



HAND WASHING		HW
<b>HW1.</b> PLEASE SHOW ME WHERE MEMBERS OF YOUR HOUSEHOLD MOST OFTEN WASH THEIR HANDS.	Observed ..... 1 Not observed Not in apartment/house / on estate..... 2 No permission to observe place ..... 3 Other reason ..... 6	2 ⇨HW4 3 ⇨HW4 6 ⇨HW4
<b>HW2.</b> Observe the presence of water at the specific place for washing hands.  <i>Verify by checking the tap/pump or sink, bucket, water container, etc., for presence of water.</i>	Water is available..... 1 Water is not available..... 2	
<b>HW3.</b> Record if soap or detergent is present at the specific place for washing hands.  <i>Circle all that apply.            Skip to HH19 if any soap or detergent code has been circled (A, B, C or D). If "None" is circled (Y), continue with HW4.</i>	Bar of soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Sand ..... D None ..... Y	A⇨HH19 B⇨HH19 C⇨HH19 D⇨HH19
<b>HW4.</b> DO YOU HAVE ANY SOAP, DETERGENT OR ANY OTHER CLEANING AGENT IN YOUR HOUSEHOLD USED FOR WASHING HANDS?	Yes ..... 1 No ..... 2	2⇨HH19
<b>HW5.</b> CAN YOU PLEASE SHOW IT TO ME?  <i>Record the observation. Circle all that apply.</i>	Bar of soap ..... A Detergent (Powder / Liquid / Paste) ..... B Liquid soap ..... C Ash / Sand ..... D Not able to / Does not want to show ..... Y	

<b>HH19.</b> Record the interview end time.	Hour and minutes ..... : .....
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**HH20.** Thank the respondent for his/her cooperation and check the Household Member Listing Form:

A separate Questionnaire for Individual Women has been issued for each woman aged 15-49 years in the household list (HL7)

A separate Questionnaire for Children Under Five has been issued for each child under the age of 5 in the household list (HL9)

A separate Questionnaire for Individual Men has been issued for each man aged 15-49 years in the household list (HL7A)

Return to the cover page and make sure that all information has been entered, including the number of eligible women (HH12), children under 5 years of age (HH14) and eligible men (HH13A).

Organise the administration of the remaining questionnaire(s) in this household.

### Interviewer's Observations

### Controller's Observations

### Supervisor's Observations



## QUESTIONNAIRE FOR WOMEN AGED 15 TO 49 [BiH]

WOMAN'S INFORMATION PANEL		WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see Household Member Listing Form, column HL7 in the Household Questionnaire). A separate questionnaire should be used for each eligible woman.</i>		
<b>WM1.</b> Cluster number: _____	<b>WM2.</b> Household number: _____	
<b>WM3.</b> Woman's name: _____	<b>WM4.</b> Woman's line number: _____	
Name _____		
<b>WM5.</b> Interviewer name and code: _____	<b>WM6.</b> Day / Month / Year of interview: _____ / _____ / _____	
Name _____		

Repeat greeting if not already read to this woman:

If greeting at the beginning of the household questionnaire has already been read to this woman, then read the following:

WE ARE FROM THE **MINISTRY OF HUMAN RIGHTS AND REFUGEES OF BOSNIA AND HERZEGOVINA**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THIS INTERVIEW WILL TAKE ABOUT **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT **20** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- Yes, permission given ⇨ Go to WM10 to record the time and then begin the interview.
- No, permission not given ⇨ Complete WM7. Inform your supervisor of this result.

<b>WM7.</b> Result of woman's interview	Questionnaire completed .....01
	Respondent not at home .....02
	Refused .....03
	Questionnaire partly completed .....04
	Respondent incapacitated .....05
Other (specify) _____	96

<b>WM8.</b> Control carried out by (Name and number)	<b>WM9.</b> Data entry operator (Name and number):
Name _____	Name _____

<b>WM10.</b> Record the interview start time.	Hour and minutes .....:.....	
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<b>WOMAN'S BACKGROUND</b>	<b>WB</b>
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<b>WB1.</b> IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth Month ..... DK month .....98  Year ..... DK year .....9998	
<b>WB2.</b> HOW OLD ARE YOU?  <i>Probe: HOW OLD WERE YOU ON YOUR LAST BIRTHDAY?</i>  <i>Compare WB1 and/or WB2 and correct if inconsistent</i>	Age (in completed years).....	
<b>WB3.</b> HAVE YOU EVER ATTENDED SCHOOL OR A PRESCHOOL INSTITUTION?	Yes ..... 1 No ..... 2	2⇒WB7
<b>WB4.</b> WHAT IS THE HIGHEST EDUCATION LEVEL YOU ATTENDED?	Preschool ..... 0 Primary ..... 1 Secondary ..... 2 Higher ..... 3	0⇒WB7
<b>WB5.</b> WHAT IS THE HIGHEST GRADE/YEAR YOU COMPLETED AT THAT LEVEL?  <i>If less than 1 grade, enter '00'</i>	Grade/year .....	
<b>WB6.</b> Check WB4: <input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module <input type="checkbox"/> Primary ⇒ Continue with WB7		
<b>WB7.</b> NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show the sentence on the card to the respondent. If the respondent cannot read the whole sentence, probe:</i>  CAN YOU READ PART OF THE SENTENCE TO ME?	Cannot read at all ..... 1 Able to read only parts of the sentence ..... 2 Able to read the whole sentence ..... 3  The sentence isn't written in a language understood by the respondent  ..... 4 <i>(specify language)</i>  Blind / mute, visually / speech impaired ..... 5	

