E.2 QUESTIONNAIRE FOR INDIVIDUAL WOMEN

WOMAN'S INFORMATION PANEL	WM	
WM1. Cluster number:	WM2. Household number:	
WM3. Woman's name and line number: NAME:	WM4. Supervisor's name and number: NAME:	
WM5. Interviewer's name and number: NAME: NUMBER:	WM6 . <i>Day / Month / Year of interview:</i>	
Check woman's age in HL6 in LIST OF HOUSEHOLD HOUSEHOLD QUESTIONNAIRE: If age 15-17, ver- consent for interview is obtained or not necessary (H needed and not obtained, the interview must not comp recorded in WM17.	ify in HH33 that adult L20=90). If consent is MINUT	
WM8 . Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?	YES, INTERVIEWED ALREADY 1 NO, FIRST INTERVIEW2 1 ⇒WM9B 2⇒WM9A	
WM9A . I am from the Main Statistical Department of (<i>city of Minsk, region</i>). We are conducting a survey in the Republic of Belarus about the situation of children and women. In this regard I would like to ask you a few questions. This interview will take about 25 minutes. All the information we obtain will remain strictly confidential and will be used only for statistical purposes. If you do not wish to answer a question or wish to stop the interview, please let me know. May I start now?	your health and other topics in more detail. The interview will take about 25 minutes. Again, a the information we obtain will remain strictly confidential and will be used only for statistica will purposes. If you do not wish to answer a quest or wish to stop the interview, please let me know r a May I start now?	
YES, PERMISSION IS GIVEN1 NO, PERMISSION IS NOT GIVEN, NOT ASKED 2	1	
WM17. Result of woman's interview. Discuss any result not completed with Supervisor.	COMPLETED01NOT AT HOME02REFUSED03PARTLY COMPLETED04	

INCAPACITATED (*specify*)

OTHER (specify)_____

NO ADULT CONSENT FOR RESPONDENT

05

96

WOMAN'S BACKGROUND		WB
WB1 . Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):	WM3=HH471 WM3≠HH472	2⇔WB3
WB2 . Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:	ED5=2, 3, 4, 5, 6 OR 7 1 ED5=0, 1, 8 OR BLANK	1⇔WB15 2⇔WB14
WB3 . In what month and year were you born?	DATE OF BIRTH: MONTH	
	DK YEAR	
WB4. How old are you (in complete years)? If responses to WB3 and (or) WB4 are inconsistent, probe further and correct.	AGE (IN COMPLETED YEARS)	
WB5 . Have you ever attended educational institution, including preschool?	YES	2⇔WB14
WB6. What is the highest level and grade or year of school you have attended?	PRESCHOOL 000 PRIMARY 1 GENERAL BASIC 2 GENERAL SECONDARY 3 VOCATIONAL TECHNICAL 4 SECONDARY SPECIALISED 5 HIGHER 6 POSTGRADUATE 7	000⇔WB14
WB7 . Did you complete that (grade/year)?	YES	
WB8 . Check WB4: Age of respondent:	AGE 15-24	2⇔WB13
WB9 . At any time during the 2018/2019 school year did you attend school?	YES	2⇔WB11
WB10 . During the 2018/2019 school year, which level and grade or year are you <u>attending</u> ?	PRIMARY 1 GENERAL BASIC 2 GENERAL SECONDARY 3 VOCATIONAL TECHNICAL 4 SECONDARY SPECIALISED 5 HIGHER 6 POSTGRADUATE 7	
WB11 . At any time during the 2017/2018 school year did you attend school?	YES	2⇔WB13
WB12 . During the 2017/2018 school year, which level and grade or year did you <u>attend</u> ?	PRIMARY 1 GENERAL BASIC 2 GENERAL SECONDARY 3 VOCATIONAL TECHNICAL 4 SECONDARY SPECIALISED 5 HIGHER 6 POSTGRADUATE 7	

WB13 . Check WB6: Highest level of school attended:	WB6=2, 3, 4, 5, 6 OR 7 WB6=1		1⇔WB15
WB14 . Now I would like you to read this sentence to me.	CANNOT READ AT ALL ABLE TO READ ONLY PARTS OF SENTENCE	1 2	
Show sentence on the card to the respondent.	ABLE TO READ WHOLE SENTENCE NO SENTENCE IN REQUIRED LANGUAGE / BRAILLE	3	
If respondent cannot read whole sentence, probe:	(specify language)	4	
Can you read part of the sentence to me?			
WB15 . How long have you been continuously living in (<i>name of</i> <i>current city, town or village of</i> <i>residence</i>)?	YEARS ALWAYS / SINCE BIRTH	<u> </u>	95 ₽ AF1
If less than one year, record '00' years.			
WB16 . Just before you moved here, did you live in a city (urban type of the	CITY (specify)		
settlement) or in a rural area?	URBAN TYPE OF THE SETTLEMENT RURAL AREA	2 3	
WB17 . Before you moved here, did you live in the Republic of Belarus or outside/abroad?	IN THE REPUBLIC OF BELARUS: BREST VITEBSK GOMEL	01 02 03	
<i>If «in the Republic of Belarus», ask:</i> In what region (city of Minsk) did you live?	GRODNO MINSK CITY MINSK MOGILEV	04 05 06 07	
<i>If "outside/abroad", ask:</i> In what country did you live?	OUTSIDE OF BELARUS (specify)	96	

