or problems you might have with the method?		
325	Were you told what to do if you experienced side effects or problems?		
326	At that time, were you told about other methods of family planning that you could use?		
328	At that time, were you told that you could switch to another method if you wanted to or needed to?		
330	Where did you obtain (CURRENT METHOD) the last time?		
331	Do you know of a place where you can obtain a method of family planning?		
332	In the last 12 months, were you visited by a fieldworker?		
333	Did the fieldworker talk to you about family planning?		
334a)	In the last 12 months, have you visited a health facility for care for yourself or your children?		
334b)	In the last 12 months, have you visited a health facility for care for yourself?		
335	Did any staff member at the health facility speak to you about family planning methods?		
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)		
408a)	When you got pregnant with (NAME), did you want to get pregnant at that time?		
408b)	When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?		
409a)	Did you want to have a baby later on, or did you not want any children?		
409b)	Did you want to have a baby later on, or did you not want any more children?		
410	How much longer did you want to wait?		
412	Did you see anyone for antenatal care for this pregnancy?		
414	Whom did you see? Anyone else?		
415	Where did you receive antenatal care for this pregnancy? Anywhere else?		

	ENGLISH	KISWAHILI	LANGUAGE 3
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?		
417	How many times did you receive antenatal care during this pregnancy?		
417A	During this pregnancy, did your husband/partner do any of the following		
417Aa)	Stopped you from receiving ANC?		
417Ab)	Encourage you to receive ANC?		
417Ac)	Had no interest in you receiving ANC?		
417Ad)	Accompany you to receive ANC?		
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following at least once:		
418a)	Measure your blood pressure?		
418b)	Take a urine sample?		
418c)	Take a blood sample?		
418d)	Listen to the baby's heartbeat?		
418e)	Talk with you about which foods you should eat?		
418f)	Talk with you about breastfeeding?		
418g)	Ask you if you had vaginal bleeding?		
418h	Talk abour health education on postpatam family planing		
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?		
421	During this pregnancy, how many times did you get a tetanus injection?		
423	At any time before this pregnancy, did you receive any tetanus injection?		
424	Before this pregnancy, how many times did you receive a tetanus injection?		
425a)	How many years ago did you receive that tetanus injection?		
425b)	How many years ago did you receive the last tetanus injection prior to this pregnancy?		
426	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	Add question: During this pregnancy, did you take any Multiple Micronutrient Supplements (MMS), which are special daily vitamins containing 15 different minerals and nutrients? 1. yes, 2. NO	
426A.	During this pregnancy, did you take any Multiple Micronutrient Supplements (MMS), which are special daily vitamins containing 15 different minerals and nutrients?		
427	Where did you get the iron tablets or syrup? Anywhere else?		
428	During the whole pregnancy, for how many days did you take the iron tablets or syrup?		
429	During this pregnancy, did you take any medicine for intestinal worms?		

	ENGLISH	KISWAHILI	LANGUAGE 3
430	During this pregnancy, did you receive food or cash assistance through the [INSERT NAME OF PROGRAM FOR CASH OR FOOD ASSISTANCE FOR PREGNANT WOMEN] program?		
431	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?		
432	How many times did you take SP/Fansidar during this pregnancy?		
433	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?		
434a)	Who assisted with the delivery of (NAME)? Anyone else?		
434b)	Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)? Anyone else?		
434Aa)	Did you have a companion during labor and delivery of (NAME)?		
434Ab)	Did you have a companion during labor and delivery of the stillbirth you had in (DATE FROM 406)?		
435a)	Where did you give birth to (NAME)?		
435b)	Where did you deliver this stillbirth?		
436a)	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?		
436b)	Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?		
436A	After you delivered, did the health facility give you a birth notification form for (NAME)?		
436B	Did you get a birth notification from any other place?		
438	After the birth, was (NAME) put on your chest?		
439	Was (NAME)'s bare skin touching your bare skin?		
440	How long after birth was (NAME) put on the bare skin of your chest?		
441	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?		
442	Was (NAME) weighed at birth?		
443	How much did (NAME) weigh?		
446	Please tell me if the doctors, nurses or other healthcare providers the health facility where you delivered did the following all of the time, some of the time, or not at all:		
446a)	Treat you with respect?		
446b)	Explain to you why they were doing examinations or procedures on you?		
446c)	Take the best care of you?		
446A	At any time during your stay in the health facility, did you:		
446Aa)	Share a bed with another patient?		
446Ab)	Rest or sleep on the floor without any mattress?		

	ENGLISH	KISWAHILI	LANGUAGE 3
446B	At any time during your stay in the health facility, were you denied medical services due to a lack of money?		
446C	Were you delayed or prevented from leaving the health facility due to lack of payment?		
446D	At any time during your stay in the health facility, did any staff member:		
446Da)	Slap you?		
446Db)	Hit or punch you?		
446Dc)	Physically threaten you?		
446Dd)	Physically mistreat or harm you in any other way?		
446E	At any time during your stay in the health facility, did any staff member:		
446Ea)	Shout at you?		
446Eb)	Say or do something to humiliate you?		
446Ec)	Verbally threaten you?		
446Ed)	Verbally mistreat you in any other way?		
446F	Did the health facility have a toilet or latrine for patients?		
446G	Was there any time when you wanted to use the toilet or latrine, but it was not working?		
447a)	How long after (NAME) was delivered did you stay in (FACILITY IN 435)?		
447b)	For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)?		
448	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Before you left the facility, did anyone check on your health?		
449	How long after delivery did the first check take place?		
450	Who checked on your health at that time?		
451B			
451C			
452	Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). Before (NAME) left the facility, did anyone check on (NAME'S) health?		
453	How long after delivery was (NAME)'s health first checked?		
454	Who checked on (NAME)'s health at that time?		
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?		
456	How long after delivery did that check take place?		
457	Who checked on your health at that time?		
458	Where did the check take place?		

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460	After (NAME) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME)'s health?		
461	How long after the birth of (NAME) did that check take place?		
462	Who checked on (NAME)'s health at that time?		
463	Where did this check of (NAME) take place?		
464a)	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?		
464b)	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM 406)?		
465	How long after delivery did the first check take place?		
466	Who checked on your health at that time?		
467	Where did this first check take place?		
469	I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). After (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?		
470	How long after the birth of (NAME) did that check take place?		
471	Who checked on (NAME)'s health at that time?		
472	Where did this first check of (NAME) take place?		
473	During the first 2 days after (NAME)'s birth, did any health care provider do the following:		
473a)	Examine the cord?		
473b)	Measure (NAME)'s temperature?		
473c)	Tell you how to recognize if your baby needs immediate medical attention?		
473d)	Talk with you about breastfeeding?		
473e)	Observe (NAME) breastfeeding?		
473f)	Tell you about child vaccination		
474	During the first 2 days after the birth, did any healthcare provider do the following to you:		
474a)	Measure your blood pressure?		
474b)	Discuss your vaginal bleeding with you?		
474c)	Discuss family planning with you?		
474d)	Discuss about nutrition needs		
474D	After (NAME) was born, were you given or did you buy any iron and folic acid tablets or syrup?		
476a)	Has your menstrual period returned since the birth of (NAME)?		

	ENGLISH	KISWAHILI	LANGUAGE 3
476b)	Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?		
478a)	Have you had sexual intercourse since the birth of (NAME)?		
478b)	Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?		
480	Did you ever breastfeed (NAME)?		
480A	How old was (NAME) when she/he was first fed something other than breast milk?		
482	How long after birth did you first put (NAME) to the breast?		
483	In the first 2 days after delivery, was (NAME) given anything other than breast milk to eat or drink – water, infant formula, or any other preparation from herbs or honey?		
485	Are you still breastfeeding (NAME)?		
486	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or at night?		
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. (We will talk about each separately, starting with the youngest.)		
504	Do you have a card or other document where (NAME)'s vaccinations are written down?		
505	Did you ever have a vaccination card for (NAME)?		
507	May I see the card or other document where (NAME)'s vaccinations are written down?		
512	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?		
513	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?		
514	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the shoulder that usually causes a scar?		
515	At or soon after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?		
516	Did (NAME) receive it within 24 hours of birth?		
517	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?		
518	Did (NAME) receive the first oral polio vaccine in the first 2 weeks after birth or later?		
519	How many times did (NAME) receive the oral polio vaccine?		
520	The last time (NAME) received the polio drops, did (NAME) also get an IPV injection in the right thigh to protect against polio?		
521	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the left thigh sometimes at the same time as polio drops?		
522	How many times did (NAME) receive the pentavalent vaccine?		

	ENGLISH	KISWAHILI	LANGUAGE 3
523	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?		
524	How many times did (NAME) receive the pneumococcal vaccine?		
525	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?		
526	How many times did (NAME) receive the rotavirus vaccine?		
527	Has (NAME) ever received a measles vaccination, that is, an injection in the right shoulder to prevent measles?		
528	How many times did (NAME) receive the measles vaccine?		
529	Where did (NAME) receive most of his/her vaccinations?		
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)		
604	In the last 12 months, was (NAME) given any of the following:		
604a)	Iron tablets or syrup?		
604b)	[LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?		
605	In the last 6 months, was (NAME) given a vitamin A dose like [this/any of these]?		
606	In the last 6 months, was (NAME) given any medicine for intestinal worms?		
607	In the last 3 months, has any healthcare provider measured:		
608	Has (NAME) had diarrhea in the last 2 weeks?		
609a)	Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?		
609b)	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?		
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?		
611	Did you seek advice or treatment for the diarrhea from any source?		
612	Where did you seek advice or treatment? Anywhere else?		
614	Where did you first seek advice or treatment?		

	ENGLISH	KISWAHILI	LANGUAGE 3
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:		
615a)	A fluid made from a special packet called MA-ORAL/ORS Co-Pack?		
615b)	[LOCAL NAMES FOR PRE-PACKAGED ORS LIQUIDS] or other pre-packaged ORS liquid?		
615c)	Zinc tablets or syrup?		
615d)	Homemade fluid with sugar and salt ?		
616a)	Was anything else given to treat the diarrhea?		
616b)	Was anything given to treat the diarrhea?		
617a)	What else was given to treat the diarrhea? Anything else?		
617b)	What was given to treat the diarrhea? Anything else?		
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?		
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?		
620	Were you told by a healthcare provider that (NAME) had malaria?		
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?		
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?		
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?		
625	Did you seek advice or treatment for the illness from any source?		
625A	Where did you get these drugs from?		
626	Where did you seek advice or treatment? Anywhere else?		
628	Where did you first seek advice or treatment?		
629	How many days after the illness began did you first seek advice or treatment for (NAME)?		
630	At any time during the illness, did (NAME) take any medicine for the illness?		
631	What medicine did (NAME) take? Any other medicine?		
631A	Where did you seek advice or treatment? Anywhere else?		
633	How long after the fever started did (NAME) first take an artemisinin combination therapy?		
633B	How long after the fast, short, rapid breaths or difficulty breathing did (NAME) take Amoxicillin?		

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633C	Who usually makes decisions about health care for your child/children: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?		
636	Now I would like to ask you about liquids that (NAME FROM 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME) had them at home, or somewhere else. Yesterday during the day or at night, did (NAME) drink:		
636a)	Plain water?		
636b)	Infant formula such as Lactogen, S-26, Sma-pro, Similac, Enfamil, Nan-pro, Aptamil?	Lactogen, S-26, Sma-pro, Similac, Enfamil, Nan-pro, Aptamil?	
636b)num	IF YES: How many times did (NAME) drink infant formula?		
636c)	Milk, powdered milk, or milk tea?	Maziwa, maziwa ya unga, au chai ya maziwa?	
636c)num	IF YES: How many times did (NAME) drink milk?		
636c)swt	IF YES: Was the milk a sweet or flavored type of milk?		
636d)	Soymilk?	[Soymilk]?	
636d)num	IF YES: How many times did (NAME) drink this milk?		
636d)swt	IF YES: Was the milk a sweet or flavored type of milk?		
636e)	Industrially processed yogurt drinks?	[Industrially processed yogurt drinks?]	
636e)num	IF YES: How many times did (NAME) drink yogurt?		
636e)swt	IF YES: Was the yogurt drink a sweet or flavored type of yogurt drink?		
636f)	Milo or cocoa?	Milo au kokoa?	
636g)	Fruit juice or fruit drinks?	Juisi ya matunda au kinywaji chenye radha ya matunda?	
636h)	Soft drinks like Coke, Pepsi, Fanta, Mirinda, or cola?	Soda, kama vile Coka, Pepsi, Fanta, Mirinda, au cola?	
636i)	Tea or coffee?	Chai au kahawa?	
636i)swt	IF YES: Was the drink sweetened?		
636i1)	Clear broth or clear soup?		
636j)	Any other liquids?		
636j)swt	IF YES: What was the drink? Was the drink sweetened?		