<b>ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY</b>	<b>MT</b>
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<b>MT1.</b> Check WB7: <input type="checkbox"/> Question left blank (Respondent has secondary or more education) ⇒ Continue with MT2 <input type="checkbox"/> Able to read or no sentence available in required language (codes 2, 3 or 4) ⇒ Continue with MT2 <input type="checkbox"/> Cannot read at all or blind/mute, etc. (codes 1 or 5) ⇒ Go to MT3		
<b>MT2.</b> HOW OFTEN DO YOU READ A NEWSPAPER OR MAGAZINE: 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	
<b>MT3.</b> DO YOU LISTEN TO THE RADIO 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	
<b>MT4.</b> HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH TV 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	
<b>MT5.</b> Check WB2: Is the respondent aged 15-24 years? <input type="checkbox"/> Yes, age 15-24 ⇒ Continue with MT6 <input type="checkbox"/> No, age 25-49 ⇒ Go to Next Module		
<b>MT6.</b> HAVE YOU EVER USED A COMPUTER?	Yes ..... 1 No ..... 2	2⇒MT9
<b>MT7.</b> IN THE LAST 12 MONTHS, HAVE YOU USED A COMPUTER FROM ANY LOCATION?	Yes ..... 1 No ..... 2	2⇒MT9
<b>MT8.</b> DURING THE LAST MONTH, HOW OFTEN DID YOU USE A COMPUTER: 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	
<b>MT9.</b> HAVE YOU EVER USED THE INTERNET?	Yes ..... 1 No ..... 2	2⇒Next Module
<b>MT10.</b> IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?  <i>If necessary, probe for use of Internet from any location, with any device, etc.</i>	Yes ..... 1 No ..... 2	2⇒ Next Module
<b>MT11.</b> DURING THE LAST 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	

CHILD MORTALITY		CM
<p><i>This module has to be administered to all women aged 15-49. Questions CM0-CM12 refer only to LIVE births.</i></p>		
<p><b>CM0.</b> Check cluster number in WM1.  <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Continue with CM0A.  <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Go to CM1</p>		
<p><b>CM0A.</b> Now I would like to ask about all the births you have had during your lifetime. How many live born children have you had in your entire life?  <i>Probe to determine whether respondent is referring to live born children.</i>            BY LIVE BORN CHILDREN, I MEAN A CHILD WHO EVER BREATHED OR CRIED OR SHOWED OTHER SIGNS OF LIFE – EVEN IF HE OR SHE LIVED ONLY A FEW MINUTES OR HOURS.            If “None”, circle ‘00’.</p>	None.....00  Number of live-born children .....__ __	⇒CM12A
<p><b>CM0B.</b> What is the date of your last birth (even if the baby died)?  <i>Month and year must be recorded.</i></p>	Date of last birth Day .....__ __ DK day .....98 Month .....__ __ Year .....__ __ __ __	⇒CM12A
<p><b>CM1.</b> Now I would like to ask about all the births you have had during your life. Have you ever given birth?</p>	Yes ..... 1 No ..... 2	2⇒CM8
<p><b>CM2.</b> What was the date of your first birth?            I mean the very first time you gave birth, even if the child is no longer living, or whose father is not your current partner.  <i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i></p>	Date of first birth Day .....__ __ DK day .....98 Month .....__ __ DK month .....98 Year .....__ __ __ __ DK year .....9998	⇒CM4
<p><b>CM3.</b> How many years ago did you have your first birth?</p>	Completed years since first birth.....__ __	
<p><b>CM4.</b> Do you have any sons or daughters to whom you have given birth who are now living with you?</p>	Yes ..... 1 No ..... 2	2⇒CM6
<p><b>CM5.</b> How many sons live with you?            How many daughters live with you?            If none, record ‘00’.</p>	Sons living at home .....__ __ Daughters living at home.....__ __	
<p><b>CM6.</b> Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?</p>	Yes ..... 1 No ..... 2	2⇒CM8
<p><b>CM7.</b> How many sons are alive but do not live with you?            How many daughters are alive but do not live with you?            If none, record ‘00’.</p>	Sons living elsewhere .....__ __ Daughters living elsewhere.....__ __	
<p><b>CM8.</b> Have you ever given birth to a boy or girl who was born alive but later died?            If “No” probe by asking:            I mean to a child who ever breathed or cried or showed other signs of life – even if he or she lived only a few minutes or hours?</p>	Yes ..... 1 No ..... 2	2⇒CM10
<p><b>CM9.</b> How many boys have died?            How many girls have died?            If none, record ‘00’.</p>	Boys dead .....__ __ Girls dead .....__ __	
<p><b>CM10.</b> Sum answers in CM5, CM7 and CM9.</p>	Sum .....__ __	
<p><b>CM11.</b> Just to make sure that I have noted this correctly, you have had in total (total number in CM10) live births during your life. Is this correct?  <input type="checkbox"/> Yes. Check and mark below:  <input type="checkbox"/> No live births (i.e. the sum in CM10 equals 0) ⇒ Continue with CM12A  <input type="checkbox"/> One or more live births ⇒ Continue with CM12  <input type="checkbox"/> No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding to CM12</p>		

