



QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMEN'S INFORMATION PANEL	WM
<i>This questionnaire is to be administered to all women age 15 through 49 (see HOUSEHOLD LISTING FORM, column HL7). A separate questionnaire should be used for each eligible woman.</i>	
WM1. Cluster number: _____	WM2. Household number: _____
WM3. Woman's name: _____	WM4. Woman's line number: _____
WM5. Interviewer number: _____	WM6. Day / Month / Year of interview: _____ / _____ / 2012

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 STATISTICAL DEPARTMENT OF (*city, region*). NOW THE NATIONAL HOUSEHOLD SURVEY IS ORGANISED IN THE REPUBLIC OF BELARUS TO OBTAIN OBJECTIVE INFORMATION ON THE SITUATION OF CHILDREN AND WOMEN. IN THIS RESPECT I WOULD LIKE TO ASK YOU SEVERAL QUESTIONS. THE INTERVIEW WILL TAKE ABOUT 25 MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES ONLY.

NOW I WOULD LIKE TO TALK TO YOU MORE ABOUT YOUR HEALTH AND OTHER TOPICS. THIS INTERVIEW WILL TAKE ABOUT 25 MINUTES. AGAIN, ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND WILL BE USED FOR STATISTICAL PURPOSES ONLY.

MAY I START NOW?

- Yes, permission is given. ⇒ Go to WM10 to record the time and then begin the interview.
- No, permission is not given. ⇒ Complete WM7. Discuss this result with your supervisor.

WM7. Result of woman's interview:	Completed..... 01 Not at home 02 Refused..... 03 Partly completed 04 Incapacitated..... 05 Other (<i>specify</i>) _____ 96
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WM8. Field edited by (number): _____	WM9. Data entry clerk (number): _____
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QUESTIONNAIRES

WM10. Record the time.	Hour and minutes :
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WOMAN'S BACKGROUND		WB
WB1. IN WHAT MONTH AND YEAR WERE YOU BORN?	Date of birth: Month DK month 98 Year DK year 9998	
WB2. HOW OLD ARE YOU (IN COMPLETED YEARS)?	Age (in completed years) <i>Compare and correct WB1 and/or WB2 if inconsistent.</i>	
WB3. HAVE YOU EVER ATTENDED AN EDUCATIONAL INSTITUTION, INCLUDING PRESCHOOL?	Yes 1 No 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF EDUCATION HAVE YOU RECEIVED / ATTENDING NOW?	Preschool 0 Primary 1 General basic 2 General secondary 3 Vocational-technical 4 Secondary specialized 5 Higher 6	0⇒WB7
WB5. WHAT IS THE HIGHEST GRADE YOU COMPLETED AT THAT LEVEL?	Grade <i>If less than 1 grade, enter «00».</i>	
WB6. Check WB4.	<input type="checkbox"/> General basic, general secondary, vocational-technical, secondary specialized or higher. ↓ MT1 <input type="checkbox"/> Primary. ⇒ WB7	
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.	Cannot read at all 1 Able to read only parts of sentence 2 Able to read whole sentence 3 No sentence in required language 4 _____ (specify language) With visual deficiency (blind or visually impaired) 5	
<i>Show sentence on the card to the respondent.</i> <i>If respondent cannot read whole sentence, probe:</i> CAN YOU READ PART OF THE SENTENCE TO ME?		

ACCESS TO MASS MEDIA AND USE OF INFORMATION/COMMUNICATION TECHNOLOGY		MT
MT1. Check WB7.	<input type="checkbox"/> Question left blank. ⇒ MT2 <input type="checkbox"/> Able to read or no sentence in required language (codes 2, 3 or 4). ⇒ MT2 <input type="checkbox"/> Cannot read at all or blind (codes 1 or 5). ⇒ MT3	
MT2. 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	
MT3. 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	
MT4. HOW OFTEN DO YOU WATCH TELEVISION: WOULD YOU SAY THAT YOU WATCH 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	
MT5. Check WB2. Age of woman is between 15 and 24?	<input type="checkbox"/> Yes. ⇒ MT6 <input type="checkbox"/> No. ↓ CM1	
MT6. HAVE YOU EVER USED A COMPUTER?	Yes..... 1 No 2	2⇒MT9
MT7. HAVE YOU USED A COMPUTER FROM ANY LOCATION IN THE LAST 12 MONTHS?	Yes..... 1 No 2	2⇒MT9
MT8. DURING THE LAST ONE 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	
MT9. HAVE YOU EVER USED THE INTERNET?	Yes..... 1 No 2	2 ↓ CM1
MT10. IN THE LAST 12 MONTHS, HAVE YOU USED THE INTERNET?	Yes..... 1 No 2	2 ↓ CM1
<i>If necessary, probe for use from any location, with any device.</i>		
MT11. DURING THE LAST ONE MONTH, HOW OFTEN DID YOU USE THE INTERNET: ALMOST EVERY DAY, AT LEAST ONCE A WEEK, LESS THAN ONCE A WEEK OR NOT AT ALL?	Almost every day 1 At least once a week 2 Less than once a week..... 3 Not at all..... 4	

QUESTIONNAIRES

LIVE BIRTH		CM
<p>CM1. NOW I WOULD LIKE TO ASK ABOUT THE BIRTHS YOU HAVE HAD DURING YOUR LIFE. HAVE YOU EVER GIVEN BIRTH?</p> <p>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>	<p>Yes 1</p> <p>No 2</p>	2 ↓ IS1
<p>CM1A. TO HOW MANY CHILDREN, WHO WAS BORN ALIVE, HAVE YOU GIVEN BIRTH DURING YOUR LIFE?</p>	<p>Number of children _ _</p>	
<p>CM12. WHEN DID YOU GIVE BIRTH TO A CHILD LAST TIME (EVEN IF THE CHILD DIED)?</p> <p><i>If the woman does not know the date of delivery, circle «98».</i></p> <p><i>Month and year should be recorded in any case.</i></p>	<p>Date of delivery:</p> <p>Date _ _</p> <p>DK date 98</p> <p>Month _ _</p> <p>Year _ _ _ _</p>	
<p>CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2010?</p> <p><i>If the woman gave birth to a live child, record this child's name:</i></p> <p>_____.</p> <p><i>Use the name of this child in the next questions.</i></p>	<p><input type="checkbox"/> Yes. ⇒ DB1</p> <p><input type="checkbox"/> No. ↓ IS1</p>	