	ENGLISH	KISWAHILI	LANGUAGE 3
637	Now I would like to ask you some about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient used only in a small amount to add flavor to a dish. Yesterday during the day or at night, did (NAME) eat:		
637a)	Mtindi or roshoro?	Mtindi au roshoro?	
637a)num	IF YES: How many times did (NAME) eat yogurt?		
637b)	Ugali, porridge, rice, pasta, bread, chapati, or kitumbua?	Ugali, uji, wali, tambi, mkate, chapati, au kitumbua?	
637c)	Carrots or orange flesh sweet potato (viaze lishe)?	Karoti au viazi lishe?	
637d)	Cassava, cassava ugali, makopa, yam, green banana, Irish potato, white-flesh sweet potato?	Muhogo, ugali wa muhogo, makopa, magimbi, ndizi mbichi, viazi mviringo, au viazi vitamu vyeupe?	
637e1)	Collard greens, spinachi, chainizi, mchicha, majani ya kunde, au kisamvu?	Sukuma wiki, spinachi, chainizi, mchicha, majani ya kunde, au kisamvu?	
637e2)	Nightshade leaves (mnafu), spider flower (mgagani), jute mallow (mlenda), sweet potato leaves (matembele), pumpkin leaves (majani ya maboga), or Malabar spinach (delega)?	Mnafu, mgagani, mlenda, matembele, majani ya maboga, au delega?	
637f)	Any other vegetables, such as cabbage, tomato, African eggplant, eggplant, sweet pepper, cucumber, okra, or other vegetables?	[Any other vegetables, such as] kabichi, nyanya, nyanya chungu, bilinganya, pilipili hoho, matango, bamia, au [other vegetables]?	
637g)	Mango, papaya, or passionfruit?	Embe, papai, au pashoni?	
637h)	Any other fruits, such as bananas, oranges, watermelon, avocado, baobab, or other fruits?	[Any other fruits, such as] ndizi, chungwa, tikiti maji, parachichi, ubuyu, au [other fruits]?	
637i)	Liver, kidney, heart, or gizzard?	Ini, figo, moyo, au firigisi?	
637j)	Sausages/hot dogs, ham, or bologna?	Soseji, ham, or bologna?	
637k)	Any other meat, such as beef, mutton, goat, pork, chicken, ducks, guinea fowl, or bush meat?	Nyama nyingine yoyote, kama vile ya ng'ombe, kondoo, mbuzi, nguruwe, uku yeyote, bata, kanga, au nyama pori?	
637l)	Eggs?	Mayai?	
637m)	Fish, dried small fish (dagaa), dried small tilapia, shrimp, prawn, shellfish, or octopus?	Samaki wabichi, dagaa, perege wadogo waliokaushwa, uduvi, kamba, samakigamba au pweza?	
637n)	Beans, green peas, cowpeas, green gram, pigeon peas, sesame kashata, groundnuts, or groundnut paste?	Maharage, njegere, kunde, choroko, mbaazi, kashata za ufuta, karanga, au siagi ya karanga ?	
637o)	Cheese?	Jibini?	
637p)	Grasshopper, flying termites, or termites?	Senene, kumbikumbi, au mchwa?	
637q)	Sweet foods such as cakes, cookies, vishetti, sweet biscuits, candies, chocolates, or ice cream?	[Sweet foods such as] keki, biskuti, visheti, keki ndogo, pipi, chokoleti, au askrimu?	

	ENGLISH	KISWAHILI	LANGUAGE 3
637r)	Chips, bagia, mandaazi, fried potatoes, fried cassava, fried sweet potato, or instant noodles?	Chipsi, bagia, maandazi, viazi vilivyokaangwa, mihogo iliyokaangwa, viazi vitamu vilivyokaangwa, au tambi za papo hapo?	
637s)	Red palm oil?		
637t)	Any other solid, semi-solid, or soft food? IF YES: What was the food?		
639	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?		
640	How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night?		
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed your child?		
642	The last time (NAME) passed stools, what was done to dispose of the stools?		
643	Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods and drinks, and I would like to know whether you ate a food even if it was combined with other foods. . Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did you eat or drink:		
643a)	Ugali, porridge, rice, pasta, bread, chapati, kitumbua, or maize?	Ugali, uji, wali, tambi, mkate, chapati, kitumbua, au mahindi?	
643b)	Orange flesh sweet potato or carrots?	Viazi lishe au karoti?	
643c)	Cassava, cassava ugali, makopa, green banana, Irish potato, white-flesh sweet potato?	Muhogo, ugali wa muhogo, makopa, magimbi, ndizi mbichi, viazi mviringo, au viazi vitamu vyeupe?	
643d1)	Kale, chard, Chinese cabbage, amaranth leaves, cowpea leaves, or cassava leaves?	Sukuma wiki, spinachi, chainizi, mchicha, majani ya kunde, au kisamvu?	
643d2)	Nightshade leaves, spider flower, jute mallow, sweet potato leaves, or pumpkin leaves?	Mnafu, mgagani, mlenda, matembele, au majani ya maboga?	
643e)	Any other vegetables such as, Cabbage, tomato, African eggplant, eggplant, sweet pepper, cucumber, or okra?	Kabichi, nyanya, nyanya chungu, bilinganya, pilipili hoho, matango, au bamia?	
643f)	Mango, papaya, or passionfruit?	Embe, papai, au pashoni?	
643g1)	Any other fruits such as, Bananas, oranges, tangerines, pineapple, avocado, or grapes?	Ndizi, chungwa, chenza, nanasi, parachichi, au zabibu?	

	ENGLISH	KISWAHILI	LANGUAGE 3
643g2)	Pear, apple, watermelon, baobab, guava, or jackfruit?	Peasi, epo, tikiti maji, ubuyu, pera, au fenesi?	
643h)	Offal?	Utumbo?	
643i)	Sausages, ham, bologna, or hot dogs?	Soseji, ham, bologna, mikate myembamba iliyowekwa saseji katikati?	
643j)	Any other meat, such as beef, mutton, goat, pork, rabbit, chicken, ducks, or guinea fowl?	[Any other nyama, such as] nyama yoyote ya ng'ombe, kondoo, mbuzi, nguruwe, sungura, kuku yeyote, bata, kanga?	
643k)	Eggs?	Mayai?	
643l)	Fish, dried small fish, dried small tilapia, seafood, shrimp, octopus?	Samaki wabichi, dagaa, perege wadogo waliokaushwa, chakula cha baharini, uduvi, au pweza?	
643m)	Beans, njegere, cowpeas, green gram, pigeon peas, lentils, bambara nuts, or makande?	Maharage, njegere, kunde, choroko, mbaazi, dengu, njugu, au makande?	
643n)	Pumpkin seeds, kashata, cashews, groundnuts, or groundnut paste?	Mbegu za maboga, kashata, korosho, au karanga ama nzima au zilizosagwa kuwa uji mzito?	
643o)	Milk, either by itself or in tea, coffee or porridge; cheese, sour milk, or roshoro?	Maziwa, ama yenyewe peke yake au kwenye chai, kahawa au uji; jibini, mtindi, au roshoro?	
643p)	Any sweet foods such as cakes, cookies, vishetti, sweet biscuits, candies, chocolates, or ice cream?	Keki, biskuti, visheti, keki ndogo, pipi, chokoleti, au askrimu?	
643q)	Chips, mandaazi, bagia, French fries, fried cassava, fried sweet potato, or instant noodles?	Chips, maandazi, bagia, viazi vilivyokaangwa, mihogo iliyokaangwa,viazi vitamu vilivyokaangwa, au tambi zinazopikwa za haraka?	
643r)	Fruit juice or fruit drinks?	Juisi ya matunda au kinywaji cha matunda?	
643s)	Soft drinks like Coke, Pepsi, Fanta, Mirinda?	Soda, kama vile Coka, Pepsi, Fanta, au Mirinda?	
643t)	Sweetened tea, sweetened coffee, Milo, cocoa?	Chai iliyoungwa sukari au asali, kahawa iliyoungwa sukari au asali, Milo, au kokoa?	
643u)	Any other liquids? IF YES: What was the drink? IF YES: Was the drink sweetened?		
643v)	Any other food? IF YES: What was the food?		
657	May I measure your blood pressure now?		
701	Are you currently married or living together with a man as if married?		
702	Have you ever been married or lived together with a man as if married?		
703	What is your marital status now: are you widowed, divorced, or separated?		
705	Did you have a marriage certificate for your last marriage?		
706	Do you have a marriage certificate for this marriage?		
707	Was this marriage ever registered with the civil authority?		
709	Is your (husband/partner) living with you now or is he staying elsewhere?		

	ENGLISH	KISWAHILI	LANGUAGE 3
711	Does your (husband/partner) have other wives or does he live with other women as if married?		
712	Including yourself, in total, how many wives or live-in partners does he have?		
713	Are you the first, second, … wife?		
714	Have you been married or lived with a man only once or more than once?		
715a)	In what month and year did you start living with your (husband/partner)?		
715b)	Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?		
716	How old were you when you first started living with him?		
719	Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?		
720	How old were you when you first started living with your current (husband/partner)?		
722	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?		
722A	The very first time you had sexual intercourse, would you say that you willingly wanted to have it?		
723	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?		
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?		
726	Which method did you use?		
727	The last time you had sexual intercourse, was a condom used?		
728	What is the brand name of the condom used?		
729	From where did you obtain the condom the last time?		
730	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.		
731	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?		
732	The last time you had sexual intercourse with this second person, was a condom used?		

	ENGLISH	KISWAHILI	LANGUAGE 3
733	What was your relationship to this second person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.		
734	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?		
735	The last time you had sexual intercourse with this third person, was a condom used?		
736	What was your relationship to this third person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.		
737	In total, with how many different people have you had sexual intercourse in your lifetime?		
803	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?		
804	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?		
805a)	How long would you like to wait from now before the birth of (a/another) child?		
805b)	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?		
810a)	You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason?		
810b)	You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason?		
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?		
813a)	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?		
813b)	If you could choose exactly the number of children to have in your whole life, how many would that be?		
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?		

	ENGLISH	KISWAHILI	LANGUAGE 3
815	In the last 12 months have you:		
815a)	Heard about family planning on the radio?		
815b)	Seen anything about family planning on the television?		
815c)	Read about family planning in a newspaper or magazine?		
815d)	Received a voice or text message about family planning on a mobile phone?		
815e)	Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?		
815f)	Seen anything about family planning on a poster, leaflet or brochure?		
815g)	Seen anything about family planning on an outdoor sign or billboard?		
815h)	Heard anything about family planning at community meetings or events?		
815i)	Heard anything on television or redio about ant-inflamatory medicine doesn't cure TB?		
816	Have you ever heard or seen the campaign:		
816a)	Wazazi nipendeni		
816b)	Fuata nyota ya kijana upate mafanikio		
816c)	Siyo kila homa ni malaria		
816d)	Wajibika hakikisha uzazi salama		
816B	Where did you see or hear the campaign?		
818	Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?		
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?		
820	Has your husband/partner or any other family member ever tried to pressure you to become pregnant when you did not want to become pregnant?		
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?		
902	How old was your (husband/partner) on his last birthday?		
903	Did your (husband/partner) ever attend school?		
904	What was the highest level of school he attended: primary, secondary, or higher?		
905	What was the highest grade he completed at that level?		
906	Has your (husband/partner) done any work in the last 7 days?		
907	Has your (husband/partner) done any work in the last 12 months?		
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?		
909	Aside from your own housework, have you done any work in the last 7 days?		

	ENGLISH	KISWAHILI	LANGUAGE 3
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last 7 days, have you done any of these things or any other work?		
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?		
912	Have you done any work in the last 12 months?		
913	What is your occupation? That is, what kind of work do you mainly do?		
914	Do you do this work for a member of your family, for someone else, or are you self-employed?		
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?		
916	Are you paid in cash or kind for this work or are you not paid at all?		
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?		
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?		
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?		
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?		
923	Who usually makes decisions about making major household purchases?		
924	Who usually makes decisions about visits to your family or relatives?		
925	Do you own this or any other house either alone or jointly with someone else?		
926	Do you have a title deed or other government recognized document for any house you own?		
927	Is your name on this document?		
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?		
929	Do you have a title deed or other government recognized document for any land you own?		
930	Is your name on this document?		
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		
932a)	If she goes out without telling him?		
932b)	If she neglects the children?		
932c)	If she argues with him?		
932d)	If she refuses to have sex with him?		
932e)	If she burns the food?		

	ENGLISH	KISWAHILI	LANGUAGE 3
1000	Now I would like to talk about HIV and AIDS.		
1001	Have you ever heard of HIV or AIDS?		
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?		
1004	Can people get HIV from mosquito bites?		
1005	Can people reduce their chance of getting HIV by using a condom every time they have sex?		
1006	Can people get HIV by sharing food with a person who has HIV?		
1007	Is it possible for a healthy-looking person to have HIV?		
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?		
1009	Are there any special medicines that a doctor or a nurse can give to a pregnant woman infected with HIV to reduce the risk of transmission to the baby?		
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?		
1011	Do you agree of people who take a PrEP every day to prevent getting HIV?		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with (NAME)?		
1016	Where was the test done?		
1017	Did you get the results of the test?		
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?		
1020	Did you get the results of the test?		
1022	Have you been tested for HIV since that time you were tested during your pregnancy?		
1023	In what month and year was your most recent HIV test?		
1024	Have you ever been tested for HIV?		
1025	In what month and year was your most recent HIV test?		
1026	Where was the test done?		
1027	Did you get the results of the test?		
1028	What was the result of the test?		
1029	In what month and year did you receive your first HIV-positive test result?		
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.		
1031	How many times have you been tested for HIV in your lifetime?		
1032	Have you heard of test kits people can use to test themselves for HIV?		
1033	Have you ever tested yourself for HIV using a self-test kit?		
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?		

