

# APPENDIX I. QUESTIONNAIRE FOR INDIVIDUAL WOMEN



## QUESTIONNAIRE FOR INDIVIDUAL WOMEN BELIZE

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

*Repeat greeting if not already read to this woman:*

WE ARE FROM THE STATISTICAL INSTITUTE OF BELIZE. WE ARE WORKING ON A PROJECT CONCERNED WITH FAMILY HEALTH AND EDUCATION WITH UNICEF. I WOULD LIKE TO TALK TO YOU ABOUT THESE SUBJECTS. THE INTERVIEW WILL TAKE ABOUT 20MINUTES. ALL THE INFORMATION WE OBTAIN WILL REMAIN STRICTLY CONFIDENTIAL AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.

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

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 AND YOUR ANSWERS WILL NEVER BE IDENTIFIED.

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 (specify) _____	96

WM8. Field edited by (Name and number): Name _____	WM9. Data entry clerk (Name and number): Name _____
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WM10. Record the time.	Hour, minutes and am/pm ____ : ____ / ____ m
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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?  <i>Probe: HOW OLD WERE YOU AT YOUR LAST BIRTHDAY?</i>  <i>Compare and correct WB1 and/or WB2 if inconsistent</i>	Age (in completed years) ..... ____	
WB3. HAVE YOU EVER ATTENDED SCHOOL OR PRESCHOOL?	Yes..... 1 No ..... 2	2⇒WB7
WB4. WHAT IS THE HIGHEST LEVEL OF SCHOOL YOU ATTENDED?	Preschool..... 0 Infant..... 7 Primary..... 1 Secondary..... 2 Associates..... 4 Bachelors and higher ..... 5 CET/ITVET ..... 6 Other..... 9 DK ..... 8	0⇒WB7
WB5. WHAT IS THE HIGHEST STANDARD/FORM/YEAR YOU COMPLETED AT THAT LEVEL?  <i>If less than Standard 1, Form 1 or Year 1, enter "00"</i>	Standard/Form/Year..... ____  DK ..... 98	
WB6. Check WB4:		
<input type="checkbox"/> Secondary or higher. ⇒ Go to Next Module  <input type="checkbox"/> Infant, Primary, other or DK ⇒ Continue with WB7		
WB7. NOW I WOULD LIKE YOU TO READ THIS SENTENCE TO ME.  <i>Show sentence on the card to the respondent. If respondent cannot read whole sentence, probe:</i>  CAN YOU READ PART OF THE 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 <i>(specify language)</i>  Blind/mute, visually/speech impaired ..... 5	

**CHILD MORTALITY**

**CM**

*All of the following questions refer only to **LIVE** births*

<p>CM1. NOW I WOULD LIKE TO ASK ABOUT ALL THE LIVE BIRTHS YOU HAVE HAD DURING YOUR LIFE.</p> <p>HAVE YOU EVER GIVEN BIRTH?</p>	<p>Yes.....1 No.....2</p>	<p>2⇒CM8</p>
<p>CM2. WHAT WAS THE DATE OF YOUR FIRST BIRTH?</p> <p>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.</p> <p><i>Skip to CM4 only if year of first birth is given. Otherwise, continue with CM3.</i></p>	<p>Date of first birth Day..... DK day.....98</p> <p>Month..... DK month.....98</p> <p>Year..... DK year.....9998</p>	<p>⇒CM4</p>
<p>CM3. HOW MANY YEARS AGO DID YOU HAVE YOUR FIRST BIRTH?</p>	<p>Completed years since first birth.....</p>	
<p>CM4. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE NOW LIVING WITH YOU?</p>	<p>Yes.....1 No.....2</p>	<p>2⇒CM6</p>
<p>CM5. HOW MANY SONS LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons at home.....</p> <p>Daughters at home.....</p>	
<p>CM6. DO YOU HAVE ANY SONS OR DAUGHTERS TO WHOM YOU HAVE GIVEN BIRTH WHO ARE ALIVE BUT DO NOT LIVE WITH YOU?</p>	<p>Yes.....1 No.....2</p>	<p>2⇒CM8</p>
<p>CM7. HOW MANY SONS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p>HOW MANY DAUGHTERS ARE ALIVE BUT DO NOT LIVE WITH YOU?</p> <p><i>If none, record '00'.</i></p>	<p>Sons elsewhere.....</p> <p>Daughters elsewhere.....</p>	
<p>CM8. HAVE YOU EVER GIVEN BIRTH TO A BOY OR GIRL WHO WAS BORN ALIVE BUT LATER DIED?</p> <p><i>If "No" probe by asking:</i></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 No.....2</p>	<p>2⇒CM10</p>
<p>CM9. HOW MANY BOYS HAVE DIED?</p> <p>HOW MANY GIRLS HAVE DIED?</p> <p><i>If none, record '00'.</i></p>	<p>Boys dead.....</p> <p>Girls dead.....</p>	
<p>CM10. <i>Sum answers to CM5, CM7, and CM9.</i></p>	<p>Sum.....</p>	

CM11. JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD IN TOTAL (*total number in CM10*) LIVE BIRTH/S DURING YOUR LIFE. IS THIS CORRECT?

Yes. Check below:

No live births ⇒ Go to *ILLNESS SYMPTOMS* Module.