<p><b>CM12.</b> OF THESE (total number in CM10) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?  <i>Month and year must be recorded.</i></p>	Date of last birth Day .....__ __ DK day .....98 Month .....__ __ Year .....__ __ __ __			
<p><b>CM12A.</b> SOMETIMES WOMEN HAVE PREGNANCIES THAT MIGHT NOT END WITH A LIVE BIRTH. HAVE YOU EVER HAD ANY PREGNANCY THAT WAS MISCARRIED, ENDED IN A STILLBIRTH, OR THAT WAS TERMINATED EARLY (ABORTED)?</p>	Yes ..... 1 No ..... 2	2⇒CM13		
<p><b>CM12B.</b> HOW MANY MISCARRIAGES HAVE YOU HAD DURING YOUR LIFETIME?            BY MISCARRIAGE, I MEAN AN EARLY AND INVOLUNTARY END OF PREGNANCY WITHIN THE FIRST 5<sup>TH</sup> MONTH OF PREGNANCY.</p>	None.....00 Number of miscarriages.....__ __			
<p><b>CM12C.</b> IN HOW MANY CASES HAVE YOUR PREGNANCIES ENDED WITH A STILLBIRTH?            BY STILLBIRTH, I MEAN A BIRTH THAT TOOK PLACE AFTER THE 5<sup>TH</sup> MONTH OF PREGNANCY, BUT THE CHILD DID NOT SHOW ANY SIGNS OF LIFE.</p>	None.....00 Number of stillbirths.....__ __			
<p><b>CM12D.</b> AND HOW MANY EARLY TERMINATIONS OF PREGNANCY (ABORTIONS) HAVE YOU HAD DURING YOUR LIFETIME?            BY EARLY TERMINATION OF PREGNANCY (ABORTION), I MEAN A PREGNANCY THAT WAS VOLUNTARILY TERMINATED WITHIN THE FIRST 5 MONTHS OF PREGNANCY.</p>	None.....00 Number of early terminations of pregnancy (abortions).....__ __	00⇒CM13		
<p><b>CM12E.</b> WHEN DID YOUR (LAST) EARLY TERMINATION OF PREGNANCY (ABORTION) TAKE PLACE?  <i>Month and year must be recorded.</i></p>	Date of (last) early termination of pregnancy (abortion) Month .....__ __ Year .....__ __ __ __			
<p><b>CM12F.</b> Check in CM12E when the last abortion took place and if:  <input type="checkbox"/> There are no abortions during the last 2 years. ⇒ Go to CM12J  <input type="checkbox"/> The last abortion took place during the last 2 years, that is, since (the month of interviewing) in 2009 ⇒ Continue with CM12G</p>				
<p><b>CM12G.</b> If the respondent has mentioned more than one early termination (abortion), i.e. CM12D is higher than 1, then ask her for the exact month and year of each mentioned early termination (abortion) that took place during the last 2 years, i.e. since (the month of interviewing) 2009. Write down month and year for each early termination (abortion) in CM12H, starting from the last, and for each recorded early termination (abortion) ask the respondent to tell you how many weeks/months she was pregnant when she had the early termination (abortion) and record this appropriately.</p>				
	Last early termination (abortion)	Previous to the last early termination (abortion)	Second last from the last early termination (abortion)	Third last from the last early termination (abortion)
<p><b>CM12H.</b> WHAT MONTH AND YEAR DID YOUR (LAST) EARLY TERMINATION (ABORTION) TAKE PLACE?</p>	<i>Don't ask, it is given in CM12E</i>	Month .....__ __ Year .....__ __ __ __	Month .....__ __ Year .....__ __ __ __	Month .....__ __ Year .....__ __ __ __
<p><b>CM12I.</b> HOW MANY MONTHS (WEEKS) WERE YOU PREGNANT WHEN YOUR PREGNANCY WAS ABORTED?            If the respondent answers in weeks, write down on the appropriate line for weeks, otherwise just record the given months</p>	Weeks 1 .....__ __ Months 2 .....__ __	Weeks 1 .....__ __ Months 2 .....__ __	Weeks 1 .....__ __ Months 2 .....__ __	Weeks 1 .....__ __ Months 2 .....__ __
<p><b>CM12J.</b> Check total number of early terminations (abortions) in CM12D and if total is:  <input type="checkbox"/> from 01 to 04 ⇒ Go to CM13  <input type="checkbox"/> greater than 04 ⇒ Continue with CM12K</p>				
<p><b>CM12K.</b> IN WHAT MONTH AND YEAR DID YOU HAVE YOUR FIRST EARLY TERMINATION OF PREGNANCY (ABORTION)?</p>	Date of first abortion Month .....__ __ DK month .....98 Year .....__ __ __ __ DK year .....9998			⇒CM13
<p><b>CM12L.</b> HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST EARLY TERMINATION (ABORTION)?</p>	Age (in completed years).....__ __			

<p><b>CM13.</b> Check CM0B or CM12: Last birth occurred within the last 2 years, i.e. since (day and month of interview) in 2009</p> <p><input type="checkbox"/> No, there were no live births in the last 2 years or no live birth at all. ⇒ Go to ILLNESS SYMPTOM Module.</p> <p><input type="checkbox"/> Yes, one or more live births in the last 2 years. ⇒ Ask for the name of the last-born child</p> <p style="text-align: center;">Name of last-born child _____</p> <p>If the child has died, take special care when referring to this child by name in the following modules. Continue with the next module.</p>
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DESIRE FOR LAST BIRTH		DB
<p>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Check CM13 in the child mortality module CM and record the name of the last-born child here _____.</p> <p>Use this child's name in the following questions, where indicated.</p>		
<p><b>DB1.</b> WHEN YOU GOT PREGNANT WITH (name), DID YOU WANT TO GET PREGNANT AT THAT TIME?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	1 ⇒ Next Module
<p><b>DB2.</b> DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later ..... 1</p> <p>Did not want more children ..... 2</p>	2 ⇒ Next Module
<p><b>DB3.</b> HOW MUCH LONGER DID YOU WANT TO WAIT?</p>	<p>Months ..... 1 ____</p> <p>Years ..... 2 ____</p> <p>DK ..... 998</p>	

MATERNAL AND NEWBORN HEALTH		MN												
<p>This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Check CM13 in the child mortality module CM and record the name of the last-born child here _____.</p> <p>Use this child's name in the following questions, where indicated.</p>														
<p><b>MN1.</b> DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2 ⇒ MN17												
<p><b>MN2.</b> WHOM DID YOU SEE?</p> <p>Probe: ANYONE ELSE?</p> <p>Probe for the type of person seen and circle all answers given.</p>	<p>Health professional:</p> <p>  Doctor ..... A</p> <p>  Nurse / Midwife ..... B</p> <p>Other person</p> <p>  Traditional birth attendant ..... F</p> <p>  Family member/Friend ..... H</p> <p>Other (specify) ..... X</p>													
<p><b>MN3.</b> HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of times ..... ____</p> <p>DK ..... 98</p>													
<p><b>MN4.</b> AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WAS ANY OF THE FOLLOWING DONE AT LEAST ONCE:</p> <p>[A] WAS YOUR BLOOD PRESSURE MEASURED?</p> <p>[B] DID YOU GIVE A URINE SAMPLE?</p> <p>[C] DID YOU GIVE A BLOOD SAMPLE?</p>	<table border="0"> <tr> <td></td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Blood pressure.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Urine sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>Blood sample.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>		Yes	No	Blood pressure.....	1	2	Urine sample.....	1	2	Blood sample.....	1	2	
	Yes	No												
Blood pressure.....	1	2												
Urine sample.....	1	2												
Blood sample.....	1	2												
<p><b>MN17.</b> WHO ASSISTED WITH THE DELIVERY OF (name)?</p> <p>Probe: ANYONE ELSE?</p> <p>Probe for the type of person assisting and circle all answers given.</p> <p>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</p>	<p>Health professional:</p> <p>  Doctor ..... A</p> <p>  Nurse / Midwife ..... B</p> <p>Other person</p> <p>  Traditional birth attendant ..... F</p> <p>  Relative / Friend ..... H</p> <p>Other (specify) ..... X</p> <p>No one ..... Y</p>													

<p><b>MN18.</b> WHERE DID YOU GIVE BIRTH TO (name)?</p> <p>Probe to identify the type of source.</p> <p>If unable to determine whether public or private, write the name of the place, institution, organisation, etc.</p> <p>_____</p> <p style="text-align: center;">(Name of institution, organisation, etc.)</p>	<p>Home</p> <p>Your home..... 11</p> <p>Other home ..... 12</p> <p>Public sector</p> <p>Hospital ..... 21</p> <p>Health centre ..... 22</p> <p>Other public facility (specify) ..... 26</p> <p>Private Medical Sector</p> <p>Private hospital..... 31</p> <p>Private clinic ..... 32</p> <p>Private maternity home ..... 33</p> <p>Other private medical facility (specify) ..... 36</p> <p>Other (specify) ..... 96</p>	<p>11 ⇒ MN20</p> <p>12 ⇒ MN20</p> <p>96 ⇒ MN20</p>
<p><b>MN19.</b> WAS (name) DELIVERED BY CAESAREAN SECTION? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>MN20.</b> WHEN (name) WAS BORN, WAS HE/SHE: VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE OR VERY SMALL?</p>	<p>Very large ..... 1</p> <p>Larger than average ..... 2</p> <p>Average ..... 3</p> <p>Smaller than average ..... 4</p> <p>Very small ..... 5</p> <p>DK ..... 8</p>	
<p><b>MN21.</b> WAS (name) WEIGHED AT BIRTH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p> <p>DK ..... 8</p>	2 ⇒ MN23 8 ⇒ MN23
<p><b>MN22.</b> HOW MUCH DID (name) WEIGH?</p> <p>Record weight from health card, if available.</p>	<p>From card ..... 1 (kg) ____ . ____</p> <p>From recall ..... 2 (kg) ____ . ____</p> <p>DK ..... 99998</p>	
<p><b>MN23.</b> HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (name)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p><b>MN24.</b> DID YOU EVER BREASTFEED (name)?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2 ⇒ Next Module
<p><b>MN25.</b> HOW LONG AFTER BIRTH DID YOU FIRST PUT (name) TO THE BREAST?</p> <p>If less than 1 hour, record '00' hours.</p> <p>If less than 24 hours, record hours.</p> <p>Otherwise, record days.</p>	<p>Immediately ..... 000</p> <p>Hours ..... 1 ____</p> <p>Days ..... 2 ____</p> <p>DK / don't remember ..... 998</p>	
<p><b>MN26.</b> IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (name) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2 ⇒ Next Module
<p><b>MN27.</b> WHAT WAS (name) GIVEN TO DRINK?</p> <p>Probe: ANYTHING ELSE?</p>	<p>Milk (other than breast milk) ..... A</p> <p>Plain water ..... B</p> <p>Sugar or glucose water ..... C</p> <p>Homemade anti-colic (cramp) solution ..... D</p> <p>Sugar and salt water solution ..... E</p> <p>Fruit juice ..... F</p> <p>Infant formula ..... G</p> <p>Tea / Herbal infusion ..... H</p> <p>Honey ..... I</p> <p>Other (specify) ..... X</p>	



<b>CP2.</b> AS WE MENTIONED EARLIER, COUPLES USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.  ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID PREGNANCY?	Yes..... 1	2⇒Next Module
	No..... 2	
<b>CP3.</b> WHAT ARE YOU DOING TO DELAY OR AVOID A PREGNANCY?  <i>Do not prompt.</i> <i>If more than one method is mentioned, circle each one.</i>	Female sterilisation.....A	
	Male sterilisation.....B	
	IUD.....C	
	Injectables.....D	
	Implants.....E	
	Pill.....F	
	Male condom.....G	
	Female condom.....H	
	Diaphragm.....I	
	Foam / Jelly.....J	
	Lactational amenorrhoea method (LAM).....K	
Periodic abstinence / Rhythm.....L		
Withdrawal.....M		
Other (specify)..... X		