ADULT FUNCTIONING		AF
AF1 . Check WB4: Age of respondent?	AGE 15-17 YEARS	1₽ CM1A
AF2 . Do you use glasses, include glasses for reading or contact lenses?	YES	
AF3 . Do you use a hearing aid?	YES	
AF4 . I will now ask you about difficulties you ma each activity there are four possible answers: difficulty or 4. that you cannot do the activity	1. no difficulty, 2. some difficulty, 3. a lot of	
Repeat the categories during the individual answer category. Show the card to the resp	questions whenever the respondent does not use an ondent.	
AF5 . Check AF2: Respondent uses glasses or contact lenses?	YES, AF2=1	1⇔AF6A 2⇔AF6B
AF6A . When using your glasses or contact lenses, how difficult is for you to see?	NO DIFFICULTY1SOME DIFFICULTY2A LOT OF DIFFICULTY3	
AF6B. How difficult is for you to see?	CANNOT SEE AT ALL4	
AF7 . Check AF3: Respondent uses a hearing aid?	YES, AF3=11 NO, AF3=22	1⇔AF8A 2⇔AF8B
AF8A . When using your hearing aid(s), how difficult is for you to hear?	NO DIFFICULTY1SOME DIFFICULTY2A LOT OF DIFFICULTY3	
AF8B. How difficult is for you to hear?	CANNOT HEAR AT ALL4	
AF9 . How difficult is for you to walk or climb steps?	NO DIFFICULTY	
	CLIMB STEPS AT ALL	
AF10 . How difficult is for you to remember information or concentrate?	NO DIFFICULTY 1 SOME DIFFICULTY 2 A LOT OF DIFFICULTY 3 CANNOT REMEMBER/	
AF11. How difficult is for you take care of yourself, for example, to eat, to wash all over, to dress?	CONCENTRATE AT ALL	
AF12 . Using your usual language, how difficult is for you to communicate, for example to understand or to be understood?	NO DIFFICULTY1SOME DIFFICULTY2A LOT OF DIFFICULTY3	

FERTILITY		СМ
CM1A . Now I would like to ask about births you have had during your life. Have you ever given birth?	YES	2 ₽ CP1
This module should only include children born alive.		
CM11A. How many births have you had in total during your life?	NUMBER OF BIRTHS	
CM15C. In what month and year was your (last) child born (even if the child later died)?	DATE OF LAST BIRTH:	
Month and year must be recorded.	YEAR	
CM17 . Check CM15C: Last birth occurred within the last 2 years, that is, since (month of interview) in 2017?	NO LIVE BIRTHS IN THE LAST 2 YEARS0 ONE OR MORE LIVE BIRTHS IN THE LAST 2 YEARS1	0\$ CP1
If the month of interview and the month of birth are the same, and the year of birth is 2017 , record '1'.		
CM18 . Record the name of the last-born child. If the child has died, take special care when referring to this child by name in the following modules.	NAME:	

DESIRE FOR LAST BIRTH		DB
DB1 . Check CM17: Was there a live birth in the last 2 years?	YES, CM17=11 NO, CM17=0 OR BLANK2	2∜MN1
Copy name of last birth listed in the birth history (CM18) to here and use where indicated: Name		
DB2 . When you got pregnant with (<i>name</i>), did you want to get pregnant at that time?	YES	1∜MN1
DB3 . Check CM11A: Number of births:	ONLY 1 BIRTH	1⇔DB4A 2⇔DB4B
DB4A . Did you want to have a baby later on, or did you not want any children?	LATER	
DB4B . Did you want to have a baby later on, or did you not want any more children?		

MATERNAL AND NEWBORN HEALTH		MN
MN1. Check CM17: Was there a live birth in the last 2 years?Copy name of last birth listed in the birth history (CM18) to here and use where indicated:Name	YES, CM17=1	2 ↓ CP1
MN2 . Did you see anyone for antenatal care during your pregnancy with (<i>name</i>)?	YES	2⇔MN19
MN3. Whom did you see? Probe: Anyone else? Probe for the type of person seen and record all answers given.	HEALTH PROFESSIONAL: DOCTORA NURSE / MIDWIFEB FELDSHERC OTHER PERSON: RELATIVE/FRIENDH OTHER (specify) X	
MN3AA. To monitor the course of pregnancy, did you use free and / or paid services?	FREE SERVICES1PAID SERVICES2BOTH3	1⇔MN4
MN3AB. Decision on the use of paid medical services was taken independently by you alone or together with the husband / partner?	INDEPENDENTLY 1 TOGETHER WITH THE HUSBAND / PARTNER 2 OTHER (specify) 6	

MN4. How many weeks or months pregnant were you when you first received	WEEKS MONTHS		
antenatal care for this pregnancy?	DK		
<i>Record the answer using the same unit stated by respondent.</i> <i>If "9 months" or later, record 9.</i>			
MN5 . How many times did you receive antenatal care during this pregnancy?	NUMBER OF TIMES DK		
If "10" or more, record 10.			
MN6 . As part of your antenatal care during this pregnancy, were any of the following done at least once:	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	
 MN19. Who assisted with the delivery of (name)? Probe: Anyone else? Probe for the type of person assisting and record all answers given. 	HEALTH PROFESSIONAL DOCTOR NURSE / MIDWIFE FELDSHER OTHER PERSON: RELATIVE / FRIEND OTHER (<i>specify</i>) NO ONE	A B C H X	
MN20 . Where did you give birth to (<i>name</i>)?	HOME: RESPONDENT'S HOME		11⇒MN23
Probe to identify the type of place. <u>If unable to determine whether public or</u> <u>private</u> , write the name of the place and then temporarily record '76'	OTHER HOME PUBLIC MEDICAL SECTO GOVERNMENT HOSPITA GOVERNMENT CLINICA HEALTH CENTRE OTHER PUBLIC (specify) PRIVATE MEDICAL SECT	DR: AL21 / 	12⇒MN23
(Name of place)	PRIVATE CLINIC OTHER PRIVATE MEDIC (specify)	CAL 	96⇒MN23
MN21. Was (<i>name</i>) delivered by caesarean section?	OTHER (<i>specify</i>) YES NO	1	2⇔MN23
MN22 . Was the caesarean section planned or emergency?	PLANNED EMERGENCY		
MN23. Immediately after the birth, was (<i>name</i>) put directly on the bare skin of your chest?	YES NO DK/ DON'T REMEMBER	2	2⇒MN25 8⇒MN25
If necessary, show the picture of skin-to- skin position.			