One or more live births ⇒ Continue with CM12

No ⇒ Check responses to CM1-CM10 and make corrections as necessary before proceeding.

CM12. OF THESE (*total number in CM10*) BIRTHS YOU HAVE HAD, WHEN DID YOU DELIVER THE LAST ONE (EVEN IF HE OR SHE HAS DIED)?

*Month and year must be recorded.*

Date of last birth

Day.....\_\_\_\_\_

DK day.....98

Month.....\_\_ \_\_

Year .....\_\_ \_\_ \_\_ \_\_

CM13. Check CM12: Last birth occurred within the last 2 years, that is, since (day and month of interview) in **2009**

No  No live birth in last 2 years. ⇒ Go to *ILLNESS SYMPTOMS* Module

Yes  One or more live births in last 2 years. ⇒ Ask for the name of the child

Name of child \_\_\_\_\_

*If child has died, take special care when referring to this child by name in the following modules.*

*If more than one live birth in last 2 years record the number here. \_\_\_\_\_*

*Go to the next module DESIRE FOR LAST BIRTH.*

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. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>		
DB1. WHEN YOU GOT PREGNANT WITH ( <i>name</i> ), DID YOU WANT TO GET PREGNANT AT THAT TIME?	Yes ..... 1 No ..... 2	1⇒Next Module
DB2. DID YOU WANT TO HAVE A BABY LATER ON, OR IS IT THAT YOU DID NOT WANT ANY (MORE) CHILDREN?	Later ..... 1 No more ..... 2	2⇒Next Module
DB3. HOW MUCH LONGER DID YOU WANT TO WAIT?	Months ..... 1 __ __ Years ..... 2 __ __ DK ..... 998	

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. Check child mortality module CM13 and record name of last-born child here _____. Use this child's name in the following questions, where indicated.</i></p>														
MN1. DID YOU SEE ANYONE FOR PRENATAL CARE DURING YOUR PREGNANCY WITH (name)?	Yes ..... 1 No ..... 2	2⇒MN5												
MN2. WHOM DID YOU SEE?  <i>Probe:</i> ANYONE ELSE?  <i>Probe for the type of person seen and circle all answers given.</i>	Health professional: Doctor ..... A Nurse / Midwife ..... B Auxiliary midwife ..... C Other person Traditional birth attendant ..... F Community health worker ..... G  Other (specify) ..... X													
MN3. HOW MANY TIMES DID YOU RECEIVE PRENATAL CARE DURING THIS PREGNANCY?	Number of times ..... ____  DK ..... 98													
MN4. AS PART OF YOUR PRENATAL CARE DURING THIS PREGNANCY, WERE ANY OF THE FOLLOWING DONE AT LEAST ONCE:  [A] WAS YOUR BLOOD PRESSURE MEASURED?  [B] DID YOU GIVE A URINE SAMPLE?  [C] DID YOU GIVE A BLOOD SAMPLE?	<table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>Blood pressure .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Urine sample .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood sample .....</td> <td>1</td> <td>2</td> </tr> </tbody> </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												
MN5. DO YOU HAVE A PRENATAL CLINIC CARD OR OTHER DOCUMENT WITH YOUR OWN IMMUNIZATIONS LISTED?  MAY I SEE IT PLEASE?  <i>If a card is presented, use it to assist with answers to the following questions.</i>	Yes (card seen) ..... 1 Yes (card not seen) ..... 2 No ..... 3  DK ..... 8													
MN6. WHEN YOU WERE PREGNANT WITH (name), DID YOU RECEIVE ANY INJECTION IN THE ARM OR SHOULDER TO PREVENT THE BABY FROM GETTING TETANUS, THAT IS CONVULSIONS AFTER BIRTH?	Yes ..... 1  No ..... 2  DK ..... 8	2⇒MN9  8⇒MN9												
MN7. HOW MANY TIMES DID YOU RECEIVE THIS TETANUS INJECTION DURING YOUR PREGNANCY WITH (name)?  <i>If 7 or more times, record '7'.</i>	Number of times ..... ____  DK ..... 8	8⇒MN9												
MN8. How many tetanus injections during last pregnancy were reported in MN7? <ul style="list-style-type: none"> <li><input type="checkbox"/> Two or more tetanus injections during last pregnancy. ⇒ Go to MN17</li> <li><input type="checkbox"/> Fewer than two tetanus injections during last pregnancy. ⇒ Continue with MN9</li> </ul>														