UNMET NEED		UN
<b>UN1.</b> Check CP1. Is the respondent currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
<b>UN2.</b> 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⇒UN4
<b>UN3.</b> DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1 No more children..... 2	
<b>UN4.</b> 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..... 2 Undecided / Don't know..... 8	1⇒UN7 2⇒UN13 8⇒UN13
<b>UN5.</b> Check CP3. Is the respondent currently using "Female sterilisation"? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
<b>UN6.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT THE FUTURE. WOULD YOU LIKE TO HAVE (ANOTHER) A CHILD, OR WOULD YOU PREFER NOT TO HAVE ANY (MORE) CHILDREN?	Have (another) a child..... 1 No more / None..... 2 Says she cannot get pregnant..... 3 Undecided / Don't know..... 8	2⇒UN9 3⇒UN11 8⇒UN9
<b>UN7.</b> HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (ANOTHER) A CHILD?	Months..... 1 ___ Years..... 2 ___ Soon / Now..... 993 Says she cannot get pregnant..... 994 After marriage..... 995 Other..... 996 Don't know..... 998	994⇒UN11
<b>UN8.</b> Check CP1. Is the respondent currently pregnant? <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		
<b>UN9.</b> Check CP2. Is the respondent currently using a contraceptive method? <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN10		
<b>UN10.</b> DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes..... 1 No..... 2 DK..... 8	1 ⇒ UN13 8 ⇒ UN13
<b>UN11.</b> WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?	Infrequent or no sex.....A Menopausal.....B Never menstruated.....C Hysterectomy (surgical removal of uterus).....D Has been trying to get pregnant for 2 years or more without result.....E Postpartum amenorrhea.....F Still breastfeeding.....G Too old.....H Fatalistic.....I Other (specify).....X Don't know.....Z	
<b>UN12.</b> Check UN11. "Never menstruated" mentioned? <input type="checkbox"/> Mentioned ⇒ Go to Next Module <input type="checkbox"/> Not mentioned ⇒ Continue with UN13		
<b>UN13.</b> WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago..... 1 ___ Weeks ago..... 2 ___ Months ago..... 3 ___ Years ago..... 4 ___ In menopause / Has had a hysterectomy..... 994 Before last birth..... 995 Never menstruated..... 996	

ATTITUDES TOWARD DOMESTIC VIOLENCE		DV
<b>DV1.</b> SOMETIMES A HUSBAND BECOMES ANNOYED OR GETS ANGRY AT 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 him.....	1 2 8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects the 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 the food.....	1 2 8

MARRIAGE/UNION		MA
<b>MA1.</b> ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married..... Yes, living with a man..... No, not married.....	1 2 3 3⇒MA5
<b>MA2.</b> HOW OLD IS YOUR HUSBAND/PARTNER? <i>Probe: HOW OLD WAS YOUR HUSBAND/PARTNER ON HIS LAST BIRTHDAY?</i>	Age in years..... DK.....	____ 98
<b>MA2A.</b> Check cluster number in WM1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to MA7 <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Continue with MA3.		
<b>MA3.</b> BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes..... No.....	1 2 2⇒MA7
<b>MA4.</b> HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number..... DK.....	____ 98 ⇒MA7 98⇒MA7
<b>MA5.</b> HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married..... Yes, formerly lived with a man..... No.....	1 2 3 3 ⇒Next Module
<b>MA6.</b> WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed..... Divorced..... Separated.....	1 2 3
<b>MA7.</b> HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once..... More than once.....	1 2
<b>MA8.</b> IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage Month..... DK month..... Year..... DK year.....	____ 98 ____ 9998 ⇒Next Module
<b>MA9.</b> HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years.....	____

SEXUAL BEHAVIOUR		SB
<b>Check for the presence of others. Before continuing, ensure you are alone with the respondent.</b>		
<b>SB1.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GET A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU PROVIDE WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE VERY FIRST TIME?	Never had intercourse..... Age in years..... Had intercourse for the first time when started living with (first) husband/partner.....	00 ____ 95 00⇒Next Module
<b>SB2.</b> THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes..... No..... DK / Don't remember.....	1 2 8
<b>SB3.</b> WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>Record 'years ago' only if last intercourse was one or more years ago. If 12 months or more the answer must be recorded in years.</i>	Days ago..... Weeks ago..... Months ago..... Years ago.....	1 ____ 2 ____ 3 ____ 4 ____ 4⇒SB15
<b>SB4.</b> THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes..... No.....	1 2
<b>SB5.</b> WHAT WAS YOUR RELATIONSHIP TO THE PERSON YOU LAST HAD SEXUAL INTERCOURSE WITH? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse. If "boyfriend", then ask: WERE YOU LIVING TOGETHER AS IF MARRIED? If response is "yes", circle '2'. If response is "no", circle '3'.</i>	Husband..... Cohabiting partner..... Boyfriend..... Casual acquaintance..... Other (specify).....	1 2 3 4 6 3 ⇒SB7 4 ⇒SB7 6 ⇒SB7
<b>SB6.</b> Check MA1: <input type="checkbox"/> Currently married or living with a man as if married (MA1 = 1 or 2) ⇒ Go to SB8 <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7		
<b>SB7.</b> HOW OLD IS THIS PERSON? <i>If response is DK, probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner..... DK.....	____ 98
<b>SB8.</b> HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes..... No.....	1 2 2⇒SB15
<b>SB9.</b> THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes..... No.....	1 2
<b>SB10.</b> WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse If "boyfriend" then ask: Were you living together as if married? If "yes", circle '2'. If "no", circle '3'.</i>	Husband..... Cohabiting partner..... Boyfriend..... Casual acquaintance..... Other (specify).....	1 2 3 4 6 3 ⇒SB12 4 ⇒SB12 6 ⇒SB12
<b>SB11.</b> Check MA1 and MA7: <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) AND Married only once or lived with a man only once (MA7 = 1) ⇒ Go to SB13 <input type="checkbox"/> Else ⇒ Continue with SB12		
<b>SB12.</b> HOW OLD IS THIS PERSON? <i>If response is DK, probe: About how old is this person?</i>	Age of sexual partner..... DK.....	____ 98
<b>SB13.</b> IN THE LAST 12 MONTHS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON, OTHER THAN THESE TWO PERSONS?	Yes..... No.....	1 2 2⇒SB15
<b>SB14.</b> IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners.....	____
<b>SB15.</b> IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME? <i>If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write '95'.</i>	Number of lifetime partners..... DK.....	____ 98

HIV/AIDS		HA																				
<b>HA1.</b> NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.  HAVE YOU EVER HEARD OF THE HIV VIRUS OR AN ILLNESS CALLED AIDS (OR SIDA)?	Yes..... 1 No..... 2	2 ⇒ Next Module																				
<b>HA2.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE VIRUS THAT CAUSES AIDS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No..... 2 DK..... 8																					
<b>HA3.</b> CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No..... 2 DK..... 8																					
<b>HA4.</b> CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE VIRUS THAT CAUSES AIDS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No..... 2 DK..... 8																					
<b>HA5.</b> CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS FROM MOSQUITO BITES?	Yes..... 1 No..... 2 DK..... 8																					
<b>HA6.</b> CAN PEOPLE GET THE VIRUS THAT CAUSES AIDS BY SHARING FOOD WITH A PERSON WHO HAS AIDS?	Yes..... 1 No..... 2 DK..... 8																					
<b>HA7.</b> IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No..... 2 DK..... 8																					
<b>HA8.</b> CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY: [A] DURING PREGNANCY? [B] DURING DELIVERY? [C] BY BREASTFEEDING?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>During pregnancy.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>During delivery.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>By breastfeeding.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Yes	No	DK	During pregnancy.....	1	2	8	During delivery.....	1	2	8	By breastfeeding.....	1	2	8					
	Yes	No	DK																			
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During delivery.....	1	2	8																			
By breastfeeding.....	1	2	8																			
<b>HA9.</b> IN YOUR OPINION, IF A FEMALE TEACHER HAS THE VIRUS THAT CAUSES AIDS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8																					
<b>HA10.</b> WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR SALESPERSON IF YOU KNEW THAT THIS PERSON HAD THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8																					
<b>HA11.</b> IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE VIRUS THAT CAUSES AIDS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8																					
<b>HA12.</b> IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HIM OR HER IN YOUR OWN HOUSEHOLD?	Yes..... 1 No..... 2 DK / Not sure / Depends..... 8																					
<b>HA13.</b> Check CM13: Did the respondent have any live births in last 2 years? <input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24 <input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14																						
<b>HA14.</b> Check MN1: Did the respondent receive antenatal care? <input type="checkbox"/> Yes, received antenatal care ⇒ Continue with HA15 <input type="checkbox"/> No, did not receive antenatal care ⇒ Go to HA24																						
<b>HA15.</b> DURING ANY OF THE VISITS AS PART OF ANTENATAL CARE FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT:  [A] BABIES CONTRACTING THE VIRUS THAT CAUSES AIDS FROM THEIR MOTHER?  [B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE VIRUS THAT CAUSES AIDS? [C] GETTING TESTED FOR THE VIRUS THAT CAUSES AIDS? WERE YOU: [D] OFFERED A TEST FOR THE VIRUS THAT CAUSES AIDS?	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>Contracting virus that causes AIDS from the mother.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>What things can be done.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Tested for virus that causes AIDS.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>Offered a test.....</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		Y	N	DK	Contracting virus that causes AIDS from the mother.....	1	2	8	What things can be done.....	1	2	8	Tested for virus that causes AIDS.....	1	2	8	Offered a test.....	1	2	8	
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Offered a test.....	1	2	8																			

<b>HA16.</b> I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE VIRUS THAT CAUSES AIDS AS PART OF YOUR ANTENATAL CARE (PREGNANCY CHECKS)?	Yes..... 1 No..... 2 DK..... 8	2 ⇒ HA19 8 ⇒ HA19
<b>HA17.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No..... 2 DK..... 8	2 ⇒ HA22 8 ⇒ HA22
<b>HA18.</b> REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELLING / ATTEND CONSULTATIONS AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING / ATTEND CONSULTATIONS?	Yes..... 1 No..... 2 DK..... 8	1 ⇒ HA22 2 ⇒ HA22 8 ⇒ HA22
<b>HA19.</b> Check MN17: Was the birth delivered by a health professional (A or B)? <input type="checkbox"/> Yes, birth delivered by a health professional ⇒ Continue with HA20 <input type="checkbox"/> No, birth not delivered by a health professional ⇒ Go to HA24		
<b>HA20.</b> I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE VIRUS THAT CAUSES AIDS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes..... 1 No..... 2	2 ⇒ HA24
<b>HA21.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No..... 2	
<b>HA22.</b> HAVE YOU BEEN TESTED FOR THE VIRUS THAT CAUSES AIDS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?	Yes..... 1 No..... 2	1 ⇒ HA25
<b>HA23.</b> WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE VIRUS THAT CAUSES AIDS?	Less than 12 months ago..... 1 12-23 months ago..... 2 2 or more years ago..... 3	1 ⇒ Next Module 2 ⇒ Next Module 3 ⇒ Next Module
<b>HA24.</b> I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No..... 2	2 ⇒ HA27
<b>HA25.</b> WHEN WAS THE MOST RECENT TIME YOU WERE TESTED?	Less than 12 months ago..... 1 12-23 months ago..... 2 2 or more years ago..... 3	
<b>HA26.</b> I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No..... 2 DK..... 8	1 ⇒ Next Module 2 ⇒ Next Module 8 ⇒ Next Module
<b>HA27.</b> DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE VIRUS THAT CAUSES AIDS?	Yes..... 1 No..... 2	