MN24.	Before being placed on the bare skin of your chest, was the baby wrapped up?	YES	
MN25.	Was (<i>name</i>) dried or wiped soon after birth?	YES	
MN32.	When (<i>name</i>) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?	VERY LARGE1LARGER THAN AVERAGE2AVERAGE3SMALLER THAN AVERAGE4VERY SMALL5DK8	
MN33.	Was (<i>name</i>) weighed at birth?	YES	2⇔MN35 8⇔MN35
MN34.	How much did (<i>name</i>) weigh? If a card is available, record weight from card.	FROM CARD 1 (KG) FROM RECALL 2 (KG) DK 99998	
MN35.	Has your menstrual period returned since the birth of (<i>name</i>)?	YES	
MN36.	Did you ever breastfeed (<i>name</i>)?	YES	2⇔MN39B
MN37.	How long after birth did you first put (<i>name</i>) to the breast?	IMMEDIATELY000 HOURS	
	If less than 1 hour, record '00' hours. If less than 24 hours, record hours. Otherwise, record days.	DK / DON'T REMEMBER	
MN38.	In the first three days after delivery, was (<i>name</i>) given anything to drink other than breast milk?	YES 1 NO 2	1⇔MN39A 2 ↓ PN1
MN394	A . What was (<i>name</i>) given to drink? 'Not given anything to drink' is not a	MILK (OTHER THAN BREAST MILK) A WATER B SUGAR OR GLUCOSE WATER C	
MN391	<i>valid response</i> . B . In the first three days after delivery, what was (<i>name</i>) given to drink?	GRIPE WATER	
	Probe: Anything else?	TEA HERBAL PREPARATIONSH HONEYI	
	Probe for all kinds of drinks that were given to the child and check the codes of all mentioned drinks.	PRESCRIBED MEDICINE J OTHER (specify) X NOT GIVEN ANYTHING TO DRINK Y	

POST-NATAL HEALTH CHECKS		
PN1. Check CM17: Was there a live birth in the last 2 years?Copy name of last birth listed in the birth history (CM18) to here and use where indicated:	YES, CM17=11 NO, CM17=0 OR BLANK2	2 . €CP1
Name		
PN2 . Check MN20: Was the child delivered in a health facility?	YES, MN20=21-26 OR 32-36 OR 76 1 NO, MN20=11-12 OR 96	2⇔PN7
PN3 . 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 or type of facility in MN20</i>). How long did you stay there after the delivery?	HOURS 1 DAYS 2 WEEKS	
If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.	DK / DON 1 KEMEMBER	
PN4. 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 (<i>name</i>) is ok.		
Before you left the (<i>name or type of facility in MN20</i>), did anyone check on (<i>name</i>)'s health?	YES	
PN5 . And what about checks on <u>your</u> health – for example, someone assessing your health?		
Did anyone check on <u>your</u> health before you left (<i>name or type or</i> <i>facility in MN20</i>)?	YES	
PN6. Now I would like to talk to you about what happened after you left (<i>name or</i> <i>type of facility in MN20</i>).		
Did anyone check on (<i>name</i>)'s health after you left (<i>name or type of facility in MN20</i>)?	YES1 NO2	1⇔PN12 2⇔PN17
PN7 . Check MN19: Did a health professional, assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A TO C RECORDED	2⇔PN11

PN8. You have already said that (<i>person or persons in MN19</i>) assisted with the birth. Now I would like to talk to you about checks on (<i>name</i>)'s health after delivery, for example examining (<i>name</i>), checking the cord, or seeing if (<i>name</i>) is ok. After the delivery was over and before	YES 1	
(<i>person or persons in MN19</i>) left you, did (<i>person or persons in MN19</i>) check on (<i>name</i>)'s health?	NO	
PN9. And did (<i>person or persons in MN19</i>) check on <u>your</u> health before leaving? I mean, did (<i>person or persons in</i> <i>MN19</i>) assess your health status?	YES	
PN10. After the (<i>person or persons in</i> MN19) left you, did anyone check on the health of (<i>name</i>)?	YES 1 NO	1⇔PN12 2⇔PN19
PN11. I would like to talk to you about checks on (<i>name</i>)'s health after delivery – for example, someone examining (<i>name</i>), checking the cord, or seeing if the baby is ok.		
After (<i>name</i>) was delivered, did anyone check on (his/her) health?	YES	2⇔PN20
PN12 . Did such a check happen only once, or more than once?	ONCE	1⇔PN13A 2⇔PN13B
PN13A . How long after delivery did that check happen?	HOURS	
PN13B . How long after delivery did the first of these checks happen?	WEEKS	
If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.		
PN14 . Who checked on (<i>name</i>)'s health at that time?	HEALTH PROFESSIONAL:DOCTORANURSE / MIDWIFEBFELDSHERCOTHER PERSON:RELATIVE / FRIENDHOTHER (specify)X	