	ENGLISH	KISWAHILI	LANGUAGE 3
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?		
1037	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?		
1038	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.		
1039	Please tell me if the following things have happened to you, of if you think they have happened to you, because of your HIV status in the last 12 months:		
1039a)	People have talked badly about me because of my HIV status.		
1039b)	Someone else disclosed my HIV status without my permission.		
1039c)	I have been verbally insulted, harassed, or threatened because of my HIV status.		
1039d)	Healthcare workers talked badly about me because of my HIV status.		
1039e)	Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.		
1040a)	Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?		
1040	Have you heard about infections that can be transmitted through sexual contact?		
1043	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?		
1044	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?		
1045	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?		
1046	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?		
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?		
1049	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?		
1050	Could you ask your (husband/partner) to use a condom if you wanted him to?		
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health centre, a dispensary, or a clinic ?		
1102	How do you travel to this healthcare facility from your home?		
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?		

	ENGLISH	KISWAHILI	LANGUAGE 3
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.		
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?		
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?		
1107	On average, how many cigarettes do you currently smoke each day?		
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?		
1109	What other type of tobacco do you currently smoke or use?		
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or bege, ulanzi, gongo, chang'aa?		
1111	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of mbege, ulanzi, gongo, chang'aa etc. During the last one month, on how many days did you have at least one drink of alcohol?		
1112	In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?		
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:		
1113a)	Getting permission to go to the doctor?		
1113b)	Getting money needed for advice or treatment?		
1113c)	The distance to the health facility?		
1113d)	Not wanting to go alone?		
1114	Are you covered by any health insurance?		
1115	What type of health insurance are you covered by?		
1116	Now I would like to talk to you about TB. Have you ever heard or read information/messages of an illness called Tuberculosis (TB) from radio, television, friends and relatives, magazines and posters?		
1117	Do you know that TB spread from one person to another through air when infected person coughs, laughs, talks or sneezes?		
1118	There are 5 main signs of TB. Can you mention atleast one of them?		

	ENGLISH	KISWAHILI	LANGUAGE 3
1119	Can TB be treated and cured?		
1120	If a member of your family get TB, would you be in position to disclose his/her illness for the purpose of helping him/her?		
1121	Do you know which illnesses can facilitate a person to contract TB?		
1122	If happen you feel signs of TB where will you go first to seek treatment?		
1123	Heard anything on television or radio about anti-inflamatory medicine doesn't cure TB?		
1124	These next questions are about blood pressure. Before today, have you ever had your blood pressure measured by a doctor or other health worker?		
1125	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?		
1126	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?		
1127	Has a doctor or other health worker prescribed medication to control your blood pressure?		
1128	Are you taking medication to control your blood pressure?		
1131	May I measure your blood pressure now?		
1300	In your opinion, what is the most serious health problem in your community?		
1301	In the last six months, have you seen or heard any messages about malaria?		
1302	Where did you see or hear these messages? PROBE: Anywhere else?		
1303	Are there ways to avoid getting malaria?		
1304	What are the things that people can do to prevent themselves from getting malaria?		
1304A	Can ACTs be obtained at your nearest health facility or pharmacy (duka la dawa muhimu)?		
1304B	In the past six months, were you visited by a health worker or volunteer who talked to you about malaria?		
1305	Now I am going to read some statements and I would like you to tell me whether you agree or disagree with each statement. If you don't know, say, don't know. People in this community only get malaria during the rainy season. Do you agree or disagree?		

	ENGLISH	KISWAHILI	LANGUAGE 3
1306	When a child has a fever, you almost always worry it might be malaria. Do you agree or disagree?		
1307	Getting malaria is not a problem because it can be easily treated. Do you agree or disagree?		
1308	Only weak children can die from malaria. Do you agree or disagree?		
1309	You can sleep under a mosquito net for the entire night when there are lots of mosquitoes. Do you agree or disagree?		
1310	You can sleep under a mosquito net for the entire night when there are few mosquitoes Do you agree or disagree?		
1311	You do not like sleeping under a mosquito net when the weather is too warm. Do you agree or disagree?		
1312	When a child has a fever, it is best to start by giving them any medicine you have at home. Do you agree or disagree?		
1312A	You can easily protect yorself and your children from malaria Do you agree or disagree?		
1312B	It is important to sleep under a net every single night Do you agree or disagree?		
1312C	Pregnant women are at high risk of getting malaria. Do you agree or disagree?		

	ENGLISH	KISWAHILI	LANGUAGE 3
1312D	You can easily get treatment if your child gets malaria. Do you agree or disagree?		
1312E	The only way to be sure someone has malaria is to test their blood. Do you agree or disagree?		
1312F	It is important to take the entire course of malaria medicine to make sure the disease will be fully cured. Do you agree or disagree?		
1313	People in your community usually take their children to a health care provider on the same day or day after they develop a fever. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?		
1314	People in your community who have a mosquito net usually sleep under a mosquito net every night. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?		
	People in your community take their children to health care provider to seek treatment the same day of the onset of fever or the next day Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?		
1401	Now I would like to ask some questions about a practice known as female genital cutting. Have you ever heard of female genital cutting?		
1402	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?		
1403	Have you yourself ever been circumcised?		

	ENGLISH	KISWAHILI	LANGUAGE 3
1404	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?		
1405	Was the genital area just nicked without removing any flesh?		
1406	Was your genital area narrowed?		
1407	How old were you when you were circumcised?		
1408	Who performed the circumcision?		
1410	Now I would like to ask you some questions about your (daughter/daughters).		
1412	Is (NAME OF DAUGHTER) circumcised?		
1413	How old was (NAME OF DAUGHTER) when she was circumcised?		
1414	Was her genital area sewn closed?		
1415	Who performed the circumcision?		
1417	Do you believe that female circumcision is required by your religion?		
1418	Do you think that female circumcision should be continued, or should it be stopped?		
1501	Now I would like to ask you some questions about your brothers and sisters born to your natural mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your natural mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your natural mother. DO NOT FILL IN THE ORDER NUMBER YET.		
1503	READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK: Are there any other brothers and sisters from the same mother that you have not mentioned?		
1504	Sometimes people forget to mention children born to their natural mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?		
1505	Sometimes people forget to mention children born to their natural mother because they have died. Are there any brothers or sisters who died that you have not mentioned?		
1506	Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned?		
1508	Just to make sure that I have this right: Your mother had in TOTAL _____ births, excluding you, during her lifetime. Is that correct?		
1510	Please tell me, which brother or sister was born first? And which was born next?		
1511	How many births did your mother have before you were born?		
1513	NAME OF BROTHER OR SISTER.		

	ENGLISH	KISWAHILI	LANGUAGE 3
1514	Is (NAME) male or female?		
1515	Is (NAME) still alive?		
1516	How old is (NAME)?		
1517	How many years ago did (NAME) die?		
1518	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.		
1519	Was (NAME) pregnant when she died?		
1520	Did (NAME) die during childbirth?		
1521	Did (NAME) die within two months after the end of a pregnancy or childbirth?		
1522	How many days after the end of the pregnancy or childbirth did (NAME) die?		
1523	Was (NAME)'s death due to an act of violence?		
1524	Was (NAME)'s death due to an accident?		
1602	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in TANZANIA. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
1604	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even if you are not living with him?		
1605	Have you ever been in an intimate relationship with a man even if you did not ever live with him?		
1606	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner).		
1606A.	Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).		
1606B.	How often did this happen during the last 12 months: often, only sometimes, or not at all?		
1606a)	He (is/was) jealous or angry if you (talk/talked) to other men?		
1606b)	He wrongly (accuses/accused) you of being unfaithful?		
1606c)	He (does/did) not permit you to meet your female friends?		
1606d)	He (tries/tried) to limit your contact with your family?		
1606e)	He (insists/insisted) on knowing where you (are/were) at all times?		
1607	Now I need to ask some more questions about your relationship with your (last) (husband/male partner).		

	ENGLISH	KISWAHILI	LANGUAGE 3
1607A.	Did your (last) (husband/male partner) ever:		
1607B.	How often did this happen during the last 12 months: often, only sometimes, or not at all?		
1607a)	say or do something to humiliate you in front of others?		
1607b)	threaten to hurt or harm you or someone you care about?		
1607c)	insult you or make you feel bad about yourself?		
1608A.	Did your (last) (husband/male partner) ever do any of the following things to you:		
1608B.	How often did this happen during the last 12 months: often, only sometimes, or not at all?		
1608a)	push you, shake you, or throw something at you?		
1608b)	slap you?		
1608c)	twist your arm or pull your hair?		
1608d)	punch you with his fist or with something that could hurt you?		
1608e)	kick you, drag you, or beat you up?		
1608f)	try to choke you or burn you on purpose?		
1608g)	attack you with a knife, gun, or other weapon?		
1608h)	physically force you to have sexual intercourse with him when you did not want to?		
1608i)	physically force you to perform any other sexual acts you did not want to?		
1608j)	force you with threats or in any other way to perform sexual acts you did not want to?		
1610	Did the following ever happen as a result of what your (last) (husband/male partner) did to you:		
1610a)	You had cuts, bruises, or aches?		
1610b)	You had eye injuries, sprains, dislocations, or burns?		
1610c)	You had deep wounds, broken bones, broken teeth, or any other serious injury?		
1611	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?		
1612	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?		
1613	Does (did) your (last) (husband/male partner) drink alcohol?		
1614	How often does (did) he get drunk: often, only sometimes, or never?		
1615	Are (Were) you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?		
1616A.	So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.		
1616B.	How long ago did this last happen?		

	ENGLISH	KISWAHILI	LANGUAGE 3
1616a)	Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?		
1616b)	Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?		
1616c)	Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?		
1618	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?		
1620	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?		
1621	Who has done any of these things to physically hurt you while you were pregnant? Anyone else?		
1622a)	From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.		
1622b)	From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?		
1623	Who has hurt you in this way? Anyone else?		
1624	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?		
1626	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.		
1627	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?		
1628a)	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner?		
1628b)	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?		
1629	Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to? Anyone else?		

	ENGLISH	KISWAHILI	LANGUAGE 3
1630a)	In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?		
1630b)	In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?		
1632	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?		
1633	From whom have you sought help? Anyone else?		
1634	Have you ever told any one about this?		
1635	As far as you know, did your father ever beat your mother?		
1703	I would like to ask you about certain things (NAME) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.		
1704	Can (NAME) walk on an uneven surface, for example, a bumpy or steep road, without falling?		
1705	Can (NAME) jump up with both feet leaving the ground?		
1706	Can (NAME) dress (him/herself), that is, put on pants and a shirt, without help?		
1707	Can (NAME) fasten and unfasten buttons without help?		
1708	Can (NAME) say 10 or more words, like ‘mama’ or ‘ball’?		
1709	Can (NAME) speak using sentences of 3 or more words that go together, for example, “I want water” or “The house is big”?		
1710	Can (NAME) speak using sentences of 5 or more words that go together, for example, “The house is very big”?		
1711	Can (NAME) correctly use any of the words ‘I,’ ‘you,’ ‘she,’ or ‘he,’ for example, “I want water” or “He eats rice”?		
1712	If you show (NAME) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it? By consistently we mean that (he/she) uses the same word to refer to the same object, even if the word used is not fully correct.		
1713	Can (NAME) recognize at least 5 letters of the alphabet?		
1714	Can (NAME) write (his/her) name?		
1715	Can (NAME) recognize all numbers from 1 to 5?		
1716	If you ask (NAME) to give you 3 objects, such as 3 stones or 3 beans, does (he/she) give you the correct amount?		
1717	Can (NAME) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?		