<p>MN9. DID YOU RECEIVE ANY TETANUS INJECTION AT ANY TIME BEFORE YOUR PREGNANCY WITH <i>(name)</i>, EITHER TO PROTECT YOURSELF OR ANOTHER BABY?</p>	<p>Yes ..... 1  No ..... 2  DK ..... 8</p>	<p>2⇒MN17  8⇒MN17</p>
<p>MN10. HOW MANY TIMES DID YOU RECEIVE A TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p> <p><i>If 7 or more times, record '7'.</i></p>	<p>Number of times .....  DK ..... 8</p>	<p>8⇒MN17</p>
<p>MN11. HOW MANY YEARS AGO DID YOU RECEIVE THE LAST TETANUS INJECTION BEFORE YOUR PREGNANCY WITH <i>(name)</i>?</p>	<p>Years ago.....</p>	
<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 all answers given.</i></p> <p><i>If respondent says no one assisted, probe to determine whether any adults were present at the delivery.</i></p>	<p>Health professional:  Doctor..... A  Nurse/ Midwife..... B  Auxiliary midwife..... C  Other person  Traditional birth attendant..... F  Community health worker..... G  Relative/Friend ..... H  Other (<i>specify</i>) ..... X  No one ..... Y</p>	
<p>MN18. WHERE DID YOU GIVE BIRTH TO <i>(name)</i>?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>Write the name or description of the place below.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home  Your home ..... 11  Other home ..... 12  Public sector  Govt. hospital ..... 21  Govt. clinic/health centre ..... 22  Govt. health post ..... 23  Other public (<i>specify</i>) ..... 26  Private Medical Sector  Private hospital ..... 31  Private clinic ..... 32  Private maternity home..... 33  Other private  medical (<i>specify</i>) ..... 36  Other (<i>specify</i>) ..... 96</p>	<p>11⇒MN20  12⇒MN20  96⇒MN20</p>
<p>MN19. WAS <i>(name)</i> DELIVERED BY CAESAREAN SECTION (C-SECTION)? THAT IS, DID THEY CUT YOUR BELLY OPEN TO TAKE THE BABY OUT?</p>	<p>Yes ..... 1  No ..... 2</p>	
<p>MN20. WHEN <i>(name)</i> WAS BORN, WAS HE/SHE VERY LARGE, LARGER THAN AVERAGE, AVERAGE, SMALLER THAN AVERAGE, OR VERY SMALL?</p>	<p>Very large..... 1  Larger than average ..... 2  Average..... 3  Smaller than average ..... 4  Very small ..... 5  DK ..... 8</p>	
<p>MN21. WAS <i>(name)</i> WEIGHED AT BIRTH?</p>	<p>Yes ..... 1  No ..... 2  DK ..... 8</p>	<p>2⇒MN23  8⇒MN23</p>

<p>MN22. HOW MUCH DID <i>(name)</i> WEIGH?</p> <p><i>Record weight from health card, if available.</i></p> <p><i>Write the weight: Lbs _____ Oz _____ .</i></p>	<p>From card.....1 (lbs) ____ . ____</p> <p>From recall ..... 2 (lbs) ____ . ____</p> <p>DK..... 99998</p>	
<p>MN23. HAS YOUR MENSTRUAL PERIOD RETURNED SINCE THE BIRTH OF <i>(name)</i>?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>MN24. DID YOU EVER BREASTFEED <i>(name)</i>?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	2⇒Next Module
<p>MN25. HOW LONG AFTER BIRTH DID YOU FIRST PUT <i>(name)</i> TO THE BREAST?</p> <p><i>If less than 1 hour, record '00' hours.</i></p> <p><i>If less than 24 hours, record hours.</i></p> <p><i>Otherwise, record days.</i></p>	<p>Immediately..... 000</p> <p>Hours ..... 1 ____</p> <p>Days..... 2 ____</p> <p>Don't know/remember ..... 998</p>	
<p>MN26. IN THE FIRST THREE DAYS AFTER DELIVERY, WAS <i>(name)</i> GIVEN ANYTHING TO DRINK OTHER THAN BREAST MILK??</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	2⇒Next Module
<p>MN27. WHAT WAS <i>(name)</i> GIVEN TO DRINK?</p> <p><i>(Circle all responses given)</i></p> <p><i>Probe:</i></p> <p>ANYTHING ELSE?</p>	<p>Milk (other than breast milk) ..... A</p> <p>Plain water ..... B</p> <p>Sugar or glucose water ..... C</p> <p>Gripe water..... D</p> <p>Sugar-salt-water solution..... E</p> <p>Fruit juice..... F</p> <p>Infant formula ..... G</p> <p>Tea / Infusions..... H</p> <p>Honey..... I</p> <p>Other (<i>specify</i>) _____ X</p>	



**POST-NATAL HEALTH CHECKS**

**PN**

*This module is to be administered to all women with a live birth in the 2 years preceding the date of interview. Check child mortality module CM13 and record name of last-born child here \_\_\_\_\_. Use this child's name in the following questions, where indicated.*

**PN1. Check MN18: Was the child delivered in a health facility?**

- Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN2*
- No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN6*

**PN2. NOW I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT WHAT HAPPENED IN THE HOURS AND DAYS AFTER THE BIRTH OF (name).**

YOU HAVE SAID THAT YOU GAVE BIRTH IN (name or type of facility in MN18). HOW LONG DID YOU STAY THERE AFTER THE DELIVERY?

*If less than one day, record hours.  
If less than one week, record days.  
Otherwise, record weeks.*

Hours..... 1 \_\_\_\_  
Days..... 2 \_\_\_\_  
Weeks ..... 3 \_\_\_\_  
Don't know / remember ..... 998

**PN3. I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (name)'S HEALTH AFTER DELIVERY – FOR EXAMPLE, SOMEONE EXAMINING (name), CHECKING THE CORD, OR SEEING IF (name) IS OK.**

BEFORE YOU LEFT THE (name or type of facility in MN18), DID ANYONE CHECK ON (name)'S HEALTH?

Yes..... 1  
No..... 2

**PN4. AND WHAT ABOUT CHECKS ON YOUR HEALTH – I MEAN, SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.**

DID ANYONE CHECK ON YOUR HEALTH BEFORE YOU LEFT (name or type or facility in MN18)?