PN15. Where did this check on (name)'s	HOME:	
health take place?	RESPONDENT'S HOME	
Probe to identify the type of place.	PUBLIC MEDICAL SECTOR:	
<u>If unable to determine whether public</u> <u>or private</u> , write the name of the place and then temporarily record	GOVERNMENT HOSPITAL	
<i>'76'.</i>	POLICLINIC	
(Name of place)	PRIVATE CLINIC	
	OTHER (<i>specify</i>)	
PN16 . Check MN20: Was the child delivered in a health facility?	YES, MN20=21-26 OR 32-36 OR 76 1 NO, MN20=11-12 OR 96	2⇔PN18
PN17. After you left (<i>name or type of facility in MN20</i>), did anyone check on <u>your</u> health?	YES	1⇔PN21 2⇔PN25
PN18 . Check MN19: Did a health professional assist with the delivery?	YES, AT LEAST ONE OF THE CATEGORIES A TO C RECORDED	2⇔PN20
PN19. After the delivery was over and (<i>person or persons in MN19</i>) left, did anyone check on <u>your</u> health?	YES 1 NO	1⇔PN21 2⇔PN25
PN20 . After the birth of (<i>name</i>), did anyone check on <u>your</u> health? I mean, did anyone assess your health status?	YES	2⇔PN25
PN21 . Did such a check happen only once, or more than once?	ONCE	1⇔PN22A 2⇔PN22B
PN22A . How long after delivery did that check happen?	HOURS 1 DAYS 2 WEEKS 3	
PN22B . How long after delivery did the first of these checks happen?	DK / DON'T REMEMBER998	
If less than one day, record hours. If less than one week, record days. Otherwise, record weeks.		
PN23 . Who checked on <u>your</u> health at that time?	HEALTH PROFESSIONAL: DOCTORA NURSE / MIDWIFEB FELDSHERC OTHER PERSON:	
	RELATIVE / FRIEND H OTHER (specify) X	

PN24. Where did this check on your health take place? Probe to identify the type of place. If unable to determine whether public or private, write the name of the place and then temporarily record '76'. (Name of place)	OTHER HOM PUBLIC MED GOVERNME GOVERNME HEALTH CE POLICLINIC OTHER PUB (specify) PRIVATE ME PRIVATE CI OTHER PRIV	DICAL SECTOR: LINIC VATE MEDICAL (\$	12 	
	DK PUBLIC O	R PRIVATE		
PN25 . During the first two days after birth, did any health care provider do any of the following either at home or at a facility:	YES	NO	DK	
[A] Examine (<i>name</i>)'s cord?	1	2	8	
[B] Take the temperature of (<i>name</i>)?	1	2	8	
[C] Counsel you on breastfeeding?	1	2	8	
PN26 . Check MN36: Was child breastfed?	· · · · · · · · · · · · · · · · · · ·			2⇔PN28
PN27. Did any health care provider observe (<i>name</i>)'s breastfeeding?	NO		2	
PN28 . Check MN33: Was child weighed at birth?	NO, MN33=2		2	1⇔PN29A 2⇔PN29B 3⇔PN29C
 PN29A. You mentioned that (<i>name</i>) was weighed at birth. After that, was (<i>name</i>) weighed again by a health care provider within two days? PN29B. You mentioned that (<i>name</i>) was not weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth? 	NO		2	
PN29C. You mentioned that you do not know if (<i>name</i>) was weighed at birth. Was (<i>name</i>) weighed at all by a health care provider within two days after birth?				
PN30 . During the first two days after (<i>name</i>)'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?				

CONTRACEPTION		СР
CP1 . I would like to talk with you about another subject: family planning.	YES, CURRENTLY PREGNANT1 NO	1⇔CP3
Are you pregnant now?		
CP2 . Are you currently doing something or using any method to delay or avoid getting pregnant?	YES	1 <i>⇔CP4</i>
CP3 . Have you ever done something or used any method to delay or avoid getting pregnant?	YES	1
CP4 . What are you doing to delay or avoid a pregnancy?	FEMALE STERILIZATION	
Record all mentioned methods, but do not prompt.	INJECTABLESD IMPLANTSE PILLF MALE CONDOMG	
	FEMALE CONDOM	
	OTHER (<i>specify</i>)X	

UNMET NEED		UN
UN1. Check CP1: Currently pregnant?	YES, CP1=1	2⇔UN6
UN2 . Now I would like to talk to you about your current pregnancy. When you got pregnant, did you want to get pregnant at that time?	YES	1⇔UN5
UN3. Check CM1A: Any births?	YES, CM1A=11 NO, CM1A=22	1⇔UN4B 2⇔UN4A
UN4A . Did you want to have a baby later on or did you not want any children?	LATER 1 NONE / NO MORE 2	
UN4B . Did you want to have a baby later on or did you not want any more children?		
UN5 . Now I would like to ask some questions about the future. After the child you are now expecting, would you like to have another child, or would you prefer not to have any more children?	HAVE ANOTHER CHILD	1⇔UN8 2⇔UN14 8⇔UN14