TOBACCO AND ALCOHOL USE		TA
<b>TA1.</b> HAVE YOU EVER TRIED SMOKING CIGARETTES, EVEN TAKING ONE OR TWO PUFFS?	Yes..... 1 No..... 2	2⇒TA6
<b>TA2.</b> HOW OLD WERE YOU WHEN YOU SMOKED AN ENTIRE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette.....00 Age.....	00⇒TA6
<b>TA3.</b> DO YOU CURRENTLY SMOKE CIGARETTES?	Yes..... 1 No..... 2	2⇒TA6
<b>TA4.</b> HOW MANY CIGARETTES DID YOU SMOKE IN THE LAST 24 HOURS?	Number of cigarettes.....	
<b>TA5.</b> ON HOW MANY DAYS DID YOU SMOKE CIGARETTES DURING THE LAST MONTH? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle '10'. If "everyday" or "almost every day", circle '30'.</i>	Number of days.....0 10 days or more but less than a month.....10 Every day / Almost every day.....30	
<b>TA6.</b> HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS (E.G. CUBAN), A PIPE OR WATERPIPE (NARGHILE/HOOKAH)?	Yes..... 1 No..... 2	2⇒TA10
<b>TA7.</b> DURING THE LAST MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes..... 1 No..... 2	2⇒TA10
<b>TA8.</b> WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST MONTH?  <i>Circle all mentioned responses.</i>	Cigars.....A Water pipe.....B Cigarillos.....C Pipe.....D Other (specify).....X	
<b>TA9.</b> ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS DURING THE LAST MONTH? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle '10'. If "every day" or "almost every day", circle '30'.</i>	Number of days.....0 10 days or more but less than a month.....10 Every day / Almost every day.....30	
<b>TA10.</b> HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO, TOBACCO FOR SNIFFING (SNUFF) OR DIPPING TOBACCO?	Yes..... 1 No..... 2	2⇒TA14
<b>TA11.</b> DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS DURING THE LAST MONTH?	Yes..... 1 No..... 2	2⇒TA14
<b>TA12.</b> WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST MONTH?  <i>Circle all mentioned.</i>	Chewing tobacco.....A Snuff.....B Dip.....C Other (specify).....X	
<b>TA13.</b> ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS DURING THE LAST MONTH? <i>If less than 10 days, record the number of days. If 10 days or more but less than a month, circle '10'. If "every day" or "almost every day", circle '30'.</i>	Number of days.....0 10 days or more but less than a month.....10 Every day / Almost every day.....30	
<b>TA14.</b> NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes..... 1 No..... 2	2⇒Next Module
<b>TA15.</b> WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF STRONG DRINK. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL, OTHER THAN A FEW SIPS?	Never had one drink of alcohol.....00 Age.....	00⇒Next Module
<b>TA16.</b> DURING THE LAST MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <i>If respondent did not drink, circle '00'. If less than 10 days, record the number of days. If 10 days or more but less than a month, circle '10'. If "every day" or "almost every day", circle '30'.</i>	Did not have one drink in last month.....00 Number of days.....0 10 days or more but less than a month.....10 Every day / Almost every day.....30	00⇒Next Module
<b>TA17.</b> IN THE LAST MONTH, ON THOSE DAYS THAT YOU DRANK ALCOHOL, WHAT IS THE NUMBER OF DRINKS DID YOU USUALLY HAD?	Number of drinks.....	

LIFE SATISFACTION		LS
<b>LS1.</b> Check WB2: Is the respondent aged between 15 and 24? <input type="checkbox"/> Age 25-49 ⇒ Go to Next Module <input type="checkbox"/> Age 15-24 ⇒ Continue with LS2		
<b>LS2.</b> I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.  FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, HAPPY, NEITHER HAPPY NOR UNHAPPY, UNHAPPY OR VERY UNHAPPY?  YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU RESPOND.  <i>Show side 1 of the showcard to the respondent and explain what each symbol represents. Circle the response code selected by the respondent.</i>	Very happy..... 1 Happy..... 2 Neither happy nor unhappy..... 3 Unhappy..... 4 Very unhappy..... 5	
<b>LS3.</b> NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS OF YOUR LIFE.  IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SATISFIED, NEITHER SATISFIED NOR UNSATISFIED, UNSATISFIED OR VERY UNSATISFIED.  AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU RESPOND.  <i>Show side 2 of the showcard to the respondent and explain what each symbol represents. For questions LS3 to LS13, circle the response code shown by the respondent.</i>  HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	
<b>LS4.</b> HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	
<b>LS5.</b> DURING THE CURRENT (2011-2012) SCHOOL/ACADEMIC YEAR, DID YOU ATTEND SCHOOL/UNIVERSITY AT ANY TIME?	Yes..... 1 No..... 2	2⇒LS7
<b>LS6.</b> HOW SATISFIED ARE YOU WITH YOUR SCHOOL/UNIVERSITY?	Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	
<b>LS7.</b> HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?  <i>If the respondent says that he/she does not have a job, circle '0' and continue with the next question. Do not ask additional questions to find out how she feels about not having a job, unless she tells you herself.</i>	Does not have a job..... 0 Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	
<b>LS8.</b> HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	
<b>LS9.</b> HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?  <i>If necessary, explain that the question refers to the living environment, including the neighbourhood and the dwelling.</i>	Very satisfied..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied..... 3 Unsatisfied..... 4 Very unsatisfied..... 5	

<b>LS10.</b> HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied ..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied..... 5	
<b>LS11.</b> HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied ..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied..... 5	
<b>LS12.</b> HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied ..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied..... 5	
<b>LS13.</b> HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?  <i>If the respondent responds that he/she does not have any income, circle '0' and continue with the next question. Do not ask additional questions to find out how she feels about not having any income, unless she tells you herself.</i>	Does not have any income ..... 0  Very satisfied ..... 1 Satisfied..... 2 Neither satisfied nor unsatisfied ..... 3 Unsatisfied ..... 4 Very unsatisfied..... 5	
<b>LS14.</b> COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENER, OVERALL?	Improved..... 1 More or less the same ..... 2 Worsened ..... 3	
<b>LS15.</b> AND IN ONE YEAR FROM NOW, DO YOU EXPECT THAT YOUR LIFE WILL BE BETTER, WILL BE MORE OR LESS THE SAME, OR WILL BE WORSE, OVERALL?	Better ..... 1 More or less the same ..... 2 Worse..... 3	

HEALTH CARE		HE
<b>HE0.</b> Check cluster number in WM1. <input type="checkbox"/> If the cluster number is from 001-474 (Mainstream survey) ⇒ Go to WM11 <input type="checkbox"/> If the cluster number is from 501-562 (Roma survey) ⇒ Continue with HE1.		
<b>HE1.</b> DO YOU HAVE A HEALTH BOOKLET?	Yes ..... 1 No..... 2	
<b>HE2.</b> DO YOU HAVE HEALTH INSURANCE?	Yes ..... 1 No..... 2	1 ⇒ HE9
<b>HE3.</b> DO YOU USE HEALTH CARE SERVICES AT THE HEALTH CENTRE?	Yes ..... 1 No..... 2	2 ⇒ HE5
<b>HE4.</b> ARE YOU PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HEALTH CENTRE OF CHARGE?	Yes ..... 1 No..... 2	
<b>HE5.</b> DO YOU USE HEALTH CARE SERVICES AT THE HOSPITAL?	Yes ..... 1 No..... 2	2 ⇒ HE7
<b>HE6.</b> ARE YOU PROVIDED WITH HEALTH CARE SERVICES AT THE NEAREST HOSPITAL FREE OF CHARGE?	Yes ..... 1 No..... 2	
<b>HE7.</b> DO YOU USE EMERGENCY HEALTH CARE SERVICES?	Yes ..... 1 No..... 2	2 ⇒ HE9
<b>HE8.</b> ARE YOU PROVIDED WITH EMERGENCY HEALTH CARE SERVICES FREE OF CHARGE?	Yes ..... 1 No..... 2	
<b>HE9.</b> DO YOU PAY ALL NECESSARY HEALTH CARE SERVICES AND MEDICATION?	Yes ..... 1 Sometimes yes, sometimes no ..... 2 No..... 3	1 ⇒ WM11
<b>HE10.</b> DO YOU PAY ONLY VITAL/URGENTLY NEEDED HEALTH CARE SERVICES AND MEDICATIONS?	Yes ..... 1 No..... 2	1 ⇒ WM11
<b>HE11.</b> CAN YOU AFFORD MEDICATIONS WITHOUT ONE-OFF FINANCIAL ASSISTANCE?	Yes ..... 1 No..... 2	

<b>WM11.</b> Record the interview end time.	Hour and minutes ..... : ..	
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<b>WM12.</b> Check the Household Member Listing Form, column HL9 in the Household Questionnaire. <i>Is the respondent the mother or caretaker of any child aged 0-4 living in this household?</i> <input type="checkbox"/> Yes ⇒ Go to QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with the same respondent. <input type="checkbox"/> No ⇒ End the interview with this respondent by thanking her for her cooperation. <i>Check for the presence of any other eligible women, men or children under-5 in the household.</i>
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**Interviewer's Observations**

**Controller's Observations**

**Supervisor's Observations**



**SIDE 1: SHOWCARD LS 1 / MLS 1**

<b>Very happy</b>	<b>Happy</b>	<b>Neither happy, nor unhappy</b>	<b>Unhappy</b>	<b>Very unhappy</b>

**SIDE 2: SHOWCARD LS 2 / MLS 2**

<b>Very satisfied</b>	<b>Satisfied</b>	<b>Neither satisfied, nor unsatisfied</b>	<b>Unsatisfied</b>	<b>Very unsatisfied</b>



**QUESTIONNAIRE FOR MEN AGED 15 TO 49**  
[BiH]

MAN'S INFORMATION PANEL		MWM
<p><i>This questionnaire is to be administered to all men age 15 through 49 (see Household Member Listing Form, column HL7A in the Household Questionnaire). A separate questionnaire should be used for each eligible man.</i></p>		
<b>MWM1.</b> Cluster number: _____	<b>MWM2.</b> Household number: _____	
<b>MWM3.</b> Man's name: Name _____	<b>MWM4.</b> Man's line number: _____	
<b>MWM5.</b> Interviewer name and code: Name _____	<b>MWM6.</b> Day / Month / Year of interview: ____/____/____	

Repeat greeting if not already read to this man:

If greeting at the beginning of the household questionnaire has already been read to this man, then read the following:

WE ARE FROM THE **MINISTRY OF HUMAN RIGHTS AND REFUGEES OF BOSNIA AND HERZEGOVINA**. WE ARE CONDUCTING A SURVEY CONCERNED WITH FAMILY HEALTH AND EDUCATION. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE UP TO **20** MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE UP TO **20** MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL.

MAY I START NOW?

- Yes, permission given ⇒ Go to MWM10 to record the time and then begin the interview.
- No, permission not given ⇒ Complete MWM7. Inform your supervisor of this result.

<b>MWM7.</b> Result of man's interview	Questionnaire completed .....01
	Respondent not at home .....02
	Refused .....03
	Questionnaire partly completed .....04
	Respondent incapacitated.....05
	Other (specify)..... 96

<b>MWM8.</b> Control carried out by (Name and number): Name _____	<b>MWM9.</b> Data entry operator (Name and number): Name _____
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