	ENGLISH	KISWAHILI	LANGUAGE 3
1718	Can (NAME) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly?		
1719	Does (NAME) ask about familiar people other than parents when they are not there, for example, “Where is Grandma?”?		
1720	Does (NAME) offer to help someone who seems to need help?		
1721	Does (NAME) get along well with other children?		
1722	How often does (NAME) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?		
1723	Compared with children of the same age, how much does (NAME) kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
Translation Date	14 July 2020		
Language Code	01	04	05
INTRODUCTION AND CONSENT	Hello. My name is _____. I am working with National Bureau of Statistics / Office of the Chief Government Statistician. We are conducting a survey about health and other topics all over Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household. Do you have any questions? May I begin the interview now?		
101A	During the interview I would like to measure your blood pressure to see if you have high blood pressure. If you agree, we will take a measurement three times during the interview. We will use an automated digital device operated by 6 AA-size batteries. The procedure is harmless, but you may feel discomfort while the measuring cuff squeezes your arm. If high blood pressure is not treated, it may eventually cause serious damage to the heart and blood vessels in the brain. You will receive the results of the blood pressure measurement at the end of our interview, with an explanation of the numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or no to having your blood pressure measured. You can also decide at anytime during the interview not to have your blood pressure measured. Do you agree to take your blood pressure measurement at this time?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
101B	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes:		
101Ba)	Eaten anything?		
101Bb)	Had coffee, tea, cola or other drink that has caffeine?		
101Bc)	Smoked any tobacco product?		
101Bd)	Conducted any physical activity or excercises that made you breathe harder than usual?		
101C	Now we will measure your blood pressure.		
102	What region were you born in?		
103	What country were you born in?		
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?		
106	In what month and year did you move here?		
107	Just before you moved here, which region did you live in?		
108	Just before you moved here, did you live in a city, in a town, or in a rural area?		
109	Why did you move to this place?		
110	In what month and year were you born?		
111	How old were you at your last birthday?		
112	In general, would you say your health is very good, good, moderate, bad, or very bad?		
113	Have you ever attended school?		
114	What is the highest level of school you attended: primary, secondary, or higher?		
115	What is the highest GRADE you completed at that level?		
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?		
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?		
120	Do you listen to the radio at least once a week, less than once a week or not at all?		
121	Do you watch television at least once a week, less than once a week or not at all?		
122	Do you own a mobile phone?		
123	Is your mobile phone a smart phone?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?		
125	Do you have an account in a bank or other financial institution that you yourself use?		
125A	Is the account shared with someone else?		
125B	Whom do you share the account with?		
126	Did you yourself put money in or take money out of this account in the last 12 months?		
127	Have you ever used the Internet from any location on any device?		
128	In the last 12 months, have you used the Internet?		
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?		
130	What is your religion?		
131	What is your ethnic group?		
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?		
202	Do you have any sons or daughters to whom you have given birth who are now living with you?		
203a)	How many sons live with you?		
203b)	And how many daughters live with you?		
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?		
205a)	How many sons are alive but do not live with you?		
205b)	And how many daughters are alive but do not live with you?		
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?		
207a)	How many boys have died?		
207b)	And how many girls have died?		
209	Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?		
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?		
211	How many miscarriages, abortions, and stillbirths have you had?		
214	Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
215	Think back to your (first/next) pregnancy. Was that a single or multiple pregnancy?		
216	Was the baby born alive, born dead, or did you have a miscarriage or abortion?		
217	Did the baby cry, move, or breathe?		
218	What name was given to the baby?		
219	Is (NAME) a boy or a girl?		
220	IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born? IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?		
221	How long did this pregnancy last in weeks or months?		
222	Were there any other pregnancies between the previous pregnancy and this pregnancy?		
224	Is (NAME) still alive?		
225	How old was (NAME) at (NAME)'s last birthday?		
226	Is (NAME) living with you?		
228	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died?		
229	Have you had any pregnancies that ended since the last pregnancy mentioned?		
232	Are you pregnant now?		
233	How many weeks or months pregnant are you?		
234	When you got pregnant, did you want to get pregnant at that time?		
235a)	Did you want to have a baby later on or did you not want any more children?		
235b)	Did you want to have a baby later on or did you not want any children?		
236	When did your last menstrual period start?		
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?		
239	During your last menstrual period, were you able to wash and change in privacy ?		
240	How old were you when you had your first menstrual period?		
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?		
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?		
301	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. Have you ever heard of (METHOD)?		
301-01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.		
301-02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.		
301-03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.		
301-04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.		
301-05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.		
301-06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.		
301-07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.		
301-08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.		
301-09	Emergency Contraception. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.		
301-10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.		
301-11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.		
301-12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.		
301-13	Withdrawal. PROBE: Men can be careful and pull out before climax.		
301-14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?		
304	Are you or your partner sterilized? PROBE: Who is sterilized, you or your partner?		
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?		
307	Which method are you using?		
308	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable.		
309	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?		
310	What is the brand name of the pills you are using?		
311	What is the brand name of the condoms you are using?		
312	In what facility did the sterilization take place?		
313	In what month and year was the sterilization performed?		
314	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?		
317	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.		
317a)	When was the last time you used a method? Which method was that?		
317b)	When did you start using that method? How long after the birth of (NAME)?		
317c)	How long did you use the method then?		
317d)	Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?		
317e)	IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.		
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?		
317C	Which method was that?		
317D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?		
317F	For how many months did you use (METHOD)?		
317H	Why did you stop using (METHOD)?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?		
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?		
322	You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time?		
323	At that time, were you told about side effects or problems you might have with the method?		
324	When you got sterilized, were you told about side effects or problems you might have with the method?		
325	Were you told what to do if you experienced side effects or problems?		
326	At that time, were you told about other methods of family planning that you could use?		
328	At that time, were you told that you could switch to another method if you wanted to or needed to?		
330	Where did you obtain (CURRENT METHOD) the last time?		
331	Do you know of a place where you can obtain a method of family planning?		
332	In the last 12 months, were you visited by a fieldworker?		
333	Did the fieldworker talk to you about family planning?		
334a)	In the last 12 months, have you visited a health facility for care for yourself or your children?		
334b)	In the last 12 months, have you visited a health facility for care for yourself?		
335	Did any staff member at the health facility speak to you about family planning methods?		
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)		
408a)	When you got pregnant with (NAME), did you want to get pregnant at that time?		
408b)	When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?		
409a)	Did you want to have a baby later on, or did you not want any children?		
409b)	Did you want to have a baby later on, or did you not want any more children?		
410	How much longer did you want to wait?		
412	Did you see anyone for antenatal care for this pregnancy?		
414	Whom did you see? Anyone else?		
415	Where did you receive antenatal care for this pregnancy? Anywhere else?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?		
417	How many times did you receive antenatal care during this pregnancy?		
417A	During this pregnancy, did your husband/partner do any of the following		
417Aa)	Stopped you from receiving ANC?		
417Ab)	Encourage you to receive ANC?		
417Ac)	Had no interest in you receiving ANC?		
417Ad)	Accompany you to receive ANC?		
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following at least once:		
418a)	Measure your blood pressure?		
418b)	Take a urine sample?		
418c)	Take a blood sample?		
418d)	Listen to the baby's heartbeat?		
418e)	Talk with you about which foods you should eat?		
418f)	Talk with you about breastfeeding?		
418g)	Ask you if you had vaginal bleeding?		
418h	Talk abour health education on postpatam family planing		
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?		
421	During this pregnancy, how many times did you get a tetanus injection?		
423	At any time before this pregnancy, did you receive any tetanus injection?		
424	Before this pregnancy, how many times did you receive a tetanus injection?		
425a)	How many years ago did you receive that tetanus injection?		
425b)	How many years ago did you receive the last tetanus injection prior to this pregnancy?		
426	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?		
426A.	During this pregnancy, did you take any Multiple Micronutrient Supplements (MMS), which are special daily vitamins containing 15 different minerals and nutrients?		
427	Where did you get the iron tablets or syrup? Anywhere else?		
428	During the whole pregnancy, for how many days did you take the iron tablets or syrup?		
429	During this pregnancy, did you take any medicine for intestinal worms?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
430	During this pregnancy, did you receive food or cash assistance through the [INSERT NAME OF PROGRAM FOR CASH OR FOOD ASSISTANCE FOR PREGNANT WOMEN] program?		
431	During this pregnancy, did you take SP/Fansidar to keep you from getting malaria?		
432	How many times did you take SP/Fansidar during this pregnancy?		
433	Did you get the SP/Fansidar during any antenatal care visit, during another visit to a health facility or from another source?		
434a)	Who assisted with the delivery of (NAME)? Anyone else?		
434b)	Who assisted with the delivery of the stillbirth you had in (DATE FROM 406)? Anyone else?		
434Aa)	Did you have a companion during labor and delivery of (NAME)?		
434Ab)	Did you have a companion during labor and delivery of the stillbirth you had in (DATE FROM 406)?		
435a)	Where did you give birth to (NAME)?		
435b)	Where did you deliver this stillbirth?		
436a)	Was (NAME) delivered by caesarean, that is, did they cut your belly open to take the baby out?		
436b)	Was this stillbirth delivered by caesarean, that is, did they cut your belly open to take the baby out?		
436A	After you delivered, did the health facility give you a birth notification form for (NAME)?		
436B	Did you get a birth notification from any other place?		
438	After the birth, was (NAME) put on your chest?		
439	Was (NAME)'s bare skin touching your bare skin?		
440	How long after birth was (NAME) put on the bare skin of your chest?		
441	When (NAME) was born, was (NAME) very large, larger than average, average, smaller than average, or very small?		
442	Was (NAME) weighed at birth?		
443	How much did (NAME) weigh?		
446	Please tell me if the doctors, nurses or other healthcare providers the health facility where you delivered did the following all of the time, some of the time, or not at all:		
446a)	Treat you with respect?		
446b)	Explain to you why they were doing examinations or procedures on you?		
446c)	Take the best care of you?		
446A	At any time during your stay in the health facility, did you:		
446Aa)	Share a bed with another patient?		
446Ab)	Rest or sleep on the floor without any mattress?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
446B	At any time during your stay in the health facility, were you denied medical services due to a lack of money?		
446C	Were you delayed or prevented from leaving the health facility due to lack of payment?		
446D	At any time during your stay in the health facility, did any staff member:		
446Da)	Slap you?		
446Db)	Hit or punch you?		
446Dc)	Physically threaten you?		
446Dd)	Physically mistreat or harm you in any other way?		
446E	At any time during your stay in the health facility, did any staff member:		
446Ea)	Shout at you?		
446Eb)	Say or do something to humiliate you?		
446Ec)	Verbally threaten you?		
446Ed)	Verbally mistreat you in any other way?		
446F	Did the health facility have a toilet or latrine for patients?		
446G	Was there any time when you wanted to use the toilet or latrine, but it was not working?		
447a)	How long after (NAME) was delivered did you stay in (FACILITY IN 435)?		
447b)	For the stillbirth you had in (DATE FROM 406), how long after the baby was born did you stay in (FACILITY IN 435)?		
448	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Before you left the facility, did anyone check on your health?		
449	How long after delivery did the first check take place?		
450	Who checked on your health at that time?		
451B			
451C			
452	Now I would like to talk to you about checks on (NAME'S) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). Before (NAME) left the facility, did anyone check on (NAME'S) health?		
453	How long after delivery was (NAME)'s health first checked?		
454	Who checked on (NAME)'s health at that time?		
455	Now I would like to talk to you about what happened after you left the facility. Did anyone check on your health after you left the facility?		
456	How long after delivery did that check take place?		
457	Who checked on your health at that time?		
458	Where did the check take place?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
460	After (NAME) left (FACILITY IN 435) did any health care provider or a traditional birth attendant check on (NAME)'s health?		
461	How long after the birth of (NAME) did that check take place?		
462	Who checked on (NAME)'s health at that time?		
463	Where did this check of (NAME) take place?		
464a)	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you gave birth to (NAME)?		
464b)	I would like to talk to you about checks on your health after delivery, for example, someone asking you questions about your health or examining you. Did anyone check on your health after you delivered the stillbirth you had in (DATE FROM 406)?		
465	How long after delivery did the first check take place?		
466	Who checked on your health at that time?		
467	Where did this first check take place?		
469	I would like to talk to you about checks on (NAME's) health -- for example, someone examining (NAME), checking the cord, or talking to you about how to care for (NAME). After (NAME) was born, did any health care provider or a traditional birth attendant check on (NAME's) health?		
470	How long after the birth of (NAME) did that check take place?		
471	Who checked on (NAME)'s health at that time?		
472	Where did this first check of (NAME) take place?		
473	During the first 2 days after (NAME)'s birth, did any health care provider do the following:		
473a)	Examine the cord?		
473b)	Measure (NAME)'s temperature?		
473c)	Tell you how to recognize if your baby needs immediate medical attention?		
473d)	Talk with you about breastfeeding?		
473e)	Observe (NAME) breastfeeding?		
473f)	Tell you about child vaccination		
474	During the first 2 days after the birth, did any healthcare provider do the following to you:		
474a)	Measure your blood pressure?		
474b)	Discuss your vaginal bleeding with you?		
474c)	Discuss family planning with you?		
474d)	Discuss about nutrition needs		
474D	After (NAME) was born, were you given or did you buy any iron and folic acid tablets or syrup?		
476a)	Has your menstrual period returned since the birth of (NAME)?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
476b)	Has your menstrual period returned since the pregnancy that ended in (DATE FROM 406)?		
478a)	Have you had sexual intercourse since the birth of (NAME)?		
478b)	Have you had sexual intercourse since the pregnancy that ended in (DATE FROM 406)?		
480	Did you ever breastfeed (NAME)?		
480A	How old was (NAME) when she/he was first fed something other than breast milk?		
482	How long after birth did you first put (NAME) to the breast?		
483	In the first 2 days after delivery, was (NAME) given anything other than breast milk to eat or drink – water, infant formula, or any other preparation from herbs or honey?		
485	Are you still breastfeeding (NAME)?		
486	Did (NAME) drink anything from a bottle with a nipple yesterday during the day or at night?		
502	Now I would like to ask some questions about vaccinations received by your children born in the last 3 years. (We will talk about each separately, starting with the youngest.)		
504	Do you have a card or other document where (NAME)'s vaccinations are written down?		
505	Did you ever have a vaccination card for (NAME)?		
507	May I see the card or other document where (NAME)'s vaccinations are written down?		
512	In addition to what is recorded on (this document/these documents), did (NAME) receive any other vaccinations, including vaccinations received in campaigns or immunization days or child health days?		
513	Did (NAME) ever receive any vaccinations to prevent (NAME) from getting diseases, including vaccinations received in campaigns or immunization days or child health days?		
514	Has (NAME) ever received a BCG vaccination against tuberculosis, that is, an injection in the shoulder that usually causes a scar?		
515	At or soon after birth, did (NAME) receive a Hepatitis B vaccination, that is, an injection in the thigh to prevent Hepatitis B?		
516	Did (NAME) receive it within 24 hours of birth?		
517	Has (NAME) ever received oral polio vaccine, that is, about two drops in the mouth to prevent polio?		
518	Did (NAME) receive the first oral polio vaccine in the first 2 weeks after birth or later?		
519	How many times did (NAME) receive the oral polio vaccine?		
520	The last time (NAME) received the polio drops, did (NAME) also get an IPV injection in the right thigh to protect against polio?		
521	Has (NAME) ever received a pentavalent vaccination, that is, an injection given in the left thigh sometimes at the same time as polio drops?		
522	How many times did (NAME) receive the pentavalent vaccine?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
523	Has (NAME) ever received a pneumococcal vaccination, that is, an injection in the right thigh to prevent pneumonia?		
524	How many times did (NAME) receive the pneumococcal vaccine?		
525	Has (NAME) ever received a rotavirus vaccination, that is, liquid in the mouth to prevent diarrhea?		
526	How many times did (NAME) receive the rotavirus vaccine?		
527	Has (NAME) ever received a measles vaccination, that is, an injection in the right shoulder to prevent measles?		
528	How many times did (NAME) receive the measles vaccine?		
529	Where did (NAME) receive most of his/her vaccinations?		
602	Now I would like to ask some questions about the health of your children born in the last 5 years. (We will talk about each separately, starting with the youngest.)		
604	In the last 12 months, was (NAME) given any of the following:		
604a)	Iron tablets or syrup?		
604b)	[LOCAL NAME FOR MULTIPLE MICRONUTRIENT POWDER]?		
605	In the last 6 months, was (NAME) given a vitamin A dose like [this/any of these]?		
606	In the last 6 months, was (NAME) given any medicine for intestinal worms?		
607	In the last 3 months, has any healthcare provider measured:		
608	Has (NAME) had diarrhea in the last 2 weeks?		
609a)	Now I would like to know how much (NAME) was given to drink during the diarrhea, including breast milk. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?		
609b)	Now I would like to know how much (NAME) was given to drink during the diarrhea. Was (NAME) given less than usual to drink, about the same amount, or more than usual to drink? IF LESS, PROBE: Was (NAME) given much less than usual to drink or somewhat less?		
610	When (NAME) had diarrhea, was (NAME) given less than usual to eat, about the same amount, more than usual, or nothing to eat? IF LESS, PROBE: Was (NAME) given much less than usual to eat or somewhat less?		
611	Did you seek advice or treatment for the diarrhea from any source?		
612	Where did you seek advice or treatment? Anywhere else?		
614	Where did you first seek advice or treatment?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
615	Was (NAME) given any of the following at any time since (NAME) started having the diarrhea:		
615a)	A fluid made from a special packet called MA-ORAL/ORS Co-Pack?		
615b)	[LOCAL NAMES FOR PRE-PACKAGED ORS LIQUIDS] or other pre-packaged ORS liquid?		
615c)	Zinc tablets or syrup?		
615d)	Homemade fluid with sugar and salt ?		
616a)	Was anything else given to treat the diarrhea?		
616b)	Was anything given to treat the diarrhea?		
617a)	What else was given to treat the diarrhea? Anything else?		
617b)	What was given to treat the diarrhea? Anything else?		
618	Has (NAME) been ill with a fever at any time in the last 2 weeks?		
619	At any time during the illness, did (NAME) have blood taken from (NAME)'s finger or heel for testing?		
620	Were you told by a healthcare provider that (NAME) had malaria?		
621	Has (NAME) had an illness with a cough at any time in the last 2 weeks?		
622	Has (NAME) had fast, short, rapid breaths or difficulty breathing at any time in the last 2 weeks?		
623	Was the fast or difficult breathing due to a problem in the chest or to a blocked or runny nose?		
625	Did you seek advice or treatment for the illness from any source?		
625A	Where did you get these drugs from?		
626	Where did you seek advice or treatment? Anywhere else?		
628	Where did you first seek advice or treatment?		
629	How many days after the illness began did you first seek advice or treatment for (NAME)?		
630	At any time during the illness, did (NAME) take any medicine for the illness?		
631	What medicine did (NAME) take? Any other medicine?		
631A	Where did you seek advice or treatment? Anywhere else?		
633	How long after the fever started did (NAME) first take an artemisinin combination therapy?		
633B	How long after the fast, short, rapid breaths or difficulty breathing did (NAME) take Amoxicillin?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
633C	Who usually makes decisions about health care for your child/children: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?		
636	Now I would like to ask you about liquids that (NAME FROM 635) had yesterday during the day or at night. Please tell me about all drinks, whether (NAME) had them at home, or somewhere else. Yesterday during the day or at night, did (NAME) drink:		
636a)	Plain water?		
636b)	Infant formula such as Lactogen, S-26, Sma-pro, Similac, Enfamil, Nan-pro, Aptamil?		
636b)num	IF YES: How many times did (NAME) drink infant formula?		
636c)	Milk, powdered milk, or milk tea?		
636c)num	IF YES: How many times did (NAME) drink milk?		
636c)swt	IF YES: Was the milk a sweet or flavored type of milk?		
636d)	Soymilk?		
636d)num	IF YES: How many times did (NAME) drink this milk?		
636d)swt	IF YES: Was the milk a sweet or flavored type of milk?		
636e)	Industrially processed yogurt drinks?		
636e)num	IF YES: How many times did (NAME) drink yogurt?		
636e)swt	IF YES: Was the yogurt drink a sweet or flavored type of yogurt drink?		
636f)	Milo or cocoa?		
636g)	Fruit juice or fruit drinks?		
636h)	Soft drinks like Coke, Pepsi, Fanta, Mirinda, or cola?		
636i)	Tea or coffee?		
636i)swt	IF YES: Was the drink sweetened?		
636i1)	Clear broth or clear soup?		
636j)	Any other liquids?		
636j)swt	IF YES: What was the drink? Was the drink sweetened?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
637	Now I would like to ask you some about foods that (NAME) had yesterday during the day or at night. I am interested in foods your child ate whether at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods, and I would like to know whether your child ate the food even if it was combined with other foods. Please do not answer 'yes' for any food or ingredient used only in a small amount to add flavor to a dish. Yesterday during the day or at night, did (NAME) eat:		
637a)	Mtindi or roshoro?		
637a)num	IF YES: How many times did (NAME) eat yogurt?		
637b)	Ugali, porridge, rice, pasta, bread, chapati, or kitumbua?		
637c)	Carrots or orange flesh sweet potato (viaze lishe)?		
637d)	Cassava, cassava ugali, makopa, yam, green banana, Irish potato, white-flesh sweet potato?		
637e1)	Collard greens, spinachi, chainizi, mchicha, majani ya kunde, au kisamvu?		
637e2)	Nightshade leaves (mnafu), spider flower (mgagani), jute mallow (mlenda), sweet potato leaves (matembele), pumpkin leaves (majani ya maboga), or Malabar spinach (delega)?		
637f)	Any other vegetables, such as cabbage, tomato, African eggplant, eggplant, sweet pepper, cucumber, okra, or other vegetables?		
637g)	Mango, papaya, or passionfruit?		
637h)	Any other fruits, such as bananas, oranges, watermelon, avocado, baobab, or other fruits?		
637i)	Liver, kidney, heart, or gizzard?		
637j)	Sausages/hot dogs, ham, or bologna?		
637k)	Any other meat, such as beef, mutton, goat, pork, chicken, ducks, guinea fowl, or bush meat?		
637l)	Eggs?		
637m)	Fish, dried small fish (dagaa), dried small tilapia, shrimp, prawn, shellfish, or octopus?		
637n)	Beans, green peas, cowpeas, green gram, pigeon peas, sesame kashata, groundnuts, or groundnut paste?		
637o)	Cheese?		
637p)	Grasshopper, flying termites, or termites?		
637q)	Sweet foods such as cakes, cookies, vishetti, sweet biscuits, candies, chocolates, or ice cream?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
637r)	Chips, bagia, mandaazi, fried potatoes, fried cassava, fried sweet potato, or instant noodles?		
637s)	Red palm oil?		
637t)	Any other solid, semi-solid, or soft food? IF YES: What was the food?		
639	Did (NAME) eat any solid, semi-solid, or soft foods yesterday during the day or at night? IF 'YES' PROBE: What kind of solid, semi-solid or soft foods did (NAME) eat?		
640	How many times did (NAME) eat solid, semi-solid, or soft foods yesterday during the day or at night?		
641	In the last 6 months, did any healthcare provider or community health worker talk with you about how or what to feed your child?		
642	The last time (NAME) passed stools, what was done to dispose of the stools?		
643	Now I'd like to ask you about foods and drinks that you consumed yesterday during the day or night, whether you ate or drank it at home or somewhere else. Please think about snacks and small meals as well as main meals. I will ask you about different foods and drinks, and I would like to know whether you ate a food even if it was combined with other foods. . Please do not answer 'yes' for any food or ingredient only used in a small amount to add flavor to a dish. Yesterday during the day or at night, did you eat or drink:		
643a)	Ugali, porridge, rice, pasta, bread, chapati, kitumbua, or maize?		
643b)	Orange flesh sweet potato or carrots?		
643c)	Cassava, cassava ugali, makopa, green banana, Irish potato, white-flesh sweet potato?		
643d1)	Kale, chard, Chinese cabbage, amaranth leaves, cowpea leaves, or cassava leaves?		
643d2)	Nightshade leaves, spider flower, jute mallow, sweet potato leaves, or pumpkin leaves?		
643e)	Any other vegetables such as, Cabbage, tomato, African eggplant, eggplant, sweet pepper, cucumber, or okra?		
643f)	Mango, papaya, or passionfruit?		
643g1)	Any other fruits such as, Bananas, oranges, tangerines, pineapple, avocado, or grapes?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
643g2)	Pear, apple, watermelon, baobab, guava, or jackfruit?		
643h)	Offal?		
643i)	Sausages, ham, bologna, or hot dogs?		
643j)	Any other meat, such as beef, mutton, goat, pork, rabbit, chicken, ducks, or guinea fowl?		
643k)	Eggs?		
643l)	Fish, dried small fish, dried small tilapia, seafood, shrimp, octopus?		
643m)	Beans, njegere, cowpeas, green gram, pigeon peas, lentils, bambara nuts, or makande?		
643n)	Pumpkin seeds, kashata, cashews, groundnuts, or groundnut paste?		
643o)	Milk, either by itself or in tea, coffee or porridge; cheese, sour milk, or roshoro?		
643p)	Any sweet foods such as cakes, cookies, vishetti, sweet biscuits, candies, chocolates, or ice cream?		
643q)	Chips, mandaazi, bagia, French fries, fried cassava, fried sweet potato, or instant noodles?		
643r)	Fruit juice or fruit drinks?		
643s)	Soft drinks like Coke, Pepsi, Fanta, Mirinda?		
643t)	Sweetened tea, sweetened coffee, Milo, cocoa?		
643u)	Any other liquids? IF YES: What was the drink? IF YES: Was the drink sweetened?		
643v)	Any other food? IF YES: What was the food?		
657	May I measure your blood pressure now?		
701	Are you currently married or living together with a man as if married?		
702	Have you ever been married or lived together with a man as if married?		
703	What is your marital status now: are you widowed, divorced, or separated?		
705	Did you have a marriage certificate for your last marriage?		
706	Do you have a marriage certificate for this marriage?		
707	Was this marriage ever registered with the civil authority?		
709	Is your (husband/partner) living with you now or is he staying elsewhere?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