UN6 . Check CP4: Currently using 'Female sterilization'?	YES, CP4=A	1⇔UN14
UN7 . Now I would like to ask you some questions about the future. Would you like to have (a/another) child, or would you prefer not to have any (more) children?	HAVE (A/ANOTHER) CHILD	2⇔UN10 3⇔UN12 8⇔UN10
UN8. How long would you like to wait before the birth of (a/another) child?<i>Record the answer using the same unit stated by respondent.</i>	MONTHS1YEARS2SOON/NOW993SHE CANNOT GET PREGNANT994AFTER MARRIAGE995OTHER996DK998	994⇔UN12
UN9. Check CP1: Currently pregnant?	YES, CP1=1	1⇒UN14
UN10 . Check CP2: Currently using a method?	YES, CP2=1	1⇒UN14
UN11. Do you think you are able to get pregnant at this time?	YES	1⇒UN14
UN12. Why do you think you are not able to get pregnant?	DK8INFREQUENT SEX / NO SEXAMENOPAUSALBNEVER MENSTRUATEDCHYSTERECTOMY (SURGICALREMOVAL OF UTERUS)DHAS BEEN TRYING TO GETPREGNANT FOR 2 YEARSOR MORE WITHOUT RESULTEPOSTPARTUM AMENORRHEICFBREASTFEEDINGGTOO OLDHOTHER (specify)XDKZ	8⇔UN14
UN13 . Check UN12: 'Never menstruated' mentioned?	YES, UN12=C1 NO, UN12≠C2	1 ↓ MA1
UN14. When did your last menstrual period start?Record the answer using the same unit stated by the respondent.If '1 year', probe: How many months ago?	DAYS AGO1WEEKS AGO2MONTHS AGO3YEARS AGO4IN MENOPAUSE / HAS HAD HYSTERECTOMY.993BEFORE LAST BIRTH994NEVER MENSTRUATED995	

MARRIAGE / UNION		MA
MA1. Are you currently married or living together with someone as if married?	YES, CURRENTLY MARRIED 1 YES, LIVING WITH A PARTNER	3⇔MA5
MA2. How old (in complete years) is your (husband/partner)?	AGE IN (COMPLETE) YEARS	⇔MA7 98⇔MA7
MA5. Have you ever been married or lived together with someone as if married?	YES, FORMERLY MARRIED	3↓ ID1
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED1DIVORCED2SEPARATED3	
MA7 . Have you been married or lived with someone only once or more than once?	ONLY ONCE	1⇔MA8A 2⇔MA8B
MA8A. In what month and year did you start living with your (husband/partner)?	MONTH	
MA8B. In what month and year did you start living with your <u>first</u> (husband/partner)?	YEAR	
MA9 . Check MA8A/B: Is 'DK YEAR' recorded?	YES, MA8A/B=9998	2↓ ID1
MA10. Check MA7: In union only once?	YES, MA7=1	1⇔MA11A 2⇔MA11B
MA11A. How old were you when you started living with your (husband/partner)?	AGE IN (COMPLETE) YEARS	
MA11B. How old were you when you started living with your <u>first</u> (husband/partner)?		

INFORMED DECISIONS ON REPROD	UCTIVE HEALTH CARE	ID
ID1. Check MA1: Is woman currently married or living together with someone as if married?	YES, MA1=1 OR 2	2 ↓ DV1
ID2. Can you say not to your husband (partner) if you do not want to have sexual intercourse?	YES	
ID3 . Now, I would like to ask you some questions about health care.	RESPONDENT1HUSBAND / PARTNER2JOINT DECISION3	
Who usually makes decisions about health care for yourself: you, your (husband/partner), you and your (husband/partner) jointly, or someone else?	OTHER (specify) 0	

ID4. Who takes the decision on when you can go to seek reproductive health care. Would you say is mainly your decision, mainly your husband's/partner's decision, or did you both decide together?	MAINLY RESPONDENT 1 MAINLY HUSBAND / PARTNER 2 JOINT DECISION OF RESPONDENT AND HUSBAND / PARTNER 3 OTHER (specify) 6	
ID5A . Check CP1: Currently pregnant?	YES, CP1=1	1
ID5B. Check CP2: Is woman currently doing something or using any method to delay or avoid getting pregnant?	YES, CP2=1 1 NO, CP2=2 2	1⇔ID6A
ID5C . Check UN12: Is there at least one answer category (A to Z) recorded?	YES, AT LEAST ONE ANSWER A-Z RECORDED	1↓DV1 2⇔ID6B
 ID6A. You mentioned that you currently use contraception. Would you say that using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together? ID6B. You have mentioned that you currently do not use contraception. Would you say that not using contraception is mainly your decision, mainly your husband's/partner's decision, or did you both decide together. 	MAINLY RESPONDENT	

ATTITUDES TOWARD DOMESTIC	VIOLENCE			DV
Check for the presence of others. Before cont	inuing, ensure pri	vacy.		
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	