DESIRE FOR LAST BIRTH		DB
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i></p>		
<p>DB1. 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 ↓ MN1
<p>DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR DID YOU NOT WANT ANY (MORE) CHILDREN?</p>	<p>Later 1</p> <p>No more children 2</p>	2 ↓ MN1
<p>DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?</p>	<p>Months 1 _ _</p> <p>Years 2 _ _</p> <p>DK 9 98</p>	

MATERNAL AND NEWBORN HEALTH		MN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i></p>		
<p>MN1. DID YOU SEE ANYONE FOR ANTENATAL CARE DURING YOUR PREGNANCY WITH (name)?</p>	<p>Yes 1</p> <p>No 2</p>	2 ⇒ MN17

QUESTIONNAIRES

<p>MN2. WHOM DID YOU SEE?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person seen and circle the codes of all answers given.</i></p>	<p>Health professional:</p> <p>Doctor A</p> <p>Nurse / Midwife B</p> <p>Doctor's assistant D</p> <p>Other person:</p> <p>Relative / Friend H</p> <p>Other (<i>specify</i>) _____ X</p>													
<p>MN2AA. TO MONITOR THE COURSE OF PREGNANCY, DID YOU USE FREE OR PAID SERVICES?</p>	<p>Free services 1</p> <p>Paid services 2</p> <p>Both 3</p>	1⇒MN3												
<p>MN2AB. DECISION ON THE USE OF PAID MEDICAL SERVICES WAS TAKEN INDEPENDENTLY BY YOU ALONE OR TOGETHER WITH THE HUSBAND/PARTNER?</p>	<p>Independently 1</p> <p>Together with the husband / partner 2</p> <p>Other (<i>specify</i>) _____ 6</p>													
<p>MN3. HOW MANY TIMES DID YOU RECEIVE ANTENATAL CARE DURING THIS PREGNANCY?</p>	<p>Number of checks (<i>if less than 10</i>) 0__</p> <p>Ten or more checks 10</p> <p>DK 98</p>													
<p>MN4. AS PART OF YOUR ANTENATAL CARE DURING THIS PREGNANCY, WERE 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="1"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>[A] WAS YOUR BLOOD PRESSURE MEASURED?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[B] DID YOU GIVE A URINE SAMPLE?</td> <td>1</td> <td>2</td> </tr> <tr> <td>[C] DID YOU GIVE A BLOOD SAMPLE?</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Yes	No	[A] WAS YOUR BLOOD PRESSURE MEASURED?	1	2	[B] DID YOU GIVE A URINE SAMPLE?	1	2	[C] DID YOU GIVE A BLOOD SAMPLE?	1	2	
	Yes	No												
[A] WAS YOUR BLOOD PRESSURE MEASURED?	1	2												
[B] DID YOU GIVE A URINE SAMPLE?	1	2												
[C] DID YOU GIVE A BLOOD SAMPLE?	1	2												
<p>MN17. WHO ASSISTED WITH THE DELIVERY OF (<i>name</i>)?</p> <p><i>Probe:</i> ANYONE ELSE?</p> <p><i>Probe for the type of person assisting and circle the codes of all answers given.</i></p>	<p>Health professional:</p> <p>Doctor A</p> <p>Nurse / Midwife B</p> <p>Doctor's assistant D</p> <p>Other person:</p> <p>Relative / Friend H</p> <p>Other (<i>specify</i>) _____ X</p> <p>No one Y</p>													
<p>MN18. WHERE DID YOU GIVE BIRTH TO (<i>name</i>)?</p> <p><i>Probe to identify the type of medical institution.</i></p> <p><i>If unable to determine whether public or private institution, write the name of the place:</i></p> <p>_____</p> <p>(<i>name of the place</i>)</p> <p>_____</p> <p>_____</p>	<p>Home:</p> <p>Your home 11</p> <p>Other home 12</p> <p>Public health sector:</p> <p>Hospital / Maternity hospital 21</p> <p>Medical centre 22</p> <p>Other public (<i>specify</i>) _____ 26</p> <p>Private medical sector:</p> <p>Hospital 31</p> <p>Medical centre 32</p> <p>Maternity hospital 33</p> <p>Other private medical (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	<p>11⇒MN20</p> <p>12⇒MN20</p> <p>96⇒MN20</p>												

QUESTIONNAIRES

MN19. WAS (<i>name</i>) DELIVERED BY CAESAREAN SECTION?	Yes 1 No 2	
MN20. WHEN (<i>name</i>) WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?	Very large 1 Larger than average 2 Average 3 Smaller than average 4 Very small 5 DK 8	
MN21. WAS (<i>name</i>) WEIGHTED AT BIRTH?	Yes 1 No 2 DK 8	2⇒MN23 8⇒MN23
MN22. HOW MUCH DID (<i>name</i>) WEIGHT? <i>Record weight from health card, if available.</i>	From card 1 (kg) __ . ____ From recall 2 (kg) __ . ____ DK 9 9998	
MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF (<i>name</i>)?	Yes 1 No 2	
MN24. DID YOU EVER BREASTFEED (<i>name</i>)?	Yes 1 No 2	2 ↓ PN1
MN25. 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>	Immediately 0 00 Hours 1 ____ Days 2 ____ DK / Don't remember 9 98	
MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS (<i>name</i>) GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK?	Yes 1 No 2 DK 8	2 ↓ PN1 8 ↓ PN1
MN27. WHAT WAS (<i>name</i>) GIVEN TO DRINK? <i>Probe: ANYTHING ELSE?</i> <i>Continue to probe to identify what the woman was giving to the child to drink, and circle the codes of all answers.</i>	Milk (other than breast milk) A Water B Sugar or glucose water C Gripe water D Sugar-salt-water solution E Juice F Infant formula G Tea / Infusions H Honey I Other (<i>specify</i>) _____ X	