Yes..... 1  
No..... 2

**PN5. NOW I WOULD LIKE TO TALK TO YOU ABOUT WHAT HAPPENED AFTER YOU GAVE BIRTH AT (name or type of facility in MN18).**

DID ANYONE CHECK ON (name)'S HEALTH AFTER YOU LEFT (name or type of facility in MN18)?

Yes..... 1     1⇒PN11  
No..... 2     2⇒PN16

**PN6. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?**

- Yes, delivery assisted by a health professional or other health worker (MN17 = A-G) ⇒ Continue with PN7*
- No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN10*

<p>PN7. YOU HAVE ALREADY SAID THAT (<i>person or persons in MN17</i>) ASSISTED WITH THE BIRTH. NOW I WOULD LIKE TO TALK TO YOU ABOUT CHECKS ON (<i>name</i>)’S HEALTH AFTER DELIVERY, FOR EXAMPLE EXAMINING (<i>name</i>), CHECKING THE CORD, OR SEEING IF (<i>name</i>) IS OK.</p> <p>AFTER THE DELIVERY WAS OVER AND BEFORE (<i>person or persons in MN17</i>) LEFT YOU, DID (<i>person or persons in MN17</i>) CHECK ON (<i>name</i>)’S HEALTH?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<p>PN8. AND DID (<i>person or persons in MN17</i>) CHECK ON <u>YOUR</u> HEALTH BEFORE LEAVING?</p> <p>BY CHECK ON YOUR HEALTH, I MEAN ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	
<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</p> <p>No ..... 2</p>	<p>1⇒PN11</p> <p>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</p> <p>No ..... 2</p>	<p>2⇒PN19</p>
<p>PN11. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once ..... 1</p> <p>More than once ..... 2</p>	<p>1⇒PN12A</p> <p>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 hours.</i>  <i>If less than one week, record days.</i>  <i>Otherwise, record weeks.</i></p>	<p>Hours ..... 1 ___</p> <p>Days ..... 2 ___</p> <p>Weeks ..... 3 ___</p> <p>Don’t know / remember ..... 998</p>	
<p>PN13. WHO CHECKED ON (<i>name</i>)’S HEALTH AT THAT TIME?</p>	<p>Health professional</p> <p>  Doctor ..... A</p> <p>  Nurse/ Midwife ..... B</p> <p>  Auxiliary midwife ..... C</p> <p>Other person</p> <p>  Traditional birth attendant ..... F</p> <p>  Community health worker ..... G</p> <p>  Relative/Friend ..... H</p> <p>Other (<i>specify</i>) ..... X</p>	

<p>PN14. WHERE DID THIS CHECK TAKE PLACE?</p> <p><i>Probe to identify the type of source.</i></p> <p><i>Write the name of the place below.</i></p> <p>_____</p> <p><i>(Name of place)</i></p>	<p>Home</p> <p>Your home ..... 11</p> <p>Other home..... 12</p> <p>Public sector</p> <p>Govt. hospital..... 21</p> <p>Govt. clinic/health centre ..... 22</p> <p>Govt. health post ..... 23</p> <p>Other public (<i>specify</i>) _____ 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 (<i>specify</i>) _____ 36</p> <p>Other (<i>specify</i>) _____ 96</p>	
<p>PN15. Check MN18: Was the child delivered in a health facility?</p> <p><input type="checkbox"/> Yes, the child was delivered in a health facility (MN18=21-26 or 31-36) ⇒ Continue with PN16</p> <p><input type="checkbox"/> No, the child was not delivered in a health facility (MN18=11-12 or 96) ⇒ Go to PN17</p>		
<p>PN16. AFTER YOU LEFT (<i>name or type of facility in MN18</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>
<p>PN17. Check MN17: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?</p> <p><input type="checkbox"/> Yes, delivery assisted by a health professional or other health worker (MN17=A-G) ⇒Continue with PN18</p> <p><input type="checkbox"/> No, delivery not assisted by a health professional or other health worker (A-G not circled in MN17) ⇒ Go to PN19</p>		
<p>PN18. AFTER THE DELIVERY WAS OVER AND (<i>person or persons in MN17</i>) LEFT, DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>1⇒PN20</p> <p>2⇒Next Module</p>
<p>PN19. AFTER THE BIRTH OF (<i>name</i>), DID ANYONE CHECK ON <u>YOUR</u> HEALTH?</p> <p>I MEAN SOMEONE ASSESSING YOUR HEALTH, FOR EXAMPLE ASKING QUESTIONS ABOUT YOUR HEALTH OR EXAMINING YOU.</p>	<p>Yes ..... 1</p> <p>No..... 2</p>	<p>2⇒Next Module</p>
<p>PN20. DID SUCH A CHECK HAPPEN ONLY ONCE, OR MORE THAN ONCE?</p>	<p>Once..... 1</p> <p>More than once ..... 2</p>	<p>1⇒PN21A</p> <p>2⇒PN21B</p>

IS1. Check Household Listing, column HL9

Is the respondent the mother or caretaker of any child under age 5?

Yes ⇒ Continue with IS2.

No ⇒ Go to Next Module.

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 RIGHT AWAY?

*Probe:*  
ANY OTHER SYMPTOMS?