VICTIMISATION		VT
Check for the presence of others. Before cont	inuing, ensure privacy.	
 VT1. Now I would like to ask you some questions about violent action in which you <u>personally</u> were the victim. The information we obtain from you will remain strictly confidential. In the last three years, that is since (<i>month of interview</i>) 2016, has anyone taken or tried taking something from you, by using force or threatening to use force? If the respondent have difficulties to answer, make sure that you allow adequate time for the recall. You may 	YES	2⇔VT9B 8⇔VT9B
It can be difficult to remember this sort of incidents, so please take your time while answering.		
VT2. Did this last happen during the last 12 months, that is, since (<i>month of</i> <i>interview</i>) 2018?	YES	2⇔VT5B 8⇔VT5B
VT3 . How many times did this happen in the last 12 months?	ONE TIME	
VT4 . Check VT3: The violent action happened only one time?	YES, VT3=1 1 NO, VT3=2, 3 OR 8	1⇔VT5A 2⇔VT5B
VT5A. When this happened, was anything stolen from you?VT5B. The last time this happened, was anything stolen from you?	YES	
VT6 . Did the person(s) have a weapon?	YES	2⇔VT8 8⇔VT8
 VT7. Was a knife, a gun or something else used as a weapon? <i>Record all that apply, but <u>don't</u> <u>prompt</u>.</i> 	A KNIFE A A GUN B SOMETHING ELSE X	
 VT8. Did you or anyone else report the incident to the police? <i>If 'Yes', probe:</i> Was the incident reported by you or someone else? 	YES, RESPONDENT REPORTED	1⇔VT9A 2⇔VT9A 3⇔VT9A 8⇔VT9A

 VT9A. Apart from the incident(s) just covered, have you in the last three years, that is since (<i>month of interview</i>) 2016, been physically attacked? VT9B. In the same period of the last three years, that is since (<i>month of interview</i>) 2016, have you been physically attacked? <i>Probe:</i> An attack can happen at home or any place outside of the home, such as in other homes, in the street, at school, on public transport, public restaurants, or at your workplace. 	YES	2⇔VT20 8⇔VT20
VT10. Did this last happen during the last 12 months, that is, since (<i>month of</i> <i>interview</i>) 2018?	YES	2⇔VT12B 8⇔VT12B
VT11. How many times did this happen in the last 12 months?	ONE TIME	1⇔VT12A 2⇔VT12B 3⇔VT12B 8⇔VT12B
VT12A. Where did this happen?VT12B. Where did this happen the last time?	AT HOME.11IN ANOTHER HOME.12IN THE STREET.21ON PUBLIC TRANSPORT22PUBLIC RESTAURANT / CAFÉ / BAR.23OTHER PUBLIC (specify)26AT SCHOOL31AT WORKPLACE.32OTHER PLACE (specify)96	
VT13. How many people were involved in committing the offence?	ONE PERSON	1⇔VT14A 2⇔VT14B 3⇔VT14B 8⇔VT14B
VT14A. At the time of the incident, did you recognize the person?VT14B. At the time of the incident, did you recognize at least one of the persons?	YES	
VT17 . Did the person(s) have a weapon?	YES	2⇔VT19 8⇔VT19
 VT18. Was a knife, a gun or something else used as a weapon? <i>Record all that apply, but <u>don't</u> <u>prompt</u>.</i> 	A KNIFE A A GUN B SOMETHING ELSE X	

 VT19. Did you or anyone else report the incident to the police? <i>If 'Yes', probe:</i> Was the incident reported by you or someone else? 	YES, RESPONDE YES, SOMEONE NO DK / NOT SURE	ELSE REPORTE	D2	
VT20. How safe do you feel walking alone in your neighbourhood after dark?	VERY SAFE SAFE UNSAFE VERY UNSAFE . NEVER WALK A		2 	
VT21. How safe do you feel when you are at home alone after dark?	VERY SAFE SAFE UNSAFE VERY UNSAFE . NEVER ALONE .		2 	
VT22. In the past 12 months, that is since (<i>month of interview</i>) 2018, have you <u>personally</u> felt discriminated against or harassed on the basis of the following grounds?	YES	NO	DK	
[A] Because you're a foreigner?	1 YES	NO 2	DK 8	
[B] Sex?	1	2	8	
[C] Sexual orientation?	1	2	8	
[D] Age?	1	2	8	
[E] Religion or belief?	1	2	8	
[F] Disability?	1	2	8	
[X] For any other reason?	1	2	8	

SEXUAL BEHAVIOUR		SB
Check for the presence of others. Before contin	nuing, make every effort to ensure privacy.	
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 we obtain from you will remain strictly confidential.		
If we should come to any question that you don't want to answer, just let me know and we will go to the next question.	NEVER HAD INTERCOURSE00 AGE IN YEARS	00 \$ HA1
How old were you when you had sexual intercourse for the very first time?		

 SB2. Now I would like to ask you about your recent sexual activity. When was the last time you had sexual intercourse? Record answers in days, weeks or months if less than 12 months (one year). If 12 months (one year) or more, answer must be recorded in years. 	DAYS AGO 1 WEEKS AGO 2 MONTHS AGO 3 YEARS AGO 4	4 ₽ HA1
SB3 . The last time you had sexual intercourse, was a condom used?	YES	
 SB4. What was your relationship to this person with whom you last had sexual intercourse? Probe to ensure that the response refers to the relationship at the time of sexual intercourse 	HUSBAND1COHABITING PARTNER2BOYFRIEND3CASUAL ACQUAINTANCE4OTHER (specify)6	3⇔SB6 4⇔SB6 6⇔SB6
If 'Boyfriend', then ask: Were you living together as if married? If 'Yes', record '2'. If 'No', record '3'.		
SB5 . Check MA1: Currently married or living with a partner?	YES, MA1=1 OR 2	1⇔SB7
SB6 . How old is this person? <i>If response is 'DK', probe:</i> About how old is this person?	AGE OF SEXUAL PARTNER	
SB7 .Have you had sexual intercourse with any other person in the last 12 months, not mentioned before?	YES	2∜ HA1
SB8 . The last time you had sexual intercourse with that person, was a condom used?	YES	
SB9. What was your relationship to this person?Probe to ensure that the response refers to the relationship at the time of sexual intercourse	HUSBAND1COHABITING PARTNER2BOYFRIEND3CASUAL ACQUAINTANCE4OTHER (specify)6	3⇔SB12 4⇔SB12 6⇔SB12