711	Does your (husband/partner) have other wives or does he live with other women as if married?		
712	Including yourself, in total, how many wives or live-in partners does he have?		
713	Are you the first, second, … wife?		
714	Have you been married or lived with a man only once or more than once?		
715a)	In what month and year did you start living with your (husband/partner)?		
715b)	Now I would like to ask about your first (husband/partner). In what month and year did you start living with him?		
716	How old were you when you first started living with him?		
719	Now I'd like to ask you about your current (husband/partner). In what month and year did you start living with him?		
720	How old were you when you first started living with your current (husband/partner)?		
722	Now I would like to ask some questions about sexual activity in order to gain a better understanding of some important life issues. Let me assure you again that your answers are completely confidential and will not be told to anyone. If we should come to any question that you don't want to answer, just let me know and we will go to the next question. How old were you when you had sexual intercourse for the very first time?		
722A	The very first time you had sexual intercourse, would you say that you willingly wanted to have it?		
723	I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse?		
725	The last time you had sexual intercourse, did you or your partner do something or use any method to delay or avoid getting pregnant?		
726	Which method did you use?		
727	The last time you had sexual intercourse, was a condom used?		
728	What is the brand name of the condom used?		
729	From where did you obtain the condom the last time?		
730	What was your relationship to this person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.		
731	Apart from this person, have you had sexual intercourse with any other person in the last 12 months?		
732	The last time you had sexual intercourse with this second person, was a condom used?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
733	What was your relationship to this second person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.		
734	Apart from these two people, have you had sexual intercourse with any other person in the last 12 months?		
735	The last time you had sexual intercourse with this third person, was a condom used?		
736	What was your relationship to this third person with whom you had sexual intercourse? IF BOYFRIEND: Were you living together as if married? IF YES, RECORD '2'. IF NO, RECORD '3'.		
737	In total, with how many different people have you had sexual intercourse in your lifetime?		
803	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?		
804	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?		
805a)	How long would you like to wait from now before the birth of (a/another) child?		
805b)	After the birth of the child you are expecting now, how long would you like to wait before the birth of another child?		
810a)	You have said that you do not want (a/another) child soon. Can you tell me why you are not using a method to prevent pregnancy? Any other reason?		
810b)	You have said that you do not want any (more) children. Can you tell me why you are not using a method to prevent pregnancy? Any other reason?		
812	Do you think you will use a contraceptive method to delay or avoid pregnancy at any time in the future?		
813a)	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?		
813b)	If you could choose exactly the number of children to have in your whole life, how many would that be?		
814	How many of these children would you like to be boys, how many would you like to be girls and for how many would it not matter if it's a boy or a girl?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
815	In the last 12 months have you:		
815a)	Heard about family planning on the radio?		
815b)	Seen anything about family planning on the television?		
815c)	Read about family planning in a newspaper or magazine?		
815d)	Received a voice or text message about family planning on a mobile phone?		
815e)	Seen anything about family planning on social media such as Facebook, Twitter, or Instagram?		
815f)	Seen anything about family planning on a poster, leaflet or brochure?		
815g)	Seen anything about family planning on an outdoor sign or billboard?		
815h)	Heard anything about family planning at community meetings or events?		
815i)	Heard anything on television or redio about ant-inflamatory medicine doesn't cure TB?		
816	Have you ever heard or seen the campaign:		
816a)	Wazazi nipendeni		
816b)	Fuata nyota ya kijana upate mafanikio		
816c)	Siyo kila homa ni malaria		
816d)	Wajibika hakikisha uzazi salama		
816B	Where did you see or hear the campaign?		
818	Who usually makes the decision on whether or not you should use contraception, you, your (husband/partner), you and your (husband/partner) jointly, or someone else?		
819	When making this decision with your (husband/partner), would you say that your opinion is more important, equally important, or less important than your (husband's/partner's) opinion?		
820	Has your husband/partner or any other family member ever tried to pressure you to become pregnant when you did not want to become pregnant?		
822	Does your (husband/partner) want the same number of children that you want, or does he want more or fewer than you want?		
902	How old was your (husband/partner) on his last birthday?		
903	Did your (husband/partner) ever attend school?		
904	What was the highest level of school he attended: primary, secondary, or higher?		
905	What was the highest grade he completed at that level?		
906	Has your (husband/partner) done any work in the last 7 days?		
907	Has your (husband/partner) done any work in the last 12 months?		
908	What is your (husband's/partner's) occupation? That is, what kind of work does he mainly do?		
909	Aside from your own housework, have you done any work in the last 7 days?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
910	As you know, some women take up jobs for which they are paid in cash or kind. Others sell things, have a small business or work on the family farm or in the family business. In the last 7 days, have you done any of these things or any other work?		
911	Although you did not work in the last 7 days, do you have any job or business from which you were absent for leave, illness, vacation, maternity leave, or any other such reason?		
912	Have you done any work in the last 12 months?		
913	What is your occupation? That is, what kind of work do you mainly do?		
914	Do you do this work for a member of your family, for someone else, or are you self-employed?		
915	Do you usually work throughout the year, or do you work seasonally, or only once in a while?		
916	Are you paid in cash or kind for this work or are you not paid at all?		
919	Who usually decides how the money you earn will be used: you, your (husband/partner), or you and your (husband/partner) jointly?		
920	Would you say that the money that you earn is more than what your (husband/partner) earns, less than what he earns, or about the same?		
921	Who usually decides how your (husband's/partner's) earnings will be used: you, your (husband/partner), or you and your (husband/partner) jointly?		
922	Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?		
923	Who usually makes decisions about making major household purchases?		
924	Who usually makes decisions about visits to your family or relatives?		
925	Do you own this or any other house either alone or jointly with someone else?		
926	Do you have a title deed or other government recognized document for any house you own?		
927	Is your name on this document?		
928	Do you own any agricultural or non-agricultural land either alone or jointly with someone else?		
929	Do you have a title deed or other government recognized document for any land you own?		
930	Is your name on this document?		
932	In your opinion, is a husband justified in hitting or beating his wife in the following situations:		
932a)	If she goes out without telling him?		
932b)	If she neglects the children?		
932c)	If she argues with him?		
932d)	If she refuses to have sex with him?		
932e)	If she burns the food?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1000	Now I would like to talk about HIV and AIDS.		
1001	Have you ever heard of HIV or AIDS?		
1003	HIV is the virus that can lead to AIDS. Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?		
1004	Can people get HIV from mosquito bites?		
1005	Can people reduce their chance of getting HIV by using a condom every time they have sex?		
1006	Can people get HIV by sharing food with a person who has HIV?		
1007	Is it possible for a healthy-looking person to have HIV?		
1008	Have you heard of ARVs, that is, antiretroviral medicines that treat HIV?		
1009	Are there any special medicines that a doctor or a nurse can give to a pregnant woman infected with HIV to reduce the risk of transmission to the baby?		
1010	Have you heard of PrEP, a medicine taken daily that can prevent a person from getting HIV?		
1011	Do you agree of people who take a PrEP every day to prevent getting HIV?		
1015	Were you tested for HIV as part of your antenatal care while you were pregnant with (NAME)?		
1016	Where was the test done?		
1017	Did you get the results of the test?		
1019	Between the time you went for delivery but before the baby was born, were you tested for HIV?		
1020	Did you get the results of the test?		
1022	Have you been tested for HIV since that time you were tested during your pregnancy?		
1023	In what month and year was your most recent HIV test?		
1024	Have you ever been tested for HIV?		
1025	In what month and year was your most recent HIV test?		
1026	Where was the test done?		
1027	Did you get the results of the test?		
1028	What was the result of the test?		
1029	In what month and year did you receive your first HIV-positive test result?		
1030	Are you currently taking ARVs, that is antiretroviral medicines? By currently, I mean that you may have missed some doses but you are still taking ARVs.		
1031	How many times have you been tested for HIV in your lifetime?		
1032	Have you heard of test kits people can use to test themselves for HIV?		
1033	Have you ever tested yourself for HIV using a self-test kit?		
1034	Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1035	Do you think children living with HIV should be allowed to attend school with children who do not have HIV?		
1037	Now I would like to ask you a few questions about your experiences living with HIV. Have you disclosed your HIV status to anyone other than me?		
1038	Do you agree or disagree with the following statement: I have felt ashamed because of my HIV status.		
1039	Please tell me if the following things have happened to you, of if you think they have happened to you, because of your HIV status in the last 12 months:		
1039a)	People have talked badly about me because of my HIV status.		
1039b)	Someone else disclosed my HIV status without my permission.		
1039c)	I have been verbally insulted, harassed, or threatened because of my HIV status.		
1039d)	Healthcare workers talked badly about me because of my HIV status.		
1039e)	Healthcare workers yelled at me, scolded me, called me names, or verbally abused me in another way because of my HIV status.		
1040a)	Apart from HIV, have you heard about other infections that can be transmitted through sexual contact?		
1040	Have you heard about infections that can be transmitted through sexual contact?		
1043	Now I would like to ask you some questions about your health in the last 12 months. During the last 12 months, have you had a disease which you got through sexual contact?		
1044	Sometimes women experience a bad-smelling abnormal genital discharge. During the last 12 months, have you had a bad-smelling abnormal genital discharge?		
1045	Sometimes women have a genital sore or ulcer. During the last 12 months, have you had a genital sore or ulcer?		
1046	If a wife knows her husband has a disease that she can get during sexual intercourse, is she justified in asking that they use a condom when they have sex?		
1047	Is a wife justified in refusing to have sex with her husband when she knows he has sex with other women?		
1049	Can you say no to your (husband/partner) if you do not want to have sexual intercourse?		
1050	Could you ask your (husband/partner) to use a condom if you wanted him to?		
1101	How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health centre, a dispensary, or a clinic ?		
1102	How do you travel to this healthcare facility from your home?		
1103	Has a doctor or other healthcare provider examined your breasts to check for breast cancer?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1104	Now I'm going to ask you about tests a healthcare worker can do to check for cervical cancer, which is cancer in the cervix. The cervix connects the womb to the vagina. To be checked for cervical cancer, a woman is asked to lie on her back with her legs apart. Then the healthcare worker will use a brush or swab to collect a sample from inside her. The sample is sent to a laboratory for testing. This test is called a Pap smear or HPV test. Another method is called a VIA or Visual Inspection with Acetic Acid. In this test, the healthcare worker puts vinegar on the cervix to see if there is a reaction.		
1105	Has a doctor or other healthcare worker ever tested you for cervical cancer?		
1106	Now I would like to ask you some questions on smoking and tobacco use. Do you currently smoke cigarettes every day, some days, or not at all?		
1107	On average, how many cigarettes do you currently smoke each day?		
1108	Do you currently smoke or use any other type of tobacco every day, some days, or not at all?		
1109	What other type of tobacco do you currently smoke or use?		
1110	Now I would like to ask you some questions about drinking alcohol. Have you ever consumed any alcohol, such as beer, wine, spirits, or bege, ulanzi, gongo, chang'aa?		
1111	We count one drink of alcohol as one can or bottle of beer, one glass of wine, one shot of spirits, or one cup of mbege, ulanzi, gongo, chang'aa etc. During the last one month, on how many days did you have at least one drink of alcohol?		
1112	In the last one month, on the days that you drank alcohol, how many drinks did you usually have per day?		
1113	Many different factors can prevent women from getting medical advice or treatment for themselves. When you are sick and want to get medical advice or treatment, is each of the following a big problem or not a big problem:		
1113a)	Getting permission to go to the doctor?		
1113b)	Getting money needed for advice or treatment?		
1113c)	The distance to the health facility?		
1113d)	Not wanting to go alone?		
1114	Are you covered by any health insurance?		
1115	What type of health insurance are you covered by?		
1116	Now I would like to talk to you about TB. Have you ever heard or read information/messages of an illness called Tuberculosis (TB) from radio, television, friends and relatives, magazines and posters?		
1117	Do you know that TB spread from one person to another through air when infected person coughs, laughs, talks or sneezes?		
1118	There are 5 main signs of TB. Can you mention atleast one of them?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1119	Can TB be treated and cured?		
1120	If a member of your family get TB, would you be in position to disclose his/her illness for the purpose of helping him/her?		
1121	Do you know which illnesses can facilitate a person to contract TB?		
1122	If happen you feel signs of TB where will you go first to seek treatment?		
1123	Heard anything on television or radio about anti-inflamatory medicine doesn't cure TB?		
1124	These next questions are about blood pressure. Before today, have you ever had your blood pressure measured by a doctor or other health worker?		
1125	Have you ever been told by a doctor or other health worker that you have high blood pressure or hypertension?		
1126	In the past 12 months, have you been told by a doctor or other health worker that you have high blood pressure or hypertension?		
1127	Has a doctor or other health worker prescribed medication to control your blood pressure?		
1128	Are you taking medication to control your blood pressure?		
1131	May I measure your blood pressure now?		
1300	In your opinion, what is the most serious health problem in your community?		
1301	In the last six months, have you seen or heard any messages about malaria?		
1302	Where did you see or hear these messages? PROBE: Anywhere else?		
1303	Are there ways to avoid getting malaria?		
1304	What are the things that people can do to prevent themselves from getting malaria?		
1304A	Can ACTs be obtained at your nearest health facility or pharmacy (duka la dawa muhimu)?		
1304B	In the past six months, were you visited by a health worker or volunteer who talked to you about malaria?		
1305	Now I am going to read some statements and I would like you to tell me whether you agree or disagree with each statement. If you don't know, say, don't know. People in this community only get malaria during the rainy season. Do you agree or disagree?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1306	When a child has a fever, you almost always worry it might be malaria. Do you agree or disagree?		
1307	Getting malaria is not a problem because it can be easily treated. Do you agree or disagree?		
1308	Only weak children can die from malaria. Do you agree or disagree?		
1309	You can sleep under a mosquito net for the entire night when there are lots of mosquitoes. Do you agree or disagree?		
1310	You can sleep under a mosquito net for the entire night when there are few mosquitoes Do you agree or disagree?		
1311	You do not like sleeping under a mosquito net when the weather is too warm. Do you agree or disagree?		
1312	When a child has a fever, it is best to start by giving them any medicine you have at home. Do you agree or disagree?		
1312A	You can easily protect yorself and your children from malaria Do you agree or disagree?		
1312B	It is important to sleep under a net every single night Do you agree or disagree?		
1312C	Pregnant women are at high risk of getting malaria. Do you agree or disagree?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1312D	You can easily get treatment if your child gets malaria. Do you agree or disagree?		
1312E	The only way to be sure someone has malaria is to test their blood. Do you agree or disagree?		
1312F	It is important to take the entire course of malaria medicine to make sure the disease will be fully cured. Do you agree or disagree?		
1313	People in your community usually take their children to a health care provider on the same day or day after they develop a fever. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?		
1314	People in your community who have a mosquito net usually sleep under a mosquito net every night. Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?		
	People in your community take their children to health care provider to seek treatment the same day of the onset of fever or the next day Do you agree or disagree? IF RESPONDENT DOESN'T KNOW, PROBE: Would you say more than half or less than half of the community does this?		
1401	Now I would like to ask some questions about a practice known as female genital cutting. Have you ever heard of female genital cutting?		
1402	In some countries, there is a practice in which a girl may have part of her genitals cut. Have you ever heard about this practice?		
1403	Have you yourself ever been circumcised?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1404	Now I would like to ask you what was done to you at that time. Was any flesh removed from the genital area?		
1405	Was the genital area just nicked without removing any flesh?		
1406	Was your genital area narrowed?		
1407	How old were you when you were circumcised?		
1408	Who performed the circumcision?		
1410	Now I would like to ask you some questions about your (daughter/daughters).		
1412	Is (NAME OF DAUGHTER) circumcised?		
1413	How old was (NAME OF DAUGHTER) when she was circumcised?		
1414	Was her genital area sewn closed?		
1415	Who performed the circumcision?		
1417	Do you believe that female circumcision is required by your religion?		
1418	Do you think that female circumcision should be continued, or should it be stopped?		
1501	Now I would like to ask you some questions about your brothers and sisters born to your natural mother, including those who are living with you, those living elsewhere and those who have died. From our experience in prior surveys, we know it may sometimes be difficult to establish a complete list of all the children born to your natural mother. We will work together to draw the most complete list and work to recall all your siblings. Could you please now give me the names of all of your brothers and sisters born to your natural mother. DO NOT FILL IN THE ORDER NUMBER YET.		
1503	READ THE NAMES OF THE BROTHERS AND SISTERS TO THE RESPONDENT AND AFTER THE LAST ONE ASK: Are there any other brothers and sisters from the same mother that you have not mentioned?		
1504	Sometimes people forget to mention children born to their natural mother because they do not live with them or they do not see them very often. Are there any brothers or sisters who do not live with you that you have not mentioned?		
1505	Sometimes people forget to mention children born to their natural mother because they have died. Are there any brothers or sisters who died that you have not mentioned?		
1506	Some people have brothers or sisters from the same mother but a different father. Are there any brothers or sisters born to your natural mother, but who have a different natural father, that you have not mentioned?		
1508	Just to make sure that I have this right: Your mother had in TOTAL _____ births, excluding you, during her lifetime. Is that correct?		
1510	Please tell me, which brother or sister was born first? And which was born next?		
1511	How many births did your mother have before you were born?		
1513	NAME OF BROTHER OR SISTER.		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1514	Is (NAME) male or female?		
1515	Is (NAME) still alive?		
1516	How old is (NAME)?		
1517	How many years ago did (NAME) die?		
1518	How old was (NAME) when (he/she) died? IF DON'T KNOW, PROBE AND ASK ADDITIONAL QUESTIONS TO GET AN ESTIMATE.		
1519	Was (NAME) pregnant when she died?		
1520	Did (NAME) die during childbirth?		
1521	Did (NAME) die within two months after the end of a pregnancy or childbirth?		
1522	How many days after the end of the pregnancy or childbirth did (NAME) die?		
1523	Was (NAME)'s death due to an act of violence?		
1524	Was (NAME)'s death due to an accident?		
1602	READ TO THE RESPONDENT: Now I would like to ask you questions about some other important aspects of a woman's life. You may find some of these questions very personal. However, your answers are crucial for helping to understand the condition of women in TANZANIA. Let me assure you that your answers are completely confidential and will not be told to anyone and no one else in your household will know that you were asked these questions. If I ask you any question you don't want to answer, just let me know and I will go on to the next question.		
1604	You have said that you are not married and are not living with a man as if married. Are you currently in an intimate relationship with a man even if you are not living with him?		
1605	Have you ever been in an intimate relationship with a man even if you did not ever live with him?		
1606	Now, I am going to ask you about some situations that can happen between some women and their (husband/male partner).		
1606A.	Please tell me if these descriptions apply to your relationship with your (last) (husband/male partner).		
1606B.	How often did this happen during the last 12 months: often, only sometimes, or not at all?		
1606a)	He (is/was) jealous or angry if you (talk/talked) to other men?		
1606b)	He wrongly (accuses/accused) you of being unfaithful?		
1606c)	He (does/did) not permit you to meet your female friends?		
1606d)	He (tries/tried) to limit your contact with your family?		
1606e)	He (insists/insisted) on knowing where you (are/were) at all times?		
1607	Now I need to ask some more questions about your relationship with your (last) (husband/male partner).		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1607A.	Did your (last) (husband/male partner) ever:		
1607B.	How often did this happen during the last 12 months: often, only sometimes, or not at all?		
1607a)	say or do something to humiliate you in front of others?		
1607b)	threaten to hurt or harm you or someone you care about?		
1607c)	insult you or make you feel bad about yourself?		
1608A.	Did your (last) (husband/male partner) ever do any of the following things to you:		
1608B.	How often did this happen during the last 12 months: often, only sometimes, or not at all?		
1608a)	push you, shake you, or throw something at you?		
1608b)	slap you?		
1608c)	twist your arm or pull your hair?		
1608d)	punch you with his fist or with something that could hurt you?		
1608e)	kick you, drag you, or beat you up?		
1608f)	try to choke you or burn you on purpose?		
1608g)	attack you with a knife, gun, or other weapon?		
1608h)	physically force you to have sexual intercourse with him when you did not want to?		
1608i)	physically force you to perform any other sexual acts you did not want to?		
1608j)	force you with threats or in any other way to perform sexual acts you did not want to?		
1610	Did the following ever happen as a result of what your (last) (husband/male partner) did to you:		
1610a)	You had cuts, bruises, or aches?		
1610b)	You had eye injuries, sprains, dislocations, or burns?		
1610c)	You had deep wounds, broken bones, broken teeth, or any other serious injury?		
1611	Have you ever hit, slapped, kicked, or done anything else to physically hurt your (last) (husband/male partner) at times when he was not already beating or physically hurting you?		
1612	In the last 12 months, how often have you done this to your (last) (husband/male partner): often, only sometimes, or not at all?		
1613	Does (did) your (last) (husband/male partner) drink alcohol?		
1614	How often does (did) he get drunk: often, only sometimes, or never?		
1615	Are (Were) you afraid of your (last) (husband/male partner): most of the time, sometimes, or never?		
1616A.	So far we have been talking about the behavior of your (current/last) (husband/male partner). Now I want to ask you about the behavior of any previous husband or any other current or previous male partner that you may have ever had.		
1616B.	How long ago did this last happen?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1616a)	Did any previous husband or any other current or previous male partner ever hit, slap, kick, or do anything else to hurt you physically?		
1616b)	Did any previous husband or any other current or previous male partner physically force you to have intercourse or perform any other sexual acts that you did not want to?		
1616c)	Did any previous husband or any other current or previous male partner humiliate you in front of others, threaten to hurt you or someone you care about, or insult you or make you feel bad about yourself?		
1618	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by any current or previous husband or male partner?		
1620	Has any one ever hit, slapped, kicked, or done anything else to hurt you physically while you were pregnant?		
1621	Who has done any of these things to physically hurt you while you were pregnant? Anyone else?		
1622a)	From the time you were 15 years old, has anyone other than a husband or male partner, hit you, slapped you, kicked you, or done anything else to hurt you physically? Remember, I do not want you to include any husband or any other male partner.		
1622b)	From the time you were 15 years old has anyone hit you, slapped you, kicked you, or done anything else to hurt you physically?		
1623	Who has hurt you in this way? Anyone else?		
1624	In the last 12 months, how often (has this person/have these persons) physically hurt you: often, only sometimes, or not at all?		
1626	At any time in your life, as a child or as an adult, has anyone other than any previous husband or any other current or previous male partner ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to? Remember I do not want you to include any husband or male partner.		
1627	At any time in your life, as a child or as an adult, has anyone ever forced you in any way to have sexual intercourse or perform any other sexual acts when you did not want to?		
1628a)	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to by anyone, not including any husband or any other male partner?		
1628b)	How old were you the first time you were forced to have sexual intercourse or perform any other sexual acts that you did not want to?		
1629	Who has forced you to have sexual intercourse or perform any other sexual acts that you did not want to? Anyone else?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1630a)	In the last 12 months, has anyone other than any previous husband or any other current or previous male partner forced you to have sexual intercourse or perform any other sexual acts that you did not want to?		
1630b)	In the last 12 months, has anyone forced you to have sexual intercourse or perform any other sexual acts that you did not want to?		
1632	Thinking about what you yourself have experienced among the different things we have been talking about, have you ever tried to seek help?		
1633	From whom have you sought help? Anyone else?		
1634	Have you ever told any one about this?		
1635	As far as you know, did your father ever beat your mother?		
1703	I would like to ask you about certain things (NAME) is currently able to do. Please keep in mind that children can develop and learn at a different pace. For example, some start talking earlier than others, or they might already say some words but not yet form sentences. So, it is fine if your child is not able to do all the things I am going to ask you about. You can let me know if you have any doubts about what answer to give.		
1704	Can (NAME) walk on an uneven surface, for example, a bumpy or steep road, without falling?		
1705	Can (NAME) jump up with both feet leaving the ground?		
1706	Can (NAME) dress (him/herself), that is, put on pants and a shirt, without help?		
1707	Can (NAME) fasten and unfasten buttons without help?		
1708	Can (NAME) say 10 or more words, like ‘mama’ or ‘ball’?		
1709	Can (NAME) speak using sentences of 3 or more words that go together, for example, “I want water” or “The house is big”?		
1710	Can (NAME) speak using sentences of 5 or more words that go together, for example, “The house is very big”?		
1711	Can (NAME) correctly use any of the words ‘I,’ ‘you,’ ‘she,’ or ‘he,’ for example, “I want water” or “He eats rice”?		
1712	If you show (NAME) an object (he/she) knows well, such as a cup or animal, can (he/she) consistently name it? By consistently we mean that (he/she) uses the same word to refer to the same object, even if the word used is not fully correct.		
1713	Can (NAME) recognize at least 5 letters of the alphabet?		
1714	Can (NAME) write (his/her) name?		
1715	Can (NAME) recognize all numbers from 1 to 5?		
1716	If you ask (NAME) to give you 3 objects, such as 3 stones or 3 beans, does (he/she) give you the correct amount?		
1717	Can (NAME) count 10 objects, for example 10 fingers or 10 blocks, without mistakes?		

	ENGLISH	LANGUAGE 4	LANGUAGE 5
1718	Can (NAME) do an activity, such as colouring or playing with building blocks, without repeatedly asking for help or giving up too quickly?		
1719	Does (NAME) ask about familiar people other than parents when they are not there, for example, “Where is Grandma?”?		
1720	Does (NAME) offer to help someone who seems to need help?		
1721	Does (NAME) get along well with other children?		
1722	How often does (NAME) seem to be very sad or depressed? Would you say: daily, weekly, monthly, a few times a year, or never?		
1723	Compared with children of the same age, how much does (NAME) kick, bite, or hit other children or adults? Would you say: not at all, the same or less, more, or a lot more?		

	ENGLISH	LANGUAGE 6
Translation Date	14 July 2020	
Language Code	01	06
INTRODUCTION AND CONSENT	Hello. My name is _____. I am working with National Bureau of Statistics / Office of the Chief Government Statistician. We are conducting a survey about health and other topics all over Tanzania. The information we collect will help the government to plan health services. Your household was selected for the survey. The questions usually take about 30 to 60 minutes. All of the answers you give will be confidential and will not be shared with anyone other than members of our survey team. You don't have to be in the survey, but we hope you will agree to answer the questions since your views are important. If I ask you any question you don't want to answer, just let me know and I will go on to the next question or you can stop the interview at any time. In case you need more information about the survey, you may contact the person listed on the card that has already been given to your household. Do you have any questions? May I begin the interview now?	
101A	During the interview I would like to measure your blood pressure to see if you have high blood pressure. If you agree, we will take a measurement three times during the interview. We will use an automated digital device operated by 6 AA-size batteries. The procedure is harmless, but you may feel discomfort while the measuring cuff squeezes your arm. If high blood pressure is not treated, it may eventually cause serious damage to the heart and blood vessels in the brain. You will receive the results of the blood pressure measurement at the end of our interview, with an explanation of the numbers. If your blood pressure is high, we will suggest that you consult a health facility or doctor since we cannot provide any further testing or treatment during the survey. Do you have any questions about the blood pressure measurement so far? If you have any questions about the procedure at any time, please ask me. You can say yes or no to having your blood pressure measured. You can also decide at anytime during the interview not to have your blood pressure measured. Do you agree to take your blood pressure measurement at this time?	

	ENGLISH	LANGUAGE 6
101B	Before measuring I would like to ask a few questions about things that may affect blood pressure. Have you done any of the following within the past 30 minutes:	
101Ba)	Eaten anything?	
101Bb)	Had coffee, tea, cola or other drink that has caffeine?	
101Bc)	Smoked any tobacco product?	
101Bd)	Conducted any physical activity or excercises that made you breathe harder than usual?	
101C	Now we will measure your blood pressure.	
102	What region were you born in?	
103	What country were you born in?	
104	How long have you been living continuously in (NAME OF CURRENT CITY, TOWN OR VILLAGE OF RESIDENCE)?	
106	In what month and year did you move here?	
107	Just before you moved here, which region did you live in?	
108	Just before you moved here, did you live in a city, in a town, or in a rural area?	
109	Why did you move to this place?	
110	In what month and year were you born?	
111	How old were you at your last birthday?	
112	In general, would you say your health is very good, good, moderate, bad, or very bad?	
113	Have you ever attended school?	
114	What is the highest level of school you attended: primary, secondary, or higher?	
115	What is the highest GRADE you completed at that level?	
117	Now I would like you to read this sentence to me. SHOW CARD TO RESPONDENT. IF RESPONDENT CANNOT READ WHOLE SENTENCE, PROBE: Can you read any part of the sentence to me?	
119	Do you read a newspaper or magazine at least once a week, less than once a week or not at all?	
120	Do you listen to the radio at least once a week, less than once a week or not at all?	
121	Do you watch television at least once a week, less than once a week or not at all?	
122	Do you own a mobile phone?	
123	Is your mobile phone a smart phone?	

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124	In the last 12 months, have you used a mobile phone to make financial transactions such as sending or receiving money, paying bills, purchasing goods or services, or receiving wages?	
125	Do you have an account in a bank or other financial institution that you yourself use?	
125A	Is the account shared with someone else?	
125B	Whom do you share the account with?	
126	Did you yourself put money in or take money out of this account in the last 12 months?	
127	Have you ever used the Internet from any location on any device?	
128	In the last 12 months, have you used the Internet?	
129	During the last one month, how often did you use the Internet: almost every day, at least once a week, less than once a week, or not at all?	
130	What is your religion?	
131	What is your ethnic group?	
201	Now I would like to ask about all the births you have had during your life. Have you ever given birth?	
202	Do you have any sons or daughters to whom you have given birth who are now living with you?	
203a)	How many sons live with you?	
203b)	And how many daughters live with you?	
204	Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	
205a)	How many sons are alive but do not live with you?	
205b)	And how many daughters are alive but do not live with you?	
206	Have you ever given birth to a boy or girl who was born alive but later died? IF NO, PROBE: Any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	
207a)	How many boys have died?	
207b)	And how many girls have died?	
209	Just to make sure that I have this right: you have had in TOTAL _____ births during your life. Is that correct?	
210	Women sometimes have a pregnancy that does not result in a live birth. For example, a pregnancy can end in a miscarriage, an abortion, or the child can be born dead. Have you ever had a pregnancy that did not end in a live birth?	
211	How many miscarriages, abortions, and stillbirths have you had?	
214	Now I would like to record all your pregnancies including live births, stillbirths, miscarriages, and abortions, starting with your first pregnancy.	

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215	Think back to your (first/next) pregnancy. Was that a single or multiple pregnancy?	
216	Was the baby born alive, born dead, or did you have a miscarriage or abortion?	
217	Did the baby cry, move, or breathe?	
218	What name was given to the baby?	
219	Is (NAME) a boy or a girl?	
220	IF BORN ALIVE, ASK: On what day, month, and year was (NAME) born? IF BORN DEAD, A MISCARRIAGE, OR AN ABORTION, ASK: On what day, month, and year did this pregnancy end?	
221	How long did this pregnancy last in weeks or months?	
222	Were there any other pregnancies between the previous pregnancy and this pregnancy?	
224	Is (NAME) still alive?	
225	How old was (NAME) at (NAME)'s last birthday?	
226	Is (NAME) living with you?	
228	How old was (NAME) when (he/she) died? IF '12 MONTHS' OR '1 YR', ASK: Did (NAME) have (his/her) first birthday? THEN ASK: Exactly how many months old was (NAME) when (he/she) died?	
229	Have you had any pregnancies that ended since the last pregnancy mentioned?	
232	Are you pregnant now?	
233	How many weeks or months pregnant are you?	
234	When you got pregnant, did you want to get pregnant at that time?	
235a)	Did you want to have a baby later on or did you not want any more children?	
235b)	Did you want to have a baby later on or did you not want any children?	
236	When did your last menstrual period start?	
238	During your last menstrual period, what did you use to collect or absorb your menstrual blood? Anything else?	
239	During your last menstrual period, were you able to wash and change in privacy ?	
240	How old were you when you had your first menstrual period?	
241	From one menstrual period to the next, are there certain days when a woman is more likely to become pregnant?	
242	Is this time just before her period begins, during her period, right after her period has ended, or halfway between two periods?	

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243	After the birth of a child, can a woman become pregnant before her menstrual period has returned?	
301	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. Have you ever heard of (METHOD)?	
301-01	Female Sterilization. PROBE: Women can have an operation to avoid having any more children.	
301-02	Male Sterilization. PROBE: Men can have an operation to avoid having any more children.	
301-03	IUD. PROBE: Women can have a loop or coil placed inside them by a doctor or a nurse which can prevent pregnancy for one or more years.	
301-04	Injectables. PROBE: Women can have an injection by a health provider that stops them from becoming pregnant for one or more months.	
301-05	Implants. PROBE: Women can have one or more small rods placed in their upper arm by a doctor or nurse which can prevent pregnancy for one or more years.	
301-06	Pill. PROBE: Women can take a pill every day to avoid becoming pregnant.	
301-07	Condom. PROBE: Men can put a rubber sheath on their penis before sexual intercourse.	
301-08	Female Condom. PROBE: Women can place a sheath in their vagina before sexual intercourse.	
301-09	Emergency Contraception. PROBE: As an emergency measure, within 3 days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy.	
301-10	Standard Days Method. PROBE: A woman uses a string of colored beads to know the days she can get pregnant. On the days she can get pregnant, she uses a condom or does not have sexual intercourse.	
301-11	Lactational Amenorrhea Method (LAM). PROBE: Up to 6 months after childbirth, before the menstrual period has returned, women use a method requiring frequent breastfeeding day and night.	
301-12	Rhythm Method. PROBE: To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant.	
301-13	Withdrawal. PROBE: Men can be careful and pull out before climax.	
301-14	Have you heard of any other ways or methods that women or men can use to avoid pregnancy?	

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303	Are you or your partner currently doing something or using any method to delay or avoid getting pregnant?	
304	Are you or your partner sterilized? PROBE: Who is sterilized, you or your partner?	
306	Just to check, are you or your partner doing any of the following to avoid pregnancy: deliberately avoiding sex on certain days, using a condom, using withdrawal or using emergency contraception?	
307	Which method are you using?	
308	Now I'm going to show you two pictures. Please point to the picture that best matches what was used the last time you received your injectable.	
309	The last time you received your injectable, did you inject DMPA-SC/Sayana Press yourself or did a health care provider do it for you?	
310	What is the brand name of the pills you are using?	
311	What is the brand name of the condoms you are using?	
312	In what facility did the sterilization take place?	
313	In what month and year was the sterilization performed?	
314	Since what month and year have you been using (CURRENT METHOD) without stopping? PROBE: For how long have you been using (CURRENT METHOD) now without stopping?	
317	I would like to ask you some questions about the times you or your partner may have used a method to avoid getting pregnant during the last few years.	
317a)	When was the last time you used a method? Which method was that?	
317b)	When did you start using that method? How long after the birth of (NAME)?	
317c)	How long did you use the method then?	
317d)	Why did you stop using the (METHOD)? Did you become pregnant while using (METHOD), or did you stop to get pregnant, or did you stop for some other reason?	
317e)	IF DELIBERATELY STOPPED TO BECOME PREGNANT, ASK: How many months did it take you to get pregnant after you stopped using (METHOD)? AND ENTER '0' IN EACH SUCH MONTH IN COLUMN 1.	
317B	Between (EVENT) in (MONTH/YEAR) and (EVENT) in (MONTH/YEAR), did you or your partner use any method of contraception?	
317C	Which method was that?	
317D	How many months after (EVENT) in (MONTH/YEAR) did you start to use (METHOD)?	
317F	For how many months did you use (METHOD)?	
317H	Why did you stop using (METHOD)?	

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318	Have you used emergency contraception in the last 12 months? That is, have you taken special pills within 3 days after having unprotected sexual intercourse to prevent pregnancy?	
320	Have you ever used anything or tried in any way to delay or avoid getting pregnant?	
322	You first started using (CURRENT METHOD) in (DATE FROM 314). Where did you get it at that time?	
323	At that time, were you told about side effects or problems you might have with the method?	
324	When you got sterilized, were you told about side effects or problems you might have with the method?	
325	Were you told what to do if you experienced side effects or problems?	
326	At that time, were you told about other methods of family planning that you could use?	
328	At that time, were you told that you could switch to another method if you wanted to or needed to?	
330	Where did you obtain (CURRENT METHOD) the last time?	
331	Do you know of a place where you can obtain a method of family planning?	
332	In the last 12 months, were you visited by a fieldworker?	
333	Did the fieldworker talk to you about family planning?	
334a)	In the last 12 months, have you visited a health facility for care for yourself or your children?	
334b)	In the last 12 months, have you visited a health facility for care for yourself?	
335	Did any staff member at the health facility speak to you about family planning methods?	
403	Now I would like to ask some questions about your pregnancies in the last 3 years. (We will talk about each separately, starting with the last one you had.)	
408a)	When you got pregnant with (NAME), did you want to get pregnant at that time?	
408b)	When you got pregnant with the pregnancy that ended in (DATE FROM 406), did you want to get pregnant at that time?	
409a)	Did you want to have a baby later on, or did you not want any children?	
409b)	Did you want to have a baby later on, or did you not want any more children?	
410	How much longer did you want to wait?	
412	Did you see anyone for antenatal care for this pregnancy?	
414	Whom did you see? Anyone else?	
415	Where did you receive antenatal care for this pregnancy? Anywhere else?	

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416	How many weeks or months pregnant were you when you first received antenatal care for this pregnancy?	
417	How many times did you receive antenatal care during this pregnancy?	
417A	During this pregnancy, did your husband/partner do any of the following	
417Aa)	Stopped you from receiving ANC?	
417Ab)	Encourage you to receive ANC?	
417Ac)	Had no interest in you receiving ANC?	
417Ad)	Accompany you to receive ANC?	
418	As part of your antenatal care during this pregnancy, did a healthcare provider do any of the following at least once:	
418a)	Measure your blood pressure?	
418b)	Take a urine sample?	
418c)	Take a blood sample?	
418d)	Listen to the baby's heartbeat?	
418e)	Talk with you about which foods you should eat?	
418f)	Talk with you about breastfeeding?	
418g)	Ask you if you had vaginal bleeding?	
418h	Talk abour health education on postpatam family planing	
420	During this pregnancy, were you given an injection in the arm to prevent the baby from getting tetanus after birth?	
421	During this pregnancy, how many times did you get a tetanus injection?	
423	At any time before this pregnancy, did you receive any tetanus injection?	
424	Before this pregnancy, how many times did you receive a tetanus injection?	
425a)	How many years ago did you receive that tetanus injection?	
425b)	How many years ago did you receive the last tetanus injection prior to this pregnancy?	
426	During this pregnancy, were you given or did you buy any iron tablets or iron syrup?	
426A.	During this pregnancy, did you take any Multiple Micronutrient Supplements (MMS), which are special daily vitamins containing 15 different minerals and nutrients?	
427	Where did you get the iron tablets or syrup? Anywhere else?	
428	During the whole pregnancy, for how many days did you take the iron tablets or syrup?	
429	During this pregnancy, did you take any medicine for intestinal worms?	