POST-NATAL HEALTH CHECKS		PN
<p><i>This module is to be administered to all women with a live birth in the 2 years preceding date of interview.</i></p>		
<p>PN1. Check MN18. Was the child delivered in a health facility?</p>	<p><input type="checkbox"/> Yes (MN18=21-26 or 31-36). ⇒ PN2 <input type="checkbox"/> No (MN18=11-12 or 96). ⇒ PN6</p>	
<p>PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (<i>name</i>). YOU HAVE SAID THAT YOU GAVE BIRTH IN (<i>name</i> or <i>type of facility</i> in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?</p> <p><i>If less than one day, record the number of hours. If less than one week, record the number of days. Otherwise, record the number of weeks.</i></p>	<p>Hours..... 1 ___ Days..... 2 ___ Weeks 3 ___ DK / Don't remember9 98</p>	
<p>PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)'S HEALTH AFTER DELIVERY DURING YOUR STAY AT THIS MEDICAL INSTITUTION. FOR EXAMPLE, SOMEONE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK. BEFORE YOU LEFT THE (<i>name</i> or <i>type of facility</i> in MN18), DID ANYONE CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes..... 1 No..... 2</p>	
<p>PN4. 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 (<i>name</i> or <i>type</i> or <i>facility</i> in MN18)?</p>	<p>Yes..... 1 No..... 2</p>	
<p>PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU LEFT (<i>name</i> or <i>type of facility</i> in MN18). DID ANYONE CHECK ON (<i>name</i>)'S HEALTH AFTER YOU LEFT (<i>name</i> or <i>type of facility</i> in MN18)?</p>	<p>Yes..... 1 No..... 2</p>	<p>1⇒PN11 2⇒PN16</p>
<p>PN6. Check MN17. Did a health professional assist with the delivery?</p>	<p><input type="checkbox"/> Yes (MN17=A-D). ⇒ PN7 <input type="checkbox"/> No (MN17≠A-D). ⇒ PN10</p>	
<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person</i> or <i>persons</i> in MN17) 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. AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person</i> or <i>persons</i> in MN17) LEFT YOU, DID (<i>person</i> or <i>persons</i> in MN17) CHECK ON (<i>name</i>)'S HEALTH?</p>	<p>Yes..... 1 No..... 2</p>	
<p>PN8. AND DID (<i>person</i> or <i>persons</i> in MN17) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?</p>	<p>Yes..... 1 No..... 2</p>	

QUESTIONNAIRES

<p>PN9. AFTER THE (<i>person or persons in MN17</i>) LEFT YOU, DID ANYONE CHECK ON THE HEALTH OF (<i>name</i>)?</p>	<p>Yes 1 No 2</p>	<p>1⇒PN11 2⇒PN18</p>
<p>PN10. 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>Yes 1 No 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE OR MORE THAN ONCE?</p>	<p>Once 1 More than once 2</p>	<p>1⇒PN12A 2⇒PN12B</p>
<p>PN12A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN?</p> <p>PN12B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?</p> <p><i>If less than one day, record the number of hours. If less than one week, record the number of days. Otherwise, record the number of weeks.</i></p>	<p>Hours 1 ___ Days 2 ___ Weeks 3 ___ DK / Don't remember 9 98</p>	
<p>PN13. WHO CHECKED ON (<i>name</i>)'S HEALTH?</p>	<p>Health professional: Doctor A Nurse / Midwife B Doctor's assistant D</p> <p>Other person: Relative / Friend H Other (<i>specify</i>) X</p>	
<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of medical institution. If unable to determine whether public or private institution, write the name of the place:</i></p> <p>_____</p> <p style="text-align: center;">(<i>name of the place</i>)</p> <p>_____</p> <p>_____</p>	<p>Home: Your home 11 Other home 12</p> <p>Public health sector: Hospital / Maternity hospital 21 Medical centre 22 Polyclinic 24 Other public (<i>specify</i>) 26</p> <p>Private medical sector: Hospital 31 Medical centre 32 Maternity hospital 33 Other private medical (<i>specify</i>) 36 Other (<i>specify</i>) 96</p>	
<p>PN15. Check MN18. Was the child delivered in a health facility?</p>	<p><input type="checkbox"/> Yes (MN18=21-26 or 31-36). ⇒ PN16 <input type="checkbox"/> No (MN18=11-12 or 96). ⇒ PN17</p>	

QUESTIONNAIRES

PN16. AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1 ⇨ PN20 2 ↓ IS1
PN17. Check MN17. Did a health professional assist with the delivery?	<input type="checkbox"/> Yes (MN17=A-D). ⇨ PN18 <input type="checkbox"/> No (MN17≠A-D). ⇨ PN19	
PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?	Yes 1 No 2	1 ⇨ PN20 2 ↓ IS1
PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH? I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU?	Yes 1 No 2	2 ↓ IS1
PN20. DID SUCH A CHECK HAPPEN ONLY ONCE OR MORE THAN ONCE?	Once 1 More than once 2	1 ⇨ PN21A 2 ⇨ PN21B
PN21A. HOW LONG AFTER DELIVERY DID THAT CHECK HAPPEN? PN21B. HOW LONG AFTER DELIVERY DID THE FIRST OF THESE CHECKS HAPPEN?	Hours 1 ___ Days 2 ___ Weeks 3 ___ DK / Don't remember 9 98	
<i>If less than one day, record the number of hours. If less than one week, record the number of days. Otherwise, record the number of weeks.</i>		
PN22. WHO CHECKED ON <u>YOUR</u> HEALTH?	Health professional: Doctor A Nurse / Midwife B Doctor's assistant D Other person: Relative / Friend H Other (<i>specify</i>) _____ X	
PN23. WHERE DID THE CHECKS TAKE PLACE?	Home: Your home 11 Other home 12 Public health sector: Hospital / Maternity hospital 21 Medical centre 22 Other public (<i>specify</i>) _____ 26 Private medical sector: Hospital 31 Medical centre 32 Maternity hospital 33 Other private medical (<i>specify</i>) _____ 36 Other (<i>specify</i>) _____ 96	
<i>Probe to identify the type of medical institution. If unable to determine whether public or private institution, write the name of the place:</i> _____ <i>(name of the place)</i> _____ _____		