SB10 . Check MA1: Currently married or living with a partner?	YES, MA1=1 OR 2	2⇔SB12
SB11 . <i>Check MA7: Married or living with a partner only once?</i>	YES, MA7=1	1∜ HA1
SB12 . How old is this person? <i>If response is 'DK', probe:</i> About how old is this person?	AGE OF SEXUAL PARTNER	

HIV/AIDS				HA
HA1 . Now I would like to talk with you about something else.				
Have you ever heard of HIV or AIDS?				2 ₽ TA16
HA2. HIV is the virus that can lead to AIDS.Can people reduce their chance of getting HIV by having just one uninfected sex partner who has no other sex partners?	NO		2	
HA3 . Can people get HIV from mosquito bites?	NO		2	
HA4. Can people reduce their chance of getting HIV by using a condom every time they have sex?	NO		2	
HA5 . Can people get HIV by sharing food with a person who has HIV?	NO		2	
HA6. Can people get HIV because of witchcraft or other supernatural means?	NO		2	
HA7. In your opinion, is it possible for a person who have HIV to look healthy?	YES NO		1	
HA8. Can HIV be transmitted from a mother to her baby:	YES	NO	DK	
[A] During pregnancy?	1	2	8	
[B] During delivery?	1	2	8	
[C] By breastfeeding?	1	2	8	
HA9. Check HA8[A], [B] and [C]: At least one 'Yes' recorded?				2 <i>⇔HA11</i>

HA10. Are there any special drugs that a doctor or a nurse can give to a woman infected with HIV to reduce the risk of transmission to the baby?	YES NO DK		2	
HA11. Check CM17: Was there a live birth in the last 2 years?Copy name of last birth listed in the birth history (CM18) to here and use where indicated:Name	YES, CM17=1 NO, CM17=0 OR			2⇔HA24
HA12. Check MN2: Was antenatal care received?	YES, MN2=1 NO, MN2=2			2⇔HA17
 HA13. During any of the antenatal visits for your pregnancy with (<i>name</i>), were you given any information about: [A] Babies getting HIV from their 	YES	NO	DK	-
mother? [B] Things that you can do to prevent	1	2	8	
getting HIV? [C] Getting tested for HIV?	1	2	8	
[D] Were you offered a test for HIV?	1	2	8	
HA14. I don't want to know the results, but were you tested for HIV as part of your antenatal care?	YES NO DK		2	2⇔HA17 8⇔HA17
HA15. I don't want to know the results, but did you get the results of the test?	YES NO DK		2	2⇔HA17 8⇔HA17
HA16. After you received the result, were you given any health information or counselling related to HIV?	YES NO DK		2	
HA17 . Check MN20: Was the child delivered in a health facility?	YES, MN20=21-26 OR 32-36 OR 761 NO, MN20=11-12 OR 962			2⇔HA21
HA18. Between the time you went for delivery but before the baby was born were you offered an HIV test?	YES NO			
HA19. I don't want to know the results, but were you tested for HIV at that time?	YES NO			2⇔HA21
HA20 . I don't want to know the results, but did you get the results of the test?	YES NO			1⇔HA22 2⇔HA22
HA21 . Check HA14: Was the respondent tested for HIV as part of antenatal care?	YES, HA14=1 NO, HA14=2 OR			2⇔HA24
HA22. Have you been tested for HIV since that time you were tested during your pregnancy?	YES NO			1⇔HA25

HA23. How many months ago was your most recent HIV test?	LESS THAN 12 MONTHS AGO112-23 MONTHS AGO22 OR MORE YEARS AGO3	1⇔HA28 2⇔HA28 3⇔HA28
HA24. I don't want to know the results, but have you ever been tested for HIV?	YES1 NO2	2⇒HA27
HA25. When was the last time you were tested for HIV?	LESS THAN 12 MONTHS AGO1 12-23 MONTHS AGO2 2 OR MORE YEARS AGO3	
HA26. I don't want to know the results, but did you get the results of the test?	YES1 NO2 DK8	1⇒HA28 2⇒HA28 8⇒HA28
HA27. Do you know of a place where people can go to get an HIV test?	YES1 NO2	
HA28 . Have you heard of test kits people can use to test themselves for HIV?	YES1 NO2	2⇔HA30
HA29 . Have you ever tested yourself for HIV using a self-test kit?	YES1 NO2	
HA30 . Would you buy fresh vegetables from a shopkeeper or vendor if you knew that this person had HIV?	YES1 NO2 DK / NOT SURE / DEPENDS8	
HA31 . Do you think children living with HIV should be allowed to attend school with children who do not have HIV?	YES1 NO2 DK / NOT SURE / DEPENDS8	
HA32 . Do you think people hesitate to take an HIV test because they are afraid of how other people will react if the test result is positive for HIV?	YES1 NO2 DK / NOT SURE / DEPENDS8	
HA33. Do people talk badly about people living with HIV, or who are thought to be living with HIV?	YES1 NO2 DK / NOT SURE / DEPENDS8	
HA34 . Do people living with HIV, or thought to be living with HIV, lose the respect of other people?	YES1 NO2 DK / NOT SURE / DEPENDS	
HA35. Do you agree or disagree with the following statement?	ACDEE	
I would be ashamed if someone in my family had HIV.	AGREE	
HA36 . Do you fear that you could get HIV if you come into contact with the saliva of a person living with HIV?	YES	