*Keep asking for more signs or symptoms until the mother/caretaker cannot recall any additional symptoms.*

*Circle all symptoms mentioned, but do NOT prompt with any suggestions*

- Child not able to drink or breastfeed ..... A
- Child becomes sicker ..... B
- Child develops a fever ..... C
- Child has fast breathing ..... D
- Child has difficult breathing ..... E
- Child has blood in stool ..... F
- Child is drinking poorly ..... G
- Child has diarrhoea ..... H
- Child has vomiting ..... I

- Other (specify) \_\_\_\_\_ X
- Other (specify) \_\_\_\_\_ Y
- Other (specify) \_\_\_\_\_ Z

CONTRACEPTION		CP
<p>CP1. I WOULD LIKE TO TALK WITH YOU ABOUT ANOTHER SUBJECT – FAMILY PLANNING.</p> <p>ARE YOU PREGNANT NOW?</p>	<p>Yes, currently pregnant ..... 1</p> <p>No ..... 2</p> <p>Unsure or DK ..... 8</p>	1⇒Next Module
<p>CP2. SOME PEOPLE USE VARIOUS WAYS OR METHODS TO DELAY OR AVOID A PREGNANCY.</p> <p>ARE YOU CURRENTLY DOING SOMETHING OR USING ANY METHOD TO DELAY OR AVOID GETTING PREGNANT?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	2⇒Next Module
<p>CP3. WHICH METHOD ARE YOU USING?</p> <p><i>Do not prompt.</i></p> <p><i>Do not read methods.</i></p> <p><i>If more than one method is mentioned, circle each one.</i></p>	<p>Female sterilization (tie-off).....A</p> <p>Male sterilization (vasectomy).....B</p> <p>IUD/Coil.....C</p> <p>Injections.....D</p> <p>Implants .....E</p> <p>Pill .....F</p> <p>Male condom .....G</p> <p>Female condom .....H</p> <p>Diaphragm .....I</p> <p>Foam/ Jelly.....J</p> <p>Lactational amenorrhoea method (LAM) .....K</p> <p>Periodic abstinence/Rhythm/Calendar .....L</p> <p>Withdrawal .....M</p> <p>Other (<i>specify</i>) ..... X</p>	

UNMET NEED		UN
<b>UN1. Check CP1. Currently pregnant?</b> <input type="checkbox"/> Yes, currently pregnant ⇒ Continue with UN2 <input type="checkbox"/> No, unsure or DK ⇒ Go to UN5		
<b>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?</b>	Yes ..... 1 No ..... 2	1⇒UN4
<b>UN3. DID YOU WANT TO HAVE A BABY LATER ON OR IS IT THAT YOU DID NOT WANT ANY (MORE) CHILDREN?</b>	Later ..... 1 No more ..... 2	
<b>UN4. 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?</b>	Have another child ..... 1 No more / No ..... 2 Undecided / Don't know ..... 8	1⇒UN7 2⇒UN13 8⇒UN13
<b>UN5. Check CP3. Currently using "Female sterilization"?</b> <input type="checkbox"/> Yes ⇒ Go to UN13 <input type="checkbox"/> No ⇒ Continue with UN6		
<b>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?</b>	Have (a/another) 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. HOW LONG WOULD YOU LIKE TO WAIT BEFORE THE BIRTH OF (A/ANOTHER) CHILD?</b>	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. Check CP1. Currently pregnant?</b> <input type="checkbox"/> Yes, currently pregnant ⇒ Go to UN13 <input type="checkbox"/> No, unsure or DK ⇒ Continue with UN9		

<b>UN9. Check CP2. Currently using a method?</b> <input type="checkbox"/> <i>Yes</i> ⇒ <i>Go to UN13</i> <input type="checkbox"/> <i>No</i> ⇒ <i>Continue with UN10</i>		
<b>UN10. DO YOU THINK YOU ARE PHYSICALLY ABLE TO GET PREGNANT AT THIS TIME?</b>	Yes ..... 1 No ..... 2 DK ..... 8	1 ⇒ UN13  8 ⇒ UN13
<b>UN11. WHY DO YOU THINK YOU ARE NOT PHYSICALLY ABLE TO GET PREGNANT?</b>  <i>Circle all codes that apply.</i>	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 Fatalistic ..... I  Other ( <i>specify</i> ) ..... X Don't know ..... Z	
<b>UN12. Check UN11. "Never menstruated" mentioned?</b> <input type="checkbox"/> <i>Mentioned</i> ⇒ <i>Go to Next Module</i> <input type="checkbox"/> <i>Not mentioned</i> ⇒ <i>Continue with UN13</i>		
<b>UN13. WHEN DID YOUR LAST MENSTRUAL PERIOD START?</b>	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	

**ATTITUDES TOWARD DOMESTIC VIOLENCE**

**DV**

DV1. SOMETIMES A HUSBAND IS ANNOYED OR ANGERED BY THINGS THAT HIS WIFE DOES. IN YOUR OPINION, IS A HUSBAND JUSTIFIED IN HITTING OR BEATING HIS WIFE IN THE FOLLOWING SITUATIONS:

