



QUESTIONNAIRE FOR INDIVIDUAL WOMEN

Multiple Indicator Cluster Survey 2023

Approved on November 1st 2022 meeting of the Steering Committee
established by Resolution no. 526s of the Cabinet of Ministers of the
Azerbaijan Republic dated 17/08/2022.

WOMAN'S INFORMATION PANEL		WM
WM1. Cluster number: _____	WM2. Household number: _____	
WM3. Woman's name and line number: NAME _____ № _____	WM4. Supervisor's name and number: NAME _____ № _____	
WM5. Interviewer's name and number: NAME _____ № _____	WM6. Day / Month / Year of interview: _____ / _____ / 202_	

<p>Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If the age is 15-17 years, verify the consent of the adult referred to in line HH33 to conduct the interview. If no consent is obtained, the interview should not be started and "06" should be noted in item WM17. In very rare cases, such as, in the absence of the mother of a 15-17-year-old child or another adult caring for the child, the child may answer questions with her/his consent (HL20 = 90).</p>		<p>WM7. Record the time:</p> <p>HOURS : MINUTES</p> <p>_____ : _____</p>
<p>WM8. Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?</p>	<p>YES, INTERVIEWED ALREADY1</p> <p>NO, FIRST INTERVIEW2</p>	<p>1 ⇒ WM9B</p> <p>2 ⇒ WM9A</p>
<p>WM9A. Hello, my name is (your name), surname (your surname) We are from State Statistical Committee. We are conducting a survey about the situation of children, women and households. I would like to talk to you about your health and other topics. This interview usually will take about 20 minutes. We also ask questions to mothers about their children. In accordance with the Law of the Republic of Azerbaijan on "Official Statistics", the confidentiality of the requested information is guaranteed and it will be used only in aggregated form. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>	<p>WM9B. Now I would like to talk to you about your health and other topics in more detail. This interview will take about 20 minutes. In accordance with the Law of the Republic of Azerbaijan on "Official Statistics", the confidentiality of the requested information is guaranteed and it will be used only in aggregated form. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?</p>	
<p>YES1</p> <p>NO / NOT ASKED2</p>	<p>1 ⇒ WOMAN'S BACKGROUND Module</p> <p>2 ⇒ WM17</p>	

<p>WM17. Result of interview.</p> <p>Discuss any result not completed with Supervisor.</p>	<p>COMPLETED.....01</p> <p>NOT AT HOUSE (DWELLING)02</p> <p>REFUSED03</p> <p>PARTIALLY COMPLETED.....04</p> <p>INCAPACITATED</p> <p>(specify) _____ 05</p> <p>NO ADULT CONSENT FOR RESPONDENT</p> <p>AGE 15-1706</p> <p>OTHER (specify) _____ 96</p>
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WOMAN'S BACKGROUND		WB
WB1. Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47): Is this respondent also the respondent to the HOUSEHOLD QUESTIONNAIRE?	YES, RESPONDENT IS THE SAME, WM3=HH47 1 NO, RESPONDENT IS NOT THE SAME, WM3≠HH47 2	1 ⇨ WB15
WB3. In what month and year were you born?	DATE OF BIRTH MONTH DK MONTH 98 YEAR DK YEAR 9998	
WB4. How old are you? <i>Probe: How old were you at your last birthday?</i> <i>If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.</i>	AGE (IN COMPLETED YEARS)	
WB5. Have you ever attended school or any preschool programme?	YES 1 NO 2	2 ⇨ WB15
WB6. What is the highest level and grade or year of school you have attended?	PRESCHOOL 00 GENERAL SECONDARY PRIMARY (GRADES 1-4) 11 LOWER SECONDARY (GRADES 5-9) 12 UPPER SECONDARY (GRADES 10-11/12) 13 COMPLETE VOCATIONAL EDUCATION INITIAL VOCATIONAL 21 TECHNICAL VOCATIONAL 22 HIGH TECHNICAL VOCATIONAL 23 VOCATIONAL SECONDARY EDUCATION STAGE 31 HIGHER EDUCATION: BACHELOR [MAIN (BASIC HIGHER) MEDICAL EDUCATION] 41 MASTER (RESIDENCY) 42 DOCTORATE (ADJUNCT) 43	00 ⇨ WB15
WB7. Did you complete that (grade/year)?	YES 1 NO 2	
WB8. Check WB4: Age of respondent:	AGE 15-24 1 AGE 25-49 2	2 ⇨ WB15
WB9. At any time during the current 2022-2023 school year, did you attend school?	YES 1 NO 2	2 ⇨ WB11

WB10. During this current, 2022-2023 school year, which level and grade or year are you <u>attending</u> ?	<p>PRESCHOOL00</p> <p>GENERAL SECONDARY</p> <p>PRIMARY (GRADES 1-4) 11 __ __</p> <p>LOWER SECONDARY (GRADES 5-9) 12 __ __</p> <p>UPPER SECONDARY (GRADES 10-11/12) 13 __ __</p> <p>COMPLETE VOCATIONAL EDUCATION</p> <p>INITIAL VOCATIONAL21 __ __</p> <p>TECHNICAL VOCATIONAL22 __ __</p> <p>HIGH TECHNICAL VOCATIONAL 23 __ __</p> <p>VOCATIONAL SECONDARY</p> <p>EDUCATION STAGE..... 31 __ __</p> <p>HIGHER EDUCATION:</p> <p>BACHELOR [MAIN (BASIC HIGHER) MEDICAL EDUCATION] 41 __ __</p> <p>MASTER (RESIDENCY)..... 42 __ __</p> <p>DOCTORATE (ADJUNCT) 43 __ __</p>	
WB11. At any time during the previous, 2021-2022 school year, did you attend school?	YES 1 NO 2	2 ⇒ WB15
WB12. During that previous, 2021-2022 school year, which level and grade or year did you <u>attend</u> ?	<p>PRESCHOOL00</p> <p>GENERAL SECONDARY</p> <p>PRIMARY (GRADES 1-4) 11 __ __</p> <p>LOWER SECONDARY (GRADES 5-9) 12 __ __</p> <p>UPPER SECONDARY (GRADES 10-11/12) 13 __ __</p> <p>COMPLETE VOCATIONAL EDUCATION</p> <p>INITIAL VOCATIONAL21 __ __</p> <p>TECHNICAL VOCATIONAL22 __ __</p> <p>HIGH TECHNICAL VOCATIONAL 23 __ __</p> <p>VOCATIONAL SECONDARY</p> <p>EDUCATION STAGE..... 31 __ __</p> <p>HIGHER EDUCATION:</p> <p>BACHELOR [MAIN (BASIC HIGHER) MEDICAL EDUCATION] 41 __ __</p> <p>MASTER (RESIDENCY)..... 42 __ __</p> <p>DOCTORATE (ADJUNCT) 43 __ __</p>	
WB15. How many years have you continuously lived in this city/town/village? <i>If less than one year, record '00' years.</i>	NUMBER OF YEARS..... __ __ CONTINUOUSLY SINCE BIRTH 95	95 ⇒ WB18A