ILLNESS SYMPTOMS		IS
IS1. Check HOUSEHOLD LISTING FORM, column HL9: Is the respondent the mother or caretaker of any child under age 5?	<input type="checkbox"/> Yes. ⇒ IS2 <input type="checkbox"/> No. ↓ CP0	
IS2. SOMETIMES CHILDREN HAVE SEVERE ILLNESSES AND SHOULD BE TAKEN IMMEDIATELY TO A HEALTH FACILITY. WHAT TYPES OF SYMPTOMS WOULD CAUSE YOU TO TAKE YOUR CHILD TO A HEALTH FACILITY <u>RIGHT AWAY</u> ? <i>Probe:</i> ANY OTHER SYMPTOMS? <i>Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.</i> <i>Circle all symptoms mentioned, but DO NOT PROMPT with any suggestions.</i>	Child not able to drink or breastfeedA Child becomes sickerB Child develops a feverC Child has fast breathingD Child has difficult breathingE Child has blood in stoolF Child is drinking poorlyG Other (specify) _____ X Other (specify) _____ Y Other (specify) _____ Z	

CONTRACEPTION			CP
CP0. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY. HAVE YOU HEARD OF:	Yes	No	
[A] FEMALE STERILIZATION	1	2	
[B] MALE STERILIZATION	1	2	
[C] IUD	1	2	
[D] INJECTABLES	1	2	
[E] IMPLANTS	1	2	
[F] PILL	1	2	
[G] MALE CONDOM	1	2	
[H] FEMALE CONDOM	1	2	
[I] DIAPHRAGM	1	2	
[J] FOAM/JELLY	1	2	
[K] LACTATIONAL AMENORRHOEA METHOD (LAM)	1	2	
[L] PERIODIC ABSTINENCE/RHYTHM	1	2	
[M] WITHDRAWAL	1	2	
[N] EMERGENCY/POSTCOITAL CONTRACEPTION	1	2	
[X] OTHER	1	2	
CP1. ARE YOU PREGNANT NOW?	Yes 1 No 2 DK / Unsure 8		1 ↓ UN1

QUESTIONNAIRES

CP2. ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?	Yes..... 1 No 2	2 ↓ UN1
CP3. WHAT METHOD ARE YOU USING TO DELAY OR AVOID A PREGNANCY?	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 Lactational amenorrhoea method (LAM)..... K Periodic abstinence/ Rhythm L Withdrawal M Other (specify) _____ X	
<i>DO NOT PROMPT. If more than one method is mentioned, circle each one.</i>		
CP4. DECISION ON THE USE OF CONTRACEPTION WAS TAKEN INDEPENDENTLY BY YOU ALONE OR TOGETHER WITH THE HUSBAND/PARTNER?	Independently 1 Husband / partner's decision 2 Joint decision 3 Other (specify) _____ 6	

REPRODUCTIVE HEALTH		UN
UN1. Check CP1. Currently pregnant?	<input type="checkbox"/> Yes. ⇒ UN2 <input type="checkbox"/> No, DK / Unsure. ⇒ UN5	
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⇒UN4
UN3. DID YOU WANT TO HAVE A BABY LATER ON OR DID YOU NOT WANT ANY (MORE) CHILDREN?	Later..... 1 No more children 2	
UN4. NOW I WOULD LIKE TO ASK YOU 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 DK / Undecided..... 8	1⇒UN7 2⇒UN13 8⇒UN13
UN5. Check CP3. Currently using «Female sterilization»	<input type="checkbox"/> Yes. ⇒ UN13 <input type="checkbox"/> No. ⇒ UN6	
UN6. 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 Cannot get pregnant..... 3 DK / Undecided..... 8	2⇒UN9 3⇒UN11 8⇒UN9

QUESTIONNAIRES

UN7. WHEN DO YOU PLAN TO GIVE BIRTH TO (A/ANOTHER) CHILD?	In months 1 ___ In years 2 ___ Soon..... 993 Cannot get pregnant 994 After marriage 995 Other 996 DK 998	994⇒UN1 1
UN8. Check CP1. Currently pregnant?	<input type="checkbox"/> Yes. ⇒ UN13 <input type="checkbox"/> No, DK / Unsure. ⇒ UN9	
UN9. Check CP3. Currently using a contraception method?	<input type="checkbox"/> Yes. ⇒ UN13 <input type="checkbox"/> No. ⇒ UN10	
UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?	Yes 1 No 2 DK 8	1 ⇒UN13 8 ⇒UN13
UN11. 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 uterus) D Has been trying to get pregnant for 2 years or more without result E Postpartum amenorrhic F Breastfeeding..... G Too old H Other (specify) _____ X DK Z	
UN12. Check UN11. «Never menstruated» mentioned?	<input type="checkbox"/> Yes. ↓ MA1 <input type="checkbox"/> No. ⇒ UN13	
UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?	Days ago 1 ___ Weeks ago 2 ___ Months ago 3 ___ Years ago 4 ___ In menopause / Has had hysterectomy 994 Before last birth..... 995 Never menstruated 996	

MARRIAGE / UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING TOGETHER WITH A MAN AS IF MARRIED?	Yes, currently married 1 Yes, living with a man..... 2 No, not in union / not married 3	3⇒MA5
MA2. HOW OLD IS YOUR HUSBAND/PARTNER?	Age in (completed) years ___ DK..... 98	
MA2A. Check MA1. Currently married or living with a man?	<input type="checkbox"/> Yes. ⇒ MA7 <input type="checkbox"/> No. ⇒ MA5	

QUESTIONNAIRES

MA5. HAVE YOU EVER BEEN MARRIED OR LIVED TOGETHER WITH A MAN AS IF MARRIED?	Yes, formerly married 1 Yes, formerly lived with a man 2 No 3	3 ↓ DV1
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed 1 Divorced 2 Separated 3	
MA7. HOW MANY TIMES HAVE YOU BEEN MARRIED OR LIVED WITH A MAN?	Only once 1 More than once 2	
MA8. IN WHAT MONTH AND YEAR DID YOU FIRST MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Month __ __ DK month 98 Year ____ __ DK year 9998	9998 ↓ MA9
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years __ __	

ATTITUDES TOWARD DOMESTIC VIOLENCE				DV
<i>Check for the presence of others. Before continuing, ensure privacy.</i>				
DV1. SOMETIMES A HUSBAND/PARTNER IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE/PARTNER DOES. IN YOUR OPINION, IS A HUSBAND/PARTNER JUSTIFIED IN HITTING OR BEATING HIS WIFE/PARTNER IN THE FOLLOWING SITUATIONS:	Yes	No	DK	
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	1	2	8	
[B] IF SHE NEGLECTS THE CHILDREN?	1	2	8	
[C] IF SHE ARGUES WITH HIM?	1	2	8	
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	1	2	8	
[E] IF SHE BURNS THE FOOD?	1	2	8	
DV2. WHAT WOULD YOU IDENTIFY AS THE MOST COMMON CAUSES OF DOMESTIC VIOLENCE TOWARD WOMEN COMMITTED BY HUSBANDS/PARTNERS?	Abuse of alcohol A Psychological disorder, insanity, emotional condition B Jealousy C Stereotyped behaviour D Disadvantaged socio-economic conditions ... E Mass media F Other (specify) _____ X			
<i>Circle all causes mentioned, but DO NOT PROMPT.</i>				
DV3. Check MA1 and MA5. Currently married or in union or ever was married or in union?	<input type="checkbox"/> Yes. ⇒ DV4 <input type="checkbox"/> No. ⇒ DV9			
DV4. HAVE YOU EVER EXPERIENCED ANY FORM OF DOMESTIC VIOLENCE COMMITTED BY HUSBANDS/PARTNERS (PHYSICAL, PSYCHOLOGICAL, ECONOMIC OR SEXUAL ABUSE)?	Yes 1 No 2 DK / Don't remember / No answer 8	2 ⇒ DV9 8 ⇒ DV9		

QUESTIONNAIRES

DV5. HOW OFTEN HAVE YOU EXPERIENCED SOME FORM OF DOMESTIC VIOLENCE COMMITTED BY HUSBANDS/PARTNERS WITHIN 12 MONTHS, SINCE <i>(date and month of interview)</i> 2011?	Every day or almost every day 1 1-2 times a week..... 2 1-2 times a month..... 3 Less than once a month 4 DK / Don't remember / No answer..... 8	
DV6. HAVE YOU EVER LEFT YOUR HOUSE, TRYING TO AVOID VIOLENCE OR ESCAPE THE VIOLENCE BY THE HUSBAND/PARTNER?	Yes..... 1 No 2 DK / Don't remember / No answer..... 8	
DV7. HAVE YOU EVER SOUGHT FOR HELP FROM ANYONE BECAUSE OF DOMESTIC VIOLENCE COMMITTED BY THE HUSBAND/PARTNER?	Yes..... 1 No 2 DK / Don't remember / No answer..... 8	1⇒DV9 8⇒DV9
DV8. WHY HAVE YOU NEVER SEEK HELP?	Did not want that anyone learned about that misfortuneA Did not believe they would be given any helpB Was afraid that the husband/partner may learn C Did not know where to go D Other <i>(specify)</i> X	
DV9. WHAT ARE <u>THE MOST</u> EFFICIENT MEASURES TO COMBAT DOMESTIC VIOLENCE IN YOUR OPINION?	Social announcementsA Public disapprove of perpetrators.....B Strict legislation..... C Teaching young people to respect other people D Professional help by psychologistE Other <i>(specify)</i> X	
<i>Circle all countermeasures mentioned, but DO NOT PROMPT.</i>		
DV10. HAVE YOU EVER EXPERIENCED <u>PHYSICAL</u> VIOLENCE COMMITTED BY THE PARENTS TO YOU IN CHILDHOOD?	Yes..... 1 No 2 DK / Don't remember / No answer..... 8	

SEXUAL BEHAVIOUR		SB
<i>Check for the presence of others. Before continuing, ensure privacy.</i>		
SB1. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT SEXUAL ACTIVITY IN ORDER TO GAIN A BETTER UNDERSTANDING OF SOME IMPORTANT LIFE ISSUES. THE INFORMATION YOU SUPPLY WILL REMAIN STRICTLY CONFIDENTIAL. HOW OLD WERE YOU WHEN YOU HAD SEXUAL INTERCOURSE FOR THE FIRST TIME?	Never had intercourse 00 Age in years..... ____ First time when started living with (first) husband / partner 95	00 ↓ HA1
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes..... 1 No 2 DK / Don't remember 8	

QUESTIONNAIRES

SB3. WHEN WAS THE LAST TIME YOU HAD SEXUAL INTERCOURSE? <i>All answers for the last 12 months should be recorded in months, years or days. If more than 12 months (one year), answer must be recorded in years.</i>	Days ago..... 1 __ __ Weeks ago..... 2 __ __ Months ago 3 __ __ Years ago 4 __ __	4⇒SB15
SB4. THE LAST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes..... 1 No 2	
SB5. 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», probe: WERE YOU LIVING TOGETHER AS IF MARRIED?</i> <i>If «Yes», circle «2». If «No», circle «3».</i>	Husband 1 Partner 2 Boyfriend..... 3 Casual acquaintance 4 Other (specify)..... 6	3⇒SB7 4⇒SB7 6⇒SB7
SB6. Check MA1. Currently married or living with a man?	<input type="checkbox"/> Yes. ⇒ SB8 <input type="checkbox"/> No. ⇒ SB7	
SB7. HOW OLD IS THIS PERSON? <i>If «DK», probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner __ __ DK..... 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS WITH ANY OTHER PERSON, NOT YET PREVIOUSLY MENTIONED?	Yes..... 1 No 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS PERSON, WAS A CONDOM USED?	Yes..... 1 No 2	
SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON? <i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse.</i> <i>If «Boyfriend», probe: WERE YOU LIVING TOGETHER AS IF MARRIED?</i> <i>If «Yes», circle «2». If «No», circle «3».</i>	Husband 1 Partner 2 Boyfriend..... 3 Casual acquaintance 4 Other (specify)..... 6	3⇒SB12 4⇒SB12 6⇒SB12
SB11. Check MA1 and MA7. Currently married or living with a man and married only once or lived with a man only once?	<input type="checkbox"/> Yes. ⇒ SB13 <input type="checkbox"/> Else. ⇒ SB12	
SB12. HOW OLD IS THIS PERSON? <i>If «DK», probe: ABOUT HOW OLD IS THIS PERSON?</i>	Age of sexual partner __ __ DK..... 98	
SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes..... 1 No 2	2⇒SB15
SB14. WITH HOW MANY PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?	Number of partners..... __ __	

QUESTIONNAIRES

<p>SB15. WITH HOW MANY PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate. If number of partners is 95 or more, write «95».</i></p>	<p>Number of lifetime partners — —</p> <p>DK..... 98</p>	
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HIV/AIDS		HA												
<p>HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.</p> <p>HAVE YOU EVER HEARD OF AIDS OR HIV?</p>	<p>Yes..... 1</p> <p>No 2</p>	2 ↓ TA1												
<p>HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>													
<p>HA3. CAN PEOPLE GET HIV BECAUSE OF WITCHCRAFT OR OTHER SUPERNATURAL MEANS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>													
<p>HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING HIV BY USING A CONDOM EVERY TIME THEY HAVE SEX?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>													
<p>HA5. CAN PEOPLE GET HIV FROM MOSQUITO BITES?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>													
<p>HA6. CAN PEOPLE GET HIV BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>													
<p>HA7. DO YOU THINK IT IS POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE HIV?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK..... 8</p>													
<p>HA8. CAN HIV BE TRANSMITTED FROM A MOTHER TO HER BABY:</p>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes</td> <td style="width: 33%; text-align: center;">No</td> <td style="width: 33%; text-align: center;">DK</td> </tr> <tr> <td style="border-top: 1px dotted black;">[A] DURING PREGNANCY?</td> <td style="border-top: 1px dotted black; text-align: center;">1</td> <td style="border-top: 1px dotted black; text-align: center;">2</td> </tr> <tr> <td style="border-top: 1px dotted black;">[B] DURING DELIVERY?</td> <td style="border-top: 1px dotted black; text-align: center;">1</td> <td style="border-top: 1px dotted black; text-align: center;">2</td> </tr> <tr> <td style="border-top: 1px dotted black;">[C] BY BREASTFEEDING?</td> <td style="border-top: 1px dotted black; text-align: center;">1</td> <td style="border-top: 1px dotted black; text-align: center;">2</td> </tr> </table>	Yes	No	DK	[A] DURING PREGNANCY?	1	2	[B] DURING DELIVERY?	1	2	[C] BY BREASTFEEDING?	1	2	
Yes	No	DK												
[A] DURING PREGNANCY?	1	2												
[B] DURING DELIVERY?	1	2												
[C] BY BREASTFEEDING?	1	2												
<p>HA9. IN YOUR OPINION, SHOULD A PERSON BE ALLOWED TO CONTINUE TEACHING AT SCHOOL IF HAVING HIV?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK / Unsure / Depends..... 8</p>													
<p>HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD HIV?</p>	<p>Yes..... 1</p> <p>No 2</p> <p>DK / Unsure / Depends..... 8</p>													

QUESTIONNAIRES

HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH HIV, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No..... 2 DK / Unsure / Depends..... 8		
HA12. IF A MEMBER OF YOUR FAMILY BECAME SICK WITH AIDS, WOULD YOU BE WILLING TO CARE FOR HER OR HIM IN YOUR OWN HOUSEHOLD?	Yes..... 1 No..... 2 DK / Unsure / Depends..... 8		
HA13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in 2010?	<input type="checkbox"/> Yes. ⇒ HA14 <input type="checkbox"/> No. ⇒ HA24		
HA14. Check MN1. Received antenatal care?	<input type="checkbox"/> Yes. ⇒ HA15 <input type="checkbox"/> No. ⇒ HA24		
HA15. DURING ANY OF THE ANTENATAL VISITS FOR YOUR PREGNANCY WITH (name), WERE YOU GIVEN ANY INFORMATION ABOUT:			
	Yes	No	
	DK		
[A] BABIES GETTING HIV FROM THEIR MOTHER?	1	2	8
[B] THINGS THAT YOU CAN DO TO PREVENT GETTING HIV?	1	2	8
[C] GETTING TESTED FOR HIV?	1	2	8
[D] WERE YOU OFFERED A TEST FOR HIV?	1	2	8
HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV AS PART OF YOUR ANTENATAL CARE?	Yes..... 1 No..... 2 DK..... 8	2⇒HA19 8⇒HA19	
HA17. 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	
HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT. AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?	Yes..... 1 No..... 2 DK..... 8	1⇒HA22 2⇒HA22 8⇒HA22	
HA19. Check MN17. Did a health professional assist with the delivery?	<input type="checkbox"/> Yes (MN17=A-D). ⇒ HA20 <input type="checkbox"/> No (MN17≠A-D). ⇒ HA24		
HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR HIV BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?	Yes..... 1 No..... 2	2⇒HA24	
HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No..... 2		
HA22. HAVE YOU BEEN TESTED FOR HIV AFTER THE DELIVERY?	Yes..... 1 No..... 2	1⇒HA25	
HA23. WHEN WAS THE MOST RECENT TIME YOU WERE TESTED FOR THE AIDS VIRUS?	Less than 12 months ago..... 1 12-23 months ago..... 2 2 or more years ago..... 3	1 ↓ TA1 2 ↓ TA1 3 ↓ TA1	

QUESTIONNAIRES

HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE HIV?	Yes..... 1 No 2	2⇒HA27
HA25. 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	
HA26. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?	Yes..... 1 No 2 DK..... 8	1 ↓ TA1 2 ↓ TA1 8 ↓ TA1
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR HIV?	Yes..... 1 No 2	

TOBACCO AND ALCOHOL USE		TA
TA1. HAVE YOU EVER TRIED CIGARETTE SMOKING, EVEN ONE OR TWO PUFFS?	Yes..... 1 No 2	2⇒TA6
TA2. HOW OLD WERE YOU WHEN YOU SMOKED A WHOLE CIGARETTE FOR THE FIRST TIME?	Never smoked a whole cigarette 00 Age..... __ __	00⇒TA6
TA3. DO YOU CURRENTLY SMOKE CIGARETTES?	Yes..... 1 No 2	2⇒TA6
TA4. IN THE LAST 24 HOURS, HOW MANY CIGARETTES DID YOU SMOKE?	Number of cigarettes __ __	
TA5. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU SMOKE CIGARETTES? <i>If less than 10 days, record the number of days.</i>	Number of days 0 __ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA6. HAVE YOU EVER TRIED ANY SMOKED TOBACCO PRODUCTS OTHER THAN CIGARETTES, SUCH AS CIGARS, WATER PIPE, CIGARILLOS OR PIPE?	Yes..... 1 No 2	2⇒TA10
TA7. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKED TOBACCO PRODUCTS?	Yes..... 1 No 2	2⇒TA10
TA8. WHAT TYPE OF SMOKED TOBACCO PRODUCT DID YOU USE OR SMOKE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Cigars..... A Water pipe..... B Cigarillos C Pipe..... D Other (specify) _____ X	
TA9. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKED TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days.</i>	Number of days 0 __ 10 days or more but less than a month 10 Everyday / Almost every day 30	

QUESTIONNAIRES

TA10. HAVE YOU EVER TRIED ANY FORM OF SMOKELESS TOBACCO PRODUCTS, SUCH AS CHEWING TOBACCO OR SNUFF?	Yes..... 1 No 2	2⇒TA14
TA11. DURING THE LAST ONE MONTH, DID YOU USE ANY SMOKELESS TOBACCO PRODUCTS?	Yes..... 1 No 2	2⇒TA14
TA12. WHAT TYPE OF SMOKELESS TOBACCO PRODUCT DID YOU USE DURING THE LAST ONE MONTH? <i>Circle all mentioned.</i>	Chewing tobaccoA Snuff.....B Other (<i>specify</i>) X	
TA13. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU USE SMOKELESS TOBACCO PRODUCTS? <i>If less than 10 days, record the number of days.</i>	Number of days 0 ___ 10 days or more but less than a month 10 Everyday / Almost every day 30	
TA14. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DRINKING ALCOHOL. HAVE YOU EVER DRUNK ALCOHOL?	Yes..... 1 No 2	2 ↓ LS1
TA15. WE COUNT ONE DRINK OF ALCOHOL AS ONE CAN OR BOTTLE OF BEER, ONE GLASS OF WINE, OR ONE SHOT OF COGNAC, VODKA, WHISKEY OR RUM. HOW OLD WERE YOU WHEN YOU HAD YOUR FIRST DRINK OF ALCOHOL?	Never had one drink of alcohol 00 Age..... __ __	00 ↓ LS1
TA16. DURING THE LAST ONE MONTH, ON HOW MANY DAYS DID YOU HAVE AT LEAST ONE DRINK OF ALCOHOL? <i>If less than 10 days, record the number of days.</i>	Did not have one drink in last one month 00 Number of days 0 ___ 10 days or more but less than a month 10 Everyday / Almost every day 30	00 ↓ LS1
TA17. IN THE LAST ONE MONTH, ON THE DAYS THAT YOU DRANK ALCOHOL, HOW MANY DRINKS DID YOU USUALLY HAVE?	Number of drinks __ __	

LIFE SATISFACTION		LS
LS1. Check WB2. Age of woman is between 15 and 24?	<input type="checkbox"/> Yes. ⇒ LS2 <input type="checkbox"/> No. ↓ WM11	
LS2. 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, SOMEWHAT HAPPY, NEITHER HAPPY, NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY? <i>Show side 1 of response card and explain what each symbol represents.</i> YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.	Very happy.....1 Somewhat happy2 Neither happy, nor unhappy3 Somewhat unhappy4 Very unhappy.....5	

QUESTIONNAIRES

NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.

IN EACH CASE, WE HAVE FIVE POSSIBLE RESPONSES: PLEASE TELL ME, FOR EACH QUESTION, WHETHER YOU ARE VERY SATISFIED, SOMEWHAT SATISFIED, NEITHER SATISFIED, NOR UNSATISFIED, SOMEWHAT UNSATISFIED OR VERY UNSATISFIED.

Show side 2 of response card and explain what each symbol represents.

AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.

Circle the response code shown by the respondent, for questions LS3 to LS13.

LS3. HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?	Very satisfied1 Somewhat satisfied.....2 Neither satisfied, nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?	Very satisfied1 Somewhat satisfied.....2 Neither satisfied, nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS5. DURING THE CURRENT SCHOOL YEAR, DID YOU ATTEND ANY EDUCATIONAL INSTITUTION?	Yes.....1 No2	2⇒LS7
LS6. HOW SATISFIED (ARE/WERE) YOU WITH THIS EDUCATIONAL INSTITUTION?	Very satisfied1 Somewhat satisfied.....2 Neither satisfied, nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS7. HOW SATISFIED ARE YOU WITH YOUR CURRENT JOB?	Does not have a job.....0 Very satisfied1 Somewhat satisfied2 Neither satisfied, nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
<i>If the woman says that she does not have a job, circle «0» and continue with the next question.</i>		
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied1 Somewhat satisfied.....2 Neither satisfied, nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS9. HOW SATISFIED ARE YOU WITH WHERE YOU LIVE?	Very satisfied1 Somewhat satisfied2 Neither satisfied, nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
<i>If necessary, explain that the question refers to the living environment, including the neighbourhood, district, infrastructure and the quality of dwelling.</i>		
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied1 Somewhat satisfied.....2 Neither satisfied, nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	

QUESTIONNAIRES

LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied 1 Somewhat satisfied.....2 Neither satisfied, nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied 1 Somewhat satisfied.....2 Neither satisfied, nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
LS13. HOW SATISFIED ARE YOU WITH YOUR CURRENT INCOME?	Does not have any income0 Very satisfied 1 Somewhat satisfied2 Neither satisfied, nor unsatisfied3 Somewhat unsatisfied4 Very unsatisfied5	
<i>If the woman says that she does not have any income, circle «0» and continue with the next question.</i>		
LS14. COMPARED TO THIS TIME LAST YEAR, WOULD YOU SAY THAT YOUR LIFE HAS IMPROVED, STAYED MORE OR LESS THE SAME, OR WORSENEDED, OVERALL?	Improved1 More or less the same2 Worsened3	
LS15. 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?	Better1 More or less the same2 Worse3	

WM11. Record the time.	Hour and minutes :
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<p>WM12. Check HOUSEHOLD LISTING FORM, column HL9. Is the respondent the mother or caretaker of any child age under-5 living in this household?</p> <p><input type="checkbox"/> Yes. ⇒ Go to Questionnaire for Children Under Five for that child and start the interview with this woman.</p> <p><input type="checkbox"/> No. ⇒ End the interview with this woman by thanking her for her cooperation. Check for the presence of any other eligible woman, man or child under-5 in the household.</p>
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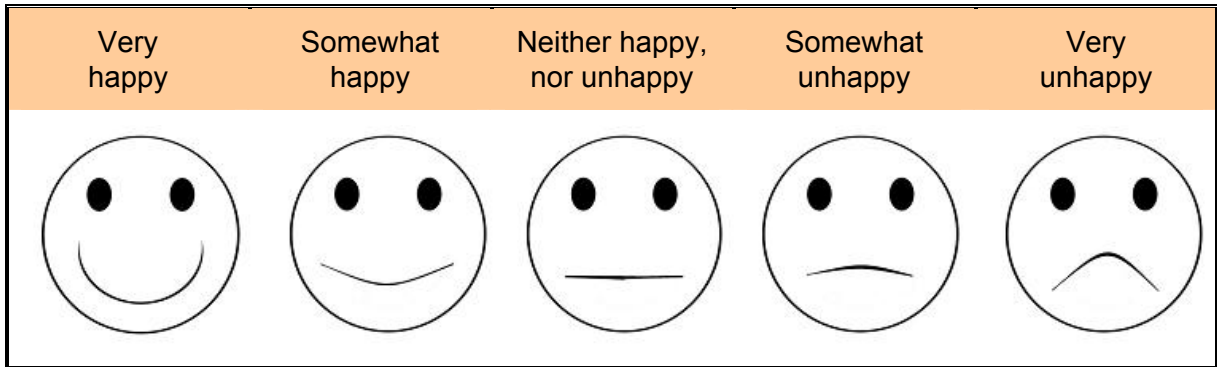
Interviewer's Observations

Field Editor's Observations

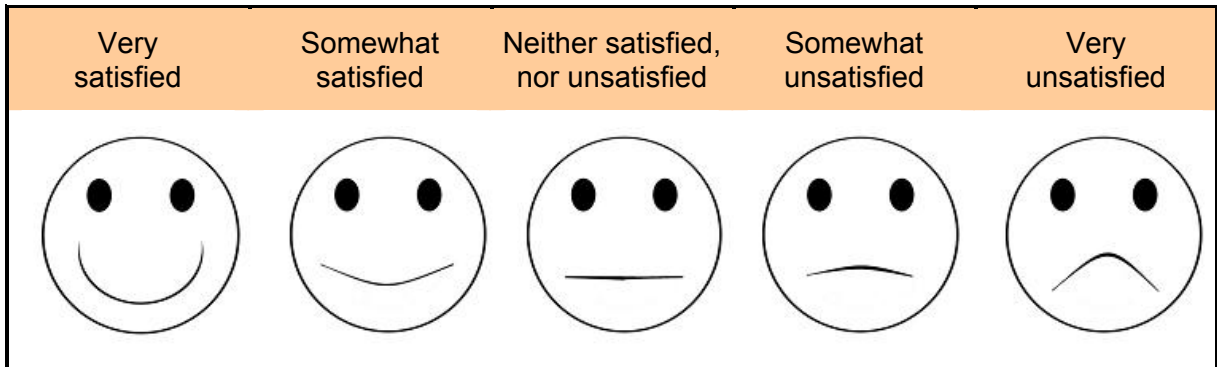
Supervisor's Observations

RESPONSE CARD ¹

SIDE 1



SIDE 2



¹ The card was shown to young women and men during interviews on Module «Life Satisfaction».