		Yes	No	DK
[A] IF SHE GOES OUT WITHOUT TELLING HIM?	Goes out without telling .....	1	2	8
[B] IF SHE NEGLECTS THE CHILDREN?	Neglects children.....	1	2	8
[C] IF SHE QUARRELS WITH HIM?	Quarrels with him .....	1	2	8
[D] IF SHE REFUSES TO HAVE SEX WITH HIM?	Refuses sex .....	1	2	8
[E] IF SHE BURNS THE FOOD?	Burns food.....	1	2	8
[F] IF SHE HAS SEX WITH ANOTHER MAN?	Sex with another man .....	1	2	8
[G] IF SHE WASTES THE MONEY?	Wastes the money .....	1	2	8



MARRIAGE/UNION		MA
MA1. ARE YOU CURRENTLY MARRIED OR LIVING WITH A MAN AS IF MARRIED?	Yes, currently married ..... 1 Yes, living with a man..... 2 No, not in union ..... 3	3⇒MA5
MA2. HOW OLD IS YOUR CURRENT HUSBAND/ PARTNER?  <i>Probe: HOW OLD WAS YOUR HUSBAND / PARTNER ON HIS LAST BIRTHDAY?</i>	Age in years ..... __ __  DK..... 98	
MA3. BESIDES YOURSELF, DOES YOUR HUSBAND/PARTNER HAVE ANY OTHER WIVES OR PARTNERS OR DOES HE LIVE WITH OTHER WOMEN AS IF MARRIED?	Yes..... 1 No ..... 2 DK..... 98	2⇒MA7 98⇒MA7
MA4. HOW MANY OTHER WIVES OR PARTNERS DOES HE HAVE?	Number ..... __ __  DK..... 98	⇒MA7 98⇒MA7
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 ⇒Next Module
MA6. WHAT IS YOUR MARITAL STATUS NOW: ARE YOU WIDOWED, DIVORCED OR SEPARATED?	Widowed ..... 1 Divorced ..... 2 Separated..... 3	
MA7. HAVE YOU BEEN MARRIED OR LIVED WITH A MAN ONLY ONCE OR MORE THAN ONCE?	Only once ..... 1 More than once ..... 2	
MA8. IN WHAT MONTH AND YEAR DID YOU <u>FIRST</u> MARRY OR START LIVING WITH A MAN AS IF MARRIED?	Date of first marriage/union Month ..... __ __ DK month ..... 98  Year ..... __ __ __ __ DK year ..... 9998	⇒Next Module
MA9. HOW OLD WERE YOU WHEN YOU STARTED LIVING WITH YOUR FIRST HUSBAND/PARTNER?	Age in years ..... __ __	

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 VERY FIRST TIME?	Never had intercourse ..... 00 Age in years ..... __ __ First time when started living with (first) husband/partner ..... 95 DK/Don't remember..... 98	00⇒Next Module
SB2. THE FIRST TIME YOU HAD SEXUAL INTERCOURSE, WAS A CONDOM USED?	Yes ..... 1 No..... 2 DK / Don't remember ..... 8	
SB3. 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 ..... 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 DK / Don't remember ..... 8	
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', then ask:</i> WERE YOU LIVING TOGETHER AS IF MARRIED? <i>If 'yes', circle '2'. If 'no', circle '3'.</i>	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4 Other (specify) ..... 6	3⇒SB7 4⇒SB7 6⇒SB7
SB6. Check MA1:  <input type="checkbox"/> Currently married or living with a man (MA1 = 1 or 2) ⇒ Go to SB8  <input type="checkbox"/> Not married / Not in union (MA1 = 3) ⇒ Continue with SB7		
SB7. HOW OLD IS THIS PERSON?  <i>If response is DK, probe:</i> ABOUT HOW OLD IS THIS PERSON?	Age of sexual partner ..... __ __ DK ..... 98	
SB8. HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?	Yes ..... 1 No..... 2	2⇒SB15
SB9. THE LAST TIME YOU HAD SEXUAL INTERCOURSE WITH THIS OTHER PERSON, WAS A CONDOM USED?	Yes ..... 1 No..... 2	

<p>SB10. WHAT WAS YOUR RELATIONSHIP TO THIS PERSON?</p> <p><i>Probe to ensure that the response refers to the relationship at the time of sexual intercourse</i></p> <p><i>If 'boyfriend' then ask:</i>          WERE YOU LIVING TOGETHER AS IF MARRIED?  <i>If 'yes', circle '2'. If 'no', circle '3'.</i></p>	Husband ..... 1 Cohabiting partner ..... 2 Boyfriend ..... 3 Casual acquaintance ..... 4  Other (specify) _____ 6	3⇒SB12 4⇒SB12  6⇒SB12
<p>SB11. Check MA1 and MA7:</p> <p><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</p> <p><input type="checkbox"/> Else ⇒ Continue with SB12</p>		
<p>SB12. HOW OLD IS THIS PERSON?</p> <p><i>If response is DK, probe:</i>          ABOUT HOW OLD IS THIS PERSON?</p>	Age of sexual partner ..... __ __ DK ..... 98	
<p>SB13. OTHER THAN THESE TWO PERSONS, HAVE YOU HAD SEXUAL INTERCOURSE WITH ANY OTHER PERSON IN THE LAST 12 MONTHS?</p>	Yes ..... 1 No ..... 2	2⇒SB15
<p>SB14. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN THE LAST 12 MONTHS?</p>	Number of partners ..... __ __	
<p>SB15. IN TOTAL, WITH HOW MANY DIFFERENT PEOPLE HAVE YOU HAD SEXUAL INTERCOURSE IN YOUR LIFETIME?</p> <p><i>If a non-numeric answer is given, probe to get an estimate.</i></p> <p><i>If number of partners is 95 or more, write '95'.</i></p>	Number of lifetime partners ..... __ __ DK ..... 98	