ALCOHOL USE		ТА
TA16 . Now I would like to ask you some questions about drinking alcohol.Have you ever drunk alcohol?	YES	2∜ LS1
 TA17. We count one drink of alcohol as 330 ml of beer (one glass), 100 ml of wine (champagne), 30 ml of strong alcoholic drink (cognac, vodka, whiskey, rum, moonshine) or other alcohol-containing liquid. How old were you when you had your first drink of alcohol? 	NEVER HAD ONE DRINK OF ALCOHOL	00≎ LS1
TA18 . During the last 12 months, did you have at least one drink of alcohol?	YES1 NO2	1⇔TA20
TA19 . Have you stopped drinking alcohol because of its negative impact on your health or on the advice of your doctor or other health care professional?	YES1 NO2	1↓ LS1 2↓ LS1
TA20. During the last 12 months how often have you drank at least one drink of alcohol?	EVERY DAY.15-6 DAYS A WEEK.23-4 DAYS A WEEK.31-2 DAYS A WEEK.41-3 DAYS PER MONTH5LESS THAN ONCE A MONTH.6	
TA21. During the last 30 days did you have at least one drink of alcohol?	YES	2↓ LS1
TA22 . During the last 30 days, on how many days did you have at least one drink of alcohol?	NUMBER OF DAYS	
TA23. During the last 30 days, how many drinks of any alcohol did you usually have per day on the days that you drank alcohol?	NUMBER OF DRINKS	
TA24. During the last 30 days, on the days when you drank alcohol, what is the highest number of drinks of alcohol you drank per day, taking into account all types of alcoholic drinks?	THE HIGHEST NUMBER OF DRINKS	
If responses to TA23 and (or) TA24 are inconsistent, probe further and correct.		
TA25. During the last 30 days, how many days have you had six or more drinks per day?	NUMBER OF DAYS	
If less than six of drinks, record '00'.		
<i>If responses to TA22 and (or) TA25 are inconsistent, probe further and correct.</i>		

 TA26. How many drinks of any alcohol have you consumed each day in the last 7 days? A. On Monday? B. On Tuesday? C. On Wednesday? D. On Thursday? E. On Friday? F. On Saturday? G. On Sunday? <i>If none, record '00'.</i> 	MONDAY	
TA27. During the last 30 days, have you consumed homemade alcohol, any type of alcohol brought from abroad, non- food alcohol-containing liquid or other types of alcohol, not marked with excise stamps?	YES	2∜ LS1
 TA28. During the last 30 days, on how many days did you have at least one drink of those types of alcohol? If responses to TA22 and (or) TA28 are inconsistent, probe further and correct. 	NUMBER OF DAYS	
 TA29. During the last 30 days how many drinks of those types of alcohol did you usually have per day on the days that you drank alcohol? If responses to TA23 and (or) TA29 are inconsistent, probe further and correct. 	NUMBER OF DRINKS	
 TA30. How many drinks of those types of alcohol have you consumed each day in the last 7 days? A. On Monday? B. On Tuesday? C. On Wednesday? D. On Thursday? E. On Friday? F. On Saturday? G. On Sunday? If none, record '00'. 	MONDAY	

TA31. During the last 7 days how many drinks of the following alcohol did you usually drink on average?	
A. Strong homemade alcohol?	STRONG HOMEMADE ALCOHOL
B. Homemade wine?	HOMEMADE WINE
C. Alcohol brought from abroad?	ALCOHOL BROUGHT FROM ABROAD
D. Non-food alcohol-containing liquid?	NON-FOOD ALCOHOL-CONTAINING
E. Other types of alcohol, not marked with excise stamps?	LIQUIDOTHER TYPES OF ALCOHOL, NOT MARKED
If none, record '00'.	WITH EXCISE STAMPS

LIFE SATISFACTION		LS
LS1. I would like to ask you some simple questions on happiness and satisfaction.		
Taking all things together, would you say you are very happy, somewhat happy, neither happy nor unhappy, somewhat unhappy or very unhappy? <i>Show to the woman the card 1.</i>	VERY HAPPY	
You can also look at this card that will help you give the correct answer.		
LS2 . Show to the woman the card 2.		
Now, look at this ladder with steps numbered from 0 at the bottom to 10 at the top.		
Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you.		
On which step of the ladder do you feel you stand at this time?		
<i>Probe if necessary:</i> Which step comes closest to the way you feel?	LADDER STEP	
LS3. Compared to this time last year, would you say that your life has improved, stayed more or less the same, or worsened, overall?	IMPROVED 1 MORE OR LESS THE SAME 2 WORSENED 3	

54. 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?

WM10. Record the time.	HOURS AND MINUTES	
WM11 . Was the entire interview completed in private or was there anyone else during the entire interview or part of it?	YES, THE ENTIRE INTERVIEW WAS COMPLETED IN PRIVATE	

WM16. Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

Is the respondent the mother or caretaker of any child age 0-4 living in this household?

□ Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR CHILDREN UNDER FIVE for that child and start the interview with this respondent.

□ No ⇒ Check HH26 and HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17?

□ Yes \Rightarrow Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:

Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR CHILDREN AGE 5-17 in this household?

the

□ Yes ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with this respondent.

□ No ⇒ Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

 \square No \Rightarrow Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be administered in this household.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS