| Field | WOMEN'S HEALTH AND HOUSEHOLD QUESTIONAIRE |
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| | DEMOGRAPHIC QUESTIONS |
| Age | 1. What is your age? |
| Residence | How long have you lived in Embakasi North/Naivasha sub county? A. I have lived here my whole life B. I just moved to Embakasi North/Naivasha C. Other |
| MovedWhen | 3. How many years ago did you move here? A. 0-5 years B. 5-10 years C.11-20 years D. Over 20 years |
| ResidenceWhy | 4. Why did you move to Embakasi North? A. I have family or friends here B. I heard there were business opportunities here C. To be close to Nairobi City Centre D. To look for work E. Other |
| Schooling | 5. What is your level of education? A. Did not attend primary school B. Primary School C. Secondary School D. Tertiary E. University |
| Married | 6. Are you married? A. No B. Yes |
| MarriedDuration | 7. How long have you been married? A. 0-5 years B. 5-10 years C. 10-15 years D. 15-20 years |
| HOUSEHOLD MODULE | |
| HeadofHousehold(HoH) | 8. Are you the head of the household?(If an important decision is to be made in the Household are you the one who gets to decide A. NoB. Yes |
| Main Earner | 9. Are you the main earner in your household? Do you contribute the most to household expenditures? A. No B. Yes |
| MainEarnerNo | 10. How are you related to the person who earns most in your household? A. My Father/ My Husband/Boyfriend's father B. My grandfather/ My Husband/Boyfriend's grandfather C. My husband/Boyfriend |

| | D. My mother/My Husband/boyfriend's mother E. Another family member/ relative/ aunt/uncle | |
|--|--|--|
| | F. Other | |
| | | |
| HOUSEHOLD MODULE: SOCIOECONOMIC STATUS | | |
| HoHMESame | 11. Are the head of the household and the main earner the same person in your | |
| | household? A. No | |
| | B. Yes | |
| adults | 12. How many people over the age of 18 live in your household? | |
| adultswomen | 13. How many of these are women? | |
| adolescents | 14. How many people aged between 14 and 18 live in the household | |
| adolescentwomen | 15. How many of these people are women? | |
| children | 16. How many people under 13 live in your household? | |
| childWomen | 17. How many of these children are women? | |
| employedadults | 18. How many members of your household contributed to your household expenses last month? (this includes things like rent, food, water, electricity fuel, cooking fuel) | |
| totalpublicexpenditure | 19. How much did the employed adults contribute to your household expenses last month | |
| | HOUSEHOLD ASSETS | |
| Refrigerators | 20. How many refrigerators does your household own? | |
| Bicycles | 21. How many bicycles does your household own? | |
| Motorbikes | 22. How many motorbikes does your household own? | |
| Cars | 23. How many cars does your household own? | |
| Televisions | 24. How many Televisions does your household own? | |
| Radios | 25. How many radios does your household own? | |
| Stereos | 26. How many stereos does your household own? | |
| Mobiles | 27. How many mobiles does your household own? | |
| Mattresses | 28. How many mattresses does your household own? | |
| waterExp | 29. How much did your household spend on water last month? | |
| electricityExp | 30. How much did your household spend on electricity last month? | |
| fuelExp | 31. How much did your household spend on fuel last month? | |
| | | |
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| REPRODUCTION AND PREGNANCY MODULE | | |

| insurance | 32. Do you currently have health insurance? A. No B. Yes |
|----------------------|--|
| insuranceType | 33. What kind of insurance do you have? |
| msurumee 1 y pe | A. NHIF |
| | B. OBA |
| | C. Private Insurance |
| | D. Other |
| insuranceOther | 34. The private insurance policy you have, what is the name of the company |
| insurancePrice | that provides it? specify 35. How much do you pay per month for insurance? |
| ilisurancerrice | (if the respondent doesn't pay monthly help them approximate the monthly |
| | rate) |
| generalHospital | 36. Have you visited a clinic, hospital, or doctor in the last year to receive |
| | medical care unrelated to a pregnancy? |
| | A. No |
| | B. Yes |
| generalHospitalWhy | 37. During the most expensive visit to a clinic, hospital, or doctor in the last |
| | year, what was the visit for? |
| | A. I was hurt in an accident and needed urgent care (example broken bones, stitches, allergic actions) |
| | B. I was very sick and needed to get medicine or another kind of treatment |
| | example malaria, pneumonia) |
| | C. I developed a condition and needed to sneak |
| generalHospitalPaid | 38. How much did you spend in total on medical care received in the last year |
| | unrelated to pregnancy? |
| generalHospitalStill | 39. Are you still seeking treatment for health conditions unrelated to |
| | pregnancy? |
| | A. No B. Yes |
| anaemia | 40. Do you suffer from anemia? |
| anacima | 40. Do you surrer from ancima: |
| pregnantEver | 41. Have you ever been pregnant? |
| pregnantAvoid | 42. Have you ever used anything or tried in any way to delay or avoid getting |
| r | pregnant? |
| timesPregnant | 43. How many times have you been pregnant? |
| livebirths | 44. How many livebirths have you had? |
| deaths | 45. Sometimes it happens that children die. It may be painful to |
| | talk about and I am sorry to ask you about such memories, but |
| | it is important to get correct information. Have you ever given |
| | birth to a son or daughter who was born alive but later died? |
| deathsBoys | 46. How many of those were boys? |
| miscarriages | 47. How many times have you had a pregnancy result in a miscarriage? |
| stillbirths | 48. How many times have you had a pregnancy result in a stillbirth? |
| | |

| yearPreg | 49. In what year did this pregnancy occur? |
|-------------------|--|
| embakasinorthPreg | 50. Were you living in Embakasi North sub County during this pregnancy? |
| nairobiPreg | 51. Were you living in Nairobi during this pregnancy? |
| intended | 52. Was this pregnancy planned? |
| marriedThen | 53. Were you married to the father at the time? |
| monthsPreg | 54. How many months were you pregnant before you gave birth? |
| antenatalcare | 55. How many ante natal visits did you attend? |
| anc_first | 56. How many months pregnant were you when you first went for an ante natal care visit? |
| ancSame | 57. Did you get ante natal care at the same facility where you planned to give birth?A. NoB. Yes |
| ancElseWhy | 58. Why did you go somewhere different for ante natal care than the place you planned to give birth? |
| ancElseWhyMain | 59. What was the main reason you when somewhere different for ante natal care than the place you planned to give birth? A. I was saving up to give birth in a nicer hospital than where I received ante natal care B. I could afford ante natal care at that hospital, but not a birth there C. Convenience: it was easier to go to the place where I received ante natal care than where I gave birth D. Complications: I needed to go to a special hospital like Kenyatta because of complications |
| insurancePr | 60. Did you have health insurance during this pregnancy? |
| insuranceTypePr | 61. What kind of insurance did you have? |
| insurancePricePr | 62. How much did you pay per month for insurance? |
| talkPrice | 63. Did anyone talk to you about how expensive it would be to give birth during ante-natal care? |
| contactHospital | 64. Did you contact hospitals about prices before giving birth? |
| savingMonths | 65. How many months before you gave birth did you begin putting aside money to pay for it? |
| iron | 66. During this pregnancy, did you take any iron tablets or iron syrup? |
| Folic acid | 67. During this pregnancy, did you take any folic acid? |
| malarial | 68. During this pregnancy, did you take any anti-malarial medication? |
| tetanus | 69. During this pregnancy, did you receive a shot in the arm to prevent the baby from getting tetanus (convulsions after birth)? |
| vitA | 70. Did you experience any problems seeing during the daytime or at night? |
| specialist | 71. Did you visit an OB/GNY or specialist before giving birth? A. No B. Yes |

| referral | 72. Were you referred to a larger hospital like Kenyatta National because a |
|----------------------|---|
| reierrai | doctor determined that there might be complications with your pregnancy? |
| | A. No |
| | B. Yes |
| complicationExpected | 73. What complication where you referred for? |
| complicationExpected | A. Sepsis |
| | B. Hemorrhage |
| | C. High blood pressure |
| | D. Other |
| whereBirth | 74. Where did you give birth on this occasion? |
| | A. Hospital |
| | B. Home |
| plannedFacility | 75. Is this where you originally planned to give birth, |
| • | A. No |
| | B. Yes |
| | |
| whyChangePlans | 76. Did you have to change plans? If yes, Why did you change your plans? |
| | A. The baby came early and I had to go to the nearest facility |
| | B. I wasn't able to afford the facility I originally planned on |
| | C. I had more money that I expected when the baby was born so I could go to |
| | a nicer facility |
| | D. No, didn't change plans |
| | E. Other |
| outsideFacility | 77. Why didn't you deliver in a health facility? |
| | A. It was too expensive |
| | B. I couldn't get to one in time once I went into labor |
| | C. I don't trust the Doctor and nurses at the facilities I can afford |
| | D. I don't trust health facilities |
| 1 77 | E. Other |
| whyHere | 78. What qualities of the Health Facility did you find important in making the |
| | choice of delivering there? |
| | A. Cost B. Cleanliness |
| | |
| | C. Distance from home |
| | D. Availability of supplies and equipmentE. Qualification of health worker(nurse or doctor) |
| | F. Waiting time |
| | G. Staff attitude |
| | H. Referral by relative |
| | I. Other |
| whyHereMost | 79. What was the most important quality of the Health Facility in making the |
| whyliciciviose | choice of delivering there? |
| | A. Cost |
| | B. Cleanliness |
| | C. Distance from home |
| | D. Availability of supplies and equipment |
| | E. Qualification of health worker(nurse or doctor) |
| | F. Waiting time |
| | G. Staff attitude |
| | |

| | I. Other |
|--------------------|--|
| birthTime | 80. About how many hours did it take to deliver the baby, starting from when you first experienced contraction pains? |
| ceaserean | 81. Was this a normal birth, or was the baby delivered by cesarean section? A. Normal birth B. Ceaserean |
| ceasereanEmergency | 82. Was the cesarean planned or unexpected? |
| | A. Planned |
| | B. Unexpected |
| doctorAtAll | 83. After you arrived at the hospital to give birth, who of the following did you see?A. Doctor |
| | B. Only nurses |
| | C. Birth attendants |
| | Thank you for participating in our survey. We really appreciate your time, and are grateful for meeting with us today. |