HIV/AIDS		HA
HA1. NOW I WOULD LIKE TO TALK WITH YOU ABOUT SOMETHING ELSE.	Yes..... 1 No ..... 2	2⇒ NEXT MODULE
HAVE YOU EVER HEARD OF AN ILLNESS CALLED AIDS?	DK..... 8	
HA2. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY HAVING JUST ONE UNINFECTED SEX PARTNER WHO HAS NO OTHER SEX PARTNERS?	Yes..... 1 No ..... 2 DK..... 8	
HA3. CAN PEOPLE GET THE AIDS VIRUS BECAUSE OF OBEAH OR OTHER SUPERNATURAL MEANS?	Yes..... 1 No ..... 2 DK..... 8	
HA4. CAN PEOPLE REDUCE THEIR CHANCE OF GETTING THE AIDS VIRUS BY USING A CONDOM EVERY TIME THEY HAVE SEX?	Yes..... 1 No ..... 2 DK..... 8	
HA5. CAN PEOPLE GET THE AIDS VIRUS FROM MOSQUITO BITES?	Yes..... 1 No ..... 2 DK..... 8	
HA6. CAN PEOPLE GET THE AIDS VIRUS BY SHARING FOOD WITH A PERSON WHO HAS THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK..... 8	
HA7. IS IT POSSIBLE FOR A HEALTHY-LOOKING PERSON TO HAVE THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK..... 8	
HA8. CAN THE VIRUS THAT CAUSES AIDS BE TRANSMITTED FROM A MOTHER TO HER BABY:		
[A] DURING PREGNANCY?	Yes No DK During pregnancy..... 1 2 8	
[B] DURING DELIVERY?	During delivery ..... 1 2 8	
[C] BY BREASTFEEDING?	By breastfeeding ..... 1 2 8	
HA9. IN YOUR OPINION, IF A FEMALE TEACHER HAS THE AIDS VIRUS BUT IS NOT SICK, SHOULD SHE BE ALLOWED TO CONTINUE TEACHING IN SCHOOL?	Yes..... 1 No ..... 2 DK/Not sure/Depends ..... 8	
HA10. WOULD YOU BUY FRESH VEGETABLES FROM A SHOPKEEPER OR VENDOR IF YOU KNEW THAT THIS PERSON HAD THE AIDS VIRUS?	Yes..... 1 No ..... 2 DK/Not sure/Depends ..... 8	
HA11. IF A MEMBER OF YOUR FAMILY GOT INFECTED WITH THE AIDS VIRUS, WOULD YOU WANT IT TO REMAIN A SECRET?	Yes..... 1 No ..... 2 DK/Not sure/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/Not sure/Depends ..... 8	

<p>HA13. Check CMI3: Any live birth in last 2 years?</p> <p><input type="checkbox"/> No live birth in last 2 years ⇒ Go to HA24</p> <p><input type="checkbox"/> One or more live births in last 2 years ⇒ Continue with HA14</p>		
<p>HA14. Check MNI: Received prenatal care?</p> <p><input type="checkbox"/> Received prenatal care ⇒ Continue with HA15</p> <p><input type="checkbox"/> Did not receive prenatal care ⇒ Go to HA24</p>		
<p>HA15. DURING ANY OF THE PRENATAL VISITS FOR YOUR PREGNANCY WITH (<i>name</i>),</p> <p>WERE YOU GIVEN ANY INFORMATION ABOUT:</p> <p>[A] BABIES GETTING THE AIDS VIRUS FROM THEIR MOTHER?</p> <p>[B] THINGS THAT YOU CAN DO TO PREVENT GETTING THE AIDS VIRUS?</p> <p>[C] GETTING TESTED FOR THE AIDS VIRUS?</p> <p>WERE YOU:</p> <p>[D] OFFERED A TEST FOR THE AIDS VIRUS?</p>	<p style="text-align: right;">Y   N   DK</p> <p>AIDS from mother ..... 1   2   8</p> <p>Things to do ..... 1   2   8</p> <p>Tested for AIDS..... 1   2   8</p> <p>Offered a test ..... 1   2   8</p>	
<p>HA16. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS AS PART OF YOUR PRENATAL CARE?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒HA19</p> <p>8⇒HA19</p>
<p>HA17. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>2⇒HA22</p> <p>8⇒HA22</p>
<p>HA18. REGARDLESS OF THE RESULT, ALL WOMEN WHO ARE TESTED ARE SUPPOSED TO RECEIVE COUNSELING AFTER GETTING THE RESULT.</p> <p>AFTER YOU WERE TESTED, DID YOU RECEIVE COUNSELLING?</p>	<p>Yes..... 1</p> <p>No ..... 2</p> <p>DK..... 8</p>	<p>1⇒HA22</p> <p>2⇒HA22</p> <p>8⇒HA22</p>
<p>HA19. Check MNI7: Birth delivered by health professional (A, B or C)?</p> <p><input type="checkbox"/> Yes, birth delivered by health professional ⇒ Continue with HA20</p> <p><input type="checkbox"/> No, birth not delivered by health professional ⇒ Go to HA24</p>		
<p>HA20. I DON'T WANT TO KNOW THE RESULTS, BUT WERE YOU TESTED FOR THE AIDS VIRUS BETWEEN THE TIME YOU WENT FOR DELIVERY BUT BEFORE THE BABY WAS BORN?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	<p>2⇒HA24</p>
<p>HA21. I DON'T WANT TO KNOW THE RESULTS, BUT DID YOU GET THE RESULTS OF THE TEST?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	
<p>HA22. HAVE YOU BEEN TESTED FOR THE AIDS VIRUS SINCE THAT TIME YOU WERE TESTED DURING YOUR PREGNANCY?</p>	<p>Yes..... 1</p> <p>No ..... 2</p>	<p>1⇒HA25</p>

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, 2 & 3 ⇒NEXT MODULE
HA24. I DON'T WANT TO KNOW THE RESULTS, BUT HAVE YOU EVER BEEN TESTED TO SEE IF YOU HAVE THE AIDS VIRUS?	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, 2 & 8 ⇒NEXT MODULE
HA27. DO YOU KNOW OF A PLACE WHERE PEOPLE CAN GO TO GET TESTED FOR THE AIDS VIRUS?	Yes .....1 No.....2	

LIFE SATISFACTION		LS
<p>LS1. Check WB2: Age of respondent is between 15 and 24?</p> <p><input type="checkbox"/> Age 25-49 ⇒ Go to WM11</p> <p><input type="checkbox"/> Age 15-24 ⇒ Continue with LS2</p>		
<p>LS2. I WOULD LIKE TO ASK YOU SOME SIMPLE QUESTIONS ON HAPPINESS AND SATISFACTION.</p> <p>FIRST, TAKING ALL THINGS TOGETHER, WOULD YOU SAY YOU ARE VERY HAPPY, SOMEWHAT HAPPY, NEITHER HAPPY NOR UNHAPPY, SOMEWHAT UNHAPPY OR VERY UNHAPPY?</p> <p>YOU CAN ALSO LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 1 of response card and explain what each symbol represents. Circle the response code pointed to by the respondent.</i></p>	<p>Very happy ..... 1</p> <p>Somewhat happy ..... 2</p> <p>Neither happy nor unhappy ..... 3</p> <p>Somewhat unhappy ..... 4</p> <p>Very unhappy ..... 5</p>	
<p>LS3. NOW I WILL ASK YOU QUESTIONS ABOUT YOUR LEVEL OF SATISFACTION IN DIFFERENT AREAS.</p> <p>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.</p> <p>AGAIN, YOU CAN LOOK AT THESE PICTURES TO HELP YOU WITH YOUR RESPONSE.</p> <p><i>Show side 2 of response card and explain what each symbol represents. Circle the response code shown by the respondent, for questions LS3 to LS13.</i></p> <p>HOW SATISFIED ARE YOU WITH YOUR FAMILY LIFE?</p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p>LS4. HOW SATISFIED ARE YOU WITH YOUR FRIENDSHIPS?</p>	<p>Very satisfied ..... 1</p> <p>Somewhat satisfied ..... 2</p> <p>Neither satisfied nor unsatisfied ..... 3</p> <p>Somewhat unsatisfied ..... 4</p> <p>Very unsatisfied ..... 5</p>	
<p>LS5. DURING THE CURRENT (2010-2011) SCHOOL YEAR, DID YOU ATTEND SCHOOL AT ANY TIME?</p>	<p>Yes ..... 1</p> <p>No ..... 2</p>	2 ⇒ LS7

LS6. HOW SATISFIED ARE/WERE YOU WITH YOUR SCHOOL?	Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS7. 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 probe 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 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS8. HOW SATISFIED ARE YOU WITH YOUR HEALTH?	Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS9. 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 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS10. HOW SATISFIED ARE YOU WITH HOW PEOPLE AROUND YOU GENERALLY TREAT YOU?	Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS11. HOW SATISFIED ARE YOU WITH THE WAY YOU LOOK?	Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS12. HOW SATISFIED ARE YOU WITH YOUR LIFE, OVERALL?	Very satisfied..... 1 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS13. 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 probe 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 Somewhat satisfied ..... 2 Neither satisfied nor unsatisfied ..... 3 Somewhat unsatisfied ..... 4 Very unsatisfied..... 5	
LS14. 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	



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?	Better ..... 1 More or less the same ..... 2 Worse ..... 3	
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WM11. Record the time.	Hour, minutes and am/pm ..... ____ : ____	__ m
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WM12. Check Household Listing Form, column HL9.  
 Is the respondent the mother or caretaker of any child age 0-4 living in this household?

Yes ⇒ Go to *QUESTIONNAIRE FOR CHILDREN UNDER FIVE* for that child and start the interview with this respondent.

No ⇒ Continue.

WM13. Check Household Listing Form, column HL9.  
 Is the respondent the mother or caretaker of any child age 2 - 9 living in this household?

Yes ⇒ Go to *QUESTIONNAIRE FOR CHILD DISABILITY* for that child and start the interview with this respondent.

No ⇒ End the interview with this respondent by thanking her for her cooperation. Check for the presence of any other eligible woman or children under-5 in the household.

**Supervisor's Observations**

**Interviewer's Observations**

**Field Editor's Observations**