<p>WB16. Just before you moved here, did you live in city, town or village?</p> <p><i>Probe to identify the type of settlement.</i></p> <p><i>If unable to determine whether the settlement is a city, a town or a village, write the name of the settlement and then temporarily record '5' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p><i>(Name of place she lived in before)</i></p>	<p>IN CITY 1</p> <p>IN TOWN 2</p> <p>IN VILLAGE 3</p> <p>UNABLE TO DETERMINE IF CITY/TOWN/VILLAGE 5</p> <p>DK / DON'T REMEMBER 8</p>	
<p>WB17. Could you please tell me the name of the settlement you lived in before you moved here?</p> <p><i>If the settlement is outside of Azerbaijan, only the name of that country should be recorded.</i></p>	<p>NAME: _____</p> <p>CODE: _____</p> <p>OUTSIDE AZERBAIJAN (specify the name of the country) _____ 96</p>	
<p>WB18A. Are you covered by any health insurance other than mandatory health insurance?</p>	<p>YES 1</p> <p>NO 2</p>	2 ⇒ End
<p>WB19A. What type of health insurance are you covered by?</p> <p><i>Record all mentioned.</i></p>	<p>HEALTH INSURANCE THROUGH EMPLOYER..... B</p> <p>VOLUNTARY HEALTH INSURANCE..... D</p> <p>OTHER (specify) _____ X</p>	

FERTILITY/BIRTH HISTORY		CM
CM1. Now I would like to ask a few questions about all the births you have had during your life. Have you ever given birth? <i>This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.</i>	YES 1 NO 2	2 ⇒ CM8
CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?	YES 1 NO 2	2 ⇒ CM5
CM3. How many sons live with you? <i>If none, record '00'.</i>	SONS AT HOME..... _ _	
CM4. How many daughters live with you? <i>If none, record '00'.</i>	DAUGHTERS AT HOME..... _ _	
CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES 1 NO 2	2 ⇒ CM8
CM6. How many sons are alive but do not live with you? <i>If none, record '00'.</i>	SONS ELSEWHERE _ _	
CM7. How many daughters are alive but do not live with you? <i>If none, record '00'.</i>	DAUGHTERS ELSEWHERE _ _	
CM8. Have you ever given birth to a boy or girl who was born alive but later died? <i>If 'No' probe by asking: I mean, to 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?</i>	YES 1 NO 2	2 ⇒ CM11
CM9. How many boys have died? <i>If none, record '00'.</i>	BOYS DEAD _ _	
CM10. How many girls have died? <i>If none, record '00'.</i>	GIRLS DEAD _ _	
CM11. Sum the answers to CM3, CM4, CM6, CM7, CM9 and CM10.	SUM _ _	
CM12. Just to make sure that I have this right, you have had in total (total number in CM11) births during your life. Is this correct?	YES 1 NO 2	1 ⇒ CM14
CM13. Check responses to CM1-CM10 and make corrections as necessary until the response in CM12 is 'Yes'.		
CM14. Check CM11: How many live births?	NO LIVE BIRTHS, CM11=00..... 0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE..... 1	0 ⇒ End

FERTILITY/BIRTH HISTORY **BH**

BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins, triplets, quadruplets and quintuplets on separate lines.

BH0. BH Line Number	BH1. What name was given to your (first/next) baby? <i>If no name is given, record "baby"</i>	BH2. Were any of these births twins? 1 SINGLE 2 MULTI.	BH3. Is (<i>name of birth</i>) a boy or a girl? 1 BOY 2 GIRL	BH4. On what day, month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive? 1 YES 2 NO	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you? 1 YES 2 NO	BH8. <i>Record household line number of child (from HL1) Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)? Record days if less than 1 month; record months if less than 2 years; or if more than 2 record years.</i>		BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>) including any children who died after birth? 1 YES 2 NO
		S M	B G	Day	Month	Year	Y N	Age	Y N	Line No	Unit	Number	Y N
01		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ Next Birth	DAYS 1 MONTHS .. 2 YEARS 3	___	
02		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS 1 MONTHS .. 2 YEARS 3	___	1 2 Add Next Birth Birth
03		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS 1 MONTHS .. 2 YEARS 3	___	1 2 Add Next Birth Birth
04		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS 1 MONTHS .. 2 YEARS 3	___	1 2 Add Next Birth Birth
05		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒ BH10	DAYS 1 MONTHS .. 2 YEARS 3	___	1 2 Add Next Birth Birth

BH0. BH Line Number	BH1. What name was given to your (first/next) baby? <i>If no name is given, record "baby"</i>	BH2. Were any of these births twins? 1 SINGLE 2 MULTI.	BH3. Is (<i>name of birth</i>) a boy or a girl? 1 BOY 2 GIRL	BH4. On what day, month and year was (<i>name of birth</i>) born? Probe: What is (his/her) birthday?			BH5. Is (<i>name of birth</i>) still alive? 1 YES 2 NO	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you? 1 YES 2 NO	BH8. <i>Record household line number of child (from HL1) Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)? Record days if less than 1 month; record months if less than 2 years; or if more than 2 record years.</i>		BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>) including any children who died after birth? 1 YES 2 NO
06		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒BH10	DAYS1 MONTHS ..2 YEARS3	___	1 2 Add Next Birth Birth
07		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒BH10	DAYS1 MONTHS ..2 YEARS3	___	1 2 Add Next Birth Birth
08		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒BH10	DAYS1 MONTHS ..2 YEARS3	___	1 2 Add Next Birth Birth
09		1 2	1 2	___	___	___	1 2	___	1 2	___ ⇒BH10	DAYS1 MONTHS ..2 YEARS3	___	1 2 Add Next Birth Birth
10		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒BH10	DAYS1 MONTHS ..2 YEARS3	___	1 2 Add Next Birth Birth
11		1 2	1 2	___	___	___	1 2 BH9	___	1 2	___ ⇒BH10	DAYS1 MONTHS ..2 YEARS3	___	1 2 Add Next Birth Birth


BH0. BH Line Number	BH1. What name was given to your (first/next) baby? <i>If no name is given, record "baby"</i>	BH2. Were any of these births twins? 1 SINGLE 2 MULTI.	BH3. Is (<i>name of birth</i>) a boy or a girl? 1 BOY 2 GIRL	BH4. On what day, month and year was (<i>name of birth</i>) born? <i>Probe: What is (his/her) birthday?</i>			BH5. Is (<i>name of birth</i>) still alive? 1 YES 2 NO	BH6. How old was (<i>name of birth</i>) at (his/her) last birthday? <i>Record age in completed years.</i>	BH7. Is (<i>name of birth</i>) living with you? 1 YES 2 NO	BH8. <i>Record household line number of child (from HL1) Record '00' if child is not listed.</i>	BH9. How old was (<i>name of birth</i>) when (he/she) died? <i>If '1 year', probe: How many months old was (<i>name of birth</i>)? Record days if less than 1 month; record months if less than 2 years; or if more than 2 record years.</i>		BH10. Were there any other live births between (<i>name of previous birth</i>) and (<i>name of birth</i>) including any children who died after birth? 1 YES 2 NO
12		1 2	1 2	___	___	___	1 2 ♂ BH9	___	1 2	___ ⇒ BH10	DAYS 1 MONTHS .. 2 YEARS 3	___	1 ♂ 2 ♂ <i>Add Next Birth Birth</i>
13		1 2	1 2	___	___	___	1 2 ♂ BH9	___	1 2	___ ⇒ BH10	DAYS 1 MONTHS .. 2 YEARS 3	___	1 ♂ 2 ♂ <i>Add Next Birth Birth</i>
14		1 2	1 2	___	___	___	1 2 ♂ BH9	___	1 2	___ ⇒ BH10	DAYS 1 MONTHS .. 2 YEARS 3	___	1 ♂ 2 ♂ <i>Add Next Birth Birth</i>
BH11. Have you had any live births since the birth of (<i>name of last birth listed</i>)?								YES..... 1 NO..... 2				1 ⇒ <i>Record birth(s) in Birth History</i>	

CM15. Compare number in CM11 with number of births listed in the birth history above and check:	NUMBERS ARE THE SAME 1 NUMBERS ARE DIFFERENT 2	1 ⇒ CM17
CM16. Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.		
CM17. Check BH4: Last birth occurred within the last 2 years, that is, since (month of interview) in (year of interview minus 2)? If the month of interview and the month of birth are the same, and the year of birth is (year of interview minus 2), consider this as a birth within the last 2 years.	NO LIVE BIRTHS IN THE LAST 2 YEARS 0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS 1	0 ⇒ End
CM18. Copy name of the last child listed in BH1. If the child has died, take special care when referring to this child by name in the following modules.	NAME OF LAST-BORN CHILD _____	

DESIRE FOR LAST BIRTH		DB
DB1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=1 1 NO, CM17=0 OR BLANK 2	2 ⇒ End
DB2. When you got pregnant with (<i>name</i>), did you want to get pregnant at that time?	YES 1 NO 2	1 ⇒ End
DB3. Check CM11: Number of births:	ONLY 1 BIRTH 1 2 OR MORE BIRTHS 2	1 ⇒ DB4A 2 ⇒ DB4B
DB4A. Did you want to have a baby later on, or did you not want any children?	LATER 1 NO MORE / NONE 2	
DB4B. Did you want to have a baby later on, or did you not want any more children?		

MATERNAL AND NEWBORN HEALTH		MN
MN1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=11 NO, CM17=0 OR BLANK2	2 ⇒ End
MN2. Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?	YES1 NO2	2 ⇒ MN19
MN3. Whom did you see? <i>Probe: Anyone else?</i> <i>Probe for the type of person seen and record all answers given.</i>	HEALTH PROFESSIONAL DOCTOR.....A NURSE / MIDWIFEB FELDSHER.....C OTHER PERSON MAMACHA (TRADITIONAL BIRTH ATTENDANT)..... F OTHER (<i>specify</i>)X	
MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy? <i>Record the answer as stated by respondent. If “9 months” or later, record 9.</i>	WEEKS1 ____ MONTHS2 <u>0</u> ____ DK998	
MN5. How many times did you receive antenatal care during this pregnancy? <i>Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.</i>	NUMBER OF TIMES ____ DK98	
MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once: [A] Was your blood pressure measured? [B] Did you give a urine sample? [C] Did you give a blood sample?	<div style="text-align: right;">YES NO</div> BLOOD PRESSURE MEASURED..... 1 2 URINE SAMPLE TAKEN..... 1 2 BLOOD SAMPLE TAKEN..... 1 2	

<p>MN19. Who assisted with the delivery of (<i>name</i>)?</p> <p><i>Probe: Anyone else?</i></p> <p><i>Probe for the type of person assisting and record all answers given.</i></p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTOR.....A</p> <p>NURSE / MIDWIFEB</p> <p>FELDSHER.....C</p> <p>OTHER PERSON</p> <p>MAMACHA (TRADITIONAL BIRTH ATTENDANT)..... F</p> <p>RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>)X</p> <p>NO ONE.....Y</p>	
<p>MN20. Where did you give birth to (<i>name</i>)?</p> <p><i>Probe to identify the place.</i></p> <p><i>If the respondent is unable to determine whether the health institution is public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(<i>Name of health institution</i>)</p>	<p>HOUSE / APARTMENT</p> <p>RESPONDENT'S HOUSE / APARTMENT 11</p> <p>OTHER HOUSE / APARTMENT 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>PUBLIC MATERNITY HOSPITAL / HOSPITAL / POLYCLINIC 21</p> <p>PUBLIC HEALTH POST23</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC / HEALTH CENTER 31</p> <p>OTHER PRIVATE MEDICAL (<i>specify</i>) 36</p> <p>DK PUBLIC OR PRIVATE..... 76</p> <p>OTHER (<i>specify</i>) 96</p>	<p>11 ⇒MN23</p> <p>12 ⇒MN23</p> <p>96 ⇒MN23</p>
<p>MN21. Was (<i>name</i>) delivered by caesarean section?</p> <p>That is, did they cut your belly open to take the baby out?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇒MN23</p>
<p>MN22. When was the decision made to have the caesarean section?</p> <p><i>Probe if necessary: Was it before or after your labour pains started?</i></p>	<p>BEFORE LABOUR PAINS.....1</p> <p>AFTER LABOUR PAINS2</p>	

<p>MN23. Immediately after the birth, was (name) put directly on the bare skin of your chest?</p> <p><i>If necessary, show the picture of skin-to-skin position to the respondent.</i></p>  <p><small>Photo Credit: Joyce Godwin</small></p>	<p>YES1</p> <p>NO2</p> <p>DK/ DON'T REMEMBER8</p>	<p>2 ⇒ MN25</p> <p>8 ⇒ MN25</p>
<p>MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?</p>	<p>YES1</p> <p>NO2</p> <p>DK/ DON'T REMEMBER8</p>	
<p>MN25. Was (name) dried or wiped soon after birth?</p>	<p>YES1</p> <p>NO2</p> <p>DK/ DON'T REMEMBER8</p>	
<p>MN26. How many hours or days after the birth was (name) bathed for the first time?</p> <p><i>If "immediately" or less than 1 hour, record '000'.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>If "1 day" or "next day", probe: About how many hours after the delivery?</i></p> <p><i>If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.</i></p> <p><i>If 24 hours or more, record days.</i></p>	<p>IMMEDIATELY/LESS THAN 1 HOUR000</p> <p>HOURS1 ____</p> <p>DAYS2 ____</p> <p>NEVER BATHED997</p> <p>DK / DON'T REMEMBER998</p>	
<p>MN32. When (name) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?</p>	<p>VERY LARGE1</p> <p>LARGER THAN AVERAGE2</p> <p>AVERAGE3</p> <p>SMALLER THAN AVERAGE4</p> <p>VERY SMALL5</p> <p>DK8</p>	
<p>MN33. Was (name) weighed at birth?</p>	<p>YES1</p> <p>NO2</p> <p>DK8</p>	<p>2 ⇒ MN35</p> <p>8 ⇒ MN35</p>
<p>MN34. How much did (name) weigh?</p> <p><i>If a card or bracelet is available, record weight from card or from bracelet.</i></p>	<p>FROM CARD/BRACELET1 (KG) ____ . ____</p> <p>FROM RECALL2 (KG) ____ . ____</p> <p>DK99998</p>	

MN35. Has your menstrual period returned since the birth of <i>(name)</i> ?	YES1 NO2	
MN36. Did you ever breastfeed <i>(name)</i> ?	YES1 NO2	2 ⇒ MN39B
MN37. How long after birth did you first put <i>(name)</i> to the breast? <i>If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.</i>	IMMEDIATELY000 HOURS1 ____ DAYS2 ____ DK / DON'T REMEMBER998	
MN38. In the first two days after delivery, was <i>(name)</i> given anything other than breast milk to eat or drink? <i>Probe: Anything at all like water or infant formula?</i>	YES1 NO2	1 ⇒ MN39A 2 ⇒ End
MN39A. What was <i>(name)</i> given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' is not a valid response and response category Y cannot be recorded.</i>	MILK (OTHER THAN BREAST MILK)A PLAIN WATERB SUGAR WATERC GRIPE WATERD SUGAR-SALT-WATER SOLUTIONE INFANT FORMULAG HERBAL TEAH PRESCRIBED MEDICINEJ	
MN39B. In the first two days after delivery, what was <i>(name)</i> given to drink? <i>Probe: Anything else?</i> <i>'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.</i>	OTHER (<i>specify</i>)X NOT GIVEN ANYTHING TO DRINKY	

POST-NATAL HEALTH CHECKS		PN
PN1. Check CM17: Was there a live birth in the last 2 years? Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name _____	YES, CM17=11 NO, CM17=0 OR BLANK2	2 ⇒ End
PN2. Check MN20: Was the child delivered in a health facility?	YES, MN20=21-36 OR 761 NO, MN20=11-12 OR 962	2 ⇒ PN7
PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (name) . You have said that you gave birth in (name or type of facility in MN20) . How long did you stay there after the delivery? If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.	HOURS1 ____ DAYS2 ____ WEEKS3 ____ DK / DON'T REMEMBER998	
PN4. I would like to talk to you about checks on (name) 's health after delivery – for example, someone examining (name) , checking the cord, or seeing if (name) is ok. Before you left the (name or type of facility in MN20) , did anyone check on (name) 's health?	YES1 NO2	
PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you? Did anyone check on <u>your</u> health before you left (name or type or facility in MN20) ?	YES1 NO2	
PN6. Now I would like to talk to you about what happened after you left (name or type of facility in MN20) . Did anyone check on (name) 's health after you left (name or type of facility in MN20) ?	YES1 NO2	1 ⇒ PN12 2 ⇒ PN17
PN7. Check MN19: Did doctor, nurse, midwife, feldsher, or mamacha (traditional birth attendant) assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A TO F RECORDED1 NO, NONE OF THE CATEGORIES A TO F RECORDED2	2 ⇒ PN11

<p>PN8. You have already said that <i>(person or persons in MN19)</i> assisted with the birth. Now I would like to talk to you about checks on <i>(name)</i>'s health after delivery, for example examining <i>(name)</i>, checking the cord, or seeing if <i>(name)</i> is ok.</p> <p>After the delivery was over and before <i>(person or persons in MN19)</i> left you, did <i>(person or persons in MN19)</i> check on <i>(name)</i>'s health?</p>	<p>YES1</p> <p>NO2</p>	
<p>PN9. And did <i>(person or persons in MN19)</i> check on <u>your</u> health before leaving, for example asking questions about your health or examining you?</p>	<p>YES1</p> <p>NO2</p>	
<p>PN10. After the <i>(person or persons in MN19)</i> left you, did anyone check on the health of <i>(name)</i>?</p>	<p>YES1</p> <p>NO2</p>	<p>1 ⇒ PN12</p> <p>2 ⇒ PN19</p>
<p>PN11. I would like to talk to you about checks on <i>(name)</i>'s health after delivery – for example, someone examining <i>(name)</i>, checking the cord, or seeing if the baby is ok.</p> <p>After <i>(name)</i> was delivered, did anyone check on (his/her) health?</p>	<p>YES1</p> <p>NO2</p>	<p>2 ⇒ PN20</p>
<p>PN12. Did such a check happen only once, or more than once?</p>	<p>ONCE1</p> <p>MORE THAN ONCE2</p>	<p>1 ⇒ PN13A</p> <p>2 ⇒ PN13B</p>
<p>PN13A. How long after delivery did that check happen?</p> <p>PN13B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i> <i>If less than one week, record days.</i> <i>Otherwise, record weeks.</i></p>	<p>HOURS1 ____</p> <p>DAYS2 ____</p> <p>WEEKS3 ____</p> <p>DK / DON'T REMEMBER998</p>	
<p>PN14. Who checked on <i>(name)</i>'s health at that time?</p>	<p>HEALTH PROFESSIONAL</p> <p>DOCTORA</p> <p>NURSE / MIDWIFEB</p> <p>FELDSHERC</p> <p>OTHER PERSON</p> <p>MAMACHA (TRADITIONAL BIRTH ATTENDANT)F</p> <p>RELATIVE / FRIENDH</p> <p>OTHER (<i>specify</i>)X</p>	

<p>PN15. Where did this check take place?</p> <p><i>Probe to identify the type of place.</i></p> <p><i>If the respondent is unable to determine whether the health institution is public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i></p> <p>_____</p> <p>(Name of health institution)</p>	<p>HOUSE / APARTMENT</p> <p>RESPONDENT'S HOUSE / APARTMENT 11</p> <p>OTHER HOUSE / APARTMENT 12</p> <p>PUBLIC MEDICAL SECTOR</p> <p>PUBLIC MATERNITY HOSPITAL / HOSPITAL / POLYCLINIC21</p> <p>PUBLIC HEALTH POST23</p> <p>OTHER PUBLIC (<i>specify</i>) 26</p> <p>PRIVATE MEDICAL SECTOR</p> <p>PRIVATE HOSPITAL / CLINIC / HEALTH CENTER31</p> <p>OTHER PRIVATE MEDICAL INSTITUTION (<i>specify</i>) 36</p> <p>DK PUBLIC OR PRIVATE 76</p> <p>OTHER (<i>specify</i>) 96</p>	
<p>PN16. Check MN20: Was the child delivered in a health facility?</p>	<p>YES, MN20=21-36 OR 76..... 1</p> <p>NO, MN20=11-12 OR 96..... 2</p>	<p>2 ⇒ PN18</p>
<p>PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ PN21</p> <p>2 ⇒ PN25</p>
<p>PN18. Check MN19: Did doctor, nurse, midwife, feldsher, or mamacha (traditional birth attendant) assist with the delivery?</p>	<p>YES, AT LEAST ONE OF THE CATEGORIES A TO F RECORDED1</p> <p>NO, NONE OF THE CATEGORIES A TO F RECORDED 2</p>	<p>2 ⇒ PN20</p>
<p>PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?</p>	<p>YES 1</p> <p>NO 2</p>	<p>1 ⇒ PN21</p> <p>2 ⇒ PN25</p>
<p>PN20. After the birth of (<i>name</i>), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?</p>	<p>YES 1</p> <p>NO 2</p>	<p>2 ⇒ PN25</p>
<p>PN21. Did such a check happen only once, or more than once?</p>	<p>ONCE..... 1</p> <p>MORE THAN ONCE 2</p>	<p>1 ⇒ PN22A</p> <p>2 ⇒ PN22B</p>
<p>PN22A. How long after delivery did that check happen?</p> <p>PN22B. How long after delivery did the first of these checks happen?</p> <p><i>If less than one day, record hours.</i></p> <p><i>If less than one week, record days.</i></p> <p><i>Otherwise, record weeks.</i></p>	<p>HOURS1 ____</p> <p>DAYS.....2 ____</p> <p>WEEKS3 ____</p> <p>DK / DON'T REMEMBER 998</p>	

PN23. Who checked on <u>your</u> health at that time?	HEALTH PROFESSIONAL DOCTORA NURSE / MIDWIFEB FELDSHERC OTHER PERSON MAMACHA (TRADITIONAL BIRTH ATTENDANT) F RELATIVE / FRIENDH OTHER (<i>specify</i>) X																	
PN24. Where did this check take place? <i>Probe to identify the type of place.</i> <i>If the respondent is unable to determine whether the health institution is public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.</i> <hr/> (Name of health institution)	HOUSE / APARTMENT RESPONDENT'S HOUSE / APARTMENT 11 ANOTHER HOUSE / APARTMENT 12 PUBLIC MEDICAL SECTOR PUBLIC MATERNITY HOSPITAL / HOSPITAL / POLYCLINIC21 PUBLIC HEALTH POST23 OTHER PUBLIC (<i>specify</i>) 26 PRIVATE MEDICAL SECTOR PRIVATE HOSPITAL / CLINIC / HEALTH CENTER31 OTHER PRIVATE MEDICAL (<i>specify</i>) 36 DK PUBLIC OR PRIVATE 76 OTHER (<i>specify</i>) 96																	
PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility: [A] Examine (name)'s cord? [B] Take the temperature of (name)? [C] Counsel you on breastfeeding (name)?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>EXAMINE THE CORD.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>TAKE TEMPERATURE</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>COUNSEL ON BREASTFEEDING.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	EXAMINE THE CORD.....	1	2	8	TAKE TEMPERATURE	1	2	8	COUNSEL ON BREASTFEEDING.....	1	2	8	
	YES	NO	DK															
EXAMINE THE CORD.....	1	2	8															
TAKE TEMPERATURE	1	2	8															
COUNSEL ON BREASTFEEDING.....	1	2	8															
PN26. Check MN36: Was child ever breastfed?	YES, MN36=1..... 1 NO, MN36=2 2	2 ⇒PN28																
PN27. Observe (name)'s breastfeeding?	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>OBSERVE BREASTFEEDING</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	OBSERVE BREASTFEEDING	1	2	8									
	YES	NO	DK															
OBSERVE BREASTFEEDING	1	2	8															
PN28. Check MN33: Was child weighed at birth?	YES, MN33=1.....1 NO, MN33=22 DK, MN33=83	1 ⇒PN29A 2 ⇒PN29B 3 ⇒PN29C																

<p>PN29A. You mentioned that <i>(name)</i> was weighed at birth. After that, was <i>(name)</i> weighed again by a health care provider within two days?</p> <p>PN29B. You mentioned that <i>(name)</i> was not weighed at birth. Was <i>(name)</i> weighed at all by a health care provider within two days after birth?</p> <p>PN29C. You mentioned that you do not know if <i>(name)</i> was weighed at birth. Was <i>(name)</i> weighed at all by a health care provider within two days after birth?</p>	<p>YES1</p> <p>NO.....2</p>	
<p>PN30. During the first two days after <i>(name)</i>'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?</p>	<p>YES1</p> <p>NO.....2</p>	

MARRIAGE/UNION		MA
MA1. Are you currently married or living together with someone in union?	YES, CURRENTLY OFFICIALLY MARRIED.... 1 YES, LIVING WITH A PARTNER..... 2 NO, NOT IN OFFICIAL MARRIAGE OR IN UNION..... 3	3 ⇒ MA5
MA2. How old is your (husband/partner)? <i>Probe:</i> How old was your (husband/partner) on his last birthday?	AGE IN YEARS __ __ DK..... 98	⇒ MA7 98 ⇒ MA7
MA5. Have you ever been married or lived together with someone in union?	YES, FORMERLY OFFICIALLY MARRIED..... 1 YES, FORMERLY LIVED WITH A PARTNER.. 2 NO..... 3	3 ⇒ End
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED..... 1 DIVORCED 2 SEPARATED 3	
MA7. Have you been married or lived with someone only once or more than once?	ONLY ONCE..... 1 MORE THAN ONCE 2	1 ⇒ MA8A 2 ⇒ MA8B
MA8A. In what month and year did you start living with your (husband/partner)? MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)?	DATE OF (FIRST) UNION MONTH __ __ DK MONTH 98 YEAR..... __ __ __ __ DK YEAR 9998	
MA9. Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998..... 1 NO, MA8A/B≠9998..... 2	2 ⇒ End
MA10. Check MA7: In union only once?	YES, MA7=1 1 NO, MA7=2 2	1 ⇒ MA11A 2 ⇒ MA11B
MA11A. How old were you when you started living with your (husband/partner)? MA11B. How old were you when you started living with your <u>first</u> (husband/partner)?	AGE IN YEARS __ __	

CONTRACEPTION		CP
CP0A. Check MA5: Respondent ever married or lived together with someone as if married?	YES, MA5=1 OR 2 OR BLANK 1 NO, MA5=3 2	2 ⇒ End
<p>CP0B. I would like to talk with you about another subject – family planning.</p> <p>Couples use various ways or methods to delay or avoid getting pregnant.</p> <p>Have you heard of:</p> <p>[A] Female sterilization? Probe: Women can have an operation to avoid having any more children (“tubal ligation”).</p> <p>[B] Male sterilization? Probe: Men can have an operation to avoid having any more children.</p> <p>[C] IUD? Probe: Women can have a loop or coil placed inside them by a doctor or a nurse.</p> <p>[D] Injectables? Probe: Women can have an injection by a doctor or nurse that stops them from becoming pregnant for one or more months.</p> <p>[E] 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.</p> <p>[F] Pill? Probe: Women can take a pill every day to avoid becoming pregnant.</p> <p>[G] Condom? Probe: Men can put a rubber sheath on their penis before sexual intercourse.</p> <p>[H] Female Condom? Probe: Women can place a rubber sheath in their vagina before sexual intercourse.</p> <p>[I] Diaphragm? Probe: Women can insert a soft rubber cup in their vagina to block the sperm from entering their uterus or fallopian tubes.</p> <p>[J] Foam/Jelly? Probe: Women may use spermicidal products (e.g. foam, jelly, cream) that can kill or prevent the sperm from moving and reaching the egg.</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p>	

<p>[L] Periodic abstinence/Rhythm method? <i>Probe:</i> To avoid pregnancy, women do not have sexual intercourse on the days of the month they think they can get pregnant</p> <p>[M] Withdrawal? <i>Probe:</i> Men can be careful and pull out before climax (“the husband keeps me” or “we keep ourselves”).</p> <p>[N] Emergency/postcoital contraception? <i>Probe:</i> As an emergency measure within three days after they have unprotected sexual intercourse, women can take special pills to prevent pregnancy (“morning after pill”).</p> <p>[X] Have you heard of any other ways or methods that women or men can use to avoid pregnancy?</p>	<p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1 NO 2</p> <p>YES 1</p> <p>_____</p> <p style="text-align: center;">(specify)</p> <p>_____</p> <p style="text-align: center;">(specify)</p> <p>NO 2</p>	
<p>CP1. Are you pregnant now?</p>	<p>YES, CURRENTLY PREGNANT 1 NO 2 DK OR NOT SURE 8</p>	<p>1 ⇒ CP3</p>
<p>CP2. Are you currently doing something or using any method to delay or avoid getting pregnant?</p>	<p>YES 1 NO 2</p>	<p>1 ⇒ CP4</p>
<p>CP3. Have you ever done something or used any method to delay or avoid getting pregnant?</p>	<p>YES 1 NO 2</p>	<p>1 ⇒ End 2 ⇒ End</p>
<p>CP4. What are you doing to delay or avoid a pregnancy?</p> <p>Do not prompt. If more than one method is mentioned, record each one.</p>	<p>FEMALE STERILIZATION A MALE STERILIZATION B IUD..... C INJECTABLES D IMPLANTS E PILL F MALE CONDOM..... G FEMALE CONDOM H DIAPHRAGM..... I FOAM / JELLY..... J PERIODIC ABSTINENCE / RHYTHM L WITHDRAWAL M</p> <p>OTHER (specify) _____ X</p>	

UNMET NEED		UN
UN0. Check MA5: Respondent ever married or lived together with someone as if married?	YES, MA5=1 OR 2 OR BLANK..... 1 NO, MA5=3 2	2 ⇨ End
UN1. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	2 ⇨ UN6
UN2. Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	YES 1 NO 2	1 ⇨ UN5
UN3. Check CM11: Any births?	NO BIRTHS 0 ONE OR MORE BIRTHS 1	0 ⇨ UN4A 1 ⇨ UN4B
UN4A. Did you want to have a baby later on or did you not want any children? UN4B. Did you want to have a baby later on or did you not want any more children?	LATER 1 NONE / NO MORE 2	
UN5. Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD 1 NO MORE / NONE 2 UNDECIDED / DK 8	1 ⇨ UN8 2 ⇨ UN14 8 ⇨ UN14
UN6. Check CP4: Currently using 'Female sterilization'?	YES, USES FEMALE STERILIZATION (CP4=A) 1 NO, DOES NOT USE FEMALE STERILIZATION (CP4≠A) 2	1 ⇨ UN14
UN7. Now I would like to ask you 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 CANNOT GET PREGNANT 3 UNDECIDED / DK 8	2 ⇨ UN10 3 ⇨ UN12 8 ⇨ UN10
UN8. How long would you like to wait before the birth of (a/another) child? <i>Record the answer as stated by respondent.</i>	MONTHS 1 ____ YEARS 2 ____ DOES NOT WANT TO WAIT (SOON/NOW) 993 SAYS SHE CANNOT GET PREGNANT 994 AFTER MARRIAGE 995 OTHER 996 DK 998	994 ⇨ UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1 1 NO, DK OR NOT SURE, CP1=2 OR 8 2	1 ⇨ UN14
UN10. Check CP2: Currently using any method to delay or avoid pregnancy?	YES, CP2=1 1 NO, CP2=2 2	1 ⇨ UN14

UN11. Do you think you are physically able to get pregnant at this time?	YES 1 NO 2 DK 8	1 ⇒ UN14 8 ⇒ UN14
UN12. Why do you think you are not physically able to get pregnant?	INFREQUENT SEX / NO SEX A MENOPAUSAL B NEVER MENSTRUATED C HYSTERECTOMY (SURGICAL REMOVAL OF THE UTERUS) D HAS BEEN TRYING TO GET PREGNANT FOR 2 YEARS OR MORE WITHOUT RESULT E POSTPARTUM AMENORRHEIC F BREASTFEEDING G TOO OLD H FATALISTIC I OTHER (<i>specify</i>) X DK Z	
UN13. Check UN12: 'Never menstruated' mentioned?	MENTIONED, UN12=C 1 NOT MENTIONED, UN12≠C 2	1 ⇒ End
UN14. When did your last menstrual period start? Record the answer using the same unit stated by the respondent. If '1 year', probe: How many months ago?	DAYS AGO 1 ____ WEEKS AGO 2 ____ MONTHS AGO 3 ____ YEARS AGO 4 ____ IN MENOPAUSE / HAS HAD HYSTERECTOMY 993 BEFORE LAST BIRTH 994 NEVER MENSTRUATED 995	993 ⇒ End 994 ⇒ End 995 ⇒ End
UN15. Check UN14: Was the last menstrual period within last year?	YES, WITHIN LAST YEAR 1 NO, ONE YEAR OR MORE 2	2 ⇒ End
UN16. Due to your last menstruation, were there any events or school or work days that you did not attend?	YES 1 NO 2 DK/ NOT SURE/ NO SUCH EVENT 8	
UN17. During your last menstrual period were you able to wash and change in privacy while at home?	YES 1 NO 2 DK 8	
UN18. Did you use any materials such as sanitary pads, tampons or cloth?	YES 1 NO 2 DK 8	2 ⇒ End 8 ⇒ End
UN19. Were the materials reusable?	YES 1 NO 2 DK 8	

ATTITUDES TOWARD DOMESTIC VIOLENCE				DV
DV1. Sometimes a husband is annoyed or angered by things that his wife does. In your opinion, is a husband justified in hitting or beating his wife in the following situations:		YES NO DK		
[A]	If she goes out without telling him?	GOES OUT WITHOUT TELLING	1 2 8	
[B]	If she neglects the children?	NEGLECTS CHILDREN	1 2 8	
[C]	If she argues with him?	ARGUES WITH HIM.....	1 2 8	
[D]	If she refuses to have sex with him?	REFUSES SEX	1 2 8	
[E]	If she burns the food?	BURNS FOOD	1 2 8	

VICTIMISATION		VT
<p>VT1. Check for the presence of others. Before continuing, ensure privacy. Now I would like to ask you some questions about crimes in which you <u>personally</u> were the victim.</p> <p>Let me assure you again that your answers are completely confidential and will not be told to anyone.</p> <p>In the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), has anyone taken or tried taking something from you, by using force or threatening to use force?</p> <p><i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household.</i></p> <p><i>If necessary, help the respondent to establish the recall period and make sure that you allow adequate time for the recall. You may reassure: It can be difficult to remember this sort of incidents, so please take your time while you think about your answers.</i></p>	<p>YES 1</p> <p>NO 2</p> <p>DK 8</p>	<p>2 ⇒ VT9B</p> <p>8 ⇒ VT9B</p>
<p>VT2. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?</p>	<p>YES, DURING THE LAST 12 MONTHS..... 1</p> <p>NO, MORE THAN 12 MONTHS AGO 2</p> <p>DK / DON'T REMEMBER 8</p>	<p>2 ⇒ VT5B</p> <p>8 ⇒ VT5B</p>
<p>VT3. How many times did this happen in the last 12 months?</p> <p><i>If 'Don't know/Don't remember', probe: Did it happen once, twice, or at least three times?</i></p>	<p>ONE TIME 1</p> <p>TWO TIMES 2</p> <p>THREE OR MORE TIMES 3</p> <p>DK / DON'T REMEMBER 8</p>	
<p>VT4. Check VT3: One or more times?</p>	<p>ONE TIME, VT3=1 1</p> <p>MORE THAN ONCE OR DK, VT3=2, 3 OR 8 2</p>	<p>1 ⇒ VT5A</p> <p>2 ⇒ VT5B</p>
<p>VT5A. When this happened, was anything stolen from you?</p> <p>VT5B. The last time this happened, was anything stolen from you?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE..... 8</p>	
<p>VT6. Did the person(s) have a weapon?</p>	<p>YES 1</p> <p>NO 2</p> <p>DK / NOT SURE..... 8</p>	<p>2 ⇒ VT8</p> <p>8 ⇒ VT8</p>
<p>VT7. Was a knife, a gun or something else used as a weapon?</p> <p><i>Record all that apply.</i></p>	<p>YES, A KNIFE..... A</p> <p>YES, A GUN.....B</p> <p>YES, SOMETHING ELSE X</p>	

VT8. Did you or anyone else report the incident to the police? <i>If 'Yes', probe:</i> Was the incident reported by you or someone else?	YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3 DK / NOT SURE..... 8	1 ⇒VT9A 2 ⇒VT9A 3 ⇒VT9A 8 ⇒VT9A
VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), been physically attacked? VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) (<i>year of interview minus 3</i>), have you been physically attacked? <i>If 'No', probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace. <i>Include only incidents in which the respondent was personally the victim and exclude incidents experienced only by other members of the household. Exclude incidents where the intention was to take something from the respondent, which should be recorded under VT1.</i>	YES 1 NO 2 DK 8	 2 ⇒VT20 8 ⇒VT20
VT10. Did this last happen during the last 12 months, that is, since (<i>month of interview</i>) (<i>year of interview minus 1</i>)?	YES, DURING THE LAST 12 MONTHS..... 1 NO, MORE THAN 12 MONTHS AGO 2 DK / DON'T REMEMBER 8	 2 ⇒VT12B 8 ⇒VT12B
VT11. How many times did this happen in the last 12 months? <i>If 'Don't know/Don't remember', probe:</i> Did it happen once, twice, or at least three times?	ONE TIME 1 TWO TIMES 2 THREE OR MORE TIMES 3 DK / DON'T REMEMBER 8	1 ⇒VT12A 2 ⇒VT12B 3 ⇒VT12B 8 ⇒VT12B
VT12A. Where did this happen? VT12B. Where did this happen the last time?	AT HOUSE / APARTMENT 11 IN ANOTHER HOUSE / APARTMENT 12 IN THE STREET 21 ON PUBLIC TRANSPORT 22 RESTAURANT / CAFÉ / BAR 23 OTHER PUBLIC PLACE (<i>specify</i>) 26 AT SCHOOL..... 31 AT WORKPLACE..... 32 OTHER PLACE (<i>specify</i>) 96	
VT13. How many people were involved in committing the offence? <i>If 'Don't know/Don't remember', probe:</i> Was it one, two, or at least three people?	ONE PERSON 1 TWO PEOPLE 2 THREE OR MORE PEOPLE 3 DK / DON'T REMEMBER 8	1 ⇒VT14A 2 ⇒VT14B 3 ⇒VT14B 8 ⇒VT14B

VT14A. At the time of the incident, did you recognize the person?	YES 1 NO 2	
VT14B. At the time of the incident, did you recognize at least one of the persons?	DK / DON'T REMEMBER 8	
VT17. Did the person(s) have a weapon?	YES 1 NO 2 DK / NOT SURE..... 8	2 ⇒ VT19 8 ⇒ VT19
VT18. Was a knife, a gun or something else used as a weapon? <i>Record all relevant answer options.</i>	YES, A KNIFE..... A YES, A GUN.....B YES, SOMETHING ELSE X	
VT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe: Was the incident reported by you or someone else?</i>	YES, RESPONDENT REPORTED 1 YES, SOMEONE ELSE REPORTED 2 NO, NOT REPORTED 3 DK / NOT SURE..... 8	
VT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4 NEVER WALK ALONE AFTER DARK 7	
VT21. How safe do you feel when you are in your (house/apartment) alone after dark?	VERY SAFE 1 SAFE 2 UNSAFE 3 VERY UNSAFE..... 4 NEVER ALONE AFTER DARK 7	
VT22. In the past 12 months, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?	<div>YES NO DK</div> <div>ETHNIC /</div> <div>[A] Ethnic or immigration origin? IMMIGRATION ORIGIN 1 2 8</div> <div>[B] Sex? SEX 1 2 8</div> <div>[C] Sexual orientation? SEXUAL ORIENTATION 1 2 8</div> <div>[D] Age? AGE..... 1 2 8</div> <div>[E] Religion or belief? RELIGION / BELIEF 1 2 8</div> <div>[F] Disability? DISABILITY 1 2 8</div> <div>[X] For any other reason? OTHER REASON..... 1 2 8</div>	

ADULT FUNCTIONING		AF
AF1. Check WB4: Age of respondent?	AGE 15-17 YEARS 1 AGE 18-49 YEARS 2	1 ⇒ End
AF2. Do you use glasses or contact lenses? <i>Include the use of glasses for reading.</i>	YES 1 NO 2	
AF3. Do you use a hearing aid?	YES 1 NO 2	
AF4. I will now ask you about difficulties you may have doing a number of different activities and consider that for each activity you can choose one out of four possible answers 1) I have no difficulty, 2) I have some difficulty, 3) I have a lot of difficulty or 4) that I cannot do the activity at all. <i>Repeat the categories during the individual questions whenever the respondent does not use an answer category:</i> Remember, the four possible answers are: 1) I have no difficulty, 2) I have some difficulty, 3) I have a lot of difficulty, or 4) I cannot do the activity at all.		
AF5. Check AF2: Respondent uses glasses or contact lenses?	YES, AF2=1 1 NO, AF2=2 2	1 ⇒ AF6A 2 ⇒ AF6B
AF6A. When using your glasses or contact lenses, do you have difficulty seeing? AF6B. Do you have difficulty seeing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT SEE AT ALL 4	
AF7. Check AF3: Respondent uses a hearing aid?	YES, AF3=1 1 NO, AF3=2 2	1 ⇒ AF8A 2 ⇒ AF8B
AF8A. When using your hearing aid(s), do you have difficulty hearing? AF8B. Do you have difficulty hearing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT HEAR AT ALL 4	
AF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT WALK/ CLIMB STEPS AT ALL 4	
AF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
AF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT CARE FOR SELF AT ALL 4	
AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3	

SEXUAL BEHAVIOUR		SB
SB0. Check MA5: Respondent ever married or lived together with someone as if married?	YES, MA5=1 OR 2 OR BLANK..... 1 NO, MA5=3 2	2 ⇒End
SB1. Check for the presence of others. Before continuing, make every effort to ensure privacy. Now I would like to ask you 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 INTERCOURSE 00 AGE IN YEARS __ __ FIRST TIME WHEN STARTED LIVING WITH (FIRST) HUSBAND / PARTNER 95	00 ⇒End
SB2. I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? <i>Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years.</i>	DAYS AGO 1 __ __ WEEKS AGO 2 __ __ MONTHS AGO 3 __ __ YEARS AGO 4 __ __	4 ⇒End
SB3. The last time you had sexual intercourse, was a condom used?	YES..... 1 NO..... 2	
SB4. What was your relationship to this person with whom you last had sexual intercourse? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i> <i>If 'Boyfriend', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i>	HUSBAND 1 COHABITING PARTNER 2 BOYFRIEND..... 3 CASUAL ACQUAINTANCE 4 OTHER (specify) 6	3 ⇒SB6 4 ⇒SB6 6 ⇒SB6
SB5. Check MA1: Currently married or living with a partner?	YES, MA1=1 OR 2..... 1 NO, MA1=3 2	1 ⇒SB7
SB6. How old is this person? <i>If response is 'Don't know', probe: About how old is this person?</i>	AGE OF SEXUAL PARTNER __ __ DK..... 98	
SB7. Apart from this person, have you had sexual intercourse with any other person in the last 12 months?	YES..... 1 NO..... 2	2 ⇒End
SB8. The last time you had sexual intercourse with another person, was a condom used?	YES..... 1 NO..... 2	

<p>SB9. What was your relationship to this person?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse.</i></p> <p><i>If 'Boyfriend' then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.</i></p>	<p>HUSBAND 1</p> <p>COHABITING PARTNER 2</p> <p>BOYFRIEND..... 3</p> <p>CASUAL ACQUAINTANCE..... 4</p> <p>OTHER (specify) _____ 6</p>	<p>3 ⇒ SB12</p> <p>4 ⇒ SB12</p> <p>6 ⇒ SB12</p>
<p>SB10. Check MA1: Currently married or living with a partner?</p>	<p>YES, MA1=1 OR 2..... 1</p> <p>NO, MA1=3 2</p>	<p>2 ⇒ SB12</p>
<p>SB11. Check MA7: Married or living with a partner only once?</p>	<p>YES, MA7=1 1</p> <p>NO, MA7≠1 2</p>	<p>1 ⇒ End</p>
<p>SB12. How old is this person?</p> <p><i>If response is 'DK', probe: About how old is this person?</i></p>	<p>AGE OF SEXUAL PARTNER (IN YEARS)..... _ _</p> <p>DK..... 98</p>	

WM10. Record the time.	HOURS AND MINUTES : ..	
WM11. Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE 1 NO, OTHERS WERE PRESENT DURING THE ENTIRE INTERVIEW (specify) 2 NO, OTHERS WERE PRESENT DURING PART OF THE INTERVIEW (specify) 3	
WM12. Language of the Questionnaire.	AZERBAIJANI 1 RUSSIAN 2	
WM13. Language of the Interview.	AZERBAIJANI 1 RUSSIAN 2 OTHER (specify) 6	
WM14. Native language of the Respondent.	AZERBAIJANI 1 OTHER (specify) 6	
WM15. Was a translator used for any parts of this questionnaire?	YES, THE ENTIRE QUESTIONNAIRE 1 YES, PARTS OF THE QUESTIONNAIRE 2 NO, NOT USED 3	
WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of any child age 0-4 living in this household?		
<input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.		
<input type="checkbox"/> No ⇒ Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?		
<input type="checkbox"/> Yes ⇒ Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?		
<input type="checkbox"/> Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.		
<input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.		
<input type="checkbox"/> No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.		

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS	